PCG Health

Public Focus. Proven Results.™

Georgia Department of Community Health

Patients First Act Support

May 20, 2019, 5:00 p.m. EST

Annette Bazhaw
2 Peachtree St., NW, 40th Floor
Atlanta, GA 30303

PUBLIC CONSULTING GROUP

148 State Street, Tenth Floor, Boston, Massachusetts 02109
Tel. (617) 426-2026, Fax. (617) 426-4632
www.publicconsultinggroup.com

TABLE OF CONTENTS

A. Statement of Work

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

Consulting Firm/ Contact Name	Public Consulting Group, Inc. / Ms. Alicia Holmes	Contact Title	Senior Consultant / Project Manager
Contact Phone	(603) 459-4667	Contact E-mail	aholmes@pcgus.com

Summary Scope of Work:

Public Consulting Group, Inc. (PCG) and our actuarial subcontractor, Wakely Consulting, are uniquely qualified to help Georgia implement the Patients First Act. No other prime vendor competing for this work has the breadth of PCG's Medicaid policy and operational experience. We not only draft and support approval of state 1115 waivers; we participate in every phase of the Medicaid enterprise, including eligibility, program integrity, benefits management, delivery system reform, information technology, claims processing and provider enrollment. This experience allows us to anticipate the policy and operational outcomes of the waivers we write better than our competitors do. We helped Arkansas establish their Private Option, supported Wisconsin, Mississippi and South Carolina in developing community engagement requirements and helped New York and Colorado pursue delivery system innovations.

PCG has been the market leader in state healthcare reform consulting for the past decade. Approximately 20 states contracted with PCG to plan and/or establish their approach to Affordable Care Act implementation beginning in 2011. Today we still work with many state insurance departments to review form filings in the individual, small and large employer group markets. Our actuarial partner for this engagement, Wakely Consulting, routinely assesses state insurance markets and has provided 1332 actuarial certifications for three states. They are the market leader in 1332 waiver economic and actuarial analyses.

Last year CMS turned to PCG through a prime contract with MITRE Corporation to help develop 1332 waiver technical assistance materials. The premise of turning to PCG was simple: CMS understood that PCG knows state healthcare and is an effective intermediary between states and the federal government. The work called for in the Patients First Act is precisely the work PCG does. We are not an international auditing or accounting firm dabbling in state healthcare policy. We are exclusively dedicated to helping the public sector succeed, with a primary emphasis on state clients.

From environmental assessment through design, submission and approval, our team will work to find the right solutions to meet Georgia's goals. We provide a proposed project plan in **Section B** of this proposal as an attachment to this summary. Briefly, we begin by assessing the national health coverage landscape and market conditions specific to Georgia. PCG will specifically assess other state efforts to expand Medicaid eligibility up to 100 percent of the federal poverty level. We will also consider 1332 waiver concepts recently released by CMS along with new 1332 guidance that gives states additional flexibility.

As we move into waiver development, we will explore possible coordination between the 1115 and 1332 applications. While no state has yet submitted a "super waiver" that coordinates alternatives to both Medicaid and the Marketplace, CMS has published rules that permit state to do so. While we may find that a super waiver does not offer Georgia an optimal solution, it is an option worth considering.

Relevant Experience/Results:

PCG and Wakely bring extensive experience and subject matter expertise to this engagement. As described throughout **Sections C through E** – and summarized in **Section F** – as attachments to this summary, we offer a robust combination of Medicaid and commercial insurance experience. Our cross-sector experience is augmented by specific expertise in behavioral health, healthcare finance, and State-federal coordination and approval processes.

In **Section F**, we summarize eight (8) examples of 1115 waivers we have supported in the last 10 years. Five of those waivers have been approved to date, one is pending approval and two of our most recent waiver projects are pending submission. We note our specific areas of involvement in each waiver, which include concept development, waiver drafting, stakeholder engagement, budget neutrality, CMS negotiations, and support for drafting special terms and conditions. We also summarize our project team's experience with 1332 waivers, which include actuarial certifications, economic analyses and market studies for 13 states.

In addition to our state-specific work, the Center for Consumer Information and Insurance Oversight (CCIIO) has engaged PCG over the last 13 months to provide conceptual and technical assistance in rolling out 1332 waiver concepts and guidance for states. Through this work, we have gained unique perspectives on the current Administration's priorities regarding health coverage generally and 1332 waivers specifically.

We strongly believe we are the best qualified vendor to help shape Georgia's future health coverage landscape.

Milestones/Deliverables:

Below are the major milestones and deliverables included in our project plan under **Section B** as attachment to this summary:

1. *Project Kick-Off and Initial Data Request* – Introduces project team and establishes process for regular updates. Initial request for Georgia specific data and key stakeholder contacts will be reviewed during the kick-off.

2. *National Environmental Scan Summary Report* – Includes four sections:
    a. Review of core requirements and current guidance related to 1115 and 1332 waivers;
    b. Assessment of best practices and lessons learned from other states implementing 1115 and 1332 waivers;
    c. Analysis of national and state-level data regarding health status, insurance coverage, eligible but unenrolled populations, employment and other social determinants for individuals up to 100% FPL;
    d. Discussion of specific opportunities to maximize federal flexibility in program implementation and operation.

3. *Georgia Environmental Scan Summary Report* – Includes three sections:
    a. Population analysis including health insurance status, available condition prevalence data, income, employment, incarceration, education, available housing data, available social services data, by county.

b. Payer analysis including payer mix across public and private sectors, identified coverage issues, complaint and independent review organization data as available.
c. Provider analysis including network adequacy across primary care, specialties, and facility types, health workforce shortage areas, use of telehealth and integration strategies.

4. *Primary Stakeholder Engagement* – Conduct interview with key stakeholders to discuss challenges and opportunities under waiver authority.

5. *1115 Waiver Options Report* – Identifies three options for 1115 waivers, describing for each the authorities required and policy implications, projected enrollment and expenditures, service delivery capacity, and economic impact assessment.

6. *1332 Waiver Options Report* – Identifies three options for 1332 waivers, describing for each the authorities required and policy implications, projected enrollment and impact to premiums and risk profiles across commercial insurance markets, overview of operational and information technology requirements, and governance recommendations.

7. *Combined Waiver Options Report* – Identifies options for a "super waiver" combining 1115 and 1332 waiver capabilities to realize potential economies of scale across markets.

8. *Draft 1115 Waiver Application* – Including concept description, operations, financials, and all supporting exhibits.

9. *Public Comment* – Support public comment period for draft 1115 waiver application, including development of written communications and presentations as needed or desired.

10. *Draft 1332 Waiver Application* – Including concept description, operations, actuarial certification and economic analysis, and all supporting exhibits.

11. *Public Comment* – Support public comment period for draft 1332 waiver application, including development of written communications and presentations as needed or desired.

12. *Final 1115 Waiver Application* – Including any applicable revisions and documentation of stakeholder feedback.

13. *Final 1332 Waiver Application* – Including any applicable revisions and documentation of stakeholder feedback.

14. *Support for Additional Information Requests and Negotiations* – Ongoing as needed

Estimated Time to Completion:

As described in more detail in Section B, below is the projected end date for each major milestone or deliverable.

Milestone/Deliverable	End Date
1. *Project Kick-Off and Initial Data Request*	06.03.2019
2. *National Environmental Scan Summary Report*	06.21.2019
3. *Georgia Environmental Scan Summary Report*	06.28.2019
4. *Primary Stakeholder Engagement*	07.26.2019
5. *1115 Waiver Options Report*	08.16.2019
6. *1332 Waiver Options Report*	09.13.2019
7. *Combined Waiver Options Report*	09.30.2019
8. *Draft 1115 Waiver Application*	10.31.2019
9. *Public Comment*	12.02.2019
10. *Draft 1332 Waiver Application*	10.31.2019
11. *Public Comment*	12.02.2019
12. *Final 1115 Waiver Application Submitted*	12.31.2019
13. *Final 1332 Waiver Application* Submitted	12.31.2019
14. *Support for Additional Information Requests and Negotiations*	TBD

General Staffing Plan:

Our complete staffing structure is provided in **Section F.2**. Below is a brief description of the overall staffing strategy.

Cross-Sector Project Leadership: Our project team will be led by Rich Albertoni, a former Medicaid leader with extensive experience supporting private market innovations at the state and federal level. Reporting to Mr. Albertoni, Ms. Alicia Holmes will be the Project Manager. Ms. Holmes will act as point person for this engagement and will manage execution of all deliverables and workstreams. Ms. Holmes has extensive experience across Medicaid, commercial insurance and behavioral health. Mr. Albertoni and Ms. Holmes's breadth of expertise will guide the project forward, accounting for challenges and opportunities across public and private sectors.

Waiver Teams: The Project Manager will coordinate two waiver teams. The 1332 waiver team includes actuarial and regulatory experts with significant commercial market experience. The 1115 waiver team will be led by Ms. Lisa Lee, a former Medicaid Director with extensive experience in waiver development and implementation. Ms. Lee will be supported by data, policy, and Medicaid finance experts. The Wakely Consulting team will include Julie Peper as chief actuary and Michael L. Cohen, former CMS/CCIIO employee, for 1332 waiver guidance. Employing two waiver teams will allow PCG and Wakely to drive concurrent waiver analysis and development throughout the course of the engagement.

Regulatory Expert: Mr. Tom Entrikin offers decades of regulatory analysis and expertise, having supported several waiver applications during his career. Mr. Entrikin will provide ongoing regulatory assistance to ensure a compliant and successful application process.

PCG Atlanta Office Liaison: Chantal Stepney will act as our local liaison for this project. Ms. Stepney will help coordinate travel and office space for the project team when onsite work is needed. Ms. Stepney will also provide contract management assistance as the manager of the Blanket Services agreement for this scope.
Consultant's Travel Requirements: Project staff will travel primarily from our Boston and Nashville offices as needed throughout the course of the engagement. We anticipate that our onsite presence will be required, at a minimum, during project kick-off, opportunities for stakeholder engagement, and during final waiver review. Regular project status meetings will be held via conference call or teleconference to the extent possible and desired.
Consultant's Onsite Workspace Requirements: To minimize disruption within State offices, PCG will leverage our Atlanta office whenever feasible to provide workspace during onsite travel. Prior to any onsite meetings scheduled at State offices, we will provide the full roster of individuals expected to attend and work with the project point person to arrange access as needed.

Estimated Cost (should reflect categories of service, rate, estimated hours, etc.):

We provide two tables below demonstrating cost by major task within the project plan, and then by staff rate. ***Note that PCG has estimated this budget based on state appropriation amounts that were made to support the Patients First Act. We are willing to work with Georgia to further shape or modify this budget to be most responsive to project needs.***

Major Task	Hours	Cost
Project Management	1,155	$289,230.00
National Environmental Scan	980	$260,770.00
Georgia Environmental Scan	1,040	$247,280.00
Primary Stakeholder Engagement	700	$147,400.00
1115 Waiver Options Report	1,320	$339,560.00
1332 Waiver Options Report	1,400	$321,400.00
Combined Waiver Options Report	450	$129,950.00
Draft 1115 Waiver Application	1,250	$342,700.00
1115 Public Comment Support	60	$14,970.00
Draft 1332 Waiver Application	740	$193,300.00
1332 Public Comment Support	60	$14,970.00
Final 1115 Waiver Application	220	$58,360.00
Final 1332 Waiver Application	140	$39,220.00
Support for Negotiation	570	$172,800.00
Total	**10,085**	**$2,571,910.00**

Staff Level	Rate	Hours	Cost
Manager	$315.00	1,310	$412,650
Associate Manager	$298.00	2,150	$640,700
Senior Consultant	$273.00	2,960	$808,080
Consultant	$226.00	1,355	$306,230
Business Analyst	$175.00	2,310	$404,250
Total		**10,085**	**$2,571,910**

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	William D Hoeschen

Name and Title	Mr. William S. Mosakowski, President & CEO
Date	May 17, 2019

B. Project Plan Overview

B. PROJECT PLAN OVERVIEW

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.

Public Consulting Group Inc. (PCG) is pleased to present these supplemental sections to our *Summary of Proposed Statement of Work*, which begins with this Project Plan Overview. This section will address PCG's approach to the three major components of this scope of work, which are:

1. State and national environmental scans
2. Development of waiver options
3. Completion of waiver applications

We will demonstrate why our team and our recent experience will foster more accurate and comprehensive baseline analyses, better waiver options and completed waivers that will earn the approval of CMS and, specific to 1332 waivers, the Department of Treasury as well.

State and National Environmental Scans

PCG will approach our state and national environment scan by gathering the most up-to-date information on federal health policy priorities and the Georgia's current healthcare landscape.

Nationally, CMS has explicitly changed priorities and processes for Medicaid 1115 and Marketplace 1332 waivers since 2017.

On the **Medicaid** side, four key 2017 CMS publications identified new areas of focus:

- March 14, 2017 Letter from Secretary Price and Administrator Verma to State Governors
- November 6, 2017 CMS Informational Bulletin on 1115 Waiver Process Improvements
- November 2017 medicaid.gov website updates listing new Medicaid program priorities
- January 11, 2018 State Medicaid Directors Letter on Community Engagement Opportunities

On the **Marketplace** side, two publications articulate new flexibility and priority areas for 1332 waivers:

- October 22, 2018 State Relief and Empowerment Waiver Guidance
- November 29, 2018 State Relief and Empowerment Waiver Concepts

The PCG staff proposed for this engagement with Georgia have been directly working with states and the federal government to effectuate these new priorities. We have authored three work requirement/community engagement 1115 waivers and have been a subcontractor to CMS to develop state technical assistance materials for 1332 waivers. We will apply our knowledge of these waiver priority areas to complete a national environmental scan during June 2019.

In its November 2017 website update, CMS identified six underlying objectives the agency wishes to promote in approving Medicaid 1115 waivers. These are:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals
- Promote efficiencies that ensure Medicaid's sustainability for beneficiaries over the long term

- Support coordinated strategies to address certain health determinants that promote upward mobility, greater independence, and improved quality of life among individuals
- Strengthen beneficiary engagement in their personal healthcare plan, including incentive structures that promote responsible decision-making
- Enhance alignment between Medicaid policies and commercial health insurance products to facilitate smoother beneficiary transition
- Advance innovative delivery system and payment models to strengthen provider network capacity and drive greater value for Medicaid.

Given that the Patients First Act authorizes Georgia to submit both Medicaid and Marketplace waivers, DCH and the Governor's Office will have a unique opportunity to enhance alignment between Medicaid policies and commercial health insurance products. PCG is uniquely positioned to advance this focus given our Medicaid and commercial insurance consulting expertise.

As a partner to state insurance departments, PCG notes the trend toward member engagement in private sector health coverage products. Products in the fully insured market increasingly include wellness incentives, health education and personal health screeners. In the self-funded market, large employers have pushed innovations even further. Some large employers have embraced direct primary care, direct contracting with hospital centers of excellence, member support resources such as care navigators and financial tools that include reference-based pricing.

Simultaneously, Medicaid has increased its focus on value-based purchasing and social determinants of health. In her January 2018 letter to State Medicaid Directors, CMS Administrator, Seema Verma, addressed community engagement as an important determinant of personal health. PCG has been deeply involved in recent state efforts author community engagement waivers. We will bring fresh insights based on this recent experience.

For example, PCG generally sees more opportunity to apply community engagement requirements, including work, in states where Medicaid coverage includes eligibility for childless adults. We believe this was key to the approval of the Wisconsin waiver we authored. Wisconsin covers childless adults up to 100% FPL. Given exemptions for pregnant women, parents and caretakers, it is more operationally challenging to implement community engagement waivers in states where childless adults are not covered. States must also anticipate the operational challenges of administering community engagement requirements and find solutions to avoid the initiative becoming cost prohibitive. PCG has strategies to achieve this.

On the Marketplace side, the Center for Consumer Information and Insurance Oversight (CCIIO) within CMS recast 1332 waivers as "State Relief and Empowerment Waivers" last fall. In guidance published on October 22, 2018, CMS identified five principles that will guide approval of these waivers:

1. Provide increased access to affordable private market coverage
2. Encourage sustainable spending growth
3. Foster state innovation
4. Support and empower those in need
5. Promote consumer-driven healthcare

In that same guidance, CMS provided states with new flexibility to meet the "four guardrails" that are statutorily required for an approved 1332 waiver. These guardrails are comprehensiveness of coverage,

affordability, scope of the populations covered and fiscal impact on the federal budget. Under this guidance, comprehensiveness and affordability can be measured by the coverage state residents have access to, not necessarily the coverage they choose. These guardrail elements can also now be measured in aggregate, meaning that a waiver may be approved if coverage becomes more comprehensive and/or affordable for the state population as a whole and not necessarily for each person individually.

One month later, on November 29, 2018, CMS followed up its guidance with a Discussion Paper that specifically outlines four State Relief and Empowerment waiver concepts, which comprise of:

- **Adjusted Plan Options** – Permitting Exchange coverage through non-Qualified Health Plans
- **State Specific Premium Subsidies** – Allowing states to design Exchange subsidy alternatives
- **Account Based Subsidies** – Funding health expense accounts that drive consumer engagement
- **Risk Stabilization Strategies** – Reinsurance programs or high-risk enrollee coverage models

While states are not bound to only these concepts, the four categories provide blueprints for waiver ideas that CMS is particularly interested in approving. PCG has been working as a subcontractor to CCIIO specifically to develop state technical assistance materials for this new guidance and the associated set of waiver concepts. Our national environmental scan will be more efficient and more informed based on this experience.

For our state environmental scan, PCG will gather and build upon several existing sources of information that detail the status of healthcare access and health coverage in Georgia. PCG understands that the Census Bureau's American Community Survey is a source frequently used to detail coverage status and sources of coverage by state. A source of information for private, employer-based coverage is Insurance Component of the Medical Expenditure Survey conducted annually by the Agency for Healthcare Research and Quality. The Kaiser Family Foundation already aggregates much of this information into state-based coverage profiles.

We will work with your state Office of the Insurance Commissioner (OIC) to build on any market studies that have already been completed for the individual, small and/or large group markets. Some states have completed such studies using federal grant funds. In other states, health insurance market research has been completed by private organizations. PCG's subcontract partner for this engagement, Wakely Consulting, already has an existing relationship with OIC and completes health insurance premium rate reviews for Georgia rate filings. Wakely is frequently hired to complete actuarially and economically sound health insurance market analyses. They will be able to quickly validate existing studies and data and build upon the work they already do in Georgia. For this reason. PCG anticipates being able to quickly complete the state environmental scan during June 2019.

On the Medicaid side, PCG will assess several factors in assembling a deficiency analysis. We will consider the remaining coverage gap for those with incomes too high to qualify for Medicaid but too low to qualify for Marketplace subsidies. We will measure current Medicaid provider networks and delivery systems, as well as the differential in Medicaid and commercial payment rates that may have cross-sector impacts due to changing payer mixes should Medicaid be expanded. Consistent with CMS priorities, we will assess how current differences in Medicaid and commercial market payment and delivery systems makes churn difficult for state residents and impacts continuity of coverage. The public health needs of Georgia communities, including behavioral health and needs related to the opioid epidemic, will also be studied.

PCG will also examine the current state of uncompensated care/charity care in Georgia. We will assess current Medicaid hospital supplemental payments, including Disproportionate Share Hospital and Upper Payment Limits. All of these are important elements due to the way they might be impacted by a new healthcare program.

Finally, PCG will examine current state Medicaid operational capacity as an administrative baseline for waiver implementation. We understand this is critical because the success of a waiver program will be built on the DCH's ability to operate the Medicaid portion of it. Another reason to choose PCG for this work is the breadth of our operational experience in Medicaid. Just last year we were hired by Maryland to provider an end-to-end operational assessment of their Medicaid program to identify potential areas of improvement.

Development of Waiver Options

PCG will bridge the results of our national and state environmental scans to develop waiver options. Ideally PCG will identify initiatives both in Medicaid and the private market that directly address healthcare access and coverage deficiencies in Georgia and are aligned with the priorities currently identified by CMS for 1115 and 1332 waiver approvals.

PCG thoroughly understands the process of waiver concept development and has supported states through this phase of the waiver process. The concept phase involves clarifying the problems the State wishes to address through the waiver. Typically, this phase also involves informal communication with CMS. States may meet directly with CMS leadership during this phase to articulate problem statements and seek CMS guidance on tools and options that may address these problems. Informal communications with CMS also serve the purpose of assuring that Georgia and CMS are generally on the same page and share perspectives on potential solutions. From PCG's perspective, conceptual agreement with CMS is an important foundation to drafting waivers that are likely to gain federal approval and be successfully implemented.

PCG also understands the importance of stakeholder involvement in the development of waiver options. We define "stakeholders" broadly. **They include both the legislative and executive branch, and within the executive branch, both the Governor's Office and the leadership of the agencies that file the waivers and will be responsible for implementing them. Beyond that, PCG recognizes that public input during waiver concept development can be helpful.** This can be structured in a variety of ways to gather input from consumers, industry, providers, carriers and the public at large.

PCG recognizes that the development of waiver options for 1115 and 1332 waivers will differ between these two waiver types based on structural and process differences across the statutory and regulatory authority for these waivers. Section 1115 emphasizes the "demonstration" nature of these waivers and is intended to test new ways of promoting the effectiveness of Medicaid. Section 1332 waivers are more strictly bound by statutory "guardrails" and can only be approved when these guardrail conditions are independently modeled in advance and shown to be achievable. For this reason, the two PCG waiver teams will approach this phase of work with a full understanding and appreciation of these differences.

That said, it is rare that states approach 1115 and 1332 waiver planning simultaneously, as Georgia is doing. PCG is acutely aware of the opportunity this provides to align commercial and Medicaid coverage approaches, which is a top priority for CMS. It also provides an opportunity for Georgia to plan comprehensive, statewide healthcare innovations across all healthcare sectors. For this reason, PCG

plans to assure our waiver teams stay coordinated and integrated. The teams will consider ways that 1115 and 1332 options might coordinate and stand as a "super waiver." State coordination of 1115 and 1332 waivers has been anticipated by CMS and the Department of Treasury. Specific regulations have been developed to guide states interested in such coordination. PCG is familiar with these rules and will use them as one touchpoint in our waiver options development process.

We commend Georgia for allocating 90 days to the waiver options development phase of this work since accurately identifying key strategies and methods will drive the success of the application.

1115 and 1332 Waiver Application Development

PCG will rely on established CMS regulatory protocols that specify required components of 1115 and 1332 waiver applications. Again, PCG recommends commencing waiver writing after facilitating conceptual discussions between CMS and Georgia that makes waiver approvals plausible, and better yet, likely.

PCG brings extensive subject matter expertise to both application processes. We have executed several 1115 waiver applications as documented elsewhere in this proposal. In addition to supporting CMS efforts to provide technical assistance to states on 1332 waivers, PCG assembled its own 1332 waiver application toolkit approximately two years ago. For 1332 waivers, states must follow several specific requirements, which include:

- The application must include information about the state's public notice and comment opportunities.
- The state must provide written evidence of the state's compliance with the public notice and comment requirements, specifically a copy of the web page and/or notice that was posted and a description of the key issues raised.
- The state must provide information about the state's public hearings, specifically, evidence that at least two public hearings were convened, and a description of the issues raised.
- The state must provide evidence of meaningful tribal consultation as applicable, specifically, evidence of an official meeting with tribal representatives and a description of the issues raised.
- The application must include evidence of the state's authorizing legislation or related executive order
- The application must include a list of the ACA provisions the state seeks to waive, the reason(s) for the specific request(s), and how waiver will facilitate the state plan.
- If the state is seeking pass-through funding, it must include that request and an explanation of how, due to the structure of the state plan, the state anticipates that individuals would not qualify for premium tax credits, small business tax credits, or cost-sharing reductions for which they would otherwise be eligible, or how the state plan will result in a reduction in federal spending for those subsidies and how the state plans to use that funding.
- The application must include the following data, analyses and certifications.
- Actuarial analysis and certification to support the state's findings regarding the guardrails for comprehensiveness, affordability, and coverage;
- Economic analysis to support the state's findings that the waiver will not increase the federal deficit. The economic analysis must include a detailed 10-year budget plan that is deficit neutral to the federal government and includes all costs under the waiver (including administrative costs and other costs).

- A detailed analysis regarding the estimated impact of the waiver on health insurance coverage in the state and the data and assumptions the state relied on to determine the effect of the waiver on coverage, comprehensiveness, affordability, and deficit neutrality requirements, including:
    - *The age, income, health expenses, and current health insurance status of the relevant state population*
    - *The number of employers by number of employees and whether the employer offers insurance*
    - *Cross-tabulations of these variables*
    - *An explanation of data sources and quality*
    - *An explanation of the key assumptions used to develop the estimates of the effect of the waiver on coverage and the federal budget, such as individual and employer participation rates, behavioral changes, premium and price effects, and other relevant factors.*

Similar requirements will follow for 1115 waivers. PCG is aware of several technical assistance materials developed by CMS, including waiver application checklists and templates, that will facilitate compliance with all waiver application rules.

Medicaid 1115 waivers also require planning for the design of the demonstration project evaluation. PCG has experience planning and implementing evaluations of public healthcare coverage programs and will lean on a team of internal evaluators for this purpose.

In summary, PCG is prepared to follow the seven-month timeline established for this waiver consulting project as reflected in Appendix A. While we recognize that this is an ambitious schedule, we are used to being called upon by states to plan and implement major healthcare reform initiatives in months, not years. When Washington State hired PCG to assess its statewide behavioral health system in 2016, we completed our study and made recommendations in four months. Our work informed the Governor's top priority for Washington's 2017-19 Executive Budget. PCG's success in these time-limited and high-stakes roles is built on the structure of a project plan that is staffed by national subject matter experts and a team of business analysts backing them up.

Project Resources

For each phase of this project, PCG's core team stands ready to support DCH from basic project management to data analysis, policy development and regulatory expertise. Below is a description of the resources we propose for this engagement. Our project organizational chart, along with staff office locations, is provided in Section F.2.

Cross-Sector Project Leadership

Our project team will be led by Rich Albertoni, a former Medicaid leader with extensive experience supporting private market innovations at the state and federal level. Reporting to Mr. Albertoni, Ms. Alicia Holmes will be the Project Manager. Ms. Holmes will act as point person for this engagement and will manage execution of all deliverables and workstreams. Ms. Holmes has extensive experience across Medicaid, commercial insurance and behavioral health. Mr. Albertoni and Ms. Holmes's breadth of expertise will guide the project forward, enabling synergies across public and private sectors.

Waiver Specialists

The Project Manager will coordinate two teams of waiver specialists. The 1332 waiver team includes actuarial and regulatory experts with significant commercial market experience. The Wakely Consulting

team will include Julie Peper as chief actuary and Michael L. Cohen, former CMS/CCIIO employee, for 1332 waiver guidance. The 1115 waiver team will be led by Ms. Lisa Lee, a former Medicaid Director with extensive experience in waiver development and implementation. Ms. Lee will be supported by data, policy, and Medicaid finance experts. Employing two waiver teams will allow PCG and Wakely to drive concurrent waiver analysis and development throughout the course of the engagement.

Regulatory Expertise

Mr. Tom Entrikin offers decades of regulatory analysis and expertise, having supported several waiver applications during his career. Mr. Entrikin will provide ongoing regulatory assistance to ensure a compliant and successful application process.

PCG Atlanta Office Liaison

Chantal Stepney will act as our local liaison for this project. Ms. Stepney will help coordinate travel and office space for the project team when onsite work is needed. Ms. Stepney will also provide contract management assistance as the manager of the Blanket Services agreement for this scope.

Proposed Work Plan

To supplement the narrative above, we provide below a high-level project plan that will be finalized immediately following project kick-off.

Task ID	Task Description	Start	End
1.0	**Project Management**	**6/3/2019**	**6/3/2019**
1.1	*Project Kick-Off* - *Finalize Project Work Plan* - *Submit initial data and key contact request*	**6/3/2019**	**6/3/2019**
1.2	*Project Status Updates and Ongoing Management*	**6/3/2019**	**TBD**
2.0	**National Environmental Scan**	**6/3/2019**	**6/21/2019**
2.1	*Federal 1115 and 1332 Waiver Core Requirements:* - *Prepare 1115 Template based on Federal 1115 Waiver core requirements* - *Prepare reference document containing all current and pending federal regulations and guidance related to 1115 Waivers and update throughout project* - *Prepare 1332 Template based on Federal 1332 Waiver core requirements* - *Prepare reference document containing all current and pending federal regulations and guidance related to 1332 Waivers and update throughout project*	6/3/2019	6/7/2019
2.2	*Best Practices and Lessons Learned from National Waiver Activity* - *Identify 4 states for comparison and conduct research regarding components of 1115, evaluation criteria, concerns raised in public comment period, and impact if available* - *Develop overview of approved 1332 waivers including key components and impact on population, if available. Assess best practices and lessons learned from 1332 waiver implementation*	6/7/2019	6/14/2019
2.3	*National scan of current healthcare environment* - *Create template for recording state-level data related to current healthcare environment* - *Conduct state-level research to include health status, insurance coverage, eligible but unenrolled populations, employment and other social determinants for individuals up to 100% FPL. Identify states with similarities to Georgia demographics for comparison.*	6/3/2019	6/14/2019

Task ID	Task Description	Start	End
2.4	*Opportunities to maximize federal flexibility* - *Based on above research, draft discussion of specific opportunities to maximize federal flexibility in program implementation and operation.*	6/10/2019	6/14/2019
2.5	*Review Draft Findings with DCH*	6/14/2019	6/14/2019
2.6	*Submit Final Report*	6/21/2019	6/21/2019
3.0	**Georgia Environmental Scan**	**6/3/2019**	**6/28/2019**
3.1	*Research Georgia's healthcare landscape and prepare baseline data for target population, including health insurance status, available condition prevalence data, income, employment, incarceration, education, available housing data, and available social services data, by county.*	6/3/2019	6/14/2019
3.2	*Research payer mix across public and private sectors, identified coverage issues, complaint and independent review organization data as available.*	6/10/2019	6/17/2019
3.3	*Conduct provider analysis including network adequacy across primary care, specialties, and facility types, health workforce shortage areas, use of telehealth and integration strategies. Review Medicaid enrollment provider data and identify non-billers and patient load.*	6/3/2019	6/19/2019
3.4	*Review Georgia's Medical Advisory Committee Meeting minutes, if available*	6/17/2019	6/19/2019
3.5	*Review Draft Findings with DCH*	6/21/2019	6/21/2019
3.6	*Submit Final Report*	6/28/2019	6/28/2019
	Phase 2: 1115 and 1332 Waiver Options Development	**7/1/2019**	**9/30/2019**
4.0	**Primary Stakeholder Engagement**	**7/1/2019**	**7/26/2019**
4.1	Draft key informant interview guide to support waiver options analysis. Review with DCH	7/1/2019	7/8/2019
4.2	Schedule and conduct interviews	7/8/2019	7/19/2019
4.3	Develop summary report of stakeholder input	7/19/2019	7/26/2019
5	**1115 Waiver Options Report**	**7/19/2019**	**8/16/2019**
5.1	*Assess state Georgia Medicaid state plan to determine options that may be implemented through SPA*	7/19/2019	8/2/2019
5.2	*Identify three options for 1115 waivers that meet Georgia's priorities, including the authorities required and policy implications, projected enrollment and expenditures, service delivery capacity, and economic impact assessment.*	8/2/2019	8/9/2019
5.6	*Review draft 1115 waiver options report with DCH*	8/14/2019	8/14/2019
5.7	*Submit final report to DCH*	8/16/2019	8/16/2019
6	**1332 Waiver Options Report**	**7/19/2019**	**9/13/2019**
6.1	*Assess options for 1332 waivers that meet Georgia's priorities and identify the authorities required and policy implications, projected enrollment and impact to premiums and risk profiles across commercial insurance markets, overview of operational and information technology requirements, and governance recommendations.*	7/19/2019	9/6/2019
6.2	*Review draft 1332 waiver options report with DCH*	9/11/2019	9/11/2019
6.3	*Submit final report to DCH*	9/13/2019	9/13/2019
7	**Combined Waiver Options Report**	**9/6/2019**	**9/30/2019**
7.1	*Identifies options for a "super waiver" combining 1115 and 1332 waiver capabilities to realize potential economies of scale across markets.*	9/6/2019	9/24/2019

Task ID	Task Description	Start	End
7.2	*Review draft combined waiver options report with DCH*	9/26/2019	9/26/2019
7.3	*Submit final report to DCH*	9/30/2019	9/30/2019
	Phase 3: 1115 and 1332 Waiver Development	**10/1/2019**	**12/31/2019**
7	**Draft 1115 Waiver Application**	**10/1/2019**	**10/31/2019**
7.1	*Draft 1115 Waiver Application including concept description, operations, final budget neutrality statement, and all supporting exhibits.*	10/1/2019	10/28/2019
7.2	*Review first draft with DCH*	10/28/2019	10/28/2019
7.3	*Submit revised draft*	10/31/2019	10/31/2019
8	**Public Comment Support for 1115 Waiver**	**10/21/2019**	**12/2/2019**
8.1	*Establish key public notice process and guidance documents*	10/21/2019	10/25/2019
8.2	*Prepare Tribal Notification (60 days prior to submission to CMS)*	10/25/2019	10/31/2019
8.3	*First Public Hearing (at least 20 days prior to submitting waiver to CMS)*	11/8/2019	11/8/2019
8.4	*Second Public Hearing (at least 20 days prior to submitting to CMS)*	11/18/2019	11/18/2019
8.5	*Third Public Hearing (at least 20 days prior to submitting to CMS)*	12/2/2019	12/2/2019
9	**Final 1115 Waiver Application**	**12/2/2019**	**12/31/2019**
9.1	*Amend 1115 Waiver Application based on public comment and additional guidance, working concurrently with DCH.*	12/2/2019	12/23/2019
9.2	*Submit final waiver application*	12/31/2019	12/31/2019
10	**Draft 1332 Waiver Application**	**10/1/2019**	**10/31/2019**
10.1	*Draft 1332 Waiver Application including actuarial analysis and actuarial certificates to support State estimates, 10-year budget plan, operational plan, and coverage impact statement*	10/1/2019	10/28/2019
10.2	*Review first draft with DCH*	10/25/2019	10/25/2019
10.3	*Submit revised draft*	10/31/2019	10/31/2019
11	**Public Comment Support for 1332 Waiver**	**10/21/2019**	**12/2/2019**
11.1	*Establish key public notice process and guidance documents*	10/21/2019	10/25/2019
11.2	*Prepare Tribal Notification (30 days prior to submission to CMS)*	10/25/2019	10/31/2019
11.3	*First Public Hearing*	11/12/2019	11/12/2019
11.4	*Second Public Hearing*	11/25/2019	11/25/2019
12	**Final 1332 Waiver Application**	**12/2/2019**	**12/31/2019**
12.1	*Amend 1332 Waiver Application based on public comment and additional guidance, working concurrently with DCH.*	12/2/2019	12/23/2019
12.2	*Submit final waiver application*	12/31/2019	12/31/2019
13	**1115 and 1332 Waiver Negotiation with CMS and U.S. Treasury**	**1/1/2020**	**TBD**
13.1	*Respond to requests for additional information from CMS and U.S. Treasury and support negotiations on an ad hoc basis through approval.*	1/1/2020	TBD

C. Qualifications

PUBLIC CONSULTING GROUP

C. QUALIFICATIONS

This section responds to the Statement of Need request to provide an overview of one or more states in which the offeror has been engaged that has resulted in the state's 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 1115 or a 1332 Waiver.

Medicaid 1115 Waiver Experience

In this section, the PCG/Wakely team present our enormous experience supporting state Medicaid 1115 and 1332 Marketplace waiver development. Our experience is particularly recent and relevant to current CMS priorities for waiver approvals. PCG has authored three recent community engagement/work requirement 1115 waivers, including Wisconsin's approved waiver. We served as commercial market subject matter experts supporting the development of "Private Option" Medicaid waivers for Arkansas and New Hampshire. To this day, the Private Option, which leverages Qualified Health Plans (QHPs) for the Medicaid expansion delivery system, is one of the best examples of alignment between the commercial and public health care sectors, a top CMS priority.

Separately, Wakely Consulting is the market leader in 1332 waiver actuarial certification and economic analysis. They have supported three states with approved 1332 reinsurance waivers – Oregon, Maryland and Wisconsin. PCG is also currently engaged as a subcontractor to CMS to support the development of state technical assistance materials.

Each of these waiver engagements is described in more detail below. A table summarizing these engagements is provided in Section F.1 to certify our satisfaction of minimum requirements for this Statement of Need. The following projects illustrate PCG's Medicaid 1115 waiver experience:

Department of Health and Human Services, State of South Carolina
Project: Community Engagement/Work Requirements 1115 Waiver (Pending Submission to CMS)
November 2018 – Present

Scope

PCG is responsible for the development of an 1115 waiver that required certain adult populations to participate in workforce development activities designed to increase their independence and reduce reliance on the Medicaid program. PCG has sole responsibility for researching, developing, and completing the 1115 waiver application. Tasks and deliverables for this project include:

- Researching and communicating recommendations to the Department regarding the design and features of an 1115 waiver for certain Medicaid adults.
- Developing language for 1115 waiver for adults who would be engaged in workforce development activities.
- Developing a budget neutrality model using Medicaid claims data.
- Describing how program features depart from existing Medicaid program eligibility requirements and statutory requirements.
- Explaining how program features would likely to assist in promoting the objectives of the Mississippi Medicaid program.
- Describing the Department's plan for evaluating and monitoring whether relevant Medicaid program objectives are met.

- Providing a public notice process that complies with state and federal rules to ensure that interested parties had an opportunity to provide input into the design and review of the 1115 waiver application.
- Engaging with CMS, including but not limited to, answering questions and preparing responses.
- Developing detailed project timeline on development, submission requirements, approval, and implementation of waiver request.
- Researching and developing options analysis papers on establishing workforce development activities for specific adult populations.
- Completing waiver application and all its regulatory requirements, including budget neutrality documentation. Submission to CMS was reviewed and deemed complete.

Department of Health, State of New York
Project: Delivery System Reform Incentive Pool (DSRIP) 1115 Waiver (Approved by CMS)
August 2014 – Present

Scope
PCG began supporting New York's Delivery System Reform Incentive Pool (DSRIP) waiver before this Medicaid demonstration project was approved. Hired as the initiative's Independent Assessor, PCG developed provider review protocols that furthered negotiation with CMS and were included in the approved Special Terms and Conditions (STCs).

PCG has also supported this waiver with ongoing budget neutrality analysis and completion of the quarterly budget neutrality reports.

Department of Medicaid, State of Mississippi
Project: Community Engagement/Work Requirements 1115 Waiver (Pending CMS Approval)
April 2017 – January 2018

Scope
PCG was responsible for the development of an 1115 waiver that required certain adult populations to participate in workforce development activities designed to increase their independence and reduce reliance on the Medicaid program. PCG had sole responsibility for researching, developing, and completing the 1115 waiver application. Tasks and deliverables for this project including:

- Researching and communicating recommendations to the Department regarding the design and features of an 1115 waiver for certain Medicaid adults.
- Developing language for 1115 waiver for adults who would be subject to workforce development activities.
- Developing a budget neutrality model using Medicaid claims data.
- Describing how program features depart from existing Medicaid program eligibility requirements and statutory requirements.
- Explaining how program features would likely to assist in promoting the objectives of the Mississippi Medicaid program.
- Describing the Department's plan for evaluating and monitoring whether relevant Medicaid program objectives are met.

- Providing a public notice process that complies with state and federal rules to ensure that interested parties had an opportunity to provide input into the design and review of the 1115 waiver application.
- Engaging with CMS, including but not limited to, answering questions and preparing responses.

Department of Health Care Policy and Finance, State of Colorado
Project: Hospital Transformation 1115 Waiver Development (Pending CMS Approval)
March 2016 – June 2017

Scope
The Department was seeking support for the development of a Medicaid Transformation Program modeled on an 1115 Waiver Delivery System Reform Incentive Program (DSRIP). PCG was tasked with assisting HCFP with its hospital transformation effort. This included guiding the design of a DSRIP concept paper, development of the application and review process for participating hospitals, and identification of project and program metrics. PCG provided research and programmatic expertise on how best to design a program that transitions current volume-based supplemental payments to a value-based model that incentivizes desired outcomes.

The PCG team convened multiple stakeholder groups across state agencies to identify primary goals for waiver programs. The team reviewed the state's community health needs assessments to understand the primary community needs that the Hospital Transformation Program seeks to address. Based on these meetings and research, the team assisted the state in crafting policy options to support ongoing integration with the Accountable Care Collaborative efforts already underway across Colorado's outpatient delivery system. Waiver policy was then identified, and the team assisted in clarifying and finalizing all major policy decisions needed throughout the waiver creation process. The PCG team assisted with outreach and engagement amongst critical program stakeholders, throughout the policy creation process. Our team then drafted the waiver concept paper for CMS's review. The PCG team also developed the critical tools and processes needed for the program's implementation, including a community engagement process, the hospital application and implementation guidance.

Department of Health Services, State of Wisconsin
Project: Coverage for Childless Adults 1115 Waiver (Approved by CMS)
November 2015 – July 2017

Scope
PCG was responsible for the development of an amendment to the BadgerCare Reform Waiver, Wisconsin's existing 1115 waiver that extended coverage to adults without dependent children with household income of up to 100% of the federal poverty level (FPL). This waiver included community engagement requirements for this population. PCG had sole responsibility for researching, developing, and completing the amendment application. Tasks and deliverables for this project included:

- Researching and communicating recommendations to the Department regarding the design and features of an amendment to the existing 1115 waiver for childless adults.
- Developing language to amend the existing 1115 waiver for childless adults that satisfies the requirements of Wisconsin Act 55.
- Developing a budget neutrality model using Medicaid claims data.

- Describing how amended program features depart from existing waiver and statutory requirements.
- Explaining how amended program features are likely to assist in promoting the objectives of the Wisconsin Medicaid program.
- Describing the Department's plan for evaluating and monitoring whether relevant Medicaid program objectives are met.
- Providing a public notice process that complies with state and federal rules to ensure that interested parties have an opportunity to provide input into the design and review of the 1115 waiver application.
- Providing comprehensive project management.
- Engaging with CMS, including but not limited to, answering questions and preparing responses.

Arkansas Insurance Department, State of Arkansas
Project: Private Option 1115 Waiver Subject Matter Expert
May 2012 – June 2015

Scope
PCG assisted the Department of Insurance and Health with the development of QHP requirements to support the unique Arkansas Private Option Medicaid expansion program. Under this program, Arkansas enrolled a large portion of the Medicaid population into commercial market Qualified Health Plans (QHPs). PCG assisted with implementing this plan by bridging differences between Medicaid benefit and payment requirements and the regulatory structure of QHPs.

Department of Insurance, State of New Hampshire
Project: Private Option 1115 Waiver (Approved by CMS)
February 2013 – Present

Scope
Based on our experience in Arkansas, New Hampshire hired PCG to provide commercial market consulting during the development of their Private Option Medicaid waiver. This 1115 demonstration project emulated the structure of the Arkansas initiative by leveraging Exchange QHPs to be the delivery system to the Medicaid expansion population. PCG helped the state write waiver provisions related to QHPs, negotiate waiver provisions and draft Special Terms and Conditions.

Marketplace 1332 Waiver Experience

Maryland Reinsurance 1332 Waiver (Approved by HHS and Treasury)
Wakely completed feasibility analysis of a state-based reinsurance program for the Department of Legislative Services. Wakely supported the 1332 waiver application with an updated analysis and refined assumptions. The application in Maryland was approved.

Wisconsin Reinsurance 1332 Waiver (Approved by HHS and Treasury)
Wakely completed a draft (for public comment) and final actuarial and economic analysis and report for the state of Wisconsin as part of their 1332 waiver application. The application was approved. Wakely continues to provide the state with ongoing reinsurance and waiver support.

Oregon Reinsurance (Approved by HHS and Treasury)

Wakely wrote the economic and actuarial sections for the 1332 application. Wakely continues to support the state by setting the annual reinsurance parameters and completing the CMS required report as part of the waiver process.

Wakely has also performed 1332 waiver feasibility analysis in several other states.

PCG continues to support CMS efforts to establish state technical assistance materials for 1332 waiver applications.

Together, the PCG/Wakely team will provide Georgia with enormous experience developing 1115 and 1332 waivers, greatly increasing the prospect of successful outcomes from the Patients First Act.

D. Subject Matter Expertise

D. SUBJECT MATTER EXPERTISE

This section responds to the Statement of Need to request to provide a detailed description of the subject matter expertise the offeror proposes to dedicate to this engagement, including but not limited to:

1) 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.

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

3) 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).

4) Federal and state 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.

5) 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.

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

7) Expertise and experience 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."

PCG's Team Expertise

Public Consulting Group, Inc.'s (PCG's) proposed team for this engagement offers a depth of cross-sector experience at the federal and state level. The below summarizes the expertise of our key, senior level project staff:

Staff Experience							
Key Staff	**Medicaid Program Laws and Regulations**	**PPACA related Laws and Regulations**	**Private sector health insurance**	**Federal and state 1115 and 1332 approval processes**	**Existing healthcare delivery systems**	**Healthcare priorities of the President, HHS and CMS leadership**	**Experience engaging federal officials in Waiver approval discussions**
Rich Albertoni	✓	✓	✓	✓	✓	✓	✓
Alicia Holmes	✓	✓	✓	✓	✓	✓	✓
Thomas Entrikin	✓	✓	✓	✓	✓	✓	✓
Drew Weiskopf	✓	✓	✓	✓	✓		

Staff Experience							
Key Staff	**Medicaid Program Laws and Regulations**	**PPACA related Laws and Regulations**	**Private sector health insurance**	**Federal and state 1115 and 1332 approval processes**	**Existing healthcare delivery systems**	**Healthcare priorities of the President, HHS and CMS leadership**	**Experience engaging federal officials in Waiver approval discussions**
Lisa Lee	✓	✓		✓	✓		✓
Christian Jones	✓	✓	✓	✓	✓		✓
Julie Peper		✓	✓	✓	✓	✓	✓
Michael Cohen		✓	✓	✓	✓		✓
Mary Hegemann	✓	✓		✓	✓		✓

Medicaid

As a consulting firm focused on the public sector, PCG has extensive Medicaid expertise ranging from consulting and advisory services to administrative claiming to member eligibility verification data broker services. Our involvement in all aspects of Medicaid programming requires us to be up to date on federal and state law, rules, regulations, guidance and related policies.

Our proposed staff have deep experience in Medicaid policy. Below are just a few examples of the staff expertise we are dedicating to this engagement:

- **Mr. Rich Albertoni** worked for Wisconsin Medicaid for eight years, ending his tenure as Director of the Bureau of Enrollment Policy and Systems. Whether serving Wisconsin Medicaid or his PCG clients, Mr. Albertoni approaches policy development with full understanding of all operational implications.
- **Ms. Lisa Lee** will lead our 1115 waiver development team. Ms. Lee bring 17 years of experience working in the Kentucky Department for Medicaid Services. She has experienced and solved for the details, complexities, and nuances that comprise a large part of administering the largest part of a state budget.
- **Mr. Tom Entrikin** will be leading our regulatory compliance efforts. He has over 45 years of experience with the Medicaid and Medicare programs. From 1981 to 1992, he was a Medicaid law, regulations, and policy specialist with the Health Care Financing Administration (HCFA), now CMS, providing technical assistance to the States of Vermont, Connecticut, and Massachusetts on Medicaid eligibility, coverage, and reimbursement; provider certification and enrollment; program integrity; recovery of third party liabilities; Medicaid Management Information System (MMIS) performance specifications and operations; interagency agreements; contracts with managed care organizations; and Medicaid waiver programs.
- **Ms. Mary Hegemann** has extensive experience with public programs including Medicaid, Medicare, ACA reform, high-risk pools, and safety net programs for low-income populations. She has certified Medicaid rates for Kentucky, Colorado, West Virginia, New York (HIV/AIDS SNP), and Massachusetts (Medicaid Expansion), and certifies capitation rates for an 1115 waiver program for low-income enrollees in Missouri.

Affordable Care Act

Since the passing of the Affordable Care Act (ACA) PCG has been a leader in helping states understand and comply with regulatory requirements. PCG's ACA work began with guiding states through health insurance exchange requirements and continues today with auditing for network adequacy and qualified health plans (QHPs) compliance. Our extensive work in areas touched by the ACA requires PCG to constantly monitor the health police landscape looking for federal rules, regulations, and guidance that may impact our clients providing support when necessary.

Our proposed staff include Ms. Alicia Holmes and Mr. Christian Jones. Ms. Holmes and Mr. Jones have led our ACA related engagements since 2011. Their work required an in-depth understanding of the law and associated regulations, helping to educate government officials and the general public on all requirements and developing associated policies to ensure compliance.

In addition to his Medicaid experience noted above, Mr. Entrikin has also assisted state agencies and state-based health benefits exchanges in analyzing and implementing a wide range of regulations under the ACA promulgated by the U.S. Department of Health and Human Services, the U.S. Department of the Treasury/Internal Revenue Service, and the U.S. Department of Labor. These include requirements on eligibility and enrollment into QHPs through health benefits exchanges, calculation and verification of modified adjusted gross income (MAGI), determining advance premium tax credits and cost-sharing reductions, fair hearings and appeals, QHP coverage of essential health benefits, preventive services and wellness programs, health insurance market reforms, employer notices to employees, and tax penalties and exemptions related to failure to maintain minimum essential health coverage under the ACA.

Private Sector Health Insurance

Our ACA-related engagements led to ongoing relationships with several state insurance departments. Ms. Holmes has managed various form review and compliance analyses for the states of Rhode Island, West Virginia, Pennsylvania, Illinois, Mississippi and the District of Columbia. Her work has spanned individual, small group and large group markets, focusing on benefit design, utilization management practices, formulary coverage and compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Mr. Jones recently led a market conduct examination for the New Mexico Office of Superintendent of Insurance. The examination reviewed four insurance carriers' Individual Marketplace Silver Tiered QHPs for network sufficiency, MHPAEA compliance review and preventative care services claims handling review. PCG reviewed policies, procedures and member materials related to implementing and maintaining network adequacy, complaints related to network adequacy, and access plans submitted by each carrier to determine their respective network sufficiency.

Finally, related to options under the Employee Retirement Income Security Act (ERISA), PCG's regulatory team are subject matter experts in Department of Labor healthcare polices. Recently, Ms. Holmes completed a literature review regarding cost containment strategies in the self-funded market. PCG is prepared to advise Georgia on self-funded plan requirements and options.

1115 and 1332 Waiver

PCG is an expert in the 1115 and 1332 Waiver approval process. PCG has provided comprehensive development and management of three 1115 waivers. Our scope of services included defining the key objectives of the waiver, identifying risks and maintaining risk registers, drafting the waiver, performing

budget neutrality calculations, creating public-facing materials, organizing and executing public hearings, developing compelling outreach materials for use prior to and during public hearings, recording all spoken comments and questions, analyzing comments and questions, drafting responses to public comments, and negotiating the waivers with the Centers for Medicaid & Medicare Services (CMS). Our success in managing this process has led to one approved waiver (Wisconsin), one deemed complete and pending approval (Mississippi), and one recently submitted (South Carolina). Our clients have been pleased with the quality of our work, which is commonly approved with very little need for client editing for either content or political sensitivity.

PCG has been working with The Center for Consumer Information & Insurance Oversight (CCIIO) as a subcontractor to MITRE Corporation. CCIIO oversees CMS's efforts to implement the provisions related to private health insurance including working with states to establish new Health Insurance Marketplaces. PCG has been supporting CCIIO's efforts to provide resources for states in strengthening their private insurance markets and increase choices for consumers. PCG provided in-depth knowledge of the ACA marketplace landscape and 1332 waiver parameters, an understanding of individual and small business health insurance market dynamics, and strong evaluation/analytic and communication skills. This resulted in 1332 Waiver concept papers and application templates for CCIIO use during state engagement. These are related to CCIIO state marketplace policies, regulations and guidance.

Our proposed subcontractor, Wakely is a leader in conducting actuarial and economic analyses for 1332 Waivers. Wakely has helped over 10 states in the 1332 Waiver process whether it be through providing actuarial certification, economic analyses, feasibility studies, or market studies. Combined, PCG and Wakely's knowledge of 1115 and 1332 Waiver parameters and the submission process is unparalleled. We are prepared to assist Georgia in successfully submitting both waivers as requested.

Healthcare Delivery System

PCG is extremely familiar with different healthcare delivery systems such as managed care organizations (MCOs) and fee-for-service (FFS) models. PCG's was selected by Mississippi to mitigate the financial and organizational impact of the state's managed care expansion. PCG supported the logistics of the expansion and provided research and recommendations toward the design, development, and implementation of new healthcare delivery initiatives. PCG developed the MS Managed Care Contract and procurement documents. When drafting the contract, we provided the client with materials to make decisions on the implementation of a population health program as well as refining the program to comply with the most recent CMS Managed Care Final Rule. Additionally, we aided in the implementation of the contract through performing a readiness review and increasing the number of MCOs from two (2) to three (3) organizations. In addition to implementing the Managed Care Contract, we also helped the client develop a program to transition supplemental pass-through payments along with the client's financial vendors. Our firm provided insight and guidance on federal regulation as well as best practices from peer states. Finally, our firm played a role in the development of the MS Managed Care Cost Effectiveness Study. Specifically, our team developed components to validate the increase of capitation rates from one fiscal year to the next, as well as the MCO administrative rate comparison to peer states.

PCG has helped NY DOH reduce avoidable hospital use by 25% over 5 years through DSRIP!

PCG's multiple DSRIP projects have resulted in deep subject matter expertise on delivery system reform. In New York, PCG is helping the Department of Health reduce avoidable hospital use by 25% over 5 years through DSRIP. The program seeks to promote community-

level collaboration for system reform. PCG has provided expertise ranging from clinical best practice and technical through operational. Staff developed and are executing an evaluation framework for the DSRIP program and its participating providers. Our team is responsible for collecting and evaluating all submitted performance data and determining which incentive payments were achieved as well as overseeing all appeals processes. In New Jersey, PCG's roles include program administration, policy development, performance measurement, program learning, and continuity planning. In Colorado, PCG was tasked with assisting the Department of Healthcare Policy and Financing with its hospital transformation effort. This included guiding the design of a DSRIP concept paper, development of the application and review process for participating hospitals, and identification of project and program metrics. PCG provided research and programmatic expertise on how best to design a program that transitions from a FFS model to a value-based model that incentivizes desired outcomes.

Understanding of Federal Administrative Healthcare Priorities

During the last 18 months, our work with CCIIO has afforded us a firsthand understanding the priorities of the President, Health and Human Services, and CMS with regards to the ACA and waiver opportunities. Mr. Albertoni and Ms. Holmes have managed this engagement most recently and were supported previously by Mr. Entrikin, Mr. Weiskopf and Ms. Lee. Additionally, PCG constantly monitors guidance documents published by CMS to ensure we are current on priorities of the administration and potential flexibilities we can present to our state clients. Since 2017, PCG has helped states utilize CMS's guidance on work or community engagement requirements as a criterion of Medicaid eligibility.

Federal Engagement Experience

PCG has worked with federal officials in multiple capacities. Currently, PCG is working with federal officials in CCIIO to further the center's objectives of strengthening state private insurance markets and increase choices for consumers. Our team has also worked directly on several major waiver negotiations and is comfortable assisting in any capacity the Department needs in its ongoing CMS relationship management. Our teams have supported clients through the preparation of research materials, agenda creation, presentation materials to prepare and conduct CMS calls. We have also served as the direct spokesperson for the state, working directly with regional and central office staff directly. Our teams are comfortable with the level of diligence that CMS requires, the dynamic of working with both a core CMS team and oftentimes several additional subject matter experts brought in for specific aspects of waiver negotiations. We understand that any policy assertion needs to be substantiated by either existing similar policy already approved by CMS, peer reviewed literature or another source of best practice that can be comprehensively supported through legitimate sources. We are very comfortable serving in any role that the Department needs in preparing for and conducting ongoing CMS negotiations.

PCG has reviewed the Patients First Act is excited for the opportunity to apply our expertise in Georgia. PCG understands the Governor and legislature's desire to submit an 1115 Waiver to increase the Medicaid income threshold to 100% FPL. PCG drafted similar language for South Carolina's 1115 Waiver and conducted the required budget neutrality calculations. PCG has also done Medicaid expansion modeling and is prepared to help the state estimate potential impacts of the FPL increase. Furthermore, Georgians are also facing the burden of increasing private-sector healthcare costs. The Patients First Act references potential directions for the 1332 waiver as "creation of state reinsurance programs, high-risk health conditions, changes to premium tax credits and cost-sharing arrangements, consumer-driven health care accounts, the creation of new health insurance products, the implementation of health care delivery systems, or the redefinition of essential health benefits." PCG has demonstrated its understanding of 1332 waiver parameters by drafting concept 1332 papers for CCIIO on creating high risk

pools, adjusted plan options, state-specific premium assistance, and account-based subsidies. Combined with PCG's rich history of working with states on crafting proposals to address their unique needs, we look forward to working with Georgia to improve healthcare in the state.

E. Relevant Experience

E.1. Healthcare Environments
E.2. Healthcare Access
E.3. Financial Impact
E.4. Economic Development
E.5. Additional Areas of Focus

PUBLIC CONSULTING GROUP

E.1. Healthcare Environments

E. RELEVANT EXPERIENCE

E.1. Healthcare Environments

This section responds to the Statement of Needs request to provide 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 1115 and 1332 Waivers would likely affect Georgians.

States consistently turn to PCG to help assess their healthcare environments and make state-specific recommendations for a path forward, consistent with their needs and values. This is our leading skill set as a firm, and it differentiates us from our competitors in the waiver development space. Below we describe how our long-standing work with Medicaid evolved into health insurance exchange expertise – which then created several opportunities for more specific environmental scans and analyses.

PCG staff are policy subject matter experts, project managers, attorneys, clinicians, technologists, and former state healthcare executives. They can't help but ask questions, and usually the right ones!

From Medicaid to Commercial Markets

PCG understands that the Medicaid side of the Patients First Act is a substantial part of this effort. **A reason to contract with PCG is that we are Medicaid policy and operations experts in all phases of the Medicaid enterprise, including eligibility, benefits, information technology, program integrity, delivery systems and long-term care.** We will be able to carefully assess the impact of a waiver on Medicaid program operations. This will provide assurance that any waiver we develop, once approved, will not be unfeasible to administer. None of our competitors have the span of Medicaid experience that PCG does. We help states administer their CMS-64, claim school-based services funding, assess behavioral health programs, draft managed care RFPs, certify providers and implement complex IT systems.

As a firm rooted in Medicaid finance, we have decades of experience helping Medicaid programs plan for new services, eligibility categories and care management options. Leading up to passage of the ACA, our long-standing clients turned to us to help them model future scenarios under potential expansion. For Colorado, we provided a comprehensive assessment of potential uptake and cost of care for adults without dependent children. Our analysis estimated the total eligible population by county and prevalence rates of chronic conditions to create a cost model for Colorado's budget considerations. We then provided a similar analysis for the State of Utah, as noted in other sections of this proposal.

As states began seeking guidance on the feasibility of operating a state-based insurance Marketplace, PCG continued to expand into the commercial insurance space. Along with our actuarial subcontractors, PCG employed data from the Bureau of Labor Statistics, American Community Survey, Medical Expenditure Panel Survey, Kaiser Family Foundation, etc., to estimate the impact and uptake of subsidized health plans, full or partial Medicaid expansion and other health coverage options. We provided such analyses for Delaware, Alaska, Wyoming, Tennessee, and Arkansas. Our work formed the basis of Delaware's decision to become the first "partnership exchange," as the model was then coined. Later, we helped organize several key states under the banner of "state-based exchanges using the federal platform (SBE-FP)"

Behavioral Health

With the ACA came expanded applicability of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Behavioral health is a core competency for PCG, and expansion of MHPAEA resulted in renewed state and County focus on behavioral health capacity. Since behavioral health outcomes are driven largely by social and environmental factors, data related to housing, incarceration, food security and employment are critical to understanding need.

Over the last three years, the team proposed for this project completed a multi-year system assessment for the State of Washington. Our assessment employed both quantitative and qualitative data to assess the prevalence, need and capacity to serve the population in Washington. Similarly, for the Commonwealth of Virginia, PCG employed national prevalence data and consumer surveys to determine the need and associated risk factors for Virginia's low-income populations.

Program Specific Environmental Analyses

Arkansas Private Option

PCG was a key player in helping Arkansas establish its innovative "Private Option." This waiver expanded healthcare access to approximately 250,000 Arkansans in 2014 but did so by leveraging the private, individual market instead of the state Medicaid fee-for-service program.

When the private option was passed, PCG had a contract with the Arkansas Insurance Department to support the annual form review and Qualified Health Plan (QHP) certification process. For this reason, Arkansas largely depended on PCG to plan integration of a Medicaid waiver with the commercial health insurance market. This involved bridging differences between coverage requirements that CMS wanted to sustain for those with incomes below 138% FPL and minimum standards for individual market plans. We also helped establish a state process for state payment of cost sharing reductions to assure covered members were enrolled in "high value silver plans."

The Private Option helped meet unique healthcare environmental challenges that Arkansas was facing. The state lacked competition in the individual insurance market. Adding 250,000 members to this market helped bring in new carriers and promote plan choice for individuals and families. Due to the fact that so much of Arkansas is rural, the state had previously not adopted Medicaid managed care. The Private Option permitted elements of care coordination and service utilization to be implemented by plans, which added efficiency and value to healthcare delivery throughout the state.

PCG recognizes that many states do not perceive the Private Option to be a good fit for them. But the solution was right for Arkansas, and PCG measures our success in finding the right-size solution for each of our state clients.

Wisconsin and South Carolina Community Engagement Requirements

Three states have turned to PCG to draft community engagement Medicaid waivers – Wisconsin, Mississippi and South Carolina. These states see community engagement as a social determinant of health, whether that engagement be employment, volunteerism or pursuit of job training or education. The policy is focused on a core set of Medicaid enrollees who continue to show no income but also have no debilitating physical of behavioral health condition and have not been determined to be medically frail.

PCG wrote the Wisconsin waiver, which gained approval by CMS. We also authored the Mississippi and South Carolina waivers. Our team understands Medicaid program operations, and we are sensitive to the administrative burden that management of a community engagement program can place on states. We have designed creative ways to help states minimize this burden. When a member has not fulfilled their community engagement requirement, we recommend "suspension" of their eligibility rather than changing their status to ineligible. This is an important difference that simplifies the expense and administration of reactivating a person's eligibility once the community engagement standard is met. Lisa Lee, the former Kentucky Medicaid Director, has led PCG's efforts related to community engagement waivers, and she is named in our bid to be a key member of this team

Wisconsin is another state that chose a unique path to healthcare coverage in a departure from the standards set by the Affordable Care Act (ACA). The state has enjoyed a robust health insurance commercial market for many years and wished to continue to maximize enrollment in this market. For this reason, Wisconsin "expanded Medicaid" in 2014 specific to filling the coverage gap for childless adults below 100% FPL while simultaneously scaling back Medicaid eligibility for parents and caretakers to the same 100% FPL benchmark (the Wisconsin Medicaid eligibility income standard for parents and caretakers was 200% FPL prior to 2014).

While the state does not qualify for the enhanced federal match for childless adults below 100% FPL, the "Badgercare Reform" waiver still resulted in savings for the state due to transitioning all parents and caretakers with incomes above 100% FPL to the individual market. Rich Albertoni, who will serve as PCG's engagement manager for this project, was the Wisconsin Medicaid eligibility director during the design and development of this waiver. He authored the initial draft of the waiver and participated in concept development meetings with CMS.

Maryland Medicaid Program Innovations

Last year the Maryland Department of Health (MDH) sought a vendor to complete a comprehensive analysis of their Medicaid program to make recommendations that would improve the program's efficiency and effectiveness. PCG competed against more than a dozen vendors for this work, including a number of firms much larger than we are. We were chosen because we have a greater depth of perspective in state healthcare than our competitors do. Many of our larger competitors focus mostly on technology or data analytics for their engagements with states, while PCG broadly focuses on healthcare policy and operations across the public sector and commercial markets. This is our competitive advantage.

Maryland's healthcare environment also has unique features. They are the only state that has an "all-payer" waiver that gives the state authority to set Medicare payment rates for state providers. The purpose of this waiver is to minimize cost shifts between the public and private sectors by establishing parity in payment rates across sectors. Maryland also maintains a state-based health insurance marketplace that adjudicates eligibility for all non-disabled, non-elderly Medicaid beneficiaries, in addition to enrolling state residents in small group and individual market QHPs.

PCG recommended several innovations to Maryland that the Medicaid Director and agency leadership have adopted for current and future reforms. We recommended business process re-engineering of eligibility to permit MAGI and social service benefits applications to be processed at state social service centers. Those centers currently only determine eligibility for public health and Medicaid long term care programs.

We recommended a common customer relationship management (CRM) software program to be used across call centers to enable agents to share notes and build on previous communications with customers. We also recommended a reorganization of the Medicaid program, a statewide contract for non-emergency transportation, care management enhancements for dual eligibles, behavioral health integration with managed care and identified opportunities to fully claim federal funds for which the state is already eligible.

Private Market Compliance and Reforms

PCG maintained contracts with approximately 15 state insurance departments since 2012!

PCG's experience evaluating and advising on state healthcare environments includes commercial insurance markets. We will bring an exceptional understanding of state and national health insurance regulations that none of our competitors will be able to match. This is because we are the only firm that supports state insurance department compliance offices on topics such as form reviews, network adequacy, essential health benefits and mental health parity and non-discriminatory benefit design, just to name a few. We have maintained contracts with approximately 15 state insurance departments since 2012, including large employer market form reviews in Pennsylvania and market conduct examinations for New Mexico. Our subcontractor for this engagement, Wakely Consulting, is also engaged with several state insurance agencies, including Georgia. Wakely has supported Georgia in its rate review efforts.

For PCG, the commercial market is not just a regulatory endeavor. PCG understands the value most states place on the link between employment and healthcare. Most of our state clients show significant interest in strengthening this link and helping employers stay in the healthcare game, despite the affordability challenges.

In 2015, PCG drafted a paper for the Arkansas Health Insurance Marketplace oversight committee that laid out several options for state initiatives to strengthen employer insurance. We proposed a 1332 waiver that would permit small business employees to access their premium subsidies on the small group side of the market instead of the individual market when their employer chooses to enroll in a marketplace Small Business Health Options Program (SHOP) plan. We believed this would incentivize small employers to buy coverage because their employees would fare better than they otherwise would in the individual market.

PCG has engaged large, self-funded employers as stakeholders to our state healthcare planning efforts. The Chair of the Arkansas Health Insurance Marketplace (AHIM) during the time of our engagement with them was the Chief Financial Officer of Dillard's department stores. She managed healthcare benefits for the company and worked with PCG to consider the relevance of self-funded market innovations for the state marketplace. These included direct primary care, wellness programs, care navigators and reference- based pricing. PCG recognizes the important role that self-funded market innovations bring to the state healthcare environment and we will include consideration of these reforms in our engagement with Georgia.

PCG's leadership in state healthcare reform, specifically our insights regarding state needs and values, has been sought and relied on by the Centers for Medicaid and Medicare services (CMS). Last year CMS sought PCG's engagement in their efforts to maximize state flexibility to qualify for 1332 waivers. Under a subcontract with MITRE Corporation, PCG has been supporting the Center for Consumer Information and Insurance Oversight (CCIIO) to develop papers and other 1332 waiver technical assistance materials

directed to states. While many of our competitors for this Georgia work also have contracts with CMS, it is notable that CMS sought PCG to support its efforts align more closely with states on marketplace reforms.

PCG has been engaging with CCIIO since Marketplace planning and establishment work began in 2011. We were hired by approximately a dozen states to advise and evaluate how a health insurance marketplace would fit with their existing healthcare environments. We worked with states as diverse as Tennessee and Nevada on these efforts. The marketplace planning phase was focused on analyzing and evaluating state healthcare environments, including demographics, employment, household composition and geographic location of the uninsured. PCG provided insights on marketplace models and the benefits and risks each state faced in selecting a path forward.

Finally, our subcontractor, Wakely Consulting, also supports analysis and evaluation of the state healthcare environments through insurance market studies. They will bring unique actuarial and economic analytics to this effort and are the market leader in 1332 actuarial work.

For our work with Georgia, PCG will also look to build on any studies and/or analysis and evaluation of the state healthcare environment that have recently been completed. We frequently look to build on the work of others to assure efficient use of resources in our engagements. As we begin this project, a first step will be a review of existing analyses to determine relevance and potential coordination with our efforts.

E.2. Healthcare Access

E. RELEVANT EXPERIENCE

E.2. Healthcare Access

This section responds to the Statement of Need request to provide 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.

Public Consulting Group, Inc. (PCG) has been working side-by-side with states around the country to address questions similar to those the State of Georgia intends to evaluate through this request.

For private sector plans, through our work in Arkansas, Colorado, Delaware, New Hampshire and the District of Columbia, PCG has been at the forefront in partnering with our clients to respond to the elevated interest in system capacity reviews, often via the guise of comprehensive network adequacy standards and reviews of health plans.

For public sector plans, we have served as valued partners to Medicaid programs across the country. This work spans the gamut of Medicaid programs including analyzing the capacity of Colorado's Accountable Care Collaborative, modeling ACA Medicaid expansion scenarios for the State of Utah, and gaining in-depth understanding of public health care systems through administering cost reports for multitude of state Medicaid programs.

First, we will detail our experience and approach for the private sector and following that we discuss our approach in the public sector, including both Medicaid and behavioral health. Finally, we provide our approach to advising clients on addressing deficiencies we find through our efforts.

Private Sector System Capacity Analysis

In addition to working with our clients to evaluate options and considerations in evaluating provider availability and system capacity, **PCG has conducted network adequacy reviews on behalf of our Department of Insurance (DOI) clients in several states**. Our reviews have included evaluations of provider network maps, access plan justifications, Essential Community Providers, and provider directories.

One avenue private health plans have thus far tried to control premium cost is to use narrower networks; we understand the concerns of many that these narrow networks reduce healthcare quality and outcomes due to limited access to care, while others see it as a reasonable way to make health care more affordable.

The table on the next page demonstrates our knowledge of key network adequacy review areas, the issues that we have encountered, and examples of steps taken to resolve issues:

Network Adequacy Review Areas		
Area of Review	**Type of Issues Commonly Identified**	**Methods of Resolution**
Provider Network Maps	Examples: General shortages in specific provider types (such as Mental Health and Substance Abuse), sparse coverage in parts of a service area (especially a new coverage region), sparse coverage in certain areas of the state due to previously higher percentage of uninsured individuals, geography, or other causes.	Examples: Require issuer to submit explanation and justification, approval of network contingent on network improvement, restriction of plan service areas.
Access Plan Justification	Access plans may not have sufficient detail, action components, or supporting evidence.	Require additional detail to sufficiently demonstrate issuer's plan to ensure adequate networks, conduct follow-up reviews to ensure access plan provisions are being met.
Essential Community Providers	ECPs may be imbalanced toward one type (i.e. the coverage standard is met by rural hospitals but does not include sufficient Federally-Qualified Health Centers); dental issuers may not include sufficient ECPs.	Inclusion of ECPs is a market transition for many plans, resolution may include certifying plans contingent on increase in ECP coverage; providing education to ECP entities on how to work with private insurance for those that may not have experience contracting with health plans.
Provider Directories	URL may not function correctly or may require a password to access (which is detrimental to consumers trying to review provider networks before purchasing plans); directory may not indicate that provider is accepting new patients or may not be linguistically accessible.	Require adjustments to the online provider directory to meet network adequacy standards prior to plan certification.

PCG worked with the New Hampshire DOI to develop a network adequacy rule, partially in response to significant reductions of in-network hospitals included in QHP networks (10 of the state's 29 hospitals were excluded from QHP networks). PCG helped New Hampshire engage stakeholders and navigate issues and options throughout the process.

In Arkansas, PCG helped the AR Department of Insurance (AID) address network adequacy issues in a state with severe provider shortages in rural areas that are not along transportation corridors. We prepared an analysis of options and considerations in adopting network adequacy standards, taking into account the current realities of provider shortages in some areas of the state, considering separate standards for urban and rural areas, considering plans outside the exchange, and aligning with accreditation standards and standards that were already used by issuers in internal network analysis. PCG also developed complete operations procedures for reviewing the standards adopted by the state, including geographical access maps, access statistics, state-specific ECP requirements, provider directories, and access plans.

Our Colorado work focused on carrier mapping by provider type. Over the course of a two-year program, PCG received provider network information from all insurance carriers currently operating in the State of Colorado. The data included a list of providers and geographic locations for the networks of each carrier.

We performed an analysis of provider networks based on time and distance metrics using baseline target standards. This analysis was split by **specialty types** as listed below and conducted for every carrier in the state. These time and distance targets are based on common standards used in other states, but do not represent CO requirements.

Specialty Type	Time and Distance Targets
Primary care physicians (PCPs)	30-mile or 30-minute radius
Mental Health Practitioners and Substance Use Disorder Providers	30-mile or 30-minute radius
Other specialists • Home Health Agencies • Cardiologists • Oncologists • Obstetricians • Pulmonologists • Endocrinologists • Skilled Nursing Facilities • Rheumatologist • Urologists • Psychiatric and State Licensed Clinical Psychologists	60-mile or 60-minute radius
Emergency clinics	30-minute or 30-mile radius
Pharmacies	30-minute or 30-mile radius
Hospitals	60-mile or 60-minute radius
Essential Community Providers (ECPs)	30-minute or 30-mile radius

The result of this work was that the State of Colorado could easily understand how easily its citizens covered by certain plans could access providers of varying types.

Data and Analysis Experience in Private System Capacity Analysis

Through our client work, PCG has in-depth experience with reviewing and managing large data sets. As an example, with our work with the District of Columbia, PCG was tasked with analyzing the health plans network data to determine the number of covered lives versus the number of providers in a particular specialty. **Many of our employees have in-depth experience with the System for Electronic Rate and Form Filing (SERFF) which this network data was pulled from.**

During our initial analysis of the carrier's network filings, we found that there was a lack of consistency across carriers, many providers had multiple taxonomy codes, which are the codes used to identify provider type. Additionally, we found providers may be listed more than once on a single carrier's network data with different addresses.

Although PCG was able to "clean up" the data set, it was proof that there should be better standards related to the carrier's filings. To address this issue, PCG began working with our client and outside stakeholders to understand the barriers to submitting better network data. We used our findings to

develop new carrier network templates and procedures for D.C. to follow when evaluating network adequacy.

To engage the carrier community and ease the burden of complying with new templates, PCG held sessions to train carriers how to complete these templates. We also worked with our client to ensure the staff who would be reviewing the carrier's filings understood how to read the template and identify when there were areas of concern.

The Public-Sector System Capacity Analysis

PCG has been fostering committed relationships with state Medicaid programs for decades, currently listing more than 42 of them as active clients.

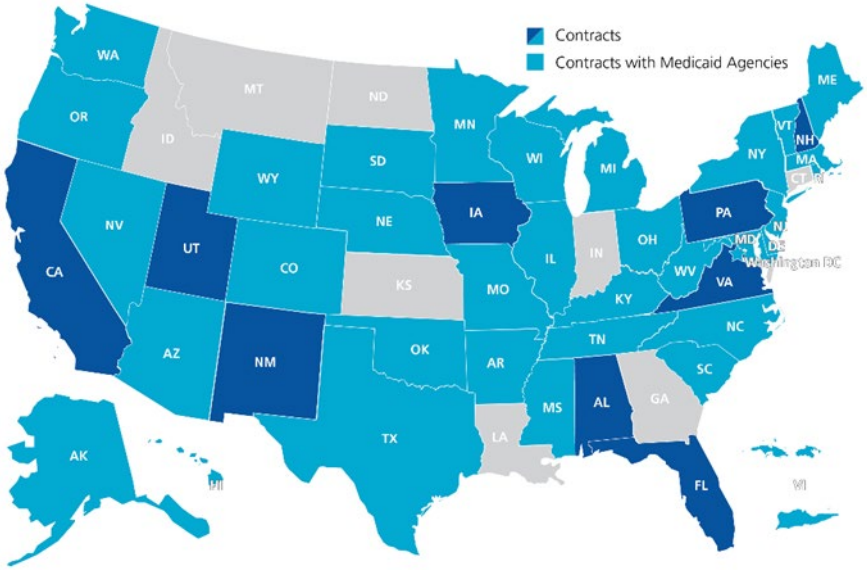

Figure E.2.1: PCG Health's Current Contracts. Currently PCG Health is actively engaged with 42 states (plus D.C. and the U.S. Virgin Islands) and 35 Medicaid agencies.

Our Medicaid work spans the entire Medicaid enterprise. Our staff has worked with numerous states in executive level consulting, operations management, and specific Medicaid areas including Home and Community Based Services (HCBS), Long Term Services and Supports (LTSS), and other areas of the public sector health care system including an extensive behavioral health consulting practice.

In our HCBS work, we work with Medicaid directors and HCBS waiver/program directors to access system capacity, critical incident management (CIM), strategies, and implementation of the HCBS Final Rule. This gives us a unique insight into this growing aspect of the Medicaid enterprise.

For our CIM work PCG investigates incidents to identify a range of possible outcomes, including licensing board referrals, law enforcement or fraud referrals, and corrective action plans to prevent future issues. We developed and implemented Corrective Action Plans (CAPs) to help ensure that steps are taken to prevent avoidable recurrences of safety issues. This work required detailed knowledge of Medicaid capacity from both a system and a provider level.

Our behavioral health work focuses on system capacity analysis, often referred to as Needs Assessments. This work is best typified by our Washington State efforts. The Evergreen State tapped PCG in 2016 to conduct a comprehensive assessment of its behavioral health system and make recommendations for how Washington could achieve broad system performance improvement. Working with the Office of Financial Management, Health Care Authority, and Department of Social and Health Services, PCG created three major reports for this engagement: A Key Findings Report, a Recommendations Report, and an Implementation and Communications plan.

Our report recommendations became the basis of Governor Inslee's highest budget priority for the biennium: transforming behavioral health. In 2017/18 Washington has been implementing initiatives to fully integrate behavioral health benefits into Medicaid managed care as one of its major strategies. The State is looking to build new regional care models and focus the resources of the state psychiatric hospitals on forensic patients.

Several of PCG's recommendations became incorporated in the Washington's behavioral health plan, including developing more civil patient bed capacity in the community and focusing state hospital efforts on forensic care. Washington continued the relationship with PCG to perform behavioral health Needs Assessments in 2017 and 2018.

Our most recent work in the fall of 2018 and winter of 2019 focused on community capacity. PCG performed a data analysis of the types of public sector behavioral health providers in the state. This data analysis was detailed to the granular level of the number of beds by service type by zip code. PCG then compared Washington's bed numbers to several selected states in multiple geographic areas. This showed where gaps existing in the system. PCG's work concluding with a detailed five-year plan for where and what capacity Washington should build to better serve its citizens.

Turning Analysis into Recommendations

In the previous two sections, we have detailed our experience in analyzing system capacity in both the private and public marketplaces. While these efforts are certainly important, their value is only realized if coupled with recommendations for how to improve areas of identified need. This work is often referred to as a gap analysis, or an as-is / to-be analysis.

Our ability to make recommendations begins with analysis of the gaps we found. These deficiencies are classified and categorized by type. To the extent possible we include any quantitative data we have surrounding the issue as well. Next, we consider our experience and expertise on how other states jurisdictions have solved similar problems. We will also perform best practice research and interview leaders in the field to find new methodologies for solving problems, and to learn what worked, didn't work, or what experts would do differently if they could.

PCG has assisted our clients with developing 1115 waivers from end-to-end

This then turns into overarching recommendations we share with clients on how to solve their identified gaps. After discussing our recommendations with clients, we may modify them based on feedback. We do not leave our clients with a set of recommendations and wish them luck, however. PCG has in-depth experience with assisting our clients with 1115 Waiver applications from end to end. We also understand that certain changes to your Medicaid Program will require a State Plan Amendment (SPA).

Our experience allows us to understand the impact of our recommendations will have on DCH and better plan a road map to success.

The final step in our process is the creation of an implementation plan. Implementation plans are work plans providing action steps for the process to turn an as-is state recommendation into a future state reality. They vary in time frame based on the recommendations and include suggested owners for each step. We believe leaving clients with an implementation plan helps them turn our analysis and recommendations into an improved system. Our understanding of the entire Medicaid enterprise will allow us to advise DCH on achievable policy options in the State of Georgia.

E.3. Financial Impact

E. RELEVANT EXPERIENCE

E.3. Financial Impact

This section responds to the Statement of Need request to provide 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.

Modeling Impact Experience

Public Consulting Group, Inc. (PCG) brings the market leader in 1332 waiver actuarial analysis, Wakely Consulting, to our team for this engagement. Wakely has extensive experience working with states and the federal government on modeling the impact of ACA regulatory changes and various state-based market reform initiatives. Starting in 2011, Wakely first worked with several states estimating the impact of the ACA on enrollment and premiums in the affected markets. Since 2014, Wakely has been helping states on market reform and stabilization efforts. Recently, Wakely has supported several states on 1332 and/or reinsurance feasibility studies and has submitted three 1332 actuarial and economic analyses and reports that are included in the states' application. Wakely worked on Oregon's 1332 waiver for 2018 and Wisconsin and Maryland's waivers for 2019. All three of the waivers were approved.

In addition, Wakely (including those assigned to the project team in this proposal) wrote a paper for the Society of Actuaries on market stabilization.[1] Moreover, members of our proposed team for also have experience working with federal regulators and policymakers both as consultants and as government employees. The following includes Wakely's recent work by state:

Washington

Wakely performed feasibility analyses for the Washington Office of the Insurance Commissioner involving analyzing the profitability of various individual market segments and the impact of various policy initiatives, including state-based reinsurance programs (both claims-based and condition-based) and public options for bare counties, as well as providing the feasibility analyses for a 1332 waiver for a claims-based reinsurance program, including the impact of the program on estimated baseline premiums and the amount of pass-through the state may expect to receive.

Wakely has been developing enrollment and premium projections for the Washington individual market since 2015. The analysis provides projected enrollment for the individual and dental markets for three to four years into the future. The projections are developed considering a wide variety of market influences including but not limited to a review of historic and current enrollment, uninsured individual counts, changes in Medicaid eligibility, regulatory changes in local and national health insurance, plan and carrier availability across the state, and rate changes by year. Projected premiums for the same time period are also developed reflecting the estimated impact of future rate increases, regulatory changes, and enrollment shifts.

In addition, Wakely performed a market stability analysis for WAHBE analyzing the stability of the individual and small group markets, both on and off the Exchange. This project included assessment of the impact of specific regulatory requirements. Wakely considered various aspects of the marketplace relating to stability, including the availability of plans and carriers within a county, the premium rate

[1] http://www.theactuarymagazine.org/creating-stability-unstable-times/

changes from year to year, and the ability for consumers to shop for a lower cost plan, as well as the amount of disruption in the market each year caused by each of these changes. Wakely also had the opportunity to meet with each of the carriers in the market to learn their opinions on the market and recommendations to further stabilize the market.

Oregon

Wakely worked with the state of Oregon on modeling the impact of implementing a state-based reinsurance program. Wakely did policy consulting with the state on potential options, provided recommendations on which policy solutions may be most effective for the state's individual market, conducted in-depth analysis including 10-year budget projections, and ultimately wrote the economic and actuarial sections of the 1332 waiver application. Wakely continues to support the state by setting the annual reinsurance parameters and completing the CMS required report as part of the waiver process. An analysis of the impact of the individual mandate on the state of Oregon was also completed for the state.

Wisconsin

Wakely completed a draft (for public comment) and final actuarial and economic analysis and report for the state of Wisconsin as part of their 1332 waiver application. The application was approved. Wakely continues to provide the state with ongoing reinsurance and waiver support.

Maryland

Wakely completed feasibility analyses of a state-based reinsurance program for the Department of Legislative Services. This included modeling multiple enrollment outcomes, given uncertainty as to the effects of the repeal of the individual mandate. Wakely also analyzed different funding scenarios for the state to determine which size of the reinsurance program was most appropriate for the state. Finally, Wakely proposed reinsurance parameters to align with the funding amounts. At each stage, Wakely worked with the state's Department of Insurance, carriers, and other key state players to include the local experts into the analysis. As a result of that analyses, Wakely supported the 1332 waiver application with an updated analysis/refined assumption. The application was approved. Wakely also analyzed the interaction of the state-based reinsurance and the Federal risk adjustment programs in assisting the state in determining if the risk adjustment transfers should be reduced due to potential overlap of the programs.

Montana

Wakely worked with the Montana HealthCare Foundation on the feasibility of a state-based reinsurance program and potential 1332 waiver. This analysis included analysis of a claims-based reinsurance model on the effects on the individual market and the uninsured. Separately, given uncertainty over Medicaid expansion in Montana, Wakely analyzed the effects of ending Medicaid expansion on the individual market. Key stakeholder feedback was included in the final reports.

Wakely is currently working with the Montana Board Association to develop the actuarial certification and economic analysis for a 2020 waiver submission by the state.

Nevada

Wakely was engaged by the State of Nevada to analyze scenarios and provide recommendations to improve the stability of the market. Using EDGE and TPIR data for all carriers in the state, we allocated other adjustments, such as administrative expenses and risk adjustment transfers at the member level. Once we had member-level data, and thus profitability, the data could be summarized and adjusted to run numerous different analyses.

Wakely has done two deep dive analyses for Nevada. The first project involved considering whether using a state-specific age curve in premium rate setting was more appropriate than the current or 2018 Federal age curves. The analysis involved considering current profitability at each age band and calculating revised age bands such that the profitability was smoothed by age (with consideration for the downstream impact on revised risk adjustment transfers and potential disproportionate impacts to various segments of the market including carriers, metal levels, and market segments). Wakely also analyzed profitability by other sub-segments (e.g. metal levels, rating areas) and considering regulatory changes that could be considered to reduce the variability in profitability among the different market segments. Wakely analyzed the impact of a state-based reinsurance program under several scenarios including the impact on both the overall claims costs in the market as well as how the reinsurance scenarios would impact profitability by metal level and product. The team made specific policy recommendations as a result of the data analysis to the state.

Wakely recently completed the final stages of a second project for Nevada that updates the prior profitability analysis with more recent data and looks at various market stability options, including reinsurance, premium and/or cost sharing wraps, rating area considerations, and various other alternative policy changes.

Colorado

Wakely worked with the Colorado Center for Law and Policy on the impact of a Medicaid buy-in program in the state. Wakely worked with various stakeholders on the preferred structure of a Medicaid buy-in and will be completing a high level analysis to determine the financial viability of the policy option.

Wakely also performed analysis for the Colorado Department of Insurance on the effects of a 1332 waiver that changed the eligibility requirements to catastrophic plans to all consumers. Colorado was interested in exploring new ways to reduce premium costs for consumers and one policy option explored by Wakely for the state was increasing enrollment in catastrophic plans.

Wakely has analyzed and estimated the impact to consumers of the premium changes for the individual and small group markets for the past three years. The analysis reviews rates submitted by carriers for coming policy years and develops a market view of key changes, benchmark plan implications, APTC changes, and projected rate changes with and without subsidies for current enrollees. The analysis assists with developing outreach plans and communication strategies for current and potential enrollees in the state.

Washington, DC

Wakely worked with the Washington, DC Department of Insurance, Securities and Banking (DISB) on analyses of initiatives which might stabilize the DC individual and small group markets. Specifically, we have evaluated the impact of merging the individual and small group markets and expanding the definition of small group to include groups of 51 to 100 employees.

South Dakota

Wakely is currently working with the South Dakota Department of Labor and Regulation, Division of Insurance to evaluate the feasibility of a 1332 waiver for implementing a state-based reinsurance program. The model being evaluated is a claims-based program. In addition to this project, we are working with the Division to evaluate the impact on the ACA markets of continuing transition plans in both individual and small group.

Wyoming

Wakely is currently working with the Wyoming Department of Insurance to evaluate the feasibility of a 1332 waiver for implementing a state-based reinsurance program. The model being evaluated is a claims-based program. In addition to this project, we are working with the Department on analyses of the premium and enrollment impacts on the ACA markets of elimination of the individual mandate penalty and regulations related to association health plans and short-term limited duration plans.

Rhode Island

Wakely is currently assisting Rhode Island's Exchange (Health Source) with analyzing the feasibility of a 1332 waiver implementing a state-based reinsurance program. Based on the feasibility analysis, Wakely provided the state with a draft actuarial and economic analysis to include in their draft wavier application, which is currently in the public comment period. As part of the analysis, Wakely is estimating the potential effects of instituting a state-based mandate and the affects that would have on enrollment and premiums in the individual market.

Connecticut

Wakely is currently assisting Access Health CT with analyzing the feasibility of a 1332 waiver implementing a state-based reinsurance program. As part of the analysis, Wakely is estimating the potential effects of instituting a state-based mandate and the affects that would have on enrollment and premiums in the individual market. Wakely does other market analyses for Connecticut including analyzing the impact of other policy changes, such as allowing only one standard silver plan on the Exchange in order to maximize premium tax credits for eligible consumers.

Minnesota

Wakely is working with the Minnesota Comprehensive Health Association (MCHA), which is the entity that will be administering Minnesota's state-based reinsurance program that they have implemented with a 1332 waiver. Wakely's role is to calculate the reinsurance payments to each participating entity, which will include quarterly and annual calculations, as well as reviewing the data for potential issues and inconsistencies and meeting MCHA's reporting requirements which will enable them to appropriately monitor the program.

Other Relevant Experience

CCIIO

As a sub-contractor, Wakely analyzed the impact of exploring policies to coordinate Maximum Out of Pockets (MOOPs) between the Qualified Health Plans (QHPs) and Stand Alone Dental Plans (SADPs) and to analyze the impact on consumers of reducing the MOOP on medical benefits in QHPs that have an SADP.

ACAP

Wakely worked with the Association for Community Affiliated Plans (ACAP) on a project that analyzed the effects of the proposed short-term limited duration plan regulation would have on the individual market. Wakely used its unique internal database and other data sources to perform economic and actuarial analysis to estimate how enrollment and premiums would change as a result of the proposed regulation. The study was cited by the Congressional Budget Office (CBO) as part of 2018 analysis of health coverage and costs in the United States.

Georgia

Wakely has been engaged by the State of Georgia to review individual and small group (on and off Marketplace) rate filings since 2013. Wakely's scope of work for Georgia includes: review of actuarial memorandums, construction of the index rates (including a high-level review of all pricing factors), ACA and Georgia compliance, review of System for Electronic Rate and Form Filing (SERFF) templates and forms, summaries of rates and assumptions with specific identification of rates and assumptions that were outliers. Wakely has also run the CMS QHP review tools across all exchange carriers to review plan information for compliance with ACA cost sharing requirements, meaningful difference, non-discrimination, and other market-wide, plan level standards.

These rate reviews included multiple discussions with pricing actuaries from several plans to gain a further understanding of the development of pricing assumptions. Deliverables included written reports with findings and observations for each filing, as well as a recommendation to the state regarding approval.

PCG Fiscal Analysis Experience

State healthcare program fiscal analysis is a core skill set for PCG. We have accrued years of experience developing fiscal impact statements related to program changes. We have drafted budget neutrality documents for several waivers and continue to complete quarterly budget neutrality reports to CMS for a New York waiver. More broadly, PCG will bring Medicaid financial management subject matter expertise to this engagement. We are the market leader in state cost allocation work. We help states claim federal revenue, as we do in Georgia related to school-based Medicaid services. We support provider payment rate development for several states, managing rates to meet budgets. Finally, we help states manage completion and submission of their CMS-64 reports. These reports are the official mechanism for states to document all Medicaid expenditures to CMS.

The breadth of our fiscal experience in state healthcare differentiates us from our competitors. No other firm participates in Medicaid fiscal management across so many phases of the revenue cycle. Our fiscal experience extends beyond Medicaid. We developed financial sustainability models for many of our state health insurance marketplace clients, including Delaware, Arkansas and New Mexico.

We can provide many examples of our fiscal experience, starting with fiscal impact statements related to new state program initiatives. PCG previously supported a fiscal impact study for Utah's consideration of expanding Medicaid. The study considered several expansion options and illustrated how changes in specific variables, such as enrollment rates, would change the fiscal impact.

PCG is frequently a partner to states for planning and implementing program transformations that involve new investments of state and federal resources. This was true of the work we did to support Washington State's Behavioral Health Transformation efforts. PCG recommended several program changes, some of which reflected new investments and others that involved no fiscal adjustments. Some components reduced costs through efficiencies. For each element, PCG projected costs and worked with staff in the Governor's budget office to validate assumptions.

Specific to waivers, PCG has significant experience completing the budget neutrality section for Medicaid 1115 applications. We drafted the budget neutrality documents for community engagement waivers for Wisconsin, Mississippi and South Carolina. We have been under contract with the New York Department of Health to prepare their quarterly budget neutrality reports for their Delivery System Reform Incentive

Pool (DSRIP) waiver. We understand both the concepts and practices of budget neutrality, which is a key part of the fiscal impact work that is in scope for this Georgia Statement of Need.

The scope of PCG's Medicaid fiscal impact work is well represented in just one of our current projects with the State of Illinois. Under this project, PCG assesses the following areas for fiscal impact components:

Medicare Part B Ancillary Billing Under An All-Inclusive Billing Methodology

PCG successfully obtained approval from the CMS to exempt the eight Illinois state operated mental health facilities from the Outpatient Prospective Payment System and converted to an all-inclusive cost based per diem billing methodology. This approved process allowed the facilities to maximize reimbursement and submit claims in a much more streamlined and simplified fashion.

Cost Reimbursement for Physician Services

PCG has successfully obtained approval from CMS on behalf of five State operated mental health hospitals that are affiliated with teaching programs within local universities to elect cost reimbursement for physician services. The new billing process is easy to administer and less burdensome than the fee-for-services billing methodology currently used by the facilities and has increased Medicare revenues significantly.

Medicare Bad Debts

PCG is currently reviewing bad debts to identify additional claiming opportunities. Specifically, PCG is reviewing the current bad debt logs and comparing them to Medicare remittance advices to identify opportunities for additional reimbursement.

Billing Review

PCG completed a comprehensive review of the current billing environment for the purpose of increasing revenues for the State operated institutions and has identified opportunities to increase revenues including billing for services not previously billed and reviewing accounts receivables for claims that have been submitted but been rejected by a commercial or federal payer.

Medicare Part D Consulting and Operation

PCG developed and manages the process by which pharmacies of state-operated intermediate care facilities for persons with mental retardation (ICF/MRs) and institutions for mental disabilities (IMDs) submit claims for prescription drugs for Medicare Part D reimbursement. PCG facilitated the addition of all twelve pharmacies to the major plan networks and negotiated for retroactive reimbursement. PCG also utilizes several tools to identify residents who are eligible for Medicare, as well as their prescription drug plan information. PCG is also able to identify those residents who are eligible but are not enrolled. PCG works with the facilities to enroll these residents, which results in additional cost-savings.

Medicare Cost Report Reviews

Each year, PCG reviews the cost reports completed by the Illinois Department of Health and Family Services for seven of its inpatient psychiatric hospitals. Specifically, PCG reviews all Medicare utilization and payment information to ensure it has been properly documented on the appropriate worksheets of the Medicare 2552-96 Cost Reporting Form. In addition, PCG provides general cost report completion guidance to DHFS as requested. Finally, PCG provides full audit support for all Medicare audits of the seven DHFS psychiatric hospitals on an annual basis.

PCG's cost allocation experience will also significantly benefit Georgia throughout the duration of the project, especially since this project involves both Medicaid and Marketplace components. PCG's Cost Allocation Center of Excellence is experienced in federally-approved methodologies for assigning costs to programs. These involve various levels of complexity, including time studies in some cases.

For years, PCG provided training to members of the National Association of State Human Services Financial Officers (HSFO). This means PCG trained Medicaid financial management staff who attended our regional presentations. In Georgia, PCG works with DCH and local school districts to assure the state is able to claim all federal revenue for eligible school-based medical services provided to children who are receiving special education under an Individual Education Plan (IEP).

Together, Wakely and PCG bring comprehensive private market and Medicaid fiscal and actuarial experience to this engagement.

E.4. Economic Development

E. RELEVANT EXPERIENCE

E.4. Economic Development

This section responds to the Statement of Need request to provide 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 1115 and 1332 Waiver approval for affected populations.

Monitoring Indirect Economic Development Activity

Public Consulting Group, Inc. (PCG) has experience helping states assess the **indirect financial impact of waivers and other new state healthcare program initiatives**. We are aware that one issue to be considered as part of this project will be the potential expansion of Medicaid eligibility up to 100% of the federal poverty level. PCG has direct experience estimating the fiscal impact of Medicaid expansions, as we did in a project for the State of Utah.

While Medicaid expansion involves the direct cost of paying for the healthcare expenses of newly enrolled individuals, it has several indirect fiscal implications as well. For example, Medicaid expansion reduces hospital uncompensated care. This generally strengthens the financial position of hospitals throughout the state. A reduction in uncompensated care may also impact Disproportionate Share Hospital (DSH) supplemental payments that Georgia currently provides to certain hospitals. At the same time, a Medicaid expansion changes the payer mix for providers and may result in new provider pricing strategies for their commercial clients.

PCG recognizes that many states are weary of extending more spending commitments in this area given the pressure it puts on all other state spending.

An expansion may also permit local departments of public health to extend Medicaid billing for services they provide. The State and counties may experience cost relief if there are more federal Medicaid dollars to support spending on behavioral healthcare and inpatient hospital services for people in the correctional system. Expanding access to Medicaid coverage also brings new resources to state efforts to combat the opioid epidemic.

While a Medicaid expansion brings more federal revenue into the state and may strengthen the state healthcare economy, the state share of Medicaid payments can place strain on state budgets. For some states, increased Medicaid expenditures has been consuming as much as 80% of all new state revenue. PCG recognizes that many states are weary of extending more spending commitments in this area given the pressure it puts on all other state spending.

Indirect financial impacts will also affect the private market side of this project. Several states have already implemented 1332 waivers that involve implementation of a reinsurance program. Reinsurance programs pay for high cost claims outside of the premium structure, thereby significantly reducing premiums. PCG understands how these premium reductions impact the affordability of individual market

coverage, especially for unsubsidized consumers. Reinsurance can have the economic impact of drawing more healthy consumers into the market as prices become more affordable. This also makes carriers more willing to offer coverage in the market.

As an advisor to states, PCG is cognizant of the dependencies of the commercial and publicly funded health insurance markets. For example, the limited tax credits provided to small employers through SHOP motivated few businesses to participate in the program. PCG gained experience advising states on these issues beginning in 2011 under ACA planning grant scopes of work.

Our actuarial partner for this engagement, Wakely Consulting, also has experience **conducting studies that assess economic impacts for a variety of clients**.

Wakely consults for two health care programs focused on servicing low-income childless adult populations in St. Louis County, Missouri, and Travis County, Texas. These 1115 waiver programs are funded by a combination of federal funds, state general funds, redirection of Disproportionate Share Hospital (DSH) funds, and local taxes. The Gateway to Better Health (GTBH) program established by the Regional Health Commission (RHC) in St. Louis serves childless adults with incomes less than 138% of the federal poverty level (FPL). Community Care Collaborative (CCC) serves low-income adults in Austin, Texas who are either enrolled in the Medical Access Program (MAP) or are considered “charity care,” such as the homeless.

Actuarial services performed for these entities includes **quarterly (GTBH) and annual (CCC) budget updates and forecasting** by category of service. Wakely has provided benchmark analyses for the CCC MAP population comparing their levels of behavioral health utilization and diagnosis prevalence to comparable populations (Medicaid Expansion) in other states. This has helped inform CCC on where to focus provider resources and specifically to analyze the potential capacity issues of local mental health providers within FQHCs and other organizations.

In addition, Wakely benchmarked dental services utilization to other comparable populations to analyze if a shortage of dental providers serving this population led to materially increased emergency room usage. Other analyses performed for both programs have including analyzing the severity of conditions for members in emergency rooms to determine avoidable visits, and to supply statistics regarding the prevalence of conditions, including co-morbidities, within their population compared to other similar populations. A fiscal impact analysis assessing cost savings if more urgent care facilities with later hours were available to homeless and other low-income populations.

In addition, Wakely has provided actuarial services for the Colorado Department of Corrections in the capacity of gathering, validating, summarizing, and projecting forward utilization and claim costs by detailed category of service for inmates.

E.5. Additional Areas of Focus

E. RELEVANT EXPERIENCE

E.5. Additional Areas of Focus

This section responds to the Statement of Need request to identify and propose additional areas of focus, based upon successful experience, not described herein.

Public Consulting Group, Inc. (PCG) proposes two additional areas of focus as part of this waiver consulting engagement.

1 Healthcare Innovations in the Self-Funded Employer Market

PCG's work as a third-party administrator has given us exposure to the significant healthcare innovations that have taken root in the self-funded employer market in recent years. These include:

Healthcare Innovation	Description
Direct Primary Care	This delivery system reform provides a structured physician benefit for a fixed, all-inclusive monthly fee. It also engages the patient in a single health home for diagnostic and preventative services. It has been embraced by some employers for its cost containment and patient engagement features.
Care Navigation	These services, provided by private vendors under direct contracting arrangements with employers or third-party administrators, help guide patient through complex medical events by providing support and clear information about care options.
Reference Based Pricing	these fee schedules aim to establish a fair price that the buyer is willing to pay. The buyer/payer then seeks providers with excellent quality ratings who can deliver services for the established price.
Direct Provider Contracting	Some employers are directly contracting with preferred providers as centers of excellence for certain specialty care areas, such as orthopedics. By establishing narrow or even exclusive provider networks, employers are able to access significant price discounts.

CMS has established alignment of commercial and public-sector healthcare coverage sources. PCG's knowledge of innovations playing out in the self-funded market will benefit consideration of waiver options to align coverage and reduce the negative impacts of churn.

2 State Public Health Needs

PCG sees the submissions of the 1115 and 1332 waivers as potential opportunities to focus on public health initiatives. PCG helped South Carolina utilize their 1115 Waiver to address state public health needs. South Carolina extended Medicaid eligibility to pregnant women up to 246% FPL for 1-year postpartum. This would help provide increased access to pre-natal and post-partum care to ensure a healthy start for both the child and mother. The state also increased CHIP eligibility to 246% FPL. By increasing the eligibility threshold, the state hopes to improve childhood health as it is vital to later life outcomes such as adult health, educational attainment, and socioeconomic status.

Georgia faces similar public health crises that an 1115 Waiver can address. Georgia consistently ranks as one of the states with the highest maternal mortality and neonatal mortality rates. Proper pre-natal and post-partum care are vital components to reduce mortality of both populations. Furthermore, Georgia consistently ranks poorly for childhood health measures such as health status, insurance status, mental health treatment, and dental health. By reviewing and revising eligibility and care delivery provided, the state can take steps towards improving the health of mothers and children.

PCG also helped South Carolina address substance use within the state by expanding eligibility criteria to justice involved and/or individuals below 100% FPL with substance use treatment needs. Ensuring eligibility criteria allows needy individuals to access care is an important component of the system. Moving beyond eligibility criteria, PCG has done extensive work in the behavioral health sphere identifying needs within systems.

PCG recognizes that any new state healthcare initiative provides an opportunity to address state public health needs, and we will keep in this in mind as we assist Georgia with implementation of the Patients First Act.

F. Minimum Qualifications

PUBLIC CONSULTING GROUP

F.1. Qualifications

F. MINIMUM QUALIFICATIONS

F.1. Qualifications

This section responds to the Statement of Need request to provide information about 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. Is your firm experienced in providing services as summarized in the state agency's "1115 and 1332 Waiver Research and Development Overview"?

PCG's Compilation of Relevant Experience

We present the table on the following pages as a collective summary of the applicable Public Consulting Group, Inc. (PCG) and Wakely 1115 and 1332 waiver experience, including the dates of engagement, types of waivers sought, application status, approval dates, and whether we are still engaged with the state today.

These projects serve as evidence that we meet the minimum requirements of this Statement of Need. Please refer to *C. Qualifications* of our response for detailed descriptions of these waiver projects.

(The remainder of this page has been intentionally left blank.)

1115 Waiver Experience								
Project	Concept Development	Waiver Drafting	Stakeholder Engagement	Budget Neutrality	Support for CMS Negotiations	Support for Drafting Special Terms and Conditions	Approval Status	Currently Engaged
South Carolina DHHS Development of 1115 Waiver (2018 – 2019)	✓	✓	✓	✓			Pending Approval	Yes
New York DSRIP Program 1115 Waiver (2014 – Present)				✓	✓	✓	Approved 4/14/2014	Yes
Mississippi DOM 1115 Waiver (2017 – 2018)	✓	✓	✓	✓	✓		Pending Approval	No
Colorado DHCPF Hospital 1115 Waiver Development (2016 – 2017)	✓		✓				Pending Submission	No
Wisconsin DHS Federal Funding for Childless Adult Waivers 2.0 (2015 – 2016)	✓	✓	✓	✓	✓	✓	Approved 10/31/2018	No
Arkansas Insurance Department QHP Specialist (2012 – 2015)	✓	✓	✓		✓		Approved 9/27/2013	No
New Hampshire Department of Insurance Plan Management Consultants (2013)	✓	✓	✓		✓		Approved 3/4/2015	No
Wisconsin Revenue Maximization Initiative (2009)	✓		✓	✓	✓	✓	Approved 4/1/2009	No

1332 and Commercial Insurance Market Studies Experience				
State	**Actuarial Certification**	**Economic Analysis**	**Market Studies**	**Status**
Maryland	✓	✓	✓ (including 1332 feasibility)	**Approved**
Wisconsin	✓	✓		**Approved**
Oregon	✓	✓	✓ (including 1332 feasibility)	**Approved**
Washington			✓ (including 1332 feasibility)	**In progress**
Montana	✓	✓	✓ (including 1332 feasibility)	**In progress**
Wyoming			✓ (including 1332 feasibility)	**In progress**
South Dakota			✓ (including 1332 feasibility)	**In progress**
Colorado			✓	**In progress**
Nevada			✓ (including 1332 feasibility)	**In progress**
Washington, DC			✓	**In progress**
Vermont			✓	**In progress**
Rhode Island	✓	✓	✓ (including 1332 feasibility)	**Draft Posted**
Connecticut			✓ (including 1332 feasibility)	**In progress**

F.2. Staffing

F. MINIMUM QUALIFICATIONS

F.2. Staffing

1. *Are key staff based in Georgia who will perform services under this engagement? If so, which city? If not, where are they based?*
2. *Are key staff immediately available to perform the services sought under this engagement?*
3. *Is your firm presently assisting with waiver implementation in any state? If so, which state?*
4. *Will your firm provide references specific to the type of work sought under this engagement?*
5. *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.*
6. *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?*

We begin this section with our proposed project organizational chart, followed by responses to the specific staffing related questions posed in the RFP. Lastly, complete resumes for all staff are provided for reference.

Project Organization Chart

Public Consulting Group proposes the following organization chart of key staff who will perform services under this engagement:

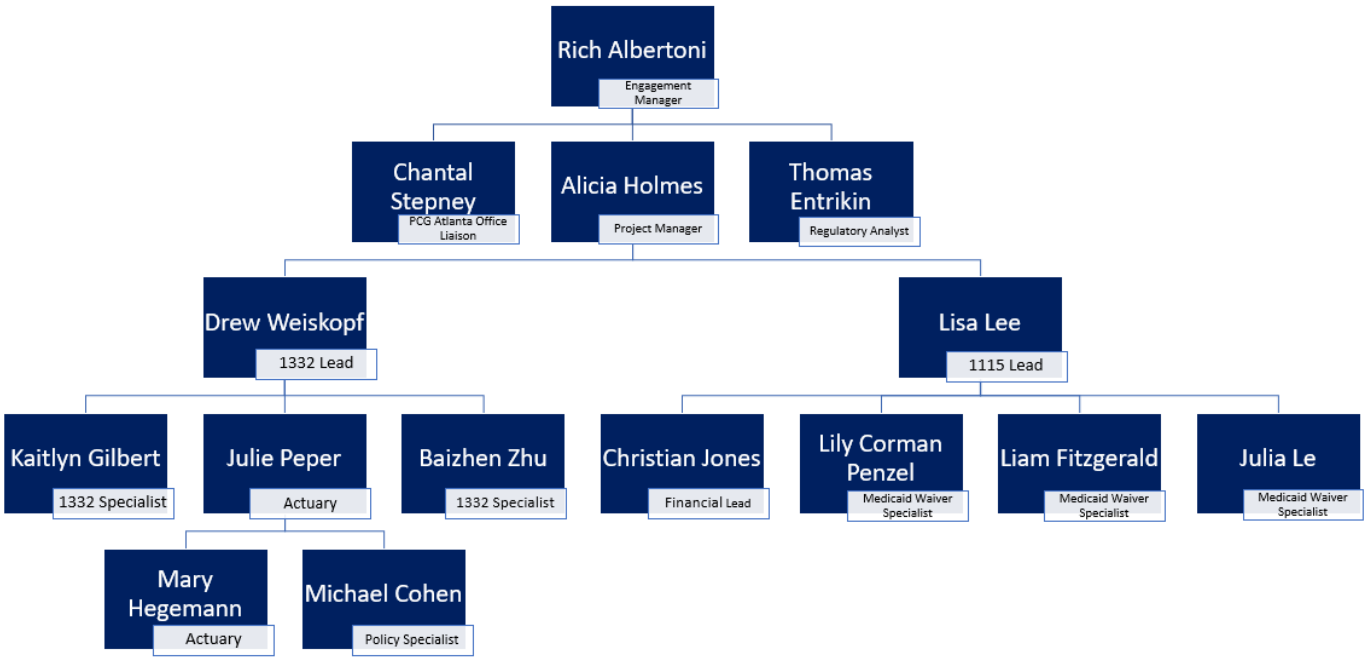

Figure F.2.1: Proposed Project Organizational Chart

Location of Services and Key Staff Members

PCG has a Georgia office in Atlanta, and key staff member, Chantal Stepney, will be the PCG Atlanta Office Liaison. Other key staff will be located in alternative offices. The following chart displays key staff location:

Key Staff	Role	Location
Rich Albertoni	Engagement Manager	Madison, WI
Alicia Holmes	Project Manager	Boston, MA
Chantal Stepney	PCG Atlanta Office Liaison	Atlanta, GA
Thomas Entrikin	Regulatory Analyst	Boston, MA
Drew Weiskopf	1332 Lead	Nashville, TN
Lisa Lee	1115 Lead	Frankfort, KY
Kaitlyn Gilbert	1332 Specialist	Nashville, TN
Julie Peper	Actuary	Denver, CO
Mary Hegemann	Actuary	Centennial, CO
Michael Cohen	Policy Specialist	Washington, DC
Baizhen Zhu	1332 Specialist	Boston, MA
Christian Jones	Budget Neutrality Lead	Denver, CO
Lily Corman Penzel	Medicaid Waiver Specialist	Boston, MA
Liam Fitzgerald	Medicaid Waiver Specialist	Boston, MA
Julia Le	Medicaid Waiver Specialist	Denver, CO

Confirmation of Making Our Key Staff Immediately Available

Key Staff are immediately available to perform the services sought under this engagement.

Current Assistance with 1115 Waiver Implementations

PCG is currently assisting with 1115 waiver implementation in South Carolina and continuing to support budget neutrality in New York.

PCG's Three Client References

PCG provides the following references specific to the type of wok sought under this engagement:

Reference 1	
Client Name:	Maryland Department of Health
Contract/Project Description:	The Maryland Department of Health contracted with PCG to perform a diagnostic assessment of all components of the Medicaid program and recommend programmatic improvements.
Client Contact:	Dennis Schrader, Medical Director Tel: 410-767-0974 Email: dennis.schrader@maryland.gov
Reference 2	
Client Name:	Wisconsin Department of Health Services

Contract/Project Description:	PCG provided waiver development support for Wisconsin's 2017 childless adults coverage 1115 waiver renewal, which included requirements for community engagement.
Client Contact:	Marlia Mattke, Deputy Director Tel: 608-266-8922 Email: marlia.mattke@wi.gov
Reference 3	
Client Name:	MITRE
Contract/Project Description:	MITRE subcontracted PCG to provide subject matter expertise and technical assistance for CCIIO as they developed additional guidance related to 1332 waiver applications.
Client Contact:	Tyler Kall, Project Manager Tel: 703-380-3856 Email: tkall@mitre.org

Subcontractor Utilization

1332 Waiver approval requires an actuarial certification. Therefore, PCG will utilize Wakey Actuarial as a subcontractor for components of this work. Wakely Actuarial is an industry leader in actuarial certifications and has a wide variety of experience with waiver applications. In addition, Wakely has an Atlanta Office for an additional local presence. Public Consulting Group and Wakely Actuarial have experienced leaders with Medicaid knowledge and expertise. Through a collaborative approach, PCG and Wakely will leverage two companies' skillsets to best serve the State of Georgia.

Confirmation to Use Skype for Meetings

Key staff are 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.

Resumes

RICHARD ALBERTONI
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Richard Albertoni is a seasoned veteran of Medicaid and state health care innovation. His long tenure with the Wisconsin Department of Health Services (1992-2000 and 2003-2011) included several Medicaid leadership roles - Director of Eligibility, Deputy Director of Fiscal Services and Section Chief for the Hospital and Pharmacy benefits.

Mr. Albertoni served as a key member of Wisconsin's Medicaid leadership team on several high profile projects. These included implementation of a hospital assessment, expansion of BadgerCare Plus eligibility, competitive procurement for managed care, approval of 1115 demonstration waivers and commencement of payment reform.

Since joining PCG in 2011, Mr. Albertoni has been the firm's consulting lead on state healthcare transformations ranging from Health Insurance Marketplace implementation, Medicaid expansion, Managed Care Implementation and Mental Health System Reform. He specializes in helping states find unique solutions to healthcare innovation that meet local needs. For example, he helped Arkansas and New Hampshire implement Medicaid Expansions that leveraged Marketplace Qualified Health Plans as the delivery system. He is currently being leveraged as a Health Insurance Marketplace subject matter expert by CMS as part of an effort to expand the use of Section 1332 State Innovation waivers.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Maryland

Medicaid Program Opportunity Assessment (July 2018 – Present): Medicaid Program Consulting

Project: Provide a high-level assessment of Medicaid program operations to identify areas of opportunity to improve customer service, enrollee health outcomes and program efficiency and effectiveness. Meet with lead administrators of all major business areas to accomplish this.

Mr. Albertoni: Served as project lead. Represented PCG feedback to Medicaid Director, Department Secretary and Medicaid program staff. Facilitated work of the internal PCG team to emerge with major areas of focus for further study. Established project standards for comparing Maryland efforts against national Medicaid program best practices.

Center for Consumer Information and Insurance Oversight (CCIIO)

1332 Waiver Technical Assistance Project (May 2018 – Present): Insurance Reform Consulting

Project: Assist CCIIO with the development of Affordable Care Act (ACA) Section 1332 Waiver models and application templates. 1332 waivers permit states to design state-based alternatives to the federal health insurance exchange. CCIIO is an office within the Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS). CCIIO sought PCG for this work based on our broad experience helping states implement insurance marketplace provisions of the ACA.

Mr. Albertoni: Develop reform ideas for CMS consideration. Advise federal government on state needs to strengthen their individual and small group markets. Lead team effort to assess changes in rules and regulations necessary to give states greater flexibility for marketplace reforms. Provide Medicaid program insights to help CCIIO understand Marketplace-Medicaid coordination issues.

Mississippi Division of Medicaid, State of Mississippi

Mississippi Delivery System Consulting (November 2015 – Present): Delivery System Consultant

Project: Provide Medicaid delivery system consulting to the Mississippi Division of Medicaid.

Mr. Albertoni: Supervise tasks completed by the consulting team, including an organizational analysis, development of policies and procedures, review of supplemental payment models, development of a quality strategy and assistance with state plan amendments and policy briefing papers.

Arkansas Health Insurance Marketplace

Professional Services Contractor (April 2014 – April 2018): Healthcare Innovation Consultant

Project: Helped Arkansas design, develop and plan implementation for an employer benefit intended to strengthen low-income coverage in the employer-sponsored insurance market. Facilitated program integration among the Marketplace, Medicaid and the Insurance Department to successfully utilize Qualified Health Plans (QHPs) as the Medicaid delivery system. Assist the Health Insurance Marketplace with the design, development, and implementation of a process to certify the qualified health plans that will be participating in Arkansas' exchange. Support Arkansas at federal gate and design review meetings, as well as with completion of the plan management section of Exchange Blueprint.

Mr. Albertoni: Worked as PCG's lead consultant to the Arkansas Marketplace Board and Insurance to design, develop, and implement the delivery system for the Medicaid Private Option and Arkansas Works Employer Sponsored Insurance (ESI) initiative. Also served as consulting lead for the successful launch of the Small Business Health Options Program (SHOP) portal, which was delivered on time and on budget.

Washington Office of Financial Management

Assessment of State Mental Health System (May 2016 – December 2017): Delivery System Consultant

Project: Assess the current mental health system infrastructure and programming in Washington State, making recommendations for reform of community programs and hospital care. Developed a managed care risk model to establish a framework for coverage of 90 and 180-day civil commitments through the managed care entities under contract with Medicaid.

Mr. Albertoni: Led a team of consultants who recommended future roles for the two state psychiatric hospitals with regard to civil and forensic care. The project also considered steps to integrate behavioral health into commercial managed care and establishment of new mobile crisis units and step up/step down transitional care facilities.

Tennessee Health Care Finance Administration, State of Tennessee

TennCare Eligibility Services Project Management (September 2015 – June 2016): IT Systems Consultant

Project: Provide Project Management for two eligibility system upgrades, which included the CoverKids Eligibility System Redesign and TennCare Eligibility Redeterminations.

Mr. Albertoni: Provided Medicaid eligibility policy consulting to assist the project team in establishing business requirements. Supervise the work of project management staff and assured that the projects were launched on schedule in December 2015.

New Hampshire Insurance Department, State of New Hampshire

New Hampshire Insurance Project (March 2013 – June 2015): Medicaid Expansion Consultant

Project: Provide Plan Management consulting services for New Hampshire's Federal Partnership Exchange.

Mr. Albertoni: Supervise entirety of project. Provide technical support of compliance examination and market analysis functions for Qualified Health Plan (QHP) certification. Work with staff from Compliance, Market Conduct, Rate Review and Legal to develop internal operational procedures and checklists for QHP certification process.

Department of Health and Human Services, State of Delaware

Health Benefit Exchange Planning (April 2012 – June 2015): Lead Project Manager

Project: Assist the State of Delaware with all planning activities for the establishment of a federal partnership health benefits exchange.

Mr. Albertoni: Supervise the work of staff leading efforts to organize plan management and consumer assistance functions, managing the development of the Level 1 establishment grant and the Implementation Advanced Planning Document (IAPD). Provide policy and operational consulting to both the Health and Insurance Departments. Analyze current benefit offerings and state mandates in comparison to the expected essential health benefits package. Identify options for establishing plan and navigator certification criteria. Identify critical timelines for Exchange policy and operational planning.

Kentucky Cabinet for Health and Family Services, State of Kentucky

Managed Care Compliance Consulting (July 2012 – June 2013): Project Lead

Project: Review current Medicaid managed care compliance practices performed by the Cabinet and comparison of those to national best practices.

Mr. Albertoni: Provide overall leadership and direction. Review Medicaid agency staffing and organizational structure to assure consistency with managed care compliance goals and duties. Provide implementation consulting to the Cabinet to support action items identified during the compliance review.

Nevada Silver State Exchange, State of Nevada

Health Benefit Exchange Policy Consulting (November 2012 – June 2014): Project Lead

Project: Developed issue briefs providing background and options related to Exchange policy considerations.

Mr. Albertoni: Provide analysis of new federal regulations to assess their impact on the Exchange and prepare comments for the State. Draft model notices and other Exchange reference documents.

Hawaii Health Insurance Connector, State of Hawaii

Health Benefit Exchange Planning (December 2012 – June 2013): Business Lead

Project: Provide business analysis related to implementation of Plan Management functions.

Mr. Albertoni: Assist Hawaii with development of processes necessary to complete certification of qualified health plans. Assure system requirements related to Plan Management are consistent with Affordable Care Act provisions.

Minnesota Department of Human Services, State of Minnesota

Managed Care Evaluation (December 2012 – September 2013): Project Lead

Project: Evaluate the value of managed care services for Minnesota public health programs.

Mr. Albertoni: Served as Project Lead responsible for overseeing all project processes.

University Medical Center of Southern Nevada, State of Nevada

Hospital Waiver and Policy Consulting (July 2012 – June 2013): Consultant

Project: Work with UMCSN to assess policy and funding opportunities that might be realized under an 1115 waiver of other policy changes. The goal is to sustain the hospital during a time of significant program transition.

Mr. Albertoni: Provide consulting services to this safety net provider related to 1115 waivers and Affordable Care Act (ACA) policy guidance. Like many public hospitals, University Medical Center faces declining disproportionate share hospital funding as more individuals become insured under the ACA.

Division of Health Care Access and Accountability, State of Wisconsin

Wisconsin Health Care Access Expansion (September 2003 – December 2011): State Project Manager

Project: Developed and implemented a hospital assessment that successfully yielded more than $100 million revenue for the state while increasing reimbursement revenue to high volume Medicaid hospital providers.

Mr. Albertoni:

- Medicaid HMO Plan Management: Served as a key member of the state management team that administered and monitored contracts with fourteen managed care plans. This involved identification and implementation of quality benchmarks, review of provider network requirements, development of capitation rates, oversight of provider and member appeals, and supervision of the HMO enrollment process. During this time, Wisconsin rapidly expanded participation rates in Medicaid managed care and modernized plan selection for greater consistency with commercial insurance enrollment processes.
- Income Maintenance Rationalization: Helped lead the state's effort to regionalize the county-based organizations that process and determine eligibility for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), TANF and child care subsidies. The 72 county organizations successfully joined ten regional consortia which were certified in October 2011.
- CHIRPA Bonus Award: As the state's CHIP Director, successfully led an effort to bring the state into compliance with the program requirements of the bonus award authorized in the Children's Health Insurance Plan Reauthorization Act (CHIPRA). This resulted in a $21 million award that was issued to the state in December 2010.
- Hospital Assessment: Served as the state project manager for development and implementation of a hospital assessment that successfully yielded more than $100 million revenue for the state while increasing reimbursement revenue to high volume Medicaid hospital providers. Revenue generated through the hospital assessment became the cornerstone for funding the state's Medicaid expansion waiver to childless adults. Duties included development of fee-for-service and managed care supplemental payments to hospitals using assessment revenue, facilitating CMS approval of state plan amendments and reimbursement methods and working with hospitals to maintain support of the initiative.
- Hospital Pay for Performance: Led the effort to implement the state's first performance-based payments to hospitals. Facilitated the approval of state plan amendments necessary to implement the payments, which allocated $5 million in segregated revenue generated through the hospital assessment.

- Southeast Wisconsin HMO Enrollment Following Procurement: Directed the eligibility functions related to Wisconsin's first competitive procurement for managed care services, which focused on the Southeastern part of the state, inclusive of Milwaukee. The procurement process required 250,000 members to re-choose a health plan in coordinated phases over a 90-day period. While a goal of the project was to maximize member choice, this initiative also required establishing an auto-enrollment process that assigned market-share targets to HMOs based on their proposal cost scores. The initiative was successful in saving an estimated $50 million in the biennium without continuity of care disruptions for members.
- Medicaid Childless Adults Waiver: Assisted with the development of the state's 1115 waiver to expand Medicaid eligibility to low-income childless adults. Directed the strategy to maximize and use disproportionate share hospital (DSH) funding as the basis of the state's budget neutrality demonstration. Helped develop the waiver terms and conditions. CMS approved the waiver in December 2008. By October 2009, the state had enrolled 65,000 uninsured individuals into the waiver.
- Public Provider Claiming: Directed efforts to improve the process under which the state completed cost settlements for state hospitals. Independently determined that the state had overlooked making settlement claims for its university hospital for past years. This finding resulted in a successful $30 million federal funding settlement claim.
- Pharmacy Benefit Carve-Out: Directed the design and development of a state budget initiative to carve the pharmacy benefit out of managed care in order to maximize manufacturer rebate revenue. This effort required close coordination with the managed care organizations during the benefit transition. The initiative was successfully implemented in February of 2008 and saved $25 million through June of 2009 while maintaining continuity of care for members. The change was embraced by the state's pharmacy mental health advisors, which included consumers, because it provided transparency and uniformity to the state formulary.
- SeniorCare Waiver Renewal: Helped lead the effort to gain approval for renewal of the SeniorCare pharmacy-only benefit waiver in 2007. SeniorCare leveraged Medicaid pricing discounts, manufacturer rebates, member cost-sharing and state and federal revenue to provide pharmacy benefits to seniors as an alternative to Medicare Part D.
- Adult Basic Health Plan: Directed the development of a state-administered member-funded, non-Medicaid health benefit plan for childless adults who remained on the waiver waitlist after enrollment in the childless adults waiver was capped due to federal budget neutrality limitations. Worked with staff to develop the limited benefit plan offered under Basic. Coordinated CMS approval to allow Basic members with acute medical needs to bypass the waiver waitlist and enroll in the waiver. BadgerCare Basic had enrolled 6,500 members by December 2010. Created mechanism to shift higher acuity Basic member to the Core plan to successfully manage Basic premium rates.

Division of Health Care Access and Accountability, State of Wisconsin

Various Departments (September 2003 – December 2011): Various Positions

Mr. Albertoni:

- Bureau of Enrollment Policy and Systems (January 2010 – December 2011): Director
  Supervised a staff of 55 employees who maintained responsibility for advising Department management on eligibility policy issues, maintaining the eligibility information technology (IT) system, developing and publishing eligibility handbooks, policy memos to counties and member correspondence. The bureau was also responsible for quality

control reviews to assure cases were being accurately determined for eligibility for both Medicaid and SNAP benefits. The eligibility bureau director incorporates a number of other position titles and functions, including the state SNAP Director, CHIP Director and contract administrator to the vendor who maintained our eligibility system. Chaired the monthly Income Maintenance Advisory Committee (IMAC) meetings. IMAC was comprised of county representatives who administered local eligibility agencies.

- Bureau of Fiscal Management (November 2007 – January 2010): Deputy Director
  Provided management direction to twenty employees responsible for hospital and managed care rate setting as well as general budget monitoring and compliance. Fiscal management staff provided leadership on many key Medicaid initiatives because issues of funding were critical to all major initiatives and program activities.
- Pharmacy and Hospital Section (September 2006 – November 2007): Section Chief
  Directed a staff of ten analysts responsible for hospital rate setting and all benefit policy analysis related to pharmacy and hospital.
- Pharmacy Budget and Policy (September 2003 – September 2006): Policy Analyst
  Responsible for developing and maintaining quarterly pharmacy utilization reports and provided guidance to claims systems staff on pharmacy reimbursement changes. Provided lead on several pharmacy projects, including the Preferred Drug List and utilization reviews.

Madison Metropolitan School District, State of Wisconsin

School District Project (January 2002 – September 2003): Budget Analyst

Project: Compiled key components of annual district budget presented for approval to the Board of Education.

Mr. Albertoni: Developed staffing models and personnel tracking tools to the Vice President for Business Services.

Wisconsin Historical Society, State of Wisconsin

Historic Sites Division (March 2000 – January 2002): Finance Director

Project: Provided annual budget development and monitoring for each of the Society's eight historic sites.

Mr. Albertoni: Worked with site directors to develop a revenue and seasonal staffing plan. Developed models to cross-reference revenue and staffing for profitability analysis. Reported site revenues to Society management and at Society board meetings.

Wisconsin Division of Public Health, State of Wisconsin

AIDS Drug Assistance Program (October 1994 – March 2000): Director

Project: Provided administrative coordination of this federally funded program that provided pharmacy assistance specific to antiretroviral and related AIDS medications to individuals living with HIV infection.

Mr. Albertoni: Generated Ryan White grant funding reports that were submitted to the Health Resource Services Administration (HRSA). Provided state leadership regarding policy analysis and biennial budget initiatives having an impact on the ADAP program. Worked with non-profit AIDS Service Organizations to assist them in enrolling eligible individuals into the program.

Wisconsin Department of Health Services, State of Wisconsin

Office of Policy and Budget (August 1992 – October 1994): Budget and Policy Analyst

Project: advised the Secretary on budget and policy issues related to economic support programs such as Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI).
Mr. Albertoni: Developed budget neutrality analysis for welfare reform waivers.

New York Division of Budget, State of New York
Budget Office (August 1990 – August 1992): Budget Examiner
Project: Analyzed and recommended annual budget of the State Judiciary.
Mr. Albertoni: Selected to participate in two-year state budget fellowship program in New York state government. Served as budget staff in the Public Protection unit of the Division of Budget.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* December 2011 – Present
Wisconsin Medicaid, *WI* January 2003 – December 2011

EDUCATION

University of Washington at Seattle, *Seattle, WA*
Master of Public Administration, 1990

Santa Clara University, *Santa Clara, CA*
Bachelor of Arts in English, 1986

ALICIA HOLMES

***SENIOR ADVISOR* AT PUBLIC CONSULTING GROUP, INC.**

Ms. Holmes (MBA) is a Senior Advisor with 10 years of experience working in health research and healthcare management. Ms. Holmes has provided subject matter expertise to support state healthcare reform efforts, including strategy development and implementation planning for behavioral health, commercial health insurance, and Medicaid. Her policy development experience includes planning and execution of key communication strategies that effectively engage both internal and external stakeholders. Prior to rejoining PCG in 2015, Ms. Holmes was Director of Program Development for CVS Health's Health System Alliances team. At CVS, she supported development of service offerings and collaboration strategies to support the Triple Aim of healthcare and improve integration of pharmacy and medical care.

RELEVANT EXPERIENCE

Center for Consumer Information and Insurance Oversight (CCIIO)

1332 Waiver Technical Assistance Project (December 2019 – Present): Insurance Reform Consulting

Project: Assist CCIIO with the development of Affordable Care Act (ACA) Section 1332 Waiver models and application templates. 1332 waivers permit states to design state-based alternatives to the federal health insurance exchange. CCIIO is an office within the Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS). CCIIO sought PCG for this work based on our broad experience helping states implement insurance marketplace provisions of the ACA.

Ms. Holmes: Assisted development of waiver templates and additional guidance documents for state consideration. Provided ad hoc support additional analyses related to 1332 waiver design, uptake and communication.

San Diego County, State of California

***Behavioral Health System Assessment* (March 2019 – Present): Project Co-Lead**

Project: San Diego County contracted PCG to Collect and analyze data across sectors and regions to define current need, outcomes, and resources. This assessment will address services across the care continuum, as well as the coordination of behavioral health care with primary care, social services, housing, education and public safety.

Ms. Holmes: Ms. Holmes serves as co-lead, responsible for overseeing project delivery related to system evaluation, program governance, and stakeholder communication.

Dane County, State of Wisconsin

***Mental Health Feasibility Study* (February 2019 – Present): Stakeholder Communication Lead**

Project: Dane County contracted PCG to determine the value and feasibility of operating a central crisis restoration center as part of the County's behavioral health system.

Ms. Holmes: Serves as the stakeholder communication lead, responsible for developing and managing the collection and communication of qualitative data across impacted sectors in the community.

Offices of the Insurance Commissioner, State of West Virginia

***Issuer Validation Tools* (October 2018 – Present): Project Manager**

Project: The West Virginia Offices of the Insurance Commissioner (WVOIC) contracted with PCG to assist in review of individual and small group formularies for ACA compliance, with a key focus on Mental Health Parity and Addiction Equity.

Ms. *Holmes*: Serves as the Project Manager and ensures all project work is completed on time and on budget.

Department of Insurance, State of Illinois

Issuer Validation Tools (March 2018 – February 2019): Project Manager

Project: The Illinois Department of Insurance (IDOI) contracted with PCG to assist in the development of tools to facilitate the review of forms and filings within health benefit plans filed with IDOI for certification. PCG's work includes a focus on essential health benefits, preventive services, prescription drug coverage, network adequacy, and mental health/substance use disorder services.

Ms. *Holmes*: Serves as the Project Manager and ensures all project work is completed on time and on budget. Ms. Holmes managed the development of a review tracker workbook and associated training manual that supports review of issuer compliance with both State and federal requirements.

Department of Insurance, Securities, and Banking, District of Columbia

Market Reforms Technology (October 2017 – Present): Project Manager

Project: The District of Columbia Department of Insurance, Securities, and Banking (DISB) engaged PCG to provide services in support of DISB's implementation of Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act ("PHSA"). DISB engaged PCG to develop tools and processes to review plans for discriminatory benefit design as restricted under section 2707 of the PHSA; and to develop tools and processes for a more efficient review of health plan compliance with parity requirements in coverage of mental health and substance use disorder services, as specified forth under section 2726 of the PHSA.

Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget. Ms. Holmes has provided research and analysis specific to mental health parity and is currently managing a formulary review analysis related to MH/SUD conditions of interest for the District.

Insurance Department, Commonwealth of Pennsylvania

Mental Health Parity and Addiction Equity Market Conduct Support (July 2017 to Present): Senior Advisor

Project: Support Pennsylvania's efforts to enforce the requirements of the Mental Health Parity and Addiction Equity Act. Review submitted plan information to prevent discriminatory benefit design, with specific focus on prescription drug coverage. Draft requests for information and support communication with insurers to address the impacts of network adequacy, provider reimbursement, and non-quantitative treatment limits on consumer access to care.

Ms. Holmes: Drafted and reviewed requests for information to ensure the full scope of potential discriminatory benefit design is represented. Provide additional research to the client related to issues impacting prescription drug access for behavioral health and national best practices.

Office of the Insurance Commissioner, State of Rhode Island

Mental Health Parity and Addiction Equity Market Conduct Support (May 2017 to Present): Senior Advisor

Project: Support Rhode Island's efforts to enforce the requirements of the Mental Health Parity and Addiction Equity Act. Review submitted plan information to prevent discriminatory benefit design. Draft requests for information and support communication with insurers to address the

impacts of network adequacy, provider reimbursement, and non-quantitative treatment limits on consumer access to care.

Ms. Holmes: Drafted and reviewed requests for information to ensure the full scope of potential discriminatory benefit design is represented. Provide additional research to the client related to peer state actions and issues impacting behavioral health access.

Department of Health, State of New York

Delivery System Reform Incentive Payment Program Independent Assessor (April 2017 to Present): Senior Advisor

Project: Manages the publicly transparent and impartial review of delivery system transformation implementation projects across 25 provider systems. Evaluates integrated delivery systems, including coordination with health homes. Conducts ongoing monitoring and assessment of use of funds (including funding contingent on improvement in health quality and population health metrics). Develops payment methodology to approved provider systems contingent on completion of designated project milestones. Devises operational, clinical and population health metrics and milestones to evaluate applicants and measure performance for payment.

Ms. Holmes: Supports review of provider progress toward achieving quarterly milestones related to practice transformation for behavioral health and chronic disease management.

Division of Medicaid, State of Mississippi

Healthcare Delivery System Consultant (October 2015 – Present): Senior Advisor

Project: Retainer agreement to assist provide technical assistance and consulting services in the administration of Medicaid and Children's Health Insurance Program (CHIP) managed care programs. Provide research and analytical services in the design, development, and implementation of new healthcare delivery initiatives.

Ms. Holmes: Provides ongoing subject matter expertise and analysis related to managed care strategy and administration. Drafted re-procurement for Medicaid managed care program, ensuring compliance with the Medicaid Managed Care Final Rule and expanding contractor responsibilities related to population health management.

Department of Health and Social Services, State of Alaska

Feasibility Study for the Privatization of Alaska Psychiatric Institute (August 2016 – January 2017): Senior Advisor

Project: Conducted feasibility assessment to determine the potential impact of privatization on quality and cost of care at Alaska Psychiatric Institute.

Ms. Holmes: Led legal review and policy analysis to identify requirements pertinent to privatization, including an in-depth statutory review and an examination of current labor agreements.

Department of Behavioral Health and Developmental Services, Commonwealth of Virginia

Behavioral Health Delivery Transformation (January 2016 – January 2017): Senior Advisor

Project: Support development of Certified Community Behavioral Health Centers (CCBHCs) by developing recommendations for strategic, financial, and operational transformations that are necessary to effectively serve the MH/SUD population.

Ms. Holmes: Executed a community needs assessment to assess the unmet need for mental health and substance use disorder services across the Commonwealth. Analyzed current service offerings and operations at eight potential CCBHCs to identify inconsistencies and recommend ways to standardize and upgrade services.

Office of Financial Management, State of Washington

Mental Health System Analysis (July 2016 – December 2016): Senior Advisor

Project: Reviewed current challenges facing the state's behavioral health system, comparing existing operations to peer states and national best practices. Developed actionable recommendations for state approval, accompanied by an implementation and communication plan.

Ms. Holmes: Synthesized analyses from multiple data streams to develop an as-is and to-be assessment of the behavioral health system. Supported development of key findings and recommendations based on input gathered.

Executive Office of Administration and Finance, Commonwealth of Massachusetts

Analysis of Bridgewater State Hospital (May 2016 – September 2016): Senior Advisor

Project: Evaluated aggregate patient data, policies and procedures to document level of compliance with recent settlement requirements. Proposed recommendations to improve efficiency and accuracy of policy execution.

Ms. Holmes: Managed project, leading meetings with several stakeholder groups and conducting interviews with State Hospital staff. Developed reports detailing review process, findings, and recommendations for administrative review.

Department of Mental Health, Commonwealth of Massachusetts

Inpatient Psychiatric Hospital Procurement Planning (December 2015 – April 2016): Senior Advisor

Project: Redesign the financial structure that underpins the procurement of inpatient psychiatric hospital services in the underserved western region of the state.

Ms. Holmes: Identified best practices from other states regarding alternative rate structures and third party revenue maximization. Supported development of pay for reporting and pay for performance structure to promote quality. Drafted procurement documents and pro forma contract language to reflect new strategy.

CVS Health

Health System Alliances (May 2013 – October 2015): Director, Strategic Program Development

Department: Improve collaboration with health systems and primary care providers as a responsible, supportive part of the medical neighborhood.

Ms. Holmes: As Director of Program Development, Ms. Holmes led development of a suite of program offerings that were designed to 1) support provider population health strategies by providing timely, actionable data to collaborating health systems, 2) reduce total medical expense by offering low cost, preventive care to those with chronic conditions, and 3) enhance both the quality and experience of care by improving communication among providers and targeting interventions to address the needs of rising risks patients. Ms. Holmes also led development and execution of her department's program evaluation strategy, synthesizing qualitative feedback from program participants to inform ongoing development efforts and improve existing services.

Department of Health and Social Services, State of Delaware

Health Insurance Exchange Planning (January 2011 – May 2013): Senior Consultant

Project: Assist the State of Delaware in all planning activities for the establishment of a health insurance exchange in compliance with the Patient Protection and Affordable Care Act.

Ms. Holmes: Led development of consumer assistance program to support integrated eligibility and state use of the federal marketplace. Led stakeholder engagement efforts, conducting public comment sessions, focus groups, and town hall meetings to gather input on proposed policy decisions. Supported drafting of applications for additional Exchange funding opportunities.

Arkansas Insurance Department

Health Insurance Exchange Planning and Implementation (September 2012 – May 2013): Senior Consultant

Project: Assist the State of Arkansas in all planning activities for the establishment of a health insurance exchange. Ensure compliance with the Patient Protection and Affordable Care Act.

Ms. Holmes: Supported development of plan management policies, including essential health benefits determination. Participated in all committee meetings to inform constituents of the State's planning efforts and gain valuable input.

Hawaii Health Connector, State of Hawaii

Health Insurance Exchange Planning (October 2012 – May 2013): Senior Consultant

Project: Assist the State of Hawaii in all policy planning activities for the establishment of a health insurance exchange. Ensure compliance with the Patient Protection and Affordable Care Act.

Ms. Holmes: Developed blueprint for consumer assistance services, including special considerations to effectively serve the Native Hawaiian population.

Wyoming Insurance Department, State of Wyoming

Health Insurance Exchange Planning (September 2012 – March 2013): Senior Consultant

Project: Assist the State of Wyoming in all planning activities for the establishment of a health insurance exchange. Ensure compliance with the Patient Protection and Affordable Care Act.

Ms. Holmes: Led feasibility analysis to determine to what extent the State could support an insurance marketplace and explore options for achieving compliance with federal regulations, including the development of a financial model for Exchange sustainability and development of a budget for additional Exchange funding opportunity. Conducted town hall meetings to inform the public of the State's planning activities and gather input on key policy decisions.

Division of Insurance, State of Alaska

Alaska Health Insurance Exchange Feasibility Study (February 2012 – June 2012): Consultant

Project: Assist the State of Alaska in all planning activities for the establishment of a health insurance exchange. Ensure compliance with the Patient Protection and Affordable Care Act.

Ms. Holmes: Led feasibility analysis to determine to what extent the State could support an insurance marketplace and explore options for achieving compliance with federal regulations, including special considerations to serve the Alaskan Native population. Conducted town hall meetings to inform the public of the State's planning activities and gather input on key policy decisions.

Department of Health Care Policy and Financing, State of Colorado

Medicaid Coverage Benefits Redesign (May 2010 – December 2010): Consultant

Project: Assist the State in revising benefits coverage definitions for behavioral health and transportation services for the fee for service population.

Ms. Holmes: Researched current evidence based best practices and redrafted statements of coverage for state approval.

Medicaid Early Expansion Analysis (April 2011 – January 2012): Consultant

Project: Provided financial and policy analysis to support the State's early expansion of Medicaid to adults without dependent children.

Ms. Holmes: Supported development of financial model to provide limited coverage to the adults without dependent children population prior to full expansion of Medicaid.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*	October 2015 – Present
CVS Health, *Woonsocket, RI*	May 2013 – October 2015
Public Consulting Group, *Boston, MA*	February 2010 – May 2013
University of Vermont, *Burlington, VT*	May 2005 – August 2008

EDUCATION

University of Vermont, *Burlington, VT*
Master of Business Administration, 2009

University of Vermont, *Burlington, VT*
Bachelor of Science, Molecular Genetics, 2005

THOMAS ENTRIKIN
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Thomas Entrikin has over 45 years of experience with the Medicaid and Medicare programs. From 1972 to 1979 he was a Medicare program specialist with the Social Security Administration, Bureau of Health Insurance. From 1981 to 1992, he was a Medicaid law, regulations, and policy specialist with the Health Care Financing Administration (HCFA), now CMS, providing technical assistance to the States of Vermont, Connecticut, and Massachusetts on Medicaid eligibility, coverage, and reimbursement; provider certification and enrollment; program integrity; recovery of third party liabilities; Medicaid Management Information System (MMIS) performance specifications and operations; interagency agreements; contracts with managed care organizations; and Medicaid waiver programs. While at HCFA, he assisted the State of Vermont in developing its first home and community-based services waiver for individuals with developmental disabilities, and he received a HCFA Administrator's Citation for his work achieving savings in Medicaid prescription drug reimbursement systems.

Since coming to PCG in 1992, he has assisted in the design, development, and implementation of revenue projects for school based health services; hospital-based and municipal projects for pregnant women, infants, and children; state services offered through youth services, child welfare, mental health, substance abuse, and public health agencies; and reimbursement systems for hospitals, long term care facilities, and community-based waiver programs. He has made presentations at national conferences on Medicaid waiver programs and participated in the development of a manual on consumer self-determination under waiver programs for the Robert Wood Johnson Foundation.

More recently, Tom Entrikin has also assisted state agencies and state-based health benefits exchanges in analyzing and implementing a wide range of regulations under the Affordable Care Act (ACA) promulgated by the U.S. Department of Health and Human Services, the U.S. Department of the Treasury/Internal Revenue Service, and the U.S. Department of Labor. These include requirements on eligibility and enrollment into qualified health plans (QHPs) through health benefits exchanges, calculation and verification of modified adjusted gross income (MAGI), determining advance premium tax credits and cost-sharing reductions, fair hearings and appeals, QHP coverage of essential health benefits, preventive services and wellness programs, health insurance market reforms, employer notices to employees, and tax penalties and exemptions related to failure to maintain minimum essential health coverage under the ACA.

RELEVANT PROJECT EXPERIENCE

Division of Health Care Financing and Policy and the Silver State Health Insurance Exchange, State of Nevada

ACA Implementation (July 2011 – June 2013): Advisor

Mr. Entrikin: Assisted the Division in evaluating requirements under the Affordable Care Act (ACA) related to the Medicaid program including consumer-directed long term care services and supports, state plan options, waiver options, and eligibility requirements. Assisted the Silver State Health Insurance Exchange in evaluating requirements under the ACA related to health benefits Exchanges including determining eligibility for advance tax credits, determining the amount of the tax credit for families, selecting essential health benefits benchmarks, calculating actuarial value of health plans, developing consumer assistance programs, and reporting requirements to the Internal Revenue Service and to taxpayers for purposes of reconciling advance tax credits with final credits on annual tax filings. Assisted the Exchange in evaluating

the compliance of Nevada health plans with requirements for coverage of essential health benefits under the ACA.

Department of Insurance, State of Arkansas

ACA Implementation (July 2012 – December 2012): Advisor

Mr. Entrikin: Assisted the Department in the analysis and resolution of issues related to coverage of essential health benefits, limitations on service coverage, Exchange user fees, and protecting the confidentiality of personally identifiable information.

Department of Health and Social Services, State of Delaware

ACA Implementation (July 2012 – December 2012): Advisor

Mr. Entrikin: Assisted the Department on issues related to background checks for Navigators and non-Navigator consumer assistance personnel, Exchange reporting requirements, penalties applicable to employers not offering affordable health coverage, coverage of self-employed persons through the individual Exchange and the Small Business Health Options Exchange, and identifying newly eligible Medicaid recipients under the ACA.

Department of Insurance, State of New Hampshire

ACA Implementation (January 2013 – June 2013): Advisor

Mr. Entrikin: Assisted the Department on analysis and resolution of issues related to coverage of essential health benefits, essential community providers, scope of preventive services, stand-alone dental plans, health plan enrollment and disenrollment procedures, cost-sharing and deductibles, and determining actuarial value of health plans.

New Mexico Health Insurance Alliance, State of New Mexico

ACA Implementation (January 2013 – June 2013): Advisor

Mr. Entrikin: Assisted the Alliance on issues related to health plans offered outside of the Exchange, requirements on protecting the privacy and security of personally identifiable information, and potential applicability of HIPAA business associates requirements to the Exchange.

Department of Public Health, Department of Mental Health, Commonwealth of Massachusetts

Revenue Maximization (July 1998 – February 2010): Advisor

Project: Established FFP claiming process for early intervention services provided to EPSDT children by developmental educators.

Mr. Entrikin: Designed and implemented Medicaid FFP claiming process. Recommended improvements in intergovernmental transfers of funds (IGT) procedures. Provided recommendations for improvements in annual caseload and expenditure projections for state budget purposes. Evaluated commercial insurance and HMO coverage and billing requirements for services provided by developmental educators and recommended improvements in third party collections. Performed legal, regulatory, and policy research in support of Medicaid FFP and TANF claiming activities.

Department of Mental Health, Commonwealth of Massachusetts

Community-Based Services Rate Setting (July 1998 – June 2002): Advisor

Project: Developed enhanced encounter rate for hospital and community-based crisis intervention and crisis stabilization services offered through managed care and fee-for service arrangements.

Developed Medicaid State plan amendment and calculated Medicaid payment rates for the services.

Mr. Entrikin: Designed and implemented encounter rate for crisis intervention and crisis stabilization services. Performed analysis of the federal Olmstead decision and other case law on home and community-based services. Drafted planning APD for a DMH management information system integrated with the Medicaid agency's MMIS.

Chicago Public Schools, State of Illinois

School Based Services (July 1998 – June 2013): Technical Advisor

Project: Provided legal and regulatory support for Medicaid administrative and Medicaid services claiming, time studies, state plan amendments, and cost allocation procedures.

Mr. Entrikin: Provided recommendations on legal and regulatory compliance under federal and state plan requirements. Performed data analysis and legal, regulatory, and policy research in support of increased federal reimbursement of early intervention services.

North Carolina Department of Health and Human Services, State of North Carolina

Advisory Services (July 1994 – June 2006): Advisor

Project: Developed state Medicaid plan amendment for upper payment limit (UPL) adjustments for public health and behavioral health clinics. Identified FFP revenue maximization opportunities in disproportionate share hospital (DSH) payment adjustments for mental health facilities and in State services for children, the elderly, and disabled groups. Developed Medicaid State plan amendment for State psychiatric hospital DSH reimbursement. Identified additional DSH eligible facilities and allowable costs. Recommended improvements in cost allocation methods. Recommended new procedures on certifications of public expenditures. Evaluated compliance with certification requirements for inpatient psychiatric residential treatment facilities. Performed legal and regulatory research.

Mr. Entrikin: Advised on all project processes and requirements.

Department of Health and Human Services, State of New Hampshire

Revenue Maximization (July 1994 – June 2003): Advisor

Project: Provided recommendations on upper payment limit (UPL) adjustments for county operated nursing facilities, intergovernmental transfers of funds (IGTs), development of waiver programs, payment reform, and disproportionate share hospital (DSH) payment adjustments.

Mr. Entrikin: Developed Section 1115 research and demonstration waiver proposal to expand Medicaid eligibility for low income children and to provide capitated mental health care. Analyzed community mental health center utilization and expenditure data. Developed recommendations to re-design state contracting and oversight of community mental health centers. Participated in public meetings on the re-design process with provider and consumer representatives. Provided recommendations on incorporating evidence-based practices in Medicaid coverage and reimbursement instructions. Evaluated provider-related tax requirements applicable to community based providers. Identified opportunities to obtain revenue for mental health services provided in residential programs for delinquent youth. Evaluated compliance with certification requirements for inpatient psychiatric residential facilities. Performed legal, regulatory, and policy research.

Department of Alcohol, Drug Abuse, and Mental Health, State of Delaware

Strategy Implementation (July 1999 – June 2001): Advisor

Project: Assisted the agency in developing a strategy to revise its Medicaid administrative claiming process and to develop a managed care plan and a section 1915(b) waiver application for individuals with persistent mental illness.
Mr. Entrikin: Developed section 1915(b) waiver application. Performed legal research on disproportionate share hospital (DSH) payment adjustments.

Bureau of Medical Assistance, State of West Virginia
Medicaid Revenue Projects (July 1996 – June 2007): Advisor

Project: Assisted in the development of projects to increase FFP revenues and to improve coordination of benefits practices.
Mr. Entrikin: Assisted in developing Medicaid third party liability action plan and
Medicaid revenue projects. Developed legal and financial justification for retroactive corrections to rate calculations. Legal research on disproportionate share hospital (DSH) payment adjustments.

Kentucky Department of Medicaid Services, State of Kentucky
Medicare Part B Premiums (July 2005 – June 2006): Advisor

Project: Assisted in ensuring compliance with federal Medicaid requirements.
Mr. Entrikin: Analyzed buy-in agreements, state plan, systems specification and operations, and Medicaid payment procedures for Medicare Part B premiums. Legal research on provider-related taxes.

Department of Social and Health Services, State of Washington
Management Information System Implementation APD (July 1997 – June 2001): Advisor

Project: Assisted in ensuring compliance with federal Medicaid requirements on MMIS APDs and FFP claiming practices.
Mr. Entrikin: Performed legal, regulatory, and Medicaid policy research on MMIS APD issues. Assisted in the development of a compliance evaluation tool for inpatient psychiatric residential treatment facilities and other institutions for mental diseases. Performed legal, regulatory, and policy research on Medicaid eligibility, coverage, and reimbursement issues.

Bureau of TennCare, State of Tennessee
Medicaid Administrative Claiming (July 1999 – June 2002): Advisor

Project: Assisted in developing Medicaid administrative claiming practices and documentation.
Mr. Entrikin: Provided analysis and recommendations to update interdepartmental service agreements between the Bureau of TennCare and eight sister state agencies and state universities.

PROFESSIONAL BACKGROUND

Public Consulting Group, Inc., *Boston, MA* Aug 1992 – Present

EDUCATION

Harvard University, *Cambridge, MA*
Master of Public Administration, June 1980

University of Massachusetts, Amherst, Massachusetts
Bachelor of Arts, May 1971

CERTIFICATIONS/ PUBLICATIONS/ SPECIAL SKILLS

- Managed Care in Medicaid Program, Tom Entrikin, June 1999
- Beyond Managed Care: An Owner's Manual for Self-Determination. T. Nerney, D. Shumway, M. Fenton, T. Entrikin, S. Morrill, G. Marburg, published by Robert Wood Johnson Foundation, 1997.

CHANTAL STEPNEY
SENIOR CONSULTING AT PUBLIC CONSULTING GROUP, INC.

Ms. Stepney has more than ten years of program management experience with the public sector and specializes in the Agile project management, Adaptive Project Framework approach to ensure alignment with clients' needs and desired outcomes. She has provided program oversight for ten PCG education projects in Georgia including the statewide School-Based Medicaid engagement.

RELEVANT PROJECT EXPERIENCE

Department of Community Health, State of Georgia

Medicaid Cost Reimbursement for School-Based Services (2012 – Present)

Project: Ms. Stepney provides program oversight and risk management for the Georgia School Based Medicaid Program to reimburse Local Education Agencies (LEA) for the administrative and direct medical related activities provided to special education students under the State Medicaid Plan (Children's Intervention School Services Program).

School District of Palm Beach, State of Florida

School District Administrative Claiming (2013 – 2015)

Project: This program allows for the reimbursement of costs pertaining to administrative activities that support the district's direct medical service provision for Special Education students with direct medical services in their Individualized Education Programs (IEPs). Ms. Stepney is involved with the implementation of the district's electronic Random Moment Time Study process, and served as the liaison between the district and the Florida Agency for Health Care Administration for the district's School Based Medicaid administrative claiming program.

Ministry of Education, Bermuda

Special Education Student Management System Implementation (2014 – 2016)

Project: The engagement included developing standard operating procedures and facilitating the systems development life cycle to align the SOPs with the new technology for the MOE's Child Development Programme division, and providing training for the implementation of the student management system. Ms. Stepney facilitated project management for the implementation of the first web- based student data management system for Bermuda to adhere to special education and early intervention policies and legislation for the MOE.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Atlanta, GA*

Fulton County Human Services Department, Office of Children and Youth, *Atlanta, GA*

Youth Villages, *Durham, NC*

Haven House Services, *Raleigh, NC*

North Carolina State University, *Chapel Hill, NC*

EDUCATION

North Carolina State University, *Chapel Hill, NC*
Masters of Education, Counselor Education

University of Georgia, *Athens, GA*
Bachelor of Arts, Journalism and Women's Studies

LISA LEE
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

Ms. Lisa Lee has 23 years of experience with Kentucky State Government, including 16 years with the Cabinet for Health and Family Services. During her career with Kentucky State Government, Ms. Lee served in various capacities, including Medicaid Commissioner and Program Director for the Kentucky Children's Health Insurance Program within the Department for Medicaid Services. During her employment with Kentucky Medicaid, Ms. Lee oversaw the implementation of Kentucky's Medicaid Expansion and implementation of other aspects of the Affordable Care Act. Ms. Lee also actively participated in the creation and implementation of the highly successful Kentucky Benefit Exchange, Kynect.

RELEVANT EXPERIENCE

Mississippi Department of Medicaid Services, State of Mississippi
(April 2017 – December 2017): Associate Manager

Ms. Lee: Developed Section 1115 Demonstration Waiver Application, requiring in-depth understand of health care delivery restructuring and comprehensive understanding of the Medicaid program. Evaluated strategies to incorporate work requirements for certain Medicaid recipients, including coordination with existing workforce training programs. Devised operational and population health metrics and milestones consistent with the 1115 Waiver to evaluate applicants and measure goals associated with workforce development training.

Department for Medicaid Services, State of Kentucky
(December 2015 - January 2016): Commissioner

Ms. Lee: Directed and oversaw projects for 190 staff members; Reviewed and approved policy decisions related to benefits and expenditures for 1.3 million Kentucky Medicaid members; Monitored $9 billion budget and utilization expenditures to predict future trends and needs; Met with legislative officials, providers, advocates, and other community partners regarding benefits, services, and policies relative to the Medicaid program; Analyzed policies for effectiveness and recommend changes; Represented Department at various meetings and councils, Monitored reports to ensure system accuracy; Oversaw implementation of new programs and amendments to existing programs; Worked collaboratively with various agencies in the Cabinet for Health and Family Services serving the Medicaid population to reduce duplication; and Assured all Departmental policies and payments were in compliance with federal and state regulations. Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

Department for Medicaid Services, State of Kentucky
(October 2013 – January 2015): Deputy Commissioner

Ms. Lee: Provided guidance and assistance to Department staff; Provided input into policy decisions regarding covered services; Met with legislative officials, providers, advocates, and other community partners regarding benefits, services, and policies relative to the Medicaid program; Approved regulations and policy for various programs within the Department for Medicaid Services; Analyzed policies for effectiveness and recommend changes; Represented Department at various meetings and councils; Monitored budget and utilization expenditures to predict future trends and needs, Monitored reports to ensure system accuracy; and Analyzed service utilization and recommend policy changes relative to various programs within the Department; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

Department for Medicaid Services, State of Kentucky
(August 2007-October 2013) Director, Division of Provider Operations

Ms. Lee: Provided guidance and assistance to Division staff ; Monitored Division contracts and programs to ensure compliance with state and federal regulations; Drafted regulations and policy for approximately 22 programs within the Department for Medicaid Services; Analyzed policies for effectiveness and recommend changes; Represented Department at various meetings and councils; Monitored budget and utilization expenditures to predict future trends and needs; Monitored reports to ensure system accuracy; and Analyzed service utilization and recommend policy changes relative to various programs assigned to the Division; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

Department for Medicaid Services, State of Kentucky
(2005 – August 2007): Assistant Director

Ms. Lee: Provided guidance and assistance to Division staff; Coordinated and facilitated meetings within Department and outside agencies; Monitored Division contracts and ensure compliance with state and federal regulations; Analyze policies for effectiveness and recommend changes; Prepared and present Departmental presentations to various organizations; Assumed Division Director responsibilities as needed; Monitored budget and utilization expenditures to predict future trends and needs; and Analyzed service utilization and recommend policy changes relative children's health issues; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

Department for Public Health, State of Kentucky
(2004 – 2005): Internal Policy Analyst III

Ms. Lee: Reviewed and approved payment to providers and coordinate all funding sources for payments for the First Steps program; Served as liaison between Central Billing and Information System (CBIS) and Department for Public Health staff; Monitored CBIS contract and assure compliance with data and reporting requirements; Served as liaison with Medicaid Services and review claims for accuracy; Monitored contract with U of L and U of K and ensured compliance, Redesigned Family Share program; Served as customer service rep for providers and recipients; and Represented Department at various meetings and councils.

Department for Medicaid Services, State of Kentucky
(2001 – 2004): Medicaid Services Specialist III

Ms. Lee: Researched and compiled data relating to claims and program utilization; Analyzed policies for effectiveness and recommend changes; Oversaw and coordinated HANDS Program and Title V Program in addition to assisting providers and recipients with other Children's Health Programs including First Steps, EPSDT, School-Based Health Services; Served as liaison to enrolled providers; Tracked program spending and forecast future needs; Analyzed complaints for trends and recommend action plans; Analyzed member and provider ratios by region and plot on map using GeoAccess software; Recommended provider recruitment plans based on access reports; Researched, wrote, and interpreted regulations; Reviewed yearly contracts and ensure adherence to policies; Researched and reconciled claims; and Presented informational presentations at various departmental meetings.

Department for Medicaid Services, State of Kentucky

(1999- 2001): Internal Policy Analyst II

Ms. Lee: Wrote, edited, and reviewed member materials (handbooks, letters, notices); Analyzed, policies for effectiveness and recommend changes; Analyzed member and provider ratios by region and plot on map using GeoAccess software; Recommended provider recruitment plans based on access reports; Researched and reconciled claim disputes and errors; and Presented informational presentations at various departmental meetings.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Frankfort, KY* February 2017 – Present

Kentucky Department for Medicaid Services, *Frankfort, KY* 1999- 2004 & 2005-2017

Kentucky Department of Public Health, *Frankfort, KY* 2004 - 2005

EDUCATION

Kentucky State University, *Frankfort, KY*
Bachelor of Arts, English; Minor Business Management, 1998

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Awards: Recipient of the Helen Holmes English Award and Academic Scholarship, Alpha Kappa Mu Honor Society, Member of Dean's List from 1994 Spring Semester to 1998 Spring Semester, Member of National Dean's List from 1996 to 1998

Active Participant in the following:
National Organizations for State and Local Officials Advisory Group; Development of Kentucky's Health Benefit Exchange, KYNect; Planning and Implementing Medicaid Expansion in Kentucky; Designing benefits for Medicaid Expansion; Development of State Plan Amendments related to new Affordable Care Act Provisions; Outreach and education for KCHIP resulting in enrollment of additional 60,000 children in two-year period

Contributed to the following publication:
Medicaid Financing of Early Childhood Home Visiting Program: Options, Opportunities, and Challenges

Presenter at the following conferences:
* National Children's Health Insurance Conference * National Association of State Health Policy CHIP Director's Conferences * National Association of State Health Policy * National Association of Medicaid Directors * Appalachian Regional Commission

PHILLIP A. ("DREW") WEISKOPF
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Drew Weiskopf is a Senior Consultant with experience in implementation of health care delivery system reforms. Drew provides professional consulting services for clients with a focus on ACA Implementation, as well as developing business policies and procedures for the client. He also provides clients with health policy guidance and research on a broad range of topics. Previously Drew was Associate with CF Health Advisors where he assists the firm in its research and advisory practices of Medicaid, Medicare, and Health Reform Issues with a focus on health insurance exchanges and state implementation of reform projects. Prior to joining CF Health Advisors, Drew served as a Project Officer with the Mississippi Insurance Department as part of a small team which worked to develop and manage One, Mississippi: Mississippi's Health Insurance Marketplace as well as implementation of all market reforms associated with the ACA. Specifically, Drew developed and managed the Mississippi Insurance Departments External Review Program based upon the NAIC Model Regulation.

RELEVANT PROJECT EXPERIENCE

Mississippi Insurance Department

Health Insurance Enforcement and Consumer Protections Consultant (2018 – Present): Senior Consultant

Project: PCG provides professional services on the implementation and completion of Health Insurance Enforcement and Consumer Protection Grant activities. These activities focus on the Mental Health Parity and Addiction Equity Act (MHPAEA), non-discrimination in essential health benefits design, and preventive health. Additionally, PCG provides research on national and state enforcement tools and techniques and develops tools, forms and checklists to aid in the evaluation of plans compliance with the aforementioned areas of focus.

Drew: assists the team on maintaining communication with the client and attends the client meetings to discuss the contract deliverables. Additionally, Drew assist with research in peer states on related work and preparing documents for client review.

Center for Consumer Information and Insurance Oversight (CCIIO)

1332 Waiver Technical Assistance Project (2018 – Present): Senior Consultant

Project: Assist CCIIO with the development of Affordable Care Act (ACA) Section 1332 Waiver models and application templates. 1332 waivers permit states to design state-based alternatives to the federal health insurance exchange. CCIIO is an office within the Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS). CCIIO sought PCG for this work based on our broad experience helping states implement insurance marketplace provisions of the ACA.

Drew: Assists in researching reform ideas for CMS consideration. Prepares documents which advise federal government on state needs to strengthen their individual and small group markets. Leads effort related to stakeholder outreach and prepares documents outlining proposed plans for reaching and educating stakeholders.

Mississippi Division of Medicaid

Healthcare Delivery Systems Consultant (2015 – Present): Project Manager

Project: PCG assist DOM by providing technical assistance and consulting services in the administration of Medicaid and Children's Health Insurance Program (CHIP) managed care programs. PCG also provides research and analytical services in the design, development, and

implementation of new healthcare delivery initiatives. Support to DOM in strategic delivery system reform decisions and operational process and technology management Is also provided by PCG.

Drew: serves as the Project Manager and oversees all project deliverables ensuring that tasks are completed in a timely manner and of high quality. This includes the update to the current reporting manual for the Coordinated Care Organizations; compiling and updating weekly project management documents; assisting with drafting communication between the division and CMS in support of the State's alternative hospital payment program that intends to replace the supplemental payments previously made under fee-for-service; and, assisting with the development of policy ideas to help the division save money through innovative and long term investments.

Department of Insurance, Securities and Banking, District of Columbia

Market Reforms under Public Health Service Act (October 2017-2018): Senior Consultant

Project: PCG has contracted with the District of Columbia Department of Insurance, Securities and Banking (DISB) to provide policy, legal and operational analysis services. This work is in support of the District's implementation of preventive service requirements under Part A of Title XXVII of the Public Health Service Act (PHSA) and the tenants set forth in the DC Health People 2020 Framework. In particular, PCG is tasked with making recommendation and amendments to District laws and regulations to support PHSA, the external review process, and procedural or logistical modifications to health insurance filings to ensure compliance with existing federal and District laws. Additionally, PCG is leading a large scale stakeholder outreach and education effort to ensure non-discrimination in the administration of certain health services by commercial insurance carriers in the District as well as inform recommendations and modifications in order to protect consumers.

Arkansas Health Insurance Marketplace

Arkansas Health Insurance Marketplace (AHIM) Project (2014 – 2017): Consultant

Project: Provide Professional Consulting Services and serve as Project Management Office (PMO) for the Arkansas Health Insurance Marketplace (AHIM). The PMO is providing oversight and management of all vendors assisting with building the AHIM SHOP Marketplace to be fully functional by open enrollment for Plan Year 2016 and the Individual Marketplace for Plan Year 2017.

Drew: along with additional PCG employees, manage and execute all AHIM Board of Director committees such as, Plan Management, Financial Management & Sustainability, Program Integration and Information Technology; Drafts staff training manuals to ensure compliance with state and federal regulations. Drew also serves as the Plan Management lead ensuring that all Qualified Health Plans sold on the Marketplace are compliant with state and federal regulations.

Colorado Department of Health Care Policy and Financing

Nursing Facilities Pay for Performance Review (2014 – 2015): Consultant

PCG was responsible conducting reviews to evaluate and validate whether nursing homes that applied for additional reimbursement under the P4P program have implemented and are in compliance with performance measures as defined by Colorado. PCG reviewed, evaluated, and validated nursing home Pay for Performance applications for the State of Colorado. The purpose of the P4P program is to encourage and support the implementation of resident-centered policies and home-like environments, by improving resident outcomes and the overall care throughout nursing homes in Colorado. Homes that execute these changes are incentivized with a supplemental payment.

Drew: evaluated a number of nursing home applications and provided scores for each quality metric; assigned scores for each quality metric based upon the information received from the nursing home; and, resolved any disputes by the nursing home.

PROFESSIONAL EXPERIENCE

Public Consulting Group, *Little Rock, AR* 2014 – Present

CF Health Advisors, Washington, D.C. 2013 – 2014

Mississippi Insurance Department, Jackson, MS 2011 – 2013

EDUCATION

Clark University, *Worcester, MA*

Master of Business Administration, 2017

Mississippi State University, *Starkville, MS*

Bachelor Business Administration, Risk Management, Insurance & Financial Planning, 2011

REFERENCES

Name: Cheryl Smith Gardner
Position: CEO, New Mexico Health Insurance Exchange
Phone: 801.209.9707
Email: cgardner@nmhix.com
Relationship: Client

Name: Mike Chaney
Position: Commissioner, Mississippi Insurance Department
Phone: 601.359.3581
Email: Mike.Chaney@Mid.ms.gov
Relationship: Previous Employer

CHRISTIAN JONES
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Christian Jones is a seasoned project manager for multiple health care redesign and reform programs. During his seven years with the company, Mr. Jones has successfully led an extensive Behavioral Health System Assessment in the State of Washington. Here, Mr. Jones helped create an initial findings report and a recommendations report. His work also includes leading a Needs Assessment for the Veteran's population in Colorado as well as a network adequacy study of health plans. Additionally, in Colorado, Mr. Jones has overseen a project that focuses on the intersection of the jail-involved and Medicaid. This work involved facilitating meetings on challenges and best practices with county jail administrators. Prior to working at PCG, Mr. Jones experience includes working in Washington, DC at the national trade association for health insurance plans.

RELEVANT PROJECT EXPERIENCE

Washington Office of Financial Management, State of Washington

Assessment and Reform of State Mental Health System (May 2016 – February 2019): Project Manager

Project: Assess the current mental health system infrastructure and programming in Washington State, making recommendations for reform of community programs and hospital care.

Mr. Jones: Led a team of consultants who recommended future roles for the two state psychiatric hospitals with regard to civil and forensic care. The project also considered steps to integrate behavioral health into commercial managed care and establishment of new mobile crisis units and step up/step down transitional care facilities.

Office of Financial Management, State of Washington

Inpatient Psychiatric Care Risk Model Development (October 2017– January 2018): Project Manager

Project: PCG was contracted by the State to develop a capitation risk model for long-term inpatient psychiatric care. The model was to address 1)Integrate civil inpatient psychiatric hospital services including ninety and one-hundred entity day commitments provided in state hospitals or community settings into Medicaid managed care capitation rates and non-Medicaid contracts; 2) Phase-in the financial risk such that managed care entities bear full financial risk for long-term civil inpatient psychiatric hospital commitments beginning January 2020; and, 3) Address strategies to ensure that the state is able to maximize the state's allotment of federal disproportionate share funding. PCG's work included data analysis of utilization and costs, stakeholder interviews, best practices for MCO benefit expansion, and legislative analysis

Mr. Jones: Project Manager overseeing all components and tasks in the scope of work. Regularly met with client to ensure project was meeting milestone on time and on budget.

Department of Behavioral Health and Developmental Services, Commonwealth of Virginia

Behavioral Health Delivery Transformation (January 2016 – January 2017): Senior Consultant

Project: Support development of Certified Community Behavioral Health Centers (CCBHCs) by developing recommendations for strategic, financial, and operational transformations that are necessary to effectively serve the MH/SUD population.

Ms. Jones: Supported the development of a community needs assessment to assess the unmet need for mental health and substance use disorder services across the Commonwealth.

Department of Health Services, State of Wisconsin

Federal Funding for Childless Adult Waiver 2.0 (November 2015 – Present): Project Manager

Project: Development of an amendment to the BadgerCare Reform Waiver, Wisconsin's existing 1115 waiver that extended coverage to adults without dependent children with household income of up to 100% of the federal poverty level (FPL).

Mr. Jones: Led development of policy positions, writing of waiver amendment, stakeholder engagement process, and creation of budget neutrality calculation.

Arkansas Health Insurance Marketplace, State of Arkansas

State Based Marketplace Professional Services Consulting and Project Management Office (April 2014 – April 2017): Project Manager

Project: Develop and assist in the implementation of a State Based Marketplace (SBM) from a State Partnership Marketplace (SPM). This includes overseeing the tasks of setting up a project management office (PMO), inventorying key decisions related to a marketplace the state had made thus far, performing a needs assessment, and providing key project support.

Mr. Jones: Serves as the Project Manager for AHIM. Specifically, Mr. Jones has overseen the managing and updating of key Activities Roadmap, Performing Financial Sustainability Analysis, writing RFPs to onboard contractors, supporting ongoing negotiations with Arkansas Department of Human Services, and designing a Consumer Assistance Program.

Department of Human Services, Veterans Community Living Centers, State of Colorado

Statewide Needs Assessment (May 2014 – February 2015): Project Manager

Project: Analyze the future needs of the State Veterans Community Living Centers (CVCLC) over a 5, 10 and 20 year time horizon. Create a project model to show projected needs on a geographic and service basis. Provide recommendations on future construction of new facilities and future services the CVCLC should consider.

Mr. Jones: Serves as project manager and created the project model with staff. Developed final report and recommendations. Managed relationship with client.

Department of Regulatory Agencies, Division of Insurance, State of Colorado

Network Adequacy Study (May 2014 – June 2016): Project Manager

Project: Project focused on a review and analysis of the adequacy of current healthcare provider networks across the State of Colorado. Focus was placed on composition of 1) provider networks in different geographic areas (urban vs. rural), 2) the similarities and differences between networks offered inside of Connect for Health Colorado and networks offered in the marketplace outside of the Exchange, 3) issues in specific geographic regions of the state, and 4) analyzed specific carrier's networks where provider coverage may be insufficient to ensure adequate access to care. Network provider data was collected from carriers, cleansed, placed in a template and mapped using a GIS software.

Mr. Jones: Served as the Project Manager for the Network Adequacy review of Plan Year 2014 data.

Department of Health Care Policy and Financing, State of Colorado

Medicaid Expansion (April 2011 – May 2014): Project Manager

Project: The state is expanded its current program to include coverage for Adults without Dependent Children and a Buy-In population.

Mr. Jones: Advises HCPF on policy decisions and financial implications of the state's Medicaid expansion program.

State Demonstration to Integrate Care for Dual Eligible Clients (April 2011 – October 2012): Project Manager

Project: The state of Colorado is in the process of writing a proposal to CMS to integrate care for eligible individuals for both Medicare and Medicaid in the state.

Mr. Jones: Involved in attending stakeholder and policy setting meetings as well as analysis of claims data for these individuals.

Department of Human Services, Division of Behavioral Health, State of Colorado

Substance Use Disorder Coding and Auditing Manual (May 2012 – October 2013): Project Manager

Project: Participated in multiple phases of the project: Phase 1) Created uniform service coding standards for substance use disorders, Phase 2) Development of a uniform cost calculation for the costs of SUD services, Phase 3) Development of a SUD treatment service valuation methodology, and Phase 4) Create a web based application incorporating all of the phases.

Mr. Jones: Involved in background research reports, stakeholder engagement, and coding manual development.

Department of Health, State of Utah

Medicaid Expansion Cost Benefit Analysis (October 2012 – May 2013): Project Lead

Project: Multiple expansion possibilities were modeled including high and low enrollment rates, differing benefit packages, and expansion to differing federal poverty level limits. Collected and analyzed data from the CPS March 2012 ASEC Supplement, the Utah Department of Health, and the Utah Department of Workforce Services. Inputted data into the PCG Medicaid Expansion Simulation Model in performing the necessary calculations.

Mr. Jones: Lead modeling a Medicaid Expansion Cost / Benefit Analysis for the state of Utah.

Wyoming Department of Health, State of Wyoming

Medicaid Options Study Research (December 2012 – February 2013): Project Manager

Project: Assisted in background research and drafting three Medicaid Options Reports. The three reports focused on a Health Home Analysis, Section 1115 Waiver Analysis, and Managed Care in Wyoming. The reports provided an overview of the current situation in Wyoming and also provided future recommendations.

Mr. Jones: Project Manager for research project into Wyoming Medicaid.

Idaho Health Insurance Exchange, State of Idaho

Professional Services Consulting (May 2013 – January 2014): Project Manager

Project: Led PCG's efforts to procure a technology solution for the exchange which included writing and evaluating the RFP. Interfaced with affected state agencies including DHW and DOI. Oversaw writing of federal grants, out year budget creation, consumer assistance efforts, and relations with the Board of Directors.

Mr. Jones: Project manager for PCG's engagement with the Idaho health insurance exchange.

Wyoming Insurance Department, State of Wyoming.

Health Benefit Exchange Planning (July 2012 – May 2013): Project Manager

Project: This work touches on all aspects of Exchange activities and planning.

Mr. Jones: Served as the Project Manager for PCG's engagement with the Wyoming Health Insurance Exchange Steering Committee. Mr. Jones is PCG's primary contact with Steering Committee state elected and executive office officials, and additionally worked hand in hand with the leaders of domestic insurance carriers who served on the Committee. Mr. Jones helped the

Steering Committee understand all aspects of an Exchange, including providing a cost model for the Exchange's operations, detailing various governance models, analyzing risk pool mergers, and considering potential ways to finance an Exchange. Mr. Jones additionally worked directly with the actuary studying the effects of the ACA on the Wyoming insurance marketplace.

Hawaii Health Connector, State of Hawaii
Health Benefit Exchange Consulting (November 2012 – April 2013): Lead Advisor

Project: Build a state based health benefit exchange housed in a new, non-profit agency.
Mr. Jones: Served as PCG's project lead on the Connector's financial modeling and planning and also its efforts to create the small business exchange.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Denver, CO* April 2011 – Present

EDUCATION

The University of British Columbia, *Vancouver, BC*
Master's in Business Administration, December 2010

Pennsylvania State University, *State College, PA*
Bachelor of Arts in Political Science, May 2000

JULIE PEPER, FSA, MAAA

Ms. Julie Peper, FSA, MAAA**,** is a Principal and Senior Consulting Actuary in the Denver office. Her recent focus has been on healthcare reform. Julie has been the lead for several state projects, including Vermont, Nevada and Oregon. The recent work has focused on market stabilization and the impact of state-based reinsurance programs and other policy options. The Oregon, Wisconsin, and Maryland 1332 waivers that she certified were approved by CMS. She is working with two additional states on 2020 1332 waivers and with several additional states on 1332 feasibility analyses. Julie has also worked with both states and health plans on the implementation of the Affordable Care Act and other state specific reform activities. Analyses include determining the enrollment and premium impacts of ACA requirements, estimating the impact of essential health benefits, developing standard and plan-specific plan designs, and subsidy analyses. Julie led projects on Essential Health Benefits and pediatric dental for CCIIO. She has also completed several projects on enrollment, cost and premium projections for various markets and clients. For one state, she led the efforts to estimate the impact of universal health care and other state-specific reform initiatives. Julie helped create the summary of the notice of proposed rulemaking on the 3 R's and the Robert Wood Johnson work plan on reinsurance and risk adjustment. Her recent work also includes provider contracting and payment reform analyses and numerous Medicaid and Medicare projects.

PROFESSIONAL EXPERIENCE

Wakely Consulting Group, LLC, *Denver, CO*
(April 2011 – Current): Principal and Senior Consulting Actuary

Ms. Peper: Client lead for several states market stabilization efforts that include state-based reinsurance and 1332 waivers. States include Oregon, Wisconsin, and Maryland. Work included feasibility analyses of a state-based reinsurance program and waiver analyses, including the actuarial and economic report used in the 1332 waiver application by the states. Currently leading the actuarial support for 2020 waivers for Rhode Island and Montana.

Led or supported market analyses for other states including Wyoming, Connecticut, New Mexico, Colorado, and Washington, DC. Analyses include reinsurance modeling, Medicaid buy-in, and merged market analyses.

Client lead for the State of Nevada's market stabilization project which is analyzing the profitability of various ACA market segments and if there are changes the state can make to equalize profitability. In addition, the state costs and impact on premiums and enrollment were analyzed based on various reform initiatives including state-based reinsurance, state-based premium and/or cost sharing subsidies, and other initiatives.

Developed a financial forecast model for the state of Vermont, including estimating the impact of various payment reforms and cost impacts under various statewide reform initiatives.

Worked with Vermont on their State Innovative Model grant, resulting in a $45 million award to the state. Currently assisting the state with actuarial components on the implementation of select initiatives, including developing and certifying capitated Medicaid rates for an ACO.

Lead or supporting actuary for exchange planning for Oregon, Delaware, Colorado, Illinois and Rhode Island. This work includes actuarial analysis to assess the premium impacts of the various Affordable Care Act (ACA) requirements

Led projects for CCIIO related to the Essential Health Benefits and pediatric dental

Certified individual and small group rate filings on and off exchange in multiple states; also participated in rate reviews for state agencies

Supporting clients in feasibility studies for Medicaid managed care programs in several states

Ingenix Consulting (now Optum Insight), *Denver, CO*
(May 2007 – March 2011): Managing Director

Ms. Peper: Provided actuarial support for a state's health care reform agenda, including review of benefit designs, actuarial assumptions, comments regarding projected costs and savings, and contributed to the legislative report detailing the findings

Established Medicaid rates for a competitive bid process, including recommendations to the state on their proposed risk adjustment methodology. The process enabled the plan to grow membership over 50%

Utilized software to group data into treatment groups to develop risk factors by condition that supported scoring criteria for a standard health questionnaire for a state's individual health insurance market

Analyzed data for a disease management program to determine if the program is providing savings by moving members to equally effective but lower cost medical care

Kaiser Permanente, *Denver, CO*
(August 2005 – April 2007): Managing Actuary

Ms. Peper: Directed all actuarial functions in Colorado, including reserves and forecasting, fee schedules, pricing and monitoring of all lines of business, product development, and staff management. Also a member of the marketing, sales and business development leadership team.

Anthem Blue Cross and Blue Shield, *Englewood, CO*
(February 2004 – July 2005): Director II

Ms. Peper: Responsible for pricing and related functions for all lines of business, including individual, small group, large group, dental, vision and Medicare Supplement for Colorado and Nevada

Accountable for provider contract analyses related to facility negotiations

Deloitte Consulting LLP, *Illinois and Colorado*
(March 1997 – February 2004): Senior Manager

Ms. Peper: Focus was consulting to health plans, including strategic pricing and underwriting support, reporting packages for providers and books of business, and policy implementation

Triple-S, Inc., *Puerto Rico*
(July 1994 – February 1997)

EDUCATION

Valparaiso University, *Valparaiso, Indiana*
BS, Mathematics

PROFESSIONAL DESIGNATIONS

Fellow, Society of Actuaries

Member, American Academy of Actuaries

MICHAEL L. COHEN PH.D.

SENIOR CONSULTANT, POLICY ANALYTICS AT WAKELY CONSULTING GROUP, LLC

Dr. Cohen has worked with over a dozen states on various health policy initiatives including 1115 waiver, 1332 waiver, and market stabilization efforts. Michael has worked on a variety of health policy projects such as Kentucky's 1115 and exploring private alternative to Medicaid coverage to reinsurance programs to reduce premiums in the individual market. Before joined Wakely from his role as the Senior Advisor to the Marketplace CEO on Data Analytics and Program Integrity. He served as a senior advisor on various commercial insurance initiatives, including risk adjustment, health policy, program integrity, and insurance oversight activities. Michael has a PhD in political science with a specialization in the interaction of state and federal policy development.

RELEVANT PROJECT EXPERIENCE

1115 and 1332 Waiver Applications

Dr. Cohen conducts in-depth analyses on potential drivers of premium growth and market stabilization looking at over a dozen states and seeing how different policy options affect individual market stability. He also provides analysis of health policy and regulatory trends at both the national and state level. Mr. Cohen has participated in 1332 waiver feasibility studies for eight states. He has also helped three states successfully submit 1332 waivers and is currently working on two additional 1332 waivers that will be submitted to CMS. He has also provided policy guidance on a 1115 waiver application in Kentucky.

Affordable Care Act Implementation

Dr. Cohen has worked with CMS on a plethora of areas of work regarding ACA implementation including program integrity, data analytics, budget development, risk adjustment, reinsurance, and risk corridors. He provided analytic and policy recommendations to the Marketplace CEO and senior policy officials on development of key policies for the private insurance market ad the Exchanges. Dr. Cohen also created policy recommendations in the development of the HHS risk adjustment model, simulation modeling of the effects of the Affordable Care At on health insurance coverage, and development of the actuarial value calculator. He also participated in an agency wide strategic initiative for implementation of risk management, data management, and overall program integrity as well as in the development of key regulatory provisions relating to the Affordable Care Act, specifically Health Insurance Marketplaces.

PROFESSIONAL BACKGROUND

Wakely Consulting Group, LLC, Sandy Springs, *GA* May 2017 – Present

Center for Medicare and Medicaid Services, *Washington, DC* November 2010 – Present

Integrated Profit Solutions, Cleveland*, OH* 2007 – 2010

Office of the Comptroller of the Currency, Washington, DC 2007-2008

EDUCATION

Washington University in Saint Louis, *Saint Louis, MO*
Bachelor of Arts, Political Science and Psychology, 2001

The Ohio State University, Columbus*, OH*
Master of Arts, Political Economy, 2005

The Ohio State University, Columbus*, OH*
Ph.D. Political Science, 2009

MARY HEGEMANN, FSA, MAAA

Mary Hegemann, FSA, MAAA, Principal and Senior Consulting Actuary, has over 22 years of experience as a healthcare actuary. She has extensive experience with public programs including Medicaid, Medicare, ACA reform, high-risk pools, and safety net programs for low-income populations. She also certifies and reviews rate filings for individual commercial products. She has certified Medicaid rates for Kentucky, Colorado, West Virginia, New York (HIV/AIDS SNP), and Massachusetts (Medicaid Expansion), and certifies capitation rates for an 1115 waiver program for low-income enrollees in Missouri. Mary has led several of Wakely's ACA reform projects for states and played a major role in the development of the summary of the Notice of Proposed Rulemaking on the 3 R's, and in the Robert Wood Johnson (RWJ) funded work plan on reinsurance and risk adjustment.

PROFESSIONAL EXPERIENCE

Wakely Consulting Group, *Centennial, CO*

(2008 – Current): Principal and Senior Consulting Actuary

Ms. Hegemann: Certifying actuary for the Commonwealth of Kentucky Medicaid capitation rates for acute care and NEMT services.

Certifying actuary for the St. Louis Regional Health Commission "Gateway to Better Health" Demonstration Program, covering low-income enrollees through an 1115 waiver.

Lead actuary for Community Care Collaborative (CCC) in Austin, Texas. The CCC offers health care services to populations funded through 1115 waivers from CMS and other sources.

Actuary for the implementation of the Arizona Medicaid risk adjustment methodology.

Lead actuary for CareOregon Medicaid and Medicare Advantage programs. Responsible for certification of Medicare Advantage bids to CMS, signing year-end actuarial opinions for financial statements, and provider contract work.

Actuary for the Michigan Association of Health Plans, analyzing Medicaid data for managed care organizations and analyzing the rate development performed by the State actuaries.

Certifying actuary for the Colorado Medicaid capitation rates for acute care services and PACE trend projections.

Co-lead actuary for the Massachusetts Connector rate certification and development of the CommCare risk adjustment methodology.

Certifying actuary for Bright Health Plan, which offers individual commercial products in three states.

Reden & Anders (now Optum), *Denver, CO*

(2006 – 2008): Consulting Actuary

Ms. Hegemann: Public sector work / Medicaid: Actuarial certification of rates for the New York HIV/AIDS special needs plans and the West Virginia TANF and SSI populations. This involved using claims, eligibility, and other financial data provided by states and carriers to establish projections of actuarially sound capitation rates for participating managed care organizations.

Public sector work / High-risk pools: Actuarial certification of the standard health questionnaire for the Washington State Health Insurance Pool (WSHIP). Led team in analyzing claims data provided for over 95% of people in Washington covered by individual health policies and calculated the prospective risk for all medical conditions using risk score technologies in order to develop a health questionnaire that will identify the 8% highest cost individuals in that state. Presented results to and worked collectively with carrier, consumer, and division of insurance representatives.

Actuarial certification for Medicare MA and Part D Bids: Led team of consultants and analysts in analyzing Medicare revenue, expenses, and benefit packages in four service areas. Work involved analyzing new products, and expansion into new service areas.
Actuarial attestations: Actuarial memorandums, actuarial opinions, small group certifications, and commercial rate filings. Submitted actuarial documents to state regulators for large group, small group, and individual lines of business in Louisiana, Florida, and New York.
Provider contracting analyses and negotiations: By comparing the differences in underlying demographics, health risks, unit costs, and utilization for the members associated with providers, carrier clients were able to improve provider contracts through negotiations.
Unit cost and utilization trend analyses: Created service reports that analyzed unit cost and utilization by provider group, service category, and time period allowing the improvement of forecasts and expected outcomes.
Underwriting and group pricing: Quantified costs for large employers and carriers using detailed claims experience. Group renewals and new quotes, taking into account changes in plan designs, including high-deductible health plans, member cost-sharing, benefit maximums, and mandates.
Facilitated the introduction of a new individual line of business by investigating competitor products, researching state regulations, generating scenario testing, integrating expected underwriting results, and establishing models to convey outcomes easily to the client.
Reserve-setting: Oversaw IBNR and lag adjustment expense reserve analyses for several clients.
Performed forecasting and budgeting for health plans, implementing changes in risk scores. Deliver results to management determining participation in a particular line of business.

Leif Associates, Inc., *Denver CO*
2000 – 2006 Consulting Actuary

Ms. Hegemann: Performed SCHIP rate development each year for the Department of Health Care Policy and Financing at the State of Colorado. Assisted in establishing the State appropriation for the program and the capitation rates paid to participating health plans. This involved an intimate knowledge of the inner workings of Medicaid and the Colorado SCHIP program. Established capitation premiums necessary to meet projections of claims and expenses, with consideration of provider contracting changes and underlying unit cost and utilization trends.
Public sector work / High-risk pools: Reserve-setting, fund projections, establishing carrier assessments, working directly with state legislators in drafting Bills, and establishing premium rates and plan designs for the high-risk pool in Colorado. Performed audits related to the TPA's and PBM's processing of claims, including pre-existing conditions, application of member cost-sharing, pre-certification penalties, and premium billing. Also performed feasibility study for the State of Ohio to ascertain the state's capability to incorporate a high-risk pool.
Product pricing: Quantified costs for large employers or carriers using detailed claims experience. Took into account changes in plan designs, including high-deductible health plans, member cost-sharing, benefit maximums, and mandates.
Group renewals and new quotes: Developed rate models used by underwriters and brokers for small and large groups, as well as individual products.
Reserve-setting: Developed IBNR and lag adjustment expense reserve estimates for public and private clients.
Actuarial attestations: Actuarial memorandums, actuarial opinions, annual rate reports, small group certifications, and rate filings in Colorado and Wyoming.

Great-West Life, *Englewood, CO*

(1996 – 2000): Actuarial Assistant
Ms. Hegemann: Product pricing for HMO, PPO, and indemnity products.
Conducted studies of asset-liability relationships using cash flow testing models.

EDUCATION

University of Nebraska, Lincoln, *Nebraska*
BA, Actuarial Science and Mathematics, 1996

PROFESSIONAL DESIGNATIONS

Fellow, Society of Actuaries (FSA)
Member, American Academy of Actuaries (MAAA)

PROFESSIONAL AFFILIATIONS

Colorado Group Insurance Association (CGIA) Legislative Committee 2005 – 2006

KAITLYN GILBERT
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Kaitlyn Gilbert (MBA) is an Apprentice Business Analyst and has worked on projects for the Mississippi Division of Medicaid. In this roll she has assisted with the implementation of the MississippiCAN Program and produced readiness review documents to submit to CMS. Kaitlyn has also assisted with the upkeep of the Managed Care Reporting Manual and gathered needed information from Program Areas within the Division. Additionally, she has worked with the Washington Office of Financial Management to analyze capacity of behavioral health facilities and recommend regions within the state to receive additional facilities based on community need. She has also worked for San Diego and Dane Counties to assess behavioral health needs. As a recent Master of Business Administration Graduate, she has experience working with companies as a consultant and helping them operate their business successfully.

RELEVANT PROJECT EXPERIENCE

Health and Human Services Agency, County of San Diego

Behavioral Health Consultant Services (April 2019 – Present)

Project: PCG provides consultant services to develop, implement, and evaluate a cross-sector convening and governance structure to facilitate follow-up actions in response to the Board Conference on Caring for People in Psychiatric Crisis.

Ms. Gilbert: works with Project Manager to identify model reference programs for possible county implementation; analyzes current programs in different cities for county comparison.

Human Services Agency, County of Dane

Mental Health Feasibility Study (April 2019 – Present)

Project: PCG conducts research and facilitates stakeholder input for a comprehensive review of the existing mental health and substance use services system in Dane County. PCG is examining how services are accessed and administered through both public and private systems of care.

Ms. Gilbert: works with Project Manager to identify research methods and strategies; participates in stakeholder engagement to recognize gaps in the behavioral health care continuum and encourage feedback from behavioral health advocates, providers, and consumers.

Department of Health Care Policy and Financing, State of Colorado

Pay for Performance Application Review (March 2019 – April 2019)

Project: PCG reviewed, evaluated, and validated Pay-for-Performance applications and supporting documentation submitted by Colorado nursing facilities to determine whether each facility is eligible for additional reimbursement.

Ms. Gilbert: reviewed and evaluated Pay-for-Performance applications to determine rating for facility reimbursement.

Office of Financial Management, State of Washington

Assessment and Reform of State Mental Health System (June 2018 – January 2018)

Project: PCG assisted Washington OFM with an assessment of continuum of care and a prioritization of mental health facility type by geographic region. PCG provided a systemic method to distribute resources across geographical regions and works on a feasibility assessment for establishing state-operated, community-based mental health hospitals.

Ms. Gilbert: worked with Project Manager to create Community Needs Assessment to analyze capacity of behavioral health facilities for each region; creating matrix to determine priority for behavioral health facilities for each region.

Division of Medicaid, State of Mississippi
Healthcare Delivery Systems Consultant (June 2018 – October 2018)

Project: PCG assist DOM by providing technical assistance and consulting services in the administration of Medicaid and Children's Health Insurance Program (CHIP) managed care programs. Support to DOM in strategic delivery system reform decisions and operational process and technology management is also provided by PCG. Along with this support PCG has been tasked with ensuring the managed care contracts, reporting manuals and all other business rules comply with the most recent CMS Managed Care Final Rule.
Ms. Gilbert: assists with administrative functions and delivers meeting minutes; drafts review tools for Department of Medicaid to maintain organized records and works with Project Manager to ensure deliverables are produced of quality and in a timely matter. Ms. Gilbert also assist with project management and producing bi-weekly project reports, budgets and project invoicing.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Nashville, TN* July 2018 – Present

EDUCATION

Mississippi State University, *Starkville, MS*
Master's in Business Administration, May 2018

Mississippi State University, *Starkville, MS*
Bachelor of Business Administration, Finance, May 2017

CERTIFICATIONS

Market Conduct Management, 2019

BAIZHEN ZHU
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Mr. Zhu has been a Business Analyst at Public Consulting Group since 2018. He is primarily involved in insurance work focusing on mental health parity. Mr. Zhu has extensive experience in data analytics and data visualization, and a background in policy research.

RELEVANT PROJECT EXPERIENCE

Offices of the Insurance Commissioner, State of West Virginia

Prescription Drug Formularies Review (October 2018 – Present): Analyst

Project: The West Virginia Offices of the Insurance Commissioner engaged PCG to establish a contract for a review of insurers' prescription drug formularies, to better protect consumers and to prevent discrimination in the pricing of prescription drugs. PCG will develop a standard operating procedures protocol, tools and templates to enable the WVOIC staff to better evaluate the drug formulary and to provide training to the WVOIC on the use of the SOP's, tools, and templates

Mr. Zhu: is responsible for running CMS formulary review suite tools for state insurance plans and provides assistance in data analysis and visualization.

Department of Insurance, Securities, and Banking, District of Columbia

Market Reforms Technology (October 2017 – Present): Analyst

Project: The District of Columbia Department of Insurance, Securities, and Banking (DISB) engaged PCG to provide services in support of DISB's implementation of Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act ("PHSA"). DISB engaged PCG to develop tools and processes to review plans for discriminatory benefit design as restricted under section 2707 of the PHSA; and to develop tools and processes for a more efficient review of health plan compliance with parity requirements in coverage of mental health and substance use disorder services, as specified forth under section 2726 of the PHSA.

Mr. Zhu: is responsible for running CMS formulary review suite tools for state insurance plans and provides research and administrative assistance to the Department and team as needed. Mr. Zhu also works with data provided by the department and issuers to find potentially discriminatory practices and to update department materials used during the review process.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* September 2018 – Current

Momentum Practice Partners, Miami*, FL* May 2018 – August 2018

EDUCATION

University of Chicago, *Chicago, IL*
Bachelor of Arts, Public Policy and Biological Sciences, 2018

LILLIAN CORMAN PENZEL
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Corman Penzel, a Business Analysis in PCG's Boston office, started with the firm in 2016. She works on a wide range of healthcare sector projects ranging from behavioral health system analysis to exchange implementation to Health Insurance Enforcement and Consumer Protection grants. Ms. Corman Penzel has extensive experience in stakeholder engagement and a background in policy research and data analysis.

RELEVANT PROJECT EXPERIENCE

Illinois Department of Insurance, Illinois

Validation Tools Development (March 2018 – Present): Analyst and Mental Health Parity Lead

Project: The Illinois Department of Insurance (IDOI) received a federal grant for the purpose of planning and implementing the Insurance Market Reforms under *Part A of Title XXVII of the Public Health Services Act (PHSA)*. IDOI is using a portion of the federal grant dollars to develop and implement standard operating procedures and best practices to ensure plan compliance with Insurance Market Reforms. IDOI contracted with Public Consulting Group to develop tools to facilitate the review of forms and filings of health benefit plans filed with IDOI. Specifically, IDOI is interested in the development of validation tools to evaluate compliance with. 26 C.F.R. § 54.9815-2713, Coverage of Preventive Health Services, as set forth by the PHSA, and with Section 2706, Non-Discrimination in Health Care, under Title XXVII of the PHSA. 42 U.S.C. § 300gg-5, § 300gg-13, 26 U.S.C. § 9815.

Ms. Corman Penzel:

Department of Insurance, Securities, and Banking, District of Columbia

Market Reforms Technology (October 2017 – Present): Analyst

Project: The District of Columbia Department of Insurance, Securities, and Banking (DISB) engaged PCG to provide services in support of DISB's implementation of Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act ("PHSA"). DISB engaged PCG to develop tools and processes to review plans for discriminatory benefit design as restricted under section 2707 of the PHSA; and to develop tools and processes for a more efficient review of health plan compliance with parity requirements in coverage of mental health and substance use disorder services, as specified forth under section 2726 of the PHSA.

Ms. Corman Penzel: Runs CMS formulary review suite tools for state insurance plans and provides research and administrative assistance to the Department and team as needed. Ms. Corman Penzel also works with data provided by the department and issuers to find potentially discriminatory practices and to update department materials used during the review process.

The Pennsylvania Insurance Department (PID), State of Pennsylvania

Technical Assistance Formulary Review (July 2017 – Present): Analyst and Mental Health Parity Lead

Project: PCG provides technical assistance to PID in review of the formularies for ACA-compliant plans in the individual and small group markets. PCG works with the PID's Bureau of Life, Accident, and Health Product Regulation, and with other Commonwealth staff as determined by PID to meet the client's objectives and needs

Ms. Corman Penzel: Runs CMS formulary review suite tools for state insurance plans and provides research and administrative assistance to the Department and team as needed. Ms. Corman Penzel also works with data provided by the department and issuers to find potentially discriminatory practices. Additionally, Ms. Corman Penzel works with the team to train

department staff members in reviewing formularies and QHPs regarding mental health and substance use disorder parity.

Health Insurance Technical Assistance Comparison of Mental Health Parity Review Processes (April 2018 – Present): Mental Health Parity Lead

Project: The Pennsylvania Insurance Department (PID) contracted PCG to provide new resources and trainings for PID staff to enhance review of comprehensive major medical form submissions in the individual and small group markets regarding Mental Health and Substance Use Disorder parity. Working with the PID's Bureau of Life, Accident, and Health Insurance Product Regulation is reviewing existing PID resources and tools, as well as those used by other regulators and states to suggest new guidance and checklists to increase efficiency and ensure filings are reviewed in compliance with state and federal law, specifically with respect to Section 2726 of Part A of title XXVII of the Public Health Services (PHS) Act. Guidance and resources will be issued publicly for use in submitting and reviewing filings for plan year 2019 and beyond.

Ms. Corman Penzel: Serves as the lead in completing the projects three main components: state regulatory review, resource developments, and PID staff training. For regulatory review, Ms. Corman Penzel is reviewing filing processes used by other states and identifying best practices to share with PID staff. For resource development Ms. Corman Penzel is builds on regulatory research to suggest new processes, guidance, and checklists, and provide new tools as needed. Ms. Corman Penzel will also train PID staff on the use of any checklists, templates, and any other resources developed during the project.

Office of the Health Insurance Commissioner, State of Rhode Island

Enforcement and Consumer Protection Grant (March 2017 – Present): Analyst

Project: The Rhode Island Office of the Health Insurance Commissioner (OHIC) contracted with PCG to provide pharmacy and therapeutics health insurance expertise and to study the potential for discrimination in formulary design and development.

Ms. Corman Penzel: Runs CMS formulary review suite tools for state insurance plans and provides research and administrative assistance to the Department and team as needed. Ms. Corman Penzel also works with data provided by the department and issuers to find potentially discriminatory practices. Additionally, Ms. Corman Penzel works with the team to train department staff members in reviewing formularies and QHPs.

Department of Health and Social Services, State of Delaware

State Innovation Model Support (February 2016 – Present): Analyst

Project: PCG provides support to the Delaware Health Care Institute, the existing Workforce & Education and Patient & Consumer Advisory Committees under Delaware's State Innovation Model work, and to the end-of-life workgroup convened by the Delaware Health Care Commission. PCG supports each committee/workgroup in developing and achieving goals, objectives and milestones critical to the success of the respective efforts of each.

Ms. Corman Penzel: Attends and runs committee meetings. Assists with client deliverables and research. Research includes policy topics of interest to the committee such as provider credentialing, population health management, and provider shortage areas.

Department of Public Health, Commonwealth of Massachusetts

Lameul Shattuck Hospital Planning (January, 2017 to July 2017): Analyst

Project: PCG is assisting the Department of Public Health in determining a future vision for the Lemuel Shattuck Hospital (LSH). Working collaboratively with the Project Management team

(PMT) and DPH senior management, PCG is examining the appropriateness of all current services provided at the Hospital site, identifying opportunities for programmatic collaboration with DPH's Tewksbury Hospital and possibly other DPH /DMH sites, and providing an analysis of LSH's current reimbursement and payer mix. This project includes identifying opportunities that would maximize reimbursement, benchmarking DPH's hospitals against other state public hospital systems, and drawing on extensive stakeholder engagement to provide a comprehensive final report.

Ms. Corman Penzel: Interviewed over 50 stakeholders, provided detailed client memos throughout the engagement, and assisted in the final recommendation and report process.

Arkansas Health Insurance Marketplace, State of Arkansas

AR Health Insurance Marketplace (AHIM) Professional Consultant Services (2014 – May 2017)

Project: PCG designed and developed the core AHIM *ESI Portal application* for Employer registration, AW-ESI program participation application, capturing roster data, document upload and management, notices, and AHIM assessment, verification and eligibility determination. Additionally, PCG provided policy papers for the State.

Ms. Corman Penzel: Wrote the Policy and Procedure manual for the AHIM AW-ESI portal explaining the system to Employers, Employees, and healthcare agents and brokers. Additionally, coordinated and finalized the user manuals for all AHIM employees. Worked with a PCG team to write and deliver a policy memo on high-risk pools and reinsurance programs.

Office of the Governor-Elect, State of Delaware

Governor's Transition Team Support (December 2016 – January 2017): Analyst

Project: Provided support to the transition team chair and each of the four committee tasked with gathering information and developing policy documentation related to the incoming Governor's transition: Economic Development and Healthy Environment, Public Safety and Strong Neighborhoods, Education and Health Families, and State Budget and Workforce.

Ms. Corman Penzel: Attended meetings and assisted with client deliverables and research. Complied stakeholder interview data and drafted initial finding reports from stakeholder interviews and public meetings.

Department of Health Care Policy and Financing, State of Colorado

Nursing Facility Pay-for-Performance (P4P) Review (February 2017 – April 2017)

The Department of Health Care Policy and Financing hired PCG to evaluate pay-for-performance applications and supporting documentation as submitted by nursing facilities in Colorado to determine whether each facility has met criteria and is eligible for additional reimbursement. PCG developed an online portal for nursing facilities to submit their self-scores for the P4P application. PCG was also tasked with reviewing, evaluating, and validating whether nursing facilities that applied for additional reimbursement related to the pay-for-performance program had implemented and complied with performance measures defined by the Department.

Ms. Corman Penzel: Reviewed nursing home applications to check for compliance with state measures and validity of self-scores. Also, conducted site visits at the nursing homes as required by the State's contract.

Department of Human Services, State of Colorado

Needs Assessment for Proposed Facility Improvements at the Fitzsimons Veterans Living Center (August 2016 – November 2016): Analyst

Project: Provide service to help CO DHS decide how best to develop vacant parcels of land at the Fitzsimmons VA campus though stakeholder interviews, peer state research, and financial modeling.
Ms. Corman Penzel: Conducted peer state research regarding alternative nursing home models, drafted the stakeholder questionnaire, participated in stakeholder interviews and assisted in writing and editing the final recommendations report.

Office of Financial Management, State of Washington
Assessment and Reform of State Mental Health System (July 2016 – December 2016): Analyst
Project: Assess the current mental health system infrastructure and programming in Washington State, making recommendations for reform of community programs and hospital care.
Ms. Corman Penzel: Conducted research on peer state behavioral health systems and analyzed national behavioral health trends.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* July 2016 – Present

EDUCATION

University of Massachusetts Amherst, *Amherst, MA*
Master of Public Policy, 2016

Mount Holyoke College, *South Hadley, MA*
Bachelor of Arts in History and in Public Policy, 2015

LIAM FITZGERALD
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP

A Business Analyst in PCG's Boston office, Mr. Fitzgerald joined the firm in 2018. He works on a variety of public sector healthcare projects extending from behavioral health policy to insurance projects focusing on mental health parity. Mr. Fitzgerald has extensive experience with substance abuse advocacy, data analytics, and public policy research.

RELEVANT PROJECT EXPERIENCE

Offices of the Insurance Commissioner, State of West Virginia

Prescription Drug Formulary Review (October 2018 – Present): Analyst

Project: The West Virginia Offices of the Insurance Commissioner engaged PCG to establish a contract for a review of insurers' prescription drug formularies, to better protect consumers and to prevent discrimination in the pricing of prescription drugs. PCG will develop a standard operating procedures protocol, tools and templates to enable the WVOIC staff to better evaluate the drug formulary and to provide training to the WVOIC on the use of the SOP's, tools, and templates.
Mr. Fitzgerald: Offers administrative assistance to the Offices as needed.

Department of Insurance, Securities, and Banking, District of Columbia

Market Reforms Technology (October 2017 – Present): Analyst

Project: The District of Columbia Department of Insurance, Securities, and Banking (DISB) engaged PCG to provide services in support of DISB's implementation of Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act ("PHSA"). DISB engaged PCG to develop tools and processes to review plans for discriminatory benefit design as restricted under section 2707 of the PHSA; and to develop tools and processes for a more efficient review of health plan compliance with parity requirements in coverage of mental health and substance use disorder services, as specified forth under section 2726 of the PHSA.
Mr. Fitzgerald: Runs CMS formulary review suite tools for state insurance plans and provides research and administrative assistance to the Department and team as needed. Mr. Fitzgerald also works with data provided by the department and issuers to find potentially discriminatory practices.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* September 2018 – Current

EDUCATION

Princeton University, *Princeton, NJ*
Bachelor of Arts in Sociology, 2018

JULIA LE
APPRENTICE BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Julia Le is an Apprentice Business Analyst in the Denver office. Ms. Le's work focuses on public sector healthcare projects including the individual market, Medicaid, and health system reviews. Prior to joining PCG, Ms. Le completed her master's thesis consulting for two public hospitals in The Republic of Uganda to reduce their feto-neonatal mortality rates. She has an extensive background in data analysis, data visualization, policy analysis, and research.

RELEVANT PROJECT EXPERIENCE

Office of the Superintendent of Insurance, State of New Mexico
Health Exchange Procurement Management (January 2019 – Present): Analyst

Project: Support the State of New Mexico as its state-based marketplace (SBM) transitions from a federal partnership to a complete state operated health insurance marketplace. Transition the SHOP exchange to a new vendor. Work with the State to define the next generation of the individual marketplace, related policy implications. Create information technology requirements to design and build the state's desired technology solution.

Ms. Le: Focuses on policy implications. Researches and drafts policy papers surrounding the state's new marketplace environment.

Department of Health and Human Services, State of South Carolina
1115 Waiver Development (October 2018 – Present): Analyst

Project: Develop an 1115 waiver for the State of South Carolina Department of Health and Human Services to implement community engagement requirements for Medicaid eligibility.

Ms. Le: Run budget neutrality analyses. Create public comment presentation materials. Record public comments.

Office of Financial Management, State of Washington
Washington Mental Health System Assessment (October 2018 – Present): Analyst

Project: Assess the state's adult behavioral health care continuum across various bed and facility types. Prioritize behavioral health facility type by geographic region. Create a systematic method to distribute resources across geographical regions. Conduct a feasibility assessment for establishing state-operated, community-based mental health facilities as required by Substitute Senate Bill 6095.

Ms. Le: Create and conduct analytical methodologies for quantitative analyses of bed types. Create data visualization components including maps and charts. Prepare report materials.

Department of Health Care Policy & Financing, State of Colorado
Pay for Performance Review (September 2018 – Present): Analyst

Project: Review Colorado's nursing home payment system and implement a performance-based payment model. Create and maintain an online portal to process applications. Manage and review applications. Conduct analysis to determine trends.

Ms. Le: Conduct portal user acceptability testing. Provide portal functionality suggestions based on the needs of the clients. Manage online portal. Review and score applications.

Office of the Superintendent of Insurance, State of New Mexico
Health Insurance Market Conduct Examination (September 2018 – October 2018): Analyst

Project: Review New Mexico's insurance carriers' network sufficiency, mental health parity, and cost-sharing practices for preventative care services. Ensure compliance with federal and state regulations.
Ms. Le: Conducted legislation research. Prepared report materials.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Denver, CO* September 2018 – Present

EDUCATION

University of Notre Dame, *Notre Dame, IN*
Master of Science, Global Health, 2018

University of Notre Dame, *Notre Dame, IN*
Bachelor of Science, Science-Business, 2017

REFERENCES

Name: Dr. Katherine Taylor
Position: Director of Global Health Training
Phone: (574) 631-1029
Email: ktaylo12@nd.edu
Relationship: Former Program Director

Name: Dr. Brian McCarthy
Position: Adjunct Professor University of Notre Dame, Owner at Maternal and Newborn Global Health Consultants, Inc.
Phone: (678) 427-6589
Email: bjm1atl@gmail.com
Relationship: Former Thesis Advisor