



Making ideas happen

Proposal to serve

Georgia Department of Community Health
Management Consulting Services

May 20, 2019

kpmg.com





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May 20, 2019

Dear Ms. Bazhaw,

KPMG LLP (KPMG) is pleased to submit our response to your request for waiver support assistance through the Department of Administrative Services (DOAS) Management Consulting Services Statewide Contract #99999-SPD-SPD0000162. We have carefully responded to your statement of need (SON) to demonstrate KPMG's strong experience in assisting state organizations in their healthcare transformation journeys and associated waiver application processes.

KPMG's approach and recommendations are designed to help the Georgia Department of Community Health (Department) drive positive impact for its beneficiaries and stakeholders. Within our response, you will find KPMG uniquely qualified to assist the Department in with its waiver preparations.

KPMG's core competency is as a professional, programmatic, and technical advisory services vendor with significant experience in healthcare policy and reforms. Our focus and reputation nationally within health and human services, is as an innovative, nimble, strategic business transformation advisor. We are proud of our track record delivering technical assistance and policy support services very similar to those requested in this SON.

We have an in-depth understanding of the ACA

KPMG have been at the forefront of healthcare transformation since the passing of the Patient Protection and Affordable Care Act (ACA). Our experience spans various aspects of transformation ranging from the establishment of health benefit exchanges and integrated eligibility systems to the establishment of value-based purchasing models, and the implementation of 1115 Demonstration Waivers and Delivery System Reform Incentive Payment (DSRIP) programs.

We have a strong commitment to Georgia

We understand Georgia Government – processes, people, and its current technology. KPMG is a trusted advisor in agency transformation for the State of Georgia. We have assisted numerous State agencies in transforming and/or enhancing business workflows, organizational structures and culture, reduce costs, optimizing revenues, and implementing controls to mitigate risk and facilitate compliance.

We offer a multidisciplinary team of professionals and the resources to meet your needs – Perhaps most important, we are proposing a talented team of professionals with the right skills and experience to



Georgia Department of Community Health
May 20, 2019
Page 2 of 2

meet your needs. We are proud to enhance our team for the purpose of this SON with the strategic additions of Oliver Wyman and the Altarum Institute (Altarum).

We are excited about this opportunity to serve the Department. If we can provide any additional information, or if the Department has any questions about our proposal, please do not hesitate to contact me.

Very truly yours,
KPMG LLP

A handwritten signature in black ink, appearing to read 'Eveline van Beek', written over a horizontal line.

Eveline van Beek
Managing Director, Health and Government Solutions



Contents

- Why KPMG?..... 1**
- Scope and project plan..... 5**
- Relevant experience and results 17**
- General staffing plan 28**
- Estimated fee..... 33**
- Appendix 1: Resumes 35**

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Why KPMG?



About KPMG LLP

KPMG LLP (KPMG) is a member of the global KPMG network of independently owned professional firms providing Audit, Tax, and Advisory services. Our high-performing people mobilize around our clients, using our experience and insight to cut through complexity and deliver informed perspectives and clear methodologies that our clients and stakeholders value. Our client focus, commitment to excellence, global mind-set, and consistent delivery build trusted relationships that are at the core of our business and reputation.

Our firm has established rigorous standards against which performance is measured to help ensure that quality drives everything we do. By bringing different perspectives, sound judgment, and extensive collaboration, KPMG professionals help enable clients to make informed decisions.

KPMG LLP is a limited liability partnership, incorporated in 1999. KPMG is a nationwide professional services firm with approximately 2,100 partners and principals.

Our professionals are organized into service sets that emphasize particular skills and experience, and then align with a market based structure that provides dedicated resources for each line of business. This allows our professionals to focus on industry specific issues. We believe that specific industry knowledge is critical to assessing, recommending, and delivering successful business services. KPMG has significant experience working with public sector organizations, specifically related to assessing current state business processes, identifying recommended enhancements, and providing a future state process models and recommendations in support of implementation.

We understand the diversity of needs that exist across the beneficiaries that your programs serve. Our team members have helped public sector organizations, balance efficiency with effectiveness to help achieve organization goals and objectives through business process improvement.

A commitment to Georgia

We understand Georgia Government – processes, people, and its current technology. KPMG is a trusted advisor in agency transformation for the State of Georgia. We have assisted numerous State agencies in transforming and/or enhancing business workflows, organizational structures and culture, reduce costs, optimizing revenues, and implementing controls to mitigate risk and facilitate compliance. The chart below demonstrates our commitment to the State of Georgia and shows the numerous agencies that KPMG has proudly served.

Representative State of Georgia Clients

- Georgia Department of Administrative Services
- Georgia Department of Audits and Accounts
- Georgia Department of Community Health
- Georgia Department of Economic Development
- Georgia Department of Labor
- Georgia Institute of Technology
- Georgia Lottery Corporation
- Georgia Ports Authority
- Georgia Regional Transportation Authority
- Georgia Technology Authority
- Georgia World Congress Center Authority
- State Accounting Office
- State Road and Tollway Authority
- Teacher Retirement System of Georgia
- University of Georgia

Strong teammates¹

For the purpose of this SON, we are proposing to enhance our KPMG team with the strategic additions of Oliver Wyman and the Altarum Institute (Altarum).

About Oliver Wyman

Oliver Wyman is one of the most experienced firms in the nation at performing actuarial and economic modeling to assess the impact of healthcare reforms and supporting states in their efforts regarding Section 1332 Waivers. Oliver Wyman consultants and actuaries have been at the forefront of federal health care reform efforts to date. They have a deep understanding of the ACA and are considered by our clients to be at the leading edge of health care reform. They have a firm understanding of the impacts that the ACA has had on both the Individual and Group insurance markets, not only on a national level, but also how these impacts have varied by state. Assessing the impact of proposed and passed health reform legislation, and other regulatory changes, requires a comprehensive understanding of insurance market dynamics and the likely behavior of purchasers of insurance under various regulatory and economic conditions. Clients turn to Oliver Wyman for our high-level strategic advice, and our ability to model the potential impact of proposed health care reforms. Oliver Wyman has provided services related to implementation of the ACA and/or performing actuarial modeling to assess the impact that subsequent changes have had on the local market for the following states: Alaska, Connecticut, Delaware, The District of Columbia, Hawai'i, Illinois, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, Ohio, Pennsylvania, Virginia, and Vermont

About the Altarum Institute

The Altarum Institute (Altarum) is a nonprofit research and consulting organization. Altarum was founded in 1946 and has evolved into a 400-employee organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions to transform the healthcare system. Throughout its history, Altarum has enabled better care and patient health by solving complex system problems, such as supporting the evolution of physician practices and improving access to—and treatment for—behavioral health. Altarum's TrustHub platform hosts a large number of standardized analytical tools that will enable us to quickly gather insights on the performance of the healthcare system for Georgia's Medicaid patients, and opportunities for cost and quality improvements against industry benchmarks. Together, we are a strong team.

Altarum's customers include the U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, Centers for Medicare & Medicaid Services and the Robert Wood Johnson Foundation.

¹ Use of proposed subcontractor is dependent upon our normal subcontractor acceptance process, which includes a background check

Beyond the minimum requirements

We are confident that we meet and exceed the minimum qualifications requested to perform the services described in your SON. Together with our subcontractors, our healthcare and government teams have built an ample portfolio of experience in government healthcare transformation and waiver application supports. Our specific experience is further described in the Section "Relevant Experience and Results". The table below provides a summary of how we intend to meet the stipulated minimum requirements of the SON.

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Scope and project plan

Includes milestones, deliverables and time to completion



Our understanding of your need

We understand that the Department is looking for a consultant to support the preparation of 1115 and/or 1332 waiver recommendations that are aimed at furthering Georgia’s healthcare reform objectives. It is important for the Department to have options to choose from that will help the State achieve its goals and objectives for the Georgia healthcare market and its residents. It is also important for the Department to obtain insights into the impact of similar waivers in other states and how the provided waiver options compare against the applicable federal waiver requirements.

We understand that you are looking to make informed decisions on how to effectively approach your decisions for what waivers to submit and what procedures and processes to follow. Our approach to meeting your needs is firmly rooted in objective analysis of available data as well as thorough research to make sure that proper protocol and procedures are followed.

Our proposed scope of work covers the full suite of services covered by the Statement of Need (SON) beginning with a thorough review of the state of the Georgia healthcare marketplace and the national waiver landscape and ending with supporting the Department with the submission of the selected 1115 and/or 1332 waiver options. Activities following the formal waiver submission in December are not included in the proposed scope.

Our methods are heavily driven by data analytics and actuarial analysis. Our proposed scope of work, therefore, involves gathering data from numerous sources, including American Community Survey (ACS), Current Population Survey (CPS), Medical Expenditure Panel Survey (MEPS), Center for Consumer Information & Insurance Oversight (CCIIO), and Medicaid and PeachCare for Kids (CHIP) claims information. For certain analyses, we will utilize proprietary data sources such as the Truven Health MarketScan Research Databases.

While we will be bringing actuarial resources to the table to perform analyses for the 1332 waiver recommendations, we expect to be able to liaise in a regular fashion with the State’s actuary, Navigant, regarding all actuarial analyses for the 1115 waiver recommendations.

It will be important for the Department to be intimately involved throughout the waiver development process to ensure that waiver recommendations remain aligned to Georgia’s broader healthcare policy objectives. It is also important for the Department to be in control of all management decisions pertaining to the waivers that are ultimately selected for submission. We expect that the Department will select and establish stakeholder engagement groups to provide our team with continuous feedback and input throughout the waiver research and development process.

Proposed project plan

The following project plan adheres to the expected activity completion schedule outlined in Attachment A of this SON. Please note that timeframes may shift depending on when the first kick off meeting can be planned with the Department post award.

Table 1. Proposed project plan								
Deliverable	Tentative timeframe	Number of months after contract start						
		1	2	3	4	5	6	7
Kick off meeting between Department and project team	6/1/19 – 6/15/19							
Review policy goals and business objectives with Department	6/1/19 – 6/15/19							

Table 1. Proposed project plan

Deliverable	Tentative timeframe	Number of months after contract start						
		1	2	3	4	5	6	7
Phase I – Environmental scan								
National environmental scan								
Conduct national scan of current 1115 and 1332 environment	<i>6/1/19 – 6/30/19</i>	█						
Review and summarize Federal 1332 waiver core requirement	<i>6/1/19 – 6/30/19</i>	█						
Review and summarize current and pending federal regulations related to 1332	<i>6/1/19 – 6/30/19</i>	█						
Collect data for analysis on waiver design and effectiveness	<i>6/1/19 – 6/30/19</i>	█						
Conduct analysis and develop overview of 1332 Waiver design and effectiveness across 1332 implementation states	<i>6/1/19 – 6/30/19</i>	█						
Department to select four states for 1115 analysis	<i>6/1/19 – 6/30/19</i>	█						
Conduct analysis and develop overview of 1115 Waiver design and effectiveness across up to four (4) selected states TBD	<i>6/1/19 – 6/30/19</i>	█						
Consolidate key findings	<i>6/1/19 – 6/30/19</i>	█						
Conduct national scan of current healthcare environment	<i>6/1/19 – 6/30/19</i>	█						
Collect data for analysis on national demographics	<i>6/1/19 – 6/30/19</i>	█						
Review and summarize national demographic data, including state level summary information, related to health status, insurance, social determinants, and other factors impacting individuals’ status as insured or uninsured up to 100% of the FPL	<i>6/1/19 – 6/30/19</i>	█						
Summarize key opportunities, based upon priorities TBD, to utilize 1115 and 1332 Waiver authority to maximize federal flexibility affecting program implementation and operation	<i>6/1/19 – 6/30/19</i>	█						
Develop and submit summary report	<i>6/1/19 – 6/30/19</i>	█						
Georgia environmental scan								
Conduct Georgia-specific environmental scan	<i>6/1/19 – 6/30/19</i>	█						
Collect data for county-level demographics analysis, payer mix analysis, county-level healthcare infrastructure analysis, and provider deficiency analysis	<i>6/1/19 – 6/30/19</i>	█						
Review and summarize county-level demographic detail, including but not limited to, health insurance status, per capita household income, employment status, and related factors impacting a person’s status as insured or uninsured	<i>6/1/19 – 6/30/19</i>	█						
Conduct payer mix analysis (Private, public, indigent and charity care, etc.) insurance/Medicare/Medicaid /CHIP/VA/Etc.) within counties	<i>6/1/19 – 6/30/19</i>	█						
Conduct county-level healthcare provider infrastructure analysis, including providers who are or are not enrolled and accepting new patients under Georgia Medicaid and PeachCare for Kids (CHIP)	<i>6/1/19 – 6/30/19</i>	█						
Conduct provider deficiency analysis, if any, based upon service line (Inpatient hospital, outpatient, primary care, behavioral health, long term care, etc.).	<i>6/1/19 – 6/30/19</i>	█						
Develop and submit summary report	<i>6/1/19 – 6/30/19</i>	█						
Phase II – Options development								
1115 and 1332 waiver options development								

Table 1. Proposed project plan

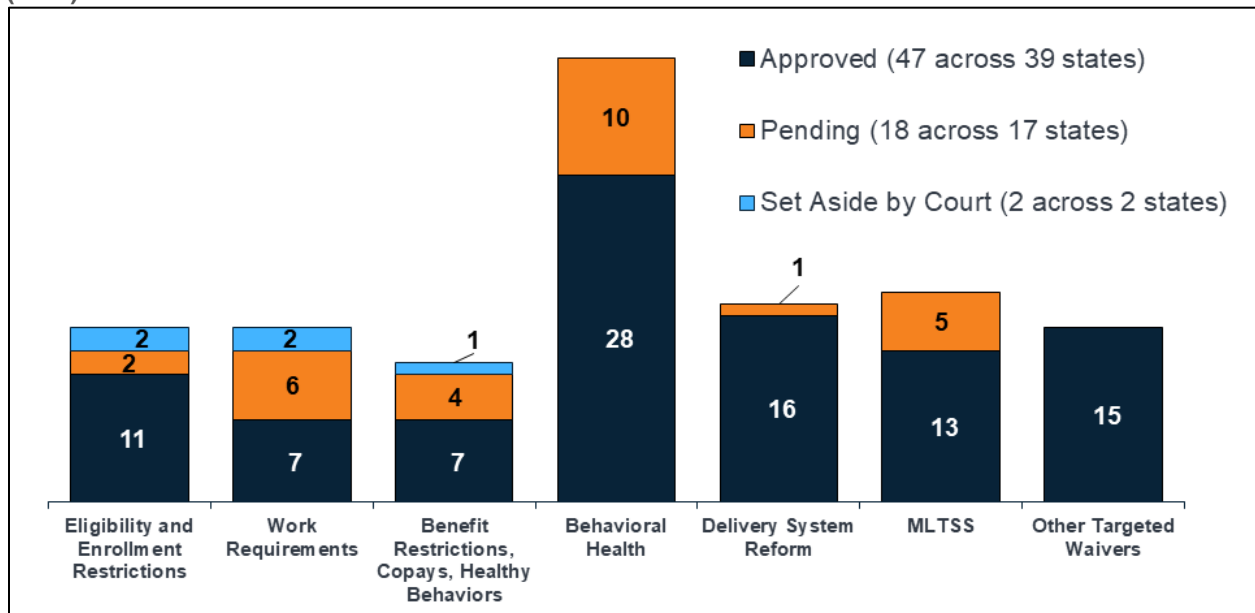
Deliverable	Tentative timeframe	Number of months after contract start						
		1	2	3	4	5	6	7
Document updates to policy goals based on Department stakeholder inputs	7/1/19 – 9/30/19							
Collect data required for waiver options assessment	7/1/19 – 9/30/19							
Provide drafts for up to three (3) viable 1115 Waiver options that support policy goals TBD	7/1/19 – 9/30/19							
Identify specific Waiver authorities needed to support each option, as well as summarize policy changes that may be implemented through a SPA	7/1/19 – 9/30/19							
Calculate project expenditures and enrollment over five (5) years, including an additional three (3) years of Waiver operation	7/1/19 – 9/30/19							
Project provider network capacity in urban and rural regions by service line (Hospital, primary care, specialists, behavioral health, long term care, etc.)	7/1/19 – 9/30/19							
Project economic impact of Waiver options using IMPLAN or other nationally recognized economic impact model that is most applicable	7/1/19 – 9/30/19							
Provide drafts for up to three (3) viable 1332 Waiver options that support policy goals TBD	7/1/19 – 9/30/19							
Identify specific Waiver authorities needed to support each option	7/1/19 – 9/30/19							
Project impacts to premiums and risk profile of impacted private insurance markets (individual, small group and fully insured large group) over ten (10) years	7/1/19 – 9/30/19							
Provide recommendations for governance structure regarding operation of a reinsurance, high risk pool or related program by the State of Georgia that meets federal requirements	7/1/19 – 9/30/19							
Consolidate findings								
Compile report on 1115 and 1332 waiver options	7/1/19 – 9/30/19							
Options for 1115 and 1332 waiver approach								
Recommend options for waiver approach	10/1/19							
Prepare drafts for Department finalization of 1115 and 1332 Waiver	10/1/19							
Phase III – Waiver development								
1115 and 1332 waiver development								
Identify all Waiver authorities necessary for implementation of identified approach(es)	10/1/19 – 12/31/19							
Prepare drafts for Department finalization of 1115 Waiver application, including all supporting exhibits as required	10/1/19 – 12/31/19							
Prepare drafts for Department finalization of 1332 Waiver application, including all supporting exhibits as required	10/1/19 – 12/31/19							
Waiver submission								
Department to formally submit 1115 Waiver to CMS	12/31/19							
Department to formally submit 1332 Waiver to US Treasury	12/31/19							
Ongoing								
Meet with Department to review deliverables and discuss progress	6/1/19 – 12/31/19							

Associated implementation approach

At a high level, our implementation approach follows the three phases outlined in the Statement of Need (SON): I. Environmental scan, II. Options development, III. Waiver development.

While not identified as a separate phase in the SON, a key first step in our approach involves documenting what the Department’s overarching policy goals and business objectives are with respect to the state healthcare market and its residents. This will form the basis for waiver activities and recommendations given that the waivers must support the Department’s business and policy needs. Both waiver vehicles (1115 and 1332) can be leveraged to facilitate a myriad of different programs and outcomes. The Department’s direction will serve as a set of waiver evaluation criteria. For example, the figure below illustrates the various categories of 1115 waivers that are either active or pending today throughout the country. Each 1115 waiver category supports a different type of healthcare market objective.

FIGURE 1 LANDSCAPE OF APPROVED VS. PENDING SECTION 1115 MEDICAID DEMONSTRATION WAIVERS, APRIL 18 (2019). SOURCE: KAISER FAMILY FOUNDATION



NOTES: some states have multiple approved and/or multiple pending waivers. Many waivers may fall into more than one category. Pending waiver applications are not included in the numbers until they are officially accepted by CMS and posted on Medicaid.gov.

The tables below outline our implementation approach to the phases described in the SON and the project plan above.

Table 2. Preparation (Phase 0)

Timeframe: first two weeks of project

Deliverables and milestones: Established project team, project charter, communication plan, initial stakeholder group kick-off, documentation of State/Department objectives for Georgia healthcare.

Table 2. Preparation (Phase 0)

The goals of this preparation phase are to establish the project team and to agree on how the KPMG team and its subcontractors can effectively interact with the Department and Navigant over the duration of the project. We will also need to assemble an overview of the State's priorities with respect to the Georgia healthcare market to be able to tailor our environmental scans and analytics to these areas in the next phases of work.

We begin our work with a joint KPMG-subcontractor-Department in-person kick off meeting. During this meeting, we will establish the project team, the project charter, and the communication plan. We will also document which stakeholders in the Georgia marketplace must be involved throughout the waiver research and development process. During the kick off meeting, we will also ask the Department to appoint a project manager with whom our team will be able to connect throughout the engagement and who has the authority to make management decisions on behalf of the Department.

Lastly, as part of the kick off meeting we will discuss the process for how we can effectively assemble an overview of the State's objectives with respect to the healthcare market reforms. The two weeks after kick off will be spent collecting and documenting the State's objectives for healthcare reforms and obtaining stakeholder sign off.

Following the initial preparatory steps, our teams will kick off with the Phase 1 Environmental scans of the national waiver landscape as well as Georgia-specific performance in the healthcare market.

Table 3. Phase I Environmental scans

Deliverables and milestones National scan: documentation of Federal 1115 and 1332 waiver requirements, documentation of 1115 and 1332 waiver outcomes in four states, documentation of national demographic data

Following the preparatory phase, the KPMG team will work with the Department to identify four states with 1115 and 1332 waivers to research regarding waiver approach and effectiveness. The four states will be picked based on the Department's and the State's healthcare-related objectives and goals.

Most of the work in this phase will consist of desk research to provide the Department with:

1. A summary of current Federal requirements for 1115 and 1332 waivers
2. A summary of 1115 and 1332 waiver implementation in four selected states including documentation of known outcomes and effectiveness.

For 1115 waiver effectiveness estimates, our team will utilize state-published progress reports and available healthcare cost and outcome data following waiver implementation. This includes federal evaluation rapid-cycle and evaluation reports, meta-analysis designs and External Quality Review Organization (EQRO) reports. The team will also examine Special Terms and Conditions (STCs) of selected states.

In order to obtain an understanding of 1332 waiver effectiveness, our team will provide an estimated effect of each waiver on health insurance premiums in the non-group market and enrollment. In order to support our analysis, we will make use of issuer rate filings (information that CMS' Center for Consumer Information and Insurance Oversight [CCIIO] produces) and carrier financial statements (supplemental exhibits and data from the medical

loss ratio reports) to estimate the change in premium and enrollment using advanced regression techniques.

The Oliver Wyman team has created an Excel-based tool to help policymakers and other interested parties understand the approximate cost and potential benefit of implementing a 1332 waiver-based solution to the problem of what for many are unaffordable premiums in the ACA, non-group market. Examples of the scenarios that can be modeled using this tool are as follows:

- A state has \$50 million available annually, say from its general revenues that it can make available to lower premiums in the non-group, ACA market. How much pass-through funding might the state receive from the federal government if it were to use that \$50 million to implement a reinsurance-based program, and how much might average premiums decrease?
- A state would like to reduce average premiums in its ACA market by 10% in 2021. What might the total cost of this program be, and of this amount, what might be the state's share?
- A state would like to implement a reinsurance program in the individual ACA market in 2020, and would like to create a program to fund \$100 million in reinsurance claims. How much of the \$100 million might the state be responsible for, how much of this could be funded with pass-through savings, and by how much might premiums be expected to decline?

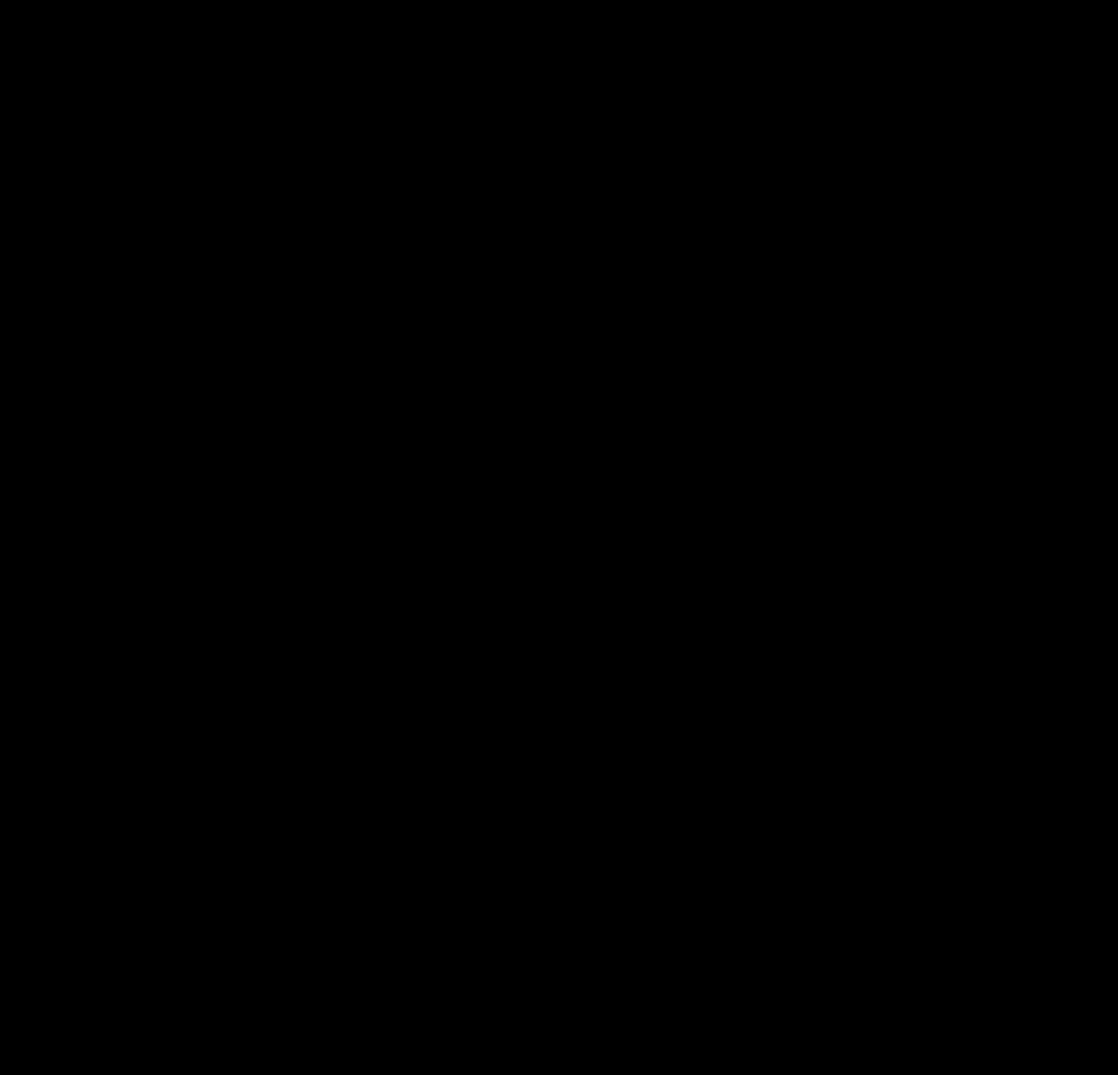
While the tool is not a replacement for actuarial expertise, our use of it will help states in their planning efforts and in understanding the approximate cost and benefits of implementing a 1332 waiver program.

3. A summary of national demographic data at the state level.



4. Following the outputs of steps 1 through 3 of the national scan, our team will compile an overview of 1115 and 1332 waiver opportunities to maximize the ability of Georgia to implement reforms that meet its health care objectives with federal support.

Deliverables and milestones Georgia scan: documentation of Georgia healthcare outcomes and costs relative to national benchmarks, outcomes of Medicaid and PeachCare for Kids claims analysis



for the underlying health systems to improve in their operations to sustainably improve costs without loss of quality and access to care.

Our ability to perform episode and population-based analytics and benchmarking is contingent upon the Department releasing three years of Medicaid and PeachCare claims information.

2. Payer mix analysis details

In order to create a holistic overview of payer information by county, our team will utilize information from a number of sources, including the Department’s own Medicaid data, a data call to health plans, any state-based survey information on the uninsured and Medicare spending data from CMS. Other data sources that we can utilize include Medicare’s Limited Dataset (5% beneficiary sample) and other proprietary data sources such as the Truven Health MarketScan Research Databases.

3. Provider infrastructure and deficiency analysis

Prior to kicking off this effort, we will discuss with the Department regarding what data sources are available for understanding which providers do and do not accept Georgia Medicaid or PeachCare for kids given that there are no common databases that would indicate this. We will be able to compile a geographic overview of providers that do accept Medicaid and PeachCare by using the Medicaid claims information.

If the Department is able to make data sets available from the Bureau of Transportation or similar entity, the KPMG team will be able to create geographical map views showing the accessibility of the existing Medicaid provider network. This analysis can be further augmented by utilizing publically available Census Bureau data and National Provider Indicator (NPI) information to understand issues related to provider access.

The findings from Phase I of this project will be used to guide the next phase on options development. The KPMG team will provide options for the Department to consider. All decisions pertaining to the options are the responsibility of the Department. The detailed implementation plan for **Phase II, options development**, is outlined below.

Table 4. Phase II Options development

Deliverables and milestones: Up to three options for the 1115 and 1332 waivers each for the Department’s consideration. The expected impact of each waiver option on costs, access and outcomes will be provided where possible (subject to data availability).

Table 4. Phase II Options development

In this phase, we work closely with the Department to review your policy goals and develop options for the Department's consideration on the potential 1115 and 1332 waivers to support these goals.

For each waiver option identified, our team will:

1. Identify and document the specific federal regulations that would need to be waived and to verify that they are actually 'waivable' under an 1115 or 1332 waiver construct. We will also identify opportunities to leverage State Plan Amendments options to achieve Georgia's health care goals.

All of our calculations and estimates will be based on standard assumptions that we will request the Department to verify prior to continuing to the modeling stage.

2. For the 1332 waiver options, provide calculated estimates of the impacts to premiums and the risk profile of the private insurance market over ten years.



3. For the 1115 waiver options, in addition to identifying potential requests for waiver authority, KPMG will also identify potential requests for expenditure authority. We will provide calculated estimates of impact to the expenditures and enrollment over five years and an additional three years of Waiver implementation.

The KPMG team will provide estimates of how expenditures and enrollment are expected to develop based on the waiver effectiveness assumptions. We request that the state actuary, Navigant, perform the calculations pertaining to how the waiver options effect the rate cap of the State.

The KPMG team will also project provider capacity across urban and rural areas to meet the State's identified health care goals. This capacity will be separated by service line.

The detailed implementation plan for the final phase, **Phase III, waiver development**, is outlined below.

Table 5. Phase III Supporting waiver preparation

Deliverables and milestones: overview of all applicable waiver authorities, drafted waiver text for Department consideration.

Table 5. Phase III Supporting waiver preparation

The KPMG team will help support the Department with the final waiver preparation by:

1. Documenting all applicable waiver authorities to implement the identified approaches
2. Drafting waiver language for Department review and final sign off

All deliverables by the KPMG team will be produced on the Department's letterhead. It is expected that the Department owns all decisions pertaining to final waiver approaches and texts. Lastly, it is expected that the Department formally submits the final waiver to CMS.

Assumptions

Although KPMG personnel will perform key elements of the work, the Department's participation is essential to the success of this engagement. In this regard, we assume the following:

- the Department will designate a qualified management-level individual to serve as a day-to-day point of contact to facilitate the coordination of meetings and obtaining access to data and documentation. This individual will be responsible and accountable for overseeing the engagement on behalf of the Department
- the Department will provide information and documentation regarding its organization, general operating environment, technical environment, and other relevant topics, as well as descriptions of relevant policies and procedures that address warehousing processes and controls
- the Department will make timely decisions that involves management functions related to the engagement and accepts full responsibilities for such decisions

Other Additional Terms

KPMG proposes that the following additional terms that are not in conflict with the State of Georgia Management Consulting Statewide Contract be incorporated into the Statement of Work with the Department.

- KPMG's services as outlined in this proposal constitute an advisory engagement conducted under the American Institute of Certified Public Accountants ("AICPA") Standards for Consulting Services. Such services are not intended to be an audit, examination, attestation, special report or agreed-upon procedures engagements as those services are defined in AICPA literature applicable to such engagements conducted by independent auditors. Accordingly, these services shall not result in the issuance of a written communication to third parties by KPMG directly reporting on financial data or internal control or expressing a conclusion or any other form of assurance.
- KPMG's role is limited to providing the services articulated in this proposal. Deliverables will be plain-paper and/or client-branded. In so doing, KPMG will have no contacts with legislative officials or employees at any level of any government that could be fairly interpreted as public policy advocacy, lobbying, or otherwise be perceived as impairing our objectivity. In no event will KPMG undertake meetings with government officials on behalf of the Georgia Department of Community Health and/or the State of Georgia or otherwise appear in a public or private context that could be fairly interpreted as public policy advocacy, lobbying, or otherwise be perceived as impairing our objectivity. In providing our services in general, KPMG professionals will take no view or cannot

undertake any role that could be fairly interpreted as public policy advocacy and the firm's work is not intended to be used as such or in that context.

- Management Decisions: the Department acknowledges and agrees that KPMG's services may include advice and recommendations; but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by, the Department. KPMG will not perform management functions or make management decisions for the Department.
- The scope of work does not require that KPMG make any legal interpretations or render any legal advice, and the parties hereby agree that in connection with KPMG's performance of the services under this engagement shall not include or be construed to include the provision by KPMG of legal advice or legal services. KPMG is prohibited from giving legal advice or performing legal services of any kind or nature, and all legal interpretations and rendering of legal advice shall be the Department's Counsel's responsibility. KPMG will refer any such questions to the Department's Counsel.
- Electronic Communications: the Department and KPMG may communicate with one another by electronic mail or otherwise transmit documents in electronic form during the course of this engagement. Each party accepts the inherent risks of these forms of communication (including the security risks of interception of or unauthorized access to such communications, the risks of corruption of such communications and the risks of viruses or other harmful devices). The Department agrees that the final hardcopy or electronic version of a document, including a Deliverable, or other written communication that KPMG transmits to the Department shall supersede any previous versions transmitted by KPMG to the Department.
- Use of Vendors: the Department acknowledges and agrees that in connection with the performance of services under the SON, KPMG and its Member Firms, in their discretion or at the State's direction, may utilize the services of third parties within and outside of the United States to complete the services under the SON. The Department further acknowledges and agrees that KPMG-controlled parties, member Firms of KPMG International, and other third-party service providers (collectively, "Vendors") may have access to Confidential Information from offshore locations, and that KPMG uses Vendors within and outside of the United States to provide at KPMG's direction administrative or clerical services to KPMG. These Vendors may in the performance of such services have access to the Department's Confidential Information. KPMG represents to the Department that with respect to each Vendor, KPMG has technical, legal and/or other safeguards, measures and controls in place to protect Confidential Information of the Department from unauthorized disclosure or use. KPMG shall be responsible to the Department for KPMG-controlled, member Firms or Vendor's failure to comply.
- Export Control: KPMG and the Department acknowledge and agree that each shall comply with all applicable United States export control laws and regulations in the performance of each party's respective activities under the SON. The Department shall not provide KPMG, or grant KPMG access to, (a) information (including technical data or technology), verbally, electronically, or in hardcopy, (b) software or (c) hardware, that is controlled for export by the United States government under the Arms Export Control Act of 1976, Export Administration Act of 1979, the International Traffic in Arms Regulations ("ITAR"), Export Administration Regulations ("EAR"), Department of Energy Part 810 Regulations or Nuclear Regulatory Commission Part 110 Regulations, except information, software or hardware that is classified as EAR99 under the EAR.

Relevant experience and results



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Pennsylvania Department of Human Services – DHS IT Support Services Lot 1 and Lot 4

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projects has or will include actuarial and economic modeling, including a calculation of potential pass-

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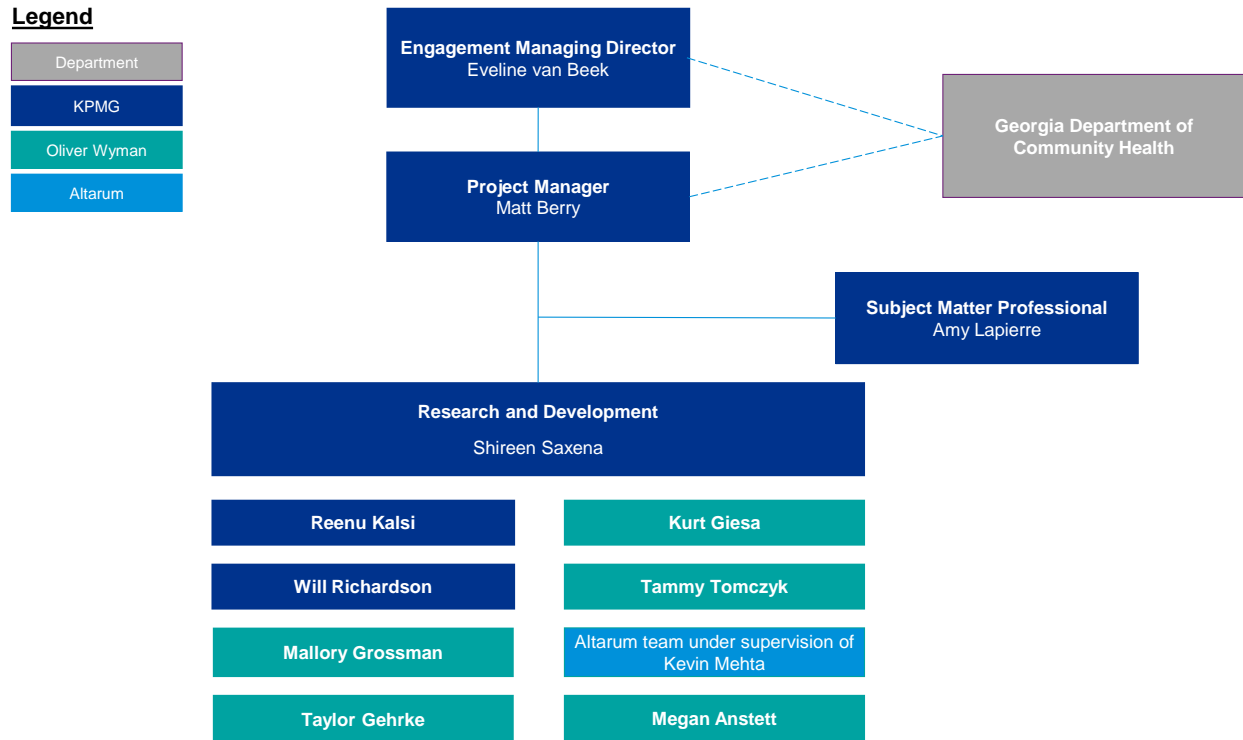
General staffing plan

Includes consultant travel and onsite requirements



Our tailored team

We have compiled a multi-disciplinary project team that brings together the skills and insights from KPMG’s Government and Healthcare Solutions group, and our subcontractors Oliver Wyman and Altarum. Our team is comprised of experienced professionals that bring the credibility needed to build the confidence and trust of the individuals they will interact with during the engagement.



Our staffing model is designed to provide the Department with the resources, technical assistance, and specialized industry knowledge necessary to assist in research, review and support of waiver creation and submission process. All resources listed are available to work on this project for the Department and we fully intend to use this proposed team. However, in the event we do need to make staffing changes, we will review proposed replacements with similar, or better, qualifications with the Department.

We listed resources that have core competencies in healthcare policy, research, waiver applications and actuarial analysis. All personnel may or may not be utilized, or will be utilized to differing degrees, based on the complexity and needs of the engagement. The following pages provide a summary of the team’s experience. Our Engagement Managing Director for this project is **Eveline van Beek** and our Project Manager is **Matt Berry**. Detailed resumes for each team member listed in this organizational chart can be found in Appendix 1.

Name	Role	Experience
Eveline van Beek	Engagement Managing Director	Eveline is a Managing Director in KPMG’s Health and Government Solutions practice and leads KPMG’s US Government Healthcare Transformation practice. Eveline has more than a decade of experience working with health agencies, health plans, healthcare organizations, and state, local, and federal governments on improving care processes, analyzing cost and quality opportunities, policy development, and payment reforms. Eveline has been the lead engagement partner for KPMG’s work on New York State’s 1115 waiver on the Delivery Reform Incentive Payment (DSRIP) program, providing oversight to a large team of consultants working on introducing policy reforms for the State’s 6M Medicaid beneficiaries.
Amy Lapiere	Subject Matter Professional	Amy is a Director in KPMG’s Health and Government Solutions practice with more than 25 years of experience providing health care policy and operational analysis, integrated eligibility system implementation, business process re-engineering, behavioral health care, and advocacy. She has first-hand experience developing and negotiating 1115 waiver authority with CMS as a Medicaid Administrator for the State of Rhode Island. Her experience includes writing requests for specific waiver authority to achieve the State’s policy goals, responding to formal RAIs from CMS, estimating caseload projections, budget savings, and programmatic costs. As Medicaid Administrator, Amy also led the Medicaid effort to prepare for and implement the Affordable Care Act within the State’s new integrated eligibility system.
Matt Berry	Engagement Manager	Matt is a Manager and Project Management Professional (PMP) in KPMG’s Government Advisory Services practice in Atlanta, Georgia. He has extensive experience helping public sector organizations solve business challenges with insight, integrity, and rigor to accelerate their future success and transformation. His experience assisting clients includes financial analysis, service delivery model development, business process improvement, organization design, outsourcing feasibility analysis, strategic transformation, project management, governance, procurement development, vendor selection assistance, change management, government benchmarking, policies and procedures development, and organizational reviews
Shireen Saxena	Research and Development Lead	Shireen is a Manager in KPMG’s Health and Government Solutions practice with more than 10 years of experience providing health care policy and operational analysis support to state, local, and federal governments. In her current role, she serves the Centers for Medicare and Medicaid Services (CMS) as a subject matter professional on the health insurance marketplace. In her previous roles, Shireen served as the research lead on a CMS engagement focused on reducing provider burden and streamlining documentation requirements under the Patients over Paperwork Initiative. She has also supported the New York State Department of Health for over three years in their \$8B Medicaid transformation effort aimed at healthcare delivery and payment reform.

Name	Role	Experience
Reenu Kalsi	Consultant	Reenu is a Senior Associate and member of the Financial Management Advisory practice with experience in both private and public sector clients. Her specialization includes intelligent automation assessment, benefit analysis, business process and performance improvement, organizational assessments, operations efficiency, business process mapping and re-design, and project management.
Will Richardson	Consultant	Will is a Senior Associate in KPMG's Financial Management Advisory practice specializing in State and Local Government. Will is based out of Atlanta and has a history of working projects for Georgia state agencies and departments.
Ryan Meyer	Business Analyst	Ryan is an Associate in KPMG's Financial Management Advisory practice specializing in State and Local Government. He has a history working at the Georgia Department of Audit and Accounts.
Kurt Giesa (Oliver Wyman)	Subject Matter Professional/ Partner (strategy)	Kurt Giesa is the National Practice Leader of Oliver Wyman Actuarial Consulting Inc.'s Health Care Practice. He works with health insurers, states, regulators, and providers. Kurt's work with health insurers has been focused on helping them understand and respond to the changes resulting from the Affordable Care Act.
Tammy Tomczyk (Oliver Wyman)	Subject Matter Professional/ Partner (strategy)	Tammy Tomczyk is a Partner in the Milwaukee, WI office of Oliver Wyman Actuarial Consulting, Inc. Tammy has over 25 years of actuarial experience and specializes in actuarial and strategic consulting to health plans, managed care organizations, providers, and state and Federal regulators.
Taylor Gehrke (Oliver Wyman)	Consultant	Taylor is a consultant at Oliver Wyman. He is Taylor is an Associate of the Society of Actuaries, a Chartered Enterprise Risk Analyst, and a member of the American Academy of Actuaries.
Mallory Grossman (Oliver Wyman)	Consultant	Mallory Grossman is currently an Analyst in the Milwaukee office of Oliver Wyman Actuarial Consulting, Inc. Her primary responsibility is to provide support to the consulting actuaries with work related to the health services industry.
Megan Anstett (Oliver Wyman)	Consultant	Megan Anstett is currently an Analyst in the Milwaukee office of Oliver Wyman Actuarial Consulting, Inc. Her primary responsibility is to provide support to the consulting actuaries with work related to the health services industry.
Kevin Mehta (Altarum Institute)	Data and Analytics specialist	Kevin is the Chief Technology Officer (CTO) at Payformance Solutions (an Altarum Institute subsidiary) where he focuses on building data-driven, turnkey software solutions that provide payers and providers with the technical tools and resources needed to design, evaluate, build, measure, and negotiate value-based reimbursement contracts. Prior to Payformance, Kevin spent over a decade as a management consultant with KPMG where he served as the National Lead for KPMG's Analytics Driving Insights (KADI) practice with a special focus on government health and human services.

Our work locations

While some of our proposed staff and subcontractors are not based in Georgia, we will be using the KPMG Atlanta office location on 303 Peachtree Street as our “home base” during the times that the team needs to work in Atlanta. Most of the desk research and data & analytics steps can be conducted off-site, either at our KPMG or subcontractor offices.

Travel and on-site work requirements

While much of the analytics and desk review work can be completed off-site, KPMG does anticipate needing to work from the Georgia Department of Community Health locations on a bi-weekly basis in order to participate in face-to-face meetings with Department staff, discuss data requests and provide updates. From the period between June and December 2019, the KPMG team envisions requiring between 20 – 30 on-site working days at the Department’s offices. As a result, we request that the Department make available adequate workspace for the KPMG Team. The workspace shall include access to a telephone, printer/copier and internet connectivity.

Estimated fee



Appendix 1: Resumes





Contact us

Eveline van Beek
Managing Director



Matthew Berry
Manager, Advisory



kpmg.com/socialmedia

The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act upon such information without appropriate professional advice after a thorough examination of the particular situation.

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