

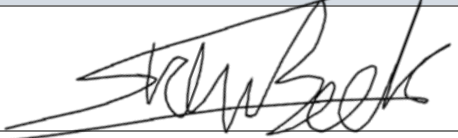
**SUMMARY OF PROPOSED STATEMENT OF WORK
(TO BE COMPLETED BY QUALIFIED CONSULTANT)**

Consulting Firm/ Contact Name	KPMG LLP Eveline Van Beek	Contact Title	Managing Director
Contact Phone	917-200-1532	Contact E-mail	evelinevanbeek@kpmg.com
Summary Scope of Work: Please see attached proposal.			
Relevant Experience/Results: Please see attached proposal.			
Milestones/Deliverables: Please see attached proposal.			
Estimated Time to Completion: Please see attached proposal.			
General Staffing Plan: Please see attached proposal.			
Consultant's Travel Requirements: Please see attached proposal.			
Consultant's Onsite Workspace Requirements: Please see attached proposal.			
Estimated Cost (should reflect categories of service, rate, estimated hours, etc.): \$1,690,980. Please see attached proposal for additional detail.			

ATTACHMENTS

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

SIGNATURES

Responding Firm Authorized Signature	
Name and Title	Eveline Van Beek, Managing Director
Date	May 20, 2019



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
evelinevanbeek@kpmg.com
917-200-1532

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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.

<p>A. State waiver support experience</p> <p>B. 1115 and 1332 waiver research and development experience</p>	<p>Together with our subcontractor, Oliver Wyman, KPMG has a demonstrated breadth and depth of experience related to both 1115 and 1332 waiver supports for states. In addition, KPMG serves as auditor for many U.S. state governments: New York, Illinois, Massachusetts, and New Hampshire. This experience provides an invaluable understanding of state governments, including knowledge of Medicaid, as well as 1115 waivers. KPMG is currently working with two states – New York and Massachusetts – to support 1115 waiver implementation.</p>
<p>C. Georgia-based staff</p>	<p>While some of our proposed staff and contractors 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.</p>
<p>D. Availability</p>	<p>As a national practice, we have the ability to rapidly mobilize subject matter professionals and staff and can combine them with our local staff and subcontractors to quickly address client requests.</p>
<p>E. Current waiver assistance</p>	<p>Together with our subcontractor, Oliver Wyman, our teams are currently assisting Virginia and Tennessee with 1332 research and development. In addition, our KPMG team is currently working with two states – New York and Massachusetts – to support 1115 waiver implementation.</p>
<p>F. References</p>	<p>We have provided New York State references. More references may be provided upon request.</p>
<p>G. Teammates</p>	<p>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). Oliver Wyman brings specific experience with 1332 waivers to our team. Altarum has a developed analytics platform that will help provide in-depth insights into the Georgia healthcare market performance.</p>
<p>H. Meeting participation</p>	<p>We are very willing to participate in meetings, conference calls and other forms of meetings with the Department on weekends, if necessary.</p>

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

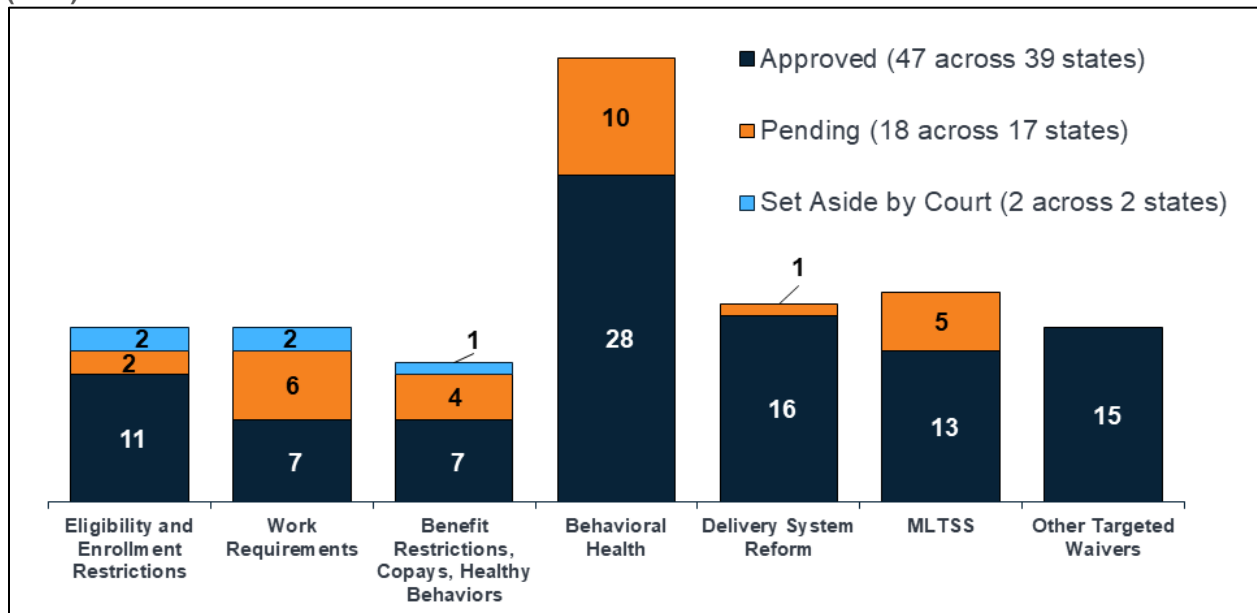
Deliverable	Tentative timeframe	Number of months after contract start						
		1	2	3	4	5	6	7
Document updates to policy goals based on Department stakeholder inputs	7/1/19 – 9/30/19							
Collect data required for waiver options assessment	7/1/19 – 9/30/19							
Provide drafts for up to three (3) viable 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.

One of the main inputs for our analysis in this step is the American Community Survey (ACS), the Current Population Survey (CPS) and the Medical Panel Expenditure Survey (MEPS). Using Oliver Wyman's proprietary Healthcare Reform Micro-Simulation Model (HRMM), our team will build a person-level record using one year of data from each of the abovementioned datasets and map them to each state. We have the option to utilize more years of data for the Georgia-specific scan.

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

The purpose of the Georgia environmental scan will be to gain an understanding of the opportunities for healthcare outcome, access and efficiency improvements for the state residents. Our team has the ability to tap into a number of databases and analytical tools to model out the current state situation of the Georgia healthcare market and compare that against industry benchmarks to understand improvement opportunities.

1. County-level demographic details

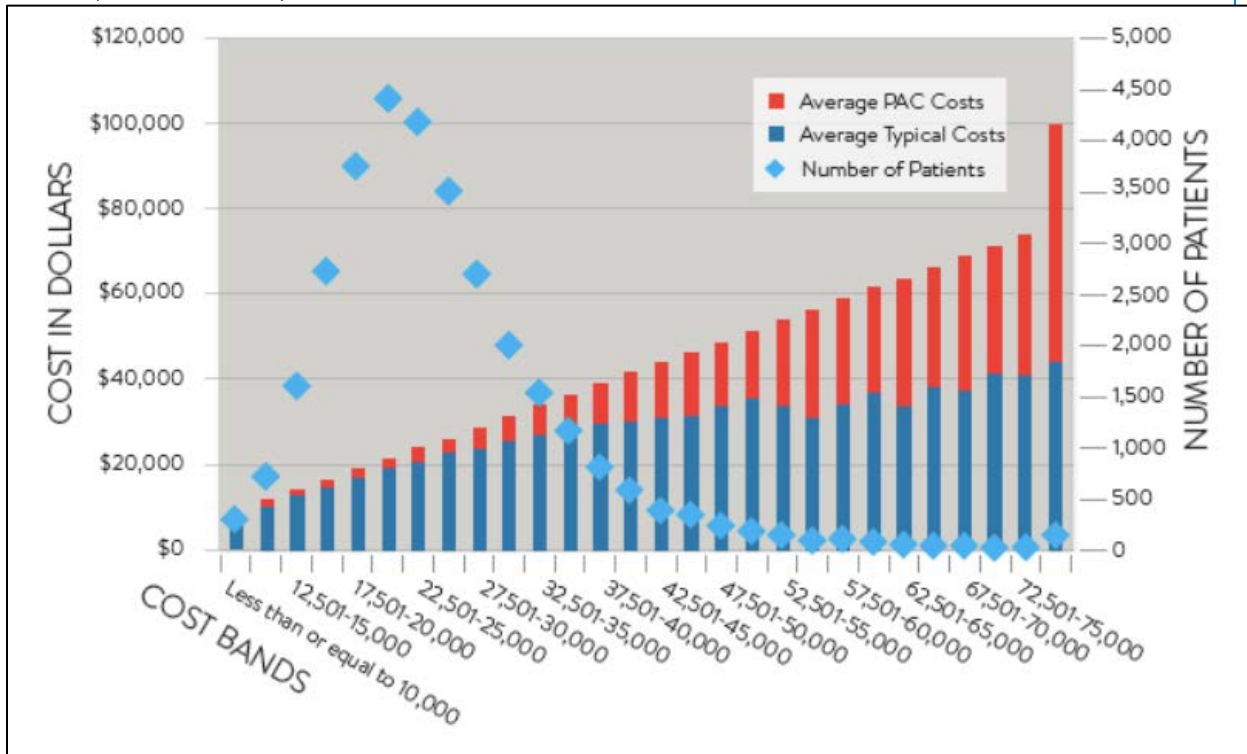
Georgia has 159 counties, second only to Texas. For the purpose of some of our analyses, we may need to combine counties to obtain statistically relevant results. In order to obtain a good

picture of health status, morbidity, employment status and insurance status, our team will utilize multiple years of data from the ACS, CPS and MEPS.

To obtain more specific insights into the healthcare opportunities of the Medicaid and PeachCare for Kids (CHIP) populations, and to enable our team to obtain insights rapidly and efficiently, we have subcontracted with the Altarum Institute (through their subsidiary Payformance Solutions) to run analytics on the three years of claims information for Medicaid and PeachCare for Kids. The Payformance TrustHub platform will allow us to perform both population-level and episode level analytics on the available claims information and compare performance of each plan and the Georgia geographies against benchmarks made available through the TrustHub platform.

FIGURE 2 DISTRIBUTION OF KNEE REPLACEMENT EPISODE COSTS. AS THE TOTAL EPISODE COSTS INCREASE, SO DOES THE PORTION OF POTENTIALLY AVOIDABLE COMPLICATION (PAC) COSTS. PAC COSTS CAN BE REDUCED THROUGH TARGETED REFORM POLICIES AND FORM A GOOD INDICATION OF IMPROVEMENT OPPORTUNITY BY EPISODE.

Source: *prometheusanalytics.net*



With the Payformance TrustHub platform we will be able to compare plan performance on:

- Over 100 episodes of care including behavioral health, acute and chronic episodes. This will allow us to identify the care episodes for which there is the largest potential for improvement, both on total costs of care per episode as well as the avoidance of potentially avoidable complication (PAC) rates. For an illustrative example, see Figure 2 below.
- Populations across geographies. By segmenting populations by plan and geography, we will be able to identify cost and quality variations that could be addressed through policy and regulatory levers.
- Operational metrics such as length of stay, number of tests per patient indicating abilities

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.

For the 1332 modeling, we will leverage Oliver Wyman's proprietary Healthcare Reform Micro-Simulation Model (HRMM). This process involves the following steps:

- Use of carrier data to establish a historical baseline for the markets
- Gather the information necessary to undertake the modeling. This includes premiums by market, federal and state income tax rates, and Medicaid eligibility criteria
- Populate the model with households or "health insurance units" (HIUs) using both ACS and CPS data
- Calibrate the model to reproduce the historical baseline
- Model the future baseline
- Introduce the waiver and solve for an equilibrium premium
- Report results

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



We are proud that KPMG is not only one of the largest Health and Human Services (HHS) consultancies in the US, but also a practice with one of the strongest reputations for innovative thinking, quality, consistency, and integrity. HHS is the core of KPMG's Government Line of Business and we have invested significantly in building a practice of deep subject matter professionals. Over the last several years alone, KPMG has provided advisory services to over half the states in the country on HHS-related reforms and service delivery.

As a national leader in the HHS space, we have built a significant portfolio of work relevant to Georgia's goals with projects related to the Patient Protection and Affordable Care Act (ACA), Delivery System Reform Incentive Payment (DSRIP), value based payment reforms, and integrated eligibility modernization efforts around the country.

In order to support the states we serve, we have established a Center of Excellence (COE) for Health & Human Services to serve as a clearinghouse for cutting-edge ideas and innovative thinking across the HHS domain. The COE produces thought leadership on a wide variety of topics, including Integrated Services Delivery, Government Healthcare Transformation, and Program Integrity, among others. It also provides updates on current regulatory developments in areas such as 1115 waivers, payment reform programs, Federal interoperability toolkit, child welfare, and the Supplemental Nutrition Assistance Program (SNAP).

KPMG also provides advisory services to the Centers for Medicare & Medicaid Services (CMS) and serves as the state auditor for a large number of US state governments including New York, Illinois, Massachusetts, and New Hampshire,. During our state Medicaid audits, we determine whether the agency administering the program has complied with federal program requirements. Our experience as advisors to federal policy makers and our insider understanding of state compliance and audit requirements will allow us to provide Georgia with the full 360° of subject matter input needed to evaluate and develop 1115 and/or 1332 waiver requests.

Together with our subcontractors, Oliver Wyman and the Altarum Institute, we are confident that we meet and exceed your stipulated minimum requirements for this statement of need. The sections below outline our specific experience addressing the categories described in the statement of need in further detail. We have included references for a selection of our qualifications and are more than happy to provide more references upon request for any of the other projects described below.

Federal law and Affordable Care Act (ACA) experience

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

At the federal level, KPMG supports a number of program integrity functions surrounding the ACA program.

Center for Consumer Information & Insurance Oversight (CCIIO) – Program Integrity and Financial Oversight

KPMG assisted the Center for Consumer Information & Insurance Oversight (CCIIO) in planning, monitoring, and managing the implementation of various systems and business processes that supported the successful implementation of the Federally Facilitated Marketplace (FFM) and State-based Marketplace (SBM) payment processes. Our project management support spanned the gamut of ACA support programs, including our development and maintenance of the many detailed project plans that crossed functional areas and departments within CCIIO (i.e., EDGE Project Plan, SBM Project Plan, Contingency Operations/Transition Project Plan, and Policy Based Payments Project Plan). Our support of the ACA programs served as a constant within the implementation process for each major program in assisting CCIIO resources in tracking key deliverables, key issues, key milestones, key regulations, and external deadlines impacting the initial year of ACA program operations.

Additionally, KPMG developed, maintained, and provided timely submission of weekly/bi-weekly status reports to our program lead to support the program integrity project. Our status report documentation allowed our team to effectively present the timely identification of issues, along with proactive solutions to resolve identified issues them. In order to meet the needs of CCIIO leadership, KPMG often developed user-friendly depictions of our financial results to give the client a clear picture of our resources and the tasks they support within CCIIO. This clear depiction of resources and applicable tasks, allowed our team to effectively and proactively allocate our resources to fulfill the ebbs and flows of tasks support without a reduction or interruption of services.

Centers for Medicare and Medicaid Services (CMS) – Federal Health Benefit Exchange Program Integrity

KPMG is performing actions pertaining to developing and implementing a program integrity and financial oversight program for the following programs being established under the ACA: Advance Premium Tax Credit (APTC), Cost Sharing Reduction (CSR), Reinsurance, Risk Adjustment, and Risk Corridor (the “ACA programs”). This work provides direct support to the Payment Policy & Financial Management Group (PPFMG), as well as the Eligibility and Marketplace Payment and Operations Group within CCIIO. The following tasks further describe the KPMG’s current scope of work which KPMG is currently engaged in::

- Risk Assessment & Audit Strategy Development: KPMG is supporting the development of an audit strategy and audit protocol that covers the ACA programs managed by the PPFMG. This understanding of program risks is used to inform the development of program audit strategies and internal control infrastructures in order to mitigate program risks.
- Risk Adjust Data Validation (RADV): KPMG is developing and implementing a robust data validation program for the Federal government-operated risk adjustment program under the ACA.

To the states, our KPMG teams have served as the primary business and technical advisor on what are widely regarded as the two most successful State Based Marketplace initiatives (Connecticut and Rhode Island) and the two states that many recognize as the most successful in integrating with the Federally Facilitated Marketplace (Maine and Pennsylvania). In the past five years, KPMG has assisted 26 states in modernizing their health and social services environment in accordance with ACA requirements and principles. KPMG’s professionals throughout the country have been and continue to play a critical role in

the historic changes that have recently taken place as a result of the implementation of the ACA and associated integrated eligibility system (IES) modernization projects.

KPMG also continues to be at the forefront of state and federal healthcare transformation is also a thought leader on healthcare policy reforms. KPMG’s Center for Healthcare Regulatory Insight was established in 2015 to assess regulatory and policy trends driving healthcare transformation and industry convergence. The Center focuses on healthcare and life sciences policy and regulation and as well as the broader implications of operating in a more collaborative and integrated U.S. healthcare payment and delivery environment. The Center publishes a weekly newsletter of recent market and policy developments that are relevant to our healthcare and state government clients. In addition, the Center monitors and interprets the implications of emerging policy and legislative changes, including in the areas of:

- Affordable Care Act
- Medicaid and Medicare
- Integrated service delivery across HHS programs
- Child welfare
- Unemployment insurance
- A-87 Cost Allocation Waiver
- Program integrity
- Federal and state relationship
- Child support enforcement
- Nutritional support programs
- 90/10 funding for system modernization

As policy and legislative changes are discussed and evolve, our thought leaders are analyzing the policy, programmatic, and technology implications for government organizations at all levels, and publishing issue briefs on KPMG’s Government Institute, as well as hosting webcast discussions on relevant topics. The following table identifies a sample of relevant issue briefs we have recently released:

Issue Brief	Description
Funding transformation: How states general nonfederal share for Medicaid waivers	This issue briefs focuses on the federal waiver mechanisms available to states to fund healthcare transformation programs.
Medicaid strategies for FY19	This issue brief summarizes five key strategic priority areas for Medicaid Directors in the upcoming year and provides recommendations for how to address them.
A leaner federal exchange and greater state and insurer flexibility	This paper explores the implications of the U.S. Department of Health and Human Services (HHS) proposed rule for the 2019 Marketplaces updates on various annual individual and small group market insurance product parameters.
Creating lasting change: A state-level approach to healthcare delivery system reform efforts	This issue brief outlines the key points and approaches outlined in New York State’s 1115 waiver and embedded Delivery System Reform Incentive Payment (DSRIP) program.
Proposed rule on the health insurance marketplace stabilization: What it means for government entities	This issue brief summarizes the proposed rule by the Centers for Medicare and Medicaid Services that aims to stabilize the health insurance marketplace and describes the potential implications for federal and state entities.

Issue Brief	Description
Advancing payment reform	This paper explores aligning MACRA payment model development with CMMI priorities as well as the evolution of Alternative Payment Models (APM) since the passage of MACRA, barriers to new APM development and adoption, and questions about the limits of future APM proliferation.
Is it enough?	This issue brief examines the HHS proposed rule to stabilize the marketplace.
What is, and is not, possible with repeal of the Affordable Care Act?	This first issue brief summarizes five key questions that are top of mind for government officials as they consider what is, and is not, possible relative to repeal or replacement of the ACA.

Our subcontractor, Oliver Wyman, also brings considerable experience with Federal and state law and regulations to the table. As the ACA was implemented, Oliver Wyman completed several projects assisting states in the development of their state-based exchange. Their work included a wide range of analyses such as background research to assess the current insurance market landscape, detailed actuarial migration modeling which considered the many new features of the ACA (e.g., premium subsidies, expansion of Medicaid programs, guarantee issue, etc.), various policy options (e.g., whether to merge the Individual and Small Group markets), financial sustainability analysis, and Basic Health Program feasibility studies.

1115 and 1332 waiver experience

Together with our subcontractor, Oliver Wyman, KPMG has a demonstrated breadth and depth of experience related to both 1115 and 1332 waiver supports for states. In addition, KPMG serves as the auditor for many U.S. state governments: New York, Illinois, Massachusetts, and New Hampshire,. This experience provides an invaluable understanding of state governments, including knowledge of Medicaid and 1115 Waivers.

During our state Medicaid audits, we determine whether the state agency administering the program has maintained adequate internal controls over its Medicaid funds and has complied with federal program requirements. While conducting these procedures, we have performed oversight and made recommendations regarding 1115 Waivers, where applicable. This has provided us deep insight into the process of requesting, negotiating, implementing, and managing 1115 waivers. Below are additional examples of our support to 1115 and 1332 waiver processes.

Pennsylvania Department of Human Services – DHS IT Support Services Lot 1 and Lot 4 (Eligibility and Child Welfare)

KPMG was engaged to provide services in support of the integrated Eligibility system and Child Welfare system for the Pennsylvania DHS, including supporting the successful implementation of eligibility system changes to meet the requirements of the ACA on time. KPMG provided CMS coordination and health services-related decision support to the DHS including:

- Coordination and communications support for Commonwealth CMS Gate Reviews, CMS document submission, and tracking of key milestones and deliverables in support of the Federal ACA and the Commonwealth’s Healthy PA implementation;
- HHS related policy research, analysis, and decision support in areas such as ACA Final Rulings, Commonwealth-CMS ACA project integration, and CMS 1115 Waiver impact;
- Business analysis, requirements gathering, and program impact analysis surrounding the Commonwealth’s CMS 1115 Waiver submissions for Healthy PA;
- Business process experience and guidance in support of Commonwealth Healthy PA and Annual Advance Planning Document submission (APDs).

New York State Department of Health – 1115 waiver support to the Delivery System Reform Incentive Payment (DSRIP) program

References	Title	Telephone number
Dr. Douglas Fish	NYSDOH Medical Director	(518) 474-4732
Greg Allen	NYSDOH Director of Financial Planning and Policy	(518) 473-0919

One of KPMG's flagship engagements is our work on the implementation of New York State's Delivery System Reform Incentive Payment (DSRIP) program under their 1115 waiver. In April 2014, the New York State Department of Health (NYSDOH) was granted an \$8B 1115 waiver to implement a state-wide healthcare delivery system transformation and payment reforms. At the time, New York State displayed some of the worst healthcare outcomes in the nation. New York State was able to obtain the waiver and funding due to a series of cost-savings measures implemented in 2011 that managed to sustainably curb the overall growth of the Medicaid healthcare budget. Approximately half of the savings accrued from the 2011 initiatives (~\$17B) was appropriated to fund the DSRIP waiver program.

In August 2014, KPMG initiated a multi-pronged approach as NYSDOH's DSRIP Support Team (DST) to facilitate the implementation of the DSRIP program and accompanying value based payment (VBP) reform effort in alignment with the 1115 waiver conditions. The KPMG team, consisting of 80+ professionals across three international member firms and service lines from Management Consulting, Risk Consulting, Strategy, Technology Enablement, Tax, and Audit delivered support to both NYSDOH and participating Performing Provider System (PPS) networks. KPMG's support team focused on 5 main pillars of work:

- DSRIP Program and Policy Support and Waiver Compliance
- Value Based Payment Reform Support
- Performance Management Support
- Performing Provider System (PPS) Support
- Data and Analytics Support

For the past five years, the KPMG support team has been an integral part of NYS DOH's reform efforts. Over the years, we have amassed a wealth of first-hand experience in the design, planning, and implementation of large-scale 1115 waiver-funded healthcare transformation efforts. The NYS DOH DSRIP and VBP programs are some of the largest in the world of their kind and have yielded numerous lessons and leading practices for other national and state government entities to draw from. Having been on the implementation side of the waiver process, we understand first-hand what does and does not work in waiver-funded healthcare project proposals.

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

While most programs have focused on reinsurance, Oliver Wyman has also performed actuarial modeling to assess the feasibility of various other potential waivers. Some of the options Oliver Wyman has modeled for states over the past two years include but are not limited to the elimination of the individual and/or employer mandate, alternate subsidized premium structures, expansion of premium subsidies beyond 400% FPL, the impact of waiting periods or late enrollment penalties, the impact of lower-cost actuarial value plans, the impact of alternate benchmark plans used to determine advance premium tax credits (i.e., a plan other than the second lowest cost silver plan), the impact of public options offered alongside QHPs, and the impact of opening the Catastrophic plan up to all individuals.

Oliver Wyman is currently supporting several other states that are in various stages of exploring a Section 1332 waiver including Delaware, Hawai'i, Tennessee, Pennsylvania, and Virginia. Each of these

projects has or will include actuarial and economic modeling, including a calculation of potential pass-through funding to the state and a demonstration that the required guardrails are met.

In addition to completing actuarial and economic analysis to support waiver applications, other areas Oliver Wyman has provided support to states in relation to Section 1332 Waivers include but are not limited to:

- Estimating potential revenue that could be generated from various funding sources;
- Assisting states with drafting various legislation (e.g., enabling legislation, funding legislation);
- Assisting states in preparing materials related to their waiver application for public comment;
- Supporting states by preparing information to submit to CMS related to pass through funding calculations in subsequent years of their waiver;
- Supporting states in completing their annual waiver reporting to CMS.

The table below outlines past and current projects related to 1332 waiver supports:

Engagement	1332 Waiver Application	Market Landscape Analysis	Reinsurance Program	Other Market Reforms	Actuarial Modeling	Data Requests	Report Writing
AK 1332 Waiver Application (Reins.)	X		X		X	X	X
HI 1332 Waiver Application (SHOP)	X			X	X	X	X
NJ 1332 Waiver Application (Reins.)	X	X	X		X	X	X
OH Market Landscape Analysis, 1332 Waiver Application (Mandate)	X	X	X	X	X	X	X
LA 1332 Waiver Application (Reins.)	X	X	X		X	X	X
DE 1332 Waiver Application (Reins.)	X		X		X	X	X ¹
PA 1332 Waiver Study, Access and Affordability Study		X	X	X	X	X	X ²
HI 1332 Market Landscape Analysis, Waiver Application (2nd Waiver – Reins.)	X	X	X		X	X	X
VA Market Impact Studies and 1332 Waiver Option Analysis		X	X	X	X	X	X ²
TN 1332 Waiver Analysis (Various Options)		X ²	X ²	X ²	X ²	X	X ²
IL 1332 Waiver Study (Reins.)			X		X	X	
DC Market Impact Studies		X	X	X	X		X
AK Proposed Federal Reform Bills Impact Analysis (2017)				X	X		
HI Market Landscape Analysis and ACA Implementation Studies, EHB Selection Analysis		X		X	X	X	X
DC Market Landscape Analysis ACA Implementation Studies		X		X	X	X	X
CT Market Landscape Analysis ACA Implementation Studies		X		X	X	X	X
MD Market Landscape Analysis ACA Implementation Studies		X		X	X	X	X

² In progress

NC ACA Implementation Studies, EHB Selection Analysis				X	X	X	X
MO EHB Selection Analysis				X	X	X	X

Public sector health insurance experience

KPMG brings first-hand experience to this statement of need from working with multiple health insurance issuers on establishing policies and procedures to address CMS regulations and guidance. KPMG currently supports the CCIIO SHOP team and its mission of offering affordable and high-quality health insurance to small business employers and employees.

Centers for Medicare and Medicaid Services – Small Business Health Options Program (SHOP) support

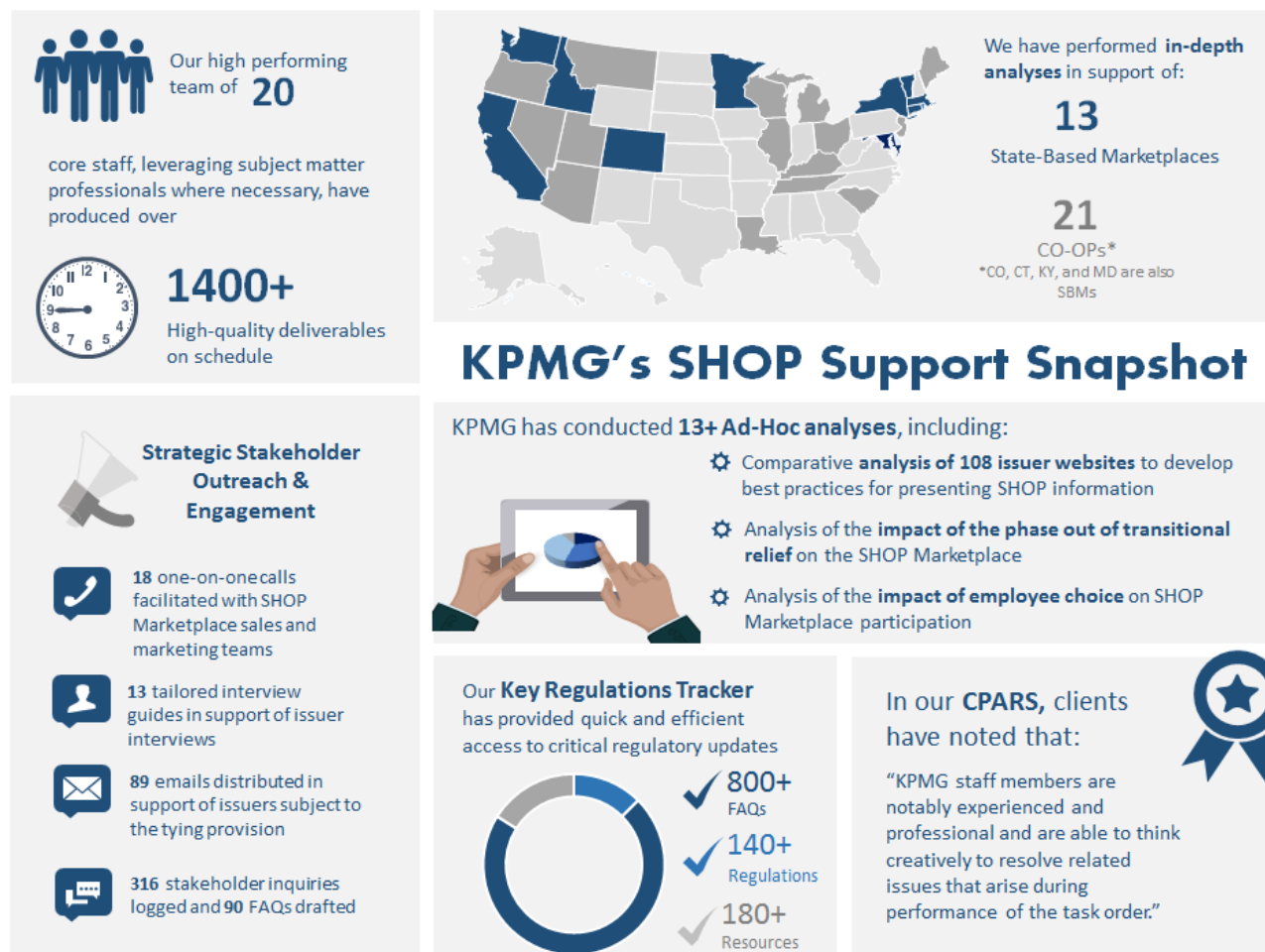
Over the past four years, KPMG has assisted CMS CCIIO with implementing, maintaining, and enhancing the Federally-facilitated SHOP (FF-SHOP) and providing technical assistance to State-based SHOP Marketplaces. KPMG submitted more than 1,200 deliverables on time and of high quality, receiving “Exceptional” Contractor Performance Assessment Report (CPAR) grades on Quality and Schedule for its Base Period. Additionally, KPMG received “Exceptional” Contractor Performance Assessment Report (CPAR) grades on Schedule and Cost Control for its Option Period 2. KPMG has conducted in-depth analyses on policy, stakeholders, competitors, and industries to help CMS make informed and strategic policy decisions. In addition, KPMG has assisted CMS with education, outreach, and stakeholder engagement activities to help increase awareness and understanding of SHOP and its value proposition.

KPMG has a strong understanding of SHOP’s policies and stakeholders, and offers CMS a valuable feedback loop from states and industry, providing CMS with unique perspectives and insights from its issuer and state clients that may otherwise be unattainable. Direct access to SHOP stakeholders enables KPMG to provide CMS with a holistic view in its approach to SHOP. In addition, our team includes dedicated resources with a wide range of academic and professional backgrounds, including healthcare law, policy, communication, insurance, finance, and healthcare actuarial support. This diversity enables KPMG to provide CMS with the well-rounded support necessary to complete a wide array of tasks accurately and diligently, drawing on relevant previous experience and knowledge.

KPMG’s well-received work on the SHOP contract led CMS to task KPMG with special projects that have separate funding streams and stakeholders within CMS. CMS tasked KPMG with the Consumer Operated and Oriented Plan (CO-OP) Strategic Analysis to identify short and long-term sustainability and analyze whether CO-OPs are fulfilling program goals; the State-based Marketplace (SBM) Budget Analysis to assess current and projected budgets for SBMs, including Supported SBMs (SSBMs) to determine areas of potential cost reduction and optimization of operations; and the Employer-Sponsored Coverage (ESC) Study, to identify an effective and cost-efficient way of verifying ESC nationally by means of a thorough review of potential options.

KPMG is also conducting a Retail Strategy task to help CMS recruit and retain health insurance issuers for the Marketplace in future plan years.

FIGURE 3 KPMG'S SHOP PAST PERFORMANCE SNAPSHOT.



Oliver Wyman consultants and actuaries have a firm understanding of the impacts that federal health care reforms have had on both the Individual and Group insurance markets. Assessing the impact of proposed and recently passed health reform legislation requires a comprehensive understanding of insurance market dynamics and the likely behavior of purchasers of insurance under various regulatory and economic conditions.

As the ACA was implemented, Oliver Wyman completed several projects assisting states in the development of their state-based Exchange. Their work included a wide range of analyses including background research to assess the current insurance market landscape, detailed actuarial migration modeling which considered the many new features of the ACA (e.g., premium subsidies, expansion of Medicaid programs, guarantee issue, etc.), various policy options (e.g., whether to merge the Individual and Small Group markets), financial sustainability analysis, and Basic Health Program feasibility studies.

Most recently, Oliver Wyman have and are currently assisting states (Pennsylvania, Virginia, and the District of Columbia) with market impact studies to model the potential impact that recently finalized regulations related to association health plans and/or short-term limited-duration products could have on premium rates and enrollment in their Individual and Small Group ACA markets.

Evaluating and advising on healthcare reform objectives

KPMG supports CMS with program management on an ongoing basis, including with the development and maintenance of the Patient Protection and Affordable Care Act (ACA) HHS-Risk Adjustment Data Validation audit criteria and analyses of data submitted from hundreds of issuers, review of documentation for over 10,000+ charts, and assistance with appeals. KPMG has assisted the CMS

Center for Consumer Information & Insurance Oversight (CCIIO) in the implementation of the ACA programs over the last 5 years with standard operating procedures (SOPs), Cycle Memos, IT requirements, and advanced data analytics. Our team also has been supporting CMS with the review of Medicare Advantage and Medicaid Managed Care Organization (MCO) contracts for compliance with laws, regulations, and program guidelines.

Furthermore, as part of our business and technical advisory services nationally, KPMG has significant experience evaluating program policy using both qualitative and quantitative factors with a goal of creating efficiencies in the delivery of program and services. This analysis has included areas such as:

- Use of the Federal Data Services Hub (FDSH) for human services programs
- Available waivers and policy changes required to maximize the use of electronic notifications to clients
- State policy changes required to support states future state Target Operating Model (TOM)
- Federal waivers available to support business process efficiencies (e.g., face-to-face interview waiver for the SNAP program), and
- Scope of the ability to utilize non-merit based resources across HHS programs based on available Federal guidance.

For example, for the State of New York, KPMG assisted in identifying an annual reoccurring cost avoidance opportunity of \$14 million annually through the utilization of a Federal waiver to support electronic notices to clients, based on an assumption of a 30% opt-in percentage.

Fiscal and economic impact modeling

Our healthcare team has built up extensive experience and a proven reputation over the years in helping healthcare organizations and state agencies analyze and understand the total costs of care of their patient populations. We have advised clients on implementing strategies to improve their ability to manage costs, reduce patient 'leakage' and prepare for risk-based contracting models. Our largest state-based qualification on financial modeling is our work with the State of New York on their Delivery System Reform Incentive Payment (DSRIP) and Value Based Payment (VBP) reform efforts, where we have been fully involved from the program's inception. During the initial phases of the DSRIP implantation, our KPMG data & analytics team supported the financial modeling of the state's intergovernmental transfers (IGT) to finance the DSRIP waiver. The KPMG team also supported the analyses of managed care rate room calculations and the effect of the DSRIP implementation on the total Medicaid budget.

Together with our subcontractor Oliver Wyman, we are able to offer the Department a strong team with a proven experience in data & analytics and financial impact modeling. Oliver Wyman consultants and actuaries have been at the forefront of federal health care reform efforts to date. 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. 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.

The size, depth, and breadth of what KPMG and its subcontractors can offer allows us to bring experience that goes far beyond that of most other firms.

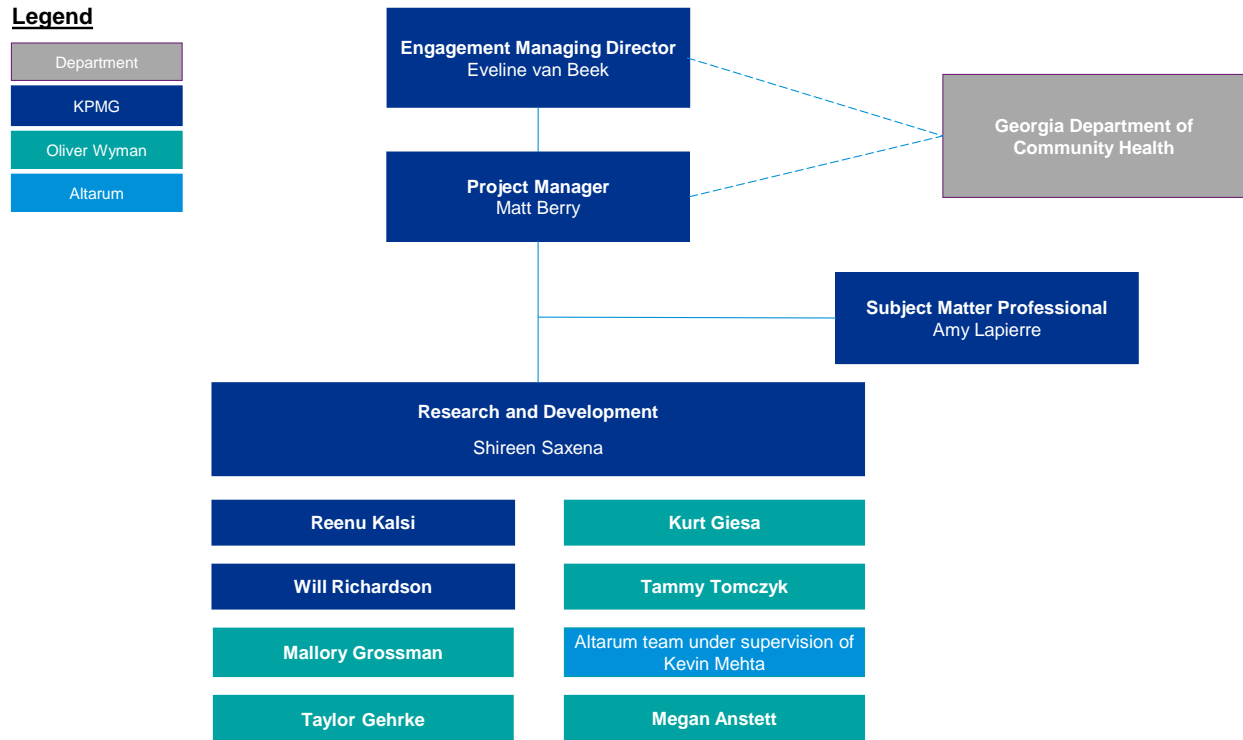
General staffing plan

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



Cost proposal

KPMG is proposing a fixed fee (inclusive of travel and other project costs) of **\$1,690,980**. KPMG will invoice the Department per project phase. The table below demonstrates KPMG's fixed fee proposal based on the established rate card structure of the MSA. We would be happy to discuss our fee proposal if you believe we have under/over-estimated the level of effort and corresponding work needed to complete this project.

Staff Classification	Rate (FY2020 shown) ³	Estimated Hours	Total fixed fee ³
Preparation and Phase I			
Engagement Managing Director	\$ 374	84	\$ 30,828
Partner (Strategy Practice)	\$ 481	60	\$ 28,320
Senior Director	\$ 343	150	\$ 50,400
Consultant	\$ 263	860	\$ 221,880
Business Analyst	\$ 175	0	\$ -
	Subtotal	1,154	\$ 331,428
Preparation and Phase II			
Engagement Managing Director	\$ 374	152	\$ 56,900
Partner (Strategy Practice)	\$ 481	144	\$ 69,327
Senior Director	\$ 343	381	\$ 130,576
Consultant	\$ 263	2049	\$ 539,215
Business Analyst	\$ 175	740	\$ 129,826
	Subtotal	3,466	\$ 925,844
Preparation and Phase III			
Engagement Managing Director	\$ 374	132	\$ 49,413
Partner (Strategy Practice)	\$ 481	32	\$ 15,406
Senior Director	\$ 343	330	\$ 113,098
Consultant	\$ 263	692	\$ 182,107
Business Analyst	\$ 175	420	\$ 73,685
	Subtotal	1,606	\$ 433,708
Total Fees			\$1,690,980

³ The fees in the last column of the table were calculated using FY2019 rates for the period between June 1, 2019 and June 30, 2019 and FY2020 rates from July 1, 2019 onwards. In the table, only FY2020 rates are shown.

Appendix 1: Resumes





Eveline van Beek

Managing Director, KPMG LLP

Function and specialization

Experienced in healthcare policy reform, large-scale health system transformation (design and implementation) and value based care initiatives both nationally and internationally.

Representative clients

- New York State Department of Health
- NYC Health + Hospitals
- The Brooklyn Hospital Center
- Dutch Ministry of Health

Education, licenses & certifications

- THNK, Amsterdam School of Creative Leadership & Design Thinking
- MSc Economics of Markets, Organization and Policy, Erasmus University Rotterdam (*cum laude*)
- MSc degree, Bioinformatics and Genomics, University of Utrecht (*with honors*)
- BSc degree, Chemistry and Biology, University College Utrecht (*summa cum laude*)

Role on project: Engagement Managing Director

Background

Eveline van Beek is KPMG's lead for Government Healthcare Transformation services in the US and co-lead for KPMG's Value Based Healthcare proposition globally. Eveline has managed engagements for both US and Europe-based clients in the provider, payer and government arenas with a prime focus on reshaping the healthcare landscape, transforming care delivery models and implementing new policy and payment approaches. Her portfolio of work has largely focused on shifting healthcare payment paradigms away from volume and toward more value-based approaches. More recently, this has included providing insights and perspectives to providers and local governments on how to better focus on social determinants of health through investment models, rate setting and incentive programs. Eveline holds Masters degrees in both Bioinformatics and Economics from Utrecht University and the Erasmus University of Rotterdam respectively and a certificate in Creative Leadership & Design Thinking from THNK (Amsterdam).

For the past five years, Eveline has served as lead engagement partner of KPMG's support team to the New York State 1115 waiver on the Delivery System Reform Incentive Payment (DSRIP) initiative: a 5-year, \$8B transformational program aimed at reducing statewide avoidable hospital use by 25% and introducing a new value-based approach to remunerating Medicaid providers.

Professional and industry experience

Eveline has provided services to both US and international markets across the full gambit of the healthcare sector, including healthcare payer, provider, government and pharmacy. Eveline has specialized herself in the state and local government/payer market with a specific focus on policy, program and analytical support structures geared at implementing viable change. Her in-depth knowledge and hands-on experience enable her to generate solutions at the *system* level in a manner that takes into account the various incentives that affect each of the players. A selection of relevant projects include:

- Lead support to the New York State Department of Health 1115 waiver Delivery System Redesign Incentive Payment (DSRIP) program. The DSRIP program is a 5-year (2015-2020) program aimed at reinvesting \$8 billion in the NYS Medicaid system to further the NYS Triple Aim healthcare goals. KPMG is providing key support on program management and DSRIP policy design, large-scale analytics, restructuring support and payment reform.
- Supporting a number of Community Partners and Accountable Care Organizations (ACOs) achieve their goals for the MassHealth 1115 waiver DSRIP program.
- Setting up and implementing a statewide program for Rapid Cycle Continuous Improvement workshops to support multidisciplinary teams (hospitals, primary care, behavioral health) in their efforts to introduce value based care principles into their processes to reduce avoidable hospital use in cohorts of high-utilizer patients.

- Leading numerous strategic initiatives with hospitals to map out scenarios and business cases driven by value-based care principles to support the hospital's future sustainability and ensure market viability.
- Design and development of a KPMG Global International Hospital Benchmark on hospital quality and efficiency across the globe.
- Led the formal review of the efficacy of primary care physicians as gatekeepers in the Dutch healthcare system.

Publications

- Investing in social services as a core strategy for healthcare organizations: Developing the business case. Joint publication KPMG US and The Commonwealth Fund. April 2018.
- The opioid epidemic: Spotlighting international efforts to address the crisis. KPMG, January 2018.
- The opioid epidemic: a framework for action. KPMG, November 2017.
- The opioid epidemic: data-driven case studies. KPMG, November 2017.
- Moving the Needle on Payment Reform: Shift to Value-Based Models. KPMG Global, September 2017.
- Accelerating healthcare policy outcomes. KPMG, August 2017.
- Creating lasting change: A state-level approach to healthcare delivery system reform efforts. KPMG, January 2015.
- Value-based purchasing strategies for state employees. KPMG, October 2014.
- Integrated Care. KPMG Plexus, December 2013.
- The effectiveness of gate keepers in the Dutch healthcare system from 2000–2010. KPMG Plexus, March 2012.



Amy S. Lapierre

Director, KPMG LLP

Function and specialization

Experienced in healthcare policy reform

Representative clients

- District of Columbia
- State of Maine
- State of Massachusetts
- State of Connecticut
- State of New York
- State of Tennessee

Education, licenses & certifications

- MSW degree, Social Work, Rhode Island College
- BA degree, Psychology, University of Rochester
- Licensed Independent Clinical Social Worker, State of Rhode Island

Role on project: Subject Matter Professional

Background

Amy is a health care professional 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. Prior to joining KPMG, Amy served as an administrator for 10 years with the state of Rhode Island. In her role as administrator Amy led the Rhode Island Medicaid effort to prepare for the implementation of the Affordable Health Care Act within the State's new integrated eligibility system. Amy assisted with development, negotiation, and approval of Rhode Island's Section 1115 Global Medicaid Waiver. This included writing requests for specific waiver authority to achieve the State's policy goals, responding to formal Request for Additional Information from CMS, estimating caseload projections, budget savings and programmatic costs.

Professional and industry experience

A selection of relevant projects include:

- Conducted health and human service policy workshops with multi-agency health and human service stakeholders; recommended policy changes to streamline and integrate Medicaid and human services within a shared system.
- Wrote Medicaid business process flows and requirements, pro forma contracts, service level agreements and key performance indicators expected of a Systems Integrator. Amy assisted with writing a Request for Quotation to implement a new Medicaid eligibility system.
- Served as Business Lead overseeing a team of 25 people responsible for policy analysis, requirements elaboration, requirements traceability, fit/gap analysis, and system design in a Curam-based platform. Amy's team was responsible for the creation of elaborated application requirements, functional designs and business rules logic deliverables.
- Managed teams responsible for interpreting federal and state Medicaid, SNAP and TANF policies to implement an automated business rules engine. Amy also managed teams responsible for testing Medicaid, SNAP and TANF rules written in Oracle Policy Automation.
- Developed a Pilot testing approach, communicated with Federal partners and conducted train-the-trainer sessions to prepare the State for a new business eligibility rule engine. Amy assisted the State with achieving concurrence from FNS to move to pilot, followed by approval from FNS to move to state-wide roll out.
- Led the design and development roadmap workshops as part of a shared services assessment across Medicaid, State-based Exchange and human service programs to achieve the future state target operating model.

Matt Berry

Manager, KPMG LLP

Function and specialization

Experienced in healthcare policy reform

Representative clients

- Georgia Department of Labor
- Georgia Regional Transportation Authority
- Metropolitan Atlanta Rapid Transit Authority
- New York State Department of Transportation
- Riverside County, CA
- Tampa Bay Area Regional Transportation Authority
- State of Tennessee
- Virginia Department of Transportation

Education, licenses & certifications

- Master of Public Administration, University of Georgia
- Bachelor of Arts in Political Science, University of Georgia
- Project Management Professional (PMP)

Role on project: Project Manager

Background

Matt is a Manager 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.

Professional and industry experience

A selection of relevant projects include:

- Georgia Department of Labor (GDOL) - KPMG's performed a financial transformation project at GDOL that focused on three primary areas: financial systems review, operating environment assessment, and financial processes review. KPMG conducted a cost to perform key finance functions review, performed over 55 interviews within finance and top-level executives and reviewed various financial reports from more than 10 systems to assess challenges with the current financial systems state. KPMG developed over 70 financial processes within Financial Services: Budget, Accounts Payable, Accounts Receivable, Cash Management, Contract Administration, Grants Management, Payroll, Unemployment Insurance, and Other Accounting Functions. KPMG identified 50 recommendations and an implementation roadmap to assist in the reorganization and organizational financial process transformation. Matt led KPMG's Project Management Office assistance to support the implementation of recommendations, including change management and business enhancements around the implementation of a PeopleSoft financial system.
- Georgia Regional Transportation Authority (GRTA) and State Road and Tollway Authority (SRTA) - KPMG provided strategic financial planning assistance services to support the authorities' short term and long term planning activities. Matt helped develop a top down comprehensive review of the authorities' core supporting business and operating functions. As part of this engagement, Matt assessed potential efficiencies and improvements available through consolidating activities between GRTA and SRTA, including the development of potential future state centralized organization structures for direct functions and indirect functions such as human resources, information technology, and finance. Matt helped develop a strategic plan for GRTA and SRTA that included near term and long term cost saving measures, a Workforce Development Action Plan to address future state staffing issues, and long term capital and operating financial models.



Shireen Saxena

Manager, KPMG LLP

Function and specialization

Experienced in healthcare transformation and policy reform

Representative clients

- Centers for Medicare and Medicaid Services (CMS)
- NYS Department of Health

Education, licenses & certifications

- MScPH, Charité - Universitätsmedizin Berlin
- BA, Barnard College of Columbia University

Role on project: Research and Development lead

Background

Shireen Saxena is a Manager in KPMG's Government Healthcare Transformation Practice with over 10 years of operational, clinical, and research experience in healthcare. Her experience lies in process improvement, care system redesign, and building integrated care models. Shireen is currently a Research Lead and Manager on a CMS engagement focused on document requirements simplification as part of the "Patients Over Paperwork" initiative. Previously, Shireen managed KPMG's value-based payment workstream and designed and managed a statewide training program as part of New York State's 1115 waiver Delivery System Reform Incentive Payment (DSRIP) program.

Professional and industry experience

A selection of relevant projects include:

- Centers for Medicare and Medicaid Services (CMS) - Leading a research team focused on simplifying Medicare medical necessity documentation requirements to support CMS' Center for Program Integrity in reducing unnecessary provider burden.
- New York State Department of Health - Lead VBP workstream to support New York State in its implementation of value-based payment; reported to 3 key clients on the activity of 6 KPMG VBP teams focused on data, finance, and policy.
- New York State Department of Health - Designed a statewide training program for hospital teams focused on rapid cycle continuous improvement. Trained 75 professionals in facilitation, workshop design, and process improvement leading to the launch of 45+ pilot programs across NYS.
- Worked with the New York State 1115 waiver DSRIP Program Director to develop policy on workforce, clinical integration, and the integration of primary care and behavioral health.



Reenu Kalsi

Senior associate, KPMG LLP

Function and specialization

Experienced in intelligent automation assessment, benefit analysis, business process and performance improvement, organizational assessments, operations efficiency, business process mapping and re-design, and project management.

Representative clients

- Georgia Regional Transportation Authority
- Georgia State Road and Tollway Authority (SRTA)
- Eastern Bank of Cherokee Indians (EBCI)

Education, licenses & certifications

- B.S., University of Toronto
- M.S., Georgia State University
- MBA, Kennesaw State University

Role on project: Consultant

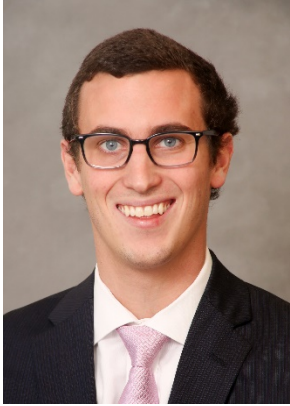
Background

Reenu is a member of the Financial Management Advisory practice with experience in both private and public sector clients. Reenu has a strong background in research, documentation, data analysis and validation and internal controls and compliance.

Professional and industry experience

A selection of relevant projects include:

- Large Health Care Services Company - Served as the process and reporting lead to support the development and execution of the reporting package for a new HFM application. Led a data validation training session with client staff, reviewed data validation files for completeness and worked with management to resolve issues. Led two KGS resources to assist with HFM report development, data mapping, and other project tasks as assigned. Conducted detailed review of client deliverables (e.g. Functional Design Document, Data Validation Testing Strategy) and developed workshop presentations. Executed overall project management by preparation of weekly status reporting, managing integrated work plan updates, completing monthly financial management, tracking receipt of client documentation (e.g. data load files) and data loads into new system.
- Large Financial Services Company - Led a smart automation assessment for more than 10 IT Compute processes to determine automation opportunities. Conducted deep dive discovery sessions with SMEs to gather detailed end-to-end process information for process analysis, document current and future state process flows, and calculate benefit potential. Identified and recommended 5 processes for automation yielding approximately \$450K to \$500K in annual benefit. Developed business cases detailing recommendations, development and implementation costs as well as automatable process hours. Assisted with developing a process design document (PDD) for bot development and implementation.
- Large Telecommunications Company - Provided deep dive current state analysis of a Point of Sale (POS) system including impacted and critical processes, roles and system integration points. Conducted stakeholder interviews to identify key dependencies, responsibilities, risks and integrity issues. Documented current state processes and integration points.



Will Richardson

Senior associate, KPMG LLP

Function and specialization

Will is a member of the Financial Management Advisory practice specializing in State and Local Government.

Representative clients

- Georgia Department of Community Health (DCH)
- Eastern Band of Cherokee Indians (EBCI)
- New York City Office of Management and Budget (NYC OMB)
- Federal Home Loan Bank of Pittsburgh (FHLB)
- Georgia State Road and Tollway Authority (SRTA)

Education, licenses & certifications

- B.B.A. University of Georgia

Role on project: Consultant

Background

Will joined the firm August 2015. He is a Senior Associate in the firm's State and Local Government Advisory practice.

Professional and industry experience

A selection of relevant projects include:

- Georgia Department of Community Health (DCH) - Supporting staff for an operational assessment of the Georgia Department of Community Health's Division of Financial Management's financial processes. KPMG evaluated the efficiency and effectiveness of the Division's operations, financial processes, policies, procedures, organizational structure, staffing levels, and training. KPMG developed a taxonomy of core Financial Management functional areas, analyzed the 17 functional areas to identify key risk areas for further analysis, and conducted more than 30 interviews with Division stakeholders. KPMG identified 23 opportunities for DCH's Division of Financial Management to function strategically and proactively within DCH. As a result of this operational assessment, DCH hired KPMG to implement multiple recommendations related to financial process mapping and improvement, KPI identification and measurement, realignment of roles and responsibilities, and policy and procedure assessment and improvement.
- Riverside County, California - supporting staff for an organizational assessment and operational analysis of the County's Human Resources and Finance and Accounting functions county-wide. The assessment included analysis of each department's financial function to identify opportunities for efficient consolidation of administrative functions and services to support a shared services model and enhanced processes.
- DeKalb County, Georgia – Lead staff for an assessment of DeKalb County's water metering and billing operations. KPMG evaluated the efficiency and effectiveness of the County's water metering and billing operations, including supporting technology and human resource strategies.



Ryan Meyer

Associate, KPMG LLP

Function and specialization

Ryan specializes in state and local government projects.

Representative clients

- Kentucky Transportation Cabinet
- Atlanta Housing Authority
- Georgia State Road and Tollway Authority
- University of Texas - San Antonio
- City of Austin

Education, licenses & certifications

- Master of Public Administration, University of Georgia
- BA Political Science, The University of Texas - Austin

Role on project: Business Analyst

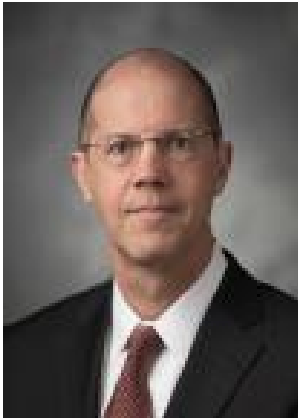
Background

Ryan is a member of the Financial Management Advisory practice specializing in State and Local Government. Prior to joining the firm in December of 2017, Ryan worked for two and a half years at the Georgia Department of Audits and Accounts where he conducted performance audits and special examinations of state agencies. He brings knowledge and experience in compliance and performance audits, organizational reviews, risk identification, benchmarking, and process improvement.

Professional and industry experience

A selection of relevant projects include:

- *Louisville Southern Indiana Ohio River Bridges (LSIORB)* – KPMG presently provides financial toll advisory and oversight services to the LSIORB board involving the State of Indiana and the Commonwealth of Kentucky. The project is a bi-state construction, reconstruction, rehabilitation, and toll implementation project to address transportation needs in a metropolitan region.
- *Austin Energy* – Assisted Austin Energy with an assessment of its cost allocation model and identification of potential gaps or opportunities for improvement. The assessment included review of past expenditures, allocation factors, as well as benchmarking with other utility systems. KPMG recommended strategic enhancements to cost allocation factors and technology to improve functionality.
- *Osceola County, FL* – Assisted the County in the preparation of Full Cost and 2 CFR 200 (formerly OMB Circular A-87) central service cost allocation plans. Studies entailed the allocation of indirect costs for the development of overhead rates, the development of a Full Cost and A-87 allocation plans, and the assessment of direct cost charges to maximize recovery of costs, both direct and indirect.
- *State Road and Tollway Authority (SRTA)* – Refreshed SRTA's strategic financial planning model to support the authorities' short term and long term planning activities. Developed recommendations for future state staffing issues, and long term capital and operating financial models.



Kurt J.F. Giesa, FSA, MAAA

Partner, Oliver Wyman

Education, licenses & certifications

- University of Wisconsin - Madison, M.B.A., Actuarial Science
- University of Washington, Bachelor of Arts, mathematics and English, cum laude

Professional memberships

- Fellow of the Society of Actuaries (1993)
- Member, American Academy of Actuaries (1991)

Role on project: Partner (strategy)

Background

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

Professional and industry experience

A selection of relevant projects include:

- Modeling the impact of legislative proposals meant to alter or replace the ACA including the elimination of the mandate
- Preparing pricing and then filing ACA-compliant products for a large, multi-state issuer
- Support for a national association of health plans in its efforts to inform and influence policymakers regarding the Affordable Care Act
- Analysis for the Massachusetts Division of Insurance of the impact of health insurance reform in Massachusetts on the individual market
- Assisting a Medicaid health plan in formulating its strategies related to the ACA and specifically the under 250% FPL population
- Modeling the impact of insurance market reforms for a number of states in their exchange planning efforts

Publications

Kurt has authored numerous papers and articles. Recent pieces include "Reinsurance Pass-Through Funding Savings Calculator," "Potential Impact of Defunding CSR Payments," "Estimating State Allocations under the AHCA's Patient and State Stability Fund," "Net Premiums under the AHCA," "A Story in 4 Charts: Risk Adjustment in the Non-Group Market," and "My Generation" dealing with restrictions on age rating in the ACA published in Contingencies, the magazine of the American Academy of Actuaries.



Tammy P. Tomczyk, FSA, MAAA, FCA

Partner, Oliver Wyman

Education, licenses & certifications

- University of Wisconsin - Whitewater, B.B.A.,
Mathematics and Finance, cum laude

Professional memberships

- Fellow of the Society of Actuaries (2004)
- Member American Academy of Actuaries
(2001)
- Fellow of the Conference of Consulting
Actuaries (2014)
- Fellow of the Life Office Management
Association (1995)
- Associate of the Health Insurance Association
of America (1993)
- Vice Chair, American Academy of Actuaries
Health Practice Council (2019)
- Member, American Academy of Actuaries
Individual and Small Group Markets, and Health
Care Delivery committees

Role on project: Partner (strategy)

Background

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.

Her experience includes product development and pricing for many types of commercial health products, Medicare Advantage pricing, reserve analysis, evaluation of risk based provider contracts, trend analysis, fee schedule analysis and benchmarking, financial management and forecasting, underwriting process reviews, risk adjustment, evaluating risk based provider contracts, and modeling the impact of policy changes.

Tammy is considered an industry leader on the Affordable Care Act (ACA), specializing in the Individual and Small Group markets. In addition to assisting health plans in the development of strategies and pricing of ACA compliant products, she has assisted many states in studying their options under Section 1332 of the ACA, and performing actuarial analysis to support several successful Section 1332 Waiver applications. She has also assisted clients by performing modeling to analyze the impact of proposed changes to the ACA, including options targeted at stabilizing the Individual market. Tammy is co-author of the practice's healthcare reform microsimulation model and oversees the practice's suite of commercial pricing tools

Professional and industry experience

A selection of relevant projects include:

- Assisting health plans develop pricing and product strategies for the post-2014 reformed Individual, Small Group and Large Group markets
- Managing large projects to model the impact of insurance market reforms, including state specific Section 1332 Waiver applications
- Performing various claim analytics including population specific cost and utilization benchmarking, trend analysis, and fee schedule evaluation
- Analysis and implementation of various risk sharing and risk-based contracting arrangements
- Modeling the impact of insurance market reforms for a number of states in their exchange planning efforts
- Analyzing the financial impact of legislative and regulatory proposals, and modeling ways to stabilizing the individual market

- Performing comprehensive reviews of new business and renewal underwriting strategies, including the development of merit underwriting models



Mallory Grossman

Analyst, Oliver Wyman

Education, licenses & certifications

- University of Wisconsin-Madison, Capstone Certificate in Actuarial Science
- Indiana University Bloomington, B.A. Mathematics

Role on project: Consultant

Background

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.

Professional and industry experience

A selection of relevant projects include:

- Analyzing Medicare and commercial claims data
- Providing support with modeling of provider's alternative payment contracts with downside risk
- Reviewing carrier rate filings on behalf of state regulatory agencies
- Providing support for medical fee schedule analyses
- Supporting consultants on various pricing and reserving projects
- Developing, revising, and maintaining various internal commercial and Medicare Advantage tools
- Utilizing computer programming skills used to evaluate data



Taylor Gehrke, ASA, CERA, MAAA

Consultant, Oliver Wyman

Education, licenses & certifications

- University of Wisconsin-Milwaukee, B.A., Actuarial Science (May 2015)

Professional Memberships

- Associate of the Society of Actuaries (2017)
- Member American Academy of Actuaries (2017)
- Chartered Enterprise Risk Analyst (2018)

Role on project: Consultant

Background

Taylor is an Associate of the Society of Actuaries, a Chartered Enterprise Risk Analyst, and a member of the American Academy of Actuaries.

Professional and industry experience

A selection of relevant projects include:

- Pricing of Individual and Small Group ACA compliant major medical health products
- Reviewing various regulatory filings submitted by health insurance companies for state and Federal regulators
- Preparing regulatory filings submitted on behalf of health insurance companies and HMOs
- Performing risk adjustment analysis for health insurance companies
- Maintaining Oliver Wyman's microsimulation model used in support of Section 1332 Waivers
- Performing analyses to assess the impact of changes in health policy, regulations, and statute using Oliver Wyman's healthcare reform microsimulation model
- Performing microsimulation modeling in support of Section 1332 Waivers to implement reinsurance programs in the Individual market
- Assisting with the development and maintenance of Oliver Wyman's internal commercial pricing tools
- Broad computer programming skills used in the evaluation of client databases



Megan Anstett

Analyst, Oliver Wyman

Education, licenses & certifications

- University of Wisconsin-Milwaukee, B.A. Actuarial Science and Economics, Magna Cum Laude

Role on project: Consultant

Background

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.

Professional and industry experience

A selection of relevant projects include:

- Analyzing client and national claims data for Medicare and commercial coverages
- Assisting with the development and maintenance of Oliver Wyman's internal pricing tools
- Performing trend analysis of medical claims
- Reviewing commercial rate filings for the individual and small group markets on behalf of state regulatory agencies
- Providing support in new development of Oliver Wyman's Healthcare Reform Microsimulation Model used to analyze the impact of various proposed healthcare reform legislation
- Assisting in pricing Individual and Small Group ACA compliant major medical health products
- Participating in Medicare Advantage pricing and bid preparation
- Calculating future claims costs and reserves
- Performing data reconciliation
- Broad computer programming skills used to evaluate data

KEVIN MEHTA

Chief Technology Officer, Payformance Solutions (an Altarum Institute subsidiary)

Education, licenses & certifications

- University of Illinois, BA Economics
- Massachusetts Institute of Technology, Big Data course
- University of Chicago Booth School of Business, Financial Accounting

Role on project: Supervisor to Altarum data team

Background

Kevin is CTO at Payformance Solutions, a health-tech company dedicated to advancing payment transformation in the healthcare industry. Payformance Solutions is a subsidiary of Altarum Institutes and is a platform-as-a-service dedicated to advancing payment transformation in the healthcare industry. Our platform and services focus on what really matters: aligning incentives to ensure insurers and providers deliver effective health outcomes for patients, at the lowest cost. Since going live in July 2018, we have processed 1B claims & 24M episodes representing 9M covered lives uncovering \$3.6B in opportunity. Find us at the intersection of healthcare, tech, & social good.

Prior to Payformance Solutions, Kevin spent 11+ years as a Management Consultant at KPMG where he most recently served as National Lead for KPMG's Analytics Driving Insights (KADI) practice with a special focus on Government Health and Human Services. In this role, he focused on transforming healthcare by using data analytics to improve patient outcomes, quality of care, and manage costs.



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