Agenda

1. Introductions of Team Members Present
2. Understanding of the Project
3. What We Offer for Georgia
4. Project Staffing
5. Project Approach
6. Next Steps
7. Questions and Answers
Introductions
Sean Huse

• Leader of PCG Health’s Policy and Information Technology Center of Excellence.

• Over 20 years of Medicaid and Marketplace consulting leadership.

• Health finance and cost accounting expert.
Richard Albertoni

• Manager on PCG Health Policy Team
• Seasoned veteran of Medicaid and state health care innovation.
• Served on Wisconsin’s Medicaid leadership team on several high profile projects.
• PCG’s lead on state healthcare transformations ranging from Health Insurance Marketplace implementation, to Medicaid expansion, and Managed Care Implementation.
Lisa Lee

- Associate Manager for PCG Health Policy Team
- 23 years of experience with Kentucky State Government, including 16 years with the Cabinet for Health and Family Services.
- Expertise in Medicaid Expansion and implementation of the Affordable Care Act.
- Assisted with the implementation of the highly successful Kentucky Benefit Exchange, Kynect.
Alicia Holmes

• Senior Consultant for PCG Health Policy Team
• Experienced project manager for large scale, multi-agency reform efforts.
• Subject matter expertise to support state healthcare reform efforts, including Marketplace policy, operations and compliance.
• Expertise in strategy development and implementation planning for behavioral health, commercial health insurance, and Medicaid.
Chantal Stepney

- Senior Consultant for PCG Health
- Over 10 years of program management experience with the public sector
- Specializes in the Agile project management, Adaptive Project Framework approach
- Provided program oversight for ten PCG education projects in Georgia including the statewide School-Based Medicaid engagement.
Julie Peper

• Principal and Senior Consulting Actuary at Wakely
• Expertise in market stabilization and the impact of state-based reinsurance programs and other policy options
• Experienced in developing successful 1332 waivers across multiple states.
• Supported many states and health plans on the implementation of the Affordable Care Act and other state specific reform activities
Michael Cohen

• Senior Consultant, Policy Analytics at Wakely

• Supported over a dozen states on various health policy initiatives including 1115 waiver, 1332 waiver, and market stabilization efforts.

• Subject matter expert on various commercial insurance initiatives, including risk adjustment, health policy, program integrity, and insurance oversight activities.
Understanding of the Project
Patients First Act

Authorized 1115 waiver to expand Medicaid up to 100% FPL and implement Special Terms and Conditions without further legislative action.

Provides authority to submit one of more 1332 waivers and implement without further legislative action

Builds on Georgia’s past interest in considering a uniquely Georgia solution to expanding healthcare access.
Why PCG is the Right Fit

Broad experience with Medicaid and Marketplace operations will inform program design and assure successful program implementation.

State healthcare reform leadership with emphasis on customized state innovations

Vision for aligning commercial markets and public sector coverage

Access to CMS as a current trusted partner

Public sector healthcare strategy and management is what we were made to do.
What We Offer for Georgia
Unique Mix of Commercial Insurance and Medicaid Expertise

- QHP and Marketplace compliance experts
- Partners to 42 states for Medicaid finance, policy and operations work
- Advisors to CCIIO on 1332 waiver concepts and development

PCG was a key partner to Arkansas and New Hampshire, helping develop programs to serve Medicaid through private market options.
Market Leadership in 1332 Waivers

PCG is partnering with the market leader in 1332 waiver economic and actuarial analysis in Wakely Consulting.

Wakely is frequently hired to complete actuarially and economically sound health insurance market analyses, and has facilitated approval of three 1332 waivers.

Oregon  Wisconsin  Maryland
Experience with Current Guidance

**Medicaid**

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

**Marketplace**

- **November 29, 2018** State Relief and Empowerment Waiver Concepts
- **October 22, 2018** State Relief and Empowerment Waiver Guidance
In-Depth Understanding of Federal Priorities

PCG has drafted 3 community engagement 1115 waivers, and directly supports CCIIO efforts to develop 1332 waiver technical assistance materials through the CMS Alliance to Modernize Healthcare (CAMH).
Medicaid Financing Expertise

- Inter-Governmental Transfers
- Certified Public Expenditures
- Provider Assessments
- Disproportionate Share Hospital
- Upper Payment Limits
- Documenting Hospital Uncompensated Care
## Vast and Recent 1115 Experience

### 1115 Waiver Experience

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<th>Project</th>
<th>Concept Development</th>
<th>Waiver Drafting</th>
<th>Stakeholder Engagement</th>
<th>Budget Neutrality</th>
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Project Staffing
Our core team stands ready to support DCH from project management to data analysis, policy development and regulatory expertise.

- Cross Sector Leadership
- Waiver Specialists
- Regulatory Expertise
- Local Liaison
## Staff Experience

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<th>Key Staff</th>
<th>Medicaid Program Laws and Regulations</th>
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<th>Private sector health insurance</th>
<th>Federal and state 1115 and 1332 approval processes</th>
<th>Existing healthcare delivery systems</th>
<th>Healthcare priorities of the President, HHS and CMS leadership</th>
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<td>Drew Weiskopf</td>
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<td>Lisa Lee</td>
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## Project Team Locations

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<th>Key Staff</th>
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<tr>
<td>Rich Albertoni</td>
<td>Engagement Manager</td>
<td>Madison, WI</td>
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<td>Alicia Holmes</td>
<td>Project Manager</td>
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<td>Chantal Stepney</td>
<td>PCG Atlanta Office Liaison</td>
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<td>Thomas Entrikin</td>
<td>Regulatory Analyst</td>
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<tr>
<td>Drew Weiskopf</td>
<td>1332 Lead</td>
<td>Nashville, TN</td>
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<td>Lisa Lee</td>
<td>1115 Lead</td>
<td>Frankfort, KY</td>
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<td>Kaitlyn Gilbert</td>
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<td>Julie Peper</td>
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<td>Julia Le</td>
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PCG in Georgia

Department of Behavioral Health and Developmental Disabilities

- Financial Management Services
- Mental Health Data Warehouse IV&V Project
- System Design and Funding Consultation Services

Department of Community Health

- Medicaid Enterprise Architecture (MITA) Project
- School Based Medicaid (CISS and ACE) Program Services

Department of Public Health

- Reimbursement Improvement in Public Health Departments

Georgia Local Education Agencies

- Virtual Total Learning Architecture (TLA)
- Data Management System Technology and Training Services
- Pepper™ Virtual Professional Learning Network Services

Department of Human Services

- Eligibility IV&V Project

Division of Family and Children Services

- TANF Maintenance of Effort (MOE) Services

Department of Juvenile Justice

- Title IV-E Funding Consultation
Project Approach
Background
CMS 1115 Waiver Priorities

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals
- Strengthen beneficiary engagement, including incentive structures that promote responsible decision-making
- Promote efficiencies that ensure Medicaid’s sustainability over the long term
- Enhance alignment between Medicaid policies and commercial health insurance to facilitate smoother transition
- Support strategies to address health determinants, improve mobility, independence, and quality of life among individuals
- Advance innovative delivery system and payment models to strengthen provider capacity and drive greater value for Medicaid.
Partial Medicaid Expansion

**Key Challenge:** CMS has not approved a waiver that permits a state to access the enhanced Medicaid match rate if they do not expand up to 138% FPL.
Partial Medicaid Expansion Examples

Utah

- CMS did permit Utah to cap enrollment of its Medicaid expansion population under a waiver that expands the MAGI eligibility category to 100% FPL.
- The cap helps Utah manage to a budget at the State’s standard FMAP rate.

Wisconsin

- Wisconsin chose to expand up to 100% FPL and finance the cost of doing so at the standard state FMAP rate.
- State reinvested funds that had previously paid for coverage of non-disabled, non-elderly parents and caretakers up to 200% FPL.

PCG’s perception is that HHS leadership supports partial expansions to the extent they accomplish broader waiver goals but has not yet persuaded the Administration to approve them (as documented by the late Robert Pear in the New York Times July 30, 2018 edition).
Partial expansion with limited investment of state general revenue funds is a **healthcare finance problem**.

PCG’s vast healthcare finance experience can help Georgia solve for this:

- Indigent Care Trust Fund
- Current county funds supporting Grady Hospital (Fulton & DeKalb Counties)
- UPL Payments
CMS 1332 Waiver Priorities

- Encourage sustainable spending growth
- Increase access to affordable private market coverage
- Support and empower those in need
- Foster state innovation
- Promote consumer-driven healthcare
1332 Waiver Concepts

- Offering coverage through non-Qualified Health Plans
- Designing Exchange subsidy alternatives
- Adjusted Plan Options
- State Specific Premium Subsidies
- Account Based Subsidies
- Risk Related Options
- Funding consumer health expense accounts
- Management of high risk enrollees

PCG brings access to CMS leadership as their trusted partner
Project Details
Project Summary

Phase 1

• Project Kickoff
• National Environment Scan Summary Report
• Georgia Environment Scan Summary Report

Phase 2

• Primary Stakeholder Engagement
• 1115 Waiver Options Report
• 1332 Waiver Options Report
• Combined Waiver Options Report

Phase 3

• Draft 1115/1332 Waiver Application
• Public Comment
• Waiver Application Submission
• Waiver Negotiations with CMS and US Treasury
National Environment Scan

SCOPE

Documentation
Create waiver templates based on federal requirements and guidance.

Research
1115 waivers: Approved waivers including key components, evaluation criteria, public comments, and impact.

1332 waivers: Approved waivers including key components, impact, and population factors:
- health status,
- insurance coverage,
- eligible but unenrolled populations,
- employment and social determinants.

KEY RESOURCES

- Extensive experience preparing waivers in other states
- Network of State contacts to gather additional details as needed
- Strong familiarity with MEPS, ACS, CDC and BLS data, as well as other data aggregators.
Georgia Environment Scan

**SCOPE**

**People**
Target population, including insurance status, condition prevalence data, income, employment, incarceration, education, available housing data, and social services data

**Payers**
Payer mix across public and private sectors, coverage issues, complaint and independent review organization data

**Providers**
Network adequacy across primary care, specialties and facility types, workforce shortage areas, telehealth and integration strategies.

**KEY RESOURCES**

- Experience conducting environmental scans for Medicaid, commercial insurance, and behavioral health
- Cross-sector payer expertise, including network adequacy reviews for the public and private sectors
- Strong familiarity with MEPS, ACS, CDC and BLS data, as well as other data aggregators.
Primary Stakeholder Engagement

SCOPE

Based on our previous experience in similar scopes of work, potential collaborators and stakeholders to include in this engagement include:

- State Agencies
- Health Care Providers
- Customer Groups
- Organization Boards

KEY RESOURCES

- Staff expertise in all forms of stakeholder engagement and communication
- Extensive experience with public comment administration and evaluation processes
- In depth understanding of the challenges faced by each stakeholder group during similar reform efforts
Draft Waiver Options

1115 Waiver
- Assess State Plan and determine options that may be implemented through SPA
- Develop 3 key concepts, including authorities, policy implications, projected enrollment and expenditures, service delivery capacity, and economic impact assessment.

1332 Waiver
- Assess options and identify authorities, policy implications, projected enrollment, impact to premiums, risk profiles across commercial insurance markets.
- Provide overview of operational and information technology requirements, and governance recommendations.

“Super” Waivers
Consider ways to coordinate 1115 and 1332 options as a “super waiver.” State coordination of 1115 and 1332 waivers has been anticipated by CMS and the Department of Treasury. Specific regulations have been developed to guide states interested in such coordination.
1115 Waiver Drafting Process

- Draft Application including concept description, operations, final budget neutrality statement, and all supporting exhibits.

- Draft Waiver Application

- Public Comment
  - Establish public notice process and guidance documents
  - Prepare Tribal Notification (60 days prior to submission to CMS)
  - First Public Hearing (at least 20 days prior to submitting waiver to CMS)
  - Second Public Hearing (at least 20 days prior to submitting to CMS)
  - Third Public Hearing (at least 20 days prior to submitting to CMS)

- Final Submission
  - Amend Application based on public comment and additional guidance, working with DCH.
1332 Waiver Drafting Process

- Draft Application including actuarial analysis and actuarial certificates to support State estimates, 10-year budget plan, operational plan, and coverage impact statement

- Establish key public notice process and guidance documents
  - Prepare Tribal Notification (30 days prior to submission to CMS)
  - First Public Hearing
  - Second Public Hearing

- Amend Application based on public comment and additional guidance, working with DCH.

www.pcghealth.com | www.wakely.com | Georgia Department of Community Health: Patients First Act Support
Waiver Negotiations

Simple steps to keep negotiations churning toward approval

- Work with CMS Early
- Prioritize concept development
- Negotiate with STCs in mind
# Project Timeline

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Next Steps
Immediately Ready to Start Work

We are confident our unique mix of Medicaid and commercial experience will provide a “Georgia Solution” that best meets the State needs and policy priorities.
Questions & Answers