

Anne Jacobs, PhD

Managing Director

ajacobs@navigant.com
Washington, DC
Direct: 202.973.3124

Professional Summary

Anne Jacobs is a Managing Director and leads the Federal practice within Navigant's Government Healthcare Solutions business unit. Anne frequently serves as Project Director for large, complex, multi-year engagements on behalf of government agencies. Her clients have included US DHHS, the Veterans Healthcare Administration, Governors' offices, more than a dozen state Medicaid agencies, Departments of Health, and other health and social services agencies and commercial payers.

Areas of Expertise

- Directs engagements that involve strategic planning, regulatory analysis, change leadership activities, data analytics and modeling, stakeholder engagement and communications, and development of governance models to assist government agencies in the design, implementation, ongoing monitoring, and evaluation of public healthcare programs and reform initiatives.
- Has extensive experience in the design and application of value based insurance design principles, including both financial and non-financial incentives and performance measurement, and in alternative approaches to government purchasing, provider payment and consumer empowerment.
- Directs teams in extensive clinical and cost data analytics through the use and development of client databases, as well as publicly and commercially available databases to support decision-making and program management using population health measurement approaches, quality and cost benchmarks and other analytics methods to drive transformation in the healthcare delivery system.

Professional Experience

Medicaid Reform

- Directed support of the Commonwealth of Pennsylvania's Department of Public Welfare as it considered the implementation of various initiatives to contain Medicaid program costs. Reviewed data analyses for proposed program changes. Surveyed states regarding Medicaid initiatives related to managed care programs, disease management, pharmacy, home- and community-based waivers, and non-emergency medical transportation to learn of such issues as implementation processes, lessons learned, and achieved savings.

Anne Jacobs, PhD

Managing Director

- Managed a project for the Commonwealth of Pennsylvania's Office of Medical Assistance Programs to evaluate its internal provider enrollment, provider services and prior authorization operational processes. Recommended modifications to these operational processes to create efficiencies, allow the Commonwealth to process provider applications more efficiently, respond to provider requests and conduct prior authorization more timely.
- Assisted in a comprehensive Medicaid reform project for the State of Idaho to provide technical and operational assistance to the Medicaid agency in its support of the Idaho Governor's Medicaid Reform Advisory Council. Involved in all aspects of this project, from initial planning and research to development of reform recommendations to implementation of initiatives. Analyzed Section 1915 and 1115(a) waiver demonstration requirements, assessed the impact of a variety of potential waiver programs. Investigated various financing, coverage and enrollment options for special needs populations, including dual-eligible individuals.
- Evaluated options for Medicaid insurance reform for the State of Wyoming Health Care Financing Division. Support included development of methodology to analyze historical enrollment and service utilization and expenditure trends, review of relevant federal authorities and potential insurance reform models, and presentation of program reform options and relevant historical information to providers, advocates, and policymakers. Designed and conducted patient and provider surveys to gather baseline information about satisfaction with, quality of, and access to care.
- Researched options for healthcare reform and evaluated the impact of national reforms on the State of Alaska. Summarized and interpreted the Health Security Act and other national health reform proposals, and analyzed the potential impact fiscal and economic impact of the Health Security Act and other national health reform proposals on Alaska, as well as the potential impact on the delivery system and access to care.

Medicaid Managed Care

- Directed support for a dozen states to design, implement, monitor, and evaluate Medicaid managed care programs. States include California, Delaware, Georgia, Illinois, Indiana, Kansas, Mississippi, New Hampshire, Pennsylvania, Tennessee, Texas, and Virginia. Project work has involved:
 - Planning and implementation of regional and statewide mandatory Medicaid managed care programs for Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) populations;
 - Assessment of contractors to determine readiness to provide managed care;
 - Assistance with procurement of Medicaid managed care contractors, including managed care organizations (MCOs), enrollment brokers, preferred drug list vendor, medical management review system, enhanced primary care case management (PCCM);

Anne Jacobs, PhD

Managing Director

- Evaluation of methodology used to set capitation rates and related policies;
 - Supported monitoring activities to address all areas of contractor performance, including encounter data claims submission, claims processing, provider payment, financial stability, and member and provider services;
 - Implementation of new internal operational business processes to support Medicaid agency objectives;
 - Supported Medicaid encounter claims and medical record reviews to assess completeness, accuracy, and timeliness of encounter claims;
 - Analysis of Medicaid program data, including both fee-for-service and managed care encounter data, to support monitoring and quality improvement activities;
 - Development of internal monitoring report, executive summaries, and dashboard reports for senior leadership; and
 - External quality review of state Medicaid managed care programs.
- Directed an extensive project for the Commonwealth of Pennsylvania to implement, operate, and evaluate a statewide mandatory Medicaid managed care program for the TANF and SSI populations.
 - Directed an engagement with California Health Care Foundation (CHCF) and California Medi-Cal Managed Care Division to develop Medi-Cal managed care performance dashboard and examine performance of county-based and commercial Medi-Cal health plans using identified clinical outcome and operational measures. California Medi-Cal uses the dashboard to monitor and improve Medi-Cal managed care program performance and increase program transparency by making the dashboard publicly available.
 - Directed a project for Georgia to design and implement a Medical Coordination Program for individuals who are aged, blind, or disabled. Managed development of key design features, conduct of national research and review of input received by key stakeholders. Supported workgroups in developing the program design. Managed support to procure a vendor to administer this program, developed procurement materials, and served as a subject matter expert.
 - Provided ongoing technical assistance to selected states under contract by the Center for Health Care Strategies. Assisted states with the design and implementation of Medicaid managed care contract monitoring approaches.
 - Assisted with the development and implementation of hospital-based Medicaid managed care networks for several large teaching hospitals in the States of Illinois and Texas. Conducted feasibility studies in coordination with actuaries, and developed organizational design specifications and Medicaid management information system procurement plans. Reviewed and commented on draft waiver applications and rules.

Anne Jacobs, PhD

Managing Director

- Evaluated an 1115(a) Medicaid managed care program proposal on behalf of a State hospital association. Analyzed proposed State policies and made recommendations regarding capitation ratesetting methodologies, provider network composition, and definition of managed care organizations.
- Coordinated evaluation of a Sacramento County, California program that provided “one-stop shopping” for County welfare recipients. Analyzed immunization rates, recipient and employee empowerment, program costs, and school services to evaluate the impact of the program.
- Developed a primer on capitation ratesetting for a national conference of state Medicaid executives funded by The Robert Wood Johnson Foundation’s Center for Health Care Strategies. Also developed a primer on Medicaid managed care organization performance reporting.
- Directed a project funded by The Robert Wood Johnson Foundation’s Center for Health Care Strategies to assess transition strategies used by state Medicaid agencies when health plans exit the Medicaid managed care marketplace.
- Coordinated a study to evaluate the effects of Montana’s Medicaid Primary Care Case Management program on access to, cost of, and quality of healthcare for Medicaid recipients. Evaluated provider and patient surveys, as well as utilization and expenditure analysis using claims data.
- Assisted managed care organizations in the development of proposals in response to Requests for Proposals released by state Medicaid agencies and the Federal government.

Federal Initiatives

- Assisted the US Department of Veterans Affairs (VA) with assessing business practices of the Non-VA Care Program, which pays more than \$5.5 billion for Veterans healthcare at non-VAMC facilities. Reviewed technology, processes, and procedures for Non-VA Care program nationally and revenue cycle business processes. Along with Grant Thornton, issued a report of finding and recommendations to congress for improving VA payment accuracy and timeliness to providers.
- Provided directing assistance to the Centers for Medicare and Medicaid Services (CMS) to support Medicaid managed care and Home- and Community-Based Services (HCBS) rate and contract reviews to evaluate compliance with CMS guidance and potential risk exposure.
- Provided directing technical assistance on a national basis to Consumer Operated and Oriented Plans (CO-OPs). CO-OPs are new health plan entities that must address the requirements of the ACA and the Exchange in each state.

Anne Jacobs, PhD

Managing Director

- Directed engagement to advise the Veterans Health Administration (VHA) in development of a Quality Measurement Plan and implementation strategies for the VHA's Purchased Care programs. We identified current best practices and emerging trends in quality measurement used by commercial healthcare payers, state Medicaid agencies, and other Federal payers (e.g., the Centers for Medicare and Medicaid Services and TRICARE) through interviews, literature review, and additional research. We then made recommendations on the types of quality measures most appropriate for two of the VHA's Purchased Care programs and we developed options for implementation strategies that the VHA can use to implement the Quality Measurement Plan.
- Directed a multi-year, large engagement, to assist the U.S. Department of Veterans Affairs National Payer Relations Office to conduct reviews of Veteran's Administration Medical Center (VAMC) agreements with third-party insurance companies across the country. Analyzed claims data, rate data and contract provisions to determine whether third-party payers are in compliance with federal reimbursement regulations, which require that third-party insurance companies reimburse Veteran's Administration Medical Centers at rates equal to or better than the rates it reimburses other non-government community providers.

Government Payment Transformation

- Assisted in the design of a billing review for a large physician clinic performed in the context of a voluntary self-disclosure to the Department of Health and Human Services, Office of Inspector General. The final review addressed service areas such as mammography, echocardiography, laboratory, evaluation and management, and respiratory care.
- Managed a review of nursing home and medical supplier records for compliance with Federal anti-kickback regulations. Conducted a review in preparation for a voluntary self-disclosure to the Department of Health and Human Services, Office of Inspector General.
- Coordinated and acted as the key client point person for an extensive engagement with the State of Indiana to implement an inpatient hospital Diagnosis-Related Group (DRG) and a level of care reimbursement system. Developed a reimbursement system for inpatient psychiatric care in psychiatric distinct part units and freestanding hospitals. Reviewed and assessed alternative policies, developed impact analyses, prepared Boren Amendment findings, drafted rules, provider notices, and State Plan Amendments and developed State training presentations and manuals.
- Coordinated a study to evaluate the effects of hospital closures on Medicaid recipients. Examined the impact of hospital closures on service utilization by Medicaid recipients living in the geographic areas surrounding the hospitals. Also examined the impact of hospital closures on emergency room utilization, inpatient hospital admissions for Ambulatory Care Sensitive Conditions, as well as other inpatient utilization rates and statistics.

Anne Jacobs, PhD

Managing Director

- Managed an engagement to develop a new outpatient reimbursement methodology for the New Jersey Medicaid program. Modeled rates using more than three million outpatient claims and Medicare cost reports for 105 hospitals. Developed a prospective payment methodology for outpatient mental health and therapy services and analyzed other service categories such as emergency care, laboratory, and radiology. Presented recommendations to collect data, which led to the analysis of additional outpatient services using Ambulatory Patient Groups payment methods.
- Coordinated and acted as the key client point person for an extensive engagement with the State of Indiana to implement an outpatient hospital reimbursement system. Reviewed and assessed alternative policies, developed impact analyses and drafted rules and provider manuals.
- Coordinated and acted as the key client point person for an extensive engagement for the State of Indiana to implement a Resource-Based Relative Value Scale physician reimbursement system. Reviewed and assessed alternative policies, assisted with impact analyses, assisted with drafting rules, provider notices, and State Plan Amendments, and developed State training presentations and manuals.

Health Information Technology

- Directed project to assist to the Commonwealth of Pennsylvania on the continued development, implementation, and logistics of the Medicaid EHR Incentive Program. Worked extensively with the Office of Medical Assistance Programs (OMAP) on its EHR Incentive Program design and implementation and drafting its State Medicaid Health Information Technology Plan (SMHP).
- Directed a project to assist the Pennsylvania OMAP and Governor's Office of Health Care Reform in analyzing the financial impact of the Pennsylvania Health Information Exchange on projected savings for all payers including Medical Assistance, Medicare, and commercial insurers. Projected savings anticipated to result from the implementation of a statewide HIE, including savings for Medical Assistance; consulted numerous academic and Pennsylvania payers and stakeholders regarding methodology and study findings; identified existing data sources and data gaps in which were used to shape the study methodology; developed a flexible model for the Governor Office's continued use as variables changed (e.g., EHR adoption rates, HIE take-up rates, demographics, healthcare utilization rates).

Anne Jacobs, PhD

Managing Director

Behavioral Health

- Directed a project for the Commonwealth of Pennsylvania's Office of Social Programs to clarify and evaluate the current reimbursement system for each of the Bureau of Home- and Community-Based Services' Medicaid waiver programs providing attendant care and other services to physically disabled Medicaid recipients.
- Managed a project with the State of Wyoming Health Care Financing Division to evaluate reimbursement rates for Residential Treatment Facilities. Reviewed Residential Treatment Facility cost reporting requirements and ratesetting methodologies used by various states. Worked with the State and Wyoming Medicaid providers to develop potential cost reporting, client assessment and ratesetting methodologies that could be employed in the State.
- Evaluated a proposal to design a behavioral health carve-out for the Medicaid program for the State of Idaho. Examined the behavioral health infrastructure in Idaho and other states' experiences with Medicaid behavioral health carve-out programs.
- Assisted the State of Delaware in the design of a behavioral health carve-out program for its Medicaid managed care program. Assisted in the development of a screening tool to determine eligibility for the behavioral health carve-out program and assisted in defining the benefit package.
- Conducted a study funded by the National Institute of Mental Health to evaluate the effects of hospital closures on access to, cost of and quality of care for Medicare patients with psychiatric and substance abuse diagnoses. Managed 10 national-level databases, including more than 60 million Medicare billing and utilization records. Defined, mapped, and analyzed hospital market areas for sample hospitals and refined project methodologies as required.

Long-term Care

- Directed engagements to assist numerous state Medicaid agencies in the feasibility assessments and design of Medicaid Managed Long-Term Care (MMLTC) programs to cover the full range or a subset of Medicaid long term services and supports. Work has involved approaches to uniform assessments, capitation rate setting and risk adjustment, integration of physical and behavioral healthcare, provider network composition and adequacy, use of health homes and other innovative
- Assisted the State of Texas in developing a conceptual model for its Star+PLUS long-term care managed care program based on limited service health maintenance organizations. Provided technical assistance on several program design features and an assessment of Federal waivers needed to implement the program.

Anne Jacobs, PhD

Managing Director

- Collected, updated, and analyzed data from the Social Health Maintenance Organization Medicare long-term care demonstration project sites in California, Minnesota, New York, and Washington as a part of working with the Social Health Maintenance Organization Consortium at the Heller School at Brandeis University.
- Analyzed reimbursement rates and methodologies for intermediate care facilities for the mentally retarded and developmentally disabled for the State of Florida. Analyzed facilities' cost coverage, developed Boren Amendment findings and prepared an affidavit analyzing ratesetting methodologies and reimbursement rates. Reviewed policies related to inflation of rates, incentive payments, and reimbursement ceilings.
- Developed a nursing home case-mix reimbursement system for the State of New Hampshire. Assessed various states' policies, provided direction regarding Minimum Data Set collections and analysis, collected and analyzed cost report data and provided direction regarding ratesetting methodologies and provider relations.
- Managed an engagement to develop a prospective home health reimbursement system for the State of New Jersey. Conducted on-site visits to home health agencies to review medical and personnel records, evaluate allowable costs, security and travel costs and evaluate various prospective ratesetting alternatives. Developed reimbursement options and recommendations and a prospective ratesetting methodology.
- Managed a comprehensive project for the State of West Virginia to analyze current State policies and procedures related to intermediate care facilities for the mentally retarded, including licensure and certification, cost reporting, auditing, patient assessments, inspections of care and ratesetting.

Other Relevant Experience

- Assisted a State with the development of a proposal evaluation plan and criteria for a pharmacy benefit manager procurement. Developed a tool for the proposal evaluation and scoring system.
- For the State of Texas Office of the Comptroller, reviewed pharmacy purchasing practices to identify opportunities to streamline purchasing. Assessed opportunities for and feasibility of implementing pharmacy purchasing reforms for multiple state agencies.



Anne Jacobs, PhD

Managing Director

Work History

Managing Director, Navigant

Vice President, Tucker Alan, Inc.

Senior Consultant, Social Policy and Systems Group

KPMG Peat Marwick

Certifications, Memberships and Awards

Association for Health Services Research National Research Service Award Recipient

Foster McGaw Scholarship Recipient

Member, Association for Health Services Research

Education

| | |
|-------------------------------------|---|
| PhD (ABD), Public Health | University of North Carolina at Chapel Hill, School of Public Health |
| Master of Healthcare Administration | University of North Carolina at Chapel Hill, School of Public Health |
| Bachelor of Science | Tufts University |

Selected Recent Presentations and Publications

- “Medicaid Managed Care: Strategic Considerations for States” – Issue Brief, Navigant Center for Healthcare Research and Policy Analysis. October 30, 2014.
- “Monitoring Performance: A Dashboard of Medi-Cal Managed Care” – California Health Care Foundation Webcast and Meeting. December 20, 2013.
- “Medicaid Managed Care Program Management: The Next Generation” – Medicaid Health Plans of America Annual Meeting, 2012 and Medicaid Health Plans of America Webinar. 2013.