

Christina Koster

Associate Director

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Professional Summary

Christina Koster is an Associate Director with Navigant's Government Healthcare Solutions practice. She has nine years of experience working with public and private payers and providers, with a focus on state Medicaid programs. Christina has expertise in managed care program design and implementation, operations, monitoring and performance improvement and data analysis.

Areas of Expertise

- Assists states in reforming their Medicaid programs in compliance with state legislation and Federal regulations and provides guidance and support in negotiations with the Centers for Medicare and Medicaid Services (CMS) regarding program funding and regulatory approval
- Assists in the development of strategies to improve outcomes for complex populations, including behavioral health integration for individuals with mental health and substance use conditions, at both the payer and provider levels
- Has experience managing large projects, having served as the project manager for a multi-million, multi-year engagement

Professional Experience

Medicaid Reform

- Manages an engagement to support Illinois with its State Innovation Model design process, which is focused on strategies to improve the delivery of behavioral health services provided through the Department of Healthcare and Family Services, the Division of Mental Health and the Division of Alcoholism and Substance Abuse. Assisting the State with the evaluation of health transformation strategies, stakeholder engagement and workgroup facilitation and development of a State Health Innovation Plan (SHIP). Regularly providing guidance to leadership from the Governor's Office and the Department of Public Health. Coordinating the development of the SHIP with the State's concurrent process to develop a State Health Improvement Plan and conduct a State Health Assessment, as all activities involve strategies related to the delivery of behavioral health services.

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- Conducted a meta-analysis and qualitative reviews to evaluate the impact that initiatives to implement patient-centered medical homes (PCMHs) have had on access, quality and cost as well as to better understand the barriers to achieving PCMH.

Medicaid Managed Care

- Supporting the Alabama Medicaid Agency (AMA) to design and implement a new managed care delivery model that will improve beneficiary outcomes and address fragmentation in Alabama's Medicaid program. Under this new delivery system, AMA will pay risk bearing, provider-based regional care organizations (RCOs) on a capitated basis to provide the full scope of Medicaid benefits, including primary, acute, behavioral, maternal and post-acute services.
 - Facilitated the development and submission of the Alabama Medicaid Agency's (AMA's) Section 1115 demonstration proposal to implement a provider-led managed delivery model. Drafted content, managed the federally required public comment process, negotiated with CMS and assisted the State in reviewing and operationalizing the demonstration's Special Terms and Conditions as required by CMS. The approved demonstration includes Designated State Health Program (DSHP) funding and over \$300 million in Transition Pool funding to assist in the State's Medicaid transformation.
 - Assisting the State to develop the protocols for providers to receive Transition Pool funding, educate stakeholders, develop application materials and instructions and comply with Federal requirements.
 - Assisted with the development and implementation of AMA's statewide Health Home program, authorized under Section 2703 of the Affordable Care Act, to provide case management and care coordination services to approximately 300,000 individuals with chronic conditions in Alabama. Developed and refined Health Home procurement materials and readiness assessment materials.
 - Assisted AMA to develop managed care contractual requirements related to enrollment and enrollee services, provider network and services, covered services and care coordination. Developed contract language in accordance with State laws, administrative rules and Federal regulations. Presented contract language to RCO representatives and other stakeholders and worked jointly with AMA and stakeholders to refine contract language based on stakeholder comments.
 - Led the development of a federally required managed care quality strategy for AMA, including quality goals and objectives, program effectiveness and quality measures, monitoring approach and major quality initiatives.
- Provided assistance to Georgia's Department of Community Health with design, implementation and ongoing operations of Medicaid managed care programs. Led the development of monitoring

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materials and readiness review tools for the implementation of managed care for children in foster care and adoption assistance and youth in juvenile justice. Co-led the development of the operational design of a value-based purchasing program.

- Supported the Pennsylvania Department of Public Welfare with various activities to support its Medicaid managed care program. Developed a learning institute for the Department to train approximately 400 staff and contractors on Medicaid, health reform topics, leadership and operations. Assisted with development of a value-based purchasing program to encourage performance improvement on program goals.
- Served as the key point of contact for a multi-year project with West Virginia's Bureau for Medical Services for the design and administration of a mandatory managed care program. Managed daily contact with the client, contracted managed care organizations (MCOs) and other vendors, conducted ongoing evaluation of MCO performance, developed provider network standards, evaluated provider networks, prepared annual MCO contract updates, created 1915(b) waiver renewal applications and coordinated with CMS to obtain approval of the applications.
- Assisted the Texas Health and Human Services Commission in evaluating the readiness of 17 health plans to participate in Texas' Medicaid and Children's Health Insurance Program managed care programs. Reviewed provider and member materials and internal policies and procedures to identify the operational and provider network readiness for each plan. Conducted site visits and interviews with MCO staff.
- Assisted multiple large national Medicaid MCOs in responding to state Request for Proposals to participate in mandatory Medicaid managed care programs. Reviewed policies and procedures, interviewed key plan staff, drafted proposal sections and prepared final proposal responses for production.

Medicaid Performance Management

- Worked with the Illinois' Bureau of Managed Care to develop and implement a new monitoring approach for the Integrated Care Program, a Medicaid managed care program for seniors and persons with disabilities. Led the development of business processes, databases and standard operating procedures to support contract monitoring. Trained staff on managed care and use of monitoring tools.
- Led benchmarking study of academic groups participating in Medicare's Physician Quality Reporting System Group Practice Reporting Option and organized web-based networking conferences and an all-day symposium for the dissemination of best practices.

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Behavioral Health

- Assisting Illinois to develop strategies to improve physical health and behavioral health integration, including behavioral health homes, data sharing options for behavioral health providers, behavioral health self-management programs and supportive housing services for individuals with behavioral health needs. Prepared for and facilitated dozens of stakeholder workgroups to develop recommendations for enhancements to the behavioral health delivery system.
- Supported interagency efforts between AMA and the Alabama Department of Mental Health to develop policies around behavioral health care coordination for RCOs. Facilitated meetings with the Alabama Department of Mental Health to answer questions about how the Section 1115 demonstration will impact the Department.

Long-term Care

- Assisting AMA with the design of an Integrated Care Network program, authorized by State legislation, to cover individuals in need of long-term care services in a nursing facility or home- and community-based setting. Provided guidance to AMA leadership regarding Medicaid long-term care program design options and supported stakeholder meetings.
- Assisted a Medicaid long-term care MCO in readiness activities to implement a managed long-term care product in a new market. Led development of member and provider materials and policies and researched policy options.

Other Relevant Experience

- Led an analysis of the Medicare Part D benefit for the Pharmaceutical Research and Manufacturers of America. Estimated the number of Medicare beneficiaries with comprehensive drug coverage by various factors. Analyzed year-to-year changes in Part D plan premiums, deductibles and benefit designs. Researched the Department of Veterans Affairs' experience in negotiating prices and analyzed the coverage of the Department's national formulary as compared Part D plan formularies.
- Wrote an assessment for CareFirst Blue Cross Blue Shield on the needs and issues of consumers in its service areas with the goal of identifying strategies for improving residents' health status. The final report contained state-level profiles outlining major socio-economic, health status and health care delivery strengths and weaknesses.
- Led member engagement and training for more than 6,000 users of the University HealthSystem Consortium-Association of American Medical Colleges Faculty Practice Solutions Center, including development and delivery of events to train administrators and clinicians on use of physician

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productivity data. Managed resources for a three-day annual conference with over 150 attendees.

Work History

Associate Director, Navigant	2015 – Present
Managing Consultant, Navigant	2013 – 2015
Project Manager, University HealthSystem Consortium	2011 – 2013
Consultant, The Lewin Group	2005 – 2009

Education

M.H.S.A., Health Management and Policy	University of Michigan
B.S.P.H., Health Policy and Administration	University of North Carolina

Selected Recent Presentations and Publications

- "State Trends in Behavioral and Physical Health Integration" Florida's Premier Behavioral Health Conference; Orlando, Florida; August 6, 2015.
- "Successfully Implementing and Reporting the PQRS Group Practice Reporting Option: Lessons From the 2010 UHC-AAMC Academic GPRO Benchmarking Project," (co-authored with Shaifali Ray and Mary Wheatley), November 2012. Available at: https://www.aamc.org/download/322524/data/aamc_uhcgproissuebrief.pdf.
- "Journey Toward a Patient-Centered Medical Home: Readiness for Change in Primary Care Practices," (co-authored with Christopher Wise, Jeffrey Alexander, Lee Green and Genna Cohen), Milbank Quarterly, September 2011.