

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

..... July 24, 2019 .....



In Focus



HMA Roundup



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## THIS WEEK

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- FLORIDA ANNOUNCES HEALTHY KIDS AWARDS
- GEORGIA CONVENES ADVISORY COUNCIL TO DISCUSS MEDICAID, EXCHANGE WAIVERS
- IDAHO SEEKS WAIVER TO ALLOW MEDICAID EXPANSION ELIGIBLES TO REMAIN IN EXCHANGE PLANS
- MASSACHUSETTS LAWMAKERS ADVANCE DRUG PRICING PLAN
- STUDY: MORTALITY RATES LOWER IN MEDICAID EXPANSION STATES
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## IN FOCUS

### CMS RELEASES SECTION 1332 WAIVER APPLICATION RESOURCE TOOLS

This week, our *In Focus* section reviews the new 1332 State Relief and Empowerment Waiver resources released by the Centers for Medicare & Medicaid Services (CMS) on July 15, 2019. The new resources, intended to help states better understand regulations and reduce burdens associated with waiver application, include four waiver concept papers on how states can take advantage of the flexibility to waive certain Affordable Care Act (ACA) requirements, as well as their respective application templates. CMS has also released an updated application checklist of required elements.

The following table shows what provisions of the ACA states are able to request be waived:

Specific Provisions That May Be Waived	
Part I of Subtitle D of Title I	<b>Sections 1301-1304:</b> QHP and EHB requirements; Requirements for QHP issuers; Special rules related to abortion services; Insurance related definitions
Part II of Subtitle D of Title I	<b>Sections 1311-1313:</b> Exchange requirements
Subpart A of Part I of Subtitle E of Title I	<b>Section 1402:</b> Cost sharing reductions
Internal Revenue Code of 1986	<b>Sections 36B, 4980H and 5000A:</b> PTC; Large employer coverage requirement; Individual coverage requirement

Source: The Centers for Medicare & Medicaid Services

However, state waivers must meet four statutory requirements, known as “guardrails.” Programs proposed through a waiver application must:

- Provide coverage that is at least as comprehensive as the coverage defined in section 1302(b) as would be provided absent the waiver;
- Provide coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable as coverage absent the waiver;
- Provide coverage to at least a comparable number of residents as would be provided absent the waiver; and
- Not increase the federal deficit.

The waiver concept papers provide explanations of approaches including State Specific Premium Assistance, Adjusted Plan Options, Account-Based Subsidies, and Risk Stabilization Strategies, introduced in the guidance released in 2018 from CMS and the Department of the Treasury. States are free to combine multiple waiver concepts or come up with their own ideas tailored to their markets.

#### State-Specific Premium Assistance (SSPA)

The SSPA waiver concept allows states to alter health insurance premium subsidies to individual market needs. States can waive federal ACA premium tax credit (PTC) provisions and establish their own state subsidy structure to reduce the cost burden of certain populations. They can also redefine populations eligible for financial assistance. For instance, a state may replace the federal PTC structure with a framework that addresses subsidy cliffs by broadening eligibility criteria for federal premium tax credits. Or a state may

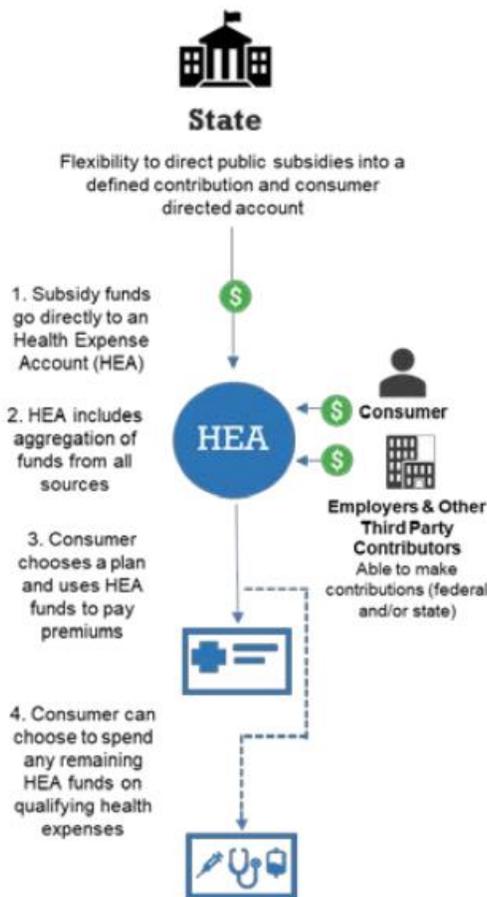
design a subsidy structure that establishes a cap on the annual rate of growth of the state subsidy amount.

**Adjusted Plan Options (APO)**

The APO waiver concept allows states to provide state financial assistance for non-Qualified Health Plans (non-QHPs) that do not necessarily include all ten essential health benefits (EHBs) under the ACA. This may include allowing “non-QHPs to be sold on the existing Exchange, expanding the availability of catastrophic plans beyond the current eligibility limitations, and applying PTC to catastrophic plans and potentially certain non-QHPs sold on the Exchange.”

**Account-Based Subsidies (ABS)**

The ABS waiver concept allows states to direct subsidies into a consumer-directed Health Expense Account (HEA). Funding into the HEA can come from the consumer, state, and employer, as the figure below shows.



**\*\*Please Note:** Dashed lines represent secondary uses of funds. Consumers who choose to use all funding for the primary use may not have any funds to roll over for qualifying health expenses.

Source: The Centers for Medicare & Medicaid Services

The goals of the HEA are consumer choice and engagement; a defined contribution from the state; and fund aggregation from multiple sources.

### Risk Stabilization Strategies: State Complex Care Plan (SCCP)

The SCCP waiver addresses consumers with pre-existing conditions. States can design new specific plans to offer to such individuals in order to reduce premium costs. These would include self-funded plans that would not need necessarily need to meet all of the federal requirements that apply to the individual market. However, CMS stresses that pre-existing condition protections for consumers who want individual market coverage cannot be waived. For example, states can contract directly with providers at a negotiated price, leverage care management tools, or develop a separate state subsidy structure for coverage under a SCCP waiver.

CMS goes into detail for all four of the waiver concepts on various design and implementation approaches, as well as administration options and expenses, policy choices, and how to maximize state flexibility.

[CMS Section 1332 Resources](#)



## HMA MEDICAID ROUNDUP

### *Alaska*

**Alaska to Eliminate Adult Preventive Dental Services If Medicaid Funding Cuts Stand.** *The Anchorage Daily News* reported on July 18, 2019, that Alaska will eliminate adult preventive dental services if proposed cuts to the state's Medicaid budget stand. Last month, Governor Mike Dunleavy vetoed \$50 million in Medicaid funds from the state's fiscal 2020 budget. The Medicaid cuts included \$27 million to support the adult dental program. However, according to the Alaska Department of Health and Social Services, emergency situations would still be covered. [Read More](#)

**Hospitals, Nursing Homes File Lawsuit Claiming 'Emergency' Rate Cuts Were Arbitrary.** *KTUU* reported on July 17, 2019, that the Alaska State Hospital and Nursing Association (ASHNA) filed a lawsuit against the state of Alaska, claiming its recent five percent to seven percent rate cut was arbitrary. Specifically, the lawsuit claims objected to the state's use of "emergency regulations" to make the change. Former Alaska Attorney General Jahna Lindemuth is representing ASHNA in the lawsuit. [Read More](#)

### *Florida*

**Florida Will Require Mental Health Education in Public Schools.** *The Hill* reported on July 20, 2019, that the Florida Board of Education voted to require at least five hours of mental health education to students in grades 6 to 12, annually. The mental health instruction will focus on awareness and assistance, including awareness of signs and symptoms and resources for assistance. [Read More](#)

**Florida Announces Healthy Kids Awards.** On July 19, 2019, Florida announced that it has awarded incumbent plans Coventry/Aetna and Anthem/Simply Healthcare Plans statewide awards for the Florida Healthy Kids (FHK) program, as well as South Florida Community Care Network/Community Care Plan an award for Regions 9, 10, and 11. Incumbent plans Staywell (WellCare), Sunshine (Centene), and UnitedHealth did not win new contracts. The program serves over 208,000 individuals. [Read More](#)

**Florida Holds Public Hearing on HCBS Waiver Program Redesign.** *The News Service of Florida* reported on July 18, 2019, that Florida officials listened to public comments from individuals concerned about a planned redesign of the state's Medicaid home and community-based waiver program. In May, lawmakers ordered the state Agency for Persons with Disabilities and Agency for Persons with Disabilities (APD) and Agency for Health Care Administration to identify core services and to recommend the elimination of costly ones. The two agencies have held 12 meetings concerning the redesign. [Read More](#)

## Georgia

**Georgia Convenes Advisory Council to Discuss Possible Medicaid, Exchange Waivers.** *Georgia Health News* reported on July 18, 2019, that Georgia convened a state advisory council this week to discuss potential waivers addressing Medicaid and Exchange insurance coverage. The goal is to develop waivers to ameliorate the state's 14.8 percent uninsured rate and improve quality of care, including covering low income adults up to 100 percent of poverty. Governor Brian Kemp, who opposes full Medicaid expansion, seeks to submit the waiver proposals by the end of the year. [Read More](#)

## Idaho

**Idaho Seeks Waiver to Allow Medicaid Expansion Eligibles to Remain in Exchange Plans.** *The Post Register* reported on July 17, 2019, that Idaho has applied for a waiver to allow individuals eligible for the state's new Medicaid expansion program to keep their Exchange plan instead. The waiver, which must be approved by the Centers for Medicare & Medicaid Services, would allow an estimated 18,000 individuals earning 100 percent to 138 percent of the poverty level to continue receiving federal tax credits for Exchange coverage even after expansion is effective in 2020. [Read More](#)

## Iowa

**Iowa Former Human Services Director Suggests Conflict with Governor's Office Led to Resignation.** *The Gazette* reported on July 19, 2019, that the former director of the Iowa Department of Human Services Jerry Foxhoven indicated in a recent interview that he resigned after the governor's staff asked him to do something he considered illegal. Representative Ruth Ann Gaines (D-Des Moines) called for immediate hearings of the House Oversight Committee to hear directly from Foxhoven about his allegations. Last month, Governor Kim Reynolds asked Foxhoven to resign citing that she wanted to take the department in a new direction. [Read More](#)

## Kansas

**Governor Takes Steps to Improve Processing of KanCare Applications.** *The Kansas City Star* reported on July 24, 2019, that many recently hired Kansas Department of Health and Environment workers will be deployed to 17 regional Medicaid drop-in centers to assist in navigating KanCare applications. Following changes in the Medicaid application process in 2015, KanCare has faced numerous difficulties in enrolling new beneficiaries and processing renewals. Governor Laura Kelly announced that new state workers will train with the Department for Children and Families staff to better serve beneficiaries struggling with the KanCare application process. [Read More](#)

## Massachusetts

**Lawmakers Advance Plan to Reduce Drug Prices.** *WBUR* reported on July 22, 2019, that Massachusetts legislators have passed steps aimed at combating rising drug prices. The plan is part of a compromise budget agreement and would allow the state Medicaid program to directly negotiate with drug companies for high-priced drugs. Governor Charlie Baker is reviewing the plan which includes much of what he initially proposed in January, but lawmakers softened the impact of the policy at the request of the state's biotech industry. Governor Baker has ten days to review the final language of the plan and sign it or send it back to the Legislature with amendments. [Read More](#)

## Michigan

**Michigan Collects One-Third of Amount Owed Under Cost-Sharing Requirement.** *Crain's Detroit* reported on July 14, 2019, that Michigan's Medicaid cost-sharing requirement, whereby Medicaid beneficiaries make small contributions toward the cost of their health care coverage, has failed to materialize as the authors of the bill intended. Since the program began in 2014, Medicaid recipients have paid about 33 percent of the \$70.7 million owed in co-pays and out of pocket contributions. Medicaid managed care organizations maintain that collecting members' out of pocket contributions is cost-prohibitive. Beginning January 2020, the state will require Medicaid beneficiaries with incomes between 100 percent and 133 percent of the federal poverty level, and who have been on Medicaid for a minimum of 48 months, to contribute 5 percent of their annual income in order to avoid losing coverage, up from 2 percent today. [Read More](#)

**Michigan HHS Director Raises Concerns Over Work Requirements.** *Modern Healthcare* reported on July 19, 2019, that Michigan's Department of Health and Human Services (DHHS) director anticipates that the state's planned Medicaid work requirements will lead to more uncompensated care for hospitals and lower life expectancies. During the Michigan Association of Health Plans' annual conference, Director Robert Gordon said that the DHHS is working to educate 680,000 Medicaid recipients on the requirements and is also developing "a simple process" for Medicaid recipients to report their working status. However, even a public awareness campaign could have shortcomings, according to state officials. Work requirements are scheduled to take effect January 1, 2020. [Read More](#)

## Minnesota

### **Health Services Deputies Return Following Commissioner's Resignation.**

*The Star Tribune* reported on July 18, 2019, that two Minnesota Department of Human Services (DHS) deputy commissioners have rescinded their resignations and will remain in their roles. Claire Wilson is a deputy commissioner for policy, and Charles Johnson is deputy commissioner for operations. The news follows the resignation of DHS Commissioner Tony Lourey and his chief of staff Stacie Weeks. [Read More](#)

## Missouri

### **Missouri Medicare Advantage Plan Essence Group Faces Federal Audits.**

*Kaiser Health News* reported on July 23, 2019, that St. Louis-based Medicare Advantage plan Essence Group Holdings Corp. is facing scrutiny from a recent Health and Human Services audit and a separate audit being conducted by Medicare officials. The company offers Medicare Advantage plans to over 60,000 seniors, but the recent HHS audit found that Essence could not substantiate fees for dozens of patients diagnosed with stroke or depression. Essence denied any wrongdoing but has agreed to return \$158,904 in Medicare payments. [Read More](#)

### **House Leader Calls For Investigation After More Than 110,000 Individuals Are Dropped From Medicaid.**

*The Associated Press/U.S. News* reported on July 22, 2019, that Missouri House Minority Leader Crystal Quade (D-Springfield) is calling on House Speaker Elijah Haahr (R-Springfield) to launch a legislative investigation after more than 110,000 Medicaid beneficiaries lost eligibility in the last year. Approximately 90,000 children and nearly 23,000 adults have been dropped from the program. [Read More](#)

## New Hampshire

### **Medicaid Work Requirement Awaits Federal Judge Ruling.**

*Roll Call* reported on July 23, 2019, that federal district court Judge James E. Boasberg heard oral arguments Tuesday on the issue of enforcing New Hampshire's 100 hour per month Medicaid work requirement. Judge Boasberg blocked two previous state work requirements earlier this year, and the state delayed implementation of the new work requirement earlier this month until September 30. Boasberg announced he would rule "imminently" but did not set a date. [Read More](#)

### **Governor Signs Law Authorizing Home Visitations for Newborns, Preventative Dental Care.**

*The New Hampshire Union Leader* reported on July 22, 2019, that New Hampshire Governor Chris Sununu signed two measures into law that enhance and improve the state's Medicaid program. The newborn home visiting measure allows Medicaid recipients to get home visiting services for newborns and pregnant mothers. The dental care measure creates a value-based dental care program and directs the state Department of Health and Human Services to develop a comprehensive plan to ensure access to quality care. Previously, the Medicaid adult dental benefit was limited to the treatment of infection and severe pain. [Read More](#)

## New Jersey

### HMA Roundup – Karen Brodsky ([Email Karen](#))

**Medicaid Agency Issues SBIRT Guidance.** On July 11, 2019, the New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) released a provider newsletter with guidance about coverage for Screening, Brief Intervention & Referral Treatment (SBIRT), an evidence-based practice used to identify, reduce and prevent misuse and dependence on alcohol and illicit drugs. The newsletter reviews the benefits of integrating SBIRT into clinical settings and its components. It also identifies the types of providers who qualify to provide SBIRT, billing codes, service descriptions and Medicaid fee-for-service rates. [Read More](#)

## Ohio

**Ohio Number of Children Enrolled in Medicaid Declines.** *The Ironton Tribune* reported on July 23, 2019, that the number of children enrolled in Ohio's Medicaid program has been declining over the last 15 months, with around 37,000 fewer children enrolled in May of this year than February of 2018. Advocates are attributing the decline to the complexity of the application and re-enrollment processes, coupled with the drop in funding for people who can help the public enroll in health insurance, known as "navigators." [Read More](#)

## Pennsylvania

### HMA Roundup – Julie George ([Email Julie](#))

**Hospital to Receive Part of \$20 Million HRSA Grant.** On July 23, 2019, Lehigh Valley Hospital-Schuylkill, a Pennsylvania-based hospital, announced it has received nearly \$750,000 from a Rural Residency Planning and Development Program (RRPD) grant. The RRPD grants, funded at \$20 million, were announced by the Health Resources and Services Administration (HRSA) to address physician shortages in rural areas. The grants will develop newly accredited, sustainable rural residency program in family medicine, internal medicine, and psychology. [Read More](#)

## Tennessee

**Pain Clinic Co-owned by State Senator Charged with Fraud.** *The New York Times/Associated Press* reported on July 22, 2019, that a Tennessee pain clinic co-owned by State Senator Steve Dickerson is facing a federal lawsuit related to \$25 million in alleged Medicare and Medicaid fraud. The lawsuit claims Comprehensive Pain Specialists and its officials profited by ordering unnecessary medical tests. The former CEO of the company was recently convicted by a jury on charges of self-referral for durable medical equipment. [Read More](#)

**Court Orders Mediation Between Tennessee, Inmates Over Hepatitis C Treatment.** *The Associated Press* reported on July 19, 2019, that a federal judge ordered the state of Tennessee to mediate with a group of inmates seeking treatment for hepatitis C infections. The Tennessee Department of Corrections only treats the most seriously ill inmates infected with hepatitis C because of the high cost of the treatment, \$12,000 to \$23,000 per patient for antiviral treatment. In ordering the court-mandated mediation, Chief US District Judge Waverly Crenshaw said it is clear the Corrections Department guidelines need improvement. [Read More](#)

## *National*

**Top-Performing Medicare ACOs Engage Providers and Patients, Report Finds.** *Modern Healthcare* reported on July 24, 2019, that high-performing accountable care organizations (ACOs) across the country work with providers to increase their awareness of healthcare costs and with patients to take ownership of their own healthcare, according to a report from the Department of Health & Human Services (HHS) Office of Inspector General (OIG). The report identifies high-performers as ACOs that have both reduced Medicare spending while providing high-quality care. The report also found that high-performing ACOs share data between providers and have a strong focus on patients' behavioral health and social needs. [Read More](#)

**New Study Finds Mortality Rates Lower in Medicaid Expansion States.** *Vox* reported on July 23, 2019, that a National Bureau of Economic Research study indicated that mortality rates in states that expanded Medicaid were 0.2 percentage points lower than in states that did not. The study pulled data on American citizens aged between 55 and 64 who either earned below 138 percent of the federal poverty line or possessed less than a high school diploma in 2014. The study concluded that 15,600 deaths could have been prevented if all states expanded the program. [Read More](#)

**Senate Finance Committee Drafts Legislation on Drug Pricing Practices.** *Politico* reported on July 23, 2019, that the Senate Finance Committee has drafted a bipartisan drug proposal to reform parts of Medicare and Medicaid as well as to discourage drugmakers from hiking up prices faster than the rate of inflation. The Congressional Budget Office estimates a \$27 billion savings in out-of-pocket costs for Medicare beneficiaries and a savings of \$85 billion in government expenditure over 10 years. The draft legislation, however, does not restrict the ability of drug companies to introduce products to the market at higher costs. [Read More](#)

**Federal Judge Upholds Expansion of Short-term Health Plans.** *The Hill* reported on July 19, 2019, that a federal judge upheld a Trump administration final rule relaxing restrictions on short-term health plans, allowing short-term plans to last up to 12 months and be renewable for up to three years. Judge Richard Leon of the U.S. District Court for the District of Columbia ruled against the insurance companies that sued the administration in an attempt to block the policy, claiming that the limited coverage unlawfully undermines the Affordable Care Act (ACA). [Read More](#)

**Number of ACOs in Medicare Shared Savings Program Declines, But More Take on Downside Risk.** *Modern Healthcare* reported on July 17, 2019, that there are 518 Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program, compared to 561 last year, according to the National Association of ACOs. Just 66 new ACOs joined the program in 2019, compared to 124 in 2018. The Centers for Medicare & Medicaid Services overhauled the program last year, requiring ACOs to take downside risk sooner. About 48 percent of ACOs are taking downside risk as of July 1, 2019, compared to only 18 percent in 2018. [Read More](#)

**Puerto Rico Medicaid Program Faces Increased Scrutiny.** *The New York Times* reported on July 17, 2019, that U.S. lawmakers are calling for increased scrutiny of Puerto Rico's Medicaid program, which is seeking \$12 billion in additional funds over four years. The House Committee on Energy and Commerce agreed to federal audits and contract probes, while a group of Republican Senators want assurances that Medicaid funds aren't being misspent. [Read More](#)

**Medicaid Innovation Accelerator Program to Host National Learning Webinar: Strategies for Connecting Justice Involved Populations to SUD Treatment.** On July 30, 2019, from 2:30 PM - 3:30 PM EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program's (IAP) Reducing Substance Use Disorder (SUD) program area is holding a national webinar on strategies to connect justice involved individuals to SUD treatment. In this webinar, participants will learn about the high prevalence of substance use disorders (SUD) in the justice involved population and the intersection of Medicaid in this population. Speakers from Arizona Health Care Cost Containment System (AHCCCS) will share strategies the state has used to successfully connect the justice involved population to SUD treatment, including the use of automated data exchanges to suspend and reinstate Medicaid enrollment; care coordination by managed care organizations and regional behavioral health authorities; and the development of justice involved targeted investment programs. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates. To participate in this webinar, register [here](#).*



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## INDUSTRY NEWS

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**Tenet Announces Plans to Spin Off Revenue-Cycle Subsidiary Conifer Health Solutions.** *Modern Healthcare* reported on July 24, 2019, that Dallas-based Tenet Healthcare Corp. announced plans to spin off Conifer Health Solutions, its revenue-cycle subsidiary, into its own publicly-traded company. Tenet also announced the departure of Conifer CEO Stephen Mooney. Tenet expects the spin-off to be completed by the end of the second quarter of 2021. [Read More](#)

**The MENTOR Network Acquires Kentucky-based Adult Day Health Provider Just Family.** The MENTOR Network announced on July 22, 2019, it has acquired Kentucky-based Adult Day Health (ADH) service provider Just Family, Inc. Just Family serves approximately 800 individuals through home-based services and through nine ADH Centers. The acquisition provides The MENTOR Network entry into the Kentucky ADH market and expands the company footprint to five states. MENTOR now serves over 5,000 elders and operates 37 centers across Kentucky, Massachusetts, Maryland, New Hampshire, and New Jersey. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Hawaii	RFP Release	360,000
July 2019	Louisiana	Awards	1,500,000
July 19, 2019 (delayed)	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
July 19, 2019 (delayed)	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
August 2019	Ohio	RFI #2 Release	2,360,000
August 30, 2019	Texas STAR+PLUS	Awards	530,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
September 1, 2019	New Hampshire	Implementation	181,380
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January - March 2020	Ohio	RFP Release	2,360,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Minnesota MA Families and Children; MinnesotaCare	Implementation	679,000
January 1, 2020	Minnesota Senior Health Options; Senior Care Plus	Implementation	55,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	85,000
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

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## HMA WELCOMES

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### **Shannon Mong - Principal**

Shannon Mong is passionate about making it easier for healthcare leaders to achieve their goals. An experienced consultant and certified facilitator, she engages and aligns leaders and stakeholders to solve complex problems in rapidly evolving environments.

Prior to joining HMA, Shannon's 30-year career spanned multiple industries and clients - from media and educational technology to becoming a licensed psychologist. A former direct service provider and program administrator in the public behavioral health system and leader in a large provider organization, Shannon knows the challenge of managing day-to-day work while fostering innovation that improves the lives of vulnerable populations.

Shannon's focus is on guiding system transformation and healthcare optimization initiatives from initial concept to full execution. She has worked with clients and partners to improve outcomes of high utilizer populations and integrate physical health and substance use treatment into behavioral health. While working at Telecare Corporation, a national behavioral health provider, she was responsible for innovation initiatives, which included the clinical model for the nation's first mental health Pay for Success program which aligned payment for service delivery with the achievement of measurable outcomes for a high-utilizer Medicaid population.

A board member of the College of Behavioral Health Leadership, Shannon is a frequent conference presenter and leads workshops to enhance team development and foster organizational resiliency. She earned a Doctor of Psychology in clinical psychology from Wright Institute and a bachelor's degree in communications from Mills College.

### **Deb Peartree - Senior Consultant**

During her career, Deb Peartree has partnered with Medicaid Managed Care organizations, Independent Practice Associations, primary care practices, long-term care facilities and public health entities. Her experience and expertise include training and teaching in a variety of settings, overseeing performance and quality improvement, leading practice transformations, and establishing collaborations to better serve safety net populations.

She is an experienced provider and teacher who has developed and trained care managers and facilitated primary care practice improvement by working directly with physicians, providers, and practice staff to improve workflow, care team effectiveness and community collaboration. She also established and continues to support a Patient-Centered Medical Home (PCMH) Collaborative as a shared learning environment for practices pursuing National Committee for Quality Assurance PCMH recognition and practice improvement.

Deb served as executive director of the Rochester Integrated Health Network, Inc. where she worked to pursue collaborative strategies to improve healthcare for safety net populations among hospital systems and Federally Qualified Health Centers.

Deb has shared her knowledge as a clinical instructor at the University of Rochester where she taught quality improvement application in practice. She also developed and taught health systems planning in the Health Systems Administration graduate program for Rochester Institute of Technology.

She was selected by the Center for Medicare and Medicaid Innovation to serve as one of 72 Innovation Advisors and is also an Institute for Healthcare Improvement certified Improvement Advisor.

She earned a bachelor's degree in biology and nursing from State University of New York and a Master of Science Degree in health systems administration from Rochester Institute of Technology.

#### **Ashlen Strong – Senior Consultant**

Ashlen Strong is an experienced public affairs leader with expertise in health law and policy. Her career has been defined by high-stakes advocacy and consensus-building, and she has a passion for the business of healthcare and health policy from a diversity of perspectives. She has public and private sector experience in health policy; healthcare association and coalition leadership; Medicaid managed care operations and procurement; provider, facility, and health plan compliance; communications program development; and government affairs.

Ashlen joins HMA after serving as the director of health policy and communications at Health Share of Oregon where she developed and managed a full-service external affairs program for the largest Medicaid contractor in the state. Health Share is a collaborative of the premier managed care entities, hospital systems, counties, and social service organizations serving Medicaid members in the Portland metropolitan area. She successfully led the organization's collaborative effort to earn its second five-year Medicaid contract.

At Health Share, Ashlen's strategic vision for communications helped move policy solutions from ideas to practice and establish the organization as a trusted thought-leader on health policy and operations. She advised the organization on policy and strategy and developed and maintained relationships with state-level elected and agency officials, in addition to leading a diverse workgroup of hospital, health plan, and county government affairs representatives. The position also included oversight of marketing, media relations, social media, and strategic communications.

Ashlen's professional experience includes leading state policy and government relations for national health care associations ranging from patient and health research advocacy groups to organizations representing healthcare facilities, drug manufacturers, and provider organizations. She has directed policy development, assisted state associations in various advocacy campaigns, developed regulatory compliance tools, and analyzed and forecasted political prospects for healthcare regulations in multiple states.

She earned a Juris Doctor and Master of Public Health in health law and policy from George Washington University in Washington, DC and has a bachelor's degree in politics and Spanish from Willamette University in Salem, Oregon.

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## HMA NEWS

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**Addiction Free California Site Launches with Data Dashboard, Project Resources.** A new online resource to bolster the ongoing response to the opioid crisis recently launched. The website, [Addiction Free CA](#), hosts an interactive data dashboard, project resources, and treatment provider locator to support the California Medications for Addiction Treatment (MAT) Expansion Project. [Read More](#)

**New this week on HMA Information Services (HMAIS):**

### Medicaid Data

- Hawaii Medicaid Managed Care Enrollment is Down 1.0%, Apr-19 Data
- Maryland SNP Membership at 6,911, Mar-19 Data
- Nevada Medicaid Managed Care Enrollment is Down 2.1%, Jun-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Jul-19 Data
- Ohio Medicaid Managed Care Enrollment is Down 3.6 Percent, Jun-19 Data
- Puerto Rico SNP Membership at 288,893, Mar-19 Data
- South Carolina Medicaid Managed Care Enrollment is Up 2.5%, Jul-19 Data
- South Carolina Dual Demo Enrollment is Up 19.8%, Jun-19 Data
- U.S. Medicaid, CHIP Enrollment at 72.4 Million, Apr-19 Data

### Public Documents:

#### *Medicaid RFPs, RFIs, and Contracts:*

- Florida Healthy Kids Medical Services and Coverage Contract Awards, ITN, and Related Documents, 2018-19
- Hawaii Community Based Homes and Support Services (CBHSS) RFI, Jul-19
- Minnesota Innovative Forms of Health Care Delivery under Alternative Payment Arrangements to Medical Assistance (MA) and MinnesotaCare Enrollees Through Integrated Health Partnerships (IHP) RFP and Related Documents, 2019
- Rhode Island Managed Medicaid Dental Program Rite Smiles RFI, Jul-19
- Virginia Medallion 4.0 Contracts, 2019-20
- West Virginia MCO Model Contract, SFY 2020
- Wisconsin Non-Emergency Medical Transportation (NEMT) Services RFP, Jul-19

#### *Medicaid Program Reports, Data and Updates:*

- Arkansas Medicaid Transformation Savings Scorecard and Quarterly Reports, 2018-3Q19
- Arkansas Health Care Independence Program Section 1115 Demonstration Waiver Final Report, 2018
- California Medi-Cal Provider Rates, Jul-19
- California Medicaid Eligibles by ACA/Non-ACA Aid Group and Other Demographics, Nov-18
- California Medicaid Eligibles by County and Four Aid Code Groupings, Nov-18
- California Medicaid Eligibles 65+ by County and Aid Group, Nov-18

- Idaho Section 1332 Coverage Choice Waiver Application, Jul-19
- Indiana Medicaid Advisory Committee Meeting Materials, May-19
- Louisiana Medicaid Financial Forecast Reports, SFY 2018-19, May-19
- Maryland Medicaid Advisory Committee Meeting Materials, Jun-19
- Minnesota Medicaid Managed Care Rate Certifications, 2018
- Missouri HealthNet Monthly Management Reports, 2014-18, May-19
- Nebraska DHHS Business Plans, 2017-19
- New York Health Home Program OIG Audit, Jul-19
- Nevada Medical Care Advisory Committee Meeting Materials, Jul-19
- Rhode Island Medicaid Capitation Rate Development Reports, SFY 2019-20
- South Carolina Medicaid Enrollment by County and Plan, Jun-19

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