

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... August 12, 2020



[RFP CALENDAR](#)
[HMA News](#)

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IN FOCUS

HMA SUMMARY OF MEDICARE FEE-FOR-SERVICE (FFS) PROPOSED RULES

This week, our *In Focus* section reviews two Medicare fee-for-service (FFS) proposed rules recently issued by the Centers for Medicare & Medicaid Services (CMS). On August 3, 2020, CMS released a proposed rule that includes updates to services furnished under the Medicare Physician Fee Schedule (PFS). On August 4, CMS released the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule. These proposed regulations include payment

rate and policy changes for the upcoming calendar year. Key features in this year's PFS proposed rule include: policies to retain, extend, or end certain telehealth flexibilities implemented in response to the novel COVID-19 public health emergency (PHE), changes to enable certain health care professionals to practice at the top of their licenses, modifications to opioid treatment programs (OTPs), and updates to the Medicare Shared Savings Program (MSSP). Additional information on the PFS Proposed Rule can be found [here](#). Among the most notable policy changes in the OPPI and ASC proposed rule are: 1) transitioning services to lower cost settings by eliminating the inpatient-only list to enable more services to be provided in the outpatient settings and increasing the scope of procedures that can be provided in ASCs, 2) further reducing payments for the 340B drug program, and 3) modifying the formula for calculating Hospital Star Ratings, and expand the use of prior authorization for outpatient services. Additional information about these proposals can be found [here](#).

HMA EXAMINES CURRENT STATE OF MEDICARE-MEDICAID INTEGRATION PROGRAMS

The experts at HMA have released the *Medicare-Medicaid Integration: Reflecting on Progress to Date and Charting the Path to Making Integrated Programs Available to all Dually Eligible Individuals* issue brief and companion [bibliography appendix](#), the second in a series of issue briefs examining Medicare-Medicaid integrated programs.

Based on HMA's review of the literature and available public information, this brief summarizes the elements for success and barriers encountered by integrated programs. It concludes with essential questions and next steps to move forward with federal and state public policies and care delivery options centered around, informed by, and available to, more dually eligible individuals.

HMA colleagues [Sarah Barth](#), [Jon Blum](#), [Elaine Henry](#), [Narda Ipakchi](#) and [Sharon Silow-Carroll](#) contributed to the research and final brief.

For the next phase of research, HMA will convene and interview individuals, their families and other caregivers, providers, payers, community-based organizations, state government, and other stakeholders in select regions across the country.

The project was funded by a grant from [Arnold Ventures](#), a philanthropy dedicated to tackling some of the most pressing problems in the United States.



HMA MEDICAID ROUNDUP

Florida

Florida Medicaid Plans to Get 1.5 Percent Rate Increase In October. *Health News Florida* reported on August 7, 2020, that Florida Medicaid managed care plans will get a 1.5 percent rate increase effective October 1. The rate increase is less than a previously projected 2 percent increase included in the fiscal 2021 budget. Rates for Medicaid long-term plans will get a 2.3 percent increase, in part from the state legislature's decision to increase funding for nursing homes. [Read More](#)

Kansas

Governor Urges Republican State Lawmakers to Pass Medicaid Expansion. *KSHB/The Associated Press* reported on August 5, 2020, that Kansas Governor Laura Kelly called on Republican state lawmakers to expand Medicaid. Medicaid expansion, which seemed likely to pass earlier this year with bipartisan support on a compromise bill, failed to be brought to a vote in the Kansas Senate. Medicaid expansion would cover approximately 150,000 individuals. [Read More](#)

Kentucky

Kentucky, Michigan to Participate in Mental Health, Addiction Demonstration Project. *WILX* reported on August 10, 2020, that Kentucky and Michigan were selected to participate in a mental health and addiction demonstration program established as part of the federal Excellence in Mental Health and Addiction Treatment Act. The bipartisan initiative, which was established by U.S. Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO), reimburses Certified Community Behavioral Health Clinics through Medicaid for the full cost of providing services in the same way that community health centers are paid for physical health services. Other states already participating in the demonstration include Nevada, New Jersey, New York, Minnesota, Missouri, Oklahoma, Oregon, and Pennsylvania. [Read More](#)

Nebraska

Nebraska Receives Nearly 2,700 Medicaid Expansion Applications in First Six Days. *Kearney Hub/The Omaha World-Herald* reported on August 8, 2020, that the Nebraska Department of Health and Human Services received 2,692 applications for health coverage under the state's new Medicaid expansion program in the first six days of enrollment. Coverage is effective October 1. A projected 120,000 adults earning below 138 percent of the federal poverty level are expected to be eligible, with most enrolling in a basic tier that includes physical and behavioral health care and prescription drugs. [Read More](#)

Nebraska Receives More Than 1,100 Medicaid Expansion Applications in Three Days. *Live Well Nebraska* reported on August 4, 2020, that the Nebraska Department of Health and Human Services received 1,135 applications for health coverage under the state's new Medicaid expansion program in the first three days of enrollment. Coverage will be effective October 1, with a projected 120,000 adults earning below 138 percent of the federal poverty level eligible. Most will be enrolled in the basic tier of Heritage Health Adult, which includes physical and behavioral health care and prescription drugs. [Read More](#)

New Jersey

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

New Jersey Proposes \$155 Million in Additional Medicaid Funding to Long-term Care Facilities. *Insider NJ* reported on August 10, 2020, that New Jersey Governor Phil Murphy announced a proposal to provide \$155 million in additional funding to long-term care facilities to support their phased reopening. The proposal includes an increase of \$130 million in Medicaid funding to nursing facilities to support wage enhancements of up to 20 percent for the front-line certified nurse aide workforce and infection control directives. The additional Medicaid funding would provide a 10 percent increase in nursing facility rates. [Read More](#)

New Jersey Health Benefits Coordinator Bid Solicitation Update. The New Jersey Division of Purchase and Property on behalf of the Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) is soliciting quotes for a Health Benefits Coordinator (HBC) for NJ FamilyCare managed care programs. The HBC has responsibility for screening and processing Medicaid applications, collecting premiums, providing outreach, marketing and education, and maintaining the enrollment of members in the state's contracted Medicaid managed care organizations (MCOs). Purchase & Property issued a bid amendment in mid-July to revise the bid submission due date to October 28, 2020. A copy of the bid solicitation and related amendments can be found [here](#).

New Jersey Council on Developmental Disabilities Seeks Input on Five-Year State Plan. The New Jersey Council on Developmental Disabilities (NJCDD) is soliciting public input on the development of its goals, objectives, and actions for the next five years, October 1, 2022 – September 30, 2026. This State Plan will guide the work of the council to bring about system change. Public input should address all aspects of life such as employment, health and wellness, transportation, or housing as well as cross-cutting issues such as access to technology or mental health resources. Individuals can provide input by completing an online survey until August 14, 2020. [Read More](#)

New York

HMA Roundup – Cara Henley ([Email Cara](#))

New York Community Health Centers Say Medicaid Pharmacy Carve-Out Will Jeopardize \$100 Million in Funds. *Crain's New York Business* reported on August 6, 2020, that New York community health centers are concerned that the state's proposal to carve-out Medicaid pharmacy benefits from Medicaid could jeopardize \$100 million in annual funds, according to a survey by the Community Health Care Association of New York State. The association detailed its concerns in a letter to the state, noting that the transition will impact access to the 340B drug discount program, which generates savings that are reinvested in care. [Read More](#)

Ohio

Ohio Medicaid Officials to Address PBM Report Omissions Before State Lawmakers. *The Columbus Dispatch* reported on August 11, 2020, that Ohio Medicaid officials will appear before the state's Joint Medicaid Oversight Committee to explain why certain data was excluded from a pharmacy benefit management (PBM) study on Medicaid drug spending. The report, which was prepared by HealthPlan Data Solutions and released in September 2019, excluded tables and appendices that detail spending and other data from the state's five Medicaid managed care organizations. The additional information, which the state says was redacted "to protect proprietary information," reduced the size of the final report from 27 to 20 pages. [Read More](#)

Ohio Sees Increases in Medicaid Enrollment, Spending. *WKSU* reported on August 11, 2020, that Ohio Medicaid enrollment rose 7 percent to more than 3 million as of July 2020, compared to a year ago, according to data from the state Office of Budget and Management. Medicaid spending increased 12.2 percent, driven by higher caseloads and costs associated with COVID-19. [Read More](#)

Oklahoma

Oklahoma to Transition to Dental Managed Care in 2021. The Oklahoma Healthcare Authority announced on August 12, 2020, that it plans to carve out dental managed care services as part of the broader transition to Medicaid managed care in 2021. Oklahoma also plans to implement Medicaid expansion in 2021. [Read More](#)

Oregon

Oregon Reviews Updated Application for Trillium CCO Expansion Into Portland Area. On August 5, 2020, the Oregon Health Authority (OHA) announced it was reviewing an updated application from Trillium Community Health Plan regarding the Medicaid coordinated care organization's (CCO) proposed expansion into the Portland-area counties of Clackamas, Multnomah, and Washington. If approved, Trillium could begin enrolling members by September 2020. In November 2019, the state notified Trillium that it needed to contract with a hospital and meet other network requirements. Trillium currently serves members in Douglas, Lane, and Linn counties. [Read More](#)

Pennsylvania

Pennsylvania Releases 2021 ACA Requested Rate Filings. MyChesCo reported on August 10, 2020, that the Pennsylvania Department of Insurance (PID) released the 2021 requested rate filings for health insurance plans under the Affordable Care Act. The average rate request would result in an average decrease in premiums in the individual market. Insurers selling in the individual market field plans requested an average statewide decrease of 2.6 percent. Insurers that currently sell in Pennsylvania's small group market field plans requested average statewide increases of 2.2 percent. Pennsylvania is still switching to a state-based health insurance exchange later this year and is establishing a reinsurance fund that will directly pay some of the health care costs for high-cost individuals. [Read More](#)

Pennsylvania-based Health System Faces Antitrust Action Over Stake in Evangelical Community Hospital. *Modern Healthcare* reported on August 5, 2020, that the U.S. Department of Justice filed an antitrust lawsuit against Pennsylvania-based Geisinger Health concerning its acquisition of a 30 percent stake in Evangelical Community Hospital, a competing hospital in the state. Geisinger also invested \$100 million in Evangelical. The two hospitals compete in a six-county area of central Pennsylvania. [Read More](#)

Texas

Texas to Receive \$1.1 Billion in Federal Quality Incentive Funds for Nursing Homes. *KHII* reported on August 8, 2020, that Texas will receive \$1.1 billion in federal Quality Incentive Payment Program (QIPP) funds in fiscal 2021 for nursing facilities treating Medicaid patients. The state will use the funds to increase capitated rates to Medicaid plans, which in turn will make performance-based payments to nursing homes. In fiscal 2020, the state received \$600 million in QIPP funds. [Read More](#)

Washington

Washington Begins Contract Negotiations with Five Plans for Cascade Care Public Option. The Washington Health Care Authority (HCA) announced on July 13, 2020, that it identified five health plans as apparently successful bidders to the Cascade Care public option request for applications (RFA) released in February 2020. The winners include Bridgespan, Community Health Network of Washington, Coordinated Care (Centene), LifeWise, and UnitedHealthcare. Cascade Care public option plans are similar to standard qualified health plans but must meet additional quality and value requirements. The plans are at-risk. Contract negotiations, review and approval of health plan filings, and final certification of plan offerings will take place from July to September 2020. Cascade Care plan enrollment begins November 1, 2020, with coverage effective January 1, 2021. [Read More](#)

National

Kamala Harris' Healthcare Positions Have Included Medicare Public Option. *Modern Healthcare* reported on August 11, 2020, that the healthcare positions of U.S. Senator Kamala Harris (D-CA), which are getting further scrutiny now that she is Joe Biden's running mate, have included a Medicare public option offered by private health plans on the Exchange. She also has supported automatically enrolling newborns and the uninsured in Medicare as well as publicly funded healthcare for undocumented immigrants and addressing maternal mortality, which disproportionately affects black women. [Read More](#)

CMS Announces Payment Demonstration for Rural Providers. *Modern Healthcare* reported on August 11, 2020, that the Centers for Medicare & Medicaid Services (CMS) has announced a demonstration which will provide funds to rural communities to help change how they pay for and deliver care to Medicare beneficiaries. The Community Health Access and Rural Transformation (CHART) demonstration will also offer technical and educational support. [Read More](#)

CMS Releases Report on Reducing Barriers to Telehealth for Addiction Treatment in Pediatric Medicaid Populations. On August 11, 2020, the Centers for Medicare & Medicaid Services (CMS) released a final report to Congress on "Reducing Barriers to Furnishing Substance Use Disorder (SUD) Services Using Telehealth and Remote Patient Monitoring for Pediatric Populations under Medicaid." The report identifies best practices to reduce barriers to using telehealth services for the treatment of SUDs among pediatric populations covered under Medicaid. [Read More](#)

Medicare Plan Is Hit With Federal Whistleblower Lawsuit. *Modern Healthcare* reported on August 5, 2020, that Cigna/HealthSpring was hit with a whistleblower lawsuit alleging the plan received more than \$1.4 billion in Medicare overpayments by submitting diagnostic codes that improperly boosted its risk scores. The U.S. Justice Department joined the lawsuit, which is similar to claims made against other Medicare plans. [Read More](#)

Hospitals Oppose Proposed CMS Rule that Would Allow Physician-Owned Facilities to Expand. *Modern Healthcare* reported on August 6, 2020, that leading hospital groups oppose a proposed rule from the Centers for Medicare & Medicaid Services (CMS) that would allow physician-owned hospitals to apply for a waiver to treat Medicare patients without capping the number of additional operating rooms, procedure rooms, and beds. The American Hospital Association and the Federation of American Hospitals oppose the change, which applies to physicians-owned hospitals that treat a large number of Medicaid beneficiaries. [Read More](#)

Medicaid IAP Hosting National Webinar on Reducing Substance Use Disorder. The Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program's (IAP) Reducing Substance Use Disorder (SUD) technical assistance team is hosting a national webinar, *Leveraging Managed Care for Substance Use Disorders: Examples of State Strategies to Enhance Medication-Assisted Treatment and Peer Support Services*, on Tuesday, August 25, 2020, from 3:00-4:30 PM ET focused on how Medicaid agencies can work with managed care organizations (MCOs) to improve SUD treatment access. Specifically, Medicaid agency staff from Tennessee and New Mexico will share how they work with MCOs on medication-assisted treatment programs and peer support services. This webinar is designed to encourage active participation with a portion reserved for a facilitated question-and-answer session. *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. Register [here](#).*



INDUSTRY NEWS

Molina to Invest \$150 Million to Address Racial Disparities, Gaps in Health Care Access. Molina Healthcare announced on August 11, 2020, that it will invest \$150 million in an initiative called MolinaCares Accord, which aims to address gaps in access to care and delivery driven by racial disparities, social determinants of health, substance abuse, and the challenges of serving rural communities and the elderly. MolinaCares will lead the effort through the oversight of a 501(c)(3) charitable foundation.

Not-for-profit Health Systems Sentara Healthcare, Cone Health to Merge. *Modern Healthcare* reported on August 12, 2020, that not-for-profit health systems Sentara Healthcare and Cone Health plan to merge. Cone Health consists of five hospitals in North Carolina. Sentara Healthcare is comprised of 12 hospitals in Virginia and North Carolina. Howard Kern, Sentara's chief executive, will become CEO of the new organization, while Cone chief executive Terry Akin will serve as president of the Cone Health division. The combined organization, which is subject to regulatory approvals, will be headquartered in North Carolina. The deal is anticipated to close in mid-2021. [Read More](#)

Oak Street Health Shares Nearly Double on First Day of Trading. *Modern Healthcare* reported on August 6, 2020, that shares in Chicago-based provider Oak Street Health nearly doubled on its first day of public trading. Oak Street, which provides care to high-needs Medicare patients on a capitated basis, raised \$328 million from the initial public offering at \$21 per share. Shares rose to a high of \$40. Oak Street operates more than 50 primary care centers in nine states. [Read More](#)

Blue Sprig Pediatrics Acquires California-based Aptitude Habilitation Services. Blue Sprig Pediatrics announced on August 6, 2020, that it has acquired the assets of California-based Aptitude Habilitation Services. The acquisition of Aptitude, which provides applied behavior analysis treatment services to children with autism spectrum disorder, expands BlueSprig into Colorado, Hawaii, North Carolina, Tennessee, and Virginia. Terms of the transaction were not disclosed. [Read More](#)

Evolent Health CEO Frank Williams to Step Down. *Louisville Business First* reported on August 5, 2020, that Frank Williams will step down as chief executive of publicly traded Evolent Health, effective October 1 after nine years in the position. Williams, who will transition into the role of executive chairman of the company, will be replaced by Seth Blackley, who currently serves as Evolent's president. Evolent, the parent company of Passport Health Plan, recently entered into an agreement to sell Passport to Molina Healthcare. The deal is expected to close by the end of the year. [Read More](#)

Proud Moments ABA Acquires TN-based Autism & Behavior Consulting Services. On July 20, 2020, Proud Moments ABA , completed the acquisition of Tennessee-based Autism & Behavior Consulting Services (ABC), according to Generational Equity, which advised on the deal. Proud Moments ABA is based in New York and has 11 locations nationwide. Financial terms were not disclosed. [Read More](#)

Investor-Owned Hospital Chains Report 2Q20 Profits Growth. *Modern Healthcare* reported on August 5, 2020, that four of the country's largest investor-owned hospital chains, Community Health Systems, HCA Healthcare, Tenet Healthcare Corp., and Universal Health Services, increased profits by 69 percent to \$1.5 billion in the second quarter of 2020, compared to the same period in 2019. A combined \$2 billion in federal stimulus grants and cost cutting offset a month-long suspension of high-margin surgeries during the pandemic. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
Fall 2020	Oklahoma	RFP Release	800,000
3Q2021	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	RFP Release	1,640,000
3Q2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
3Q2021	California Imperial	RFP Release	75,000
3Q2021	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	286,000
3Q2021	California San Benito	RFP Release	7,600
January 2021	Nevada	RFP Release	465,000
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
January 1, 2021	Washington Integrated Managed Care (Expanded Access)	Implementation	NA
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
January 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 7.5%, Jul-20 Data
- California Dual Demo Enrollment is Up 1.2%, Jun-20 Data
- California Medicaid Managed Care Enrollment is Up 2.9%, Jun-20 Data
- DC Medicaid Managed Care Enrollment is Down 0.6%, 2019 Data
- DC Medicaid Managed Care Enrollment is Down 1.2%, Jun-20
- Kentucky Medicaid Managed Care Enrollment is Up 8.7%, Aug-20 Data
- Massachusetts Medicaid Managed Care Enrollment is Up 7.4%, Jul-20 Data
- North Carolina Medicaid Enrollment by Aid Category, Jul-20 Data
- New Mexico Medicaid Managed Care Enrollment is Up 6.4%, Jul-20 Data
- Nevada Medicaid Managed Care Enrollment is Up 12.3%, Jun-20 Data
- South Carolina Medicaid Managed Care Enrollment is Up 6.6%, Jul-20 Data
- Tennessee Medicaid Managed Care Enrollment is Up 3.6%, Jul-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Maryland Medicaid Asset Verification System Services RFP, Aug-20
- Maine Evaluation of Medicaid Section 1115 HIV Demonstration Waiver Program RFP, Aug-20
- Mississippi Medicaid Pre-Admission Screening & Resident Review (PASRR) IFB and Awards, May-20
- New Jersey Health Benefits Coordinator for NJ FamilyCare Managed Care Programs RFP, 2019-20
- New York Licensed Home Care Services Agencies Pilot Program Invitation, Jul-20
- Tennessee Dental Benefits Manager RFP, Proposals, Scoring, and Contract, 2018-20
- Washington Cascade Care Public Option Plans RFA and Related Documents, 2020

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.3 Million, Apr-20 Data
- California Medicaid Managed Care Plans Generate \$43.4 Billion in Premiums Across 25 Plans, 2019 Data
- Florida Managed Medical Assistance (MMA) 1115 Demonstration Waiver Approval and Amendments, 2016-20
- Florida Medicaid Eligibility by County, Age, Sex, Jun-20 Data
- Florida Medicaid Family Planning Waiver 1115 Documents, 2014-19
- Indiana End Stage Renal Disease 1115 Waiver Documents, 2014-20
- Indiana HIP 2.0 Waiver Extensions and Related Documents, 2017-20
- Maryland HealthChoices 1115 Medicaid Waiver Documents, 2016-20
- Minnesota Medicaid Managed Care Comprehensive Quality Strategy, 2018-20
- Minnesota Prepaid Medical Assistance Project Plus 1115 Waiver Documents, 2014-20

- Minnesota Reform 2020 1115 Waiver Documents, 2013-20
- Missouri Medicaid Audit and Compliance (MMAC) End of Year Reports, 2015-18
- Montana Section 1115 Waiver for Additional Services and Populations (WASP) (Formerly Basic Medicaid Waiver) Documents, 2017-19
- Montana Section 1115 Waiver for Additional Services and Populations (WASP) Demonstration Annual Report, 2018-19
- New Jersey FamilyCare Section 1115 Waiver, Comprehensive Demonstration and Related Materials, 2014-20
- Ohio Original and Final Medicaid Analysis of Pass-Through Pricing Implementation, 2019
- Rhode Island Comprehensive Demonstration 1115 Waiver Documents, 2013-20
- South Dakota Medicaid State General Fund Savings Reports, SFY 2019-20
- Tennessee Actuarial Review of the TennCare Program, SFY 2014-20
- Tennessee TennCare II 1115 Pending Waiver Amendments, 2018-19
- Tennessee TennCare II 1115 Waiver Documents, 2016-20
- Tennessee TennCare Strategic Plan, 2020-24
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-20
- Texas STAR Kids Advisory Committee Annual Reports to the Health and Human Services Commission, Jan-20
- Vermont Global Commitment to Health 1115 Waiver Documents, 2015-20
- Washington 1115 Medicaid Transformation Waiver Documents, 2015-20
- West Virginia HCBS Aged and Disabled 1915 Waiver Materials, 2015-20

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