

HEALTH MANAGEMENT ASSOCIATES

Arkansas Health Care Program Reform Proposal

Health Reform Legislative Task Force

May 6, 2015
Dianne Longley

HealthManagement.com

HEALTH MANAGEMENT ASSOCIATES

Introductions

- Dianne Longley: Project Lead
 - HMA Principal since 2011; former Deputy Commissioner of Health Insurance Initiatives and Director of Research and Analysis, Texas Department of Insurance
- Linda Wertz: Project Advisor and Team Lead
 - HMA Managing Principal since 2010; over 30 years in Medicaid healthcare policy; former Texas Medicaid Director and Deputy Commissioner of Medicaid and CHIP
- Ray Hanley
 - CEO of Arkansas Foundation for Medical Care since 2010; 16 years as Arkansas Medicaid Director; former chair of National Association of Medicaid Directors
- Christine Bach
 - Senior Consulting Actuary with Wakely Consulting Group; 18 years as a healthcare actuary, including Medicaid analysis and health care reform analysis

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Presentation Overview

Organized based on Proposal Evaluation Criteria

- Our Team's Experience
- Proposed Personnel and Credentials
- Past Performance
- Plan for Providing Services
- Schedule for Providing Services
- Ability to Perform Work and Attend Meetings
- Compliance with the Requirements of the RFP
- Price

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HMA Background

- 30 years in health care consulting, specializing in health system restructuring, health care program development, Medicaid, Medicare, health economics and finance, program evaluation, data analysis
- 16 offices across the country
- More than 125 professional health care managers and analysts, many with extensive careers in health and human services fields

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HMA: Who We Are

Staff Expertise

- Former Medicaid Directors
- Former CMS and CCIIO staff
- Former Insurance Regulators
- Physicians, Nurses, Pharmacists
- IT Experts, Programmers, Analysts
- Attorneys
- Financial Analysts
- Research and Evaluation Staff

Arkansas Project Team

- 7 Former Medicaid Directors with extensive Medicaid experience and knowledge
- 4 former Medicaid program staff, all of whom either developed or implemented waiver programs
- 6 former employees of OMB/CMS/CCIIO with broad range of expertise and experience with waivers and policy
- 3 attorneys, all with experience with Medicaid waiver applications, negotiations, implementation
- 2 former insurance regulators with extensive commercial and public health plan experience
- 3 clinicians with Medicaid program and evaluation experience
- 3 Health IT system specialists with broad range of experience
- Access to the entire HMA staff as needed

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Clients: State Government/Medicaid Agencies

Alabama	Georgia	Mississippi	Texas
Alaska	Illinois	Missouri	Utah
Arkansas	Indiana	Montana	Vermont
California	Iowa	New Hampshire	Virginia
Connecticut	Kentucky	New Mexico	Washington
Colorado	Louisiana	Ohio	West Virginia
Delaware	Maryland	Pennsylvania	District of Columbia
Florida	Massachusetts	Rhode Island	Guam
Georgia	Michigan	South Dakota	
Illinois	Minnesota	Tennessee	

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Clients: Federal Government

Centers for Medicare & Medicaid Services (CMS)

U.S. Health Resources and Services Administration (HRSA)

Clients: Foundations and National Associations

The Kaiser Commission on Medicaid and the Uninsured

National Conference of State Legislatures

The Mott Foundation

National Governors Association

The Robert Wood Johnson Foundation

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Clients: Private Organizations and Local Governments

Medicaid Managed Care Organizations	Medicare Managed Care Organizations
Hospitals and Health Systems	Commercial Insurers
Physician Networks	Provider Associations
Human Service Agencies	County Governments
City Governments	Local Public Health Agencies
Indian Health Centers	Migrant Health Centers
Provider Associations	Employers
Behavioral/Mental Health Provider Agencies	Investors and Financiers

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Our Policy/ Analytics Partner: Arkansas Foundation for Medical Care

- An Arkansas private, nonprofit organization
- Headquarters in Little Rock, with satellite office in Fort Smith and field staff across the state
- Governed by community-based Board of Directors that includes physicians and representatives from hospitals and other health care providers, businesses and consumers across the state
- Employs 194 professionals with expertise in clinical medicine, data management, provider relations, epidemiology and statistics, quality improvement, information technology and communications
- Arkansas Qualified Practice Transformation Vendor, current Health IT Regional Extension Center, former Quality Improvement Organization

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Our Actuarial Partner: Wakely Consulting Group

- National consulting group with more than 20 credentialed actuaries
- Specializes in health care financing, working directly with state agencies, health insurers, hospitals, health centers, physician groups
- Experience with healthcare reform modeling and decision making, health plan strategic and financial planning, provider network development and contracting, public policy development, design and use of predictive modeling and risk adjustment methodologies
- Extensive experience and understanding of the complexities of public healthcare programs

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HMA's Relevant Experience

- Medicaid Waiver Design, Development and Negotiations
- Medicaid delivery system evaluation, transformation and improvement, integrated care models, case management models
- Medicaid payment system transformation
- Enrollment and eligibility system evaluations and system re-design
- Assessing utilization and expenditures for state prison system; developing recommendations for strategic decision making
- Health reform impact evaluation, market analysis and program design

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Recent Projects

- Assisted states in the preparation and analysis of 1115 waivers
- Technical assistance to states implementing or reforming managed care
- Assisted Medicaid programs in coordinating health reform initiatives, assessing operations, analyzing costs, and recommending strategies to improve health care
- Assisted multiple states in the upgrades of Medicaid MMIS systems and IT capabilities
- Analysis and planning for states and counties on the interaction between Medicaid and prison health systems
- Provided assessments of economic costs and benefits of changes in health care and health care financing

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Medicaid Waivers: Recent Experience Highlights

CMS

- Providing services to NORC of the University of Chicago in the Home and Community-Based Settings Characteristics project. Includes development of educational tools/trainings/checklists; reviewing waiver submissions and identifying areas of concern; conducting training; assessing state compliance

South Dakota, Department of Human Services

- Review and analysis of current service Based Rate (SBR) Methodology for establish Individual Resource Allocation (IRA); goal to develop a new or revised algorithm and methodology for determining individual service level and individual budget allocation (IBA) and appropriate rate structure

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Medicaid Waiver Experience, cont.

Texas DSRIP Waiver

- Assisted in development of initial DSRIP waiver, including technical advice, drafting and CMS negotiations, resulting in CMS approval of \$29 billion waiver. Currently providing services to State related to waiver renewal

Colorado Department of Health 1115 Waiver

- Technical assistance to develop payment and program designs to pilot test Medicaid payment and delivery system reform; waiver preserved existing Upper Payment Limit (UPL) funds and allowed for expansion of Medicaid Managed Care

Waiver-Related Tasks

- Research and analysis in development of waiver provisions and recommendations
- Drafting waiver for submission to CMS
- Cost/Benefit analysis and modeling to demonstrate budget neutrality requirements
- CMS negotiations guidance/strategy development
- Legal review and negotiation assistance provided by HMA Attorneys

Data Analysis Expertise

- Demographic and health status evaluations to understand program implications, cost impact, forecasting
- Medicaid Cost Driver analytics, including unit cost, utilization, identification of high-cost services, “frequent fliers”, and implications for policy reform
- Program costs by eligibility groups
- Benchmarking and State comparisons
- Identification of Best Practices

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Actuarial Analysis and Forecasting

- Review of analytical tools/methodology used to monitor current costs and forecast future costs; provide recommendations
- Develop algorithms/actuarial criteria for evaluating the potential impact of program changes on utilization and costs
- Calculating the cost of program changes related to eligibility, benefits, payment rates, and other program and population characteristics to guide decision making
- Rate development and actuarial impact analysis

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Plan for Providing Services

- Organized project under 6 domains:
 - Research and Analysis
 - HCIP Evaluation
 - Medicaid Program Audit and Evaluation
 - Evaluation of Legislative Oversight: Medicaid Amendments and Rules
 - Evaluation of State Agency Roles/Impacting HCIP and Medicaid Populations
 - Economic Modeling/Actuarial Analysis/Financing
 - Alternative Healthcare Coverage Model Development and Medicaid Modernization Program Recommendations

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Plan for Providing Services

- Projects assigned to teams of individuals with specific skills and experience
- Team Leads responsible for oversight, communication and project management
- Regular meetings of teams and entire project staff
- Project tracking to identify progress, challenges, revisions
- Timeframe and sequencing of tasks adjusted as necessary

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Goal: Recommendations for 1332 Waiver

- ACA Section 1332: State Innovation Waivers Program
- States can request waiver of major coverage components of ACA, including exchanges, benefit packages, individual and employer mandates
- States can receive aggregate amount of subsidies, including premium tax credits, cost-sharing reductions, small business tax credits
- States can apply for both 1115 and 1332 waivers in one application process, which could provide significant flexibility
- Cannot use 1332 to waive insurance market reforms or risk adjustment program

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Potential Areas of Focus for Waiver Development

- Encourage personal responsibility
 - Disease management program participation, self-improvement goals through risk assessment program
 - Health education and training participation
 - Appropriate utilization of services
 - Employment training
 - Volunteer service programs

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Potential Areas of Focus

- Strategies for supporting small business initiatives and opportunities
 - Healthy Texas: subsidy program for Small employers and employees that provided premium assistance
 - Built on the existing employer-based private insurance market and specifically targeted small Texas companies that had not previously provide health insurance
 - Use subsidies to support small employer health insurance program through various funding mechanisms
Reduced premium cost by approximately 30%
- Transition for enrollees moving from HCIP subsidies into employment
 - Adjust penalties/incentives that discourage people from seeking employment or higher paying jobs

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Financing Alternatives

- Savings from Medicaid program audit and recommendations
- Eligibility audit and redesign
- Program benefit redesign
- Savings from reducing costs of “frequent fliers” and “high utilizers”
- DSRIP program opportunities
- Other options will be identified based on the results of our analysis

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Proposed Schedule for Providing Services

- Our entire team is available to begin immediately
- Roadmap clearly outlines our process and timeline for accomplishing all work
- Due to flexibility within HMA, shifting resources and adding additional expertise is literally a phone call away; ensures adherence to timelines and timely completion of project
- Our world is governed by deadlines - we are never late!

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Project Deliverables

- HMA has chosen to submit 2 reports rather than the single report required by RFP
 - August 1st Background Analysis and Status Report to include summary of findings from research and analysis, preliminary conclusions and recommendations; overview of progress, identification of key factors;
 - *Important opportunity for input from Task Force*
 - October 1st Final Report with comprehensive description of findings and conclusions, final recommendations with justification and supporting documentation; strategy for moving forward and next steps

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Availability to Perform Work/ Attend Meetings

- HMA staff prepared and available to travel as necessary to participate in meetings
- AMFC partners located in Arkansas; provide office space for HMA team and participate in ad hoc meetings as needed
- Anticipate multiple meetings with state agency staff and task force and will be available to meet in person as necessary, even if it means exceeding travel budget allowance

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Proposal Price

- Our cost proposal was deliberately developed to respect the Task Force's focus on fiscal responsibility and prudent use of taxpayers money
- Includes significant discount
- Complies with RFP budget limitation on travel (not to exceed \$35,000)
- Developed several budgets, including an initial budget of more than \$1.5 million
 - Rethought our process; removed stakeholder engagement; rely more on existing data (including recent report on uncompensated care) rather than recreating the wheel
- Re-evaluated team assignments to ensure right people with high level of expertise
- Confident our budget is adequate to support the level of work required due to our skills and experience

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Compliance with the Requirements of the RFP

- All requirements have been met
- HMA has agreed to all terms and conditions, including budget limitation for travel

Past Performance

- Our client recommendations, repeat clients and lengthy contracts demonstrate our success in delivering what we promise
- Have long success with Medicaid evaluation, waiver development and negotiations
- Successfully manage billion dollar projects for clients on a regular basis with

Conclusion

- There is no perfect solution
- Our goal is help you identify the best options for Arkansas
- Support and continue what works
- Identify what can be changed to achieve measurable improvements
- Bend the cost curve while improving access to care
- Provide actionable, detailed strategy for moving forward

#	Project Title	Name of Client	Start Date	End Date	Description of Work
1	NORC- CMS-HCBS Characteristics	CMS	Sept 2014	Present	HMA is providing services to NORC of the University of Chicago in the "Home and Community-Based Settings Characteristics" project for CMS, including taking leadership on the development of education and training materials, tools; leading the development of a checklist/tool to assist CMS and the states to identify relevant home and community-based settings' characteristics; Reviewing waiver submissions and identifying areas of concern; Conducting on-site and remote trainings; and Assessing state compliance with HCBS statute and regulations.
2	South Dakota Disabilities Waiver	State of South Dakota, Department of Human Services	Oct 2013	Present	HMA is assisting the State of South Dakota's Division of Developmental Disabilities with a comprehensive review and analysis of the current Service Based Rate (SBR) methodology for establishing Individual Resource Allocations (IRA) and the corresponding services rates, with the overarching goal being to develop a new or revised algorithm and methodology for determining an individual's service level and individual budget allocation (IBA) as well as an appropriate fee-for-service rate structure. The current contract is planned to continue to May 2017.
3	Illinois 1115 Waiver	Governor's Office of Health Innovation and Transformation	Sept 2013	Dec 2014	Initially under subcontract to the Health and Medicine Policy Research Group, and later under direct contract to the Governor's Office of Health Innovation and Transformation, HMA has assisted with development of a comprehensive Section 1115 Waiver. HMA provided subject matter expertise for developing and implementing the State's proposed 1115 Waiver application, specifically related to the consolidation of the state's nine (9) home and community-based services waivers and the development of the behavioral health services expansion as well as the identification and presentation of CNOM/DSHP and DSRIP requests to CMS. HMA's work on this project included coordination of a broad stakeholder engagement effort, research and analysis of other state waiver components as well as ideas and recommendations from stakeholders, working with multiple state agencies and stakeholders to develop a framework for consolidating the state's nine 1915 waivers under a single 1115 waiver; drafting and finalizing the waiver concept paper and final waiver proposal; development of budget

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					neutrality model; identification of potential Designated State Health Programs (DSHP); and participation in calls with CMS. Sample work products authored by HMA under these contracts are included in Tab 5, including: • Draft Waiver Concept Paper (Appendix A) • Feedback Summary sample: Cystic Fibrosis (Appendix B) • 1115 Waiver Proposal (Appendix C)
4	Maryland Waiver	State of Maryland, Department of Health and Mental Hygiene	Nov 2012	Dec 2014	HMA assisted HSCRC with design, development and implementation of a waiver to move its hospitals towards value-based health reform while eliminating the risk of violating the cost test by replacing the outdated test with one that is more relevant to the current realities. The new waiver will provide the opportunity for Maryland to adopt other provider payment reforms including accountable care organizations, global budgets, bundled payments, and other payment reforms in furtherance of the Triple Aim. HMA provided overall project management; served as an advisor for the application process; assembled an application from existing materials provided by the Department of Health and Mental Hygiene (DHMH), the Health Services Cost Review Commission (HSCRC), and other stakeholders; developed a literature review assessing previous experience with methodologies discussed in the document, including but not limited to the efficacy of accountable care organizations (ACOs), bundled payment methodologies, primary care medical homes, readmissions programs, global budgets, and physician gain sharing activities; drafted additional sections of the application as necessary in coordination with HSCRC staff; assembled supporting data and analyses and display in appropriate formats to support included requests and arguments; recommended and conducted analyses of data for inclusion in the application; served as a general editor for the final written document; produced a professional version of the final document for submission to CMS/CMIMI; provided ongoing support/consultation as needed during CMS/CMIMI negotiations and pre-implementation activities; provided facilitation and organizational support for an Advisory Council established by HSCRC culminating in a report from the

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					Council; prepared a background paper summarizing the lessons learned from outside of Maryland about implementing a system featuring global budgets; and provided support to HSCRC during negotiations with CMS. A sample work product, the development of which HMA oversaw under this contract, and acted as a key contributor is included in Tab 5: Draft Maryland Model Design Waiver Application (Appendix D)
5	Cook County Waiver Design, Development and Implementation	Cook County Health and Hospitals System	Sept 2010	Dec 2014	HMA worked with the Cook County Health and Hospitals System to initiate consideration of an early expansion waiver under the ACA for Cook County residents. HMA supported Cook County by consulting with the state, developing a waiver concept paper, writing a waiver proposal, negotiating the waiver with CMS, and assisting with waiver implementation including monitoring, and reporting.
6	Colorado Department of Health 1115	Colorado Department of Health Care Policy and Finance	Sept 2013	June 2014	HMA provided consulting and technical assistance to assist Colorado Medicaid in the development of payment and program designs that complement and support the SIM/SHIP and provide a framework for the State to pilot test selected Medicaid payment and delivery system reforms. Services included assisting the Department in the development and submission of a waiver that preserves existing Upper Payment Limit (UPL) funds and allowed for the expansion of Medicaid managed care. HMA prepared two main deliverables: a modeling tool for estimating impacts of moving eligibles into and out of capitated arrangements allowing determination of the potential impacts on UPL; and a final set of recommendations.
7	Hudson River Healthcare-1115 Waiver		May 2014	June 2014	HMA developed and implemented a plan to position Hudson River Healthcare to create and actively participate in Performing Provider Systems (PPS). New York's 1115 waiver was design to explore and test payment and delivery system models to advance greater alignment across multiple payers that promote value over volume, greater consistency in

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					quality and cost, improved patient experience, and expanded primary care. HMA conducted a desk review of Hudson River Healthcare documents including reports, audits, strategic plans, operational information on productivity performance, information on financial performance, recent patient experience of care survey results, employee satisfaction surveys, MCO contracts, and description of current IT capabilities; participated in telephonic planning sessions with Hudson River Healthcare's Executive Council; Completed on-site visits with Hudson River Healthcare leadership for an initial kick-off meeting and subsequent meetings with representative(s) from each of the three hospital systems who were involved with planning for NY 1115 waiver activities; and facilitated creation of a strategic plan with Hudson River Healthcare leadership for waiver implementation including leveraging current strengths to gain influence in PPS governance structures and influencing the choice of PPS projects. A sample HMA work product, created under this contract, is included in Tab 5: • Presentation: The Pathway to Payment and Delivery System Transformation; Hudson River Health Care (Appendix E)
8	Montgomery County (PA) Waiver	Montgomery County	May 2012	Dec 2012	HMA assisted Montgomery County in preparing a Section 1115 waiver proposal that would leverage federal funds to expand coverage to uninsured adults in Montgomery County. HMA completed: a Benefit package comparison working with the County indigent care program to determine whether and in what ways the benefits would differ from the benefit package in the base waiver proposal developed by the Ohio Department of Medicaid; a Source of funds review working with the County to perform a comprehensive analysis of the potential sources of funds available to be used as non-federal share, with an eye toward risk assessment (i.e., how easy or difficult will it be to gain CMS approval and set up allowance transaction procedures for each source of funds); a Data gap analysis which resulted in development of a comprehensive list of data elements that would be needed to quickly populate an approvable waiver application, identify gaps, if any, in the available data, and develop

#	Project Title	Name of Client	Start Date	End Date	Description of Work
					work-arounds or proxies where necessary; a Service delivery network review working with the indigent care program to determine what the ideal service delivery network would be, taking into consideration service gaps, current structure, availability of funds, and CMS policies; a Cost Analysis working in partnership with an actuarial firm engaged by the County in building a financial model that will drive the budget neutrality agreement that must be negotiated with CMS (This included discussion around an enrollment cap, taking into consideration that it is likely some funds will need to be reserved for individuals who do not meet with criteria for the waiver); and an Eligibility/enrollment review in which we formulated a strategy for enrolling eligible individuals that would minimize new administrative burdens while meeting CMS requirements.
9	SEIU New Jersey--Medicaid Waiver		May 2011	July 2011	HMA assisted SEIU with contracting requirements and other elements of a NJ comprehensive waiver, including MLTC. HMA produced a White Paper that described and contextualized the employer authority model of HCBS that utilizes individual providers (IP) to deliver direct services. The White Paper included two parts: a qualitative section and a section on the relative cost of the IP model. The qualitative section included definition of the IP model and its differences with other models; outlined Medicaid financing options; provided comparison to other Home and Community-Based Service Delivery Models and other consumer-directed models; provided a description of the current national scale of the IP model both in terms of states and program enrollment levels; and provided an overview of evaluations of policy impacts of the IP model, including client autonomy, quality, and ease of administration. The relative cost section analyzed the conclusions of SEIU's fiscal impact analysis based on discussions with state officials and a review of published evidence. A sample HMA work product, created under this contract, is included in Tab 5: • A Guide to the Employer Authority Model of Participant Directed Home and Community Based Services (Final White Paper) (Appendix F)

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10	Plan First! Evaluation	Michigan Department of Community Health, Medical Services Administration (Medicaid)	July 2010	Nov 2010	HMA completed an evaluation for Michigan's Family Planning 1115 Waiver, Plan First. The evaluation largely centered on one of the hypotheses included in the original waiver specifically related to access to primary care. HMA conducted a customer satisfaction survey with Medicaid beneficiaries participating in the program, analyzed results and developed a report for the department to share with CMS. A sample HMA work product, created under this contract, is included in Tab 5: Plan First! Evaluation Report (Appendix G)
11	California Healthcare Foundation- Interim Waiver Evaluation	California Healthcare Foundation	May 2009	July 2009	HMA assisted in developing an interim evaluation of the California Health Care Coverage Initiative, focusing on options for waiver renewal or extension. HMA interviewed county and other policy makers and thought leaders, and identified promising practices and how they might apply to future policy options. HMA participated a briefing for policymakers in Sacramento in June 2009.
12	California Working Committee on Waiver Development	Blue Shield of California Foundation	Feb 2007	April 2009	As a subcontractor to Harbage Consulting, HMA assisted the California Working Committee on Waiver Development and Medi-Cal Expansion with identifying sources of budget neutrality savings for a section 1115 waiver to cover low-income uninsured childless adults. HMA also assisted with the preparation of a draft childless adult waiver proposal for presentation to the State for their consideration. A sample HMA work product, created under this contract, is included in Tab 5: Presentation: Waiver Financing and Budget Neutrality Options (Appendix H)
13	Healthy Indiana Plan	Indiana Family and Social Services Administration	Aug 2007	Feb 2009	HMA assisted the state with implementation duties related to the 1115 Healthy Indiana Plan, a Medicaid expansion for adults. HMA wrote administrative rules, policies and procedures; conducted statewide training for enrollment centers and the general public; conducted policy and financial analysis; conducted readiness reviews for HIP insurers and enrollment broker; wrote one plan's provider manual; and identified FFP sources. HMA also wrote a report on Nursing Home Moratorium activities in the states.

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14	Vermont Legislature- 1115 Waiver Analysis	Joint Fiscal Office, Vermont Legislature	Sept 2005	Nov 2005	Health Management Associates assisted the Joint Fiscal Committee (JFO) of the Vermont Legislature in assessing the implications for Vermont of the proposed Global Commitment 1115 waiver for the Vermont Medicaid program. In particular the JFO is looking for an assessment of the advantages and disadvantages of this approach, including the fiscal risks. Sample HMA work products, created under this contract, are included in Tab 5: • Presentation: Vermont Global Commitment (Appendix I) • Vermont Global Commitment: Independent Review and Risk Analysis (Appendix J)
15	San Francisco Waiver	San Francisco Department of Public Health	Feb 2005	Dec 2007	HMA assisted in preparation of a Section 1915(c) waiver application to the federal Centers for Medicare & Medicaid Services for a Community Supported Living Waiver program. The waiver program is designed to serve persons at nursing facility level of care who have complex health care issues and behavioral issues residing in board and care facilities or supported housing.
16	Ohio HCBS for MR/DD	Ohio Department of Mental Retardation and Developmental Disabilities	Nov 2001	June 2002	HMA developed an electronic tool to be used in assessments of consumers enrolled in Ohio's HCBS waivers for the MR/DD population.
17	Montana Assisted Guardianship Waiver Evaluation	Department of Public Health and Human Services Child and Family Services Division	Oct 2000	Sept 2006	HMA performed an ongoing evaluation of Montana's Title IV-E waiver under which the Child and Family Services Division established a subsidized guardianship program for foster care children in the state system and on reservations. Data for the evaluation was collected through case notes abstraction, written surveys and in person interviews with social workers, caregivers and youth. Reports were generated according to schedule for delivery to Montana and the federal government.
18	MetroHealth System 1115 Waiver	MetroHealth System	June 2011	April 2012	HMA and Optumas were engaged by MetroHealth Hospital System (MHS) in Cleveland Ohio to develop and gain federal approval for a county-based Medicaid 1115 waiver demonstration for their bridge insurance program, slated to begin enrollment on July 1, 2012. The waiver program was intended to expand health care coverage to

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					low-income adults in Cuyahoga County and rely exclusively on the MetroHealth System to deliver and coordinate all services. The MetroHealth 1115 Waiver was also designed to bring increased federal matching funds to MHS to cover its indigent population that would be eligible for this waiver. HMA assisted MetroHealth with designing the waiver, presenting the waiver to stakeholders including the State Medicaid Agency, and with gaining State approval to submit the waiver proposal forward CMS. MetroHealth's 1115 Waiver Concept Paper, completed in collaboration with HMA, was submitted to CMS and following negotiations was approved. Our partner, Optumas developed the budget neutrality calculations and provided a fully-customized, completely transparent toggle-drive population/cost model to MHS for use during the negotiations and as a program management tool following program implementation. The waiver served as a testing ground for Medicaid expansion in Ohio prior to the ultimate decision in Ohio to expand Medicaid statewide under the ACA. Following approval of the waiver, 28,294 previously uninsured individuals were enrolled in this county based Medicaid waiver, called Care Plus. In April of 2014, the Care Plus waiver enrollees transferred into the State Plan State Medicaid program, effectively ending the demonstration. Because of the demonstration, Cuyahoga County had the highest percentage of newly eligible enrolled into Medicaid. The demonstration is viewed as an unqualified success. It brought better care to thousands of previously uninsured adults, it helped financially stabilize MetroHealth, it prepared MetroHealth and Cuyahoga County for the ACA, and it provided evidence demonstrating the need in Ohio for Medicaid expansion.

Project Title	Name of Client	Start Date	End Date	Description of Work	Design/Development and Implementation/Both
IL State Innovation Model	Governor's Office of Health Innovation and Transformation	2013	2013	Worked with the State of Illinois to develop a new approach to improving health and health care in the State through CMMI's SIM grant.	Both
Texas State Innovation Model	Health and Human Services Commission	2013	2013	In 2013, HMA began working with the Texas Health and Human Services Commission (HHSC) on its State Innovation Model (SIM) initiative. The goal of the initiative was to design an innovative, multi-payer delivery and payment model based on quality outcomes, and specific to the needs of Texans.	Design
Iowa State Innovation Model	Department of Human Services	2013	2013	HMA worked with Iowa's Department of Human Services on the development of the State Innovation Model. The goal of the initiative was to test whether new payment and service delivery models would produce superior results when implemented in the context of a state-sponsored State Health Care Innovation Plan (SHCIP).	Both
Michigan State Innovation Model	Michigan Public Health Institute	2013	2013	HMA began working with Michigan on its State Innovation Model in 2013 to plan and design Michigan's multi-payer delivery system and payment reform model.	Both
Michigan Medicaid -- Policy & Reimbursement	Michigan Department of Community Health	2011	2014	HMA is assisting the Michigan Department of Community Health (MDCH) with matters related to management and financing of the Medicaid, CHIP and other related publicly funded health care programs. Work includes development of policy, monitoring of special issues and provision of specialized consulting services. Projects require analysis of the fiscal implications to the State of Michigan and to health care providers of various financing and program options under consideration. In addition, HMA is assisting in analysis of options for reducing the net cost of the Medicaid program through waivers and through financing options such as provider taxes, certified public expenditures, intergovernmental transfers and other potential financing options. HMA reviews and analyzes federal and state statutes and regulations to ensure that all federal requirements are met and to identify any needed changes in state law or regulations.	Both

Project Title	Name of Client	Start Date	End Date	Description of Work	Design/Development and Implementation/Both
Indiana Family and Social Services Administration	Indiana Family and Social Services Administration	2006	2013	HMA provides other forms of assistance as may be required with regard to financing and reimbursement options for the Medicaid program. HMA and subcontractors provided consulting services to Indiana Family and Social Services Administration in four areas: Transformation of Aging Services and operational and programmatic work for the Division of Aging; operational and financial management services for the Division of Mental Health and Addiction; and waiver system administration for the Office of Medicaid Policy and Procedures.	Both
NGA Policy Academy on Super-Utilizers	National Governors Association Center for Best Practices	2013	2014	HMA is lead technical assistance contractor for NGA Center on Best Practices Policy Academy on Developing State-Level Capacity to Support Super-Utilizer programs.	Both
Ohio Health Homes	Department of Mental Health	2012	2013	HMA assisted the Ohio Department of Mental Health (ODMH) with a series of analyses to support the state with identifying a financing strategy and reimbursement methodology for Health Home services. HMA then assisted in the implementation of the Health Home program.	Both
Missouri Health Homes	Missouri Foundation for Health	2011	2011	HMA successfully assisted Missouri (Department of Social Services Department of Mental Health) with the plan, design, and approval of their Medicaid Health Home State Plan Amendments. In addition, HMA was required to develop new, or modify existing, programs and services and assist in the development of policy describing how payments, provider qualifications and monitoring/oversight requirements would be restructured.	Both
Rhode Island Health Home	State of Rhode Island, Division of Behavioral Healthcare, Developmental Disabilities and Hospitals	2011	2011	HMA successfully assisted Rhode Island with the plan, design, and approval of their Medicaid Health Home State Plan Amendments.	Both

Project Title	Name of Client	Start Date	End Date	Description of Work	Design/Development and Implementation/Both
Building an MMIS Roadmap (Missouri)	Infocrossing, Inc.	2012	2012	Built an MMIS roadmap for Infocrossing (MMIS manager in Missouri) based on an assessment of current capabilities and strategic direction.	Design
Medicaid Eligibility System and MITA	South Dakota Department of Social Services	2013	2014	HMA was awarded a contract by the South Dakota Department of Social Services (DSS) to support the Department's efforts to comply with required Medicaid and CHIP eligibility and enrollment changes in the Affordable Care Act (ACA), including coordination with the federal Data Services HUB (DSH) and the Federally Facilitated Marketplace (FFM). HMA provides overall project management support for SDDSS, coordinating project work among several different teams. In addition, HMA was contracted to perform a MITA 3.0 Assessment for Eligibility and Enrollment systems.	Design
Florida - MITA	Florida Agency for Healthcare Administration (AHCA)	2011	2012	Conducted self-assessments and sessions as part of the nation's first MITA state self-assessment; tested the tools developed for MITA 3.0 SS-As and guided states through various necessary processes.	Design
State of Louisiana Department of Health and Hospitals (New Orleans, LA)	Department of Health and Hospitals	2006	2007	After Hurricane Katrina, HMA was engaged by the State of Louisiana for three major pieces of work: 1) the development of a plan for a comprehensive integrated health network (hospitals, clinics, etc.) for the remaining uninsured and Medicaid-covered residents of New Orleans and surrounding counties; 2) assisted State staff in the development and negotiation of various federal Waivers to provide support for the rebuilding, and; 3) staffed the community stakeholder process that was part of the aftermath of the storm.	Both
Development of Regional Health Plan	Harris Health System	2012	2013	In December 2011, Texas received federal approval of an 1115 waiver that would preserve Upper Payment Limit (UPL) funding under a new methodology, but allow for managed care expansion to additional areas of the state. Harris Health System was selected as the anchor for Southwest Texas which included Harris County, the most populous county in Texas. Harris Health System has three	Both

Project Title	Name of Client	Start Date	End Date	Description of Work	Design/Development and Implementation/Both
				distinct roles in the 1115 waiver for their region: 1) anchor; 2) intergovernmental entity; and 3) provider of services. Harris Health System contracted with the Austin HMA office to assist in the development of the regional health plan.	
Coordinated Care Organization Model	Oregon Health Leadership Council and State of Oregon	2011	2011	HMA worked for all of the hospital systems, the managed care plans and the public health departments serving the three counties surrounding Portland, Oregon to develop the financial, clinical model, and organizational plan in response to the State's call for the formation of Coordinated Care Organizations (CCOs) for the Medicaid population.	Both
DC Health Homes	Washington DC Department of Health Care Finance	2013	2014	HMA worked with staff from the District of Columbia's Medicaid agency and its public health and behavioral health departments to design a District-wide health homes program focused on individuals with severe mental illness	Design
Medicare ACO Development	Health Choice Network of Florida	2013	2014	In early 2013, HMA assisted Health Choice Network (HCN) of Florida in applying for participation in the MSSP. HMA also analyzed the advantages of creating its own ACO or merging with another ACO. And HMA helped HCN prepare a readiness assessment for participating as an ACO, as well as assisted in the preparation and submission of the application.	Both
State of Florida and Illinois	Florida Agency for Health Care Administration	2012	2015	HMA is assisting Florida and Illinois Medicaid agencies in implementing their joint CHIPRA quality demonstration grant to improve children's health.	Both
Wyoming Managed Care	State of Wyoming, Department of Health	2014	2014	HMA has been contracted by Wyoming to explore the use of managed care for all or a designated part of the Medicaid population, with the goal of delivering care of the same or better quality as currently delivered but at reduced cost.	Design

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Los Angeles County Department of Health Services	LA County Department of Health Services	2005	Present	HMA provided financial, clinical and managed care expertise to assist the County leadership to: 1) restructure the health system to create an integrated ambulatory network; 2) negotiate a new relationship with FQHCs that are moving the contract to greater accountability; 3) work with ambulatory leadership to establish patient centered medical homes, empaneling 250,000 patients into 140 primary care practices; 4) renegotiate the arrangement between the County health system and the large Medicaid managed care plan to assure greater alignment; 5) develop financial management tools, and 6) facilitate a series of operational projects to minimize the use of inpatient services when outpatient and lower level care was more appropriate.	Both
City/County of San Francisco, California	City/County of San Francisco, California	2005	2013	HMA worked with the City/County of San Francisco and the San Francisco health system to get them ready for health reform. Specifically, HMA: 1) restructured all of the public delivery system elements (acute inpatient, skilled nursing, community based services, primary and specialty ambulatory care, housing and medical respite, and mental health and substance abuse inpatient and outpatient services) into one integrated delivery system; 2) established an office of managed care and negotiated new contractual relationship with Medicaid managed care plans; 3) worked with ambulatory providers to establish processes for implementing patient-centered medical homes; 4) developed a financial predictive modeling tool and implemented financial and quality management processes; and 5) facilitated the change management processes that allowed this transformation to occur within one year.	Both
Maricopa Integrated Health Systems	Maricopa Integrated Health System	2005	2011	HMA was contracted to assist a newly-constituted board of the Maricopa Specialty Health Care District and the newly engaged leadership of the Maricopa Integrated Health System (MIHS) to identify the clinical, structural,	Both

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				operational, and financial priorities that it needed to address to assure that the public system of a hospital (including level one trauma and a major burn center), mental health services, primary and specialty clinics and extensive home health care were operating efficiently and effectively as it attempted to serve the medically vulnerable communities and populations throughout the county.	
San Mateo County, California	County of San Mateo	2008	2009	HMA was engaged in early 2008 by the San Mateo County government and its county manager to facilitate a thorough assessment of the health services that they were delivering to the uninsured and Medicaid populations of the County.	Design
Our Lady of the Lake Medical Center (Baton Rouge, LA)	Our Lady of the Lake Medical Center	2010	2012	HMA worked with the leadership of the public health system (Louisiana State University) and the largest private system (Our Lady of the Lake Medical Center) serving the Medicaid and uninsured residents of the eight parishes around Baton Rouge to develop an integrated delivery system. The work resulted in the closure of the public inpatient services (incorporated into the private hospital), expansion of outpatient services operated by LSU, and integration of medical education programs. HMA also worked with the State to negotiate the financial arrangement to facilitate this delivery system innovation.	Both
Southside Chicago Partnership	Comer Science and Education Foundation (Chicago, IL)	2008	2011	HMA was engaged by the Comer Foundation to explore and develop a new approach to assuring access to care for children covered by Medicaid on the South side of Chicago. HMA: 1) produced a comprehensive assessment of the population, their utilization patterns and the roles of various providers; 2) created the model that became the Medical Home Network MHN); 3) provided initial staff support for the MHN as they were recruiting permanent leadership, and 4) identified an IT vendor that would establish connective systems to tie together all providers in the MHN network.	Both

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Orange County Managed System of Care	Health Funders Partnership of Orange County	2009	2012	HMA was engaged by all of the hospital systems, the Orange County Health Agency and CalOptima (the single Medicaid managed care plan in the County) to develop an integrated delivery system and financing strategy to organize the care for approximately 500,000 uninsured and Medicaid eligible residents in a community with few FQHCs and no public hospital. The network included private physician practices and was heavily focused on IT connectivity that facilitated moving patients out of inpatient and Emergency Department settings and back into medical homes.	Both
George Washington University	The George Washington University Department of Health Policy	2007	2008	HMA assisted GWU in providing managed care plan readiness review, Medicaid administration staff training, and Medicaid agency transition assistance to the District of Columbia.	Development and Implementation
State Scorecard Profiles & Overview Report	The Commonwealth Fund	2010	2011	HMA interviewed stakeholders in states with high-ranking and low-ranking health system performance, according to The Commonwealth Fund's State Scorecard on Health System Performance. HMA prepared an Issue Brief, disseminated to a wide range of stakeholders, describing factors and characteristics that appear to help or hinder health system improvement.	Design
Payment/ Delivery System Reforms	The Commonwealth Fund	2011	2013	Preparation of state case studies that highlight innovative state health care delivery system and payment models: Colorado, Minnesota, Vermont	Design
Executive Dashboard	Commonwealth of Pennsylvania Department of Public Welfare (PA DPW)	May 2011	Mar 2013	The objective of the DPW Executive Dashboard is to increase transparency and operational effectiveness of DPW's core Health and Human Services (HHS) programs by providing operational metrics from across the enterprise into a common location. While there are many state government agencies which utilize dashboards, DPW is the first state government agency to create this Executive Dashboard, which captures in a snapshot, a display of data spanning across the entire enterprise.	Both

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				The Executive Dashboard derives value from its ability to provide program users the Analytics to analyze program information across DPW. Examples include: the trend of enrollment in its key programs; cost savings and cost avoidance for its program integrity initiatives and variance of program office spend as compared to the planned budget. This helps deliver uncommon insights to DPW to drive the right decisions.	