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# Monday Morning Medicaid Must Reads

*Helping you consider differing viewpoints. Before it's illegal.*

*November 11, 2018*

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In this issue...

Article 1:

## **MACPAC urges Azar to pause, re-evaluate Arkansas' Medicaid work requirements, Eli Richman, FierceHealthcare, Nov 9, 2018**

Clay's summary:

MACPAC feels left out with all the attention on work requirements, needed to go on record as raising yellow flag.

Key Excerpts from the Article:

In a letter to Department of Health and Human Services (HHS) Secretary Alex Azar, the independent commission that advises CMS on policy matters said it was "highly concerned" about the statistics and recommended the state pause the program until adjustments can be made... The disenrolled individuals in Arkansas were unable to report work and community engagement activities as required

by the policy, but the commission argued that the state's approach contributed to the challenges. However, MACPAC cited extremely low rates of successful reporting: A whopping 91.6% of the beneficiaries required to report compliance failed to do so in September 2018.... "The low level of reporting is a strong warning signal that the current process may not be structured in a way that provides individuals an opportunity to succeed, with high stakes for beneficiaries who fail,"

**Read full article in packet or at links provided**

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Article 2:

## **Medicaid Expansion Opponent Picked to Lead Medicaid, Steven Porter, Health Leaders Media, Oct 16, 2018**

Clay's summary:

The current CMS/Trump administration has repeatedly expressed a clear belief that CMS can leverage Medicaid to alleviate poverty vis a vis work requirements being asked for by states. Lefties keep repeating the same rebuttals (and effectively calling Ms. Verma a liar when she refutes left claims that work requirements main goal is to reduce Medicaid rolls, so screw you guys for that, too), and have not offered any other solutions to alleviate poverty. In the lefty mind, CMS really only pays for things and does not have any other function. In a shocking turn of events, the current CMS/Trump administration (duly elected by American voters, despite what tin-foil hat wearing loony left zombies think re RussiaHoax) has appointed someone who has a history of not floating the pay-for-everything Medicaid mainstream. If your head did not explode from this paragraph- quick, go knit another protest hat to deal with the trauma of someone disagreeing with you!

Key Excerpts from the Article:

*Mary Mayhew's rise-out-of-poverty rhetoric around Medicaid policymaking aligns with statements made by Trump administration officials. Mayhew oversaw a shrinking state Medicaid program and opposed Medicaid expansion... One critic, a Democrat, described her as "antagonistic toward Medicaid." ...A former hospital lobbyist who spent most of the past decade as Maine's health commissioner under Gov. Paul LePage has been tapped to lead Medicaid on the federal level. ...Mary Mayhew earned a reputation in Maine as someone who, alongside LePage, championed additional limits on the public benefit programs she oversaw, reducing enrollment in the state's Medicaid program by 67,000 beneficiaries between 2011 and 2015 then opposing Medicaid expansion under the Affordable Care Act....*

**Read full article in packet or at links provided**

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Article 3:

## **Wisconsin Wins Federal Approval for Medicaid Work Requirements, Steven**

# Porter, Health Leaders Media, Oct 31, 2018

Clay's summary:

But, but, but- muh lawsuit!!!

Key Excerpts from the Article:

*The state is the fifth to secure approval for such a program, but a federal judge blocked Kentucky's waiver last summer, so Wisconsin is the fourth with an active waiver.*

*The federal government formally approved Wisconsin's plan Wednesday to impose work requirements on certain Medicaid recipients, signaling that the Trump administration is not backing down from the controversial policy position.*

**Read full article in packet or at links provided**

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**SourceURL:** <https://www.fiercehealthcare.com/regulatory/macpac-urges-pause-re-evaluation-medicaid-work-requirements-arkansas>

## MACPAC urges Azar to pause, re-evaluate Arkansas' Medicaid work requirements

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by [Eli Richman](#) |

Nov 9, 2018 4:00pm



MACPAC urged HHS Secretary Alex Azar to pause Medicaid work requirements in Arkansas to reconsider certain parameters. (Getty/designer491)

Not all Medicaid work requirements are created equal.

That's the message behind a new advisory by the Medicaid and CHIP Payment and Access Commission (MACPAC), which found that Arkansas' implementation of work requirements in its Medicaid program has led to the disenrollment of some 8,462 individuals.

In a letter to Department of Health and Human Services (HHS) Secretary Alex Azar, the independent commission that advises CMS on policy matters said it was "highly concerned" about the statistics and recommended the state pause the program until adjustments can be made.

The disenrolled individuals in Arkansas were unable to report work and community engagement activities as required by the policy, but the commission argued that the state's approach contributed to the challenges. However, MACPAC cited extremely low rates of successful reporting: A whopping 91.6% of

the beneficiaries required to report compliance failed to do so in September 2018.

"The low level of reporting is a strong warning signal that the current process may not be structured in a way that provides individuals an opportunity to succeed, with high stakes for beneficiaries who fail," Penny Thompson, chair of the Commission, wrote in a [letter](#) (PDF) that was also sent to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma, the director of Arkansas' Department of Human Services and several top lawmakers.

Broadly, the commission said the Arkansas' program had failed to provide beneficiaries the appropriate tools in three ways.

1. **Lack of awareness:** MACPAC said Arkansas had failed to educate Medicaid beneficiaries about their new requirements by implementing the program just three months after approving it, giving officials little time to provide education and outreach to beneficiaries. Online-only resources limited the agency's reach.
2. **Exclusive online reporting:** The only way for Arkansas Medicaid beneficiaries to report their compliance is through an online portal. Since internet access is quite limited in Arkansas compared to other states, this has proved a major barrier for beneficiaries. It's also an outlier among work requirement states; most programs provide multiple ways to submit proof of compliance, MACPAC said. Although the Arkansas Foundation for Medical Care (AFMC) has set up some assistance for beneficiaries through county eligibility officers, HHS was unable to provide information on how many beneficiaries were actually taking advantage of that service.
3. **Limited work supports:** Arkansas' justification of work requirements was that they would improve the wellbeing of beneficiaries while encouraging them to move up the economic ladder. A crucial component of that economic mobility is assistance in job searching and work supports, but MACPAC found that Arkansas had barely implemented policies to provide such assistance to beneficiaries. Neither the state's department of human services nor AFMC were directly connecting beneficiaries with resources, MACPAC found, and they were not collecting data on the unmet need for such resources.

MACPAC also warned HHS that it should carefully consider implementation of work requirements in other states that have been approved or are still awaiting waiver approval. The Trump administration has [stood firm in its commitment to implement Medicaid work requirements](#) despite ongoing legal challenges.

"As HHS considers these proposals, it should require the development and approval of robust evaluation and monitoring plans to measure whether waivers achieve their intended purposes and provide meaningful information along the way, including the early days of implementation."

SourceURL: <https://www.healthleadersmedia.com/medicaid-expansion-opponent-picked-lead-medicaid>

# Medicaid Expansion Opponent Picked to Lead Medicaid

By [Steven Porter](#) | October 16, 2018



**The former aide to Maine Gov. Paul LePage and former Maine Hospital**

# Association lobbyist was picked by the Trump administration after she lost her bid to succeed LePage earlier this year.

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## KEY TAKEAWAYS

Mary Mayhew's rise-out-of-poverty rhetoric around Medicaid policymaking aligns with statements made by Trump administration officials.

Mayhew oversaw a shrinking state Medicaid program and opposed Medicaid expansion.

One critic, a Democrat, described her as "antagonistic toward Medicaid."

A former hospital lobbyist who spent most of the past decade as Maine's health commissioner under Gov. Paul LePage has been tapped to lead Medicaid on the federal level.

Mary Mayhew earned a reputation in Maine as someone who, alongside LePage, championed additional limits on the public benefit programs she oversaw, reducing enrollment in the state's Medicaid program **by 67,000 beneficiaries** between 2011 and 2015 then opposing Medicaid expansion under the Affordable Care Act.

"I think she is someone who was **antagonistic toward Medicaid**, so she fits into a long line of Trump appointees who are antagonistic about the programs they are asked to oversee," Maine state Rep. Drew Gattine, a Democrat, told the *Portland Press Herald*.

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Mayhew started Monday as a deputy administrator in the Centers for Medicare & Medicaid Services and director of Medicaid and the Children's Health Insurance Program. The hire, which was **announced internally**, comes as CMS considers

whether to finalize a waiver request Maine submitted last year to authorize work requirements for Medicaid beneficiaries, as Politico reported.

In an interview last April with Maine Public Radio, Mayhew described her initiatives as state health commissioner as part of an effort to help beneficiaries climb out of poverty.

"There has been such a failure to fully appreciate that at the end of the day, the true compassion that has been core to our efforts, is that if you are on any of those welfare programs **it means that you are living in poverty**. What the governor said, what I said, is that's no way of life for anyone," Mayhew said at the time, as Maine Public reported.

That same sentiment has been cited by the Trump administration in its push for policies expected to result in fewer beneficiaries on public benefit programs.

"The purpose behind this is **not about reducing the Medicaid rolls**," CMS Administrator Seema Verma said of work requirement requests from 11 states during an American Hospitals Association webinar in January, "but it's really centered around helping individuals gain self-sufficiency, helping them to rise out of poverty."

Mayhew—who began her career as a Democrat in the 1980s before working as a lobbyist for the Maine Hospital Association—left her post as health commissioner last year then **traveled the country touting a conservative approach** to welfare in coordination with the Opportunity Solutions Network, as the *Bangor Daily News* reported.

Mayhew takes over for Tim Hill, who had been serving as acting director of Medicaid and CHIP since Brian Neale's resignation in January.

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## Wisconsin Wins Federal Approval for Medicaid Work Requirements

By [Steven Porter](#) | October 31, 2018



**The state is the fifth to secure approval for such a program, but a federal judge blocked Kentucky's waiver last summer, so Wisconsin is the fourth with an active waiver.**

The federal government formally **approved** Wisconsin's plan Wednesday to impose work requirements on certain Medicaid recipients, signaling that the Trump administration is not backing down from the controversial policy position.

Wisconsin is the fifth state to secure such an approval; since a federal judge blocked the approval of **Kentucky's waiver** last summer, however, only four have active approvals, including Indiana, Arkansas, and New Hampshire.

Some of the same groups that won their challenge to Kentucky's waiver have filed a similar action to [challenge the program in Arkansas](#).

"I recognize that there are people who disagree with this approach," Centers for Medicare & Medicaid Services Administrator Seema Verma wrote in [a blog post](#) announcing the approval of Wisconsin's waiver. "Some believe that our sole purpose is to finance public benefits, even if that means lost opportunity and a life tethered to government dependence."

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**"Instead," Verma added, "what's needed are local solutions crafted by policy makers who are closer to the people they serve and the unique challenges their communities face."**

"We will not retreat from this position," Verma wrote.

## Who's Affected?

Each state tailors their Medicaid waivers to meet local needs and policy priorities, so the details of the work requirements—which the Trump administration calls "community engagement requirements"—vary from one state to another.

Wisconsin's work requirements will apply to adults younger than 50 who don't have children and who don't qualify for an exemption.

## What Must They Do?

Wisconsin's waiver calls for non-exempt Medicaid beneficiaries to take part in employment, job training, volunteer work, or enrollment in a qualified work program for at least 80 hours per month. They have four years to bring themselves into compliance; if they fail to do so, they will be deemed ineligible for Medicaid for six months before the four-year timeline starts over.

# Health Risk Assessment

The waiver also includes a provision for a new Health Risk Assessment program. Adults subject to the work requirements must also undergo an assessment of their health risks when they apply for Medicaid coverage.

"This will allow the state to collect important information that can be used to help individuals identify their own health risks, reward beneficiaries for proactively avoiding certain health risks, and equip health plans with information to better address health needs in a more timely and complete manner," Verma wrote in her blog post.

More specifically, beneficiaries could have their premiums reduced by up to 50% if they avoid health risk behaviors, including excessive alcohol consumption, failure to diet or exercise, illicit drug use, tobacco use, or **failure to wear a seatbelt**, according to CMS documents.

## Political Timing

This decision comes as Wisconsin Gov. Scott Walker, a Republican, seeks another term in next week's election.

Citing an unnamed source, Politico's Dan Diamond reported Wednesday morning that the Trump administration has been ready to approve Wisconsin's waiver for weeks but that Walker has been **uneasy with the timing** of the waiver approval. The governor's administration disputed that account.

While critics contend Medicaid work requirements are designed to kick people off the program, the Trump administration and its allies have argued that such requirements **help people rise out of poverty**.

"This is a thoughtful and reasonable policy, and one that is rooted in compassion," Verma wrote in her blog post. "That's because true compassion is giving people the tools necessary to achieve self-sufficiency and to experience the dignity of a job, of contributing to their own care, and gaining a foothold on the path to independence. It is not compassionate to lower our expectations such that we are content to leave Americans with inherent worth on the sidelines of life."

