MSDA National Medicaid, Medicare and CHIP Oral Health Symposium

Member Enrollment

Session #3

Shahram Shamloo, DMD, Pennsylvania Medicaid
Joe Glinka, Highmark Wholecare
Robert Thielen, DMD, Highmark Wholecare

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Shahram (Sean) Shamloo, D.M.D.
Pennsylvania Medicaid

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Session Objectives

Gain knowledge and understanding of:

- Legislative, regulatory and administrative requirements associated with Medicaid program member enrollment.
- Existing and emerging environmental factors that influence program administration related to member enrollment.
- Administrative challenges associated with member enrollment.
- Potential strategies and/or innovative technologies that support, enhance and improve efficiency and effectiveness of member enrollment program processes.

What is Medicaid and How is it Administered?

- Medicaid is a joint federal-state program: 3.7 million Pennsylvanians.
- The Medicaid program was enacted as part of the Social Security Amendments of 1965 (P.L. 89-97)
- Medicaid is an entitlement program. Eligible individuals have rights to payment for medically necessary health care services defined in statute; the federal government is obligated to fund a share of the outlays for those services.
- In Pennsylvania: Medical Assistance Program or Medical Assistance (MA).
- The Department of Human Services (DHS) is the Single State Agency designated to administer the Medicaid program in Pennsylvania.
- The state administers the Medicaid program within broad federal guidelines established in Federal statute, regulations and policies.
- The Department of Human Services also administers the Children's Health Insurance Program (CHIP).

Federal and State Regulations

- Federal Policy Guidance | Medicaid.gov
  - The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing laws passed by Congress related to Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program.
- Medical Assistance Regulations (pa.gov)
  - Pennsylvania's Medical Assistance Regulations (Pennsylvania Code)
- Pennsylvania Code - Title 55 (pacodeandbulletin.gov)
  - Human Services Code

CMS Criteria for Medicaid Managed Care Contract Review and Approval

January 18, 2022

https://www.medicaid.gov/medicaid/downloads/mce-checklist-state-user-guide.pdf

CMS Criteria for Medicaid Managed Care Contract Review and Approval

1.B Enrollment and Disenrollment

1.B.1. No Discrimination

- I.B.1.01: The contract requires the MCP to accept new enrollment from individuals in the order in which they apply without restriction, unless authorized by CMS, up to the limits set under the contract. [42 CFR 438.3(d)(1)] [Existing standard]
- I.B.1.02: he contract prohibits the MCP from discriminating against individuals eligible to enroll on the basis of health status or need for health care services. [42 CFR 438.3(d)(3)] [Existing standard]
- I.B.1.03: The contract prohibits the MCP from discriminating against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability. [42 CFR 438.3(d)(4)] [Existing standard]
- I.B.1.04: The contract prohibits the MCP from using any policy or practice that has the effect of discriminating against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability. [42 CFR 438.3(d)(4)] [Existing standard]
- I.B.1.05 : The contract prohibits the MCP from discriminating in enrollment, disenrollment, and re-enrollment against individuals on the basis of health status or need for health care services. [42 CFR 438.3(q)(4), 42 CFR 438.3(r)] [Existing standard]

CMS Criteria for Medicaid Managed Care Contract Review and Approval

I.B.2 Choice of Doctor

- I.B.2.01 [Applies to HIO, MCO, PIHP, PAHP]
- The contract requires that for enrollees who qualify under the rural resident exception (under which a state may limit a rural area resident to a single MCP), the limitation on the enrollee's freedom to change between primary care providers (PCP) can only be as restrictive as the limitations on disenrollment from the MCP as requested by the enrollee in accordance with 42 CFR 438.56(c). [42 CFR 438.52(b) - (d); 42 CFR 438.56(c)] [Existing standard]
- I.B.2.02 [Applies to HIO, MCO, PIHP, PAHP, NEMT PAHP, PCCM, PCCM entity]
- The contract requires the MCP to allow each enrollee to choose his or her network

https://www.medicaid.gov/medicaid/downloads/mce-checklist-state-user-guide.pdf

Eligibility for Medicaid and CHIP in Pennsylvania

- Different DHS offices administer the Medicaid program (services) and CHIP programs for the state
- DHS's Office of Income Maintenance (OIM) determines an individual's eligibility.
- Office of Income Maintenance outlines eligibility in Medicaid in the State Plan and the CHIP State Plan.
- For MA, individuals must meet income, resources (in some cases), and other eligibility requirements to be eligible for Medical Assistance.
- Pennsylvania's MA eligibility Policy documents can be found online at:
  - Medical Assistance Eligibility Handbook (state.pa.us)
  - OIM Recent Ops Memos PCs (pa.gov)

Eligibility for Medicaid and CHIP in Pennsylvania

- CHIP eligibility:
  - Under 19 years of age
  - A U.S. citizen, U.S. national or qualified alien
  - A resident of Pennsylvania
  - Uninsured and not eligible for Medical Assistance
- The eligibility determination qualifies the child for:
  - Free CHIP
  - Low-cost CHIP (families pay different premium levels based on family income, size and age of child).
  - Full-cost CHIP – (families pay the entire monthly premium for their child or children).

Mandatory and Optional Eligibility Groups for Medicaid

- The mandatory eligibility groups for MA include:
  - Pregnant women
  - Children
  - Parents
  - Elderly individuals
  - Individuals with disabilities

Mandatory and Optional Eligibility Groups for Medicaid

- Examples of optional eligibility groups in PA MA include:
  - Medical Assistance for Workers with Disabilities (MAWD)
  - Breast and Cervical Cancer Prevention and Treatment (BCCPT)
  - Childless adults
  - Presumptive eligibility for pregnant women and children
  - Individuals eligible for but not receiving cash assistance
  - Medically Needy Only (MNO)
  - Individuals enrolled in a home and community- based waiver

Overview of Member Enrollment Process

Eligibility Administration (OIM) for MA and CHIP:

Apply for Benefits and Renew Benefits

1. Online: The COMPASS website provides information and resources. Individuals can see if they qualify, apply for, or renew benefits at the click of a button.

2. In-Person: Local county assistance offices can help answer any questions and assist in person.

3. Paper Application: Paper applications may be downloaded from the list below and mail it to your local county assistance office.

4. Phone: Members can apply for SNAP, Medical Assistance and CHIP over the phone by calling: 1-866-550-4355

Overview of Member Enrollment Process

When individuals are eligible for Medicaid or CHIP, what happens next…depends on their eligibility:

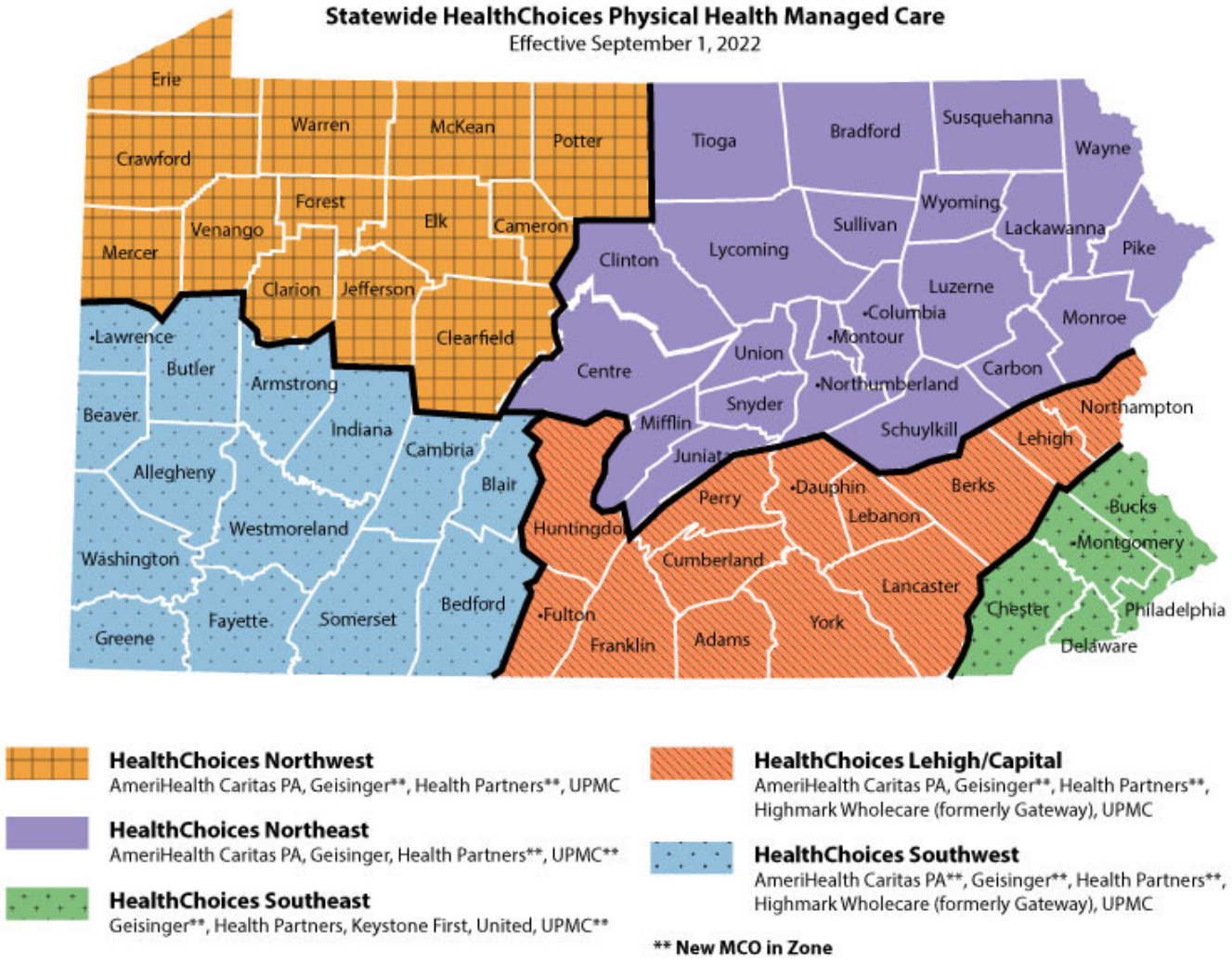
- Physical Health Care administered by the Office of Medical Assistance Programs:
  - Fee-for-Service
  - Managed Care (Physical Health HealthChoices)
  - Chip (Managed Care)
- Behavioral Health (carved-out) administered by the Office of Mental Health and Substance Abuse Services (OMHSAS) through Behavioral Health HealthChoices Managed Care Plans

Overview of Member Enrollment Process

When individuals are eligible for Medicaid or CHIP, what happens next…depends on their eligibility:

- Long-Term Care Services administered through the Office of Long-Term Living through Community *HealthChoices* and OBRA Waiver
- Intellectual Disability and Autism Services administered by the Office of Developmental Programs through the Consolidated Waiver, Community Living Waiver, the Adult Autism Program and others

Overview of Member Enrollment Process



Overview of Member Enrollment Process

- If an individual is dually eligible for Medicare and Medicaid: Community HealthChoices.
- If the individual needs Long Term Services and Supports due to a physical disability they will be referred to the Independent Enrollment Broker for a clinical assessment to determine eligibility. The County Assistance Offices are involved in this process and determine an individual's income eligibility.
- The Independent Enrollment Broker will also assist individual's select a managed care plan.
- A Behavioral Health *HealthChoices* plan is assigned to the member based on what county they reside in – beginning their first day of eligibility
- CHIP is administered through managed care.
  - Families pick a managed care plan that offers coverage in their county upon enrollment.
  - CHIP Coverage (pa.gov)

Overview of Member Enrollment Process

- "The PH-MCO must make a best effort to conduct an initial screening of each member's needs, within 90 days of the effective date of enrollment for all new members, including subsequent attempts if the initial attempt to contact the member is unsuccessful.
- The PH-MCO must share with DHS or any other MCO serving the member the results of any identification and assessment of that member's needs to prevent duplication of those activities.
- The PH-MCO will collaborate with the Department to develop, adopt and disseminate a resource and referral tool.

Overview of Member Enrollment Process

- The PH-MCO must use pertinent demographic information about the Recipient
  - Special Needs data collected through the EAP or directly indicated to the PH-MCO by the Recipient after Enrollment, upon the new Member's effective Enrollment date in the PH-MCO.
- If a Special Need is indicated, the PH-MCO must place a Special Needs indicator on the Member's record and must outreach to that Member to identify their Special Need or circumstance.

Overview of Member Enrollment Process

- The PH-MCO must assure that the Member's needs are adequately addressed including the assignment of a Special Needs or Care Management case manager as appropriate."
  - 2023 HealthChoices Agreement
- PA Navigate by findhelp - (pa-navigate.com)
  - PA Navigate is a statewide community information tool designed to address health and social care needs for Pennsylvanians by connecting them to community services
  - Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help

Overview of Member Enrollment Process

3. Paper Application

Download the appropriate paper application from the list below and mail it to your local county assistance office.

- **Pennsylvania Application for Benefits** *(Cash Assistance, Health Care, SNAP)*
  English | Arabic | Spanish | Cambodian | Chinese | Haitian Creole | Russian | Vietnamese

Are you interested in any other services?

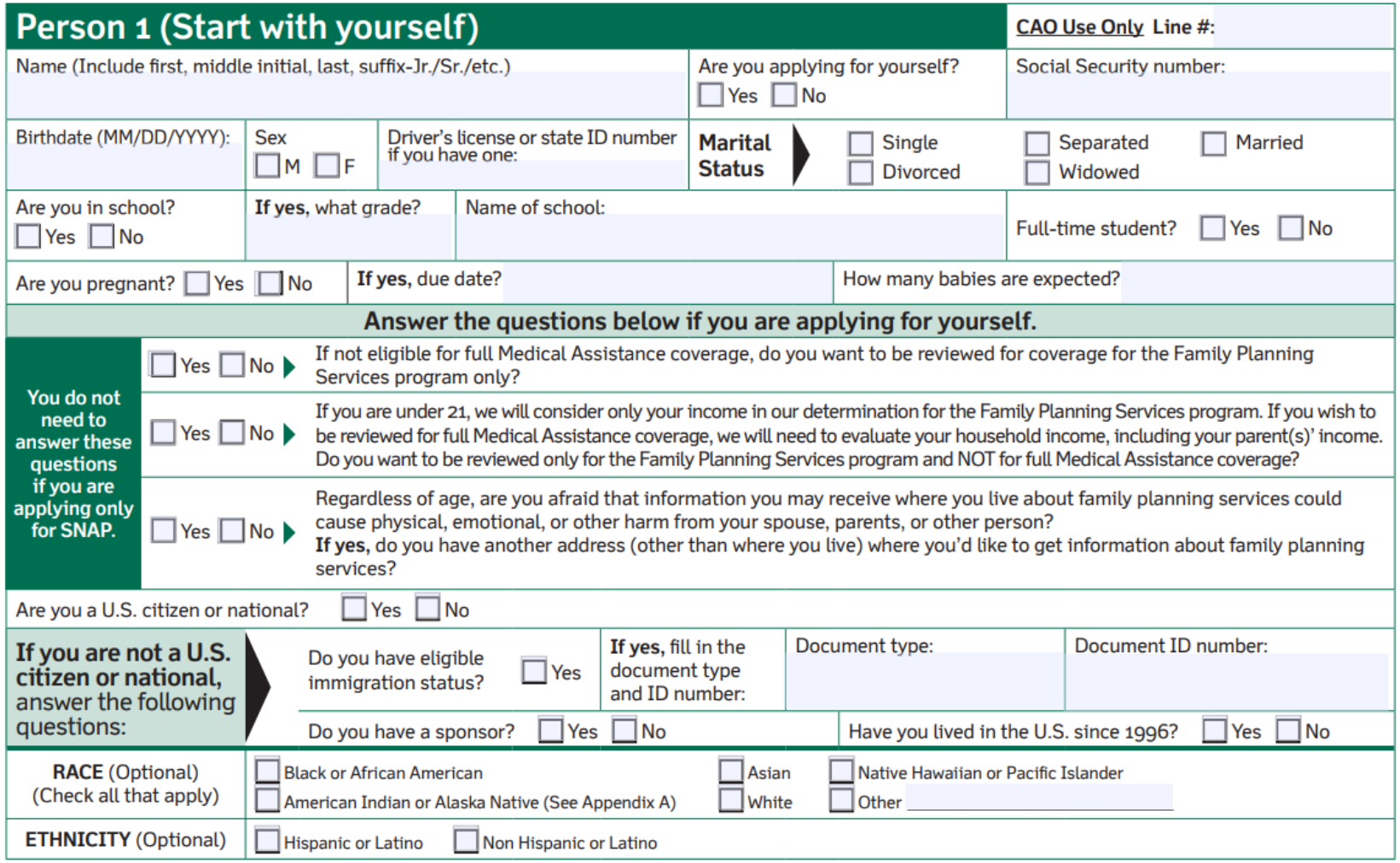
Put a check in the box if you are interested in information on any of these other services:

☐ Supplemental Security Income (SSI)	☐ Well Baby Clinic	☐ Child care
☐ Intellectual disability services	☐ Immunizations (shots)	☐ Head Start (for children ages 3 to 6)
☐ LIHEAP (energy assistance)	☐ Veterans' services	☐ Child support services
☐ Food banks	☐ Employment and training	☐ Family planning/birth control
☐ School meals (free or reduced cost)	☐ Vocational rehabilitation	☐ Lifeline (reduced cost phone service)
☐ Long Term Care (nursing home care)	☐ Housing assistance	☐ WIC (Women, Infants and Children)

☐ Home and Community Based Services (Waiver Services)

☐ Special allowances for employment and training such as tools ☐ Other: _____

Overview of Member Enrollment Process



Person 1 (Start with yourself) — **CAO Use Only** Line #:

Name (Include first, middle initial, last, suffix-Jr./Sr./etc.) | Are you applying for yourself? ☐ Yes ☐ No | Social Security number:

Birthdate (MM/DD/YYYY): | Sex ☐ M ☐ F | Driver's license or state ID number if you have one: | **Marital Status** ☐ Single ☐ Separated ☐ Married ☐ Divorced ☐ Widowed

Are you in school? ☐ Yes ☐ No | **If yes,** what grade? | Name of school: | Full-time student? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No | **If yes,** due date? | How many babies are expected?

Answer the questions below if you are applying for yourself.

You do not need to answer these questions if you are applying only for SNAP.

- ☐ Yes ☐ No — If not eligible for full Medical Assistance coverage, do you want to be reviewed for coverage for the Family Planning Services program only?
- ☐ Yes ☐ No — If you are under 21, we will consider only your income in our determination for the Family Planning Services program. If you wish to be reviewed for full Medical Assistance coverage, we will need to evaluate your household income, including your parent(s)' income. Do you want to be reviewed only for the Family Planning Services program and NOT for full Medical Assistance coverage?
- ☐ Yes ☐ No — Regardless of age, are you afraid that information you may receive where you live about family planning services could cause physical, emotional, or other harm from your spouse, parents, or other person? **If yes,** do you have another address (other than where you live) where you'd like to get information about family planning services?

Are you a U.S. citizen or national? ☐ Yes ☐ No

If you are not a U.S. citizen or national, answer the following questions:

Do you have eligible immigration status? ☐ Yes | **If yes,** fill in the document type and ID number: | Document type: | Document ID number:

Do you have a sponsor? ☐ Yes ☐ No | Have you lived in the U.S. since 1996? ☐ Yes ☐ No

RACE (Optional) (Check all that apply): ☐ Black or African American ☐ American Indian or Alaska Native (See Appendix A) ☐ Asian ☐ White ☐ Native Hawaiian or Pacific Islander ☐ Other _____

ETHNICITY (Optional): ☐ Hispanic or Latino ☐ Non Hispanic or Latino

Overview of Member Enrollment Process

DHS Websites

- Medical Assistance (pa.gov);
- COMPASS HHS Home (state.pa.us)
- MyCOMPASS PA Mobile App
- HealthChoices
- CHIP

- Medicaid and CHIP communicate through mail, e-mail, text and calls.
- Managed care organization also have communication strategies to outreach to their members.

Overview of Member Enrollment Process

DHS Advisory Committees

- Medical Assistance Advisory Committee and Subcommittees
- Income Maintenance Advisory Committee
- CHIP Advisory Council

Environmental Changes Impacting the Administration of Members Enrollment

Unwinding

- OIM was committed to keeping Pennsylvanians covered throughout the PHE.
- Medical Assistance & CHIP Renewals (pa.gov) was created to communicate requirements and encourage renewal of benefits during the unwinding period
  - New and increased communications throughout the Unwinding period included 11 forms of contact leading up to renewal dates, including, mail, text, calls, and email.

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Legislative - Regulatory - Administrative Requirements in the Administration of Medicaid Population

- Medicaid agency determines eligibility.
- Applicants qualify based on income level and/or medical necessity.
- PA: DHS Office of Income Maintenance (OIM) presides over the eligibility determination process.
- Medicaid eligibility is redetermined annually.
- Medicaid application can be very lengthy and involved.
- PA: Independent Enrollment Broker (IEB) enrolls eligible applicants into their self-selected MCO.
- PA: Eligible Applicants have 30 days to select an MCO or they are auto-assigned to an MCO.
- PA: Medicaid beneficiaries are auto-enrolled into their previous MCO if off Medicaid less than six months.

Environmental Factors Influencing Medicaid Member Health Status and Associated Risk

- Limited Financial Resources / Income
- Reliable Transportation
- Level of Education
- Prevailing Clinical Condition(s).
  - ✓ Physical Health (PH)
  - ✓ Behavioral Health (BH)
  - ✓ Long Term Services & Supports (LTSS)
- Proximity to Medicaid Providers
- Proximity to Reliable Food Source(s)
- Housing Quality, Location, Functionality and Safety
- Social Isolation / Loneliness
- Health Literacy

Administrative Considerations in Managing Medicaid Enrollment

- PA: Three Distinct Managed Care Programs
- Difficulty to Reach
- Grade Level of Communication(s)
- Appeals & Grievances
- Fraud, Waste and Abuse (FWA)
- Provider Network Adequacy
- Language Barrier(s)
- Funding

Innovation in Managing Medicaid Enrollment

- SDOH Focus
- Population Health Team
- Data Center of Excellence
- Clinical Platform
- Internal Collaboration
- External Collaboration

Individual Risk Factors

- Health Risk Assessment
  - ✓ Behavioral Health Disposition(s) and Condition(s)
  - ✓ Environmental Condition(s)
  - ✓ Economic Status
  - ✓ Medical Condition(s)
  - ✓ Social Isolation
  - ✓ Spiritual / Cultural Convictions

Population Health Team

- Apply population competency to build predictive models that support enterprise initiatives.
- Work cross-functionally to support impactful projects across organization.
- Lead collaboration to design innovative payment solutions pertaining to Value Based agreements to eliminate/mitigate of inequities in care.
- Execute scientific approaches that identify inequities in care and work in an interdisciplinary manner to design and implement of interventions to reduce/eliminate inequities.

Population Health Team- Continued

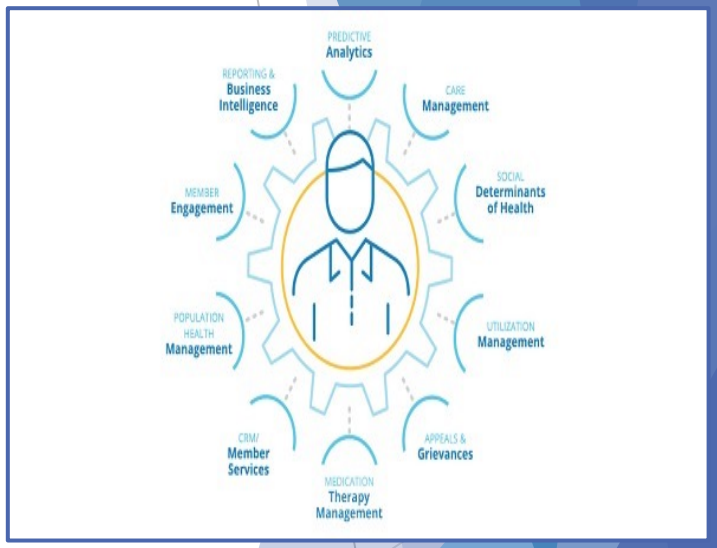
- Analytics Concentration
  - ✓ Analytics structure that can deliver several key capabilities.
    - Baseline understanding.
    - Correlation/Causation.
    - Identify and prioritize opportunities.
    - Ongoing analysis to ensure initiatives are impacting correctly. our members.
- Payment Transformation
  - ✓ Resource to inform provider payment strategies that support transition to value-based initiatives relevant to our member risk pool.
  - ✓ Provide clarity on total cost of care at the individual level, propose correct cohorts and new payment structure for better alignment.

Data Center of Excellence (Reporting and Analytics)

- Acts as the Data and Reporting hub for the Medicaid Segment
  - ✓ Strategically aligned to key Operational areas (Clinical, Pharmacy, Quality, Growth).
  - ✓ Allows for an organic partnership between IT and Business teams
- Provides regulators with reporting to ensure we are meeting and exceeding their expectation(s) and best serving our members.
- Examples include Shift Care Reporting - Comprehensive Care Management Reports - Annual Opioid use disorder and Centers of Excellence.
- Responsible for all HEDIS Care Gap reporting and NCQA submissions.
- Provides insights that help drive strategic decision-making enabling:
  - ✓ Timely identification of member health and health access opportunities.

Clinical Platform

- Overview
  - ✓ Centralized member record system: Complete view of members' health and well-being.
  - ✓ Auto-matching of authorizations to claims.
  - ✓ Ease of system use for configuration changes to occur within hours/day vs. weeks.
  - ✓ Simplified common English benefit descriptions.
  - ✓ Near real-time availability of reporting data; Available within hours.
  - ✓ Scrollable views for ease of point & click functionality; Allows for efficiency and productivity increase
  - ✓ Auto-adjudication rates > 90%
  - ✓ Financial accuracy > 99%



Clinical Platform (Cont'd.)

- Care Management (CM)
  - ✓ Person-centered & evidence-based Model of Care integrating CM, UM, AG, Claims, Population Health and other critical data elements into the member record.
  - ✓ Streamlines CM workflows to reduce administrative burden and increase measurable outcomes for members.
  - ✓ Intuitive platform is easy for staff to learn and use.
  - ✓ Platform functionality meets NCQA requirements.
- Appeals and Grievances (AG)
  - ✓ Integrated platform allows users from all business areas to easily enter and track appeals and grievances
  - ✓ Workflow automation guides user to complete required activities timely
  - ✓ Letter automation provides quick and reportable ways to send notifications to members and providers
  - ✓ Over 60 letter and fax templates configured in system
  - ✓ Custom complaint templates to fit A&G, Quality, and Clinical team data requirements
- Utilization Management (UM)
  - ✓ Manages the authorization lifecycle and maintains regulatory compliance standards.
  - ✓ Provider portal integration streamlines workflows and communications with providers.
  - ✓ Prior Authorization Automation reduces volume of UM reviews.
  - ✓ InterQual or MCG integration.
  - ✓ Standard decisions/provides notification within 7 days = 99.1% compliance.
  - ✓ Expedited decisions/provides notification within 3 days = 99% compliance.

Internal Collaboration (An Illustration)

- Redeterminations (Unwinding)
  - ✓ Member Experience
  - ✓ Care Management
  - ✓ Provider Collaboration
  - ✓ Community Engagement
  - ✓ Government / Regulatory
  - ✓ Marketing
  - ✓ Data Center of Excellence (COE)

External Collaboration

- PA: Department of Human Services (DHS)
- PA :Department of Health (DOH)
- PA: Insurance Department (PID)
- Provider Partners
- Community-Based Organizations
- Medical Assistance Advisory Committee (MAAC)
- Blue Cross Blue Shield Association (BCBSA)
- Center for Medicare and Medicaid Services (CMS)
- Trade Associations
  - ✓ State
  - ✓ Federal

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Session Objectives

Participants will gain knowledge and understanding of:

- Administrative Challenges encountered when serving our members
- Strategies and/or Innovative Technologies for use with Member Enrollment

Administrative Challenges encountered when serving our members

- Biggest problem with Medicaid population is “transient” nature of members, to connect with/outreach to/contact
- Thirty percent of Medicaid population has invalid address/phone on file
- Challenging to contact members through use of various means
  - Mail
  - Text
  - Phone

Administrative Challenges encountered when serving our members, *continued*

- Redetermination is a challenge as well
  - Members must reapply annually for Medicaid benefits
  - They are not receiving renewal information and/or do not understand the process
  - Loss of benefit leads to → gaps in care which → impact continuity of care
- The ask of "member enrollment" is not solely focused on the member process but rather, there are challenges with the Medicaid population that are enrolled in our plan

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment

- Technology has the potential to reduce barriers to care and provide information in appropriate ways
- Ninety-two percent of adults earning < $30,000/year have cell phones
- Text messaging implemented in 2023
  - Health reminders
  - Mobile health education apps
  - Education on accessing member portal
  - Information on upcoming events (dental bus)
  - Focus on disparate populations; pregnant members; SDOH

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment, *continued*

- Additional outreach
  - Redeterminations – mailings followed up by live agent calls/text messaging/community events to process redeterminations
  - Provider newsletters
  - PHDHPs – outreach calls with warm transfer to providers for member scheduling
  - Technology – cost considerations
    - Work with regulators/legislators/stakeholders to create a policy environment that is more supportive of technology adoption

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment, *continued*

- Additional outreach relationships
  - Partner with SDOH technology companies – community-based organizations (CBOs) → the imposition of a technology platform is often done without any investment into the CBOs and social services organizations (SSOs), whose operations often change to accommodate the technology vendor's request. The health care sector must realize that CBOs drive the resource connections that are so crucial for SDOH intervention's success
    - Align and partner with physical health/behavioral health services to include oral health
    - For example, some telehealth models prioritize building relationships with local, on-the-ground providers to coordinate care or even offer services within community-based settings like schools.

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment, *continued*

- Teledentistry
  - 2021 – 23% of dental offices were using teledentistry to meet with patients
  - Decreased use of teledentistry after COVID
  - Provides better access in remote areas
  - Teledentistry by MouthWatch intraoral cameras – user friendly
  - Pediatric, special needs, assisted living facilities
  - Only dentists can actively diagnose or treat both synchronous and asynchronous teledentistry. Expand teledentistry for more options on who, what, where we can use. State legislators need to expand.
  - Intraoral photos of patients during obstetrician visits

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment, *continued*

- Pregnant members
  - SKYGEN high levels of dental benefits automation that enable programs to allocate more dollars to providing better access and quality care
  - Expansion of postpartum care
  - Develop whole person approach to pregnancy, childbirth, postpartum care

Strategies and/or Innovative Technologies that support, enhance, and improve efficiency and effectiveness of member enrollment, *continued*

- Oral health equity in the digital era
  - Help patients understand the connection between their oral health and overall well-being (portals and mobile apps)
  - Enable a better member care experience – removing many of the common barriers to care

Questions

Medicaid Member Enrollment

Shahram (Sean) Shamloo (PA)

Dr. Shamloo is the Chief Dental Officer for the Pennsylvania Department of Human Services. As a dental executive among senior management staff in the Deputy Secretary's Office, he oversees dental related matters for the Office of Medical Assistance Programs, the Office of Long-Term Living, the Office of Developmental Programs, the Office of Mental Health and Substance Abuse Programs, and any other program office within the agency that requires direction from a dental subject matter expert.

A general dentist, Dr. Shamloo has worked in private practice, academia, and the not-for-profit sector. He has owned multiple practices concurrently and was Clinical Assistant Professor at the University of Pennsylvania School of Dental Medicine. As a practicing clinician, he has had extensive experience treating children, the elderly, and individuals with intellectual and developmental disabilities. Among positions he has held are Clinical Director for a corporation and Associate Clinical Director for a not-for-profit dental organization. Both multi-location entities treat patients in underserved communities.

Joe Glinka (Highmark Wholecare)

Joe serves as Director, HealthChoices at Highmark Wholecare, a leading Medicaid and Medicare Advantage Dual Eligible Special Needs managed care organization (MCO) serving more than 350,000 Pennsylvanians in need.

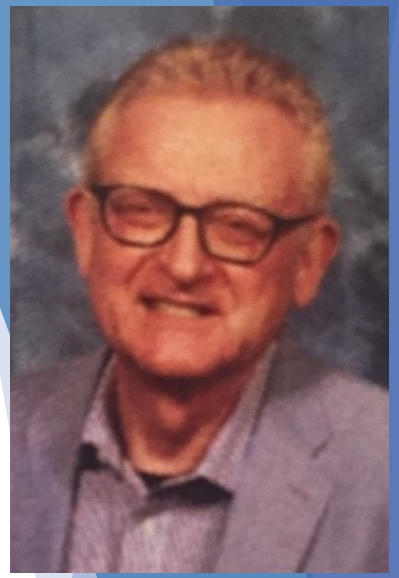
In his current role, Joe is Highmark Wholecare's Pennsylvania (PA) Medicaid managed care plan administrator – driving overall accountability to their agreement with PA's Department of Human Services (DHS). Previously, Joe served as the organization's Government Affairs Director to achieve objectives conducive to Highmark Wholecare's long-term viability as well as the integrity of government sponsored managed care. Joe's 30-year tenure at Highmark Wholecare (formerly Gateway Health) began as a marketing representative enrolling over 22,000 PA Medicaid beneficiaries into Gateway's Medicaid benefit plan over a 10-year period. He has also effectively served in other roles including:

- Board member of Medicaid Health Plans of America (MHPA).
- Chair of MHPA's Federal Government Relations Committee.
- Executive Committee member of Pennsylvania's Medical Assistance Advisory Committee (MAAC).
- Chair of the PA MAAC's Managed Care Delivery System Subcommittee (MCDSS).
- As a highly respected resource to stakeholders within the government sponsored managed care sector.

Prior to joining Gateway Health (now Highmark Wholecare), Joe successfully served in the commercial health insurance segment, surpassing new business objectives at US Healthcare and Aetna Health Plans of Western PA.

Joe holds a B.S. Degree in Industrial Management with an emphasis in Managerial Economics from Carnegie Mellon University (CMU). While at CMU, Joe was a four-year letterman and All-Conference performer in football. Since then, he has earned the designation of *Professional* from the Academy of Healthcare Management (PAHM) as well as professional certification in Strategic Management: Competitive and Corporate Strategy from the University of Pennsylvania, Wharton School of Business.

Bob Thielen, DDS, MBA
Dental Director, Highmark Wholecare



Dr. Bob Thielen is the Dental Director for Highmark Wholecare (HWC). He has maintained that position since 2018. Dr. Thielen works with multiple HWC teams to oversee Medicaid/Medicare oral health services in Pennsylvania, improve access to care, collaborate with DBAs United Concordia and SKYGEN to improve quality of care and reduce provider barriers, and interface with State regulators (Department of Health Services). Dr. Thielen serves as subject matter expert in developing Highmark dental markets in West Virginia and Delaware. He is active with the Pennsylvania Coalition of Oral Health.

Dr. Thielen served as the National Dental Director for Aetna Medicaid for four years and the regional director for Mercy Care Plan under Aetna and Schaller Anderson for ten years prior. As a member of the Aetna Senior Leadership team, he developed member-centric national and regional processes for Aetna Medicaid and Medicare Advantage programs, focusing on improving quality of oral health care, with an emphasis on strategies for oral health integration with total health care for 12 states. He identified regional and national gaps in oral health care, developed relationships with regulators, legislators, and oral health stakeholders. He has addressed disparities and inequities in the delivery of oral care services in multiple state markets and supported inclusion of oral health services to diverse populations in RFP bidding processes.

He is passionate about the role oral diseases play in overall health and the need to not exclude the mouth from the rest of the body. He recognizes the need for innovative interventions at all levels, including IT solutions, to drive oral health awareness and impact outcomes. Dr. Thielen has served as a panel moderator and subject matter expert at various conferences including Medical-Oral Health conferences in Washington, DC. He has attended annual MSDA meetings as an attendee, participant, and as a Roundtable Member.

Dr. Thielen received a BA in Psychobiology from UCLA and holds a Dental Degree from Loyola University in Chicago. He attended Arizona State University's MBA program with an emphasis on health care administration. He enjoys a wide variety of interests, including trout/salmon fishing, classic car shows and auctions, and comedy club venues.

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