# Stakeholder Advisory Committee

July 19, 2017

# Agenda

## State Budget and Federal Updates

## Managed Care Rule Implementation

## 1115 Waiver & Other Updates

- PRIME
- Global Payment Program
- Drug Medi-Cal ODS
- Whole Person Care
- Dental Transformation Initiative
- Health Homes

# State Budget

Stakeholder Advisory Committee
July 19, 2017

# Major Policy Issues

Restoration of Additional Adult Dental Benefits – January 2018

Planned Restoration of Adult Optical Benefit – January 2020

Diabetes Prevention Program – January 2018

Medically Tailored Meals 3-Year Pilot – No sooner than January 2018

Continue State-Only Full Scope Medi-Cal for Newly Qualified Immigrants (NQIs) and Seek Minimum Essential Coverage (MEC) Designation

# Proposition 56
# Supplemental Payments

## Physician services ($325M) – July 2017
- Set dollar value supplemental payments for 10 new/established patient visit codes and 3 psychiatric codes

## Dental services ($140M) – July 2017
- Supplemental payments equal to 40% of current rate for approximately 250 specified dental service codes in the following categories: restorative, endodontic, prosthetic, oral/maxillofacial surgery, adjunctives, visits/diagnostics

## Women's health ($50M) – July 2017
- Supplemental payments equal to 150% of current rate for specified Family PACT services
- Supplemental payments for surgical abortion services

## Intermediate Care Facility for Developmentally Disabled (ICF-DD) ($27M) – Aug 2017
- Supplemental payments equal to what the rates would be if no longer subject to rate freeze

## HIV/AIDS Waiver ($4M) – FY17-18
- Still finalizing adjustment methodology

*Notes:  Numbers reflect Proposition 56 funding only and do not reflect the federal match.*

*DHCS is seeking federal approval for both SPAs (for FFS) and directed payments (for MC) for physician and dental services. Further information will be available on the DHCS website.*

# Federal Developments

Stakeholder Advisory Committee
July 19, 2017

# Federal Developments

Better Care Reconciliation Act – Still Pending in U.S. Senate

DHCS Analysis Shows Devastating Impact to Medi-Cal

- Annual impact of $2.6B in 2020 from 'per-capita' funding change, growing to $11.3B in 2027
- Expansion FMAP impact of $1.4B in 2021 growing to $18B in 2027
- Full analysis available on DHCS website

# Managed Care Final Rule Implementation Updates

**Sarah C. Brooks, Deputy Director**
**Bambi Cisneros, Program Specialist**
Health Care Delivery Systems
Department of Health Care Services

Stakeholder Advisory Committee
July 19, 2017

# Presentation Overview

1. Final Rule Requirements by Year

2. Grievances & Appeals

3. Final Rule Contract Amendment

4. Member Handbook

5. Beneficiary Support Website

6. Mental Health Parity

7. Directed Payments

8. Questions & Open Discussion

# CMS June 30 Info Bulletin

- CMS issued an informational bulletin (CIB) on June 30, 2017 regarding the July 1 managed care rule requirements

- The CIB indicates that CMS is undertaking a review of the managed care rule which, given its length, will take time

- Given the July 1, 2017 effective date of certain requirements, CMS indicated that on a case-by-case basis they could use their enforcement discretion to not penalize states that are unable to come into compliance and provide specified information to CMS

- Notably, CMS indicates this discretion will not generally apply to the financial requirements, such as pass through payments.

# Final Rule Requirements by Year

**July 1, 2017 contract rating year**

- Beneficiary Information Requirements (model handbook, non-English taglines, Beneficiary Support website)
- Grievances and Appeals
- Cultural Competency (inclusion of gender identity as a component of culturally appropriate care)
- Care Coordination (in all settings, including behavioral health and Long-Term Services and Supports (LTSS) )
- Quality Assessment and  Performance Improvement (mechanisms to assess beneficiaries using LTSS and/or special health care needs)
- Drug Utilization Review
- Program Integrity (data certification, overpayments, records retention, ownership and control, increased sanctions limit)
- State Monitoring (public posting of Medi-Cal Managed Care Plan (MCP) compliance, performance, and accreditation status; Annual Managed Care Report)
- Directed payment provisions

# Final Rule Requirements by Year Continued

**No later than July 1, 2018**

- Managed Care Quality Strategy

**July 1, 2018 contract rating year**

- Network Adequacy Standards
- Provider Screening and Enrollment
- Annual Network Certification
- Beneficiary Support System (choice counseling and assistance with navigating managed care/LTSS services)
- Encounter data tied to Federal Financial Participation (FFP)

**2019 and beyond**

- External Quality Review Organization (EQRO) Validation of Network Adequacy
- Quality Rating System
- Use of MLR in rate setting

# Grievances & Appeals

## Requirements

- New requirements that align the Medicaid grievances and appeals process with requirements for other major sources of coverage
- Most substantial changes that impact beneficiary rights include:
  - Beneficiaries are required to exhaust the MCP's internal appeal process prior to proceeding to a State Hearing
  - Timeframe for filing an appeal changed to 60 calendar days
  - Timeframe for filing a State Hearing changed to 120 calendar days

## State Guidance

- DHCS issued All Plan Letter (APL) 17-006, including revised notice templates and "Your Rights" attachments: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-006.pdf

# MCP Final Rule Contract Amendment

## Requirements

- DHCS prioritized contract requirements due in the health plan contract year that begins on July 1, 2017
- CMS issued a checklist that outlined specific requirements that must be included in the MCP contract: https://www.medicaid.gov/medicaid/managed-care/downloads/mce-checklist-state-user-guide.pdf

## Contract Review Process

- DHCS sent the draft contract to the MCPs and plan associations for comment in March
- DHCS submitted the boilerplate contract to CMS on April 1 for a 90-day review period
- DHCS is currently working through CMS' feedback and will resubmit the revised contract to CMS in August

## Next Steps

- Execute contracts with MCPs
- Submit executed contract to CMS

# Member Handbook

## Requirements

- MCPs are required to use the State-developed model enrollee handbook
- Content includes a summary of benefits and coverage, as well as information on the beneficiary's rights and responsibilities

## Review and Implementation

- Underwent review by the MCPs, plan associations, Centers for Health Literacy, Department of Managed Health Care (DMHC), and the Managed Care Advisory Group for feedback
- MCPs will be expected to utilize the template at their next formal submission to the Department

# Beneficiary Support Website: Customer Service Portal (CSP)

## Requirements

- States are required to post information about their Medicaid managed care plans on a public website, including enrollee handbooks, provider directories, and plan contracts.
- States must also post information about plan finances, operational performance, quality indicators, and results of program integrity audits.
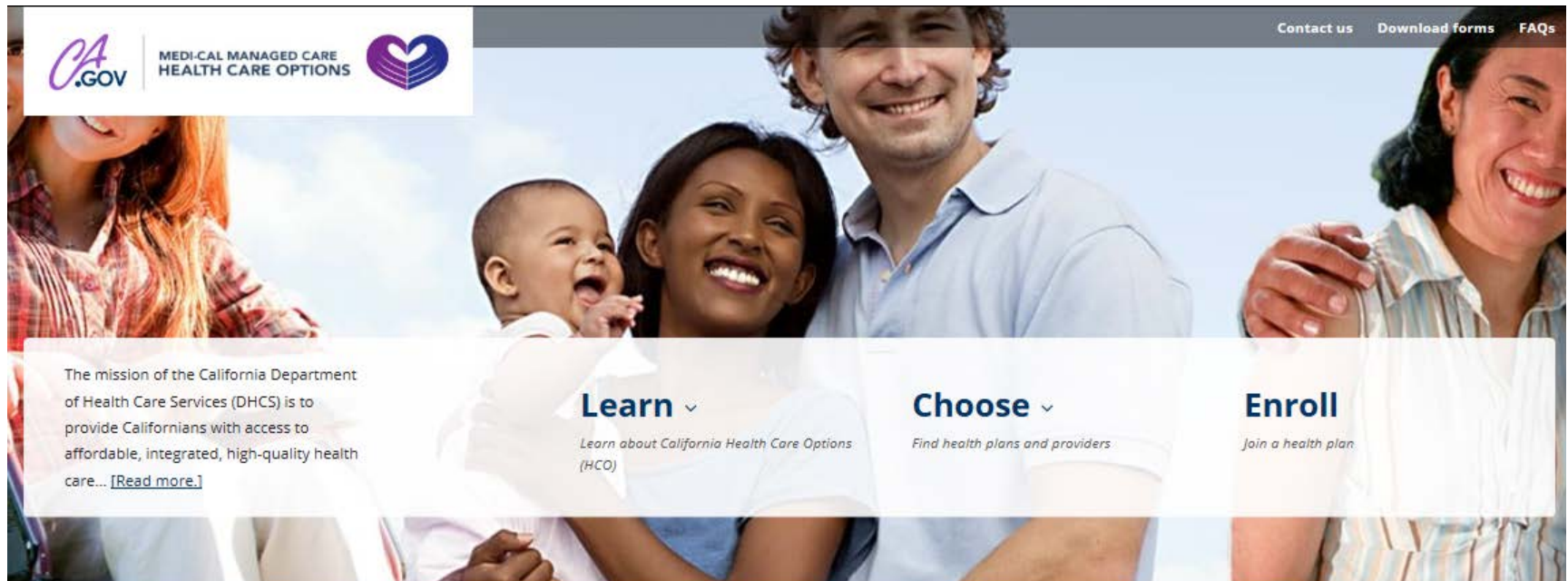
## New Customer Service Portal

- Purpose is to align with the Medicaid Managed Care Final Rule requirement for the Beneficiary Support website
- Provides link to the health plans' Provider Directory, Evidence of Coverage, and Formularies
- Enhancements include new user-friendly layout that is easy for beneficiaries to navigate

## Stakeholder Review

- Stakeholder feedback sought from the MCPs, plan associations, SAC, and Managed Care Advisory Group
- Please direct comments or feedback regarding the new website design by **Friday, July 28** to mmcdpmb@dhcs.ca.gov
- Indicate on the subject line: "CSP Feedback"

# Customer Service Portal

[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)

# Network Adequacy Standards

## Requirements

- States must set network adequacy standards for eight (8) provider types:
  - Primary care (adult and pediatric)
  - Specialty care (adult and pediatric)
  - Behavioral health providers (including mental health and substance use disorder treatment)
  - OB/GYN
  - Hospital
  - Pharmacy
  - Pediatric dental
  - Long-term services and supports (LTSS) that require the beneficiary to travel to the provider

## Compliance Date

- Health plan contract year that begins on July 1, 2018

# Parity Analysis Approach

DHCS adhered to the Parity Compliance Toolkit that outlined the 10 key steps to parity analysis and completed the following:

## Benefits Mapping

- Mapped Medicaid benefits to the four classifications (inpatient, outpatient, prescription drugs, emergency care):
  - Medical/surgical and non-specialty mental health benefits covered by the MCPs
  - Specialty mental health services provided by the MHPs
  - Substance use disorder benefits delivered through Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - Alternative Benefits Plan (ABP) State Plan services
  - Children's Health Insurance Program (CHIP)

## State-Level Policy Review

- Reviewed State-imposed limitations in MCP and County Mental Health Plan (MHP) contracts, statutes/reg-ulations, All Plan Letters (APLs)/County Information Notices, and waivers to identify and analyze potential Financial Requirements (FRs), Quantitative Treatment Limitations (QTLs), and Non-Quantitative Treatment Limitations (NQTLs) in each classification
- Conducted deep dives to discuss parity compliance with FRs, QTLs, and NQTLs

## Surveys

- Administered surveys on MCPs and MHPs for treatment limitations at the plan-level that are more stringent than State guidance

# Parity Compliance Next Steps

**July 2017**
- Send draft APLs to MCPs for a two-week review period

**August 2017**
- Issue draft contract amendment and deliverables list to Plans for a two-week review period
- Issue APLs as final

**September 2017**
- Submit the contract amendment to Centers for Medicare & Medicaid Services (CMS) for review
- Begin to request deliverables

**October 2017**
- Submit Compliance Plan to CMS
- Post compliance documentation on DHCS website

# Definitions

| Acronym | Definition |
|---------|------------|
| APL | All Plan Letter |
| DMC | Drug Medi-Cal |
| DMC-ODS | Drug Medi-Cal Organized Delivery System |
| DMHC | Department of Managed Health Care |
| FFP | Federal Financial Participation |
| FRs | Financial Requirements |
| MCP | Medi-Cal Managed Care Plan |
| MHP | County Mental Health Plan |
| NQTLs | Non-Quantitative Treatment Limitations |
| QTLs | Quantitative Treatment Limitations |

# Directed Payments

## Requirements

- General prohibition on "pass through" payments as defined by CMS (10 year phase down option for hospital payments)
- If states wish to "direct" specific payment levels they must get separate approval for  allowable directed payments tied to contract services provided by network providers enrolled in the managed care plan in the contract year (min/max fee schedules, $ or % increment, quality)

## California Proposed Approach

- Developing in collaboration with hospitals and health plans
- Initial concepts for Designated Public Hospitals (DPHs) include quality performance pools and utilization pools
- Initial concepts for other hospitals include utilization pools
- Working with CMS on allowable structures

# Questions & Open Discussion

# Public Hospital Redesign & Incentives in Medi-Cal Program (PRIME)

**Neal Kohatsu, Medical Director**

**Director's Office**

Stakeholder Advisory Committee
July 19, 2017

# PRIME Reporting
## Demonstration Years (DY) 11-13

**DY 11**
- Designated Public Hospitals (DPH) submitted baseline data to DHCS by 9/30/2016
- District Hospitals (DMPH) submitted infrastructure activity reports by 9/30/2016

**DY 12**
- DPHs will submit data for one full year of quality improvement activities by 9/30/2017
- DMPHs will submit baseline data and final infrastructure activity reports by 9/30/2017

**DY 13**
- Data reporting for DPHs and DMPHs will be aligned for reporting quality improvement activities by 9/30/18

# $2.3 Billion Available

## DY 11 & DY 12 Mid-Year



Resource Utilization Efficiency

Unearned 5%

Domain 3 9%

Approved 5 year plan 17%

Targeted High-Risk or High-Cost Populations

Domain 2 31%

Domain 1 38%

Outpatient Delivery System Transformation and Prevention

# Shared Learning

Annual Convening

Regional Meetings and Advisory Committee

PRIME Learning Collaboratives

Webinars

PRIMEone SharePoint Website
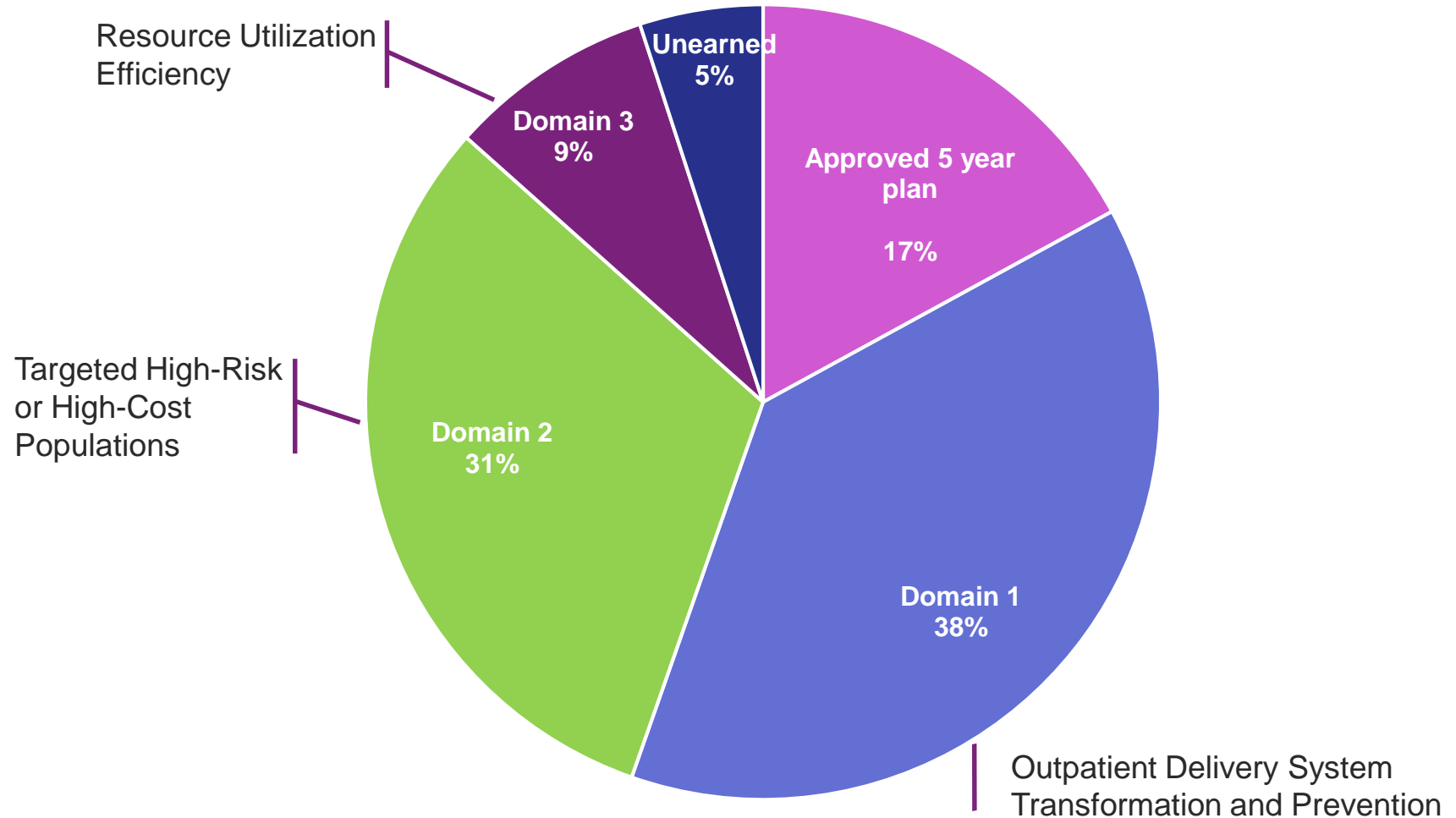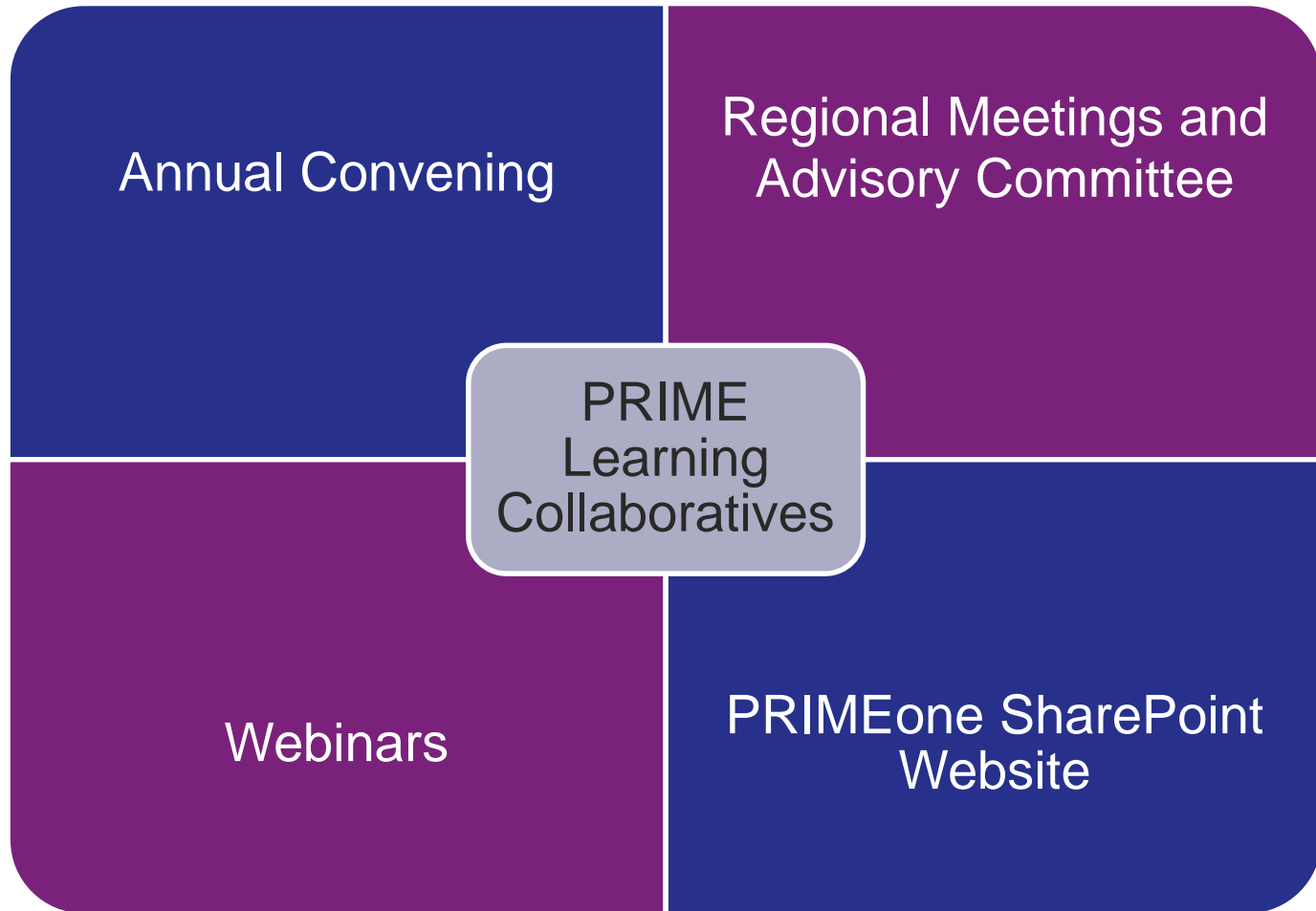
# DPH Spotlight

## Improvements in Perinatal Care

In the first 6 months of PRIME DPH quality improvement interventions:

- 81% improved postpartum care rate from baseline.

- 38% are now performing above the 90th percentile.



Postpartum Care
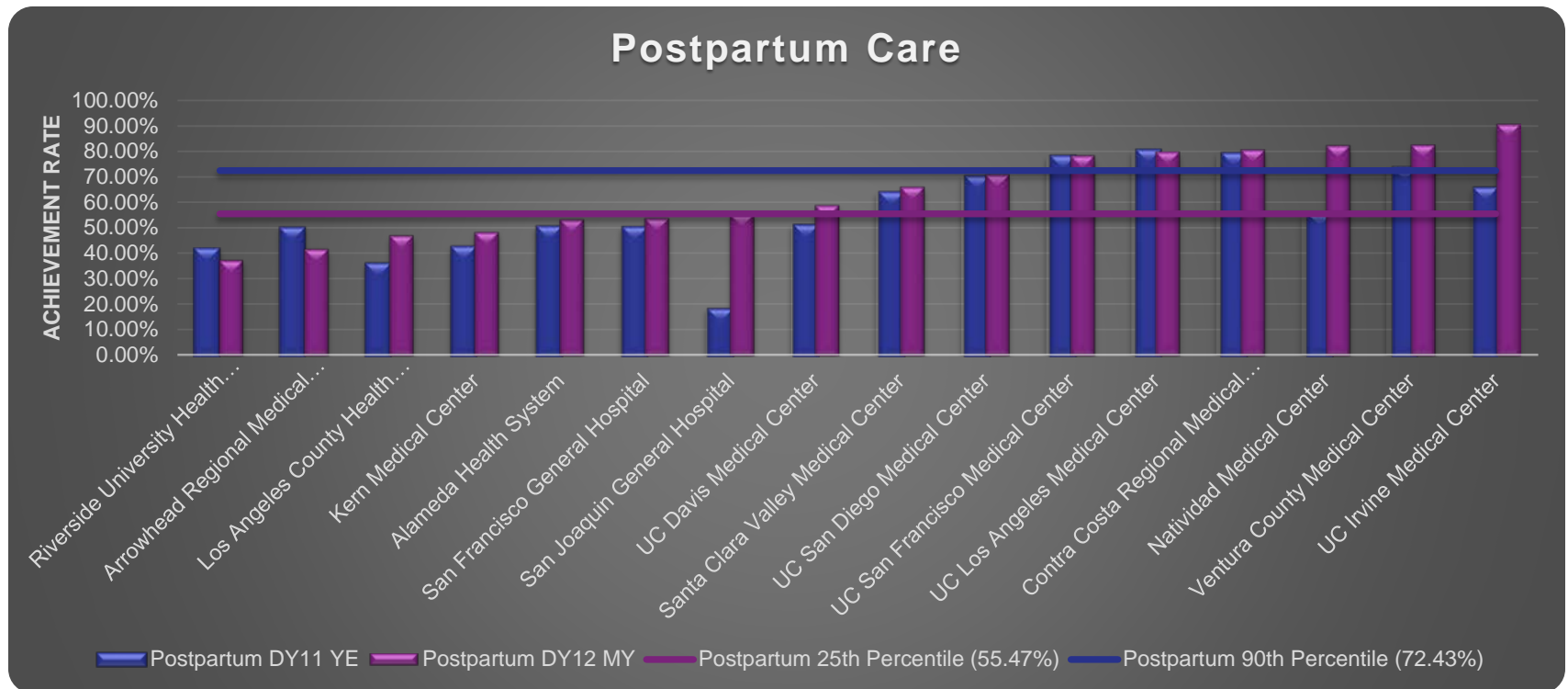
# DMPH Spotlight

## Telehealth & Complex Care Management

**Marin General Hospital**

- Isolated populations & underserved areas
- Future plans expand services beyond PRIME projects

**Kaweah Delta Health Care District**

- Retinal scans for patients with diabetes
- Complex care management strategy preliminary assessment:
  - 71% reduction in all-cause 30-day readmissions
  - 43% reduction in all-cause ER admits
  - 55% in all-cause hospitalizations

# Global Payment Program (GPP) Update

## Lindy Harrington, Deputy Director

Health Care Financing

Stakeholder Advisory Committee
July 19, 2017

# Program Year (PY) 1: Final Reporting of Service Categories

**Categories of Service**
**PY 1 Total Units = 2,805,319**



- (1) Outpatient in Traditional Settings
- (2) Complementary patient and support and care services
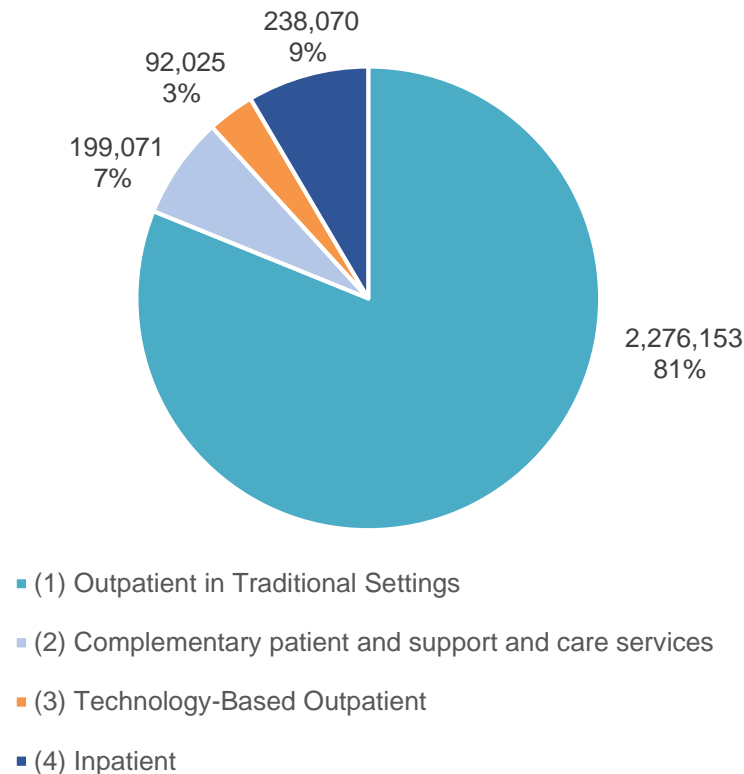- (3) Technology-Based Outpatient
- (4) Inpatient

# PY 1: Global Budgets

| Public Health Care System | System Budgets, GPP PY 1 | Total Paid, GPP PY 1 |
|---|---|---|
| Alameda Health System | $209,451,069 | $210,740,530 |
| Arrowhead Regional Medical Center | $82,305,303 | $73,544,116 |
| Contra Costa Regional Medical Center | $62,060,205 | $64,020,869 |
| Kern Medical Center | $39,739,227 | $39,818,872 |
| Los Angeles County Health System | $1,110,846,961 | $1,142,739,933 |
| Natividad Medical Center | $32,371,325 | $32,576,907 |
| Riverside University Health System Medical Center | $88,214,323 | $81,314,378 |
| San Francisco General Hospital | $141,111,308 | $139,774,247 |
| San Joaquin General Hospital | $33,044,985 | $34,128,288 |
| San Mateo County General Hospital | $95,510,700 | $97,709,021 |
| Santa Clara Valley Medical Center | $212,880,065 | $211,718,183 |
| Ventura County Medical Center | $100,764,969 | $80,215,096 |
| **Total** | **$2,208,300,440** | **$2,208,300,440** |

# PY 1: Thresholds

| Public Health Care System | System Thresholds, GPP PY 1 | Total Points Earned, GPP PY 1 | % of GPP Threshold |
|---|---|---|---|
| Alameda Health System | 19,151,753 | 19,449,490 | 102% |
| Arrowhead Regional Medical Center | 7,525,819 | 6,724,715 | 89% |
| Contra Costa Regional Medical Center | 5,674,651 | 6,127,369 | 108% |
| Kern Medical Center | 3,633,669 | 3,652,059 | 101% |
| Los Angeles County Health System | 101,573,445 | 108,937,543 | 107% |
| Natividad Medical Center | 2,959,964 | 3,007,433 | 102% |
| Riverside University Health System Medical Center | 8,066,127 | 7,435,211 | 92% |
| San Francisco General Hospital | 12,902,913 | 12,780,655 | 99% |
| San Joaquin General Hospital | 3,021,562 | 3,271,697 | 108% |
| San Mateo County General Hospital | 8,733,292 | 9,240,885 | 106% |
| Santa Clara Valley Medical Center | 19,465,293 | 19,359,053 | 99% |
| Ventura County Medical Center | 9,213,731 | 7,334,695 | 80% |

# PY 1: Thresholds

**% of GPP Threshold Achieved**

**Public Health Care System**
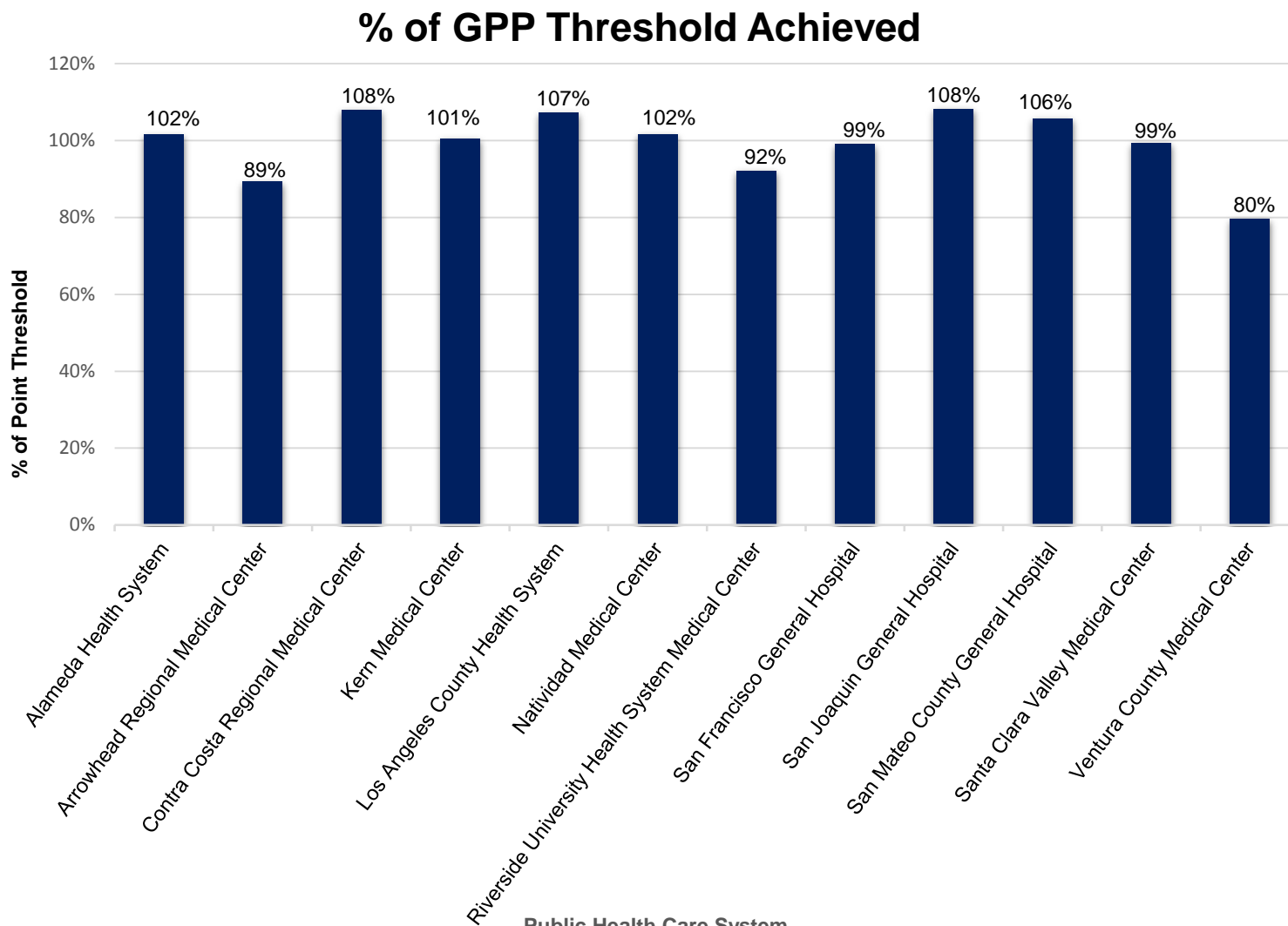
# PY 2: Global Budgets

| Public Health Care System | System Budgets, GPP PY 2 | Total Paid to Date |
|---|---|---|
| Alameda Health System | $215,503,320 | $163,043,520 |
| Arrowhead Regional Medical Center | $84,683,578 | $64,069,122 |
| Contra Costa Regional Medical Center | $63,853,482 | $48,309,681 |
| Kern Medical Center | $40,887,522 | $30,934,305 |
| Los Angeles County Health System | $1,142,945,750 | $864,719,376 |
| Natividad Medical Center | $33,306,720 | $25,198,893 |
| Riverside University Health System Medical Center | $90,763,344 | $68,668,896 |
| San Francisco General Hospital | $145,188,830 | $109,845,627 |
| San Joaquin General Hospital | $33,999,846 | $25,723,290 |
| San Mateo County General Hospital | $98,270,556 | $74,348,634 |
| Santa Clara Valley Medical Center | $219,031,400 | $165,712,761 |
| Ventura County Medical Center | $103,676,652 | $78,438,726 |
| **Total** | **$2,272,111,000** | **$1,719,012,831** |

# Drug Medi-Cal Organized Delivery System (DMC-ODS) Update

**Karen Baylor**
Deputy Director, Mental Health & Substance Use Disorder Services
**Marlies Perez**
Chief, Substance Use Compliance Division

Stakeholder Advisory Committee
July 19, 2017

# DMC-ODS Implementation Update

## Implementation Plans Submitted as of 7/10/17:

| County | Live Date | County | Live Date | County | Live Date |
|---|---|---|---|---|---|
| San Francisco | 7/1/17 | Alameda | | Merced | |
| San Mateo | 2/1/17 | Sonoma | | Sacramento | |
| Riverside | 2/1/17 | Kern | | *Humboldt | |
| Marin | 4/1/17 | Orange | | *Lassen | |
| Santa Clara | 6/15/17 | Yolo | | *Mendocino | |
| Santa Cruz | | Imperial | | *Modoc | |
| Los Angeles | 7/1/17 | San Bernardino | | *Shasta | |
| Contra Costa | 6/30/17 | Santa Barbara | | *Siskiyou | |
| Napa | | San Benito | | *Solano | |
| Monterey | | Placer | | *Trinity | |
| Ventura | | Fresno | | | |
| San Luis Obispo | | San Diego | | | |

*Partnership Regional Model

# CA Medication Assisted Treatment (MAT) Expansion Project

- **21st Century CURES Act –** Included funding for the State Targeted Response to the Opioid Crisis Grant (Opioid STR).
  - April 21, 2017: California awarded approximately $90M over two years
- **California's Focus –** CA's priority focus areas include:
  - Counties with the highest opioid overdose rates
  - Increasing the availability and utilization of buprenorphine statewide
  - Improving MAT access for CA's American Indian and Native Alaskan tribal communities
- **California's Project –** CA's MAT Expansion Project includes:
  - Implementing of the CA Hub and Spoke System (CA H&SS)
  - Developing the Indian Health Program MAT Project
  - Offering training and mentoring by the California Society of Addiction Medicine
  - Evaluation and training by University of California, Los Angeles

# Whole Person Care Pilots Update

**Jacey Cooper, Assistant Deputy Director**

Health Care Delivery Systems

July 19, 2017
Stakeholder Advisory Committee Meeting

# WPC Second Round Approvals

## New City/Counties

- City of Sacramento
- Kings
- Marin
- Mendocino
- Santa Cruz
- Sonoma
- Collaboration of Plumas, Mariposa, and San Benito

## Expansion Counties

- Los Angeles
- Monterey
- Napa
- Orange
- San Francisco
- San Joaquin
- Santa Clara
- Ventura

New Pilots began operation July 1, 2017. See the DHCS WPC web site for more detail on the approved pilots.

# Ongoing WPC Pilot Activities

## Collaboration Among County Entities:

- Policies and agreements between County Health Departments and Mental Health Plans, Hospitals, MCPs, SUD providers, and other community entities for coordination of member care, information sharing, governance, and quality improvement processes

## Health Information Sharing to Improve Outcomes:

- Purchase and implementation of case management software
- Bi-directional data sharing between MCPs and pilot entities for member identification and coordination
- Data Warehouse development to combine data from MCPs, Mental Health, SUD, Housing, and other providers
- Real-time alerts and information sharing about inpatient care and other services between hospitals, care coordinators, and MCPs

# WPC Pilot Service Examples

## Filling Gaps in Key Coordination and Services:

- Intensive, whole-person case management services: For all high-risk populations
- Services for homeless members: sobering centers, respite care, and tenancy navigation and sustaining assistance
- New engagement strategies: Enrolling justice-involved people upon release or at the first parole meeting; Engaging homeless populations where they are in the community
- Transition coordination: To facilitate transitions from acute and psychiatric institutions into the community and avoid readmissions
- Innovative service providers: Community health workers; Peer support coordinators with lived experience
- Other innovative strategies: Intensive support and coordination for high-risk pregnant women; Benefits advocacy (SSI, CalFresh, etc.); Legal assistance to eliminate barriers to housing, benefits, and health care

# WPC Pilot Updates

## Enrollment:

- The most recent data shows total pilot enrollment of over 17,000 through May of 2017.
- DHCS will begin posting and updating monthly individual pilot enrollment numbers on the WPC web site soon.

## Budget Adjustment and Rollover:

- The WPC Pilots have short implementation timelines and ambitious goals for transformational change.
- It is likely that many pilots will not complete all of the deliverables that they planned for 2017, or may want to make some adjustments to their 2018 budgets based on what they are learning as they implement.
- DHCS will release guidance soon for the budget adjustment and rollover process. Our intent is to allow mid-course budget corrections and the rollover of deliverables and funding to the extent possible.

# WPC Pilot Updates

## Learning Collaborative:

- The learning collaborative for pilot entities has been active since February with biweekly calls, quarterly webinars, and semiannual in-person meetings.
- The first in-person meeting, which occurred in Sacramento in May, had over 150 attendees. Dr. Mitch Katz from LA County provided the keynote presentation.
- The learning collaborative is helping to share best practices among pilots on topics such as care coordination, information sharing, engagement, serving homeless members, case management software, and many other topics.
- The next in-person meeting will be in Southern California in October.

## Evaluation:

- DHCS selected the UCLA Center for Health Policy Research as the independent evaluator.
- DHCS is working with CMS to finalize the evaluation design and will post it on the WPC web page later this summer.

# Questions & Open Discussion

# Medi-Cal
# Dental Transformation Initiative (DTI)

**Alani Jackson, Chief**
**Anastasia Dodson, Associate Director**
**Medi-Cal Dental Services Division**

Stakeholder Advisory Committee
July 19, 2017

# Dental Transformation Initiative

- Domain 1: Increase Preventive Service Utilization for Children
- On January 31, 2017, about 2,646 service office locations (SOL) received payments totaling about $22 million.
  - 2,426 Fee-for-Service locations received $20.9 million
  - 156 Dental Managed Care locations received $491,000
  - 64 Safety Net Clinics received $607,000
- Next payment scheduled for July 31, 2017 (total payment amounts will be reported in August).

# Dental Transformation Initiative

- Domain 2: Caries Risk Assessment and Disease Management Pilot

- Currently 84 participating providers in the 11 participating counties.

- $294,000 has been paid out to date.

- 162 providers have taken the required training.

- DHCS has collaborated with provider associations, our Dental Fiscal Intermediary, and the Dental Managed Care Plans to encourage provider participation and provide further information.

# Dental Transformation Initiative

- Domain 3: Increase Continuity of Care
- Implemented in 17 counties
- On June 30, 2017, about 692 SOLs received payments totaling about $9.4 million:
  - 684 Fee-for-Service locations received $9.2 million
  - 8 Safety Net Clinics received $184,000
- Payments are provided annually: the next payment is scheduled for June 30, 2018.

# Dental Transformation Initiative

- Domain 4: Local Dental Pilot Programs (LDPP)
- DHCS has approved 15 pilots to address one or more of the three domains through alternative programs.
- 11 projects have executed contracts with DHCS.
- Projects will begin implementation efforts effective July 2017.

# Health Homes Program Update

## Brian Hansen, Health Program Specialist
## Health Care Delivery Systems

July 19, 2017
Stakeholder Advisory Committee Meeting

# HHP Updates

## Moving forward with implementation:

- DHCS posted a revised implementation schedule on the HHP website, with three phases starting July 2018, January 2019, and July 2019.
- DHCS is continuing to work through the SPA and 1115 Waiver approval process with CMS.
- Rate development work is continuing.
- All other implementation activities will continue as planned, including work with Harbage Consulting on provider technical assistance and beneficiary outreach.
- The next slide shows key implementation milestones for first phase MCPs. DHCS also provided second and third phase MCPs their corresponding milestone dates.

# HHP Target Dates: First Implementation Phase

| Milestone | Target Date |
|---|---|
| CMS approves the first SPA (physical conditions and SUD) and 1115 Waiver Amendment. | August 2017 |
| DHCS provides 1) draft engagement list eligibility information to MCPs for planning; and 2) a final list for member engagement. | Draft – Dec. 2017 Final – May 2018 |
| DHCS completed rate development, including draft rate development, an MCP workgroup process, and rate finalization. | Draft – Oct. 2017 Final – Feb. 2018 |
| DHCS provides data specifications to MCPs as part of a data workgroup for the engagement list, MCP reporting, payment process, and service codes. | Initiate W.G. – July 2017 Final Specs. – Nov. 2017 |
| DHCS provides readiness schedule and timeline to MCPs | August 2017 |
| DHCS offers provider technical assistance, including a plan of activities and timeline, followed by a learning collaborative and training. | Plan/timeline – August 2017 Provider TA – Jan.-Aug. 2018 |
| CMS approves the second SPA (SMI conditions). | June 2018 |