

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in State Health Policy

..... *January 8, 2020*



In Focus



HMA Roundup



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IN FOCUS

WEST VIRGINIA RELEASES MEDICAID MANAGED CARE RFP

This week, our *In Focus* section reviews the West Virginia Mountain Health Trust request for proposals (RFP) released by the West Virginia Department of Administration (DOA) for the Department for Health and Human Resources (DHHR) on December 17, 2019. Mountain Health Trust (MHT) is the statewide physical and behavioral Medicaid managed care program. West Virginia will

award contracts, worth over \$1.5 billion, to three managed care organizations (MCOs), with implementation beginning July 1, 2020.

Mountain Health Trust serves most Medicaid eligibility groups, including TANF, pregnant women, Children with Special Health Care Needs (CSHCN), and SSI; the West Virginia Health Bridge Medicaid expansion population; and beginning July 1, 2020, the West Virginia Children's Health Insurance Program (WVCHIP). WVCHIP is currently fee-for-service and will add approximately \$45 million to the contracts. MHT is projected to have 408,982 total enrollees for the fiscal 2021 contract term.

Fiscal 2021 Managed Care Estimated Member Enrollment

Population	Estimated Enrollment
Temporary Assistance for Needy Families (TANF)	191,617
Pregnant Women	5,609
Supplemental Security Income (SSI) Beneficiaries	42,839
Adults Ages 19 to 64 (WVHB)	147,305
West Virginia Children's Health Insurance Program (WVCHIP)	21,603
Total	408,982

Note: Enrollees in TANF and SSI may be dually enrolled in the CSHCN program; Pregnant Women have been broken out from the TANF population.

Source: West Virginia Department of Health and Human Resources

Evaluation

Proposals will be evaluated out of a total 1,000 points - 700 for the technical proposal and 300 for the cost proposal. The three plans with the highest number of points will be awarded contracts. Plans will need to score a minimum of 70 percent or 490 points in the technical proposal to move on and have the cost proposal evaluated. To determine the cost score, the state will divide the lowest cost of all proposals by the cost of the proposal being evaluated. This percentage will then be multiplied by the total 300 points.

Scoring Area	Possible Points
Technical Proposal	700
Vendor Qualifications and Experience	50
Project Organization & Staffing	130
Business Solution	500
Oral Presentations	20
Cost Proposal	300
Total	1,000

Timeline

Proposals are due February 12, 2020. The contracts are for one year beginning July 1, 2020, with three optional, one-year renewals. A date to award the three winning plans is still to be determined.

RFP Activity	Date
RFP Issued	December 17, 2019
Proposals Due	February 12, 2020
Implementation	July 1, 2020

Current Market

Incumbent health plans are Anthem, Aetna, and the Health Plan of the Upper Ohio Valley, serving nearly 386,000 individuals.

Enrollment in West Virginia Managed Medicaid by Plan, 2016-18, November 2019				
Plan	2016	2017	2018	Nov-19
Anthem/Unicare	131,670	140,130	136,598	154,014
<i>% of total</i>	33.8%	33.6%	34.5%	39.9%
Aetna	122,215	125,015	118,889	137,679
<i>% of total</i>	31.4%	30.0%	30.0%	35.7%
Health Plan of the Upper Ohio Valley	73,274	82,261	78,166	94,170
<i>% of total</i>	18.8%	19.7%	19.7%	24.4%
West Virginia Family Health*	62,378	69,215	62,166	0
<i>% of total</i>	16.0%	16.6%	15.7%	0.0%
Total West Virginia	389,537	416,621	395,819	385,863
<i>+/- between reporting periods</i>	21,879	27,084	(20,802)	(9,956)
<i>% chg. between reporting periods</i>	6.0%	7.0%	-5.0%	-2.5%

**West Virginia Family Health exited the Medicaid managed care market in July 2019*
Source: WV Dept. of Health and Human Service, HMA

To access the RFP, please click [here](#). Click "Public Access" and search for "MHT". The RFP # is BMS200000002.



HMA MEDICAID ROUNDUP

Arizona

BCBS-Arizona Completes Acquisition of Medicaid Plan. *KTAR News* reported on January 3, 2020, that Blue Cross Blue Shield of Arizona has completed the acquisition of Steward Health Choice Arizona from Dallas-based Steward Health Care System. Steward serves about 200,000 Medicaid members in the state. [Read More](#)

California

California Law Limiting Dialysis Reimbursements is Blocked By Judge. *Modern Healthcare/The Associated Press* reported on December 31, 2019, that a federal judge has issued a preliminary injunction, temporarily blocking California from enforcing a state law aimed at limiting reimbursements to dialysis clinics. U.S. District Judge David Carter ruled that the law would impact about 3,700 low-income dialysis patients who receive health insurance premium assistance from an American Kidney Fund (AFK) program backed by dialysis clinics. The law caps dialysis rates at Medicare levels or at a rate determined through dispute resolution for individuals receiving assistance from third parties like AFK. [Read More](#)

Governor Announces Healthy California for All Commission. *The San Francisco Chronicle* reported on December 18, 2019, that California Governor Gavin Newsom announced the formation of the Healthy California for All Commission to consider ways to expand healthcare coverage, including the potential development of single-payer healthcare. The 17-member commission will begin meeting in January 2020. [Read More](#)

Delaware

Delaware-based ChristianaCare Acquires Union Hospital. *Modern Healthcare* reported on January 2, 2020, that not-for-profit, Delaware-based health system ChristianaCare has completed the acquisition of Union Hospital in Elkton, MD. The deal includes a 72-bed hospital, oncology group, urgent care subsidiary, and imaging center. [Read More](#)

District of Columbia

District of Columbia Releases Draft Medicaid Managed Care Quality Strategy for Public Comment. On December 27, 2019, the District of Columbia Department of Health Care Finance (DHCF) released its proposed Medicaid Managed Care Quality Strategy for public comment. The proposal is part of a broader effort to fully transition to managed care over the next five years. Approximately 22,000 elderly and disabled beneficiaries will transition into managed care effective October 1, 2020. [Read More](#)

Florida

House to Remain Focused on Healthcare, Speaker Says. *Health News Florida* reported on January 8, 2020, that healthcare will continue to be the focus of Florida's legislative agenda, according to state House Speaker Jose Oliva (R-Miami). "In spite of all the positive economic indicators in Florida, healthcare continues...to cripple families," Oliva stated. [Read More](#)

Florida Lawmaker Introduces Bill To Regulate PBM Practices. *The Daytona Beach News-Journal/The News Service of Florida* reported on December 21, 2019, that Florida Representative Jackie Toledo (R-Hillsborough) introduced a bill that would further regulate the activities of pharmacy benefit managers (PBMs). The bill would prohibit PBMs from engaging in spread pricing and prevent them from steering patients to pharmacies already owned in whole or in part by them. Other provisions of the bill include a ban on registration requirements for pharmacists that are more stringent than federal or state requirements as well as harsher penalties for violating state law. [Read More](#)

Georgia

Georgia Tweaks Partial Medicaid Expansion Proposal for Federal Review. *The Valdosta Daily Times* reported on December 26, 2019, that Georgia state officials made slight changes to Governor Brian Kemp's partial Medicaid expansion proposal after receiving more than 800 public comments. Partial expansion would add about 50,000 new individuals to Medicaid. [Read More](#)

Idaho

Medicaid Expansion Enrollment Is Lower than Expected. *The Idaho Business Review/The Associated Press* reported on December 30, 2019, that about 52,000 individuals have enrolled in Idaho's Medicaid expansion program. The state had expected about 60,000 to have signed up at this point. Some 91,000 individuals are eligible for the program. [Read More](#)

Illinois

Report Highlights Persistent Problems within State Child Welfare Agency. *The Associated Press* reported on January 6, 2019, that Illinois continues to experience persistent problems within the state Department of Children and Family Services, according to a report from the department's inspector general. The report noted that 123 children died from various causes despite having had contact with the department in the past 12 months. Twenty-four were ruled homicides, including murder by an abusive parent. The report recommended increases supervision of front-line workers, additional training, and manageable caseloads. [Read More](#)

Cook County Files Lawsuit Against Chicago Psychiatric Hospital. *The New York Times/The Associated Press* reported on December 18, 2019, that Cook County, IL, filed a federal lawsuit against Chicago Lakeshore Hospital over claims of sexual abuse and improper medication of children and teenagers under state care. The lawsuit names several current and former Illinois Department of Children and Family Services officials. [Read More](#)

Iowa

Iowa to Withhold \$44 Million From Medicaid Managed Care Plan. *The Gazette* reported on January 3, 2020, that Iowa will withhold \$44 million from Centene-owned Iowa Total Care's January capitated Medicaid managed care payment related to unpaid and incorrect claims payments. The amount is about 26 percent of the plan's monthly capitated payment from the state. [Read More](#)

Kansas

Kansas Seeks Agreement on Medicaid Expansion Program. *The Kansas City Star* reported on January 2, 2020, that Kansas Democratic Governor Laura Kelly is in talks with Republican Senate Majority Leader Jim Denning (R-Overland Park) concerning a possible Medicaid expansion program. Lawmakers convene for the next legislative session on January 13. [Read More](#)

Kentucky

Medicaid Plan Passport to Resume Construction of New Headquarters. *The Louisville Courier Journal* reported on January 3, 2020, that not-for-profit Passport Health Plan will resume construction of a new headquarters in west Louisville. The project has been delayed by financial issues. [Read More](#)

Kentucky to Rebid Medicaid Managed Care Contracts. On December 23, 2019, Kentucky Governor Andy Beshear announced that the state will cancel and rebid the current Medicaid managed care contracts. A request for proposals (RFP) is expected on January 10, 2020, or earlier. Governor Beshear stated that the original RFP included a now cancelled section 1115 waiver, Kentucky HEALTH, that mandated Medicaid work requirements for certain individuals. Additionally, the \$8 billion contracts were awarded in the last 11 days of the former administration, with members of the General Assembly's Government Contract Review Committee unanimously voting to reject the contracts in the last day. The contracts were awarded to Aetna, Humana, Molina, UnitedHealthcare, and WellCare. [Read More](#)

Kentucky Health Plan Calls State Medicaid Managed Care Contract Awards Process 'Irretrievably Defective'. *The Louisville Business First* reported on December 18, 2019, that Anthem Inc. said in a protest filed with the Kentucky Finance and Administration Cabinet that the state's recent process for awarding Medicaid managed care contracts was "irretrievably defective." The 15-page complaint says the state failed to consider substantial program changes certain to occur after Governor Andy Beshear took office in December. Anthem also said certain scoring metrics were littered with errors. Beshear has pledged to review the awards, which are scheduled to take effect in July 2020. [Read More](#)

Louisiana

Emergency Medicaid Contracts Await Federal Approval. *WBRZ* reported on January 8, 2020, that Louisiana is waiting for federal approval of emergency contracts that would keep five current Medicaid managed care plans in place for up to one year. Approval is expected by February 10, 2020. Louisiana issued the emergency contracts after two plans protested the state's most recent procurement. State procurement officer Paula Tregre has set a January 17 deadline for a decision on the protests. [Read More](#)

Health Secretary Rebekah Gee to Resign. *The Advocate* reported on January 6, 2020, that Louisiana Department of Health Secretary Rebekah Gee will resign at the end of January. Gee held the post for four years, including during the state's implementation of Medicaid expansion. [Read More](#)

Maryland

Maryland-based Peninsula Regional Health System Completes Merger with Nanticoke Health. *Modern Healthcare* reported on January 2, 2020, that Maryland-based Peninsula Regional Health System (PRHS) has completed its merger with Delaware-based Nanticoke Health Services, including the 139-bed Nanticoke Memorial Hospital. PRHS also expects to complete the acquisition on McCready Foundation by March 2020, including a 2-bed hospital, a skilled-nursing facility, assisted-living facility and immediate-care facility. [Read More](#)

CareFirst BCBS to Acquire Medicaid Plans in District of Columbia, Maryland. CareFirst Blue Cross Blue Shield announced on December 20, 2019, definitive agreements to acquire Medicaid managed care plans Trusted Health Plan, which serves 34,000 members in Washington, DC, and University of Maryland Health Partners, which serves 47,000 members in Baltimore. Not included in the transaction is University of Maryland Health Advantage plan, which serves 5,600 Medicare and Medicaid members in Maryland. The deals require regulatory approvals. CareFirst last participated in the Medicaid market in 2000. [Read More](#)

Massachusetts

Massachusetts Announces One Care Dual Demonstration Awards. On January 7, 2019, the Massachusetts Executive Office of Health and Human Services (EOHHS) awarded One Care Dual Demonstration 2.0 contracts to Boston Medical Center HealthNet Plan, Commonwealth Care Alliance, Fallon Community Health Plan, Tufts Health Public Plans, and UnitedHealthcare Community Plan. One Care serves individuals with disabilities ages 21 to 64 who are eligible for Medicare and MassHealth, the state's Medicaid managed care program. Beneficiaries will receive medical, behavioral, and long-term services and supports. Implementation will begin January 1, 2021, with contracts effective for five years through December 31, 2025. Current incumbents - Commonwealth Care Alliance and Tufts - serve 23,000 enrollees. [Read More](#)

Michigan

Insurers Total Health, Priority Health Complete Merger. *HealthLeaders* reported on January 6, 2020, that Total Health Care and Priority Health have completed their merger. As part of the deal, the two Michigan-based health plans will establish a \$25 million foundation to improve health outcomes in Detroit. [Read More](#)

Medicaid Expansion Program Improves Access to Care, New Reports Say. *Michigan Radio* reported on December 29, 2019, that Medicaid expansion in Michigan has significantly improved access to preventive care and primary care for beneficiaries, according to two studies recently published by the University of Michigan Institute for Healthcare Policy and Innovation. The studies found a sharp drop in dependence on emergency room and urgent care center visits for routine care. Nearly 90 percent of enrollees have seen a primary care physician since enrolling. [Read More](#)

Michigan Files Opioid Lawsuit Against Drug Distributors Under Drug-Dealer Law. *The Detroit News* reported on December 17, 2019, that Michigan has filed a \$1 billion opioid lawsuit in Wayne County Circuit Court against four drug distributors under the state drug-dealer law, which is usually reserved for street-level drug operations. The state argues that AmerisourceBergen, CardinalHealth, Walgreens, and McKesson failed to maintain controls on opioid sales and prescribed more opioids than were medically necessary. [Read More](#)

Mississippi

Medicaid Director to Keep Position in New Administration. *U.S. News/The Associated Press* reported on January 6, 2020, that Drew Snyder will remain Mississippi Medicaid director, according to Governor-elect Tate Reeves, who will be inaugurated later this month. Snyder has held the position for two years under Republican Governor Phil Bryant. [Read More](#)

Medicaid MCO to Continue Coverage for Medicaid Patients in AL Hospitals. *The Associated Press/CBS 42* reported on December 24, 2019, that UnitedHealthcare is reversing plans to drop the USA Health system in Alabama from its Mississippi Medicaid managed care network. The change was scheduled to take effect January 2020. The move would have largely impacted Medicaid members in southern Mississippi who seek care in Mobile, Alabama. [Read More](#)

Mississippi May Still Expand Medicaid, Lt. Governor Says. *The Jackson Free Press* reported on December 18, 2019, that Mississippi could still expand Medicaid, according to incoming Lieutenant Governor Delbert Hosemann. Governor Tate Reeves has been a vocal opponent of expansion, which could impact 300,000 uninsured individuals in the state. [Read More](#)

Nebraska

Medicaid Officials Project Savings Through Medicaid Expansion. *The Omaha World-Herald* reported on December 22, 2019, that Nebraska Medicaid officials estimate state spending on adult Medicaid services would drop 4.3 percent annually following implementation of the state's two-tiered Medicaid expansion program. Projected savings is at \$86 million over five years, most of which comes from eliminating retroactive eligibility for most Medicaid members and withholding dental, vision and over-the-counter medications to one-in-three newly eligible beneficiaries. The Medicaid expansion plan also establishes work requirements and allows for differential benefits. Medicaid expansion is set to begin on October 1, 2020, pending federal regulatory approval. [Read More](#)

Nevada

Nevada Releases RFP for Medicaid Procurement Assistance Services. On January 3, 2020, the Nevada Department of Health and Human Services Division of Health Care Finance and Policy released a request for proposals (RFP) for a consultant to provide expertise and guidance on the re-procurement of Nevada's Medicaid managed care organization program. Proposals are due January 30, 2020, and a winner is expected to be announced by February 6, 2020. The Medicaid re-procurement RFP is expected to be released in early 2021.

New Jersey

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

New Jersey to Release Section 1115 Waiver Amendment for Public Comment. On January 2, 2020, the New Jersey Department of Human Services announced that it intends to release an amendment to its Section 1115 demonstration waiver for public comment before submitting to the Centers for Medicare & Medicaid Services (CMS). The amendment seeks to extend Medicaid coverage for eligible pregnant women up to 180 days post-partum, up from 60 days, at an expected cost of \$13.2 million. In addition, the amendment requests federal funding for the state's Substance Use Disorder Promoting Interoperability Program (SUD PIP), which aims to support integration between behavioral health and physical health providers caring for individuals with SUD. Public comments will be accepted until Friday, February 10, 2020. [Read More](#)

New York

HMA Roundup – Denise Soffel ([Email Denise](#))

Hospitals Rank Among Lowest in Quality Nationwide, Report Shows. *The Times Union* reported on January 4, 2020, that New York hospitals rank among the worst in the country for safety and quality of care, according to a report by the New York Public Interest Research Group. The report used the Centers for Medicare & Medicaid Services (CMS) Hospital Compare to analyze hospital ratings from states with at least 6 million people and 70 percent urbanization. The report found that of 149 New York hospitals, 48 earned one star, 45 earned two, 40 earned three, 15 earned four, and one earned five. [Read More](#)

Governor Vetoes Bill Regulating PBMs. *Crain's New York* reported on January 3, 2020, that New York Governor Andrew Cuomo vetoed legislation to increase oversight, transparency, and accountability of pharmacy benefit managers (PBMs), companies that manage prescription drug benefits for health plans. PBMs have been accused of practices including profiteering by charging health plans more than they subsequently reimburse pharmacists and keeping the difference. The state Legislature passed a bill in June 2019 to require licensure for PBMs. New York's fiscal 2019 budget included language eliminating spread pricing and implementing other regulations on PBMs that work with Medicaid; this vetoed bill would have applied similar rules to private health plans. Cuomo stated that he vetoed the legislation because it would be preempted by federal law including the Federal Employee Retirement Income Security Act, known as ERISA, and the Medicare Prescription Drug, Improvement and Modernization Act, or MMA. The veto is a legislative victory for the Washington D.C.-based Pharmaceutical Care Management Association, whose members include CVS, Express Scripts and Optum, the dominant players in the PBM industry. [Read More](#)

New York Announces 1 Percent Cut to Medicaid Provider Reimbursements. *Crain's New York* reported on December 31, 2019, that New York Governor Andrew Cuomo announced a 1 percent reduction in provider reimbursements as part of an effort to rein in Medicaid spending. The reduction amounts to \$124 million in fiscal 2020, ending March 31, and \$496 million in subsequent years - well short of the state's goal of lowering Medicaid spending by \$1.8 billion before the end of this fiscal year. Cuts will apply to managed care plans, nursing homes, inpatient services, and non-institutional long-term care services. [Read More](#)

New York Releases Request for Offers for Fiscal Intermediary Services for Consumer Directed Personal Assistance Program. On December 18, 2019, the New York State Department of Health issued a Request for Offers for fiscal intermediaries for the Consumer Directed Personal Assistance Program, which provides daily living (ADLs) or skilled nursing services to chronically ill or physically disabled individuals with a medical need. The state has signaled its intent to reduce the number of fiscal intermediaries, which are used by most program participants to manage the administrative side of the caregiver relationship. Offers are due on February 18, and the anticipated contract start date is July 2021. A full version of the RFO can be found [here](#).

New York Receives Approval for Managed Long Term Care Changes. At the December 19, 2019, meeting of the New York Medicaid Managed Care Advisory Review Panel, Lana Earle, Director of the New York Department of Health Office of Long Term Care, reported that the state has received approval from CMS for two changes to the state's Managed Long Term Care (MLTC) program. The first change will remove nursing home coverage from the MLTC benefit. The MLTC nursing home benefit will be limited to three months; any individual residing in a nursing home for more than three months will be considered a long-term nursing home stay, and will be disenrolled from their MLTC. The second change establishes a lock-in policy for MLTC members, consistent with NY's mainstream Medicaid managed care plans. The lock-in allows enrollees to transfer to another plan during a 90-day window at the start of a 12-month period. A timeline for implementation of these changes has not been established.

New York Holds Quarterly Medicaid Managed Care Advisory Review Panel. The New York Medicaid Managed Care Advisory Review Panel held its quarterly meeting on December 19, 2019. Among the updates, the state has approved Centene's acquisition of Wellcare. CDPHP has applied to expand to Richmond County (Staten Island). AmidaCare, an HIV Special Needs Plan operating in NYC, has submitted an application to expand to Nassau and Suffolk Counties on Long Island. This comes shortly after VNS applied to expand its HIV Special Needs Plan, VNS Choice, to Nassau and Westchester. Up to now, HIV SNPs have only operated in NYC. HealthPlus has applied for an expansion to 21 additional counties in the Hudson Valley, the Capital District and the Northeast. MVP has applied to expand to Fulton and Montgomery Counties.

Molina Submits Purchase Agreement for YourCare Assets to New York State Regulators. Molina Healthcare has submitted an asset purchase agreement to the New York Department of Health concerning its previously announced agreement to acquire certain assets of not-for-profit, provider-owned YourCare Health Plan Inc., from Monroe Plan for Medical Care for \$40 million in cash. The transaction includes the right to serve 46,000 Medicaid members in seven counties in western New York and the Finger Lakes region.

Governor Unveils Three Proposals Aimed at Lowering Drug Prices. *Crain's New York* reported on December 18, 2019, that New York Governor Andrew Cuomo proposed three initiatives to lower prescription drug costs in the state: importation from Canada, a \$100 cap on the price of insulin for diabetes patients, and state investigations of large increases in prescription drug prices. Cuomo proposed creation of a commission to develop the drug importation plan. [Read More](#)

Ohio

Medicaid Plan to Exit Two Regions, Lifts Enrollment Freeze in Two Others. *NBC24 News/WNWO* reported on January 6, 2020, that Ohio Medicaid plan Paramount Advantage will exit the Central and Southeast regions of Ohio, where it serves 31,000 lives. Paramount Advantage, a subsidiary of ProMedica, also announced that it is lifting an enrollment freeze in the West and Northeast regions of Ohio, where it serves 184,000 members. [Read More](#)

Ohio to Transition to Single List of Preferred Medicaid Drugs. *The Dayton Daily News* reported on January 5, 2020, that Ohio will transition to a single list of preferred Medicaid drugs effective during the first quarter of 2020 in an attempt to streamline prior authorization and reduce confusion among beneficiaries, providers, and pharmacists. Previously, the state utilized six preferred Medicaid drug lists. [Read More](#)

Ohio Releases 2019 Medicaid Health Plan Quality Report Card. *The Dayton Business Journal* reported on December 31, 2019, that not-for-profit Ohio Medicaid plans CareSource and ProMedica/Paramount Advantage scored highest on the state's annual quality report card. The scorecard ranks plans on getting care, physician communication and service, keeping kids healthy, living with illness, and women's health. Other plans ranked included Centene/Buckeye Health Plan, Molina Healthcare, and UnitedHealthcare. [Read More](#)

Oregon

Oregon Medicaid NEMT Provider Is in Receivership After Financial Difficulties. *Willamette Week* reported on December 19, 2019, that Gridworks, a non-emergency medical transportation (NEMT) provider serving Medicaid patients in Oregon, is in receivership following financial difficulties. Gridworks served Multnomah, Clackamas, and Washington counties. [Read More](#)

Pennsylvania

HMA Roundup – Julie George ([Email Julie](#))

Pennsylvania Implements Preferred Drug List. *The Philadelphia Inquirer* reported on December 26, 2019, that Pennsylvania’s Medical Assistance Program implemented a statewide Preferred Drug List (PDL) effective on January 1, 2020. The PDL will be utilized by the fee-for-service program and all 8 Medical Assistance (MA) managed care organizations (MCOs) in Pennsylvania, including those in the HealthChoices and the Community HealthChoices programs. The state believes the PDL will result in administrative simplification for providers and decrease health care costs in the long term. The state Department of Human Services estimates the new approach will save the state \$85 million a year. It is estimated that approximately 150,000 Medicaid recipients will have to change their prescription medications as a result of the implementation of the statewide PDL and some physicians have expressed concern about potential gaps or delays in care when seeking exceptions. [Read More](#)

Rhode Island

Rhode Island Issues Medicaid Dual Eligible Strategy RFI. On January 6, 2020, the Rhode Island Executive Office of Health & Human Services (EOHHS) released a request for information (RFI) concerning development of a payment and delivery system model that coordinates care for dual eligible Medicare and Medicaid members. Responses are due February 3, 2020. Rhode Island is considering issuing a request for proposals to serve dual eligibles under a Medicare-Medicaid Plan (MMP) or a Dual Eligible Special Needs Plan (D-SNP) model. The state’s Medicaid program serves approximately 40,000 full dual eligible members and 7,500 partial dual eligible members.

Texas

Texas Launches Medicaid NEMT Pilot Using Ride-Hailing Services Like Uber, Lyft. *The San Antonio Express-News* reported on January 2, 2020, that Texas has launched a Medicaid non-emergency medical transportation (NEMT) pilot which will provide access to ride-hailing companies like Uber and Lyft for certain beneficiaries. The state has set a September 1, 2020, deadline for organizations coordinating the benefit. [Read More](#)

WellCare Protests Texas STAR+PLUS Awards. On December 30, 2019, WellCare of Texas filed a formal protest against the Texas Health and Human Services Commission’s STAR+PLUS Medicaid managed care awards, alleging the bidding process was erratic and unfair. Contracts were awarded to Aetna, Anthem/Amerigroup, Centene/Superior, El Paso Health, Molina, and UnitedHealthcare. Implementation is scheduled to begin September 1, 2020.

Texas Delays STAR, CHIP Contract Awards. The Texas Health and Human Services Commission announced on December 17, 2019, that Medicaid managed care awards for the state's STAR (traditional Medicaid) and Children's Health Insurance Program (CHIP) have been delayed to January 2020, from December 1, 2019. Implementation is scheduled for December 1, 2020. [Read More](#)

Utah

Utah Receives CMS Approval for Full Medicaid Expansion, Work Requirements. *The Salt Lake Tribune* reported on December 24, 2019, that the Centers for Medicare & Medicaid Services (CMS) approved Utah's full Medicaid expansion up to 138 percent of the federal poverty level, effective January 1, 2020. The full Medicaid expansion will grant Utah a 90 percent federal match instead of the 70 percent match proposed under the state's partial expansion request that the Trump administration rejected in July. CMS also approved the state's work requirements waiver, but other waivers are still subject to federal regulatory approval. [Read More](#)

Vermont

Vermont Issues Medicaid 1115 Waiver Technical, Actuarial Assistance RFP. On December 20, 2019, the Vermont Agency of Human Services issued a request for proposals (RFP) for a consulting firm to provide technical and actuarial assistance on the development and submission of the state's Section 1115 Global Commitment to Health demonstration waiver application to federal regulators. The contract would run for two years, with two optional one-year renewals. Letters of intent are due January 17, 2020, and all responses must be submitted by January 31. Vermont anticipates a start date of May 1, 2020.

Wisconsin

Wisconsin Health Systems Cancel Merger. *Wisconsin Health News* reported on December 19, 2019, that two Wisconsin health systems, Gundersen Health System and Marshfield Clinic Health System, have called off plans to merge. The two systems will continue to partner on existing initiatives. [Read More](#)

West Virginia

West Virginia DHHR Prepares Report on Elimination of IDD Waitlist. *MetroNews* reported on December 29, 2019, that the West Virginia Department of Health and Human Resources (DHHR) will submit a report to Governor Jim Justice by January 15, 2020, on ways to finance the elimination of waitlists in the state's Intellectual and Developmental Disabilities (IDD) Medicaid waiver program. In the last few years, there have been about 1,000 residents medically approved to be part of the program once funding is available. DHHR Secretary Jeremiah Samples has stated that adding 1,000 more slots would cost the state \$19 million. [Read More](#)

Wyoming

Medicaid Expansion May Decrease Exchange Costs, Provider Revenues, New Study Suggests. *The Laramie Boomerang/The Wyoming News Exchange* reported on December 26, 2019, that Medicaid expansion in Wyoming could potentially cover about 19,000 newly eligible beneficiaries, decrease costs to the federal Exchanges by as much as 15 percent, and cut revenues for providers, according to a report from the state Department of Health. The report said that the majority of expansion enrollees would be previously uninsured. A Medicaid expansion bill, advanced through the Wyoming Joint Revenue Committee in November, will be considered by the full Legislature in January 2020. [Read More](#)

National

Adoption of Foster Children Rises in Part Because of Opioid Crisis. *Stateline* reported on January 7, 2020, that the adoptions of children in foster care has increased nearly 25 percent from fiscal 2014 to 2018, driven by the opioid crisis along with state efforts to promote adoptions. In Ohio and West Virginia, two states struggling with opioid addiction, the number of foster children overall increased by 32 percent and 74 percent, respectively, from fiscal 2010 to 2018. [Read More](#)

States, Counties Push to Ensure Pretrial Inmates Stay on Medicaid. *Stateline/The Associated Press* reported on January 8, 2020, that state and county officials are pushing to reverse a federal policy that prevents pretrial detainees from staying on Medicaid. The change is supported by the National Association of Counties and the National Sheriffs' Association. Separately, states have implemented stopgap measures to help inmates reactivate Medicaid coverage upon release from prison. [Read More](#)

Southern States See Better Health from Medicaid Expansion. *The Hill* reported on January 7, 2020, that Medicaid expansion was associated with lower rates of self-reported health declines in southern states that expanded Medicaid versus those that didn't, according to a *Health Affairs* study. The study, which analyzed four expansion and eight non-expansion states, as of 2017, also found that expansion states had a higher likelihood of maintaining baseline health status over time. [Read More](#)

CMS Innovation Appoints Brad Smith as Director. *CQ News* reported on January 6, 2020, that the Centers for Medicare & Medicaid Innovation has appointed Brad Smith as director, filling a position left vacant following the departure of Adam Boehler in September. Smith is the founder of palliative care provider Aspire Health. [Read More](#)

Supreme Court Asks For Republican Response in ACA Case. *The Hill* reported on January 6, 2020, that the U.S. Supreme Court has asked the Trump administration and states opposing the Affordable Care Act to respond to a motion from Democratic states asking the high court to immediately hear a case on the constitutionality of the law. Responses are due January 10. [Read More](#)

Exchange Plans Remain Profitable Through Nine Months of 2019, Study Says. *The Hill* reported on January 6, 2020, that Affordable Care Act (ACA) Exchange plans were stable and profitable through nine months of 2019, despite the repeal of the individual mandate tax, according to an [analysis](#) by the Kaiser Family Foundation. Exchange plan medical loss ratio averaged 75 percent in 2019, the study found, and the population of enrollees was “not significantly sicker than it was while the individual mandate was still in effect.” [Read More](#)

Democratic States Want High Court to Take Up ACA Case Immediately. *Politico* reported on January 3, 2020, that 20 Democratic states filed a brief asking the U.S. Supreme Court to immediately review a lawsuit challenging the constitutionality of the Affordable Care Act. A federal appeals court recently overturned the ACA’s individual mandate, but asked a U.S. District judge in Texas to review his prior decision to overturn other portions of the law. [Read More](#)

CMS Head Says Administration is Focused on Cost of Care. *Kaiser Health News* reported on January 3, 2020, that to make sure people have access to affordable coverage, the high cost of health care must be addressed, according to Seema Verma, administrator, Centers for Medicare & Medicaid Services. Concerning Medicaid eligibility verification processes, Verma said, “we also have an obligation to taxpayers to make sure that only the people that qualify for the programs are participating.” [Read More](#)

Quality of Care Doesn’t Improve at Acquired Hospitals, Study Says. *The Wall Street Journal* reported on January 1, 2020, that a recent wave of hospital mergers across the country did not result in improved outcomes or quality of care, according to a study in the *New England Journal of Medicine*. The study is based on performance data from nearly 250 hospitals acquired between 2009 and 2013. [Read More](#)

Senate Passes Budget Bill, Delaying DSH Cuts, Repealing ACA Taxes. *Modern Healthcare* reported on December 19, 2019, that the Senate passed a budget bill that repeals three Affordable Care Act (ACA) health insurance taxes and further delays hospital disproportionate-share (DSH) payment cuts for five months. The bill passed with a 71-23 vote. President Trump is expected to sign the bill. [Read More](#)

Trump Drug Importation Plan Faces Hurdles. *Kaiser Health News* reported on December 18, 2019, that the Trump administration’s prescription drug importation proposal faces hurdles, including lack of buy-in from pharmaceutical companies, potential opposition from Canada, and likely legal challenges. [Read More](#)

CMS Awards 10 States With \$50 Million to Combat Opioid Use Among Pregnant Women. The Centers for Medicare & Medicaid Services (CMS) announced on December 19, 2019, that it has awarded \$50 million to 10 states under the Maternal Opioid Misuse Model, a five-year initiative to combat opioid misuse among pregnant women. Awards went to Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia. CMS also awarded funding to seven states under the Integrated Care for Kids Model, a seven-year agreement to address the impact of opioids on Medicaid and Children’s Health Insurance Program children and their caregivers. Awards went to Connecticut, Illinois (two awards), New Jersey, New York, North Carolina, Ohio, and Oregon. [Read More](#)

CMS Releases First Part of the Advance Notice of Methodological Changes for Medicare Advantage. On January 6, 2020, the Centers for Medicare & Medicaid Services (CMS) released Part I of the Advance Notice of Methodological Changes for Medicare Advantage (MA). In recent years, CMS started releasing notice of proposed changes to the risk adjustment model before other provisions in the Advance Notice to allow for a 60-day comment period, as required by the 21st Century Cures Act.

For 2021, CMS proposes to continue to proceed with increasing reliance on encounter data to calculate risk scores (75 percent encounter data, 25 percent Risk Adjustment Processing System (RAPS) in CY 2021) and phase in other changes to the model announced in prior years and required due to the 21st Century Cures Act. CMS estimates that the impact of continued transition to new risk adjustment model is 0.25%, which represents a \$565.5 million net cost to the Medicare Trust fund in 2021. CMS also estimates no impact for using more encounter data in calculating risk scores though the health plan community industry has expressed concerns about relying on encounter data to adequately capture diagnoses. Comments are due to CMS on March 6, 2020.

Additional proposed changes to MA payment and policy requirements will be included in Part II of the Advance Notice and Draft Call Letter, which CMS indicates will be released on or before February 6th. The final Rate Announcement and Call Letter will be published on April 6th. HMA will monitor and analyze CMS' activity related to the 2021 Medicare Advantage Advance Notice and Draft Call Letter. For more information or questions about the policies discussed here or about HMA's Medicare Practice, please contact [Mary Hsieh](#) or [Jon Blum](#). [Read More](#)



INDUSTRY NEWS

Bright Health to Acquire Brand New Day. Bright Health announced on January 8, 2020, an agreement to acquire California-based Universal Care (d.b.a. Brand New Day), which offers individual and Medicare Advantage plans. The acquisition, which requires regulatory approval, would expand Bright Health to 34 markets in 13 states, serving about 200,000 lives. [Read More](#)

Pediatric Home Service to Acquire The Care Group. Home care provider Pediatric Home Service (PHS) announced on January 7, 2020, its intention to acquire The Care Group (TCG), a provider of respiratory care and clinical nutrition services to patients in Houston and Dallas, TX. The combined company, which will operate under the PHS name, will have operations in Minnesota, Texas, and Wisconsin. [Read More](#)

Beaumont Health to Acquire Summa Health. Michigan-based Beaumont Health announced on January 6, 2020, a definitive agreement to acquire Summa Health, which operates four hospitals in Ohio. The transaction is expected to close in the first quarter of 2020. The combined organization will have \$6.1 billion in revenues and more than 6,000 affiliated physicians. [Read More](#)

Molina to Acquire Illinois-based NextLevel Health Partners for \$50 Million. Molina Healthcare announced on January 6, 2020, a definitive agreement to acquire Illinois-based NextLevel Health Partners for \$50 million. NextLevel is a health plan serving 50,000 Medicaid and Managed Long-Term Services and Supports members in Cook County, IL. Pending regulatory approval, the deal is expected to be completed in early 2020.

Columbus Organization Acquires Progressive Journey Group. The Columbus Organization, a provider of case management services for individuals with intellectual and developmental disabilities (I/DD), announced on January 2, 2020, its acquisition of Progressive Journey Group, which serves the Spanish speaking I/DD community in central Florida. [Read More](#)

Stepping Stones Group Acquires STAR of California. The Stepping Stones Group, a behavioral health provider to children with special needs and autism, announced on January 6, 2020, its acquisition of STAR of CA, a California-based provider of in-home and community-based Applied Behavioral Analysis therapy. STAR co-founder Doug Moes will become president of The Stepping Stones Group Autism Division. He will report to Tim Murphy, chief executive of The Stepping Stones Group. [Read More](#)

Novartis Drug Coverage Approved by Alabama, Florida Medicaid Programs.

The New York Times/Reuters reported on December 20, 2019, that Alabama and Florida have become the first two state Medicaid programs to cover Novartis AG's Adakveo, a new sickle cell disease therapy treatment that can cost up to \$113,000 per year for one patient. The U.S. Food and Drug Administration approved Adakveo alongside Global Blood Therapeutic Inc's \$125,000 Oxbryta back in November. State Medicaid programs are evaluating the placement of these drugs on reimbursement formularies and prior authorization requirements. [Read More](#)

Galen Partners Completes Acquisition of California-based Evolve Treatment Centers.

Private equity firm Galen Partners announced on January 8, 2020, that it completed the acquisition of California-based Evolve Treatment Centers. Evolve provides behavioral health services to adolescents. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Washington DC	RFP Release	276,000
January 2020	Texas STAR and CHIP	Awards	3,400,000
January 6, 2020	Texas STAR Kids - Dallas Service Area	Proposals Due	21,000
January 10, 2020	Kentucky Rebid	RFP Release	1,200,000
Ferbruary 12, 2020	West Virginia Mountain Health Trust	Proposals Due	400,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January - March 2020	Ohio	RFP Release	2,360,000
Spring 2020	Washington DC	Awards	276,000
January 1, 2020	Louisiana - Protests May Delay Implementation Date	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
January 6, 2020	Hawaii	Awards	340,000
January 6, 2020	Indiana Hoosier Care Connect ABD	Proposals Due	90,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
March 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
2021	Nevada	RFP Release	465,000
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

HMA NEWS

Green & Healthy Homes Initiative and Health Management Associates Webinar: A Value-Based Payment Approach to Address Housing-Related Health Factors. The Green & Healthy Homes Initiative (GHHI) and Health Management Associates (HMA) will present a joint webinar on Tuesday, January 14th at 11:00am ET. The webinar will focus on a new value-based payment approach to address housing-related health factors, such as the mitigation of asthma triggers. During the webinar, GHHI and HMA experts will describe the model, which uses a shared savings approach to encourage collaboration between healthcare providers and community-based organizations to address housing conditions: a major social determinant of health. The webinar will also highlight a partnership in New York City between Affinity Health Plan and community partners that is using this model as a part of their Value-Based Strategy. This webinar is targeted to State Medicaid officials, Medicaid Managed Care Organization executives, and Community-based Organization Leaders. The webinar is free, but space is limited. [Register here](#)

[New this week on HMA Information Services \(HMAIS\):](#)

Medicaid Data

- Arkansas SNP Membership at 59,676, Nov-19 Data
- Arizona SNP Membership at 111,947, Nov-19 Data
- Kentucky SNP Membership at 26,083, Nov-19 Data
- Rhode Island SNP Membership at 5,696, Nov-19 Data
- South Dakota SNP Membership at 309, Nov-19 Data
- Tennessee SNP Membership at 112,643, Nov-19 Data
- Washington SNP Membership at 57,630, Nov-19 Data
- West Virginia SNP Membership at 6,902, Nov-19 Data
- Colorado RAE Enrollment is Down 3.9%, Nov-19 Data
- Florida Medicaid Managed Care Enrollment is Down 2.7%, Nov-19 Data
- Georgia Medicaid Management Care Enrollment is Up 0.7%, Jan-20 Data
- Maryland Medicaid Managed Care Enrollment Is Up 0.5%, Nov-19 Data
- Michigan Dual Demo Enrollment is Up 7.9%, Nov-19 Data
- Michigan Medicaid Managed Care Enrollment is Down 0.6%, Nov-19 Data
- Montana Medicaid Managed Care Enrollment is Down 10.1%, 2019 Data
- North Carolina Medicaid Enrollment by Aid Category, 2019 Data
- New Jersey Medicaid Managed Care Enrollment is Down 1.6%, Nov-19 Data
- New Mexico Medicaid Managed Care Enrollment is Up 1.6%, 2019 Data
- Ohio Medicaid Managed Care Enrollment is Down 12.4%, 2019 Data
- Oklahoma Medicaid Enrollment is Flat, Nov-19 Data
- Tennessee Medicaid Managed Care Enrollment is Up 5.1%, Nov-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arkansas Prior Authorization and Utilization Management RFI, Nov-19
- Colorado Performance Audit of Medicaid Client Correspondence RFP, Dec-19

- Delaware Behavioral Health Treatment & Support Services RFP and Award Notice, 2019
- Kansas KanCare 2.0 Medicaid & CHIP Capitated Managed Care RFP, Proposals, Contracts, Protests, and Related Documents, 2017-18
- Kentucky Independent Assessment for 1915b Waiver Renewal RFP, 2019
- Kentucky Medicaid Managed Care Contracts, 2020-25
- Maryland Medicaid Enterprise Systems Modular Transformation RFP, Dec-19
- Minnesota Certified Community Behavioral Health Clinics RFP, Dec-19
- Mississippi External Quality Review Organization IFB, Jan-20
- New Jersey Fee-For-Service Transition Consultant RFQ and Related Documents, 2019
- Nevada Medicaid MCO Procurement Assistance Services RFP, Jan-20
- Oregon, Washington Pharmacy Benefit Administration Services Joint RFP, Nov-19
- Pennsylvania MMIS 2020 Platform Project - Fee For Service, Financial, Managed Care Administration RFP, Dec-19
- Rhode Island Medicaid Dual Eligible Strategy RFI, Jan-20
- Texas STAR+PLUS RFP Reissue, Evaluation Scoring, Protest and Related Documents, 2018-19
- Virginia Commonwealth Coordinated Care Plus MLTSS MCO Contracts, 2017-20
- Vermont Medicaid 1115 Waiver Technical Assistance & Actuarial Assistance RFP, Dec-19
- Vermont Medicaid Long Term Care Case Mix Methodology Transition Consulting Services, Jan-20

Medicaid Program Reports, Data and Updates:

- MACPAC Report to Congress on Oversight of Institutions for Mental Diseases, Dec-19
- Special Needs Plans (SNP) Enrollment by State and Plan, Nov-19 Data
- Alaska Governor's Proposed Budget, FY 2021
- Arkansas Medicaid Transformation Savings Scorecard and Quarterly Reports, 2018-19
- Arizona AHCCCS Appropriation Status Reports, FY 2020
- California Enacted Budget, FY 2019-20
- California Managed Care Advisory Group Meeting Materials, Dec-19
- Colorado Children's Health Plan Plus Caseload by County, Nov-19
- Colorado HCPF DRAFT Access Monitoring Review Plan, 2019
- Colorado Medical Assistance & Advisory Council Meeting Materials, Nov-19
- DC Medicaid Managed Care Quality Strategy Draft, Dec-19
- DC Mental Health and Substance Abuse Expenditures and Service Utilization Reports, 2017-19
- Florida Medicaid Eligibility by County, Age, Sex, Nov-19 Data
- Florida Medicaid Program Rate Certifications and Appendices, SFY 2018-19
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-18, Nov-19
- Maryland HealthChoice Actuarial Rate Certification, CY 2019-20
- Mississippi MississippiCAN Estimated Program Savings Summary and Methodology, SFY 2020

- North Carolina Medical Care Advisory Committee Meeting Materials, Dec-19
- Nebraska Medicaid Managed Care Rate Certifications, CY 2014-20
- New Hampshire Medicaid Enrollment by Eligibility Group and County, Nov-19
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19
- New York Enacted Budget, FY 2020
- New York Medicaid Managed Care Advisory Review Panel Meeting Materials, Dec-19
- Ohio Managed Care Plans Report Cards, 2017-19
- Ohio Medicaid Managed Care Capitation Rate Certification, CY 2020
- Ohio Medicaid Managed Care Capitation Rate Certifications and Amendments, CY 2019
- Oklahoma Medicaid Enrollment by Age, Race, and County, Nov-19 Data
- Oregon Health Plan Section 1115 Annual Reports, 2018-19
- Pennsylvania Medical Assistance Transportation Program (MATP) Preliminary and Final Reports, 2019
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-18, Nov-19
- Texas Coordinated Statewide Behavioral Health Expenditure Proposal, FY 2020
- Virginia Medallion 4.0 and CCC Plus Medicaid Operations Analysis, 2017-19
- Virginia Medicaid Expansion Enrollment Dashboard, Dec-19
- Washington Service Coordination Organization and Managed Care Performance Measure Report, Dec-19

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