

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... January 15, 2020



In Focus



HMA Roundup



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IN FOCUS

TEXAS STAR KIDS – DALLAS SERVICE AREA RFP

This week, our *In Focus* section reviews the Texas STAR Kids Medicaid Managed Care in the Dallas Service Area (SA) request for proposals (RFP) released by the Texas Health and Human Services Commission (HHSC) on December 13, 2019. The RFP comes after Children's Medical Center, which covers approximately 9,000 members under the program, said it would be leaving the market. The contracts for the SA are worth approximately \$500 million. Anthem/Amerigroup will remain in the Dallas SA and continue to provide services. STAR Kids provides Medicaid coverage to individuals with disabilities under age 21.

Evaluation

In order to qualify, MCOs will need to have a current STAR Kids contract in any SA. Eligible plans include Aetna, Blue Cross Blue Shield of Texas, Centene/Superior, Community First, Cook Children’s Health Plan, Driscoll, Texas Children’s Health Plan, and United. Proposals will be scored based on the following criteria found in the table below.

Criteria	Weight
Respondent’s current performance in Texas considering compliance issues and status with Corrective Action Plans (CAPs) and audit responses, if any.	30%
To what extent does Respondent's current performance in Texas indicate a likelihood of successful performance in the Dallas SA? HHSC will take into consideration information including network adequacy, quality metrics, financial deliverables, complaints, etc.	
Current network status, network performance, and any known network contracting issues in current Services Areas under STAR Kids contract.	25%
To what extent does Respondent's current network status indicate Respondent is likely to be able to obtain and maintain a sufficient network in the Dallas SA?	
The demonstrated ability to expeditiously and effectively transition Members with minimal disruption to Services.	25%
To what extent does Respondent's proposal indicate Respondent will be able to expeditiously and effectively transition Members with minimal disruption of Services?	
Demonstrated financial capacity to sufficiently undertake additional membership and risk in the Dallas SA.	20%
To what extent does Respondent's proposal indicate Respondent will have sufficient financial capacity to sufficiently undertake additional membership in the Dallas SA?	
Total	100%

Timeline

Implementation begins September 1, 2020, with contracts running through August 31, 2022. HHSC can extend the contracts for up to two additional years. The original implementation date was scheduled for March 1, 2020.

RFP Activity	Date
RFP Issued	December 13, 2019
Proposals Due	January 6, 2020
Implementation	September 1, 2020

Enrollment

In August 2019, there were approximately 21,000 STAR Kids members in the Dallas SA. Statewide, STAR Kids has 158,000 members.

Enrollment in Texas STAR Kids - Dallas Service Area by Plan, 2018,

August 2019

Plan	2018	Aug-19
Anthem/Amerigroup	12,305	12,592
<i>% of total</i>	56.7%	60.0%
Children's Medical Center	9,405	8,406
<i>% of total</i>	43.3%	40.0%
Total Texas	21,710	20,998
<i>+/- between reporting periods</i>		(712)
<i>% chg. between reporting periods</i>		-3.3%

Source: Texas Health and Human Services Commission, HMA

[Texas STAR Kids - Dallas Service Area RFP Link](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas PBM Case To Be Heard by U.S. Supreme Court. *KAIT* reported on January 10, 2020, that the U.S. Supreme Court will hear arguments in a case involving whether Arkansas can require pharmacy benefit managers (PBMs) to increase reimbursement rates to pharmacies. A U.S. Appeals Court ruling found that the Arkansas law regulating PBMs was superseded by federal regulations. [Read More](#)

California

Medicaid Plan Wins Appeals Court Ruling in Out-of-Network Billing Lawsuit Filed by Dignity Health. *Healthcare Dive* reported on January 13, 2020, that a California appeals court ruled that Medicaid plan L.A. Care isn't required to pay full out-of-network reimbursement rates to not-for-profit hospital company Dignity Health for care provided to members who were medically stabilized after receiving emergency care. Instead, L.A. Care is required to pay Medicaid rates mandated by the Department of Health Care Services. The case involved members admitted through the emergency room of Northridge Hospital Medical Center in Los Angeles, which is out-of-network for L.A. Care. Dignity was appealing an earlier Los Angeles County Superior Court ruling in L.A. Care's favor. [Read More](#)

District of Columbia

District of Columbia Releases Medicaid Managed Care RFP. On January 10, 2020, the District of Columbia Department of Health Care Finance (DHCF) released a Medicaid Managed Care Organization (MCO) request for proposals (RFP) as part of a broader effort to fully transition Medicaid to managed care over the next five years. The state will award up to three plans to cover healthcare and pharmacy services for the DC Healthy Families Program (DCHFP), including adults with disabilities; the District of Columbia Healthcare Alliance Program (Alliance); and the Immigrant Children's Program (ICP). The new contracts will cover approximately 224,000 lives, including 22,000 additional high cost beneficiaries, effective October 1, 2020. Contracts run for one year through September 30, 2021, with four one-year options. Current incumbents are AmeriHealth Caritas, Anthem, and Trusted Health Plan.

Florida

Lawmakers to Decide Whether to Continue 30-Day Retroactive Medicaid Eligibility. *The Orlando Sentinel* reported on January 14, 2020, that Florida lawmakers will decide this year whether to continue the state's 30-day retroactive Medicaid eligibility policy. Retroactive eligibility would revert to 90 days on July 1 if lawmakers don't agree to extend the 30-day policy, which state lawmakers agreed to in 2018. Pregnant women are excluded under the policy. [Read More](#)

Florida Senator Files Bill to Revamp iBudget Program. *Florida Politics/News Service of Florida* reported on January 10, 2020, that a bill filed by Florida Senate Health and Human Services Appropriations Chairman Aaron Bean (R-Fernandina Beach) seeks to overhaul the state's iBudget Medicaid program, which serves about 34,000 individuals with disabilities under a home and community-based services waiver. The bill would require the state to establish provider rates and to hire organizations to provide support-coordination services to determine if iBudgets need to be increased for certain individuals. The bill would also cap personal care assistance and residential habilitation services. [Read More](#)

Senate Moves to Undermine Medicaid Expansion Ballot Initiative. *The Hill* reported on January 8, 2020, that Florida's Republican-controlled Senate is hoping to undermine an effort to put Medicaid expansion on the ballot in 2022. Failing to gather the required 766,200 signatures for a 2020 ballot initiative, the group Florida Decides Healthcare hopes to roll over 90,000 signatures already collected to 2022. However, the Senate is calling on the state Supreme Court to dismiss a review of the ballot question. [Read More](#)

Florida Forecasters Include Medicaid DSH Cuts in Budget Documents for Lawmakers. *CBS4 Miami* reported on January 8, 2020, that the Florida Legislature's Office of Economic and Demographic Research has included \$70.4 million in pending Medicaid hospital disproportionate-share payment cuts in fiscal 2021 budget documents. The cuts, which were announced by the federal government last year, are slated to take effect in May 2020. [Read More](#)

Georgia

Georgia House Study Committee Recommends Expanded Postpartum Medicaid Coverage. *Marietta Daily Journal* reported on January 8, 2020, that the Georgia House Study Committee on Maternal Mortality has recommended that the state expand postpartum Medicaid coverage for eligible women to one year, compared to two months currently. The committee was formed to address the state's high maternal death rate. [Read More](#)

Iowa

Iowa Auditor Says Data on Medicaid Home Health Program Is Unreliable.

The Washington Times/The Associated Press reported on January 9, 2020, that data provided by the Iowa Department of Human Services (DHS) for an audit of the state's Medicaid Home Health Program was flawed and unusable, according to state auditor Rob Sand. Without reliable data, the state will have "a very hard time measuring quality of care as well as stopping fraud," Sand said. The audit took place between April 2018 and June 2019. [Read More](#)

Governor Hopes to to Address Unpaid Medicaid Managed Care Claims.

The Des Moines Register reported on January 7, 2020, that Iowa Governor Kim Reynolds will push state lawmakers to address the problem of unpaid Medicaid managed care claims, including potential support for additional laws or rules. "We've got some ideas going into the next legislative session." Reynolds said. [Read More](#)

Kansas

Kansas Announces Bipartisan Medicaid Expansion Agreement.

The Hill reported on January 9, 2020, that Kansas Governor Laura Kelly and Senate Majority Leader Jim Denning (R-Overland Park) have unveiled a bipartisan Medicaid expansion agreement without work requirements. Medicaid expansion would cover approximately 150,000 individuals. Denning also announced that the state will set up a reinsurance program to help lower Exchange plan premiums. [Read More](#)

Kentucky

Kentucky Releases Medicaid Managed Care RFP. On January 10, 2020, the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) released a statewide Medicaid managed care request for proposals (RFP). The state plans to contract with up to five Medicaid managed care organizations (MCOs). One of the selected MCOs will also contract to provide services for enrollees in foster care, Adoption Assistance, and Juvenile Justice under the Kentucky SKY (Supporting Kentucky Youth) program. Contracts will run from January 1, 2021, through December 31, 2024, with six additional two-year options. Current incumbents Aetna, Anthem, Humana, Passport, and WellCare serve approximately 1.2 million lives.

Michigan

Michigan Official Holds Public Meeting on Proposal to Create Medicaid Specialty Integrated Plans. *Crain's Detroit Business* reported on January 9, 2020, that Michigan Department of Health and Human Services director Robert Gordon held the first of four town hall meetings on a proposal to integrate Medicaid physical and behavioral health through the creation of "specialty integrated plans (SIPs)". Annette Downey, incoming chief executive of Community Living Services, asked how the state will ensure that not-for-profits will be able to compete with large Medicaid health plans. Gordon outlined the state's plan, noting that there would likely be three to five full-risk, competitively bid, statewide SIPs. The plans could be operated by public entities, any of the 11 existing Medicaid HMOs, provider organizations such as hospital or doctor groups, or hybrid public-private partnerships. The second town hall took place in Grand Rapids on January 9, and more are scheduled in Grand Rapids on January 22 and Saginaw on January 30. [Read More](#)

Montana

Montana Awards Contract for Medicaid Medical Review Services. *The Fairfield Sun Times* reported on January 13, 2020, that the Montana Department of Health and Human Services (DPHHS) awarded Mountain-Pacific Quality Health a contract to provide medical review services for the state's fee-for-service Medicaid program. Mountain-Pacific, which has worked with the state on Medicaid for decades, will subcontract Iowa-based Telligen for behavioral health reviews. Contracts are effective October 2019 through October 2021, with five one-year options. [Read More](#)

Nebraska

Medicaid Director to Leave Post Effective February 7. *1011 NOW/The Associated Press* reported on January 13, 2020, that Nebraska Medicaid and Long-Term Care program director Matthew Van Patton will leave his position effective February 7. Nebraska officials say this will have no impact on the state's effort to expand Medicaid by October 1. Van Patton served as the director for nearly two years. [Read More](#)

New Hampshire

New Hampshire House Passes Repeal of Medicaid Work Requirements. *NHPR* reported on January 8, 2020, that the New Hampshire House has voted to repeal the state's Medicaid work requirement, which would require Medicaid beneficiaries to log at least 100 hours of work or community service per month. The requirement is still supported by House Republicans and Republican Governor Chris Sununu. [Read More](#)

New Jersey

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

Governor to Create Healthcare Cost, Transparency Agency. *NJBIZ* reported on January 14, 2020, that New Jersey Governor Phil Murphy announced during his State of the State Address his intention to create an Office of Health Care Accountability and Transparency designed to work across state agencies “to reduce consumer health care costs, make insurance more affordable, and improve price transparency.” Murphy will also direct the state Department of Banking and Insurance to help monitor consumer health care costs. [Read More](#)

Senate Confirms Judith Persichilli as Health Commissioner. *NJBIZ* reported on January 10, 2020, that the New Jersey Senate officially approved Judith Persichilli as commissioner of the New Jersey Department of Health. She has been acting commissioner for six months, following the departure of Shereef Elnahal. Persichilli is the first registered nurse to hold the position. [Read More](#)

New Jersey to Launch State-Based Exchange Platform in November 2020. *NJBIZ* reported on January 13, 2020, that New Jersey will launch a state-based Exchange platform in November 2020, completing its transition from the federal Exchange. In 2019, New Jersey officially became a state-based Exchange, but continued to operate on the federal platform. [Read More](#)

New Jersey Hospital Readmissions Program Fails, Study Shows. *The New York Times/The Associated Press* reported on January 8, 2020, that a New Jersey hospital readmissions program has failed to result in lower readmission rates than a comparison group not in the program, according to a study published in the *New England Journal of Medicine*. The program utilized health workers to visit patients at home, attend doctor appointments, ensured medication was available, and help address mental health, addiction, and homelessness. [Read More](#)

New York

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

New York City Official Suggests Ways State Could Save on Medicaid Costs. *The New York Daily News* reported on January 15, 2020, that New York City Social Services Commissioner Steven Banks suggested ways in which the state could save on Medicaid costs and address a budget shortfall. Among the suggestions Banks made in a letter to New York Medicaid director Donna Frescatore are reducing fraud and ensuring that covered individuals have not moved out of state or died. The letter comes a week after Governor Andrew Cuomo suggested shifting Medicaid costs to local governments. [Read More](#)

New York State May Shift Medicaid Costs to Local Governments. *Modern Healthcare* reported on January 9, 2020, that New York is looking to shift Medicaid costs to New York City and other local governments to help address a \$6 billion budget deficit, said Governor Andrew Cuomo in his State of the State Address. The change would reverse a policy Cuomo put in place six years ago. [Read More](#)

North Carolina

North Carolina Hasn't Yet Set Medicaid Managed Care Transition Date, Official Says. *Carolina Public Press* reported on January 13, 2020, that North Carolina has yet to set a date to transition its Medicaid program to managed care, according to Dave Richard, deputy secretary for Medicaid. The transition was scheduled to start February 1, 2020, but was suspended amid disagreements over the state budget and Medicaid expansion. Richard said the state Department of Health and Human Services is waiting to see what actions are taken by the legislature, which convened on January 14. [Read More](#)

Oklahoma

Oklahoma Files Lawsuit Against Three Opioid Distributors. *The News & Observer/The Associated Press* reported on January 13, 2020, that Oklahoma Attorney General Mike Hunter has filed a lawsuit in Cleveland County District Court against three opioid distributors - Cardinal Health Inc., McKesson Corp., and AmerisourceBergen Corp. The state alleges that the distributors played a role in flooding the nation with opioids. Oklahoma previously won a separate case against opioid manufacturer Johnson & Johnson. [Read More](#)

Pennsylvania

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

Pennsylvania Releases Final Rates for Nonpublic and County Nursing Facilities. On January 11, 2020, the Pennsylvania Department of Human Services released a notice relating to the final annual case-mix per diem payment rates for fiscal 2020 for nonpublic and county nursing facilities that participate in the Medical Assistance Program. The Centers for Medicare & Medicaid Services (CMS) approved the budget adjustment factor formula the department will be using through the State Plan Amendment 19-007 in mid-October. To view the final annual per diem rates for FY 2019-2020, please visit the department's web site [here](#). [Read More](#)

Lawmakers Propose Bipartisan Legislation Aimed at Curbing Medicaid Fraud. *The Pennsylvania Capital-Star* reported on January 13, 2020, that Pennsylvania Democratic Attorney General Josh Shapiro, along with Republican and Democratic lawmakers in the state House and Senate, announced a package of anti-fraud bills in response to a November 2019 report by the House Government Oversight Committee. The legislation, known as a state version of the False Claims Act, allows individuals to file a lawsuit alleging Medicaid fraud. The Attorney General stated his Medicaid Fraud unit made approximately 300 arrests with 173 convictions, resulting in recovering \$34 million for the state in 2017. The Attorney General's office does not have the authority to prosecute companies that file fraudulent claims in civil court. The False Claims Act proposal has some opposition from Pennsylvania-based provider associations. Thirty-one states have passed similar bills. [Read More](#)

Pennsylvania Community HealthChoices Waiver Receives CMS Approval. Pennsylvania received approval from the Centers for Medicare & Medicaid Services (CMS) for the Office of Long Term Living's (OLTL) Community HealthChoices (CHC) Waiver, effective January 1, 2020. In the most recent application, the Department updated bureau names and responsibilities for staff in OLTL, improved waiver language, and removed and altered language to reflect the new operational date of January 1, 2020. Other changes in the renewal include, but are not limited to, modifying qualifications for Service Coordinators and Service Coordinators supervisors, modifying the number of hours that are defined as a day from 12 hours to a minimum of 8 hours in the Residential Habilitation service definition, and adding that each Person-Centered Service Plan must have an emergency back-up plan. [Read More](#)

Rhode Island

Rhode Island Issues Rite Smiles Medicaid Managed Dental Program LOI. On January 6, 2020, the Rhode Island Executive Office of Health & Human Services (EOHHS) released a letter of intent (LOI) for the state's Rite Smiles managed dental program. The contract will begin July 1, 2020, effective for three years, with up to three additional one-year renewals. Proposals are due February 3, 2020. The state's Rite Smiles program is currently served by UnitedHealthcare with approximately 110,000 lives.

Tennessee

Tennessee Block Grant Requires 'Vigorous' Federal Oversight, Democrats Warn. *The Hill* reported on January 14, 2020, that Senator Ron Wyden (D-OR) and Representative Frank Pallone Jr. (D-NJ) urged federal regulators to "exercise vigorous oversight" to ensure proper use of Tennessee Medicaid funding under the state's proposed block grant program. Wyden and Pallone argue the block grant would create financial incentives for the state to reduce benefits and "all but ensure Medicaid dollars are diverted by purposes not allowed under federal law." Tennessee, which would receive nearly \$7.9 billion in federal block grant funding, would keep half of all the unspent funds. [Read More](#)

Texas

Texas Moves Implementation Date for Dallas Area STAR Kids RFP to September 1. On December 18, 2019, the Texas Health and Human Services Commission released an addendum to its request for proposals (RFP) for the STAR Kids Medicaid managed care plans for the Dallas Service Area, changing the implementation date from March 1, 2020, to September 1, 2020. The RFP follows news that Children's Medical Center, which covers approximately 9,000 members under the program, will be leaving the market. STAR Kids provides Medicaid coverage to individuals with disabilities under age 21.

Washington

Community Health Plan of Washington Exits Grays Harbor County. *KXRO* reported on January 13, 2020, that Community Health Plan of Washington will no longer operate in Grays Harbor County, effective January 1. Medicaid beneficiaries will have the option to enroll with Anthem or Molina. [Read More](#)

West Virginia

West Virginia to Increase Spending on Children's Health, Welfare. *West Virginia MetroNews* reported on January 8, 2020, that West Virginia Governor Jim Justice has included additional funding for children's health and welfare in the state's fiscal 2021 budget proposal. The proposal includes funding for child protective services, social services, children's health insurance program (CHIP), and eliminating the waiting list for children with intellectual and developmental disabilities. [Read More](#)

National

New York, Rhode Island Spend More Than 20 Percent of Annual State Revenues on Medicaid, Report Finds. *U.S. News* reported on January 14, 2020, that New York and Rhode Island are among the six states that spent 20 percent or more of annual state revenues on Medicaid in 2017, according to a report by the Pew Charitable Trusts. New York spent the largest share on Medicaid at 28.7 percent, following by Rhode Island (23.4 percent), Pennsylvania (22.2 percent), Missouri (22.1 percent), and both Louisiana and Massachusetts (22 percent). The states that spent the lowest share of annual state revenues on Medicaid in 2017 were Utah (5.8 percent), Hawaii (8.2 percent), Nevada (9.4 percent), and Idaho (9.9 percent). [Read More](#)

House Committee Members Highlight Need to Address Growth in Methamphetamine Use. *CQ News* reported on January 14, 2020, that members of the House Energy and Commerce Oversight and Investigations Subcommittee signaled their intent to address rising methamphetamine use. Members are looking to work on new legislation that addresses substance use disorders more broadly, without only focusing on opioids. [Read More](#)

UnitedHealth Group Reports Strongest Medicare Advantage Growth. *Forbes* reported on January 15, 2020, that UnitedHealth Group reported its "strongest ever" growth in fourth-quarter Medicare Advantage enrollment. The company said it added 700,000 additional Medicare Advantage members for 2020, including dual eligibles. [Read More](#)

Hospital Outpatient Visits Decline, Report Finds. *Modern Healthcare* reported on January 7, 2020, that U.S. hospital outpatient visits declined in 2018 for the first time in 35 years, according to a 2020 Hospital Statistics report from the American Hospital Association (AHA). The one percent year-over-year decline was tied to a drop in emergency outpatient visits. The report analyzed data on 6,146 hospitals. [Read More](#)

Trump Administration Seeks to Avoid Expedited Supreme Court Ruling on ACA Case. *The New York Times* reported on January 10, 2020, that the Trump administration said in a filing with the U.S. Supreme Court that a case questioning the constitutionality of the Affordable Care Act (ACA) does not need to be expedited, and a ruling can wait until after the election. The filing was in response to a request by Democratic states that the high court immediately hear the case, rather than let a lower court rule first. [Read More](#)

Appeals Panel Questions Health Plans on Cost Sharing Payments. *Modern Healthcare* reported on January 9, 2020, that during oral arguments, members of a three-judge federal appeals panel questioned whether insurers are entitled to recoup cost-sharing reduction payments if they were already compensated as a result of government subsidies rising to cover higher plan premiums. At stake is about \$1.6 billion in CSR payments due to about 100 health plans. [Read More](#)



INDUSTRY NEWS

General Atlantic Invests in ABA Provider Comprehensive Educational Services. Comprehensive Educational Services (ACES), a provider of applied behavioral analysis for individuals with autism, announced on January 15, 2020, that it received an investment from private equity firm General Atlantic. ACES founder Kristin Farmer will retain a significant ownership stake. Justin Sunshine and Fletcher Gregory of General Atlantic's healthcare sector will join the ACES board. Financial terms were not disclosed. [Read More](#)

Abry Partners to Acquire Majority Stake in Centauri Health Solutions. Centauri Health Solutions announced on January 9, 2020, that it has entered into a definitive agreement to sell a majority stake in the company to private equity investment firm Abry Partners. The deal is expected to close early 2020, pending regulatory approvals. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
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 2020	Texas STAR and CHIP	Awards	3,400,000
January - March 2020	Ohio	RFP Release	2,360,000
January 1, 2020 (DELAYED)	Louisiana - Awaiting Approval for 1-Year Emergency Contracts	Implementation	1,500,000
January 6, 2020 (DELAYED)	Hawaii	Awards	340,000
January 31, 2020	Washington DC	Proposals Due	224,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
February 7, 2020	Kentucky Rebid	Proposals Due	1,200,000
February 12, 2020	West Virginia Mountain Health Trust	Proposals Due	400,000
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
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
2021	Nevada	RFP Release	465,000
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
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

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Alabama SNP Membership at 77,376, Nov-19 Data
- Connecticut SNP Membership at 40,481, Nov-19 Data
- Massachusetts SNP Membership at 57,973, Nov-19 Data
- Maryland SNP Membership at 8,540, Nov-19 Data
- Nebraska SNP Membership at 7,267, Nov-19 Data
- New Jersey SNP Membership at 50,515, Nov-19 Data
- Ohio SNP Membership at 62,382, Nov-19 Data
- Oklahoma SNP Membership at 6,597, Nov-19 Data
- Pennsylvania SNP Membership at 158,835, Nov-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 1.8%, Nov-19 Data
- Illinois Dual Demo Enrollment is Up 5.1%, Nov-19 Data
- Nebraska Medicaid Managed Care Enrollment Is Flat, 2019 Data
- Pennsylvania Medicaid Managed Care Enrollment is Down 1.9%, Nov-19 Data
- Tennessee Medicaid Managed Care Enrollment is Up 5.0%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- DC Medicaid Managed Care RFP, Jan-20
- Illinois MMAI Duals Demonstration Contract and Amendment, Sep-19
- Kentucky Medicaid Managed Care RFP, Jan-20
- Kentucky Medicaid Rate Setting RFP, Jan-20
- Rhode Island Rite Smiles Medicaid Managed Dental Program LOI, Jan-20
- Texas STAR Kids Medicaid Managed Care – Dallas Service Area RFP and Related Documents, Dec-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 71.4 Million, Oct-19 Data California Governor's Proposed Budget, FY 2020-21
- California Medi-Cal Managed Care Performance Dashboard, Jan-20
- DC Draft Managed Care Capitation Rate Report, FY 2021
- Iowa Managed Care Annual Performance Reports, 2016-19
- Illinois Medical Programs External Quality Review Annual Reports, FY 2012-18
- Kansas Medical Assistance Reports, FY 2014-20
- New Hampshire Medical Care Advisory Committee Meeting Materials, Dec-19
- New Mexico Governor's Budget Recommendation, FY 2021
- Pennsylvania 1915(c) Community HealthChoices Home and Community-Based Waiver, Jan-20
- South Carolina Governor's Executive Budget, FY 2020-21
- Texas HHS Business Plan: Blueprint for a Healthy Texas Report, FY 2020
- Texas HHS Permanency Planning and Family-based Alternatives Report, Jan-20

- Vermont Medicaid Program Enrollment and Expenditures Reports, SFY 2018-20

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