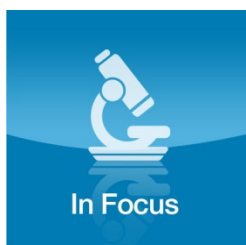


HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... *January 16, 2019*



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THIS WEEK

- **IN FOCUS: MEDICAID MANAGED CARE ENROLLMENT UPDATE - Q4 2018**
- ALABAMA RELEASES COORDINATED HEALTH NETWORK RFP
- ARKANSAS SAYS 3 PROVIDER-LED ENTITIES WILL MOVE TO FULL RISK IN NEXT PHASE OF PASSE PROGRAM
- COLORADO, NEW YORK, OHIO RELEASE BUDGET PROPOSALS
- KENTUCKY MEDICAID BENEFICIARIES AGAIN FILE LAWSUIT TO BLOCK WORK REQUIREMENTS, PREMIUMS
- LOUISIANA RELEASES RFP FOR SUBSCRIPTION-BASED HEPATITIS C DRUG PURCHASING AGREEMENT
- MICHIGAN NAMES GORDON TO LEAD STATE HEALTH DEPARTMENT
- WISCONSIN GOVERNOR TO PUSH FOR MEDICAID EXPANSION DESPITE LEGISLATIVE OPPOSITION
- TRUMP ADMINISTRATION IS REPORTEDLY PREPARING MEDICAID BLOCK GRANT GUIDELINES
- WALMART TO EXIT CVS CAREMARK MEDICAID PBM NETWORK
- WELLSPACE HEALTH IN TALKS TO PURCHASE 3 GOLDEN SHORE MEDICAL GROUP CLINICS IN SACRAMENTO
- **HMA WELCOMES: NARDA IPAKCHI (WASHINGTON D.C.), ELIZABETH WOLFF (NEW YORK)**
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MEDICAID MANAGED CARE ENROLLMENT UPDATE - Q4 2018

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 29 states.¹ Many state Medicaid agencies post monthly enrollment figures by health plan for their Medicaid managed care population to their websites. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. All 29 states highlighted in this review have released monthly Medicaid managed care enrollment data into the fourth quarter (Q4) of 2018. This report reflects the most recent data posted. HMA has made the following observations related to the enrollment data shown on Table 1 (beginning on page 2):

- Eighteen of the 29 states – Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and West Virginia – expanded Medicaid under the Affordable Care Act and have seen increased Medicaid managed care enrollment as a result of expansion.
- The 29 states in this report account for an estimated 49.6 million Medicaid managed care enrollees as of the end of 2018. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment is likely over 54 million in 2018. As such, the enrollment data across these 29 states represents approximately 91 percent of all Medicaid MCO enrollment.
- States with managed care that do not publish monthly enrollment reports are Delaware, District of Columbia, Massachusetts, New Hampshire, New Jersey, Nevada, Rhode Island, and Virginia.
- Across the 29 states tracked in this report, Medicaid managed care enrollment is up 0.6 percent year-over-year as of December 2018.
- The 18 expansion states listed above have seen net Medicaid managed care enrollment decrease by 273,000 members, or 0.8 percent, in the past year, to 36 million members at the end of Q4 2018.
- The 11 states that have not yet expanded Medicaid – Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, South Carolina, Tennessee, Texas, Utah, and Wisconsin – have seen net Medicaid managed care enrollment increase by roughly 587,000 members, or 4.5 percent, to 13.6 million members at the end of Q4 2018.

Table 1 - Monthly MCO Enrollment by State - July 2018 through December 2018

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Arizona	1,563,150	1,567,540	1,570,108	1,575,945	1,570,969	1,573,735
+/- m/m	7,120	4,390	2,568	5,837	(4,976)	2,766
% y/y	-3.5%	-3.2%	-4.1%	-2.6%	-2.7%	-1.9%
California	10,692,167	10,667,331	10,639,479	10,608,601	10,593,196	10,555,396
+/- m/m	(23,217)	(24,836)	(27,852)	(30,878)	(15,405)	(37,800)
% y/y	-1.3%	-2.0%	-1.9%	-2.4%	-1.9%	-2.4%
Florida	3,266,483	3,271,590	3,268,944	3,266,948	3,239,347	
+/- m/m	67,164	5,107	(2,646)	(1,996)	(27,601)	N/A

¹ Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin.

% y/y	-2.6%	-1.5%	-1.2%	-1.9%	-1.5%	
Georgia		1,329,866	1,337,449	1,339,383	1,344,518	1,346,936
+/- m/m	N/A	N/A	7,583	1,934	5,135	2,418
% y/y		0.0%	0.7%	-2.2%	-1.7%	-1.4%
Hawaii	351,642	346,533	348,607			
+/- m/m	(2,301)	(5,109)	2,074	N/A	N/A	N/A
% y/y	-2.6%	-3.7%	-2.9%			
Illinois	2,252,196	2,289,559	2,277,405	2,264,019	2,245,537	2,220,643
+/- m/m	(7,946)	37,363	(12,154)	(13,386)	(18,482)	(24,894)
% y/y	14.7%	16.7%	16.5%	16.7%	16.0%	N/A
Indiana	1,129,472	1,130,048	1,116,043	1,121,083	1,115,510	
+/- m/m	(4,001)	576	(14,005)	5,040	(5,573)	N/A
% y/y	-0.1%	-0.6%	-2.5%	-2.3%	-4.4%	
Iowa	618,738	611,720	612,250	612,614	613,072	612,950
+/- m/m	2,498	(7,018)	530	364	458	(122)
% y/y	2.7%	1.6%	2.0%	1.9%	2.2%	4.9%
Kansas	383,815	383,245	382,841	387,442	388,269	
+/- m/m	(4,235)	(570)	(404)	4,601	827	N/A
% y/y	-9.6%	-9.2%	-8.8%	-7.3%	-6.9%	
Kentucky	1,258,384	1,259,190	1,242,693	1,241,443	1,241,969	1,229,023
+/- m/m	(7,255)	806	(16,497)	(1,250)	526	(12,946)
% y/y	1.0%	0.6%	-0.7%	-0.8%	-1.2%	-2.1%
Louisiana	1,471,815	1,475,017	1,483,547	1,484,101	1,490,295	
+/- m/m	2,843	3,202	8,530	554	6,194	N/A
% y/y	0.2%	1.0%	1.5%	1.2%	1.7%	
Maryland	1,179,919	1,185,497	1,187,064	1,178,419		
+/- m/m	995,429	5,578	1,567	(8,645)	N/A	N/A
% y/y	0.8%	1.5%	2.1%	0.9%		
Michigan	1,821,158	1,811,011	1,825,844	1,813,132	1,790,536	1,785,323
+/- m/m	953	(10,147)	14,833	(12,712)	(22,596)	(5,213)
% y/y	-2.0%	-2.2%	0.8%	-0.5%	-1.3%	-1.8%
Minnesota	979,563	972,377	974,207	966,674	961,185	945,070
+/- m/m	(2,422)	(7,186)	1,830	(7,533)	(5,489)	(16,115)
% y/y	4.7%	3.7%	3.1%	1.0%	-0.1%	-1.4%
Mississippi	441,782	433,139	432,195	427,819	434,047	437,875
+/- m/m	(5,481)	(8,643)	(944)	(4,376)	6,228	3,828
% y/y	-9.3%	-10.4%	-10.1%	-11.2%	-9.4%	-8.0%
Missouri	702,857	693,642	677,621	663,265		
+/- m/m	(9,478)	(9,215)	(16,021)	(14,356)	N/A	N/A
% y/y	-3.7%	-4.2%	-5.9%	-7.3%		
Nebraska	231,685	231,185	232,621	231,587	231,503	231,201
+/- m/m	(2,135)	(500)	1,436	(1,034)	(84)	(302)
% y/y	1.3%	1.9%	2.2%	1.5%	1.1%	1.2%

New Mexico	656,708	655,994	654,670	658,408	659,197	659,943
+/- m/m	(4,210)	(714)	(1,324)	3,738	789	746
% y/y	-4.4%	-3.3%	-1.2%	-0.8%	-0.6%	-0.7%
New York	4,763,799	4,739,406	4,731,360	4,717,445	4,728,994	4,732,081
+/- m/m	404	(24,393)	(8,046)	(13,915)	11,549	3,087
% y/y	1.1%	1.1%	1.1%	0.5%	0.6%	0.3%
Ohio	2,441,134	2,427,042	2,417,360	2,407,082	2,392,133	2,362,006
+/- m/m	(8,837)	(14,092)	(9,682)	(10,278)	(14,949)	(30,127)
% y/y	-3.9%	-4.1%	-3.8%	-3.9%	-4.1%	-4.9%
Oregon	890,235	893,608	890,633	898,048	895,080	890,478
+/- m/m	(6,152)	3,373	(2,975)	7,415	(2,968)	(4,602)
% y/y	2.2%	2.7%	3.4%	3.7%	2.2%	N/A
Pennsylvania	2,317,997	2,309,442	2,298,494	2,292,042	2,284,179	
+/- m/m	(10,373)	(8,555)	(10,948)	(6,452)	(7,863)	N/A
% y/y	0.8%	0.3%	-0.2%	-0.5%	-0.9%	
South Carolina	767,421	762,297	774,172	776,032	776,878	788,555
+/- m/m	23,553	(5,124)	11,875	1,860	846	11,677
% y/y	-1.6%	-2.0%	0.8%	0.6%	0.3%	1.4%
Tennessee	1,387,156	1,326,600	1,334,227	1,345,085	1,337,201	1,346,785
+/- m/m	(31,251)	(60,556)	7,627	10,858	(7,884)	9,584
% y/y	-1.0%	-6.8%	-6.9%	-7.0%	-8.5%	-7.9%
Texas		4,157,900				
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y		N/A				
Utah	242,320	241,384	239,254	237,882	237,326	234,418
+/- m/m	N/A	(936)	(2,130)	(1,372)	(556)	(2,908)
% y/y	N/A	N/A	N/A	N/A	N/A	N/A
Washington	1,580,002					
+/- m/m	34,395	N/A	N/A	N/A	N/A	N/A
% y/y	-2.4%					
West Virginia	407,223	405,368	403,341	399,696	398,689	395,819
+/- m/m	(2,796)	(1,855)	(2,027)	(3,645)	(1,007)	(2,870)
% y/y	-4.1%	-3.9%	-4.0%	-4.4%	-4.4%	-5.0%
Wisconsin	806,155	804,474	804,979	797,563	798,775	796,611
+/- m/m	(7,526)	(1,681)	505	(7,416)	1,212	(2,164)
% y/y	1.1%	1.4%	1.5%	0.9%	1.3%	1.3%

Note: In Table 1 above and the state tables below, "+/- m/m" refers to the enrollment change from the previous month. "% y/y" refers to the percentage change in enrollment from the same month in the previous year.

Below, we provide a state-specific analysis of recent enrollment trends in the states where HMA tracks data.

It is important to note the limitations of the data presented. First, not all states report the data at the same time during the month. Some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-the-month snapshot. Second, in some cases the data is comprehensive in that it covers all state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is the key limiting factor in comparing the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in Table 1 and throughout the *In Focus* section should be viewed as a sampling of enrollment trends across these states rather than a comprehensive comparison, which cannot be developed based on publicly available monthly enrollment data.

State-Specific Analysis

Arizona

Medicaid Expansion Status: Expanded January 1, 2014

Enrollment in Arizona's two Medicaid managed care programs has declined through December 2018, down over 30,000 since December 2017. At the end of 2018, Arizona's MCO enrollment stands at 1.6 million, down 1.9 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Acute Care	1,501,029	1,505,067	1,507,240	1,512,709	1,507,609	1,509,993
ALTCS	62,121	62,473	62,868	63,236	63,360	63,742
Total Arizona	1,563,150	1,567,540	1,570,108	1,575,945	1,570,969	1,573,735
+/- m/m	7,120	4,390	2,568	5,837	(4,976)	2,766
% y/y	-3.5%	-3.2%	-4.1%	-2.6%	-2.7%	-1.9%

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data shows a decrease of 2.4 percent in 2018, with managed care enrollment down roughly 264,000 since 2017. As of December 2018, enrollment in managed care is approximately 10.6 million.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Two-Plan Counties	6,907,973	6,893,840	6,877,379	6,857,944	6,850,445	6,823,513
Imperial/San Benito	84,544	84,521	84,231	84,290	84,590	84,183
Regional Model	298,361	296,769	296,445	295,917	294,923	294,386
GMC Counties	1,149,478	1,145,588	1,138,842	1,135,376	1,132,887	1,132,152
COHS Counties	2,140,424	2,135,064	2,130,865	2,123,309	2,118,842	2,109,832
Duals Demonstration	111,387	111,549	111,717	111,765	111,509	111,330
Total California	10,692,167	10,667,331	10,639,479	10,608,601	10,593,196	10,555,396
+/- m/m	(23,217)	(24,836)	(27,852)	(30,878)	(15,405)	(37,800)
% y/y	-1.3%	-2.0%	-1.9%	-2.4%	-1.9%	-2.4%

Florida

Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program has seen a 1.5 percent net decline in total covered lives over the last year to 3.2 million beneficiaries as of November 2018. (Note that the managed LTC enrollment figures listed below are a subset of the Managed Medical Assistance (MMA) enrollments and are included in the MMA number; they are not separately added to the total to avoid double counting).

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
MMA	2,895,869	2,895,009	2,888,249	2,887,479	2,857,533	
LTC (Subset of MMA)	101,524	102,539	104,852	105,593	108,024	
SMMC Specialty Plan	179,909	180,637	181,941	181,218	182,132	
FL Healthy Kids	190,705	195,944	198,754	198,251	199,682	
Total Florida	3,266,483	3,271,590	3,268,944	3,266,948	3,239,347	
+/- m/m	67,164	5,107	(2,646)	(1,996)	(27,601)	
% y/y	-2.6%	-1.5%	-1.2%	-1.9%	-1.5%	

Georgia

Medicaid Expansion Status: Not Expanded

As of December 2018, Georgia's Medicaid managed care program covered over 1.3 million members, down 1.4 percent from the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Georgia		1,329,866	1,337,449	1,339,383	1,344,518	1,346,936
+/- m/m			7,583	1,934	5,135	2,418
% y/y		0.0%	0.7%	-2.2%	-1.7%	-1.4%

Hawaii

Medicaid Expansion Status: Expanded January 1, 2014

Through September 2018, enrollment in the Hawaii Medicaid managed care program stands at nearly 349,000, down 2.9 percent from September 2017.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Hawaii	351,642	346,533	348,607			
+/- m/m	(2,301)	(5,109)	2,074			
% y/y	-2.6%	-3.7%	-2.9%			

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's managed care programs sits at 2.2 million as of December 2018, up 14.7 percent from November 2017 (December 2017 data was unavailable).

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
HealthChoice	2,199,209	2,235,427	2,223,989	2,210,699	2,193,233	2,168,091
Duals Demonstration	52,987	54,132	53,416	53,320	52,304	52,552
Total Illinois	2,252,196	2,289,559	2,277,405	2,264,019	2,245,537	2,220,643
+/- m/m	(7,946)	37,363	(12,154)	(13,386)	(18,482)	(24,894)
% y/y	14.7%	16.7%	16.5%	16.7%	16.0%	

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of November 2018, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is over 1.1 million, up 4.4 percent from the same period the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Hoosier Healthwise	609,737	610,781	602,051	604,354	600,003	
Hoosier Care Connect	91,464	91,530	91,220	91,258	90,845	
HIP	428,271	427,737	422,772	425,471	424,662	
Indiana Total	1,129,472	1,130,048	1,116,043	1,121,083	1,115,510	
+/- m/m	(4,001)	576	(14,005)	5,040	(5,573)	
% y/y	-0.1%	-0.6%	-2.5%	-2.3%	-4.4%	

Iowa

Medicaid Expansion Status: Expanded January 1, 2014

Iowa launched its statewide Medicaid managed care program in April of 2016. Enrollment across all populations sits at 613,000 as of December 2018. Enrollment is up 4.9 percent from the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Traditional Medicaid	415,870	414,049	414,045	414,022	414,020	414,021
Iowa Wellness Plan	153,834	148,546	148,536	148,450	148,438	148,429
hawk-i	49,034	49,125	49,669	50,142	50,614	50,500
Total Iowa	618,738	611,720	612,250	612,614	613,072	612,950
+/- m/m	2,498	(7,018)	530	364	458	(122)
% y/y	2.7%	1.6%	2.0%	1.9%	2.2%	4.9%

Kansas

Medicaid Expansion Status: Not Expanded

Kansas Medicaid managed care enrollment was over 388,000 as of November 2018, down 6.9 percent from November 2017.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Kansas	383,815	383,245	382,841	387,442	388,269	
+/- m/m	(4,235)	(570)	(404)	4,601	827	
% y/y	-9.6%	-9.2%	-8.8%	-7.3%	-6.9%	

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2018, Kentucky covered 1.2 million beneficiaries in risk-based managed care. Total enrollment is down 2.1 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Kentucky	1,258,384	1,259,190	1,242,693	1,241,443	1,241,969	1,229,023
+/- m/m	(7,255)	806	(16,497)	(1,250)	526	(12,946)
% y/y	1.0%	0.6%	-0.7%	-0.8%	-1.2%	-2.1%

Louisiana

Medicaid Expansion Status: Expanded July 1, 2016

Medicaid managed care enrollment stands at 1.5 million as of November 2018, up 1.7 percent from the previous year. Louisiana's Medicaid expansion, which began on July 1, 2016, has been a major driver of MCO enrollment growth over the past five quarters. Enrollment is up 39.2 percent since June 2016.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Louisiana	1,471,815	1,475,017	1,483,547	1,484,101	1,490,295	
+/- m/m	2,843	3,202	8,530	554	6,194	
% y/y	0.2%	1.0%	1.5%	1.2%	1.7%	

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

Maryland's Medicaid managed care program covered nearly 1.2 million lives as of October 2018, up 0.9 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Maryland	1,179,919	1,185,497	1,187,064	1,178,419		
+/- m/m	995,429	5,578	1,567	(8,645)		
% y/y	0.8%	1.5%	2.1%	0.9%		

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

As of December 2018, Michigan's Medicaid managed care sits at 1.8 million, down 1.8 percent from the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Medicaid	1,783,640	1,773,908	1,789,450	1,777,481	1,755,709	1,750,668
MI Health Link (Duals)	37,518	37,103	36,394	35,651	34,827	34,655
Total Michigan	1,821,158	1,811,011	1,825,844	1,813,132	1,790,536	1,785,323
+/- m/m	953	(10,147)	14,833	(12,712)	(22,596)	(5,213)
% y/y	-2.0%	-2.2%	0.8%	-0.5%	-1.3%	-1.8%

Minnesota**Medicaid Expansion Status: Expanded January 1, 2014**

As of December 2018, enrollment across Minnesota's multiple managed Medicaid programs sits at 945,000, down 1.4 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Parents/Kids	599,216	592,896	593,511	589,390	583,446	572,978
Expansion Adults	184,105	181,839	181,045	178,140	174,754	168,469
Senior Care Plus	16,291	16,297	16,438	16,283	16,410	16,377
Senior Health Options	38,808	38,959	39,166	39,061	39,275	39,238
Special Needs BasicCare	53,717	53,730	53,995	53,529	53,949	53,581
Moving Home Minnesota	8	9	8	9	11	12
Minnesota Care	87,418	88,647	90,044	90,262	93,340	94,415
Total Minnesota	979,563	972,377	974,207	966,674	961,185	945,070
+/- m/m	(2,422)	(7,186)	1,830	(7,533)	(5,489)	(16,115)
% y/y	4.7%	3.7%	3.1%	1.0%	-0.1%	-1.4%

Mississippi**Medicaid Expansion Status: Not Expanded**

MississippiCAN, the state's Medicaid managed care program, grew significantly in 2015. However, net enrollment declines over the past three years have reversed some of this growth. Medicaid managed care membership stands at 438,000 as of December 2018, down 8 percent from last year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Mississippi	441,782	433,139	432,195	427,819	434,047	437,875
+/- m/m	(5,481)	(8,643)	(944)	(4,376)	6,228	3,828
% y/y	-9.3%	-10.4%	-10.1%	-11.2%	-9.4%	-8.0%

Missouri**Medicaid Expansion Status: Not Expanded**

Missouri managed care enrollment in the Medicaid and CHIP programs sits at more than 663,000 as of October 2018. In May 2017, the first month of the state's geographic managed care expansion, roughly 240,000 new members were added in the new region. However, enrollment is now down 7.3 percent in October, compared to the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Medicaid	676,539	667,049	651,260	637,206		
Total CHIP	26,318	26,593	26,361	26,059		
Total Missouri	702,857	693,642	677,621	663,265		
+/- m/m	(9,478)	(9,215)	(16,021)	(14,356)		
% y/y	-3.7%	-4.2%	-5.9%	-7.3%		

Nebraska

Medicaid Expansion Status: Not Expanded

As of December 2018, the program enrolled 231,000 members, up 1.2 percent from the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Nebraska	231,685	231,185	232,621	231,587	231,503	231,201
+/- m/m	(2,135)	(500)	1,436	(1,034)	(84)	(302)
% y/y	1.3%	1.9%	2.2%	1.5%	1.1%	1.2%

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2018, New Mexico's Centennial Care program covers nearly 660,000 members, down 0.7 percent compared to December 2017.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total New Mexico	656,708	655,994	654,670	658,408	659,197	659,943
+/- m/m	(4,210)	(714)	(1,324)	3,738	789	746
% y/y	-4.4%	-3.3%	-1.2%	-0.8%	-0.6%	-0.7%

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively covered more than 4.7 million beneficiaries as of December 2018, a 0.3 percent increase from the previous year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Mainstream MCOs	4,417,638	4,368,967	4,364,877	4,343,086	4,352,766	4,352,116
Managed LTC	217,215	218,399	215,292	224,063	226,501	229,364
Medicaid Advantage	6,339	6,237	6,121	6,006	5,866	5,822
Medicaid Advantage Plus	11,206	11,459	11,832	12,360	12,727	13,120
HARP	106,530	129,499	128,382	127,102	126,356	126,991
FIDA/FIDA-IDD (Duals)	4,871	4,845	4,856	4,828	4,778	4,668
Total New York	4,763,799	4,739,406	4,731,360	4,717,445	4,728,994	4,732,081
+/- m/m	404	(24,393)	(8,046)	(13,915)	11,549	3,087
% y/y	1.1%	1.1%	1.1%	0.5%	0.6%	0.3%

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2018, enrollment across all four Ohio Medicaid managed care programs was nearly 2.4 million, down 4.9 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
CFC Program	1,542,684	1,535,663	1,530,078	1,516,337	1,507,984	1,495,927
ABD Program	200,639	200,973	200,730	201,531	200,679	199,348
Group 8 (Expansion)	587,131	579,719	573,676	570,992	564,744	549,533
MyCare Ohio (Duals)	110,680	110,687	112,876	118,222	118,726	117,198
Total Ohio	2,441,134	2,427,042	2,417,360	2,407,082	2,392,133	2,362,006
+/- m/m	(8,837)	(14,092)	(9,682)	(10,278)	(14,949)	(30,127)
% y/y	-3.9%	-4.1%	-3.8%	-3.9%	-4.1%	-4.9%

Oregon

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2018, enrollment in the Oregon Coordinated Care Organization (CCO) Medicaid managed care program is 890,000. (This figure includes roughly 51,000 enrolled in managed care other than CCO).

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Oregon	890,235	893,608	890,633	898,048	895,080	890,478
+/- m/m	(6,152)	3,373	(2,975)	7,415	(2,968)	(4,602)
% y/y	2.2%	2.7%	3.4%	3.7%	2.2%	

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of November 2018, Pennsylvania's Medicaid managed care enrollment sits at nearly 2.3 million, down 0.9 percent in the past year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Pennsylvania	2,317,997	2,309,442	2,298,494	2,292,042	2,284,179	
+/- m/m	(10,373)	(8,555)	(10,948)	(6,452)	(7,863)	
% y/y	0.8%	0.3%	-0.2%	-0.5%	-0.9%	

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care programs collectively enroll nearly 789,000 members as of December 2018, which represents an increase of 1.4 percent in the past year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Medicaid	756,351	751,343	763,035	764,782	764,556	776,297
Total Duals Demo	11,070	10,954	11,137	11,250	12,322	12,258
Total South Carolina	767,421	762,297	774,172	776,032	776,878	788,555
+/- m/m	23,553	(5,124)	11,875	1,860	846	11,677
% y/y	-1.6%	-2.0%	0.8%	0.6%	0.3%	1.4%

Tennessee

Medicaid Expansion Status: Not Expanded

As of December 2018, TennCare managed care enrollment totaled 1.3 million, down 7.9 percent from the prior year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Tennessee	1,387,156	1,326,600	1,334,227	1,345,085	1,337,201	1,346,785
+/- m/m	(31,251)	(60,556)	7,627	10,858	(7,884)	9,584
% y/y	-1.0%	-6.8%	-6.9%	-7.0%	-8.5%	-7.9%

Texas

Medicaid Expansion Status: Not Expanded

Enrollment reporting out of Texas has been limited in the past year. As of August 2018, Texas managed care enrollment stood at nearly 4.2 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
STAR		2,967,041				
STAR+PLUS		528,495				
STAR HEALTH		34,088				
Duals Demo		41,107				
CHIP		425,166				
STAR KIDS		162,003				
Total Texas		4,157,900				
+/- m/m						
% y/y						

Utah

Medicaid Expansion Status: Not Expanded

As of December 2018, Utah's Medicaid managed care enrollment was over 234,000. Previous years' enrollment was unavailable.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Utah	242,320	241,384	239,254	237,882	237,326	234,418
+/- m/m		(936)	(2,130)	(1,372)	(556)	(2,908)
% y/y						

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment dropped 2.4 percent to 1.58 million as of July 2018, compared to July 2017.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Washington	1,580,002					
+/- m/m	34,395					
% y/y	-2.4%					

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2018, West Virginia's managed care program covers 396,000 members, down 5 percent year-over-year.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total West Virginia	407,223	405,368	403,341	399,696	398,689	395,819
+/- m/m	(2,796)	(1,855)	(2,027)	(3,645)	(1,007)	(2,870)
% y/y	-4.1%	-3.9%	-4.0%	-4.4%	-4.4%	-5.0%

Wisconsin

Medicaid Expansion Status: Not Expanded

Across Wisconsin's three managed care programs, December 2018 enrollment totals nearly 797,000, up 1.3 percent from the year before.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
BadgerCare+	702,971	701,237	701,734	694,250	695,546	693,315
SSI	54,200	54,188	54,146	54,030	53,903	53,902
LTC	48,984	49,049	49,099	49,283	49,326	49,394
Total Wisconsin	806,155	804,474	804,979	797,563	798,775	796,611
+/- m/m	(7,526)	(1,681)	505	(7,416)	1,212	(2,164)
% y/y	1.1%	1.4%	1.5%	0.9%	1.3%	1.3%

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which collects Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, ABD populations, long-term care, accountable care organizations, and patient-centered medical homes. HMAIS also includes a public documents library with copies of Medicaid RFPs, responses, model contracts, and scoring sheets.

HMA enhances this publicly available information with an overview of the structure of Medicaid in each state, as well as a proprietary HMA Medicaid Managed Care Opportunity Assessment.

For additional information on how to subscribe to HMA Information Services, contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com.



HMA MEDICAID ROUNDUP

Alabama

Alabama Releases Coordinated Health Network RFP. The Alabama Medicaid Agency, on January 9, 2019, released a Coordinated Health Network request for proposals (RFP), which aims to consolidate care coordination services across various state Medicaid programs. The initiative will impact Patient 1st, which is a traditional Medicaid Primary Care Case Management program; Health Home, which provides care coordination to people with certain chronic conditions; Maternity Care, a waiver program started in 1988 to address Alabama's high infant mortality rate; and Plan First, which provides family planning services. The state will contract with Primary Care Case Management Entities in seven newly defined regions to coordinate services. Contracts will be effective October 1, 2019, through September 30, 2021. Proposals are due February 25, 2019. [Read More](#)

Arizona

Nursing Home Is Under Investigation for Alleged Medicaid Payment Fraud. *The New York Times* reported on January 11, 2019, that Hacienda Healthcare, a privately operated long-term care nursing facility, is being investigated for \$3.4 million in possible Medicaid payment fraud between July 2013 and June 2014. The state won a prior lawsuit filed in Maricopa County Superior Court in 2017, but Hacienda has appealed. Separately, Hacienda chief executive Bill Timmons resigned after police opened an investigation into the rape of a woman in a vegetative state at the company's Phoenix location. [Read More](#)

Arkansas

Arkansas Says 3 Provider-Led Entities Will Move to Full Risk in Next Phase of PASSE Program. Arkansas announced on January 16, 2018, that three organizations have signed agreements to accept full risk capitation as part of the next phase of the state's Provider-led Arkansas Shared Savings Entity (PASSE) program, which manages care for individuals with developmental disabilities and significant behavioral health needs. Arkansas Total Care, Empower Healthcare Solutions, and Summit Community Care will begin accepting full risk effective March 1, having provided care coordination services since 2018. A fourth organization, ForeverCare Health Plan, has notified the state that it will not move forward. ForeverCare's 7,600 members will be reassigned. [Read More](#)

Arkansas Continues to Shed Medicaid Members for Failing to Meet Work Requirements. *U.S. News & World Report* reported on January 15, 2019, that Arkansas dropped another 1,200 Medicaid beneficiaries for failing to meet the state's work requirements. More than 18,000 have lost Medicaid coverage for not complying with work requirements since implementation. Individuals who lost coverage last year will be able to reapply starting this month. The requirement is being challenged in federal court. [Read More](#)

Colorado

Governor Releases Proposed 2019-20 Budget. On January 15, 2019, Colorado Governor Jared Polis submitted the state's 2019-20 budget proposal. As part of a focus on rising health care costs, Polis established the first-ever Office of Saving People Money in Health Care. The office will be led by Lt. Governor Dianne Primavera and will focus on "efforts to reduce patient costs for hospital stays and expenses, improve price transparency, lower the price of prescription drugs, and make health insurance more affordable." Polis is also focused on why rural and mountain counties health care insurance costs are so high, establishing a reinsurance program (similar to New Jersey), addressing the "appalling" cost of prescription drugs by importing them from Canada, and addressing the opioid epidemic.

The Governor's budget: 2019-20: \$33.4 billion (up 5% from current budget)
HCPF: \$10,633,712,640 (2.31% over 2018-2019)

Health Care Initiatives

- Office of Saving People Money on Health Care (budget includes the resources in both FY 2018-19 and FY 2-19-20): \$400,000
- Rx: Design a program to import prescription drugs from Canada: \$1.3 million to start program: \$1,300,000
- Reinsurance Program: \$1,148,000 (similar effort died in Senate last year, partly due to \$270 million cost. This would require federal approval.
- Opioid - 2018 legislation invested \$174 million to add residential and inpatient substance use disorder treatment as a Medicaid benefit. Waiting for federal approval. [Read More](#)

Connecticut

Connecticut Faces Lawsuit Over Inadequate NEMT Services. *The CT Mirror* reported on January 10, 2019, that the Connecticut Department of Social Services is facing a class action lawsuit for failing to provide Medicaid recipients adequate transportation for medical appointments. Connecticut Legal Services filed the lawsuit on behalf of six Medicaid beneficiaries who rely on the non-emergency medical transportation (NEMT) services. The lawsuit doesn't name Veyo, which the state contracted with to provide NEMT services last January, but beneficiaries claimed excessive wait times, missed pickups, and poor customer service. [Read More](#)

Florida

Florida Falls in Ranking of State Efforts to Help Individuals with IDD Lead Independent, Productive Lives. *The Orlando Sentinel* reported on January 10, 2019, that Florida dropped from 18th to 34th in a national ranking of state progress in helping individuals with intellectual and developmental disabilities (IDD) lead independent and productive lives, according to a report issued by United Cerebral Palsy (UCP) and the ANCOR Foundation. The rankings are based on how well state programs improve independence and productivity, keep families together, and address health and safety needs for individuals with IDD. [Read More](#)

Iowa

Medicaid Expands Hep-C Coverage. *Iowa Public Radio* reported on January 10, 2018, that Iowa has begun covering hepatitis C medication for Medicaid patients with a fibrosis score of F2 or higher. Previously, only those with F3 or higher qualified. The score ranges from F0 (no signs of liver scarring) to F4 (cirrhosis and permanent liver damage). According to the Center for Health Law and Policy Innovation of Harvard Law School and the National Viral Hepatitis Roundtable, Iowa received a 'D' grade for Medicaid member access to hepatitis C treatment. [Read More](#)

Kentucky

Medicaid Beneficiaries Again File Lawsuit to Block Work Requirements, Premiums. *The Lexington Herald Leader* reported on January 15, 2019, that 16 Kentucky Medicaid beneficiaries filed another federal lawsuit aimed at blocking the implementation of the state's Kentucky Health waiver, which would institute Medicaid work requirements, premiums, and coverage lock-out periods. The lawsuit, filed in U.S. District Court in Washington, DC, is an amended version of last year's successful legal action that forced the state to revise the waiver proposal. The revised waiver with minor changes was approved by the Centers for Medicare & Medicaid Services (CMS) in November, prompting the amended lawsuit. The state projects that 95,000 individuals would lose coverage within five year of implementation of the waiver. [Read More](#)

Louisiana

Louisiana Releases RFP for Subscription-Based Hepatitis C Drug Purchasing Agreement. *The Washington Post* reported on January 10, 2019, that Louisiana has released a [solicitation for offers](#) to contract with a drug manufacturer under a subscription-based hepatitis C drug purchasing agreement. Under the proposal, the state will pay a single fee to a drug manufacturer for unlimited access to a drug. The state hopes to treat 10,000 individuals with hepatitis C in its Medicaid and prison populations by 2020. [Read More](#)

Maine

Maine Begins Enrolling Medicaid Expansion Members. *The Portland Press Herald* reported on January 10, 2019, that Maine has begun enrolling members in the state's Medicaid expansion program, with more than 6,000 applying for coverage and 529 approved to date. The Maine Department of Health and Human Services is also retroactively processing claims that were denied during the administration of former Governor Paul LePage, who had worked to block the voter-approved expansion initiative. More than 70,000 individuals earning up to 138 percent of the federal poverty level are now eligible for Medicaid expansion, after Maine Governor Janet Mills issued an order last week to implement the program. [Read More](#)

Maryland

Maryland Medicaid to Pay For Adult Hearing Aids. *The Baltimore Sun* reported on January 9, 2019, that the Maryland Medicaid program will cover the costs of hearing aids for individuals over age 21. Referral from a primary care physician and an assessment from an auditory specialist are needed to qualify. Medicaid will cover adult hearing aids, cochlear implants and other auditory devices; the state already covers these devices for individuals under 21. [Read More](#)

Massachusetts

Massachusetts To Survey Medicaid ACO Patients Regarding Quality of Care. *The Boston Globe* reported on January 15, 2019, that Massachusetts will survey nearly 250,000 Medicaid members enrolled in 17 accountable care organizations (ACOs) regarding the quality of primary care, behavioral health care, and long-term services and supports. The survey, which will be conducted by Massachusetts Health Quality Partners, will be used to identify potential Medicaid program changes, including whether the state should direct higher payments to providers who deliver better results. The state plans to make the survey results public in early 2020. [Read More](#)

Michigan

Governor Names Former Obama Official to Lead State Health Department. *The Detroit News* reported on January 10, 2019, that Michigan Governor Gretchen Whitmer has named Robert Gordon, a former Obama Administration official, to lead the state's Department of Health and Human Services. Gordon most recently served as senior vice president for financial and global strategy at The College Board and will be taking over for acting director Farah Hanley. [Read More](#)

Mississippi

Officials Send Mixed Message on Medicaid Expansion. *The News & Observer/Associated Press* reported on January 14, 2019, that Mississippi Medicaid director Drew Snyder opened the door to potential Medicaid expansion, telling lawmakers that his agency continues to look at ways to cover the uninsured. However, Lt. Governor Tate Reeves immediately restated his opposition to expansion. Expansion in the state could provide coverage to another 100,000 individuals. Separately, the state has asked federal regulators to approve implementation of Medicaid work requirements, which would require beneficiaries to work, volunteer, attend school, or receive substance abuse treatment for at least 20 hours per week. [Read More](#)

New Jersey

New Jersey Reinsurance Program Faces Lower Than Expected Pass-Through Funding from CMS In 2019. *The NJ Spotlight* reported on January 9, 2019, that the Centers for Medicare & Medicaid Services (CMS) agreed to provide \$38 million less than New Jersey requested to support its 2019 reinsurance program for Marketplace carriers. The reinsurance program was created to offset the cost of outlier health insurance claims and bring stability to the individual health insurance market. Department of Banking and Insurance's Commissioner Marlene Caride is seeking information on methods used by CMS and the U.S. Department of the Treasury to arrive at the pass-through amount. [Read More](#)

New York

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

Governor Releases Executive Budget Proposal. On January 15, 2019, New York Governor Andrew Cuomo presented details of his executive budget proposal during his State of the State address. He announced an increase in the rate of spending on Medicaid above what is permitted under the Global Spending Cap, proposing a rise of 3.6 percent to \$19.6 billion for the upcoming state fiscal year 2020, which begins April 1, 2019. The Medicaid program has been operating under a global spending cap since 2012, calculated as the 10-year average of the medical care consumer price index. The Global Spending Cap for 2019-20 is 3.1 percent. The governor said his proposed increase in Medicaid spending was driven by the on-going threat of federal spending cuts, particularly cuts to Disproportionate Share Hospital funding, and his desire to maintain the stability of the health care industry. This would be the first time Medicaid spending would be allowed to rise above the global spending cap since it was imposed in 2012. Budget materials, including a recording of the governor's State of the State address, can be found on the website of the New York Division of the Budget. [Read More](#)

New York Begins Planning Integrated Care for Dual Eligibles. The New York Department of Health convened a stakeholder group to begin planning an approach for providing integrated care to New York's dual-eligible population when the duals demonstration program, the Fully Integrated Duals Advantage (FIDA) program, sunsets in December 2019. New York remains committed to fully integrated managed care approaches for the dually eligible population. The stakeholder meeting reviewed the experience of the FIDA program, as well as the other managed care programs serving the dual eligible population. It also reviewed a recently released proposal from the Centers for Medicare & Medicaid Services (CMS) identifying 10 opportunities for improving integration between Medicare and Medicaid services for dual eligibles, as well as experiences with duals integration in other states that provide potential models for New York.

New York has participated in the federal dual eligible integration demonstration since its inception in 2014, operating the Fully Integrated Duals Advantage (FIDA) program. The FIDA demonstration was originally approved to run from January 1, 2015, through December 31, 2017, it was subsequently extended to run through the end of 2019. Twenty-three plans were initially approved to operate a FIDA plan, but as of January 2019, only six plans remain in the program. Enrollment, currently around 3,800, never reached 10,000, although initial estimates indicated that as many as 140,000 dual eligible might be eligible.

New York High Staff Turnover in Behavioral Health Settings Leads to Request for Additional Funding. Providers of behavioral health services across New York recently conducted a survey of their agencies to examine rates of staff turnover and staff vacancy rates. They argue that a crisis in funding for not-for-profit human services agencies is producing unmanageable vacancy and turnover rates and agency operating challenges that jeopardize their ability to support New Yorkers with mental health and substance use related needs. The statewide survey of 126 agencies found a 35 percent turnover rate statewide and 14 percent vacancy rates for the behavioral health workforce. In New York City, the turnover rate was over 45 percent. Advocates for behavioral health services are requesting a 2.9 percent Cost of Living Adjustment (COLA) in this year's budget to help address the situation. [Read More](#)

New York Announces Awards to Help New Yorkers Access Insurance Coverage for Substance Abuse And Mental Health Disorders. The New York Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Office of Mental Health (OMH) announced on January 10, 2019, that they have approved awards for five community-based organizations to help educate the public on a new state resource to help individuals and providers access substance use disorder and mental health treatment. Grants were awarded through the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) network, a new ombudsman program established to educate individuals, families, and health care providers on their legal rights related to insurance coverage for behavioral health services, help people to access behavioral health treatment and services, and investigate and resolve complaints regarding health insurance denials of behavioral health services. The CHAMP program was established in last year's budget with a \$1.5 million commitment. Each of the community-based organizations (CBOs) awarded funding will receive between \$25,000 and \$30,000. The five CBOs are:

- Adirondack Health Institute
- Community Health Action of Staten Island
- Family and Children's Association
- Family Counseling Services of Cortland County, Inc
- Save the Michaels of the World, Inc [Read More](#)

Ohio

Governor DeWine Creates RecoveryOhio Initiative. Upon being officially sworn in on January 14, 2019, Ohio Governor Mike DeWine issued an executive order creating the Governor's Recovery Ohio Initiative. Recognizing the need to address the drug epidemic in Ohio, the order creates a new position reporting directly to the Governor with this single focus as Director of RecoveryOhio. The order requires all cabinet agencies, boards, and commissions to comply with any request or directives from RecoveryOhio and gives the RecoveryOhio Director administrative authority over the Office of Health Transformation. Additionally, the executive order allows RecoveryOhio to contract with state and/or private agencies for services to facilitate implementation and operation of RecoveryOhio responsibilities. [Read More](#)

Governor DeWine Announces Medicaid, Insurance, MHAS, and DD Cabinet Appointees. *The Columbus Dispatch* reported on January 10, 2019 Governor DeWine announced appointees for several key health and human services agencies. Maureen Corcoran was nominated to lead the Department of Medicaid. Corcoran previously served as assistant deputy and acting deputy director for Medicaid. Lori Criss was appointed to lead the Department of Mental Health and Addiction Services and will work with DeWine's "RecoveryOhio" initiative to improve addiction treatment. Jeffrey Davis, who comes from the Ohio Provider Resource Association, will head the Department of Developmental Disabilities. Cabinet appointees must be confirmed by the Ohio Senate. [Read More](#)

Ohio Finalizes New Standard Authorization Forms for Use and Disclosure of PHI. *The National Law Review* reported on January 7, 2019, that the Ohio Department of Medicaid finalized the Ohio Administrative Code 5160-1-32.1 (Final Rule) that provides two standard authorization forms for the use and disclosure of protected health information (PHI). The forms are designed to comply with HIPPPAA and 45 CFR Part 2, both of which address substance use treatment information. The purpose of the Final Rule is to improve coordination cross multiple providers and make it easier to share PHI in a secure manner. The Final Rule took effect January 3rd. [Read More](#)

Hospital Prices Posted Online to Meet Federal Requirement. *The Columbus Dispatch* reported on January 7, 2019, that the requirement to provide consumers with easy access to prices (stays, procedures, services, drugs, and supplies) is being met by Columbus area hospitals. The requirement went into effect January 1st and applies to all hospitals, including children's hospitals, and rehabilitation and psychiatric facilities. While some advocates are saying this is a positive step towards pricing transparency, critics note that the prices listed may be misleading. [Read More](#)

Ohio New Tracking System for Publicly Funded Childcare Services. *Gongwer* reported on January 14, 2019, that a new system for tracking publicly funded child care services has been launched by the Ohio Department of Job and Family Services. The system tracks time, attendance, and payments, and calculates payment to providers, with the intention of making sure that providers are only reimbursed for the time they spend caring for children. The system is tablet-based, and all participating providers received a tablet as well as instructional information. [Read More](#)

Medicaid Enrollment Drops by 431,000 in First 10 Months of 2018. *The Columbus Dispatch* reported on January 13, 2019, that Ohio Medicaid enrollment fell by approximately 431,000 to 2.8 million in the first 10 months of 2018. A total of 704,286 beneficiaries were disenrolled while 272,969 new members came on. According to Medicaid officials, the drop may be the result of an improving economy and a low unemployment rate. [Read More](#)

Pennsylvania

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

DHS Releases Case Management RFI. December 7, 2018, Pennsylvania's Department of Human Services (DHS) released a request for information (RFI) to explore existing individual or family needs assessments, methods of connecting individuals and families to community resources, and models for providing whole-person or whole-family case management. DHS seeks to address the challenge of families and individuals receiving case management from multiple agencies. DHS is particularly interested in learning about collaborative and digitalized initiatives at the state, county, or local level that have demonstrated success. Responses are due on January 18, 2019. [Read More](#)

Pennsylvania Employment and Training Program Grant Recipients Announced. Pennsylvania's Department of Human Services (DHS) announced on January 9, 2019, over \$1 million in grants for existing employment and training programs. The grants, totaling \$1,028,757 were awarded to seven Employment, Advancement, and Retention Network (EARN) programs and will expand services to more than 1,100 individuals. The grant recipients include:

- Montgomery County Workforce Investment Act (WIA) - Family Advocate Program
- Delaware County WIA - Multi-Generational Plan Project
- Westmoreland-Fayette WIA - Substance Use/Mental Health Remediation
- Southwest Corner WIA (Washington, Greene, and Beaver Counties) - Transportation Barrier Remediation
- Lehigh Valley WIA - St. Luke's Sacred Heart American Job Center
- Northwest WIA (Erie, Crawford, Warren, Venango, Forest, and Clarion Counties) - Transportation Barrier Remediation
- Lancaster County WIA - EARN Experience Zone [Read More](#)

Rhode Island

Rhode Island Settles with ACLU Over Medicaid Program Coverage Terminations. *The Providence Journal* reported on January 10, 2019, that the American Civil Liberties Union has reached a settlement with Rhode Island in a federal class action lawsuit alleging that the state improperly removed beneficiaries from a Medicaid program without proper notice. The lawsuit centered on the Medicare Premium Payment program, in which Medicaid pays the cost of participating in Medicare for elderly and disabled individuals. As part of the settlement, the state agreed to provide members with timely notice prior to terminations and to pay legal fees. The lawsuit attributed the alleged improper terminations to technical glitches. [Read More](#)

Tennessee

Tennessee Medicaid Reverses Supplemental Payment Freeze for Rural Clinics. *The Tennessean* reported on January 10, 2018, that the Tennessee Medicaid program, TennCare, will reverse a freeze on wraparound payments for rural clinics. These supplemental payments, which had been frozen since October 2017 pending regulatory changes, are extra per-patient funds for rural clinics on top of regular fee-for-service payments. State health care organizations, including the Tennessee Hospital Association, had lobbied the state for months to restore the payments. [Read More](#)

Utah

Lawmaker Proposes Enrollment Cap, Work Requirements Before Implementing Voter-Approved Medicaid Expansion. *The Salt Lake Tribune* reported on January 10, 2019, that Utah Senator Allen Christensen (R-North Ogden) has proposed legislation that would place a cap on enrollment and institute work requirements on the state's voter-approved Medicaid expansion. The legislation would also postpone the April 1 roll-out of the initiative, which was approved in a November ballot measure. Utah will fund the expansion through \$90 million in new state sales taxes combined with \$800 million in federal funds. The expansion would provide coverage to approximately 150,000 uninsured individuals in the state. [Read More](#)

Virginia

Medicaid Regulator Seeks Additional Funds for Work Requirements. *The Richmond Times-Dispatch* reported on January 14, 2019, that the Virginia Department of Social Services (DSS) is asking state lawmakers for \$10.4 million in additional fiscal 2020 funds to implement work requirements, housing, and employment services under the state's Medicaid expansion program. At the same time, DSS expects fees from medical providers to offset a similar amount. Federal approval is still required before the state can implement the work requirements and other services. [Read More](#)

Wisconsin

Governor to Push for Medicaid Expansion Despite Legislative Opposition. *Fox 6 Now* reported on January 15, 2019, that Wisconsin Governor Tony Evers will fight for Medicaid expansion despite opposition from the Republican-controlled legislature. This comes after Evers signed an executive order directing the state Department of Health Services to develop a plan for expansion. Assembly Speaker Robin Vos (R-63rd District) stated that he wouldn't support expansion regardless of the expected influx of federal dollars. Under Medicaid expansion, an additional 75,000 Wisconsin residents gain coverage. [Read More](#)

National

Health Plans Support Relaxing of Medicaid Managed Care Provider Network Adequacy Standards. *FierceHealthcare* reported on January 15, 2019, that two leading health insurance industry groups support a proposed federal rule change that would allow states greater flexibility in determining provider network adequacy standards for Medicaid managed care plans. Under the proposed rule from the Centers for Medicare & Medicaid Services (CMS), states would no longer be required to use time and distance standards to ensure provider network adequacy and instead could use measures like minimum provider-to-enrollee ratio or maximum appointment wait times. While supporting the network adequacy change, America's Health Insurance Plans (AHIP) and Medicaid Health Plans of America (MHPA) did express concern about proposed changes in rate-setting standards, which they say could impact the actuarial soundness of rates. [Read More](#)

Medicaid Innovation Forum Highlights Increased Need for Technology in Medicaid. *MedCity News* reported on January 9, 2019, that attendees at the first Future of Medicaid Innovation Forum highlighted the need for innovative technology solutions to address member engagement, data exchange, data actionability, and workforce capability. The forum, which took place during the annual J.P. Morgan Healthcare Conference, was organized by HealthTech4Medicaid, an advocacy group consisting of venture-backed companies. The forum encouraged innovators to consider additional technological solutions to assist Medicaid members to navigate health resources, tackle social barriers, and implement models of care designed to increase community outreach for high-need beneficiaries. [Read More](#)

Trump Administration Is Reportedly Preparing Medicaid Block Grant Guidelines. *Politico* reported on January 11, 2019, that the Trump administration is reportedly preparing guidelines for a Medicaid block grant program, a move that would bypass Congress. The plan would cap federal funding for state Medicaid programs and provide states with additional flexibility in structuring Medicaid benefits. The Centers for Medicare & Medicaid Services (CMS) could make an announcement early this year. [Read More](#)

States Study Medicaid Buy-In Plans as Possible Option for the Uninsured. *The Pew Charitable Trusts* reported on January 10, 2019, that several states are studying the costs and benefits of Medicaid buy-in plans, including California, Delaware, New Mexico, Oregon and Washington. Newly elected governors in Connecticut, Illinois, Minnesota, and Wisconsin support Medicaid buy-ins. The Nevada legislature passed a buy-in in 2017; however, the bill was vetoed by Governor Brian Sandoval. [Read More](#)

Battle Begins Over Potential Changes to DSH Formula. *Modern Healthcare* reported on January 9, 2019, that the battle has begun over potential changes to the formula for distributing Medicaid disproportionate share hospital (DSH) funds to states. In December, U.S. Senator Marco Rubio (R-FL) introduced legislation to overhaul the DSH formula based on total adults living below poverty. States, including Tennessee, Iowa, Texas and California, could receive additional funding, while states like New York, New Jersey, Missouri and Massachusetts would face the largest cuts. Cuts to DSH payment as mandated by the Affordable Care Act have been long delayed, but would begin October 1, 2019, unless Congress opts to delay again. [Read More](#)



INDUSTRY NEWS

Walmart to Exit CVS Caremark Medicaid PBM Network. CVS Health announced on January 15, 2019, that Walmart will no longer serve as an in-network retail pharmacy for CVS Caremark Medicaid pharmacy benefit management (PBM) members after April 30, 2019. The move will also impact commercial PBM members, but not Medicare Part D or Sam's Club members. [Read More](#)

WellSpace Health in Talks to Purchase 3 Golden Shore Medical Group Clinics in Sacramento. *The Sacramento Business Journal* reported on January 11, 2019, that WellSpace Health is in talks to purchase three Golden Shore Medical Group clinics in Sacramento. The news comes as Golden Shore prepares to close all 15 of its clinics this month following substantial financial losses. Golden Shore, which serves 20,000 Medi-Cal members, is run by former Molina Healthcare executive Mario Molina, M.D. Golden Shore also has a contract to serve Molina members, which is set to expire on January 31. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Massachusetts One Care (Duals Demo)	RFP Release	150,000
2019	Hawaii	RFP Release	360,000
2019	Minnesota MA Families and Children	RFP Release	589,000
2019	MinnesotaCare	RFP Release	90,000
2019	Minnesota Senior Health Options	RFP Release	39,000
2019	Minnesota Senior Care Plus	RFP Release	16,000
2019	Louisiana	RFP Release	1,500,000
February 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 1, 2, 3, 4	Implementation	3,100,000 (all regions)
February 4, 2019	North Carolina	Contract Awards	1,500,000
April 1, 2019	Idaho Medicaid Plus (Dual) - Bonneville, Bingham, Bannock Counties	Implementation	3,329
Late Spring 2019	Kentucky	RFP Release	1,200,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
July 1, 2020	Kentucky	Implementation	1,200,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000

HMA WELCOMES

Elizabeth Wolff - New York

Elizabeth Wolff, MD, MPA is a physician executive who utilizes her expertise in population health, quality improvement and practice operations to transform primary care to align with value-based care.

She comes to Health Management Associates from Northwell Health where she served as the medical director for complex care management. In that role she expanded care management to 40 primary care sites undergoing patient-centered medical home (PCMH) transformation, strategically realigned the team to prioritize patients in full-risk and other value-based arrangements, and oversaw the integration of behavioral health services into 17 primary care practices.

Dr. Wolff worked collaboratively across departments to vet and implement a risk stratification tool into the electronic health record (EHR) to tier patients for care management services. As medical director of Northwell's Health Home, she increased enrollment and revenue by 64 percent, launched the Health Home Serving Children and successfully negotiated approval to expand the Health Home to Staten Island.

Prior to her tenure at Northwell, Dr. Wolff held numerous leadership positions in public health, federally qualified health centers, community hospitals, and health systems and oversaw clinical quality and operations of physicians, residents and advanced care practitioners. She has chaired evidence-based medicine committees in both medical groups and accountable care organizations to develop clinical standards and optimize the electronic health records. She has negotiated quality metrics with health plans and strategically aligned provider quality incentives with payer contracts which resulted in a 78 percent and 39 percent improvement in diabetes care and colorectal cancer screening, respectively.

Operationally, she increased productivity of attending physicians 20 percent by adjusting for no-show rates and streamlining administrative time. Additionally, she worked in a dyad with the chief operating officer and optimized clinical operations including same-day access, transition of care appointments, annual wellness visits, and call center implementation.

Dr. Wolff graduated magna cum laude from the College of William and Mary. She attended medical school at Weill Cornell Medical College and received a Master of Public Administration at New York University Wagner School of Public Service. Dr. Wolff is a board-certified family physician and completed her residency at the University of Rochester.

Narda Ipakchi - Washington D.C.

A results-oriented health policy analyst, Narda Ipakchi is passionate about helping stakeholders turn policy into practice.

She joins HMA after serving as the senior director of managed markets at American Health Care Association/National Center for Assisted Living (AHCA/NCAL), a non-profit federation of affiliate state health associations, together representing nursing facility and subacute care providers. While there, she led the federal advocacy and technical analysis efforts for Medicare Advantage and Medicaid Managed Care.

She previously served as a senior analyst with Manatt Health, where she provided policy research and analysis, project implementation support and other business services to a wide array of healthcare clients, including providers, insurers and health plans, pharmaceutical companies, foundations and vendors. Her areas of focus included pharmaceutical policy and reimbursement issues and provider delivery system reform, including managed care.

Her experience in the data analytics division of Avalere Health included conducting quantitative analyses for pharmaceutical manufacturers regarding changes in drug coverage and assessing the financial impact of healthcare legislation on key stakeholders. She played an integral part in creating the business development strategy for the firm's Medicare Part D business line and kept clients informed about pertinent Medicare policy developments that would likely impact their businesses.

She earned her Master of Business Administration and bachelor's degrees from the University of Maryland, College Park.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- Illinois Medicaid Managed Care Enrollment is Up 15.9%, 2018 Data
- Louisiana Medicaid Managed Care Enrollment is Up 0.9%, Nov-18 Data
- North Carolina Medicaid Enrollment by Aid Category, 2015-18, Jan-19
- Nebraska Medicaid Managed Care Enrollment Rises 1.2%, 2018 Data
- Ohio Dual Demo Enrollment is Up 1.2%, Jan-19 Data
- Oregon Medicaid Managed Care Enrollment is Flat, 2018 Data
- Rhode Island Dual Demo Enrollment is 15,478, Jan-19 Data
- Tennessee Medicaid Managed Care Enrollment is Down 7.9%, 2018 Data
- Texas Dual Demo Enrollment is 42,455, Jan-19 Data
- Utah Medicaid Managed Care Enrollment is Down 1.3%, Jan-19 Data
- Virginia Medicaid MLTSS Enrollment is Over 213,000, Nov-18
- Wisconsin Medicaid Managed Care Enrollment is Up 1.3%, 2018 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Coordinated Health Network RFP, Jan-19
- Arizona AHCCCS MMIS Planning RFI, Jan-19
- Louisiana Hepatitis C Subscription Model SFO, Jan-19
- Maine Non-Emergency Medical Transportation (NEMT) Program RFP, 2018
- Pennsylvania Medicaid Medical Assistance (MA) Technical Assistance & Consultant Services RFP and Pre-Proposal Conference Presentation, 2018-19
- Pennsylvania Medical Assistance Transportation Program (NEMT) RFA and Pre-Proposal Conference Presentation, 2018-19
- Rhode Island Transportation Brokerage Services RFP, 2018
- Texas Service Area Reconfiguration for Managed Care Services RFI, Jan-19

Medicaid Program Reports, Data and Updates:

- Alabama Coordinated Health Network Overview, Dec-18
- California Governor's Proposed Budget, FY 2019-20
- CMS Medicare Advantage Announcements and Advance Notices, CY 2019-20
- Colorado Department of Health Care Policy and Financing Reports on ACC to Joint Budget Committee, 2014-18
- Colorado Health Plan CAHPS Reports, 2017-18
- Colorado Medicaid HEDIS Reports, 2013-18
- Maryland Access to Home Health Care for Children and Adults with Medical Disabilities Report, 2018
- Minnesota Accounting for Social Risk Factors in Minnesota Health Care Program Payments Report, 2018
- New Jersey Medicaid Payment Reform Scorecard, 2018
- Ohio Medicaid Enrollment by Eligibility Category, 2016-18
- Ohio MLTSS Study Committee Report, Dec-18
- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-17, Nov-18

- Tennessee External Quality Review Organization Technical Reports, 2016-18
- Texas HHS Transition of Medically Dependent Children Program Waiver Recipients to STAR Kids Report, Dec-18
- Texas HHS Utilization Review in STAR+PLUS Managed Care Report, Dec-18

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

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- RFP calendar

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Health Management Associates (HMA) is an independent health care research and consulting firm, specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Albany, New York; Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Costa Mesa, California; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Phoenix, Arizona; Portland, Oregon; Raleigh, North Carolina; Sacramento and San Francisco, California; Seattle, Washington; Tallahassee, Florida; and Washington, DC.

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