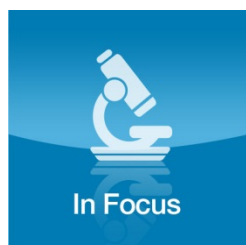


HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... February 6, 2019



In Focus



HMA Roundup



Industry News

[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- [IN FOCUS: CMS ISSUES MEDICARE ADVANTAGE ADVANCE NOTICE PART II AND DRAFT CALL LETTER](#)
- [FLORIDA GOVERNOR MAINTAINS 'STATUS QUO' ON MEDICAID BUDGET](#)
- [KENTUCKY DELAYS START DATE FOR MEDICAID WORK REQUIREMENTS](#)
- [MAINE GOVERNOR ORDERS AUDIT OF STATE MEDICAID PROGRAM](#)
- [NORTH CAROLINA ANNOUNCES MEDICAID MANAGED CARE AWARDS](#)
- [OHIO MEDICAID TO REBID MANAGED CARE CONTRACTS](#)
- [OREGON HEALTH AUTHORITY RECEIVES 24 LETTERS OF INTENT FOR CCO 2.0 CONTRACTS](#)
- [HHS PROPOSES OVERHAUL OF PBM DRUG REBATE RULES](#)
- [ADDICTION TREATMENT CENTER LAUNCHED WITH ALPHABET INC.'S EXPERIMENTAL HEALTH CARE UNIT](#)
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

CMS ISSUES MEDICARE ADVANTAGE ADVANCE NOTICE PART II AND DRAFT CALL LETTER

On January 30, 2019, the Centers for Medicare & Medicaid Services (CMS) issued Part II of the Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter. The Advance Notice and Call Letter includes proposed updates to MA payment rates and guidance to plan sponsors as they prepare their bids for CY 2020. Comments are due by 6:00 PM EST on Friday, March 1, 2019. The final Announcement and Call Letter will be published on April 1, 2019.

Overall, the proposed payment updates and policy provisions in 2020 Advance Notice and Draft Call Letter reaffirm the administration's commitment to providing opportunities for growth and innovation for MA plans. In conjunction with other recent statutory changes and proposed regulations, these proposals seek to further the administration's stated goals of reducing overutilization of opioids, controlling drug spending, and leveraging the flexibilities of the MA program to coordinate care. Key provisions of the Advance Notice and Call Letter are highlighted below.

Advance Notice and Call Letter Highlights

- **MA Plan Payment Changes:** MA plan revenues, on average, are expected to increase by 1.59 percent in 2020 compared to a 3.4 percent increase in 2019. CMS will announce the final rates on April 1. This change does not factor in CMS' assumption for its estimate of underlying coding trend, which is expected to increase average plan risk scores by 3.3 percent. While the 2020 projected increase is lower than that of 2019, HMA expects that this payment update will produce a favorable payment environment for MA plans and will lead to increased growth in the program.
- **Continued Expansion of Opioid Utilization Initiatives:** The Call Letter discusses a number of measures focused on reducing opioid abuse. CMS urges Part D plans to place opioid reversal agents on tiers with lower cost-sharing to ensure access to these drugs. CMS also encourages plans to offer supplemental benefits that provide coverage of non-opioid pain management treatments. In addition, CMS proposes to advance Star Ratings measures related to opioid use.
- **Changes to Star Ratings:** CMS proposes several changes to the Star Ratings program including a policy to adjust ratings for plans experiencing "extreme and uncontrollable circumstances," such as major weather events or natural disasters. CMS also proposes to remove several measures due to low statistical reliability, including two Part D appeals measures. CMS seeks feedback on concepts for other measures to evaluate Part D appeals.
- **Pharmacy Benefit Risk-Bearing RFI:** In an effort to control MA Part B drug spending, CMS solicits feedback in a request for information (RFI) on the potential use of pharmacy benefit risk-based arrangements between MA plans and contracted providers. This signals the agency's continued efforts to reduce Part B pharmaceutical costs through private-sector purchasing.
- **Supplemental Benefits for the Chronically Ill:** CMS proposes to implement provisions of the Bipartisan Budget Act of 2018 (BBA) that allow MA plans to vary supplemental benefit offerings based on the medical conditions and needs of chronically ill enrollees. CMS also solicits input from plans and stakeholders on whether plans should have the flexibility to determine the definition of chronic conditions that meet the statutory criteria of a "chronically ill enrollee."
- **Crackdown on D-SNP "Look-Alikes":** As CMS prepares to implement provisions of the BBA, which requires increased alignment between MA Dual Eligible Special Needs Plans (D-SNPs) and states, the agency indicates that it will increase scrutiny of conventional MA plans that offer benefit designs that mirror those of a D-SNP, but do not otherwise meet D-SNP statutory requirements. Such scrutiny may lead to a reduction of D-SNP look-alike plans.

HMA Next Steps

HMA continues to analyze these provisions and others included in the Advance Notice and Call Letter and will host a webinar on Monday, February 11 from 1 to 2 p.m. EDT to provide interested stakeholders with additional details and implications of the proposed policies and payment updates. During the webinar, HMA Managing Principal and former CMS Deputy Administrator for Medicare Jonathan (Jon) Blum and Managing Principal Mary Hsieh will provide their analysis of the proposals highlighted above as well as other key provisions. Speakers will also address what these changes mean for Medicare Advantage plans' existing strategies and opportunities. To register for the webinar, [click here](#).

For more information or questions about Medicare or the Advance Notice and Call Letter, please contact [Mary Hsieh](#) or [Jon Blum](#).

[2020 Medicare Advantage and Part D Advance Notice Part II and Draft Call Letter](#)



HMA MEDICAID ROUNDUP

Alabama

Medicaid Budget Is in Good Shape for Fiscal 2020. *Alabama.com* reported on January 30, 2019, that Alabama Medicaid Commissioner Stephanie Azar is requesting \$715 million from the state general fund for fiscal year 2020, about \$40 million less than the prior year. While the full state share is expected to be \$821 million, Azar said the agency will be able to carryforward about \$106 million to make up the difference. Total Medicaid expenditures, including state and federal shares, were \$6.6 billion in 2018. [Read More](#)

California

Anthem Blue Cross-California Drops Sutter Health from Medi-Cal Network. *The Sacramento Business Journal* reported on February 1, 2019, that Anthem Blue Cross of California dropped Sutter Health from its Medi-Cal networks, effective January 31, 2019. The move affects 30 Sutter Health facilities and up to 12,000 Medicaid and Medicare members, not including commercial lives. The contracts were initially set to expire on December 31, 2018. [Read More](#)

Not-for-profit Dental Plan Is Under Fire for Executive Salary Levels, Perquisites. *The California Healthline* reported on January 30, 2019, that not-for-profit Delta Dental of California is facing criticism for its executive salary levels and perquisites given to board members. The criticism comes as the organization is seeking to acquire for-profit medical and dental plan Moda Health for \$155 million, with consumer advocates urging state regulators to take a close look before approving the transaction. [Read More](#)

Florida

Medicaid Plan Files Lawsuit to Block State from Transitioning HIV/AIDS Members to Competitor. *Health News Florida* reported on February 6, 2019, that AIDS Healthcare Foundation/Positive Healthcare has filed a lawsuit to block the Florida Medicaid program from transitioning the plan's 1,545 HIV/AIDS members to competitor Simply Healthcare. The lawsuit, filed in Leon County circuit court, follows a decision by the Florida Agency for Health Care Administration to award the HIV/AIDS specialty contract to Simply in a recent procurement. [Read More](#)

Governor Proposes Increase in Funds for Inmate Health Care. *The Tampa Bay Times* reported on February 5, 2019, that Florida Governor Ron DeSantis is seeking an increase in fiscal 2020 funds to cover the growing cost of inmate health care, including treatment for Hepatitis C, mental illnesses, and disabilities. DeSantis's proposed budget calls for an additional \$14 million for pharmaceuticals, \$37 million for Hepatitis C treatment, and \$86 million for inmate health services. "Right now, the corrections system is largely a health care provider that houses inmates," said Senator Jeff Brandes (R-St. Petersburg). [Read More](#)

Florida Wins Approval of 6-Month Ban on New Medicaid Home Health Provider Applications. *Health News Florida* reported on February 4, 2019, that the Centers for Medicare & Medicaid Services (CMS) has approved Florida's request for a six-month moratorium on new or pending applications for Medicaid home health providers. The ban, which is aimed at reducing Medicaid fraud, doesn't apply to agencies already a part of a Medicaid managed care network. [Read More](#)

Governor Maintains 'Status Quo' on Medicaid Budget. *FLAPOL* reported on February 1, 2019, that Florida Governor Ron DeSantis proposed a \$91.3 billion fiscal 2020 budget that largely continues the current year spending plan for Medicaid. The proposal includes \$29.1 billion for the state Agency for Health Care Administration, \$3.3 billion for the Department of Children and Families, \$3.1 billion for the Department of Health, and \$340 million for the Department of Elder Affairs. The proposal also makes permanent a reduction in retroactive Medicaid eligibility from 90 to 30 days. [Read More](#)

House Speaker Rejects Medicaid Expansion, Reiterates Desire to Loosen Certificate of Need Rules. *The Miami Herald* reported on January 30, 2019, that Florida House Speaker Jose Oliva (R-Miami Lakes) again rejected Medicaid expansion while continuing to voice support for loosening the state's certificate of need rules as part of an effort to increase competition. Oliva made the remarks during a session with the media. [Read More](#)

Lawmakers May Rethink Retroactive Medicaid Eligibility Reduction. *CBS Miami* reported on January 31, 2019, that Florida lawmakers don't know if they are going to make permanent a reduction in Medicaid retroactive eligibility from 90 to 30 days. The policy change, which is scheduled to take effect in February, is expected to impact 39,000 poor and elderly. The new policy will remain in place until June 30 unless lawmakers vote to extend it. [Read More](#)

Idaho

Supreme Court Rules Voter-Approved Medicaid Expansion Is Legal. *The Coeur d'Alene Press/Associated Press* reported on February 5, 2019, that the Idaho Supreme Court has ruled that a voter-approved Medicaid expansion plan in Idaho is legal. The Idaho Freedom Foundation had challenged the law, which is expected to cover 62,000 low-income Idaho residents. [Read More](#)

Kentucky

Kentucky Delays Start Date for Medicaid Work Requirements Until July 1. *The Associated Press* reported on January 31, 2019, that Kentucky has delayed the start date for new Medicaid work requirements from April 1 to July 1. Implementation of work requirements in the state has been a controversial topic, with the plan initially blocked by a federal judge only to be approved a second time by federal regulators in November. A new pending lawsuit, filed January 2019, contributed to the delay. [Read More](#)

Maine

Maine Governor Orders Audit of State Medicaid Program. *Maine Public Radio* reported on February 5, 2019, that Maine Governor Janet Mills has ordered an audit of the state's Medicaid program, including a review spending and the effectiveness of various initiatives. The audit has drawn broad bipartisan support, with Medicaid accounting for a third of state spending. [Read More](#)

Montana

Republicans Draft Bill to Continue Medicaid Expansion, Add Work Requirements. *The Missoulian* reported on January 30, 2019, that Montana Republicans are working on a draft bill to continue the state's Medicaid expansion. The bill's sponsor, Rep. Ed Buttrey (R- Great Falls), includes "community engagement" provisions that would require 80 hours a month of work, volunteer hours, or other mandates such as participating in substance use disorder treatment. The proposal also includes additional grant funding to expand the current HELP-Link voluntary workforce program, which has been widely praised as successful in increasing workforce participation among Medicaid expansion enrollees. To pay for the Medicaid Expansion program, the bill calls for taxes on hospital revenues for outpatient services, expanding a tax on all health insurance premiums, and increasing premiums for individuals who remain on Medicaid expansion for more than two years. The bill would also charge additional fees to recipients with significant assets and assess fees to tax-exempt religious organizations that organize as 501D corporations. Buttrey stated that the bill is in its early draft stages and that all aspects are still open to change. [Read More](#)

Nevada

Assemblyman to Reintroduce Medicaid Buy-In Bill. *The Las Vegas Review-Journal* reported on February 2, 2019, that Nevada Assemblyman Michael Sprinkle (D-Sparks) plans to reintroduce a bill to create a Medicaid buy-in option open to residents of all incomes. A similar proposal cleared the state Assembly and Senate but was vetoed by former Republican Governor Brian Sandoval in 2017. Under the legislation, participants in the plan would pay a monthly premium to Medicaid. [Read More](#)

New York

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

New York-Based Metropolitan Jewish Home Care to Lay Off 112 Employees. *Crain's New York Business* reported on February 1, 2019, that the home care operation of New York-based not-for-profit Metropolitan Jewish Health System (MJHS) plans to lay off 112 employees on April 15, 2019, citing “inadequate payments” from managed care plans and a decline in government reimbursements for home care services. MJHS will shift the focus of its home care operation to individuals already served by the health system, including members of its Elderplan Medicare Advantage dual eligibles plan and its HomeFirst long-term care plan. [Read More](#)

Governor Announces \$204 Million in Funding for State Providers. On February 5, 2019, New York Governor Cuomo announced the awardees of \$204 million in capital awards under the Statewide Health Facility Transformation Program, which was enacted as part of the FY 2018 Budget. A total of 95 projects across the state were funded. Approximately \$169 million or 83 percent of funding was distributed to non-hospital entities. The Governor presented the geographic distribution in his press release (see data package).

The Governor’s 2019-20 Executive Budget would authorize the Department of Health to allocate up to \$300 million of the \$525 million in Health Care Facility Transformation Funding to support applications from providers that were not awarded grants during this round of funding. Details and information on the next funding application round have not yet been released. [Read More](#)

New York HIEs HealthConnections, HealthlinkNY to Merge. Health information exchanges (HIE) HealthConnections and HealthlinkNY announced on January 31, 2019, an agreement to merge. The combined company will serve 26 counties in central New York, Southern Tier, and the Hudson Valley. [Read More](#)

New York HIV/AIDS SNP Seeks Approval to Expand Target Market. *Politico Pro* reported on February 1, 2019, that Amida Care, a New York-based Medicaid Special Needs Plan for individuals with HIV/AIDS, is seeking to expand its services to HIV-negative men who have sex with men, women of color, and intravenous drug users. Amida, which requires state approval to make the change, first announced its expansion plans last summer. Since 2017, Amida has also served transgender individuals regardless of their HIV status, a change that took the state over a year to approve. Amida serves more than 7,000 members. [Read More](#)

North Carolina

North Carolina Announces Medicaid Managed Care Awards. On February 4, 2019, the North Carolina Department of Health and Human Services announced the winners of the state's Prepaid Health Plan Services Medicaid managed care procurement:

- AmeriHealth Caritas North Carolina
- BCBSNC – Healthy Blue
- Carolina Complete Health/Centene (Regional contract for Regions 3 and 5)
- UnitedHealthcare
- WellCare Health Plans

All plans except for Carolina Complete Health (a partnership between the North Carolina Medical Society and Centene) will have statewide contracts. Bidders who did not win the procurement were Aetna, My Health by Health Providers, and Optima Health/Sentara. The Medicaid managed care program will launch in Regions in 2 and 4 in November 2019, and all other regions will launch February 2020. Approximately 1.6 million people will be eligible. [Read More](#)

Democrats Introduce Medicaid Expansion Legislation. *News 13 WLOS* reported on January 30, 2019, that North Carolina Democrats have introduced identical Medicaid expansion bills, House (HB-5) and Senate (SB-3). Governor Roy Cooper supports expansion, which could cover 600,000 individuals. [Read More](#)

Ohio

Hospitals Notified of Possible Termination from Medicare Program. *The Columbus Dispatch* reported on February 1, 2019, that the Centers for Medicare & Medicaid Services (CMS) have notified Mount Carmel Health that two of their hospitals, Mount Carmel West and Mount Carmel St. Ann's, could be terminated from the Medicare program. The notice was delivered due to pharmaceutical-services deficiencies "so serious they constitute an immediate threat to patient health and safety." Each hospital will have the opportunity to submit a plan of correction for approval. Lack of approval will result in Medicare ceasing payment for services on or after February 22. [Read More](#)

Medicaid to Rebid Managed Care Contracts. *The Columbus Dispatch* reported on February 4, 2019, that as part of a crackdown on the perceived abuses of Pharmacy Benefits Managers (PBMs), Ohio Governor DeWine has directed the Medicaid Director to rebid managed care contracts, which subcontract with PBMs to administer Medicaid-covered pharmacy benefits. With the rebid, Medicaid will seek to address issues related to pharmacy benefit manager (PBM) fees and pricing practices. Additionally, DeWine indicated the contract will have a strong wellness component. In response, the Ohio Department of Medicaid noted they are immediately moving forward with the re-procurement process. The directive also orders Medicaid and other state agencies to provide pertinent data to the Attorney General's office for a potential lawsuit against PBMs. [Read More](#)

Medicaid Releases Request for Grant Applications for Transition Coordination Services. On January 14, 2019, the Ohio Department of Medicaid (ODM) released a Request for Grant Application (RFGA) for transition coordination services for participants in the Helping Ohio Move, Expanding Choice (HOME Choice) program. HOME Choice was initially funded through the federal Money Follows the Person demonstration and continues as a state-funded program since the federal grant funding ended. The RFGA seeks applications from entities to serve as transition coordinators assisting participants with pre-transition, transition, and post-transition into the community. ODM expects approximately 1,100 participants to transition from skilled facilities to the community each year. The selected applicants will become Ohio Medicaid and Ohio Department of Aging providers and must be able to serve the entire state of Ohio. The deadline to submit applications is March 25, 2019. [Read More](#)

Oklahoma

Lawmakers Are Opening Up to Medicaid Expansion. *Tulsa World* reported on January 31, 2019, that Oklahoma lawmakers are opening up to the possibility of expanding Medicaid after years of resistance. Republican Governor Kevin Stitt, who campaigned against expansion, recently said he would be open to a waiver aimed at attracting additional federal Medicaid dollars. House Speaker Charles McCall (R-Atoka) also said he is open to attracting additional federal Medicaid dollars to the state. [Read More](#)

Oregon

Health Authority Receives 24 Letters of Intent for CCO 2.0 Contracts. The Oregon Health Authority announced on February 4, 2019, that it had received 24 letters of intent from organizations seeking to apply for the 2020-24 coordinated care organization (CCO) contracts. Each organization was required to list the counties they intend to serve, and based on the letters received, every county would have at least one CCO. Applications are due April 22, 2019, with contracts beginning January 1, 2020. Only applicants that submitted a letter of intent are eligible to submit a complete application. [Read More](#)

Oregon Recovers \$42 Million in Medicaid Overpayments to CCOs. *The Associated Press* reported on January 29, 2019, that the Oregon Health Authority (OHA) revealed it had recovered approximately \$42 million in overpayments to Medicaid coordinated care organizations (CCOs), repaying money owed to the federal government. OHA made the announcement after State Sen. Kim Thatcher (R-Keizer) proposed legislation that would have required OHA to demand the money back. The issue relates to payments made for CCO members who may not have been eligible for Medicaid coverage. [Read More](#)

Tennessee

Democrats Reintroduce Medicaid Expansion Legislation Despite Governor's Opposition. *The Nashville Post* reported on February 4, 2019, that Tennessee Senate Democrats continue to push for Medicaid expansion, despite opposition from Governor Bill Lee and the Republican-led General Assembly. Three expansion bills sponsored by Senator Jeff Yarbrow (D-Nashville) are currently in circulation: SB464 would authorize the state to expand Medicaid under the Affordable Care Act; SB378 would allow the governor to expand Medicaid without the approval of the General Assembly; and SB462 would establish minimum coverage requirements for new health plans. Tennessee is one of 14 states that has yet to expand Medicaid. [Read More](#)

Tennessee, Researchers Differ on Potential Impact of Medicaid Work Requirements. *The Tennessean* reported on January 31, 2019, that 68,000 individuals in Tennessee could lose health care coverage if the state implements Medicaid work requirements, according to a Georgetown University Health Policy Institute study. Tennessee officials disputed the findings, projecting that only 56,000 would be subject to the new requirements and even fewer would lose coverage. If approved by federal officials, the new works requirements would take effect in 2020. [Read More](#)

Utah

Senate Passes Partial Medicaid Expansion Bill. *The Hill* reported on February 4, 2019, that the Utah Senate passed a bill to replace the state's voter-approved Medicaid expansion plan with a partial expansion to only cover individuals up to 100 percent of the poverty level. The legislation now heads to the House for consideration. [Read More](#)

Senate Delays Final Vote on Partial Medicaid Expansion Bill. *The Salt Lake Tribune* reported on February 2, 2019, that the Utah Senate delayed a final vote on a bill to replace the state's voter-approved Medicaid expansion plan with a partial expansion covering individuals up to 100 percent of poverty. A new version with technical changes aimed at lowering the cost of the bill is being drafted, according to Senate Majority Whip Dan Hemmert (R-Orem). Expansion coverage is expected to begin on April 1. Federal waiver approval would be required for the state to implement a partial expansion with a 90 percent federal match; no state has received such a waiver. [Read More](#)

Wyoming

House Rejects Medicaid Expansion Bill; Senate Approves Study of Expansion. *The Associated Press* reported on February 5, 2019, that the Wyoming House of Representatives voted down Medicaid expansion legislation, while the Senate again approved a bill to study the potential impact of expansion in the state. The House bill would have added Medicaid work requirements for individuals covered under the expansion. [Read More](#)

Lawmakers Again Call for Study of Medicaid Expansion. *Wyoming Public Media* reported on February 1, 2019, that the Wyoming Senate is considering a bill to authorize actuaries to study the potential impact Medicaid expansion in the state. The study would look at the number of potential beneficiaries, costs of the program, and whether expansion would help address uncompensated care for hospitals. [Read More](#)

National

Trump Urges Congress to Support Medicare Part B Prescription Drug Reference Pricing. *Modern Healthcare* reported on February 5, 2019, that President Donald Trump urged Congress to support reference pricing for Medicaid Part B prescription drugs. During his State of the Union address, Trump called on Congress to enact legislation that would peg Part B drug prices to the average price paid in similar countries. The U.S. Department of Health and Human Services (HHS) Secretary Alex Azar had announced the reference pricing model as a demonstration in October. [Read More](#)

U.S. Judge Dismisses MD Lawsuit Seeking to Declare ACA Constitutional. *The New York Times* reported on February 1, 2019, that U.S. District Court Judge Ellen Lipton Hollander dismissed a lawsuit filed seeking to declare the Affordable Care Act (ACA) constitutional. Maryland Attorney General Brian Frosh had argued that the Trump administration was likely to stop enforcing the law, following an earlier ruling by a federal judge in Texas declaring the law unconstitutional. The law remains in effect while that ruling is being appealed. Hollander ruled that Maryland's contention that the administration will stop enforcing the law in the meantime is conjecture. [Read More](#)

HHS Proposes Overhaul of PBM Drug Rebate Rules. *The Associated Press* reported on February 1, 2019, that the U.S. Department of Health and Human Services (HHS) has unveiled a proposal that would eliminate behind-the-scenes prescription drug rebates that pharmacy benefit managers receive from drugmakers. Instead, rebates would go to directly consumers in hopes of lowering out-of-pocket costs for prescription drugs. HHS concedes, however, that Medicare prescription drug plan premiums would likely rise. The change would directly impact Medicare prescription drug plans and Medicaid managed care plans. [Read More](#)

Medicaid Innovation Accelerator Program Launching New SUD Technical Support Opportunities. The Medicaid Innovation Accelerator Program's (IAP) Reducing Substance Use Disorder (SUD) program area is launching two new technical support opportunities for state Medicaid agencies. All interested states are encouraged to attend the information session on Thursday, February 7, 2019 from 3:00 pm – 4:00 pm ET to learn more. During this information session, states will learn about the collaborative learning technical support opportunities offered through the Medicaid IAP SUD program area, including an opioid data analytics cohort and roundtable discussions focused on medication assisted treatment. During this session, IAP will also introduce states to the topics of the upcoming IAP SUD national learning webinar series. Additional information, including the Program Overviews, Expression of Interest forms, and Informational Session slides will be posted on the IAP SUD webpage the day of the webinar.

HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.

To participate in this webinar, register [here](#).



INDUSTRY NEWS

Addiction Treatment Center Launched With Alphabet Inc.'s Experimental Healthcare Unit. *Bloomberg* reported on February 6, 2019, that Verily, Google parent Alphabet's experimental healthcare unit, will partner with a subsidiary of Premier Health as well as Kettering Health Network to launch an independent nonprofit addiction treatment facility and behavioral health treatment center. The new entity called OneFifteen will apply a data-centric approach to addiction treatment by analyzing operational and clinical data over time. The new facility will be located in Dayton, Ohio and will begin seeing patients in Spring 2019 with the full campus to be completed in 2020. [Read More](#)

Baylor Scott & White, Memorial Hermann Call Off Merger. *Modern Healthcare* reported on February 5, 2019, that Dallas-based Baylor Scott & White Health and Houston-based Memorial Hermann Health System have called off their proposed merger. The deal, which was announced in October, would have created a combined, not-for-profit entity with 68 hospitals, two health plans, and 73,000 employees. [Read More](#)

HCA Healthcare Completes Acquisition of Mission Health. On February 1, 2019, Nashville-based HCA Healthcare announced it had completed the acquisition of Mission Health, a six-hospital system in Asheville and western North Carolina, for \$1.5 billion. HCA now has 185 hospitals in 21 states and the United Kingdom. [Read More](#)

HouseWorks Acquires Caring Friends Home Care. On January 31, 2019, HouseWorks, LLC, announced that it has acquired Caring Friends Home Care, a private home care company, from Friends Life Care Partners in Philadelphia. The acquisition is part of HouseWorks' strategy to expand outside of Massachusetts. Financial terms were not disclosed. [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
April 1, 2019	Idaho Medicaid Plus (Dual) - Bonneville, Bingham, Bannock Counties	Implementation	3,329
April 22, 2019	Oregon CCO 2.0	Applications Due	840,000
Late Spring 2019	Kentucky	RFP Release	1,200,000
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
July 9, 2019	Oregon CCO 2.0	Awards	840,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
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
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
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 NEWS

HMA Expands Medicare Services, Team of Experts. Health Management Associates (HMA), a leading independent national healthcare consulting firm, is expanding its Medicare services and expert team of consultants.

Specializing in publicly funded healthcare, HMA has long been recognized as a leader in Medicaid consulting services. As Medicare continues to evolve and serve as a catalyst for payment and delivery system innovations, HMA is significantly expanding the depth and breadth of the firm's expertise of the nation's single largest health program. [Read more](#)

HMA Colleagues Played Pivotal Role in Launching Forum for the Brooklyn Perinatal Network. HMA New York colleagues Heidi Arthur and Annalisa Baker played a pivotal role in launching a forum for the Brooklyn Perinatal Network on Jan. 11. The forum, entitled, "A Community Response to Addressing Maternal Morbidity and Mortality," was a collaboration between a network of community-based organizations (CBOs) making up the Brooklyn Coalition for the Health Equity for Women and Families Coalition Leadership Team. [Read more](#)

Upcoming Webinar: The Future of Medicaid Expansion: States to Watch for Potential Ballot Initiatives, Other Expansion Efforts. [Register here](#)

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

Medicaid Data and Updates:

- Maryland Medicaid Managed Care Enrollment is Up 1.5%, 2018 Data
- New Mexico Medicaid Managed Care Enrollment is Flat, Jan-19 Data
- New York Medicaid Managed Care Enrollment is Up 0.5%, 2018 Data
- Pennsylvania Medicaid Managed Care Enrollment is Down 1.5%, 2018 Data
- Tennessee Medicaid Managed Care Enrollment is Flat, Jan-19 Data
- Virginia Medicaid MLTSS Enrollment is Over 239,000, Jan-19
- West Virginia Medicaid Managed Care Enrollment is Flat, Feb-19 Data
- California SNP Membership at 189,478, Nov-18 Data
- Delaware SNP Membership at 1,738, Nov-18 Data
- Georgia SNP Membership at 201,400, Nov-18 Data
- Illinois SNP Membership at 6,826, Nov-18 Data
- Kansas SNP Membership at 3,552, Nov-18 Data
- Massachusetts SNP Membership at 52,876, Nov-18 Data
- Minnesota SNP Membership at 43,336, Nov-18 Data
- Missouri SNP Membership at 12,998, Nov-18 Data
- North Carolina SNP Membership at 34,500, Nov-18 Data
- Nevada SNP Membership at 12,768, Nov-18 Data
- New York SNP Membership at 311,213, Nov-18 Data
- Ohio SNP Membership at 47,329, Nov-18 Data
- Oklahoma SNP Membership at 2,877, Nov-18 Data
- Pennsylvania SNP Membership at 147,413, Nov-18 Data
- Rhode Island SNP Membership at 4,553, Nov-18 Data
- South Dakota SNP Membership at 281, Nov-18 Data
- Tennessee SNP Membership at 104,368, Nov-18 Data

- Texas SNP Membership at 236,724, Nov-18 Data
- West Virginia SNP Membership at 500, Nov-18 Data

Public Documents:*Medicaid RFPs, RFIs, and Contracts:*

- Delaware Medicaid ACOs RFI, Feb-19
- Hawaii QUEST Integration RFI and Responses, Oct-18
- Mississippi Non-Emergency Transportation (NET) Brokerage Services IFB, Award and Contract, 2018
- North Carolina Prepaid Health Plan Services Awards, RFP, and Related Documents, 2019
- Wisconsin BadgerCare Plus and Medicaid SSI HMO Contract and Rate Amendments, 2018-19

Medicaid Program Reports, Data and Updates:

- CMS Medicare Advantage Announcements and Advance Notices, CY 2019-20
- MACPAC Accounting for Third-Party Payments in the DSH Definition of Medicaid Shortfall Presentation, Jan-19
- MACPAC Medicaid DSH Payments Review of Draft Recommendations Presentation, Jan-19
- MACPAC Physician Acceptance of New Medicaid Patients Presentation, Jan-19
- Alabama Medicaid 2020 Budget Hearing Presentation, Jan-19
- California DHCS Comment Letter to CMS on MCO Regulations, Jan-19
- Hawaii Medicaid Managed Care Rate Certifications, FY 2015-18
- Indiana Governor's Proposed Budget, FY 2020-21
- Louisiana Medicaid Managed Care Enrollment by Plan, Region, and Subprogram, 2015-18
- Maryland HealthChoice HEDIS Report, 2018
- Missouri HealthNet Managed Care External Quality Review Reports, 2017
- Missouri HealthNet Quality Improvement Strategy Draft, 2018
- Mississippi Medicaid Managed Care Quality Strategy Report, 2018
- North Carolina Medicaid Managed Care Capitated Rates, 2020
- North Carolina Medical Care Advisory Committee Meeting Materials, Jan-19
- North Dakota Medicaid Expansion Quality Strategy Plan Drafts, 2018-19
- North Dakota Proposed 1332 Reinsurance Waiver Analysis Report, Sep-18
- Nevada Governor's Proposed Budget, FY 2019-21
- New York Medicaid Redesign Team Executive Budget Briefing Webinar Presentation, FY 2020
- Ohio Joint Medicaid Oversight Committee Meeting Materials, Nov-18
- Ohio Medicaid Managed Care HEDIS Report, 2018
- Oregon Legislative Report on Primary Care Spending, Feb-19
- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-18
- Texas HHS Budget Presentation to the Senate Finance Committee, Feb-19
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, Jan-19
- Virginia Medicaid MCO Performance Incentive Awards Report, 2018
- Washington Medicaid Managed Care Comparative Analysis HEDIS Reports, 2013-18

- Washington Medicaid Managed Care Regional Analysis HEDIS Reports, 2015-18
- Wyoming Medicaid Annual Reports, SFY 2015-18

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