

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in State Health Policy

..... February 12, 2020



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THIS WEEK

- **IN FOCUS: MEDICAID EXPANSION IN MISSOURI - ECONOMIC IMPLICATIONS FOR MISSOURI AND INTERVIEWS REFLECTING ARKANSAS, INDIANA, AND OHIO EXPERIENCES**
- DC MEDICAID MANAGED CARE RFP DEADLINE IS EXTENDED TO FEBRUARY 14
- GEORGIA PROPOSAL TO DROP ACA EXCHANGE IS DELAYED BY TRUMP ADMINISTRATION
- ILLINOIS MEDICAID DIRECTOR TO STEP DOWN
- SENATE COMMITTEE ADVANCES BILL TO LIMIT NUMBER OF MEDICAID PLANS, ELIMINATE ROLE OF PBMS
- TEXAS HHSC COMMISSIONER TO STEP DOWN
- MEDICAID EXPANSION UPDATES IN MISSOURI, TENNESSEE, WYOMING
- PROPOSED HHS FUNDING CUTS TO IMPACT MEDICAID, MEDICARE
- STATES CRITICIZE PROPOSED MEDICAID FISCAL ACCOUNTABILITY RULE
- MCKESSON TO DIVEST STAKE IN CHANGE HEALTHCARE
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MEDICAID EXPANSION IN MISSOURI - ECONOMIC IMPLICATIONS FOR MISSOURI AND INTERVIEWS REFLECTING ARKANSAS, INDIANA, AND OHIO EXPERIENCES

This week, our In Focus section covers the report, Medicaid Expansion in Missouri - Economic Implications for Missouri and Interviews Reflecting Arkansas, Indiana, and Ohio Experiences, prepared by HMA Medicaid Market

Solutions (MMS) Managing Director Matt Powers and Managing Principal Sharon Silow-Carroll, and Independent Health Policy Consultant Jack Meyer. Health Management Associates (HMA) conducted a targeted analysis of the likely economic impact of an ACA Medicaid Expansion in Missouri, with an emphasis on the effects on the state budget. The report was commissioned by the Missouri Hospital Association and Missouri Primary Care Association and released in partnership with stakeholders from the health care community in January 2020.

As Missouri considers the costs and benefits of adopting the ACA Medicaid Expansion, state officials and private sector leaders should consider the experience of other similarly situated states that have implemented Expansion in the past few years. HMA examined the literature on states' experience with Medicaid Expansions, and took a deeper look at three largely Republican states that had robust discussions about the potential impact of an Expansion prior to its implementation – Ohio, Indiana, and Arkansas. We interviewed leaders with first-hand experience in those states and asked them to reflect on what worked and what did not work in their state.

Our review of carefully conducted research studies and our interviews with state leaders from nearby states lead to a conclusion that the full cost of a well-designed and well-synchronized program in Missouri can be covered by the offsets from replacing state-only funding with a 90 percent federal match, current Medicaid programs that would be matched at higher rate, and other policy and operational adjustments. When considering the multiple policy and budgetary implications of Medicaid Expansion, states are wise to proceed both strategically and cautiously. Synchronizing an Expansion with the appropriate policy and operational adjustments is imperative to designing a cost-effective program that ultimately reflects the goals, vision and priorities of the state. An Expansion program in Missouri can be designed to budget for savings and revenue opportunities that significantly exceed the state's cost of implementation. An Expansion can be designed to free general revenue funds for other priorities, such as K-12 education, transportation, and law enforcement.

No State has Reversed its Expansion Decision. Despite significant initial concerns in the states interviewed for this report, as well as other Expansion states, no state has reversed its decision to adopt the Medicaid Expansion in the more than six years since this program was first authorized on a national scale. In fact, additional states continue to choose the Expansion option. More importantly, no state has reversed its decision because of "out of control" costs. It is far more likely that states regard the Expansion as having a positive impact on the state's general revenue budget.

Arkansas, Indiana, and Ohio Expansion Costs Have Been Controlled. Each state meticulously worked to customize its program to control costs and capture state dollars to fund the state's share of the Expansion.

Costs and Offsets

Confirming Reasonable Cost and Enrollment Estimates. Although there are costs to the state for the required ten percent match, these costs can be offset through a variety of mechanisms, as demonstrated by states that synchronized program changes and revenue matching initiatives as part of the Expansion design. After a thorough review of data, our research and estimates are in line with the enrollment and cost assumptions from the May 2019 Missouri State

Auditor's Office Fiscal Note. The estimated costs of Expansion would include the State's ten percent share of new program costs, new administrative costs, and the "woodwork effect" – where the Expansion enrollment process draws in people previously eligible for Medicaid but not participating.

Expansion Benefits the Mental Health, Substance Use Disorders, and Incarcerated Populations. Large state-only outlays could be used to draw down a 90% federal match. Not only are matching funds available for populations currently served with state-only outlays, funding opportunities expand for opioid and addiction prevention programs. Federal money also becomes available to help combat recidivism for incarcerated populations.

Subsets of the Medicaid Population Will be Positively Affected. Pregnant women, women eligible for the Breast and Cervical Cancer program, the Medically Needy, and individuals with disabilities will potentially move from a lower matching Medicaid eligibility category to the higher matching rate available through Expansion. This creates direct financial benefits for the state.

Provider Taxes Offer Additional Offset Opportunities. A potential Managed Care Organization (MCO) tax and the option to re-visit other provider taxes present opportunities to offset the costs of Expansion.

State Sales Tax Will Grow. Missouri could expect an increase in sales taxes as a result of the Medicaid Expansion, as other states have experienced.

Gains in Employment Are Expected. Experience from other Expansion states demonstrates that Expansion has had a positive impact on people's ability to seek work, obtain jobs, and engage in volunteer work.

The Health Care Infrastructure Will Be Enhanced. Improvements in the health care delivery system and quality of care are likely to occur. A reduction in uncompensated care can be expected as well.

Lessons Learned from Medicaid Expansions in Arkansas, Indiana and Ohio

HMA conducted in-depth interviews with leaders directly involved in the Medicaid Expansions in Ohio, Arkansas, and Indiana. The following are lessons learned:

- A state can leverage the flow of new federal money from Expansion to implement reforms and improvements to its health care delivery and payment systems, potentially as part of a more systemic transformation initiative and to address longstanding gaps.
- It may be easier to gain support and avoid delays by keeping financing straightforward, building on existing finance mechanisms when possible.
- States considering Expansion now should take advantage of data from early expanders in the region to support more accurate projections on take-up, costs, etc., and to refute myths about Expansion taking funds away from education and other state priorities.
- States considering Expansion should recognize that some costs will be incurred up front while the full effect of the offsets and other benefits may take some time to emerge.
- Other policy accomplishments can be achieved as states roll out Medicaid Expansions. For example, Arkansas simultaneously enacted a state income tax cut during the Medicaid Expansion implementation.

- Consumer education about the elements, costs, and benefits of Expansion is critical.
- If state government runs a responsible program that helps people, the majority of state residents will likely support it.

The interviewees noted several compelling messages that helped gain support for Expansion in their states, including: newly eligible people include veterans and “people we know”; Expansion data shows better outcomes for enrollees with substance use disorders and mental illness; county sheriffs and other local, respected officials might be unexpected and effective advocates for Expansion; and Expansion reduces cost-shifting and loss of federal tax dollars to other states.

For more information please contact [Matt Powers](#) and [Sharon Silow-Carroll](#).

[Link to Report](#)



HMA MEDICAID ROUNDUP

Alaska

Governor Proposes \$128 Million in Supplemental Budget for Medicaid. *KTUU* reported on February 5, 2020, that Alaska Governor Mike Dunleavy asked for \$128 million for Medicaid as part of a supplemental budget proposal. The state would not be able to continue paying Medicaid providers without the additional funds, according to Office of Management and Budget officials. [Read More](#)

Colorado

Lawmakers to Introduce Public Option Legislation. *Politico* reported on February 5, 2020, that Democratic lawmakers in Colorado are expected to introduce a bill in the next few weeks to create a public health insurance option in the state. Colorado Governor Jared Polis supports the effort. Democrats control the state legislature, with a large majority in the House, but just a three-seat advantage in the Senate. [Read More](#)

District of Columbia

Washington, DC Medicaid Managed Care RFP Deadline Is Extended to February 14. The District of Columbia Department of Health Care Finance (DHCF) has further extended the deadline for health plans to submit a bid for the Medicaid Managed Care program from February 10 to February 14, 2020, under the District's latest request for proposals (RFP). This is the second time DC extended the deadline. The District will award up to three plans to cover healthcare and pharmacy services for the DC Healthy Families Program (DCHFP), including adults with disabilities; the District of Columbia Healthcare Alliance Program (Alliance); and the Immigrant Children's Program (ICP). Contracts will cover approximately 224,000 lives, including 22,000 additional high cost beneficiaries, effective October 1, 2020. [Read More](#)

Georgia

Georgia Proposal to Drop ACA Exchange Is Delayed by Trump Administration. *Kaiser Health News* reported on February 7, 2020, that the Trump administration delayed reviewing Georgia's 1332 waiver proposal, which would allow the state to direct consumers purchasing individual health plans to private insurers, instead of utilizing the federal Healthcare.gov insurance Exchange. Georgia Governor Brian Kemp asked for the delay after federal officials requested additional information. The proposed plan would also cap premium subsidies and allow insurers to sell plans that don't comply with Affordable Care Act out-of-pocket cost and essential benefits requirements. The state submitted the proposal to the Centers for Medicare & Medicaid Services (CMS) in December 2019, with hopes to implement in January 2022. [Read More](#)

Illinois

Illinois Medicaid Director to Step Down. *Crain's Chicago/Illinois Delivered* reported on February 7, 2020, that Illinois Medicaid director Doug Elwell will step down the week of February 10th. Deputy administrator for long-term care Kelly Cunningham will serve as interim Medicaid director. [Read More](#)

Iowa

Iowa Lawsuit Alleges Care Center Violated Disabled Patients' Rights. *The New York Times/The Associated Press* reported on February 11, 2020, that six former employees of Glenwood Resource Center, an Iowa care center for individuals with intellectual disabilities, have filed a lawsuit against the care center claiming that Jerry Rea, the former superintendent of Glenwood, violated state and federal laws designed to protect severely disabled and vulnerable patients. Other allegations include the violation of whistleblower laws, wrongful termination, and interference with a doctor-patient relationship. The lawsuit names as defendants several state officials, including former state Department of Health Services Director Jerry Foxhoven who resigned in 2019. [Read more](#)

Kentucky

Senate Committee Advances Bill to Limit Number of Medicaid Plans, Eliminate Role of PBMs. *The Associated Press* reported on February 6, 2020, that the Kentucky Senate Health and Welfare Committee approved a measure to eliminate the role of pharmacy benefit managers (PBMs) in handling Medicaid prescription drug claims, and another to limit the number of Medicaid managed care plans the state contracts with. The bills are aimed at cutting administrative costs and making health care more efficient. Both bills now head to the full Senate. [Read More](#)

Massachusetts

Massachusetts to End Premium Assistance Program for Low-Income College Students. *The Boston Globe* reported on February 6, 2020, that Massachusetts will end a three-year-old premium assistance program for 21,000 low-income college students, who will instead shift to the state's MassHealth Medicaid program. The state cited rising premiums for the coverage, which was offered to students through their schools by Blue Cross Blue Shield of Massachusetts. [Read More](#)

Michigan

Michigan Health System Names Mike Genord CEO of Health Alliance Plan. *Modern Healthcare* reported on February 7, 2020, that Henry Ford Health System promoted Michael Genord, M.D., to president and chief executive of Health Alliance Plan of Michigan. Genord was also named executive vice president of Health Ford Health System and will continue as chief executive of HAP Empowered Health Plan, which serves Medicaid and dual eligibles. [Read More](#)

Missouri

Medicaid Expansion Ballot Initiative Nears Threshold. *KRCG* reported on February 11, 2020, that Medicaid expansion advocates in Missouri collected nearly 75 percent of the 172,000 signatures necessary to put expansion on the ballot in November. If voters approve the ballot initiative, Governor Mike Parson said state officials would proceed to expand Medicaid in July 2021. Expansion advocates have until early May to achieve the signature threshold. [Read More](#)

Missouri Lawmakers to Hear from Medicaid Director During Budget Hearing. *KOLR/Missourinet* reported on February 10, 2020, that Missouri Medicaid director Todd Richardson was scheduled to present a proposed Medicaid budget in a hearing before the state House Budget Committee. Governor Mike Parson has already credited Richardson for finding \$84 million in Medicaid savings. [Read More](#)

New York

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

New York Holds First Medicaid Redesign Team II Meeting. The New York Medicaid Redesign Team (MRT II) held its first meeting on February 11, 2020. MRT II was convened by Governor Andrew Cuomo to manage the state's Medicaid budget shortfall, estimated at \$4 billion for the coming fiscal year, which begins April 1, 2020. The meeting was largely procedural, informing the panel of the process and timeline for their work. The panel will meet twice more, on March 4 and again in mid-March, and will then provide its recommendations to the governor for inclusion in the budget. In addition, the state is convening a Long-Term Care work group to propose ideas for the entire MRT to consider. Finally, the state will be accepting suggestions from the public through an MRT II Proposal Submission Tool that will be made

available on its web site, and through three Public Comment Days held in separate regions of the State.

Robert Mujica, the Director of the Division of the Budget, provided an overview of the Medicaid budget and what is driving the budget gap. He pointed to several factors, including:

- Overall health care costs are exceeding the 10-year rolling average of the Medical CPI
- Managed Long-Term Care spending grew by 301 percent between fiscal 2013 and 2019
- \$15 Minimum Wage has been included in Medicaid spending since 2017 – growing from \$44M to \$1.8B in fiscal 2021 and \$2B in fiscal 2022
- Local districts have not contributed additional support to the Medicaid program beginning in 2016; the State is now assuming \$4.5B in local takeover for fiscal 2021
- Support for distressed hospitals has steadily grown by over 160 percent to nearly \$500 million (state share) in fiscal 2021

Donna Frescatore, Medicaid Director, reviewed the successes of the first Medicaid Redesign Team, which began in 2011, and then discussed areas of spending that are in need of course correction. These include:

- Long Term Care and CDPAS
- Distressed Hospitals and other Supplemental Payments
- Prescription Drugs
- Transportation
- Care Management including Health Homes
- Program Integrity

The presentation and a recording of the webinar can be found [here](#).

The Department of Health will be hosting a public webinar to provide an overview of the Medicaid Redesign Team (MRT) II process and the process for submitting public input. The webinar will walk participants through the steps in submitting an MRT II public proposal online. The webinar will take place Thursday, February 13, 2020 at 6pm. Registration is required. To register, click [here](#).

North Carolina

North Carolina Universities Join Medicaid Pilot to Integrate Children's Behavioral Health, Housing, Food, Child Welfare, Education. *The Daily Tar Heel* reported on February 5, 2020, that the University of North Carolina School of Education and Duke University will participate in a Medicaid pilot program to integrate behavioral health, housing, food, child welfare and early childhood education for children up to age 21 in five North Carolina counties. The pilot program, named North Carolina Integrated Care for Kids (NC InCK), will receive up to \$16 million under a value-based payment model over seven years from the Centers for Medicare & Medicaid Services (CMS), with implementation expected to begin in 2022. [Read More](#)

Oregon

Oregon Medicaid NEMT Vendor Suffers Data Breach Impacting 650,000 People. *Modern Healthcare* reported on February 6, 2020, that Gridworks, a non-emergency medical transportation (NEMT) vendor, suffered a data breach that exposed the personal information of approximately 650,000 Medicaid members in Oregon. Health Share, a coordinated-care organization that contracted with Gridworks, mailed letters alerting its members about the incident, which took place in November. Last year, Health Share decided not to renew its contract with GridWorks. [Read More](#)

Pennsylvania

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

Pennsylvania Bill Addressing Fraudulent Prescriptions Sent to Governor's Desk. *WHP CBS 21* reported on February 10, 2020, that Senate Bill (SB) 432, which amends the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act, was sent to Pennsylvania Governor Tom Wolf to be signed into law. The bill requires Medicaid managed care organizations to notify the Attorney General and the Pennsylvania Department of Human Services if they believe a controlled substance was prescribed or dispensed fraudulently. This bill was introduced in a previous legislative session. [Read More](#)

Pennsylvania Announces New Survey on Barriers to Mental Health and SUD Treatment. Pennsylvania Governor Wolf announced on February 7, 2020, that the Pennsylvania Insurance Department, along with other state agencies, released a new survey, "Reach Out PA: Your Mental Health Matters." The survey asks for input from health care providers about their experiences with barriers to mental health and substance use disorder treatment. The initiative seeks to educate and empower providers and consumers about their rights under state and federal parity laws. [Read More](#)

Tennessee

Tennessee Democrat to Co-Sponsor Medicaid Expansion Bill With Work Requirements, Block Grant Funding. *The Daily Memphian* reported on February 10, 2020, that Tennessee Senator Katrina Robinson (D-Memphis) plans to co-sponsor Medicaid expansion legislation that would include work requirements and proposed block grant funding. The bill, co-sponsored by Senator Richard Briggs (R-Knoxville), would expand Medicaid to about 300,000 adults at up to 138 percent of poverty. [Read More](#)

Texas

Texas HHSC Commissioner to Step Down. *The Texas Tribune* reported on February 12, 2020, that Executive Commissioner of the Texas Health and Human Services Commission Courtney Phillips is stepping down from her position, which she held for a little over a year. Phillips is expected to be named Secretary of Louisiana's Department of Health, replacing Rebekah Gee who recently left that position. In Texas, Phillips oversaw the publication of a strategic plan for the health and human services system. At this time, no official announcement of Phillips's move or about a replacement for the Texas position has been made. [Read More](#)

Texas-based Caregiver Inc. Completes Acquisition of Mosaic Texas Assets. Fort Worth-based Caregiver Inc. announced on February 11, 2020, that it completed its acquisition of Mosaic assets in Texas. Caregiver provides long-term services and supports to more than one million individuals with intellectual and developmental disabilities across the state. [Read More](#)

Wyoming

House Rejects Medicaid Expansion Bill. *The Sheridan Press* reported on February 11, 2020, that a Medicaid expansion bill was defeated in the Wyoming House by a nearly two-thirds majority vote. Representative Cathy Connolly (D-Laramie) stated that there would be a push to bring the bill back to the legislature before February 14, which marks the deadline for new legislation to be introduced. [Read More](#)

National

House Committee Approves Surprise Billing Legislation Amid Bipartisan Opposition. *The Hill* reported on February 11, 2020, that the House Education and Labor Committee approved a measure to address surprise billing amid bipartisan opposition from lawmakers. The bill now moves to the full House for review. A rival proposal from the House Ways and Means Committee includes an arbitration process. [Read More](#)

Proposed HHS Funding Cuts to Impact Medicaid, Medicare. *CQ News* reported on February 10, 2020, that proposed budget cuts at the U.S. Department of Health and Human Services would impact Medicaid and Medicare. The cuts, which amount to \$770 billion over a decade, are part of President Trump's 2021 budget proposal. Under the proposal, Medicaid would achieve savings through the implementation of work requirements and block grants, while Medicare savings would come from a reduction in hospital payments, physician reimbursements, and Medicare drug spending. [Read More](#)

Trump to Target Medicaid in Proposed 2021 Budget. *Politico* reported on February 9, 2020, that President Trump is targeting savings in Medicaid and other safety net programs as part of his 2021 federal budget proposal. The proposal is unlikely to be supported by Congress. [Read more](#)

States Criticize Proposed Medicaid Fiscal Accountability Rule. *Modern Healthcare* reported on February 9, 2020, that state governors criticized a proposed federal Medicaid fiscal accountability regulation, which would restrict various financing methods used by states to fund their Medicaid programs. In formal comments submitted on behalf of the National Governors Association, Governors Kate Brown (D-Oregon) and Charlie Baker (R-Massachusetts) warned the proposed rule could “lead to unintended consequences that would negatively impact Medicaid beneficiaries across the country.” [Read More](#)

Medicaid Accounts for 65 Percent of Federal Grants to States, Pew Says. *The Pew Charitable Trusts* released a report on February 5, 2020, showing that Medicaid accounted for 65 percent of federal grants to states in 2019 and was also the key driver of growth in grant funding. The other top categories were income security, transportation, and education. [Read More](#)



INDUSTRY NEWS

McKesson to Divest Stake in Change Healthcare. San Francisco-based McKesson Corp. announced on February 5, 2020, that it will divest its stake in Nashville-based health care information technology company Change Healthcare Inc. Change merged with McKesson in 2017, forming a joint venture that was majority owned by McKesson. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
2020	Louisiana	RFP Rebid Release	1,500,000
January - March 2020	Ohio	RFP Release	2,360,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
February 2020	Texas STAR and CHIP	Awards	3,400,000
February 12, 2020	West Virginia Mountain Health Trust	Proposals Due	400,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
January 2021	Nevada	RFP Release	465,000
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

HMA NEWS

HMA Explores Potential Issues for Individuals with End-Stage Renal Disease Enrolling in Medicare Advantage. In a white paper prepared for Anthem Public Policy Institute, HMA Managing Principal Jon Blum, Principal Eric Hammelman, and Senior Consultant Narda Ipakchi, explore potential issues for individuals with End-Stage Renal Disease enrolling in Medicare Advantage. [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California SNP Membership at 194,926, Nov-19 Data
- Illinois SNP Membership at 8,191, Nov-19 Data
- New Mexico SNP Membership at 27,161, Nov-19 Data
- Nevada SNP Membership at 12,229, Nov-19 Data
- South Carolina SNP Membership at 12,344, Nov-19 Data
- Texas SNP Membership at 273,281, Nov-19 Data
- Utah SNP Membership at 7,190, Nov-19 Data
- Virginia SNP Membership at 23,236, Nov-19 Data
- Wisconsin SNP Membership at 45,812, Nov-19 Data
- California Medicaid Managed Care Enrollment is Down 2.7%, 2019 Data
- Kentucky Medicaid Managed Care Enrollment is Flat, Feb-20 Data
- Mississippi Medicaid Managed Care Enrollment is Flat, 2019 Data
- New Jersey Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Down 2.3%, 2019 Data
- South Carolina Medicaid Managed Care Enrollment is Down 0.6%, Jan-20 Data
- South Carolina Dual Demo Enrollment is Up 14.3%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Medi-Cal Dental GMC and PHP RFPs, Responses, and Evaluation, Jul-12
- Idaho Independent Assessment Services RFP, Proposals, and Contract, 2016-20
- New York DOH Asset Verification System RFP, Feb-20
- North Dakota Rural Qualified Service Provider Agency Development Grant, Jan-20
- Oregon MMIS Modularity Planning Consulting Services RFP, Feb-20

Medicaid Program Reports, Data and Updates:

- Medicaid Managed Care Activity for People with Intellectual/Developmental Disabilities Map, Jul-19
- Arizona AHCCCS Population Demographics, Feb-20
- Colorado Department of Health Care Policy & Financing Annual Reports, 2015-19
- Florida Medicaid Eligibility by County, Age, Sex, 2019 Data
- Hawaii Enacted Budget, SFY 2019-21
- Idaho IMD 1115 Waiver Application, 2019-20

- Idaho Medicaid MMIS Procurement Schedule, May-19
- Illinois Integrated Health Homes Program Implementation Resources, Feb-20
- Massachusetts Governor's Proposed Budget, FY 2021
- Mississippi Enacted Budget, FY 2020
- Mississippi House Medicaid Budget Projection Presentation, FY 2020
- Nevada Medical Care Advisory Committee Meeting Materials, Jan-20
- New York Medicaid Managed Care, MLTC Financials, 2018
- New York Medicaid Redesign Team II Meeting Presentation, Feb-20
- Oklahoma Health Care Authority Annual Reports, 2014-19
- South Carolina Medicaid Enrollment by County and Plan, Dec-19
- Texas Medicaid Managed Care Procurements Assessment, Dec-19

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- Excel data packages
- RFP calendar

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