

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... *March 11, 2020*



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IN FOCUS

HMA ANALYSIS OF THE 2020 MEDICARE ADVANTAGE ANNUAL ELECTION PERIOD

This week, our In Focus section examines Medicare Advantage (MA) enrollment changes resulting from the 2020 Annual Election Period (AEP). The AEP takes runs from October 15 to December 7 each year, and provides an opportunity for Medicare beneficiaries to sign up for, change, or disenroll from an MA plan for the upcoming year. The majority of enrollment changes occur during this period, but depending on beneficiary circumstances, additional

opportunities may exist throughout the year to change coverage. Initial findings from the enrollment data suggest:

- The rapid growth of MA has led to nearly equal enrollment between MA and standalone Part D Plans
- Special Needs Plans (SNPs) are the fastest growing type of MA plan
- While MA plans experience the greatest growth during AEP, SNPs have more significant gains outside the AEP
- The five largest national MA organizations now cover 2 out of 3 MA Enrollees
- Nearly 80 percent of enrollees have chosen MA plans with 4 or more Stars
- Smaller markets are experiencing faster growth as MA plans look for new opportunities

Additional information about these findings and other trends identified can be found [here](#).

HMA

Insights

Analysis of the 2020 Medicare Advantage Annual Election Period

March 11, 2020

Please contact HMA Managing Principals [Jon Blum](#) and [Mary Hsieh](#), Principal [Eric Hammelman](#), or Senior Consultant [Narda Ipakchi](#).



HMA MEDICAID ROUNDUP

Arizona

Arizona High Court Voids State Balance Billing Law. *The Arizona Capitol Times* reported on March 9, 2020, that the Arizona Supreme Court voided a balance billing law that allowed hospitals to place a lien on certain patients to cover unpaid Medicaid bills. The lien was often imposed on Medicaid patients who had funds due to them, for example, in cases where patients were expecting payments from a driver in a traffic accident. The ruling immediately impacts 50 patients who were facing liens from hospitals. [Read More](#)

Arizona Enacts Law Aimed at Addressing Teen Suicide Through Increases to Mental Health Services. Arizona Governor Doug Ducey signed on March 4, 2020, a bill aimed at reducing the state's suicide rate by increasing funding for mental health treatment for children and teens. The measure, called Jake's Law after a teen who committed suicide, requires insurers to cover mental health and substance use disorders on par with physical health care. [Read More](#)

Arizona Behavioral Providers Feel Financial Pinch of Claims Payment Delays. *Tucson.com* reported on March 3, 2020, that behavioral health providers in Pima County are struggling financially after more than a year of problems getting paid. Arizona Complete Health, which holds the Regional Behavioral Health Authority contract in Pima, was sanctioned a second time last year after the state noted an "alarming" number of unpaid claims. The state has also halted auto-enrollments in the plan. [Read More](#)

Colorado

Colorado Submits Prescription Drug Importation Proposal to HHS. On March 9, 2020, the Colorado Department of Health Care Policy and Financing announced that it has submitted to federal regulators its proposal for importing prescription drugs from Canada. The proposal, submitted to the U.S. Department of Health and Human Services (HHS), will be open for review and comments on March 19. Colorado is one of four states that have passed legislation to pursue importation of prescription drugs from Canada. [Read More](#)

Colorado Releases Expected Maximum Hospital Reimbursement Rates for Proposed Public Option Plan. On March 6, 2020, Colorado released expected maximum hospital reimbursement rates under the state's proposed public option plan. The state Division of Financing and Department of Health Care Policy & Financing said rates would be determined on a hospital-by-hospital basis, with a base rate set at 155 percent of Medicare and subsequent increases based on a rate formula which considers whether the hospital is independent or critical access (20 percent increase for one of these, or 40 percent for both); serves a high percentage of Medicare or Medicaid patients (up to a 30 percent increase); and whether it does a good job managing administrative costs (up to a 40 percent increase). [Read More](#)

Florida

Florida to Reduce Hospital Medicaid Reimbursements by \$25 Million. *News Service of Florida* reported on March 9, 2020, that Florida lawmakers have agreed to address a reimbursement calculation error by reducing hospital funding by \$25 million in fiscal 2020. The error stemmed from the state over-estimating the number of newborns requiring hospital neonatal care. [Read More](#)

Nursing Homes to See Medicaid Payments Increase Beginning July. *Health News Florida* reported on March 9, 2020, that under a legislative health care budget agreement, Florida nursing homes will see a \$74.8 million Medicaid rate increase beginning July 1, with \$28.5 million stemming from general revenues. Lawmakers are expected to vote on the fiscal 2021 budget by March 17. [Read More](#)

Florida to Award Analytics Services Contract to Comagine Health. The Florida Agency for Health Care Administration announced on March 2, 2020, its intent to award a contract to Comagine Health for claims data analytics services. The contract is expected to run from January 1, 2020, to June 30, 2024.

Georgia

House Approves Bill to Expand Postpartum Medicaid Coverage. *The Atlanta Journal-Constitution* reported on March 10, 2020, that the Georgia House approved a bill to expand postpartum Medicaid coverage for eligible women to six months, compared to two months currently. The bill now moves to the Senate. [Read More](#)

Georgia Bill to Extend Postpartum Medicaid Coverage Introduced in House. *The Augusta Chronicle* reported on March 5, 2020, that a bill to expand postpartum Medicaid coverage for eligible women to six months, compared to two months currently, was introduced in the Georgia House. In January, the Georgia House Study Committee on Maternal Mortality recommended extending Medicaid coverage to one year to address the state's high maternal death rate. The House bill would also extend Medicaid coverage to lactation specialists. [Read More](#)

Idaho

Budget Committee Approves Medicaid Expansion Funding for Fiscal 2021. *The Idaho Press* reported on March 7, 2020, that the Idaho joint budget committee approved a \$3.1 billion Medicaid budget for fiscal year 2021, which includes funding for Medicaid expansion. Federal funding will account for 80 percent of total Medicaid spending, and 90 percent of expansion spending. Idaho approved Medicaid expansion in 2018. [Read More](#)

Kansas

Senate Majority Leader Faces Party Backlash for Promoting Bipartisan Medicaid Expansion Agreement. *The Pratt Tribune* reported on March 5, 2020, that Kansas Senate Republicans are blasting Majority Leader Jim Denning (R-Overland Park) for promoting a bipartisan Medicaid expansion agreement with Democratic Governor Laura Kelly. Republican lawmakers expressed concerns that Denning's support may hurt Republican candidates in an election year. Medicaid expansion would cover approximately 130,000 individuals. [Read More](#)

Michigan

Governor Seeks Funds for Medicaid Transformation Office. *Modern Healthcare* reported on March 9, 2020, that Michigan Governor Gretchen Whitmer proposed to budget \$5 million in fiscal 2021 for a Medicaid transformation office to develop value-based payment initiatives for health plans, hospitals, and providers. State general revenues would account for \$2.5 million, which would be matched by the federal government. [Read More](#)

New Hampshire

New Hampshire to Continue Funding for Medicaid to Schools. *The Associated Press/The Concord Monitor* reported on March 10, 2020, that New Hampshire Governor Chris Sununu signed a bill that will continue to provide schools with Medicaid funds for children with disabilities. Currently, there are 11,000 New Hampshire children in the Medicaid to Schools program. [Read More](#)

New Jersey

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

Hospital Association to Host Annual Medicaid Managed Care Seminar. On July 9, 2020, the New Jersey Hospital Association (NJHA) will partner with LeadingAge New Jersey & Delaware to co-host its annual seminar for New Jersey providers to update them on Managed Medicaid: Acute Care, Long Term Supports and Services (MLTSS) and Behavioral Health. Providers will learn about recent policy changes and operational updates including value-based efforts and innovations from the Department of Human Services, and hear from Medicaid managed care organizations on their operations. The event will take place at the NJHA Conference Center in Princeton. Individuals can register for the event on the NJHA website [here](#).

Governor Again Proposes Tax on Companies With 50 or More Employees on Medicaid. *The Center Square* reported on March 9, 2020, that New Jersey Governor Phil Murphy is again proposing a “corporate responsibility fee” on companies with fifty or more employees on Medicaid. The state legislature will hold hearings on the proposal, which could raise \$180.5 million in fiscal 2021. [Read More](#)

New York

New York Counties Target ‘Spousal Refusal’ to Decrease Medicaid Spending. *The Daily Star* reported on March 10, 2020, that the New York State Association of Counties (NYSAC) suggested a review of “spousal refusal” as one of 29 recommendations to the Medicaid Redesign Team to curb skyrocketing Medicaid spending and help close the state’s \$6 billion budget deficit. Only in Florida and New York can an institutionalized spouse qualify for Medicaid if the other spouse refuses to provide financial support. “There are too many exemptions to assets that allow applicants of significant means to become eligible for Medicaid,” NYSAC said. [Read More](#)

NY Medicaid Redesign Team Holds Second Meeting. On March 10, 2020, the New York Medicaid Redesign Team II (MRT II) held its second meeting. MRT II) was convened by New York 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. Since its first meeting on February 11, the New York Department of Health has held four public comment sessions across the state. The on-line portal created to allow the public to submit suggestions electronically received over 2,200 submissions. The MRT II will have its final meeting on March 19, when it will determine what suggestions to forward to Governor Cuomo for inclusion on the fiscal 2021 budget. The meeting was briefly interrupted by protestors who believe that the MRT II process is a sham, given the short timeline and the absence of meaningful consumer representation on the panel.

In opening comments, the Department of Health reported some consistent themes they heard from public comments. These include a recognition that high Medicaid growth must be addressed; that the disability community expressed concern that actions not impact services on which they rely, including Consumer Directed Personal Assistance services; that access to care is a cornerstone of New York’s Medicaid program, especially for the most vulnerable populations, and it must be preserved; and that care management plays an important role in healthcare delivery, but improvements can be made in the way care management is organized and delivered.

Department of Health staff presented information about over 150 proposals. Proposals were organized into thirteen categories:

- Global Cap
- Program Integrity
- Hospitals
- Healthcare-related Revenue
- Care Management
- General Savings
- Managed Care and VBP
- Workforce

- Long Term Care
- Health Information Technology (HIT)
- Pharmacy
- Social Determinants of Health
- Transportation

A detailed presentation of suggestions around long-term care took place as the state has identified growth in enrollment and utilization of long-term care services as a major driver of growth in Medicaid expenditures. MRT II had a separate working group on long-term care that developed consensus around 30 proposals. Additional proposals were presented that did not have consensus of the work group. Several suggestions addressed the need to restructure the managed long-term care plans; implementing a moratorium on new plans; developing a process for consolidation of plans; and limiting the number of new Medicaid Advantage, Medicaid Advantage Plus and PACE plans to avoid further market fragmentation. Other proposals that were unanimously supported by the LTC work group include:

- Increasing eligibility for MLTC to require both a need for 120 days community based care and need for assistance with at least 2 ADLs;
- Encourage enrollment in integrated products;
- Standardize the Personal Care authorization process, using a conflict-free process to determine eligibility; encourage telemedicine; and reduce the frequency of the health assessment;
- Promote the use of the Assisted Living Program.

Other LTC proposals that did not receive unanimous support of the LTC workgroup include:

- Reforms to eligibility including lookback of 60 months for community-based LTC and eliminating spousal refusal (something that has been proposed by the executive for at least the last ten years, and rejected by the legislature);
- A series of reforms to the Consumer Directed Personal Assistance Program to improve oversight and accountability;
- Additional eligibility reform, extend eligibility criteria to all Medicaid beneficiaries, including those in mainstream; requiring special authorization for hours in excess of a predetermined threshold (likely 12 hours/day); and require that Fair Hearing offices defer to the clinical determination of the plan;
- Implementing nursing home and ALP reforms to promote the use of more efficient settings.

Suggestions regarding health homes included moving low acuity members into less intensive case management and increasing accountability by penalizing health homes that do not meet quality standards. A number of pharmacy proposals were discussed, including a full carve out of the pharmacy benefit from managed care to fee-for-service (FFS) to achieve full transparency, administrative simplification and standardization and lower net pharmacy costs; implementing a statewide formulary/Preferred Drug Program to leverage the state's purchasing power and standardize the Medicaid formulary across FFS and managed care; and enabling further savings from the Medicaid Drug Cap by pursuing deeper volume-based discounts or alternative payment arrangements for super high cost drugs (e.g., new gene therapies) and require manufacturers to disclose pricing information

to level the playing field in price negotiations. Several recommendations about workforce initiatives focused on the direct care work force, work force shortages, and efforts to have professionals work to the top of their license.

A number of suggestions regarding Social Determinants of Health were offered. As part of its Medicaid Redesign Team Waiver Extension the state had suggested establishing regional Social Determinant of Health Networks (SDHN) that would create a single point of contracting for SDH services; establish a regional referral network with multiple CBOs and health systems; utilize a state-wide IT platform to coordinate a regional referral network; and assess Medicaid members for the key state-selected SDH social risk factors (using a state-selected assessment tool) and make appropriate referrals based on need.

A recording of the webinar along with the slide presentation can be found on the MRT II [webpage](#).

North Carolina

North Carolina Official Does Not Rule Out Late 2020 Transition to Medicaid Managed Care. *The Winston-Salem Journal* reported on March 10, 2020, that North Carolina Department of Health and Human Services Secretary Mandy Cohen, MD, did not rule out a late 2020 rollout of the state's transition to Medicaid managed care. The state indefinitely suspended the transition last year amid budget disagreements over Medicaid expansion. Cohen also could not determine how long the state's transition to managed care would take assuming startup funding was approved. [Read More](#)

Ohio

Ohio Health System ProMedica Posts Profit. *The Blade* reported on March 3, 2020, that Ohio not-for-profit health system ProMedica posted net income of \$51 million in fiscal 2019, compared to a loss the year earlier. The company attributed the improvement to the acquisition of HCR ManorCare in 2018. ProMedica also reported a fiscal 2019 loss in its insurance line, largely from its Paramount Medicaid business. [Read More](#)

Oklahoma

Oklahoma Submits State Plan Amendment to Federal Regulators to Expand Medicaid. *The Joplin Globe* reported on March 5, 2020, that the Oklahoma Health Care Authority has filed for a state plan amendment seeking federal approval to expand Medicaid. The amendment is part of Governor Kevin Stitt's SoonerCare 2.0 plan to revamp the state's Medicaid program, including taking advantage of new federal block grant waiver authority. Stitt hopes to begin enrolling 180,000 uninsured individuals in July. [Read More](#)

Pennsylvania

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

Governor Announces Coverage for COVID-19 Testing for Medicaid and CHIP Beneficiaries. Pennsylvania Governor Tom Wolf announced on March 11, 2020, that the state Medicaid program and Children’s Health Insurance Program (CHIP) will cover COVID-19 testing and treatment for beneficiaries. The administration will also ease some prior authorization requirements to facilitate access to necessary testing and treatment. Both Medicaid and CHIP will pay for the testing when a health care practitioner determines it is necessary. [Read More](#)

South Carolina

South Carolina to Implement ASO Module of MMIS Replacement. The South Carolina Department of Health and Human Services announced on March 3, 2020, that it is implementing the administrative services organization (ASO) module of the state’s Replacement Medicaid Management Information System (RMMIS). Optum was awarded the contract last year to handle the implementation. RMMIS modules previously implemented include accounting and finance, business intelligence system, pharmacy benefits administrator, and third-party liability. [Read More](#)

Vermont

Vermont Protesters Question OneCare’s Use of Funds. WCAX reported on March 7, 2020, that protesters organized by Vermont Workers’ Center are accusing OneCare Vermont, the state’s all-payer accountable care organization, of failing to invest \$21 million of public money in wage increases, direct care, and a public universal healthcare system. OneCare said the funds went to “improve health systems, direct care, and the health of Medicaid beneficiaries.” [Read More](#)

West Virginia

Senate Committee Clears Foster Care Bill. WV Public Broadcasting reported on March 4, 2020, that the West Virginia Senate Judiciary Committee advanced a bipartisan bill that would implement a tiered system of higher per diem payments for foster parents and child placement agencies providing care to foster children with severe emotional, behavioral, or intellectual disabilities. However, the bill reduces funding to \$4 million, compared to \$16.9 million in the version that passed the House. The bill now heads to the Senate Finance Committee. [Read More](#)

National

CMS Issues Guidance to Medicare Plans on COVID-19 Testing, Treatment.

The Centers for Medicare & Medicaid Services (CMS) issued on March 10, 2020, guidance to Medicare Advantage and Medicare Part D plans to waive certain requirements to help prevent the spread of COVID-19. These flexibilities include:

- Waiving cost-sharing for COVID-19 tests
- Waiving cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth
- Removing prior authorizations requirements
- Waiving prescription refill limits
- Relaxing restrictions on home or mail delivery of prescription drugs
- Expanding access to certain telehealth services

The Trump administration also previously provided guidance to certain providers, including home health care agencies and nursing homes, on containing the spread of COVID-19. [Read More](#)

Specialists Have Significant Opportunities to Participate in Value-Based Payment Models, ACOs. *Modern Healthcare* reported on March 6, 2020, that specialists have significant opportunities to participate in value-based payment models and accountable care organizations (ACOs), according to the Medicare Payment Advisory Commission (MedPAC). Data shows that 65 percent of physicians in hospital-affiliated ACOs in the Medicare Shared Savings Program were specialists. The figure was 63 percent in Next Generation hospital-affiliated ACOs. [Read More](#)

Federal Regulators Release Final Interoperability Rules. *Modern Healthcare* reported on March 9, 2020, that the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services' (HHS) Office of the National Coordinator for Health Information Technology released final interoperability rules, aimed at improving the use of electronic health information and data exchange. The rules require providers and insurers to adopt standardized protocols that connect electronic health records with third-party apps. The proposed rules were first published in February 2019. [Read More](#)



INDUSTRY NEWS

DXC to Sell U.S. State and Local Health and Human Services Business to Veritas Capital. DXC Technology announced on March 10, 2020, it has entered into a definitive agreement to sell its U.S. State and Local Health and Human Services business to private equity firm Veritas Capital for \$5 billion. The transaction is expected to be completed by December pending regulatory approvals. [Read More](#)

Autism Therapy Providers BlueSprig, FAC to Merge. Applied Behavior Analysis (ABA) provider Blue Sprig Pediatrics will merge with Florida Autism Center and Fusion Autism Center (FAC), the companies announced on March 5, 2020. Together BlueSprig and FAC will serve autism patients at nearly 110 clinics in 13 states. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
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 (DELAYED)	Texas STAR and CHIP	Awards	3,400,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
May 5, 2020	Minnesota SNBC - Morrison, Todd, and Wadena Counties	Proposals Due	NA
June 16, 2020	Minnesota SNBC - Morrison, Todd, and Wadena Counties	Awards	NA
July 1, 2020	Minnesota SNBC - Morrison, Todd, and Wadena Counties	Implementation	NA
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
2021	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	RFP Release	1,640,000
2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
2021	California Imperial	RFP Release	75,000
2021	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	286,000
2021	California San Benito	RFP Release	7,600
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 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600

COMPANY ANNOUNCEMENTS

[MCG Health and Casenet Integrate Updated Solutions to Expedite Prior Authorization Decisions](#)

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Illinois Dual Demo Enrollment is Down 4.8%, Jan-20 Data
- Illinois Medicaid Managed Care Enrollment is Down 0.6%, Jan-20 Data
- Kansas Medicaid Managed Care Enrollment is Down 1.6%, Feb-20 Data
- Louisiana Medicaid Managed Care Enrollment is Flat, Feb-20 Data
- Missouri Medicaid Managed Care Enrollment is Down 0.7%, Feb-20 Data
- New Jersey Medicaid Managed Care Enrollment is Flat, Feb-20 Data
- Oregon Medicaid Managed Care Enrollment is Up 0.8%, Jan-20 Data
- Utah Medicaid Managed Care Enrollment is Up 11.0%, Feb-20 Data
- West Virginia Medicaid Managed Care Enrollment is Down 0.7%, Mar-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Waiver Services REVISED RFP, Mar-20
- California DHCS External Quality Review Organization (EQRO) RFP, Mar-20
- Florida AHCA Analytic Services RFP, Addendums, Award, 2019-20
- Florida AHCA Case Management Tracking Solution RFQ and Related Materials, Sep-19
- Massachusetts One Care Amended, Restated RFR, Responses and Related Documents, Jun-19
- Ohio Medicaid Managed Care Program Feedback from Individuals and Providers RFI and Responses, 2019-20
- Texas STAR+PLUS RFP Reissue, Evaluation, Scoring, Protests and Related Documents, 2018-19

Medicaid Program Reports, Data and Updates:

- Alabama Medicaid ID Community First HCBS 1115 Waiver, Mar-20
- Idaho DHW Annual Report, 2019
- Massachusetts MassHealth and Health Safety Net Annual Report, Mar-19
- Nebraska DHHS Division of Behavioral Health Annual Reports, FY 2013-19
- Nebraska DHHS Medicaid Expenditures for High vs. Low Cost Members, SFY 2019
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, Feb-20
- New Jersey FamilyCare MCO Contracts, 2016-19
- North Carolina Medicaid Managed Care Transition of Care Draft Policy, Feb-20
- Oklahoma OHCA Medicaid Expenditures for High vs. Low Cost Members, SFY 2019

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- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

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