

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 1, 2020



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IN FOCUS

HMA REVIEW OF STATE APPENDIX K WAIVERS IN RESPONSE TO COVID-19

This week, our *In Focus* section comes from HMA Principals Ellen Breslin (MA) and Sharon Lewis (OR). In direct response to COVID-19, the Centers for Medicare & Medicaid Services (CMS) has encouraged states to maximize Medicaid flexibilities to protect people during the pandemic emergency. This includes state flexibilities for people receiving home and community-based services. States may temporarily amend their Home and Community-Based Services (HCBS) 1915(c) waivers through an expedited process by submitting

an Appendix K request. As of March 31, 2020, CMS had approved Appendix K submissions for thirteen states with effective periods ranging from four months to one year.ⁱ The thirteen states are: Alaska, Connecticut, Colorado, Hawaii, Iowa, Kentucky, Minnesota, New Mexico, Pennsylvania, Rhode Island, Washington, West Virginia and Wyoming.

Through the Appendix K, states can request *temporary* flexibility to make changes to a range of HCBS policies and practices. This includes requesting changes to those related to access and eligibility, service delivery, provider qualifications, payment rates, person-centered planning processes, oversight and monitoring and self-direction. To date, there are some consistent requests across states. All thirteen states, for example, have included the temporary use of an electronic method of delivery for case management and/or assessments in lieu of face-to-face requirements. State requests also include many unique ideas to protect and support the people who rely on HCBS and the providers who deliver the services.

Below, HMA provides a snapshot of the trends in approved Appendix Ks to date. As such, this summary is not comprehensive in nature. All flexibilities listed on the table below represent temporary changes. HMA’s review does not address state authorities that are reflected in existing state waivers. As CMS is approving additional emergency requests daily, we anticipate that some approved requests will be updated as the situation continues to evolve.

Areas of Focus	Appendix K Approvals and State Examples
<p>Maintaining access and continuity of care</p>	<p>States are modifying requirements for level-of-care assessments, redeterminations and/or person-centered planning processes due to the epidemic. Modifications include extending timelines by up to one year, allowing the process to occur through telehealth, and allowing current assessments to satisfy requirements. Additionally, some states are allowing individuals to maintain eligibility when they access fewer than one service per month.</p> <p>Rhode Island is allowing initial level of care determinations to be conducted remotely and postponing annual level-of-care re-evaluations for up to six months. Connecticut is allowing assessments to be conducted virtually and is extending the required frequency up to twelve (12) months beyond the re-evaluation deadline. Washington is allowing participants to receive fewer than one service per month for a period of ninety (90) days without being subject to discharge.</p>
<p>Embracing telehealth delivery, for both case management and direct services</p>	<p>States are modifying their HCBS programs to use telehealth for case management, conduct level of care (LOC) assessments, engage in service planning, and offer personal care and habilitative supports. States are expanding access to “virtual” supports to discourage face-to-face (FTF) meetings and expansive circles of contact. Virtual supports may include telephone, video conferencing, written communications and/or a range of technology-based methods consistent with the recent Health Insurance Portability and</p>

ⁱ <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html>

Areas of Focus	Appendix K Approvals and State Examples
	<p>Accountability Act (HIPAA) guidance published by the U.S. Department of Health and Human Services Office of Civil Rights.ⁱⁱ</p> <p>Every state with an approved Appendix K (to date) has included the temporary use of an electronic method of delivery for case management and/or assessments in lieu of FTF requirements. Colorado added Remote Support Services. Hawaii is allowing telehealth delivery of most day and employment services. Kentucky included behavioral health therapies in telehealth options. New Mexico is allowing nursing consultation and therapies to be delivered via telehealth. Minnesota is allowing case management and level of care assessments to occur remotely.</p>
<p>Modifying provider qualifications</p>	<p>States are extending and/or waiving training requirements and some screening requirements to expand the workforce at both the agency-level and the worker-level. In addition, states are allowing Medicaid-certified providers for certain services to provide other services. This flexibility would allow adult day health providers to offer personal care, for example. To be sure, states are gaining flexibility for provisional workers.</p> <p>New Mexico is allowing provider enrollment or re-enrollment with modified risk screening elements such as suspending fingerprint checks or modifying training requirements. Colorado is lowering the age limit for in-home direct care workers for certain service from age 18 to age 16; and, allowing licensed professionals to expand from providing Medicaid state plan services to HCBS waiver services within their scope of practice. Kentucky is allowing any enrolled Medicaid provider to offer home delivered meals.</p>
<p>Allowing payment for family members and legally responsible individuals</p>	<p>States are allowing provider payments for family members, and in some states, legally responsible individuals, including parents of children and spouses.</p> <p>Alaska is allowing providers to hire family caregivers as direct service workers for certain services, including in-home supports. Pennsylvania is including residential habilitation services among those that can be delivered by family members. West Virginia is allowing legal representatives to be paid as Personal Attendants should the person’s primary caregiver become unable to provide services/supports.</p>
<p>Gaining flexibility in settings requirements</p>	<p>Federal and state regulations related to HCBS settings are being waived to reduce contacts and to provide flexibility in contingency planning, including restrictions on visitors, changing staffing ratios, and allowing non-traditional service settings.</p> <p>Washington is expanding HCBS settings of care to a range of settings including hotels and churches. Several states have severely restricted visitor access to HCBS residential settings and are allowing day program services to be provided in participants’ homes. Iowa is allowing the homes of direct care providers to be authorized settings</p>

ⁱⁱ <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Areas of Focus	Appendix K Approvals and State Examples
	and allowing direct care providers to move into the home of participants, subject to approval.
Lifting service limits	<p>States are lifting service limits in many ways, such as modifying hours and spending caps.</p> <p>Colorado is allowing participants to exceed limits for non-medical transportation, meals, behavioral services, therapies, respite, specialized medical equipment and other services. New Mexico is doubling the assistive technology benefit from \$250 to \$500, including allowing the purchase of devices for remote video conferencing, training and monitoring by clinicians. Alaska is allowing budgets in the Individual Supports Waiver to increase by \$5,000 should an individual contract COVID-19 or a primary unpaid caregiver is quarantined. In Wyoming, during times when school districts are closed or not providing educational services to students, waiver services may be provided to children/youth who are typically in school services.</p>
Enhancing payment rates and offering retention payments	<p>States have requested flexibilities in payment structures and are authorizing retention payments to maintain provider participation and resources for staff overtime to support the workforce.</p> <p>Pennsylvania is increasing some service rates by up to 40% to account for excess overtime of direct support professionals, additional infection control supplies and service costs, and is providing 75% retention payments for certain services. Several other states are providing retainer payments for HCBS residential services, aligned to nursing facility bed-hold policies of 30 consecutive days.</p>
Modifying incident reporting or other participant safeguards	<p>States are providing flexibility in incident reporting and other participant safeguard requirements consistent with emergency circumstances, including extending timelines for situations such as evacuations.</p> <p>Connecticut is suspending Human Rights Committee (HRC) approvals for restrictive or intrusive interventions, so long as the individual's team approves the proposed measures. Hawaii may modify verbal and written timelines for incident reporting as deemed necessary (e.g., limiting the focus to the most critical adverse incident reports).</p>

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HMA MEDICAID ROUNDUP

Florida

Florida Healthy Kids Board Taps Ryan West as CEO. *Florida Politics* reported on March 27, 2020, that the board of the Florida Healthy Kids Corporate board selected Ryan West as chief executive. West most recently served as chief of staff for Florida chief financial officer Jimmy Patronis. A start date has not yet been decided. [Read More](#)

Florida Releases Draft Healthy Kids Dental Managed Care Plan ITN. On March 26, 2020, the Florida Healthy Kids Corporation publicly released a draft invitation to negotiate (ITN) for dental managed care plans for the Florida Healthy Kids CHIP Plan and Full-Pay Plan dental components of Florida KidCare. The ITN will be formally released March 30. Proposals are due May 4, 2020, with awards expected to be announced July 2020. Contracts will run from January 1, 2021 for three years with three, one-year optional renewals. Current plans include Argus Dental & Vision, DentaQuest, and MCNA Dental.

Hawaii

Hawaii Postpones Implementation of New Medicaid Managed Care Contracts Amid COVID-19 Outbreak. On March 23, 2020, the Hawaii Department of Human Services (DHS) announced that it will be postponing the implementation of new Medicaid managed care contracts amid the COVID-19 outbreak. Contracts were awarded to incumbents AlohaCare, Hawaii Medical Service Association (HMSA), United, and Ohana Health Plan/WellCare (Centene). The new contracts were scheduled to begin July 1, 2020. [Read More](#)

Louisiana

Louisiana Awards Medicaid Dental Plan Contracts to DentaQuest, MCNA. On February 28, 2020, the Louisiana Department of Health announced it will award dental Medicaid managed care contracts to DentaQuest and MCNA. Contracts will run from July 1, 2020 to June 30, 2023, with possible extensions of up to two years. [Read More](#)

Massachusetts

Massachusetts to Allow Pharmacists to Administer Opioid Medication Treatments Amid Shortage of Nurses. On March 18, 2020, the Massachusetts Executive Office of Health and Human Services issued an order allowing pharmacists and pharmacy interns to administer methadone and buprenorphine for the treatment of opioid use disorder. This order is a response to the shortage of nurses during the COVID-19 emergency. [Read More](#)

Missouri

Missouri Rural Hospitals Are Under Further Financial Strain from COVID-19, Medicaid Reimbursement Changes. *The Kansas City Star* reported on March 30, 2020, that rural hospitals in Missouri are under further financial strain from the COVID-19 pandemic and from proposed Medicaid reimbursement changes, which could lower outpatient payments and restrict reimbursements for serving out-of-state patients. The pressures come as many of the state's rural hospitals are already financially strapped. [Read More](#)

New Mexico

Navajo Nation President Vetoes Medicaid Managed Care Initiative. *The Washington Times/The Associated Press* reported on March 30, 2020, that the Navajo Nation tribal president Jonathan Nez vetoed a resolution to create a managed care plan that would service Medicaid-eligible Navajos in New Mexico. The business arm of the Navajo Nation announced its intent in February to create the Medicaid plan in partnership with Molina Healthcare. Nez also opposed a plan to automatically enroll 80,000 Medicaid-eligible Navajos into the plan in response to COVID-19. Navajo Nation Council Delegate Daniel Tso said he would seek to override the veto. [Read More](#)

New York

Governor Cuomo to Refuse Federal Medicaid Aid. *Rev.com* reported on March 29, 2020, that New York Governor Andrew Cuomo stated that he has no choice but to refuse enhanced federal Medicaid payments due to the restrictions it places on his ability to make cuts to Medicaid. During his daily press conference, the governor was asked whether he was rejecting Medicaid funding for New York because he is unwilling to delay Medicaid reforms proposed by the Medicaid Redesign Team II to reduce Medicaid Medicaid spending by \$2.5 billion. He responded that he has no choice since the federal legislation says that he cannot redesign Medicaid. He argued that the \$6 billion in federal funding was a one-shot, while the \$2.5 billion in reduced Medicaid spending would be recurring every year and was therefore of greater value to the state. A transcript of the press conference can be found at this link; the Medicaid discussion begins at minute 42. [Read More](#)

New York Medicaid Budget Savings, Federal Restrictions Proposal is Reviewed by CBC. On March 27, 2020, the Citizens Budget Commission (CBC) posted a blog encouraging the state to continue to enact the Medicaid reforms recommended by the Medicaid Redesign Team II (MRT II). They note that the fiscal pressures that had led New York Governor Cuomo to empanel the MRT II have not gone away and have only been made worse by the coronavirus pandemic. CBC recognizes that the federal legislation in response to COVID-19 limits the state's ability to enact many of the savings recommended by the MRT, if the state chooses to accept the estimated \$4.5 billion in federal aid. The blog post contains a chart listing all the MRT II recommendations, and scores them as to the likelihood of their being permitted under the federal rules. They estimate that 29 - 50 percent of the proposed savings could not be realized under the federal Maintenance of Effort provisions. This includes changes to the health home program; several changes in eligibility for long-term care, including a 60-month look-back period for HCBS, eliminating spousal refusal and changing eligibility criteria for the Consumer Directed Personal Care program; capping enrollment in managed long-term care; reducing nursing home capital funding; and limiting over-the-counter drugs. CBC argues that the state should include all the MRT recommendations in the budget, and implement those that do not risk federal funding effective immediately, delaying implementation of others until the restrictions imposed by the Maintenance of Effort are lifted. [Read More](#)

Governor Expresses Irritation with Federal Economic Recovery Bill. *Buffalo News* reported on March 26, 2020, that New York Governor Andrew Cuomo is dissatisfied with the federal Economic Recovery Bill because it limits his ability to enact Medicaid cuts in this year's budget. The recent legislation passed by Congress limits the governor's flexibility to change the state's Medicaid program to help fill a widening budget gap. The governor and Republican members of the New York delegation worked to have the bill amended, to remove the Maintenance of Efforts requirement that ties an increase in the federal share of Medicaid payment to a commitment from the states not to make changes to their program. As part of this year's budget proposal Governor Cuomo is seeking \$2.5 billion in Medicaid cuts, which is precluded by the federal restriction. New York's fiscal year ends March 31; a new budget has not been passed. [Read More](#)

New York Hospitals Face \$400 Million in Medicaid Cuts if Budget is Approved. *The New York Times* reported on March 30, 2020, that the Medicaid Redesign Team, convened by New York Governor Andrew Cuomo, has proposed cutting more than \$400 million in Medicaid funding to hospitals in fiscal 2021. Many of the hospitals that would be impacted are safety-net hospitals, which mainly serve Medicaid or uninsured patients. The state legislature seeks to pass the budget proposal this week. [Read More](#)

New York, New Jersey Hospitals Expect Decline in Elective Procedures to Impact Financials

Modern Healthcare reported on March 26, 2020, that hospitals in New York City and New Jersey expect a significant decline in revenues as elective procedures are being delayed to save capacity for COVID-19 patients. The newly unemployed may also postpone elective procedures, especially if they involve high out-of-pocket costs. [Read More](#)

North Carolina

BCBS-North Carolina Appoints New President, CEO. *Modern Healthcare* reported on March 30, 2020, that Blue Cross and Blue Shield of North Carolina has named Tunde Sotunde, M.D., president and chief executive officer, effective June 1. Sotunde, who is currently a senior executive with Anthem, will replace Patrick Conway, M.D., who resigned as CEO in September 2019. [Read More](#)

Pennsylvania

Pennsylvania Provides Emergency Funds to Easton Hospital. *Modern Healthcare* reported on March 31, 2020, that Pennsylvania has provided \$8 million in emergency funding to help Easton Hospital keep its doors open through April amid the COVID-19 pandemic. The 200 bed for-profit hospital, which is owned by Steward Health Care, has been operating at a loss for years. [Read More](#)

Pennsylvania Receives Approval for Section 1135 Waiver. On March 30, 2020, Pennsylvania Governor Tom Wolf announced that the state received approval from the Centers for Medicare & Medicaid Services (CMS) to temporarily grant flexibility of requirements for providers of Medicaid and Children's Health Insurance Program (CHIP). This waiver helps ensure the availability and access to health care and public assistance programs for people who might need them. The state is working with providers and stakeholders to issue further guidance. [Read More](#)

South Carolina

South Carolina Medicaid Telehealth Guidelines Limit Mental Health Patients to Three Monthly Check-ins. *The Post and Courier* reported on March 28, 2020, that the South Carolina Department of Health and Human Services set new Medicaid telehealth guidelines allowing reimbursements for mental health counselors for only three "check-ins" monthly with patients. Counselors who operate under a supervisor cannot be reimbursed. The DHHS updated its telehealth policies on March 19 amid the COVID-19 outbreak. Counselors are petitioning the state for more flexibility regarding telehealth treatment. [Read More](#)

Texas

Texas Temporarily Waives Renewal Process for Medicaid Recipients. On March 28, 2020, the Texas Health and Human Services Commission (HHSC) announced that it has received federal approval to waive the annual renewal process and automatically extend benefits to Medicaid recipients already in the program prior to the COVID-19 outbreak. [Read More](#)

Texas Cancels STAR, CHIP Procurement, Scraps STAR+PLUS Awards. *The Dallas Morning News* reported on March 25, 2020, that Texas is cancelling the STAR and CHIP Medicaid managed care procurement and scrapping its STAR+PLUS contract awards because of discrepancies in the scoring of the bids. In October 2019, Texas awarded STAR+PLUS contracts to CVS/Aetna, Anthem, Centene/Superior, El Paso Health, Molina, and UnitedHealthcare. However, the state re-opened bidding on its STAR, CHIP, STAR+PLUS, and children's dental services contracts, after being forced to cancel bids for failure to follow procurement rules aimed at including minority-owned businesses. This marked the second time last year in which procurements faced major setbacks because of problems with the procurement process. STAR and CHIP serve 3.3 million individuals, and STAR+PLUS, which provides acute care and long-term services and supports (LTSS), serves 530,000 aged, blind, or disabled (ABD) individuals. Each procurement is worth \$10 billion annually. [Read More](#)

West Virginia

West Virginia to Cover Non-Emergency Care through Telehealth. *The Times West Virginian* reported on March 28, 2020, that West Virginia will cover non-emergency and psychological services through telehealth in response to COVID-19. The state will also no longer require counseling as a condition of medication-assisted treatment for substance use disorder. [Read More](#)

Wisconsin

Wisconsin Expects Surge in Medicaid Enrollment, Expenditures from COVID-19. *The Ashland Daily Press/The Associated Press* reported on March 31, 2020, that Wisconsin is expecting a surge in Medicaid enrollment and expenditures in the wake of the COVID-19 pandemic. State Department of Health Services Secretary Andrea Palm said the state expects Medicaid members to require additional healthcare services, driving up spending, while the economic effects of the virus will increase unemployment, driving up enrollment. Governor Tony Evers and lawmakers are discussing a state aid package to complement federal stimulus funds. [Read More](#)

National

Healthcare.gov Will Not Reopen for Special Enrollment Period. *Politico* reported on March 31, 2020, that the Trump Administration has rejected calls for a special open enrollment period on Healthcare.gov to help individuals gain coverage during the COVID-19 pandemic. America's Health Insurance Plans endorsed a special enrollment period and urged lawmakers to expand premium subsidies to make coverage more affordable. [Read More](#)

CMS Approves Two Additional Section 1135 Waivers. On March 31, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that it has approved section 1135 waivers for an additional two states in response to COVID-19, bringing the total number of approved states to 40. The most recent additions include South Carolina and Tennessee. The waivers give states significant flexibility in how Medicaid services and funds are used to respond to COVID-19. [Read More](#)

CMS Waivers Allow Hospitals to Expand COVID-19 Capacity by Transferring Other Patients. On March 30, 2020, the Centers for Medicare & Medicaid Services (CMS) issued an array of temporary waivers, allowing hospitals to free up COVID-19 capacity by transferring other patients to ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, dormitories, and other community settings. CMS is also waiving certain requirements so hospitals can hire more providers during COVID-19 surges. [Read More](#)

CMS Begins Accepting Provider Requests for Emergency COVID-19 Funding. *Modern Healthcare* reported on March 28, 2020, that the Centers for Medicare & Medicaid Services (CMS) will immediately begin accepting and processing provider requests for emergency COVID-19 funding. The recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act allows Medicare providers to access the emergency funds in response to COVID-19. To qualify, providers must have submitted a Medicare claim within the past 180 days, not be in bankruptcy, not have outstanding Medicare overpayments, and not be facing an active program integrity investigation. [Read More](#)

CMS Approves Four Additional Section 1135 Waivers. On March 30, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that it has approved section 1135 waivers for an additional four states in response to COVID-19, bringing the total number of approved states to 38. The most recent additions include Montana, Texas, Vermont and West Virginia. The waivers give the states significant flexibility in how Medicaid is used to combat COVID-19. [Read More](#)

COVID-19 Stimulus Is Enacted, Includes Relief to Healthcare Sector. *CNN* reported on March 27, 2020, that President Trump has signed an historic \$2 trillion stimulus bill in response to the COVID-19 outbreak, including relief to hard-hit hospitals, states, and others struggling to deal with the pandemic. [Read More](#)

Home Health Providers Get Relief from COVID-19 Stimulus Bill. *Home Health Care News* reported on March 26, 2020, that the \$2 trillion COVID-19 stimulus bill will benefit home health providers by allowing certification of non-physicians for home health services. Home health providers are expected to benefit from additional funds earmarked for providers to cover COVID-19 costs. The bill also includes a temporary increase in Medicare reimbursement for home health providers through a delay in Medicare sequestration. [Read More](#)

Disability Advocates Criticize State Disaster Preparedness Plans for De-prioritizing I/DD Individuals. *ProPublica/The Arizona Daily Star* reported on March 27, 2020, that disability advocates are concerned over state disaster preparedness plans that would de-prioritize individuals with intellectual and developmental disabilities (I/DD) in the event of rationing of medical care because of COVID-19. For example, state preparedness plans in Arizona and Washington say that individuals with cognitive disabilities “may be poor candidates” for ventilators to treat COVID-19. Advocates filed formal complaints with the federal government to review the state preparedness plans. [Read More](#)

MACPAC Schedules Virtual Meeting for April 2. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on March 27, 2020, that its next meeting will be held virtually on April 2. Topics to be discussed are:

- Integrating Care for Dually Eligible Beneficiaries
- Improving Participation in the Medicare Savings Programs
- Coordination of Benefits with TRICARE
- Medicaid's Role in Maternity Care; Substance Use Disorder and Maternal and Infant Health
- Considerations in Designing Automatic Medicaid Financing Changes in Times of Crisis
- Medicaid's Response to the COVID-19 Pandemic [Read More](#)

Senate Passes COVID-19 Bill with Funds for Hospitals. *Modern Healthcare* reported on March 25, 2020, that the Senate passed a \$2 trillion COVID-19 economic stimulus bill, including funds for hospitals, delays to cuts to Medicaid disproportionate-share hospital payments through November 2020, and a 20 percent add-on payment to hospitals treating COVID-19 inpatients. The bill will also suspend the Medicare sequester from May 1 to December 31, 2020, to boost provider payments. Other provisions include the extension of Medicare and Medicaid programs, \$1.3 billion in emergency funding to community health centers, and the eventual coverage of vaccines with no cost-sharing. The bill now heads to the House. [Read More](#)

CMS Withdraws Proposal to Tighten Medicaid Eligibility Regulations. *Modern Healthcare* reported on March 25, 2020, that the Centers for Medicare & Medicaid Services (CMS) has withdrawn a proposal to tighten Medicaid eligibility rules. The move comes as states are attempting to increase access to care and coverage during the COVID-19 pandemic. [Read More](#)



INDUSTRY NEWS

Council Capital Invests in Physician Housecalls, LLC. Council Capital announced on April 1, 2020, an investment in primary care provider Physician Housecalls, LLC, which provides home health care services to elderly and chronically ill individuals across Oklahoma and Kansas. [Read More](#)

Centene to Waive Prior Authorization, Costs Related to COVID-19. On April 1, 2020, Centene Corp., announced that it will waive prior authorization and member cost sharing for COVID-19 related screening, testing and treatment for all Medicare, Medicaid and Exchange members. Centene will also provide additional support to safety net providers, including assistance in securing small business loans for behavioral providers, obtaining personal protective equipment, and providing data and other support. [Read More](#)

UnitedHealthcare Waives Cost-Sharing for COVID-19 Testing, Treatment. UnitedHealthcare announced plans to waive cost-sharing through May 31, 2020, for COVID-19 testing, treatment, early prescription refills, and telehealth visits for Medicare Advantage, Medicaid and commercial plan members. [Read More](#)

Cigna, Humana Waive Cost-Sharing for COVID-19 Testing, Treatment. [Cigna](#) and [Humana](#) announced plans to waive cost-sharing for COVID-19 testing, early prescription refills, and FDA-approved medications or vaccines when they become available. Cigna is waiving cost-sharing until May 31, 2020. Humana has not set an end date.

Northlane Capital Partners Acquires Stake in VMG Health from Quad-C Management. Quad-C Management Inc. announced on March 25, 2020, the sale of its stake in VMG Health, a provider of healthcare valuation and advisory services, to Northlane Capital Partners. VMG professionals will maintain a stake in the company and founder Greg Koonsman will remain chief executive. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Louisiana	RFP Rebid Release	1,500,000
2020	Ohio	RFP Release	2,360,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
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 Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- North Carolina Medicaid Enrollment by Aid Category, Mar-20 Data
- Pennsylvania Medicaid Community HealthChoices Enrollment at 216,171, 2019 Data
- Wyoming Medicaid Enrollment Is Down 6.2%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Florida Healthy Kids Corporation Dental Services ITN and Related Documents, Mar-20
- Maryland Maximization of Third-Party Liability Recoveries RFP & Addendums, Mar-20
- South Dakota Medicaid Dental Adjudication, Administrative Services RFP and Related Documents, Mar-20
- Tennessee Medicaid Fraud Detection, Prevention, Analytics, Case Management Solutions RFI, Mar-20
- Texas Medicaid Estate Recovery Program RFP, Mar-20

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 70.6 Million, Dec-19 Data
- Medicaid Managed Care Accounts for 52.6% of Total Medicaid Spending, 2019 Data
- California Medi-Cal 2020 Demonstration 1115 Waiver and Documents, 2015-20
- Florida Healthy Kids Corporation Board of Directors Meeting Materials, 2019-20
- Illinois Governor's Proposed Budget, SFY 2021
- Illinois Medicaid Annual Reports, 2013-19
- Illinois Section 1135 Waiver Request, Mar-20
- Indiana Section 1135 Waiver Request, Mar-20
- Kentucky Section 1135 Waiver Approval, Mar-20
- Louisiana Section 1135 Waiver Request, Mar-20
- Louisiana Section 1812(F) Waiver Request, Mar-20
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, Mar-20
- New Jersey Section 1135 Waiver Request, Mar-20
- New York Medicaid COVID-19 Telehealth Guidance, Mar-20
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Mar-20
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Mar-20
- Utah Medical Care Advisory Committee Meeting Materials, Mar-20
- Virginia Behavioral Health and ARTS Provider Flexibilities Related to COVID-19 Medicaid Memo, Mar-20

- Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation 1115 Waiver Documents, 2016-19
- Washington Medicaid Managed Care External Quality Review Reports, 2012-19
- Washington WA Medicaid Managed Care Comparative Analysis HEDIS Reports, 2013-19

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- RFP calendar

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