

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 8, 2020



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: HMA MODEL PROVIDES FORECAST OF COVID-19 IMPACT ON MEDICAID, MARKETPLACE, UNINSURED**
- MEDICAID EXPANSION NEWS: ALABAMA, TENNESSEE, TEXAS
- LOUISIANA MEDICAID DIRECTOR RUTH JOHNSON TAKES OFFICE
- MISSOURI FQHCs FACE FINANCIAL HARDSHIP AS COVID-19 KEEPS PATIENTS HOME
- NEW YORK REACHES FINAL BUDGET FOR FISCAL 2021
- CMS TO RAISE MEDICARE ADVANTAGE PLAN PAYMENT RATES BY 1.66 PERCENT IN 2021
- CMS DELIVERS \$34 BILLION TO MEDICARE PROVIDERS, SUPPLIERS THROUGH ACCELERATED AND ADVANCE PAYMENT PROGRAM
- QUORUM HEALTH FILES FOR CHAPTER 11 BANKRUPTCY
- MEALS ON WHEELS FACES VOLUNTEER SHORTAGES EVEN AS DEMAND GROWS
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

HMA MODEL PROVIDES FORECAST OF COVID-19 IMPACT ON MEDICAID, MARKETPLACE, UNINSURED

A model developed by Health Management Associates (HMA) assesses COVID-19's potential impact on health insurance coverage for each state and forecasts Medicaid enrollment could increase by 11 to 23 million across all states over the next several months.

A team of HMA Medicaid experts, health economists, and data analysts calculated the approximate change in health insurance coverage by state as a result of the economic disruptions primarily driven by COVID-19. With

COVID-19 having the potential to cause unemployment rates to climb to anywhere from 10 to 25 percent of the population, HMA utilized three unemployment rate scenarios to estimate the impact on Medicaid, the ACA Marketplaces, employer provided insurance, and the uninsured.

All three scenarios result in a significant shift from the number of Americans covered by employer provided insurance to some form of Medicaid or a Marketplace plan. The number of people uninsured is estimated to reach 30 million in the lowest unemployment rate scenario and could climb to 40 million if the country experiences a 25 percent unemployment rate.

“This is the first economic downturn since Medicaid expansion, and what we’re experiencing is unprecedented,” said Jay Rosen, founder and president of HMA. “With millions of Americans expected to enroll in Medicaid in the coming months, our COVID-19 impact estimates at the state level are critical for policymakers trying to begin the complex steps of implementing new laws and policies while navigating an array of financial implications.”

In addition to Medicaid enrollment expanding, millions of people could enroll in a Marketplace plan after losing their employer-sponsored coverage, but millions could also leave the Marketplace due to lower income. The influx of individuals enrolling in the Marketplace and Medicaid will require significant implementation efforts by state governments, managed care organizations, and providers.

HMA intends to update the model as more information becomes available.

Link to HMA Analysis

<https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>



HMA MEDICAID ROUNDUP

Alabama

Alabama Faces Calls for Medicaid Expansion in Response to COVID-19. *WBRC/The Alabama Daily News* reported on April 6, 2020, that U.S. Senator Doug Jones (D-AL) is urging Alabama to implement Medicaid expansion in response to COVID-19. Jones is seeking that the state use federal funds from the CARES Act to help fund expansion. Jones also supports legislation that would provide new Medicaid expansion states with 100 percent federal matching funds in the first year. [Read More](#)

Arizona

Medicaid to Make \$50 Million in Accelerated Hospital Payments Plus \$5 Million to Critical Access Hospitals. The Arizona Health Care Cost Containment System (AHCCCS) will make more than \$50 million in accelerated and advanced Medicaid payments to hospitals in response to COVID-19, according to an April 8, 2020, announcement from Arizona Governor Doug Ducey. Due to the federal match increase authorized under the Families First Coronavirus Response Act, the state also intends to increase supplemental payments to Critical Access Hospitals by \$5 million. AHCCCS intends to make the payments in April with additional funding available in June. [Read More](#)

California

Inmates Are Rebuffed in Bid for Release Aimed at Curtailing COVID-19. *Politico* reported on April 5, 2020, that a group of California inmates was rebuffed in a bid to obtain a court-ordered release to help mitigate the threat of COVID-19. The three-judge federal panel, however, noted that the state needs to be given an opportunity to address the issue and that a reduction of inmates may be possible, specifically the elderly and those with pre-existing medical conditions. [Read More](#)

Connecticut

Governor Issues Order On Billing Uninsured for COVID-19 Treatment. *Modern Healthcare* reported on April 7, 2020, that Connecticut Governor Ned Lamont issued an executive order limiting hospitals to the Medicare price of care when billing uninsured patients for COVID-19 treatment. The order also exempts providers from lawsuits if they are acting in good faith to provide COVID-19 care but face shortages or capacity issues. [Read More](#)

Florida

Florida Hospitals Ask Governor to Raise Medicaid Rates for Obstetrical, COVID-19 Care. *The News Service of Florida* reported on April 6, 2020, that safety net hospitals across Florida are calling on Governor Ron DeSantis to raise Medicaid reimbursement rates for obstetrical and COVID-19 care. The Safety Net Hospital Alliance of Florida notes that the state is receiving \$1.6 billion in additional federal Medicaid funds and is asking for some of the money to be allocated to hospitals. [Read More](#)

Georgia

Georgia Receives Approval for Section 1135 Waiver. *WALB* reported on April 2, 2020, that Georgia received federal approval for a section 1135 waiver, providing flexibility in combating COVID-19. The waiver, which applies to Medicaid and PeachCare for Kids providers and members, temporarily suspends Medicaid fee-for-service prior authorizations, enrolls providers from other state Medicaid programs, waives in-state licensure requirements, ceases re-validation of providers, and allows for the provision of care in alternative settings. [Read More](#)

Louisiana

Louisiana Medicaid Director Ruth Johnson Takes Office. *The Associated Press* reported on April 6, 2020, that Ruth Johnson took over as Louisiana Medicaid director effective Monday. Johnson was most recently chief operating officer of the Texas Health and Human Services Commission. She replaces Jen Steele, who left the post earlier this year. [Read More](#)

Michigan

Michigan Receives Approval for Section 1135 Waiver. *MLive* reported on April 7, 2020, that Michigan received federal approval for a section 1135 waiver, providing flexibility in combating COVID-19. The waiver temporarily suspends Medicaid fee-for-service prior authorizations, enrolls providers from other state Medicaid programs, waives quantity limits on durable medical equipment, allows telehealth services, and removes limitations on providers to allow qualified physician assistants and nurses to treat COVID-19 patients. [Read More](#)

Missouri

Missouri FQHCs Face Financial Hardship as COVID-19 Keeps Patients Home. *The St. Louis Post-Dispatch* reported on April 2, 2020, that revenues are down at federally qualified health centers (FQHCs) in Missouri, with patients reluctant to visit for fear of contracting COVID-19. To cut costs, FQHCs have leveraged telehealth services and shuttered dental practices. The federal stimulus package provided \$2.1 million in emergency funding to FQHCs in the state. [Read More](#)

New York

HMA Roundup – Cara Henley ([Email Cara](#))

New York Reaches Final Budget for Fiscal 2021. New York Governor Andrew Cuomo and the legislature have reached a budget agreement for State Fiscal Year 2020-21. Despite the increasing costs statewide associated with the COVID-19 response, the governor was quoted during the budget announcement, “this was a particularly difficult budget debate because there is no money coming in.” To that end, the state is proceeding with many of the recommendations advanced by the Medicaid Redesign Team (MRT), which was convened to identify \$2.5 billion in savings to address the State’s projected Medicaid shortfall. However, in order to allow New York to receive the enhanced Federal Medical Assistance Percentage (FMAP), the budget allows the Governor to delay implementation of any provision until 90 days after the State COVID-19 disaster emergency declaration expires. Several of the budget provisions related to MRT recommendations would be in violation of the Maintenance of Effort requirements tied to receipt of the temporary FMAP increase.

The budget process was unusual for a number of reasons. Medicaid changes were not included in the executive budget that the governor presented in January; instead, the MRT was tasked with identifying recommendations. The two houses of the legislature did not prepare their own budget proposals, nor were they given the opportunity to negotiate around the governor’s proposals or the MRT’s recommendations. The final budget includes a number of provisions that had been put forth by the executive in years past and rejected by the legislature. The circumstances surrounding this year’s budget process allowed Governor Cuomo to enact changes to Medicaid that may not otherwise have happened. The budget also gives the governor authority to make budget cuts throughout the year with limited legislative input should actual revenue fall below projections.

Notably, the budget agreement includes a 1.5 percent across the board (ATB) Medicaid rate reduction, extending the 1 percent ATB cut already implemented toward the end of last year and adding another 0.5 percent cut for the new fiscal year. It also contains several measures to reduce spending across a variety of programs, including Managed Care, pharmacy, hospitals, long-term care, transportation, and care management.

Significant Medicaid Managed Care provisions include:

- 50 percent reduction in Managed Care Quality Pool Payments
- 25 percent reduction in Managed Long-Term Care Quality Pool Payments
- Rate reductions to Medicaid Mainstream Managed Care and Managed Long-Term Care
- Encounter data accountability penalty for Managed Care plans
- Stimulus and penalties associated with movement toward Medicaid value-based payments

Significant Hospital provisions include:

- \$150 million reduction in Indigent Care Pool funding for voluntary hospitals not defined as enhanced safety net and removal of the transition adjustment or “collar” that had been in place to allow hospitals time to

adjust to decreases in funding, along with an addition of \$65.6 million to offset reductions for enhanced safety net hospitals

- Reduction in hospital inpatient and nursing home capital rate add-on funding and capital reconciliation payments for hospitals
- Creation of a new \$250 million “Distressed Provider Assistance Account” funded by New York City and county governments to provide grants to financially distressed hospitals and nursing homes

Significant Long-Term Care provisions include:

- Modify benefit eligibility criteria for personal care services (PCS) and consumer directed personal assistance program (CDPAP) benefit
- Programmatic and administrative reforms to the PCS and CDPAS benefit
- Cap enrollment growth in each MLTC plan at 3 percent
- Require new enrollees to require help with more than two activities of daily living (ADL’s) to be eligible for MLTC, CDPAP, and personal care
- Implement a 2.5-year look-back period for community long-term care services, including home health, private duty nursing, personal care, and assisted living
- Increase eligibility requirements for receiving home and community based long-term care services
- One-year moratorium on new or expanded MLTCs

Significant Care Management provisions include:

- Reforms to Patient Center Medical Home (PCMH) program
- Implement Health Home rate efficiencies and discontinue Health Home outreach payments
- Significant Transportation and Pharmacy provisions:
- Reform transportation by carving it out of MLTC premium
- Institute a statewide transportation broker
- Reduction in non-ambulette rates by 7.5 percent on April 1 and another 7.5 percent as of December 1
- Establish workgroup to assist with technical implementation of carving out pharmacy benefit from Medicaid managed care premiums as of April 1, 2021
- Reduction in coverage for over-the-counter drugs
- Discontinuation of prescriber prevails
- Reduction in drug cap growth by enhancing the state’s purchasing power

Pennsylvania

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

Pennsylvania Announces Early Refill Available for Prescriptions by Medicaid Recipients. Pennsylvania Governor Tom Wolf announced on March 31, 2020, that the Department of Human Services has directed Medicaid Managed Care Organizations (MCOs) to let Medicaid recipients obtain early refills of all prescriptions if needed. The Department is also directing the MCOs to be flexible in issuing prior authorizations for longer durations when medically necessary. This directive extends to both HealthChoices MCOs and fee-for-service Medicaid. [Read More](#)

Tennessee

Governor Rejects Medicaid Expansion Despite Spike in Uninsured Rate. *Fox 17* reported on April 6, 2020, that Tennessee Governor Bill Lee rejected calls for Medicaid expansion as the number of uninsured continues to increase due to COVID-19-related job loss. The governor said that treatment would be available to the uninsured, but “we’re not looking to go beyond that.” [Read More](#)

Tennessee Seeks Section 1115 Medicaid Waiver to Cover Treatment for Uninsured COVID-19 Patients. *The Knoxville News Sentinel/The Nashville Tennessean* reported on April 2, 2020, that Tennessee is seeking a Section 1115 waiver allowing the state to use Medicaid dollars for a \$104 million safety net fund to cover COVID-19 treatment for uninsured patients. The state would contribute about \$30 million. The proposal does not involve enrolling any new population into the state’s Medicaid program. The funds will be used to reimburse hospitals, physicians, and medical labs for increased costs associated with providing COVID-19 treatment. [Read More](#)

Texas

Texas Healthcare Providers, Advocates Call for Medicaid Expansion. *The Houston Chronicle* reported on April 6, 2020, that Texas healthcare providers, associations, and advocates have renewed calls for Medicaid expansion in response to COVID-19. Medicaid expansion in Texas would cover more than 1 million individuals. [Read More](#)

Utah

Utah Suspends Work Requirements for Medicaid Expansion Members in Response to COVID-19. *Modern Healthcare* reported on April 2, 2020, that Utah suspended work requirements for Medicaid expansion members in response to the COVID-19 pandemic. Utah’s Medicaid expansion started January 1, 2020, covering approximately 120,000 adults with incomes up to 138 percent of the federal poverty level. [Read More](#)

National

CMS Delivers \$34 Billion to Medicare Providers, Suppliers Through Accelerated and Advance Payment Program. The Centers for Medicare & Medicaid Services (CMS) announced on April 7, 2020, that it delivered nearly \$34 billion in the past week to Medicare providers and suppliers for combating COVID-19 as part of an expansion of the Accelerated and Advance Payment Program. The majority of hospitals will have up to one year to repay the loans, while all other Part A providers and Part B suppliers will have 210 days to repay. [Read More](#)

Rural Hospitals Experience Further Financial Strain. *Modern Healthcare* reported on April 8, 2020, that more than 350 rural hospitals across 40 states are at risk of closing, with COVID-19 threatening to further erode already shaky finances, according to research from Guidehouse. Nearly 46 percent of the country's 1,844 rural hospitals operated in the red in 2019. [Read More](#)

Senators Propose 100 Percent Federal Match for New Medicaid Expansion States. *Politico* reported on April 7, 2020, that U.S. Senators Doug Jones (D-AL) and Mark Warner (D-VA) have proposed a 100 percent federal match rate for new expansion states, with the number gradually falling to 90 percent similar to the early days of the Affordable Care Act (ACA). Jones and Warner hope to include the proposal in the next COVID-19 relief package. [Read More](#)

NAMD Calls for Retainer Payments for Medicaid Providers. The National Association of Medicaid Directors (NAMd) released on April 6, 2020, a letter to the Center for Medicaid and CHIP Services (CMCS) and the Office of Management and Budget (OMB) urging them to allow states to make retainer payments to essential Medicaid providers through section 1115 waiver authority during the COVID-19 pandemic. NAMd is also requesting guardrails around the payments to ensure Medicaid will not bear the full brunt of the crisis and to ensure states are being fiscally responsible. [Read More](#)

Trump Administration to Reimburse Providers Treating Uninsured COVID-19 Patients. *The Hill* reported on April 3, 2020, that the Trump administration announced plans to use funds from the CARES Act to reimburse providers who deliver COVID-19 care to the uninsured. Health and Human Services (HHS) Secretary Alex Azar stated that providers would be reimbursed at Medicare rates and restricted from balance billing. [Read More](#)

Regulators Face Challenges in Unwinding Flexibilities After Pandemic Ends. *Modern Healthcare* reported on April 3, 2020, that regulatory flexibilities afforded to states, providers, and payers by the federal government in response to COVID-19 will prove challenging and confusing to roll back once the pandemic subsides. Much will depend on the type of waiver or legislative language granting the flexibility. Furthermore, it's unlikely federal regulators will reverse the decisions to expand access to telehealth or allow midlevel providers to practice at the top of their license. [Read More](#)

Medicaid Faces Potential Strains as Enrollment Rises Due to COVID-19. *Kaiser Health News* reported on April 3, 2020, that Medicaid faces potential strains from COVID-19, as rising unemployment drives a spike in publicly sponsored healthcare enrollment. States like Utah, Nevada, and Ohio have already seen a surge in Medicaid applications. [Read More](#)

Trump Considers Using Medicare, Medicaid to Cover Uninsured. *Politico* reported on April 1, 2020, that President Trump is considering using Medicare and Medicaid to cover the uninsured during the COVID-19 pandemic. The news comes after the President decided against a special open enrollment period on Healthcare.gov. [Read More](#)

CMS to Raise Medicare Advantage Plan Payment Rates by 1.66 Percent in 2021. *Modern Healthcare* reported on April 6, 2020, that the Centers for Medicare & Medicaid Services (CMS) finalized plans to increase Medicare Advantage payment rates for 2021 by 1.66 percent, compared to a 2.53 percent increase in 2020. CMS is also phasing in a new risk scoring methodology so that payments are determined 75 percent by the new model and 25 percent by a prior model. [Read More](#)

ACA Exchange Enrollment Remains Steady at 11.4 Million. *The Wall Street Journal* reported on April 1, 2020, that enrollment in Exchange plans has remained steady for the third straight year at 11.4 million. The tally includes enrollment through state-based Exchanges and through Healthcare.gov. About 87 percent of Healthcare.gov Exchange members were eligible for subsidies. [Read More](#)



INDUSTRY NEWS

Quorum Health Files for Chapter 11 Bankruptcy. *Modern Healthcare* reported on April 7, 2020, that Tennessee-based hospital operator Quorum has filed for Chapter 11 bankruptcy. The company, which has struggled financially since 2016, is seeking court approval to continue to operate its hospitals during the bankruptcy proceedings. [Read More](#)

Meals on Wheels Faces Volunteer Shortages Even as Demand Grows. *Kaiser Health News* reported on April 7, 2020, that Meals on Wheels is facing a shortage of individuals to deliver food as volunteers shelter in place and demand for services grows. The majority of the organization's volunteers are 65 or older. Local programs are considering a shift to the delivery of more shelf-stable foods or potentially suspending deliveries. [Read More](#)

Tenet Will Seek \$1.5 Billion in Advance Medicare Payments. *Modern Healthcare* reported on April 2, 2020, that Dallas-based Tenet Healthcare is seeking \$1.5 billion in advance Medicare payments through a provision of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The funds are expected to help with near-term liquidity along with the furloughing of 500 staff, loans, and other measures. [Read More](#)

Molina Waives Member Cost Sharing for COVID-19 Testing, Treatment. On April 2, 2020, Molina announced that it is waiving member cost sharing for COVID-19 testing and treatment for its Medicare, Medicaid, and Exchange members. Molina is also expanding access to telehealth services and virtual urgent care. [Read More](#)

Humana Expedites Claims Processing, Eases Provider Administrative Burdens. Humana announced on April 2, 2020, that it is expediting claims processing and easing administrative burdens to help providers during the COVID-19 pandemic. The changes, which apply to Medicare, Medicaid, and commercial network providers, also allow 24-hour notice of inpatient and outpatient care instead of prior authorizations or referrals. Humana has also waived cost-sharing associated with COVID-19 testing and treatment for members. [Read More](#)

Anthem Waives Cost-Sharing for COVID-19 Testing, Treatment. Anthem announced that effective April 1, 2020, it would waive member cost-sharing for COVID-19 treatment through the end of May. Anthem has also waived cost-sharing for COVID-19 testing, suspended certain prior authorization requirements, and is allowing for early prescription refills. [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

COMPANY ANNOUNCEMENTS

VirtualHealth Partners with MCG Health to Optimize Utilization Management Workflows

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Alabama Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Alaska Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Arizona Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- California Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Florida Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Idaho Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Illinois Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Nevada Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- New Hampshire Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- New Mexico Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- New York Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, FY 2020 to Feb-20
- Maryland Medicaid Managed Care Enrollment Is Flat, Feb-20 Data
- New Jersey Medicaid Managed Care Enrollment is Flat, Mar-20 Data
- New Mexico Medicaid Managed Care Enrollment is Up 0.5%, Mar-20 Data
- New York CHIP Managed Care Enrollment is Up 1.4%, Feb-20 Data
- New York Medicaid Managed Care Enrollment is Flat, Feb-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Washington DSHS Electronic Asset Verification Solution RFP, Apr-20

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS Population Demographics, Apr-20
- California 1115 Waiver COVID-19 Request, Apr-20
- California 1915c HCBS Waivers Appendix K Documents and Approval, Apr-20
- California MCO Tax Approval, Apr-20
- DC Medical Care Advisory Committee Meeting Materials, Feb-20
- Georgia Section 1135 Waiver Approval, Apr-20
- Illinois Section 1135 Waiver Request and Approval, Mar-20
- Indiana Medicaid Enrollment, Expenditures for High vs. Low Cost Members, SFY 2018-19
- Missouri HealthNet Monthly Management Reports, 2014-19, Jan-20
- North Carolina 1915c HCBS Waivers Appendix K Documents and Approval, Apr-20
- North Carolina Section 1135 Waiver Request and Approval, Mar-20
- Oregon Section 1135 Waiver Request and Approval, Mar-20
- Pennsylvania HealthChoices Databooks, CY 2018-21
- South Carolina Section 1135 Waiver Approval, Mar-20
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-20

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

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

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