

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 22, 2020



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IN FOCUS

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT UPDATE

This week, our *In Focus* section reviews publicly available data on enrollment in capitated financial and administrative alignment demonstrations (“Duals Demonstrations”) for beneficiaries dually eligible for Medicare and Medicaid (duals) in nine states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas. Each of these states has begun either voluntary or passive enrollment of duals into fully integrated plans providing both Medicaid and Medicare benefits (“Medicare-Medicaid Plans,”

or “MMPs”) under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP. As of February 2020, approximately 371, 200 duals were enrolled in an MMP. Enrollment fell 1.2 percent from February of the previous year.

Note on Enrollment Data

Six of the nine states (California, Illinois, Michigan, New York, Ohio, and South Carolina) report monthly on enrollment in their Dual Demonstration plans, although there is occasionally a lag in the published data. The other states publish intermittent enrollment reports.

Duals Demonstration plan enrollment is also provided in the CMS Medicare Advantage monthly enrollment reports, which are published around the middle of each month. In the table below, we provide the most current state-reported data, with CMS data supplementing where needed. Historically, we have seen minor inconsistencies between state-reported data and the CMS enrollment report, likely due to discrepancies in the timing of reports. For Ohio, CMS data was used over the self-reported state data.

Dual Demonstration Enrollment Overview

As of February 2020, approximately 371,200 dual eligibles were enrolled in a demonstration plan across the nine states below. Since February 2019, enrollment in Dual Demonstrations across all states was down 4,472, a 1.2 percent year-over-year decrease. The New York Fully Integrated Duals Advantage (FIDA) demonstration ended December 31, 2019 and FIDA-IDD is slated to end December 31, 2020.

Dual Eligible Financial Alignment Demonstration Enrollment by State						
September 2019 to February 2020						
State	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
California	107,322	107,822	108,101	108,598	106,351	106,470
Illinois ⁽¹⁾	56,350	56,068	55,254	56,015	53,314	53,364
Massachusetts	22,920	25,390	24,937	25,038	26,709	26,422
Michigan	37,295	37,018	37,377	37,321	36,647	37,575
New York ⁽²⁾	2,520	2,422	2,368	2,320	18	NA
New York - IDD	1,385	1,436	1,496	1,529	1,586	1,620
Ohio	77,181	76,339	75,458	74,131	72,181	74,070
Rhode Island	14,361	14,263	14,217	14,010	13,620	13,345
South Carolina	14,836	14,533	14,229	14,175	17,759	16,517
Texas	38,971	38,664	38,013	37,478	42,376	41,851
Total Duals Demo Enrollment	373,141	373,955	371,450	370,615	370,561	371,234

(1) Illinois Dec-19 total enrollment does not match sum of plans because enrollment of six members was excluded from plan totals due to HIPAA.

(2) New York FIDA demonstration ended December 31, 2019 and FIDA-IDD will end December 31, 2020.

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

So far, enrollment in these nine states represents 33.5 percent of the potential enrollment of more than 1.1 million dual eligible beneficiaries across all nine capitated demonstrations. Participation rates range from a low of about 8 percent in New York's IDD program to 52.6 percent in Ohio.

Dual Eligible Financial Alignment Demonstration Enrollment Timing; Current and Potential Enrollment As of February 2020					
	Opt-In Enrollment Date	First Passive Enrollment Date	Current Enrollment	Potential Enrollment	% Enrolled (Full Potential)
California	4/1/2014	5/1/2014	106,470	350,000	30.4%
Illinois	4/1/2014	6/1/2014	53,364	136,000	39.2%
Massachusetts	10/1/2013	1/1/2014	26,422	111,000	23.8%
Michigan	3/1/2015	5/1/2015	37,575	100,000	37.6%
New York - IDD	4/1/2016	No Passive	1,620	20,000	8.1%
Ohio	5/1/2014	1/1/2015	74,070	140,800	52.6%
Rhode Island	7/1/2016	10/1/2016	13,345	25,400	52.5%
South Carolina	2/1/2015	4/1/2016	16,517	56,600	29.2%
Texas	3/1/2015	4/1/2015	41,851	168,000	24.9%
Total (All States)			371,234	1,107,800	33.5%

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Dual Demonstration Enrollment by Health Plan

As of February 2020, over half (51 percent) of all duals in the demonstrations are enrolled in a publicly traded MMP. In February 2019, publicly traded plans represented 51.3 percent of all duals. Molina and Centene are the largest in terms of enrollment with approximately 57,700 and 56,000 demonstration enrollees, respectively. In January 2020, Centene acquired WellCare, which included enrollment from Meridian.

Dual Eligible Financial Alignment Demonstration Enrollment by Publicly Traded Health Plans September 2019 to February 2020						
Health Plan	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Centene ⁽¹⁾	45,367	44,922	44,346	44,258	57,436	57,680
Molina	55,643	55,091	54,803	54,297	55,542	56,056
CVS/Aetna	31,581	31,315	30,932	30,936	29,889	30,022
United	18,580	18,349	18,093	17,639	18,288	18,584
Anthem	17,348	17,226	16,989	16,755	17,632	17,405
Humana	8,162	8,113	7,977	8,073	7,578	7,545
Cigna/HealthSpring	2,082	2,014	1,990	1,992	2,200	2,202
WellCare ⁽¹⁾	13,065	12,977	12,797	12,924	NA	NA
Total - Publicly Traded Plans	191,828	190,007	187,927	186,874	188,565	189,494

(1) On January 23, 2020, Centene acquired WellCare. Meridian Health Plan, included in the enrollment, was a subsidiary of WellCare.

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Among non-publicly traded health plans, Inland Empire in California is the largest, with about 27,500 members, making it the fourth largest MMP nationwide. Commonwealth Care Alliance (Massachusetts), CareSource (Ohio), Blue Cross Blue Shield of Illinois (Illinois), LA Care (California), Neighborhood Health Plan (Rhode Island), CalOptima (California), and AmeriHealth Caritas (Michigan, South Carolina) all have more than 10,000 enrolled members as of February 2020. Enrollment by non-publicly traded health plans for the past six months is detailed below.

Dual Eligible Financial Alignment Demonstration Enrollment by Local/Other Plans						
September 2019 to February 2020						
Health Plan	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Inland Empire (CA)	27,062	27,366	27,475	27,627	27,322	27,451
Commonwealth Care Alliance (MA)	20,374	22,420	22,091	22,298	24,015	23,772
CareSource (OH)	19,388	19,234	19,018	18,841	18,402	18,492
BCBS of Illinois (HCSC) (IL)	18,241	18,205	18,204	18,290	17,899	18,222
LA Care (CA)	15,295	15,472	15,596	15,800	15,386	15,500
Neighborhood Health Plan (RI)	14,361	14,263	14,217	14,010	13,620	13,345
CalOptima (CA)	13,890	13,925	13,981	14,066	13,859	13,889
AmeriHealth Caritas (MI, SC)	10,216	10,030	9,872	9,801	11,097	10,599
Health Plan of San Mateo (CA)	8,713	8,744	8,703	8,667	8,493	8,483
Santa Clara Family Health Plan (CA)	7,790	7,900	7,966	8,056	8,060	8,159
Community Health Group (CA)	6,149	6,138	6,177	6,239	6,187	6,211
Care 1st/Blue Shield of California Promise Health Plan (CA)	4,797	4,883	4,944	5,019	4,903	4,850
HAP Midwest Health Plan (MI)	4,570	4,533	4,557	4,457	4,437	4,447
Upper Peninsula Health Plan (MI)	4,016	4,007	4,012	3,975	4,018	4,050
Tufts (MA)	2,546	2,970	2,846	2,740	2,694	2,650
Partners Health Plan - IDD (NY)	1,385	1,436	1,496	1,529	1,586	1,620
VNS Choice (NY)	1,073	1,044	1,027	1,011	3	NA
HealthFirst (NY)	991	953	937	925	11	NA
Elderplan (NY)	309	288	280	271	3	NA
Senior Whole Health (NY)	118	111	99	89	1	NA
Centers Plan for Healthy Living (NY)	13	12	12	12	NA	NA
Elderserve Health (NY)	16	14	13	12	NA	NA
Total - Local/Other Plans	181,313	183,948	183,523	183,735	181,996	181,740

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data



HMA MEDICAID ROUNDUP

Alabama

Alabama Coalition Calls for Medicaid Expansion in Letter to Governor. *WHNT19* reported on April 15, 2020, that a coalition of healthcare advocates named Cover Alabama called for Medicaid expansion in a letter to Governor Kay Ivey. Expansion would cover more than 200,000 uninsured individuals. [Read More](#)

Arkansas

Legislature Approves Fiscal 2021 Medicaid Budget, Reauthorizes Expansion. *U.S. News/The Associated Press* reported on April 16, 2020, that the Arkansas legislature has approved the state's Medicaid budget as part of the broader fiscal 2021 budget bill. The budget reauthorizes the state's Medicaid expansion program. [Read More](#)

Arkansas to Pay Bonuses to Healthcare Workers Using Medicaid Funds, COVID-19 Relief Aid. *WREG/The Associated Press* reported on April 16, 2020, that federal regulators approved a proposal that would allow Arkansas to use Medicaid funds to pay bonuses to more than 26,000 healthcare workers at nursing homes and long-term care facilities. The state may also pay bonuses to other workers in hospitals and nursing homes using funds from the federal COVID-19 relief package. [Read More](#)

California

California Delays CalAIM Implementation. California announced on April 15, 2020, that it was delaying implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative to focus on COVID-19. The California Department of Health Care Services (DHCS) will delay the release of the "redline" version of CalAIM proposals, which reflects changes driven by CalAIM Workgroups and stakeholder feedback. DHCS is also postponing regional meetings on CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) implementation, extending the deadline for ECM and ILOS transition plans, delaying the launch of CalAIM Targeted Technical Assistance teams, and rescheduling the Foster Care Model of Care workgroup from April 1 to June 26. Medi-Cal Section 1115 waiver public hearings and consolidated Section 1915(b) hearings remain scheduled for May 18 and May 27, 2020.

Idaho

Idaho Receives Federal Approval of IMD Waiver. *The Idaho Press* reported on April 17, 2020, that the U.S. Department of Health and Human Services approved Idaho's request for a waiver allowing the state to use Medicaid funds to pay for behavioral health services at institutions for mental disease (IMD). The state applied for the waiver last year as it implemented Medicaid expansion. [Read More](#)

Illinois

Illinois Foster Families Worry Transition to Managed Care Will Disrupt Care. *Kaiser Health News* reported on April 21, 2020, that the Illinois transition to managed care for foster children has families concerned whether nearby health care providers will be in-network. The state has assured families a "continuity of care" period, where out-of-network providers will be paid for six months after the transition. The transition, initially planned for April 1, was postponed for at least 30 days due to the COVID-19 pandemic. The state has already transitioned former foster children to managed care; however, the change was rocky, with 2,500 children temporarily losing coverage. [Read More](#)

Minnesota

Minnesota Eligibility System Has Cost State \$76 Million in Federal Medicaid Funds, Audit Says. *StateScoop* reported on April 15, 2020, that Minnesota has been unable to collect nearly \$76 million in federal Medicaid funds over the last four years because of problems with the state's automated eligibility technology system, according to an audit from the state Office of the Legislative Auditor. Over the past 15 months alone, the audit said, inadequate data and controls led to more than 232,000 eligibility cases being flagged as having discrepancies. [Read More](#)

North Carolina

North Carolina Receives Waivers to Modify HCBS in Response to COVID-19. The North Carolina Department of Health and Human Services announced on April 21, 2020, that the state received federal approval to modify home and community-based services in response to COVID-19 through their Medicaid Innovations, Community Alternatives for Disabled Adults, Community Alternatives for Children and Traumatic Brain Injury waivers. The modifications allow the state to remove certain dollar and stay limits, expand the type of location where services can be delivered, and ease requirements for reviews of personalized care plans and in-person meetings. The approvals are effective March 13, 2020, to March 12, 2021. [Read More](#)

North Carolina House Republicans Support Partial Medicaid Expansion for Uninsured COVID-19 Patients. *The News & Observer* reported on April 17, 2020, that the North Carolina House Select Committee on COVID-19 Health Work Group is working on a limited Medicaid expansion bill for uninsured COVID-19 patients, a move that key House Republican lawmakers support. The committee hopes to bring the bill to the House by April 28. [Read More](#)

Oklahoma

Oklahoma Submits SoonerCare 2.0 Healthy Adult Opportunities Waiver for Federal Approval. *The Express-Star* reported on April 20, 2020, that Oklahoma submitted its SoonerCare 2.0 Healthy Adult Opportunity (HAO) waiver to the federal regulators for approval. SoonerCare 2.0 would, beginning July 1, 2021, implement Medicaid expansion, impose premiums and work requirements, utilize federal block grant funding, and transition the state to Medicaid managed care starting with the expansion population. [Read More](#)

Oklahoma to Put Medicaid Expansion on June Ballot. *Public Radio Tulsa* reported on April 18, 2020, that Oklahoma will decide in a June ballot measure whether the state should pursue Medicaid expansion under the Affordable Care Act. Meanwhile, Governor Kevin Stitt, who opposes the ballot initiative, is pursuing an alternative Medicaid expansion plan tied to a broader redesign of the state's Medicaid program, including a shift to managed care and block grant funding under a proposed Healthy Adult Opportunities waiver. Stitt's plan would include premiums and work requirements. [Read More](#)

Pennsylvania

Department of Human Services Provides Final Notice for Supplemental Payments. On April 11, 2020, the Pennsylvania Department of Human Services (DHS) provided a final notice of the allocation of annualized funds beginning fiscal 2020 for supplemental payments to qualifying hospitals located in counties in which a significant percentage of the county's population is enrolled in the Medical Assistance program. DHS will allocate an annualized amount of \$95,309,000 in total funds for these supplemental payments. [Read More](#)

Pennsylvania Department of Human Services Shares Payments for Trauma Services. On April 18, 2020, the Pennsylvania Department of Human Services announced its intent to allocate funds for disproportionate share hospital payments to Medical Assistance-enrolled acute care general hospitals that qualify as a trauma center. The fiscal 2020 impact, as a result of the funding allocation for these payments, is \$18.1 million (a combination of state general and federal funds) upon approval by the Centers for Medicare & Medicaid Services (CMS). [Read More](#)

Texas

Texas Health Officials Seek to Increase Medicaid Payments to Providers. *The Texas Tribune* reported on April 17, 2020, that the Texas Health and Human Services Commission (HHSC) is seeking approval from Governor Greg Abbott and a panel of state lawmakers to increase Medicaid payments to healthcare providers by \$334 million. Under the HHSC proposal, the state would increase reimbursements for supplies, imaging and testing, ambulance operators who treat patients in place without transporting them to the hospital, nursing homes, outpatient hospitals, and group homes for people with intellectual and developmental disabilities. Physicians, labs, and hospitals, among others are expected to benefit. State costs for the first round of increases are estimated at \$110 million, with federal costs at \$224 million. [Read More](#)

Washington

Washington Releases Medicaid Integrated Managed Care RFP for Additional Service Areas. The Washington Health Care Authority released a request for proposals (RFP) to the five incumbent Medicaid managed care organizations (MCOs) to expand into additional Regional Service Areas (RSAs) for the Medicaid Integrated Managed Care (IMC) program. Currently, Great Rivers, Greater Columbia, North Central, Salish, Southwest, Spokane, and Thurston-Mason RSAs do not have five MCOs serving each area. Proposals are due July 1, 2020, and awards will be announced July 24, 2020. The contract would be effective for January 1, 2021, to December 31, 2021. Incumbent plans are Amerigroup/Anthem, Community Health Plan of Washington, Centene/Coordinated Care of Washington, Molina, and UnitedHealthcare. [Read More](#)

National

Senate Passes \$75 Billion Emergency Funding Bill for Providers. *Modern Healthcare* reported on April 21, 2020, that the U.S. Senate passed a COVID-19 bill that includes \$25 billion to expand testing capacity and \$75 billion in new emergency grant funding to hospitals and providers. The House is expected to pass the bill this week. [Read More](#)

HCA Healthcare Outpatient Surgeries Fall 70 Percent in April. *Modern Healthcare* reported on April 21, 2020, that outpatient surgeries at for-profit hospital chain HCA Healthcare were down 70 percent in April compared to the prior year. HCA has cut employee hours and suspended quarterly dividends and share repurchases. [Read More](#)

DSH Payment Rule Upheld by Federal Appeals Panel. *Modern Healthcare* reported on April 21, 2020, that a three-judge panel for the U.S. Court of Appeals for the Fifth Circuit upheld a 2017 rule that allows the Centers for Medicare & Medicaid Services (CMS) to include Medicare and commercial payments in a hospital's disproportionate-share payment (DSH) calculation. The ruling overturns a lower-court decision. [Read More](#)

Trump Administration Lacks Details on Plan to Cover Treatment of Uninsured COVID-19 Patients. *Politico* reported on April 20, 2020, that the Trump administration is lacking important details for its stated plan to cover treatment of uninsured COVID-19 patients. The plan, which was announced by the White House two weeks ago, would rely on the same \$100 billion in CARES Act funds earmarked to help hospitals, physicians, and clinics with protective gear, ventilators, and lost revenues from elective procedures. The administration is still determining how to implement the fund, determine eligibility, and explain it to patients. [Read More](#)

CMS Directs Nursing Homes to Report COVID-19 Cases Directly to CDC. *Politico* reported on April 19, 2020, that the Centers for Medicare & Medicaid Services (CMS) directed nursing homes across the country to report COVID-19 cases directly to the Centers for Disease Control and Prevention (CDC) to support the agency's monitoring of the virus. Elderly nursing home residents in New York, for example, represent nearly one-in-10 COVID-19 deaths in the state.

CMS Releases Guidance on When Hospitals Can Resume Elective Surgeries. *Modern Healthcare* reported on April 19, 2020, that the Centers for Medicare & Medicaid Services (CMS) released guidance on when hospitals can resume elective surgeries. For example, states would need to meet certain criteria regarding residents' symptoms and case loads, while facilities would need to have adequate staffing, testing, and supplies to restart in-person care. [Read More](#)

12 Governors Call For Special Enrollment Period for States Using Federal Exchange. *WMTW* reported on April 14, 2020, that governors from 12 states urged the Trump administration to allow a special enrollment period of at least 30 days on the federal Healthcare.gov Exchange in response to COVID-19. The governors made the request in a letter to the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS). The letter was signed by governors from Delaware, Illinois, Maine, Michigan, New Jersey, New Mexico, North Carolina, Oregon, Pennsylvania, Virginia and Wisconsin. The Trump administration has thus far declined to reopen the federal Exchange, which serves 38 states. [Read More](#)

HHS Delays Delivery of Second Round of Emergency Funds to Providers. *CQ* reported on April 16, 2020, that the second round of emergency funding to medical providers will be delayed after Health and Human Services (HHS) Secretary Alex Azar told the House Appropriations Committee that the distributions could take another week and a half to calculate. The funding is part of the \$100 billion emergency fund provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. [Read More](#)

CMS Says Next Round of Funding to Target Hospitals in COVID-19 Hot Spots. *Fierce Healthcare* reported on April 15, 2020, that Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma announced that the next wave of hospital funding will focus on providers in hot spots hit hard by COVID-19. Verma also stated that the agency would work to address providers affected by the suspension of elective procedures. [Read More](#)



INDUSTRY NEWS

Centene Creates \$5 Million Medicaid Telehealth Partnership with FQHCs.

Centene Corporation announced on April 22, 2020, the creation of a Medicaid Telehealth Partnership with the National Association of Community Health Centers (NACHC) to help Federally Qualified Health Centers (FQHCs) expand their capacity to deliver telehealth services in response to COVID-19. Centene provided \$5 million to the partnership, which will go towards purchasing protective equipment and providing training and technical assistance. [Read More](#)

Centene Subsidiary Awarded KS Correctional Medical Services Contract.

Centene announced on April 20, 2020, that its subsidiary, Centurion, was awarded a two-year contract by the Kansas Department of Administration to provide comprehensive healthcare services to detainees in state Department of Corrections facilities, effective July 2020. The contract also includes two two-year renewal options. [Read More](#)

Sequel Youth Acquires Pine Cone Therapies in Texas. Dallas-based Sequel Youth & Family Services announced on April 16, 2020, the acquisition of Pine Cone Therapies, which treats Autism spectrum, speech-language, intellectual delay, neurological, and attention deficit disorders in four locations in Texas. Sequel will now provide behavioral care to more than 10,000 individuals annually across 21 states. [Read More](#)

Community Health Systems Enters Definitive Agreement to Sell TX Hospital to Shannon Health System. Tennessee-based Community Health Systems, Inc., announced on April 20, 2020, a definitive agreement to sell San Angelo Community Medical Center and associated assets to Shannon Health System, of San Angelo, TX. Other divestitures are planned. [Read More](#)

Home Health Providers Expect Surge in COVID-19 Patients. *Home Health Care News* reported on April 16, 2020, that many home health providers are preparing for an increase in COVID-19 patients as overwhelmed hospitals try to free up bed space. Utilization of home health services has been down among many providers during the pandemic, driven by social distancing, the elimination of elective procedures, and family members being home to care for relatives. [Read More](#)

UnitedHealthcare May Enter Additional Exchange Markets. *Forbes* reported on April 16, 2020, that UnitedHealthcare is evaluating whether to enter additional Affordable Care Act (ACA) Exchange markets. Currently, UnitedHealthcare sells Exchange coverage in Massachusetts, New York and Nevada after withdrawing from markets in 2016. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
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
July 1, 2020	Washington Integrated Managed Care (Expanded Access)	Proposals Due	NA
July 24, 2020	Washington Integrated Managed Care (Expanded Access)	Awards	NA
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
January 1, 2021	Washington Integrated Managed Care (Expanded Access)	Implementation	NA
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

Observation vs. Inpatient: How to Manage Level of Care

HMA NEWS

HMA Experts Examine Medicare-Medicaid Integration. In 2019, 7.7 million people in the United States were eligible to receive access to full benefits under Medicare and individual state Medicaid programs. This group of people is known as the Full Benefit Dual Eligible (FBDE) population. While FBDE enrollment in integrated programs nearly quadrupled over the past five years, the number of people enrolled in an integrated program never rose above one in 10 FBDE people. [Read more](#)

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

Medicaid Data

- Colorado Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Hawaii Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Iowa Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Kansas Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Massachusetts Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Michigan Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Oklahoma Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Pennsylvania Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Rhode Island Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- West Virginia Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Arizona Medicaid Managed Care Enrollment is Up 1.8%, Apr-20 Data
- California Medicaid Managed Care Enrollment is Down 0.9%, Mar-20 Data
- California Dual Demo Enrollment is Down 1.7%, Mar-20 Data
- Kentucky Medicaid Managed Care Enrollment is Up 4.4%, Apr-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 3.6%, Apr-20 Data
- Missouri Medicaid Managed Care Enrollment is Flat, Mar-20 Data
- Nebraska Medicaid Managed Care Enrollment Is Flat, Jan-20 Data
- South Carolina Medicaid Managed Care Enrollment is Down 0.8%, Apr-20 Data
- Utah Medicaid Managed Care Enrollment is Up 16%, Apr-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Operational Software OAA & Medicaid Waiver Services RFP, Apr-20
- Florida Healthy Kids Corporation Dental Services ITN, Addendums, and Related Documents, Apr-20
- Kentucky Integrated State Verification System RFP, Apr-20
- Maryland Maximization of Third Party Liability Recoveries RFP & Related Documents, 2020
- Mississippi Medicaid Utilization Management Program for Imaging Services IFB, Apr-20

- South Dakota Medicaid Dental Adjudication, Administrative Services RFP and Related Documents, Mar-20
- Washington Medicaid Integrated Managed Care (IMC) – Expanded Access RFP, Apr-20

Medicaid Program Reports, Data and Updates:

- Minnesota Medicaid Eligibility Technology System Compliance Audit, Apr-20
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Mar-20
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Apr-20

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