

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 29, 2020



[RFP CALENDAR](#)

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THIS WEEK

- **IN FOCUS: MAJORITY OF FULL BENEFIT DUAL ELIGIBLES ARE NOT ENROLLED IN INTEGRATED PROGRAM**
- MEDICAID EXPANSION NEWS: FLORIDA, NORTH CAROLINA
- NEW JERSEY TO TEMPORARILY INCREASE WAGES FOR PROFESSIONALS CARING FOR ADULTS WITH IDD
- NEW JERSEY ISSUES BEHAVIORAL TELEHEALTH GUIDELINES
- NEW YORK SIGNALS ADDITIONAL CUTS TO HEALTH CARE
- RHODE ISLAND NAMES BENJAMIN SHAFFER AS MEDICAID DIRECTOR
- TENNESSEE PLAN TO USE MEDICAID FUNDS TO CARE FOR UNINSURED COVID-19 PATIENTS IS IN DOUBT
- WASHINGTON RECEIVES FEDERAL APPROVAL FOR SECTION 1115 EMERGENCY MEDICAID WAIVER
- EXCHANGE PLANS WIN \$12 BILLION SUPREME COURT RULING
- HEALTH PLANS SEEING DECLINE IN UTILIZATION
- AMEDISYS TO ACQUIRE HOSPICE COMPANY FOR \$235 MILLION
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MAJORITY OF FULL BENEFIT DUAL ELIGIBLES ARE NOT ENROLLED IN INTEGRATED PROGRAM

This week, our *In Focus* section reviews an issue brief written by HMA consultants examining 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.

Working in conjunction with Arnold Ventures, a team of HMA consultants has written an issue brief, *Medicare-Medicaid Integration: Integrated Model Enrollment Rates Show Majority of Medicare-Medicaid Dual Eligible Population Not Enrolled*. This brief presents key findings on their examination of the availability of integrated programs in states, the growth in enrollment rates, and differences in enrollment and programs across the country.

The HMA team cited several reasons why Medicare-Medicaid integrated program options are not equally available nationwide and why enrollment is limited in places where programs exist. The result is that millions of people are not enrolled in whole-person, integrated program options – a reality that is inefficient, and worse yet, inequitable.

The HMA team, led by Managing Principal [Jon Blum](#) and Principal [Sarah Barth](#), includes Narda Ipakchi, Ellen Breslin, Mindy Cohen, Sharon Silow-Carroll and other HMA subject matter experts.

[Link to Issue Brief](#)



HMA MEDICAID ROUNDUP

Arizona

Arizona Medicaid to Advance \$41 Million to Providers in Targeted Investments Program. The Arizona Health Care Cost Containment System (AHCCCS) announced on April 27, 2020, that it will advance \$41 million to more than 106 provider organizations involved in the state's five-year Targeted Investments initiative, which supports providers who are integrating physical and behavioral health services. Payments, which are now scheduled to begin in May, will go to hospitals, behavioral health outpatient providers, and justice clinic providers to address the COVID-19 pandemic. Funds were originally scheduled to go out this fall. [Read More](#)

Florida

Florida Advocates Petition State Supreme Court to Review Medicaid Expansion Measure. *The Gainesville Sun* reported on April 27, 2020, that advocacy group Florida Decides Healthcare petitioned the state Supreme Court to move ahead with a review of a proposed Medicaid expansion ballot measure. The organization had gathered the necessary signatures to trigger the review, a key step in putting the measure on the ballot. However, the state subsequently enacted legislation more than doubling the number of signatures required, a law that expansion opponents argue is retroactive. [Read More](#)

House Democrats Propose Special Session to Address Medicaid Expansion, Other COVID-19 Responses. *Florida Politics* reported on April 23, 2020, that Florida House Democratic leaders Evan Jenne (D-Hollywood) and Bobby DuBose (D-Fort Lauderdale) are calling for a special legislative session to address potential responses to COVID-19, including Medicaid expansion. Florida Governor Ron DeSantis has previously been reluctant to support a special session. [Read More](#)

Illinois

Illinois Medicaid Plan Members Lose In-Network Access to Mercyhealth. *Becker's Hospital Review* reported on April 23, 2020, that members of several Medicaid managed care plans in Illinois will no longer have in-network access to Mercyhealth. Mercyhealth cited low reimbursements and COVID-19 for the decision to cut ties with Aetna/IlliniCare, Centene/Meridian, and Molina effective July 21, and with Blue Cross Blue Shield of Illinois effective October 22. [Read More](#)

New Jersey

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

New Jersey to Temporarily Increase Wages for Professionals Caring for Adults with IDD. The New Jersey Department of Human Services (DHS) announced on April 29, 2020, a three-month, \$3 per hour wage increase for direct support professionals who care for adult individuals with intellectual and developmental disabilities (IDD) in group homes and supervised apartments. The increase, which is effective May 1, is a response to COVID-19 and is expected to cost \$24 million in state and federal funds. DHS also announced guidance requiring hospitals to allow a designated support person to accompany an individual with a disability during a hospitalization despite visitor restrictions. [Read More](#)

Regional Health Hubs Receive Grants from New Jersey Pandemic Relief Fund. ROI-NJ reported on April 20, 2020, that New Jersey’s four Regional Health Hubs each received a grant to support projects to test, provide health care, and stop the spread of COVID-19, as part of a series of grants being awarded by the New Jersey Pandemic Relief Fund (NJPRF). The Hubs will use the funds for the following initiatives:

Regional Health Hub	NJPRF Initiative
Camden Coalition	<ul style="list-style-type: none"> • Support Camden COVID-19 testing site • Leverage Health Information Exchange platform to track testing results and patients • Provide telemedicine support in shelters for the homeless population
Health Coalition of Passaic County	<ul style="list-style-type: none"> • Support establishment of walk-up testing sites • Support telemedicine for community members who are uninsured • Provide quarantine space for people at Straight and Narrow and Eva’s Village
Greater Newark Healthcare Coalition	<ul style="list-style-type: none"> • Help pregnant women create “Mom Kits” with blood pressure cuffs and thermometers • Create a virtual platform to provide postpartum and lactation support for new mothers
Trenton Health Team	<ul style="list-style-type: none"> • Support the Mercer County Testing Site • Provide technical support to organizations rolling out telehealth programs in partnership with the Henry J. Austin Health Center FQHC

[Read More](#)

New Jersey Temporarily Suspends SUD Prior Authorization Requirements. Due to the COVID-19 New Jersey State of Emergency, the Division of Medical Assistance and Health Services and Division of Mental Health and Addiction Services have temporarily suspended the requirement for prior authorizations for substance use disorder (SUD) treatment services authorized by the Interim Managing Entity. The suspension went into effect for all levels of SUD care beginning April 1, 2020, and will continue until further notice.

New Jersey Issues Telehealth Guidelines for Behavioral Health. The New Jersey Department of Human Services, Division of Mental Health and Addiction Services has disseminated guidelines to provider agencies to encourage the adoption of telemedicine/telehealth where practicable and appropriate. The guidelines are designed to minimize the need for patients to be onsite to minimize exposure to COVID-19. [Read More](#)

New York

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

New York Financial Plan Warns of Additional Cuts to Health Care. The New York State Division of the Budget (DOB) announced that the Fiscal Year 2021 Enacted State Budget Financial Plan projects a \$13.3 billion shortfall in revenue from the most recent Executive Budget Forecast as well as a cumulative deficit in excess of \$60 billion over the next four fiscal years. The growing shortfall is driven by the economic challenges created by the COVID-19 pandemic. As a result, the state has developed a plan to address the revenue shortfall through a combination of spending reductions and resource changes.

The largest component of the plan is \$10 billion in budget control actions, including \$8.2 billion in reductions to local assistance spending, which includes healthcare, education, social services, and transportation programs, among others. DOB is expected to present to the Legislature an itemized list of appropriations and disbursements to be reduced or withheld in May. The Legislature will then have 10 days to adopt their own plan; if they fail to adopt a plan or their plan does not generate needed savings, the DOB plan will take effect immediately. According to the financial plan, “if large items of expenditure, such as School Aid and Medicaid, are excluded from reduction in the savings plan, the average reduction that would need to be made to the remaining local aid programs is estimated in the range of 40 percent to 50 percent. If, on the other hand, School Aid and Medicaid are subject to reductions, the average reduction that would need to be made is estimated in the range of 20 percent to 30 percent.”

Additional components of the overall savings plan include reductions to state agency operations and revenue associated with a temporary enhanced FMAP rate. The enhanced FMAP rate is factored for a six-month period. Previously, Governor Cuomo indicated he may refuse such assistance. [Read More](#)

Governor and Attorney General to Investigate Nursing Home Violations. New York Governor Cuomo announced on April 23, 2020, that the Department of Health (DOH) is partnering with Attorney General Letitia James to investigate nursing homes in violation of requirements to communicate COVID-19 test results and deaths to residents' families. In addition, the Governor announced a directive for nursing homes to immediately report to DOH the actions they have taken to comply with all COVID-related requirements issued by State and Federal authorities. DOH will conduct inspections and cite facilities who have not implemented adequate policies and/or have failed to provide adequate personal protective equipment (PPE). Facilities who have failed to comply will be required to submit a corrective action plan to DOH and face a fine of up to \$10,000 per violation or potentially have their operating license revoked. [Read More](#)

New York Hospitals Prepare to Re-open Clinical Services. *Crain's Health Pulse* reported on April 24, 2020, that facilities in New York that are beginning to see a reduction in the number of COVID-19 cases are preparing to re-open clinical services. Facilities are assessing adjustments to emergency department operations and discharge planning, while also preparing for the virus to recur in multiple waves. Facilities expect to complete some medically necessary surgeries that were put on hold in the last two to three months and offering more ambulatory-based office care. [Read More](#)

North Carolina

North Carolina Moves Closer to Temporary, Limited Medicaid Expansion Agreement. *The Winston-Salem Journal* reported on April 28, 2020, that North Carolina lawmakers are moving closer to an agreement on a limited and temporary Medicaid expansion to cover COVID-19 testing for the uninsured. The House proposal would cover prevention and treatment as well. However, the Senate proposal would only cover testing. [Read More](#)

Oklahoma

Legislature Is Unsure How to Fund Governor's Medicaid Expansion Plan. *The Oklahoman* reported on April 27, 2020, that Oklahoma lawmakers are unsure how to pay for a proposed Medicaid expansion plan, given rising cost projections related to the economic impact of COVID-19. Governor Kevin Stitt's SoonerCare 2.0 Medicaid expansion plan is scheduled to take effect on July 1, 2020, funded by a proposed increase to the state's hospital fee. [Read More](#)

Rhode Island

Rhode Island Names Benjamin Shaffer as Medicaid Director. *The Warwick Post* reported on April 24, 2020, that Rhode Island officially named Benjamin Shaffer as the state's new Medicaid director. Shaffer has been acting Medicaid director since February, following Patrick Tigue's departure. Shaffer was most recently deputy secretary of the Executive Office of Health and Human Services. [Read More](#)

Tennessee

Tennessee Plan to Use Medicaid Funds to Care for Uninsured COVID-19 Patients Is In Doubt. *The Tennessean* reported on April 23, 2020, that a Tennessee section 1115 waiver request to use \$104 million in Medicaid funds to care for uninsured COVID-19 patients is in doubt, after federal regulators informed the state that funding through the CARES Act will directly reimburse providers who treat the uninsured. The Centers for Medicare & Medicaid Services has not formerly issued a decision on the Tennessee waiver. [Read More](#)

Washington

Washington Receives Federal Approval for Section 1115 Emergency Medicaid Waiver. *Modern Healthcare* reported on April 22, 2020, that Washington is the first state to receive federal approval of a Section 1115 emergency Medicaid waiver to address shortages of healthcare supplies and services caused by the COVID-19 pandemic. The waiver, approved by the Centers for Medicare & Medicaid Services (CMS), allows the state to target Medicaid services to areas hit hard by COVID-19, triage access to long-term services and supports based on need, and pay retainers for personal care and habilitation providers. However, CMS denied the state's request to establish a relief fund for the uninsured using Medicaid dollars, temporarily expand coverage to individuals at or below 200 percent of poverty, extend retainer payments beyond 30 days, or to allow transportation brokers for non-emergency medical transportation. [Read More](#)

National

Proposed Federal MFAR Rule Is Impairing COVID-19 Response, Some Experts Say. *Modern Healthcare* reported on April 28, 2020, that the proposed federal Medicaid Fiscal Accountability Regulation (MFAR) rule is impairing states and providers from properly responding to the COVID-19 outbreak, according to some experts. Uncertainty concerning the future of the rule and its impact is making it difficult for states to address new demands on their Medicaid programs. The Centers for Medicare & Medicaid Services (CMS) has not taken action on the proposed rule for now. [Read More](#)

Exchange Plans Win \$12 Billion Supreme Court Ruling. *Politico* reported on April 27, 2020, that Exchange plans will receive billions of dollars in unpaid funds under the the Affordable Care Act's temporary risk-corridor program. The U.S. Supreme Court ruled that the federal government was obligated to make the payments, which were designed to protect insurers from heavy financial losses during the first three years of ACA. [Read More](#)

Trump Says He Isn't Planning to Fire HHS Secretary Azar. *Reuters* reported on April 26, 2020, that President Trump rejected reports from *The Wall Street Journal* and *Politico* that he was planning to fire Health and Human Services (HHS) Secretary Alex Azar. Trump said Azar was doing an "excellent job." [Read More](#)

Governors Request 12 Percent FMAP Increase Retroactive to January 1. *USA Today* reported on April 23, 2020, that the National Governors Association (NGA) requested a 12 percent increase in federal Medicaid matching funds in expansion states, retroactive to January 1, 2020. States received a six percent increase as part of the Families First Coronavirus Response Act. According to the NGA proposal, the 12 percent increase would remain in effect until September 30, 2021, after which it would be reduced only if the national unemployment rate falls below five percent. NGA also called for funding to replace lost revenues, improved access to personal protective equipment, and more. [Read More](#)

Trump Signs Relief Package, Including Funding for Hospitals, COVID-19 Testing. *The Associated Press* reported on April 24, 2020, that President Trump signed a \$484 billion relief package, including \$75 billion earmarked for hospitals and healthcare providers and \$25 billion for a new COVID-19 testing program. [Read More](#)

\$20 Billion of CARES Act Grants Earmarked for Providers in COVID-19 Hotspots, Rural Areas. *Modern Healthcare* reported on April 22, 2020, that about \$20 billion in CARES Act funds will go to providers in COVID-19 hotspots and rural areas. Total grants will amount to \$40 billion, with the other half to be distributed across all eligible providers based on net patient revenue from cost reports. [Read More](#)

Medicare Advantage Plans Gear Up for ESRD Patients. *Modern Healthcare* reported on April 27, 2020, that insurers are gearing up for the prospect of potentially having to cover hundreds of thousands of end stage renal disease (ESRD) patients who will have the option of choosing a Medicare Advantage plan effective in 2021. Along with calling for higher payments from Medicare, insurers are focusing on early detection, clinical interventions, home dialysis, and value-based provider arrangements. To date, the vast majority of dialysis patients are covered by fee-for-service Medicare. [Read More](#)

CMS Suspends Advance Medicare Part B Payments to Suppliers, To Reevaluate Accelerated Part A Provider Payments. *Modern Healthcare* reported on April 26, 2020, that the Centers for Medicare & Medicaid Services (CMS) suspended advance payments to Medicare Part B suppliers and will reevaluate accelerated payments to Part A providers. The move comes after Congress allocated an additional \$75 billion to the Coronavirus Aid, Relief, and Economic Security (CARES) Act provider relief fund. [Read More](#)



INDUSTRY NEWS

Community Health Systems Posts Decline in 1Q20 Revenues. *Modern Healthcare* reported on April 28, 2020, that Tennessee-based Community Health Systems, Inc., reported a significant drop in revenues and volume in the first quarter of 2020. The company also said it received \$245 million in grants from the CARES Act and \$1.2 billion in accelerated Medicare payments, neither of which were recognized in the first quarter results. [Read More](#)

Centene to Facilitate Distribution of Quest Diagnostics COVID-19 Test Kits to FQHCs. Centene Corp. announced on April 29, 2020, that it will facilitate the distribution of 25,000 COVID-19 test kits per week from Quest Diagnostics to Federally Qualified Health Centers (FQHCs) in 10 states or districts. Distribution will begin May 4, 2020. [Read More](#)

Centene Raises 2020 Revenue Expectation. *Modern Healthcare* reported on April 28, 2020, that Centene Corporation raised its 2020 revenue guidance, with Medicaid and Exchange membership growth expected to accelerate given the economic fallout of COVID-19. The company maintained its 2020 earnings guidance. [Read More](#)

Health Plans Seeing Decline in Utilization. *Reuters* reported on April 27, 2020, that health plans are seeing a decline in utilization as Americans delay elective procedures and other services in response to COVID-19. The lower overall use of healthcare services has offset the cost of waiving COVID-19 co-pays, deductibles, and tests. [Read More](#)

Amedisys to Acquire Hospice Company for \$235 Million. *Home Health Care News* reported on April 27, 2020, that home health provider Amedisys Inc. has agreed to acquire AseraCare Hospice for \$235 million (\$203 million net of a tax benefit). Upon completion of the deal, Amedisys will operate 190 care centers in 35 states, providing daily care to 14,000 patients. The transaction is anticipated to close on June 1, 2020. [Read More](#)

Health Plans Begin to Cover Telehealth for Opioid Addiction Treatment. *Kaiser Health News* reported on April 23, 2020, that several health plans are now covering telehealth addiction services during the COVID-19 shutdown, allowing patients to renew prescriptions, such as Suboxone, and meet with counselors for therapy. Plans expanding telehealth include Aetna and Anthem. [Read More](#)

Community Health Systems Announces Agreement to Sell Florida, Texas Hospitals. Community Health Systems [announced](#) on April 27, 2020, a definitive agreement to sell two Texas hospitals, Abilene Regional Medical Center and Brownwood Regional Medical Center, to subsidiaries of Hendrick Health System. Additionally, Community Health Systems also [announced](#) a definitive agreement to sell its majority interest in Florida-based Cloud Regional Medical Center and its associated healthcare operations to a subsidiary of Orlando Health.

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

HMA NEWS

HMA Telehealth Team Provides Support for Expanded use of Telehealth. CMS recently released a toolkit for State Medicaid agencies to help accelerate adoption of broader telehealth coverage policies in the Medicaid and Children's Health Insurance Programs during the 2019 Novel Coronavirus (COVID-19) Pandemic. [See here](#). A team from IBM and HMA provided technical support to CMS on the development of this toolkit.

Also, the HMA telehealth team continues to develop webinars and other useful resources for organizations interested in expanding their use of telehealth. Watch for updates on the [HMA website](#) and in the HMA Weekly Roundup.

New this week on HMA Information Services (HMAIS):

Medicaid Data

- MLRs at Hawaii Medicaid MCOs Average 96.1%, 2019 Data
- MLRs at Iowa Medicaid MCOs Average 91.5%, 2019 Data
- MLRs Average 83% at Georgia Medicaid MCOs, 2019 Data
- MLRs Average 84.6% at DC Medicaid MCOs, 2019 Data
- Florida Medicaid Managed Care Enrollment is Down 0.7%, Mar-20 Data
- Kentucky Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Oklahoma Medicaid Enrollment is Up 3.5%, Mar-20 Data
- South Dakota Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Tennessee Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Tennessee Medicaid Managed Care Enrollment is Up 0.5%, Mar-20 Data
- Texas Dual Demo Enrollment is 37,478, Dec-19 Data
- Vermont Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Washington Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Washington Medicaid Managed Care Enrollment is Up 0.6%, Mar-20 Data
- Wyoming Medicaid Fee for Service vs. Managed Care Penetration, 2014-19

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Colorado Regional Accountable Entities for the Accountable Care Collaborative Phase II Contracts, SFY2020
- Idaho Medicaid Behavioral Health Plan (IBHP) RFI and Responses, 2020
- Maryland Medicaid MCO Model Contracts, CY 2017-20
- Maryland Resoliciting for Coding and Data Entry Services MS-IFB and Related Documents, Apr-20
- Michigan State Medicaid Agency Contract (SMAC) D-SNP Model Contracts, 2019-20
- Nebraska Medicaid Pharmacy, Drug Rebate Services RFI, Apr-20
- New Jersey FamilyCare MCO Contracts, 2016-20
- Ohio Medicaid Enterprise System Electronic Data Interchange RFP, Mar-20
- Tennessee Medicaid Fraud Detection, Prevention, Analytics, Case Management Solutions RFI and Amendments, Mar-20

- Texas Medicare Part D LTC Pharmacy Network Administrator RFP, Apr-20

Medicaid Program Reports, Data and Updates:

- Maryland Medicaid Advisory Committee Meeting Materials, Apr-20
- New Jersey Medical Assistance Advisory Council Meeting Materials, Apr-20
- New York Enacted Budget, FY 2021
- Ohio MyCare Ohio Capitation Rate Certifications and Amendments, CY 2017-20
- Oklahoma Medicaid Enrollment by Age, Race, and County, Mar-20 Data

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:

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

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