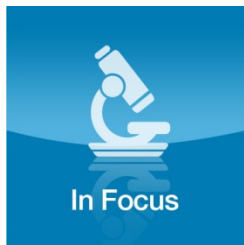


HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... May 15, 2019



[RFP CALENDAR](#)
[HMA News](#)

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THIS WEEK

- **IN FOCUS: MEDICAID PLAN PROFIT MARGIN DIPS TO 0.5 PERCENT IN 2018, CONTINUING MULTI-YEAR DECLINE, HMAIS ANALYSIS SHOWS**
- ARKANSAS MEDICAID PLANS ARE QUESTIONED ABOUT REIMBURSEMENT RATES TO PHARMACIES
- DELAWARE PRISON MEDICAL CONTRACTOR FACES INVESTIGATION
- MEDICAID EXPANSION NEWS: FLORIDA, GEORGIA, KANSAS, MISSISSIPPI, MONTANA, WISCONSIN
- MARYLAND ALLOWS INDIVIDUALS TO APPLY FOR MEDICAID, EXCHANGE PLAN ON INCOME TAX FORM
- NEW MEXICO MEDICAID INFORMATION SYSTEM UPGRADE IS ENDANGERED BY DELAYS, ANALYSTS SAY
- WASHINGTON ENACTS LAW TO WIDEN EXCHANGE PLAN OPTIONS
- ACCENTCARE ACQUIRES ALOHA HOME CARE, MPG
- **MEDICAID PLAN CEOs, PRESIDENTS TO DISCUSS DELIVERING ON THE PROMISE OF MANAGED CARE AT HMA CONFERENCE IN CHICAGO**
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

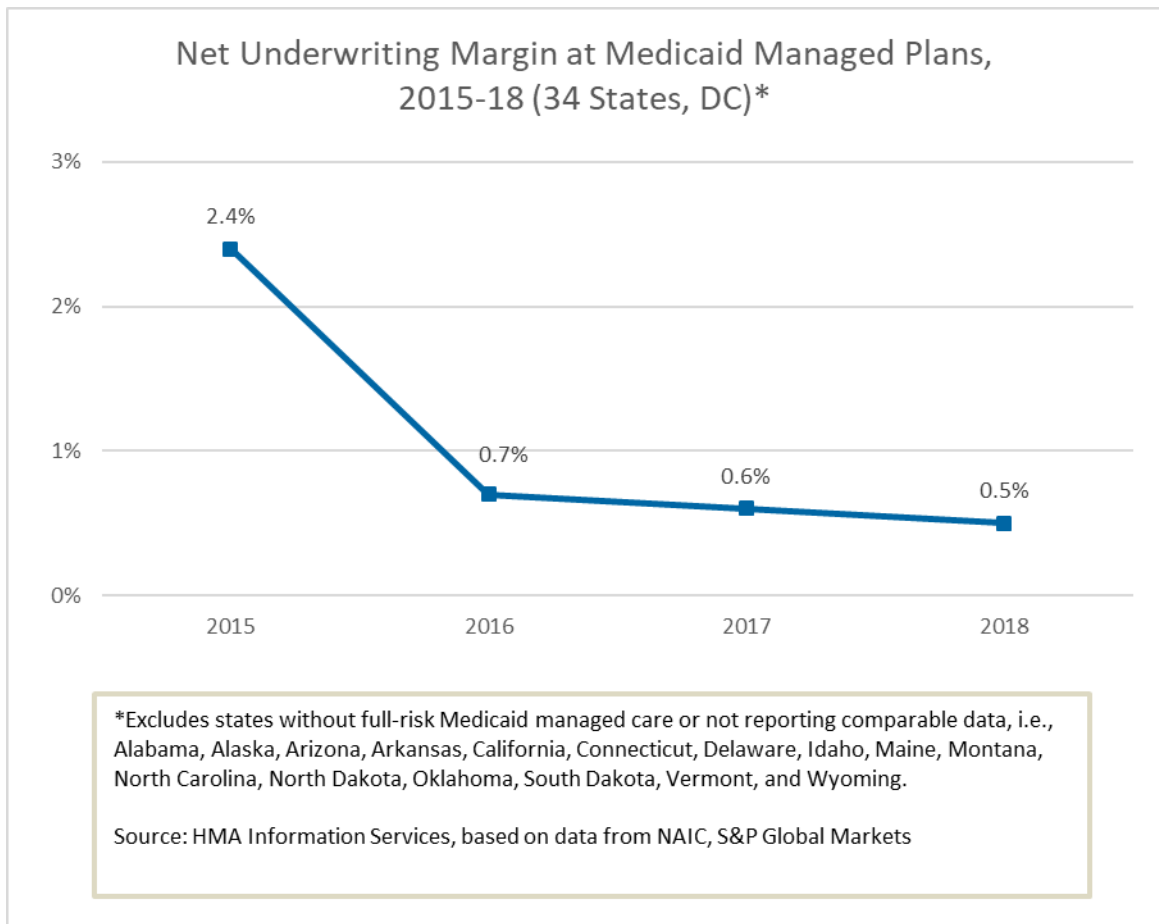
MEDICAID PLAN PROFIT MARGIN DIPS TO 0.5 PERCENT IN 2018, CONTINUING MULTI-YEAR DECLINE, HMAIS ANALYSIS SHOWS

This week, our *In Focus* summarizes the findings of an HMA Information Services analysis of Medicaid managed care plan profitability, based on data from annual statutory filings made with the National Association of Insurance Commissioners (NAIC). For information on how to subscribe to HMA Information Resources, contact [Carl Mercurio](#).

Underwriting Margin

An analysis by HMA Information Services, a division of Health Management Associates, shows that Medicaid managed care plans in 34 states and Washington, DC, posted a net underwriting margin of 0.5 percent in 2018, down 10 basis points from 0.6 percent in 2017. For-profit plans posted higher underwriting margins than not-for-profit plans.

Overall, margins have fallen consistently since hitting a four-year high of 2.4 percent in 2015. The data include financial information for about 210 Medicaid managed care plans, with total membership of 37 million in 2018 and revenues of about \$188 billion. Net underwriting profit in 2018 was about \$911 million, compared to more than \$990 million in 2017.

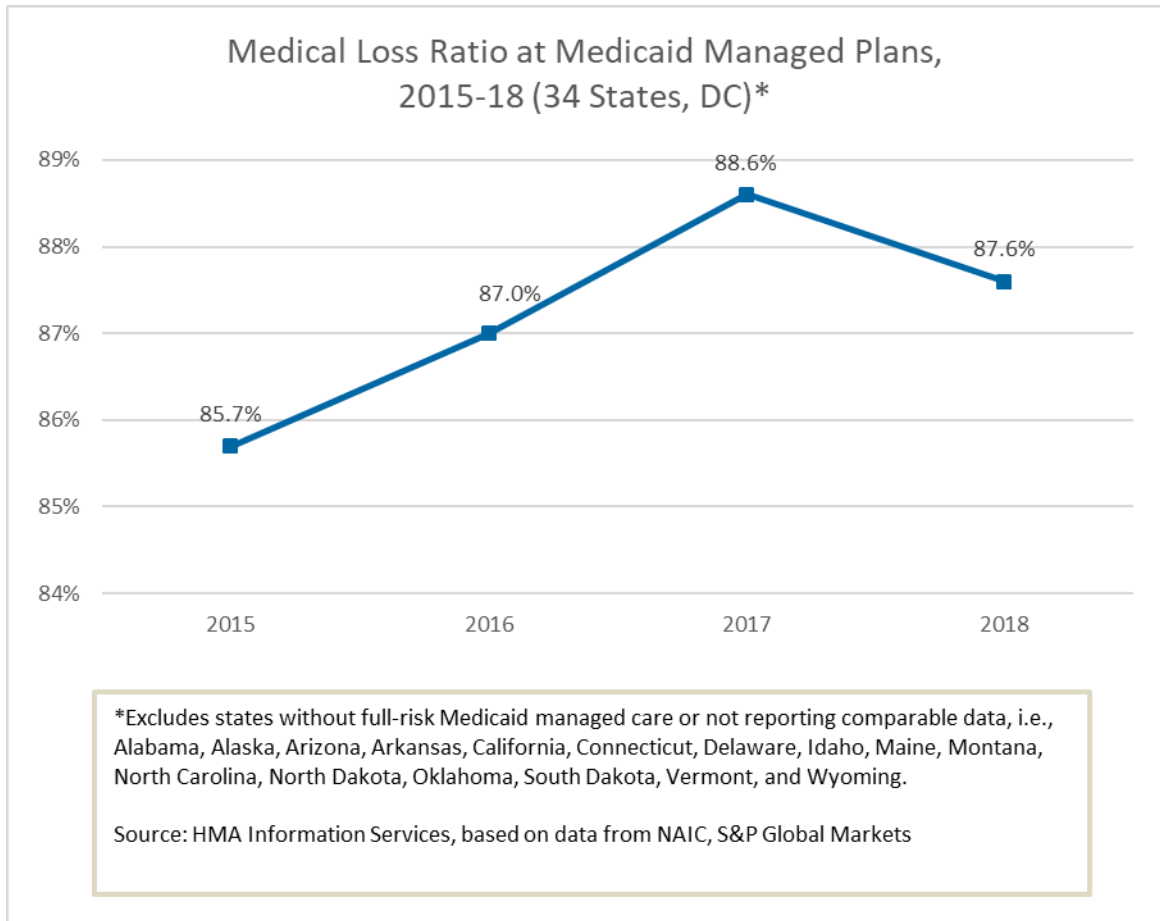


States in which the aggregate Medicaid managed care margin was below the national average in 2018 (based on plans reporting NAIC statutory filings) included Florida, Hawaii, Louisiana, Massachusetts, Mississippi, New Jersey, New Mexico, Rhode Island, Texas, and Virginia.

Not included in the tally are most Medicaid plans in California and Arizona, which don't report financial information through NAIC. In addition, some of the largest plans in New York don't report financial information through NAIC.

Medical Loss Ratio

Medical loss ratio (MLR) among Medicaid managed care plans in 34 states and Washington, DC, was 87.6 percent in 2018, down about 100 basis points from 2017. The MLRs calculated by HMAIS are blended and may include traditional Medicaid, expansion, and aged, blind and disabled populations, depending on the state. The improvement in average MLR was offset by an increase in administrative costs, resulting in the drop in underwriting margin.



MEDICAID PLAN CEOs, PRESIDENTS TO DISCUSS DELIVERING ON THE PROMISE OF MANAGED CARE AT HMA CONFERENCE IN CHICAGO

Top executives from the nation's largest managed care organizations will address the opportunities and challenges facing Medicaid plans at HMA's annual conference on publicly sponsored health care, September 9-10 in Chicago.

C-suite executives, including CEOs, division presidents, and medical directors, will speak at the conference, including representatives from Aetna, AmeriHealth Caritas, Anthem, Centene, Health Care Service Corp., Inland Island Health Plan, Keystone First Health Plan, and UnitedHealthcare.

The title of the conference, which will be held at the Chicago Marriott Downtown Magnificent Mile, is *The Next Wave of Medicaid Growth and Opportunity: How Payers, Providers, and States Are Positioning Themselves for Success*. More than 40 industry-leading speakers are confirmed.

Early Bird registration is now open. Last year's conference attracted more than 450 attendees. Visit the conference website for complete details: conference.healthmanagement.com/ or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Medicaid Plans Are Questioned About Reimbursement Rates to Pharmacies. *The Arkansas Democrat Gazette* reported on May 14, 2019, that Arkansas Medicaid managed care plans faced questions from state lawmakers concerning complaints of low reimbursement rates paid to pharmacies for certain high-cost members. During a joint hearing of the Arkansas House and Senate State Agencies and Governmental Affairs committees, one lawmaker said she has been “inundated” with complaints from pharmacists about reimbursement rates since March when Medicaid plans began managing coverage of individuals with significant mental illness or developmental disabilities. Medicaid plans in the state subcontract drug benefits to pharmacy benefit management firms. [Read More](#)

Arkansas Audit Finds \$57 Million in Questionable Medicaid Costs. *The Arkansas Democrat Gazette* reported on May 11, 2019, that an Arkansas audit found \$57 million in fiscal 2018 Medicaid costs that were not properly documented, violated federal rules, or weren’t deemed reasonable. The state said it can support most of the costs and doesn’t anticipate having to repay the federal government much if anything. Similar discrepancies have been found in prior years. [Read More](#)

California

Governor Backs Off Plan to Divert State Money to Cover Young Undocumented Immigrants. *California Healthline* reported on May 10, 2019, that the projected cost of providing health care coverage to young undocumented immigrants in California in fiscal 2020 is lower than originally expected, meaning the state won’t need to divert funds from certain other counties, according to California Governor Gavin Newsom. The diversion plan had been met with strong resistance from Sacramento, Placer, Santa Barbara and Stanislaus counties, which had warned of significant negative consequences to public health services, including efforts to address rising rates of sexually transmitted diseases and measles. Newsom will continue to divert state funds from 35 small and rural counties to pay for health coverage for uninsured residents, which would include undocumented immigrants. [Read More](#)

Governor Will Not Seek Immediate Renewal of MCO Tax. *Politico* reported on May 10, 2019, that Governor Gavin Newsom of California will not seek immediate federal renewal of the state managed care organization (MCO) tax for fiscal 2020. The tax generates \$1.5 billion in state general funds per year and is set to expire June 30. Newsom expressed concern that seeking federal renewal could impact other pending health care waiver requests. [Read More](#)

Delaware

Delaware Prison Medical Contractor Is Under State Investigation. *The New York Times* reported on May 14, 2019, that the Delaware Attorney General is investigating the state's prison system medical contractor Connections Community Support Programs Inc. The investigation was opened amid claims that staff were instructed to falsify documents to report that inmates were receiving mental health services that they were not. Connections chief operating officer Bill Northey said that both Connections and the state Department of Corrections investigated the allegations at the time they were made and found them unsubstantiated. [Read More](#)

Florida

HMA Roundup - Elaine Peters ([Email Elaine](#))

Florida Political Committee Gathers Another 10,000 Signatures for Medicaid Expansion Ballot Measure. *FLAPOL* reported on May 13, 2019, that Florida Decides Healthcare, a political committee, has submitted a total of 63,714 signatures in support of a Medicaid expansion ballot measure in November 2020, with more than 10,000 new signatures submitted this week. The measure calls for a constitutional amendment to expand Medicaid eligibility to low income adults. The committee needs 76,632 signatures to trigger a Florida Supreme Court review and a total of 766,200 signatures to get the measure on the ballot. [Read More](#)

Florida to Roll Out GPS Tracking Pilot for ABA Therapy Providers in Eight Counties. *WJCT Public Media* reported on May 10, 2019, that the Florida Agency for Health Care Administration is rolling out an electronic visit verification (EVV) program that will use GPS tracking to verify applied behavioral analysis (ABA) visits in hopes of reducing Medicaid fraud. ABA therapists and other autism providers will be tracked using a mobile application to verify when and where they are working. The EVV program, using technology from Tellus LLC at a cost of \$1.2 million annually, will be piloted in Broward, Miami-Dade, Monroe, Indian River, Okeechobee, St. Lucie, Martin, and Palm Beach counties starting in July. The pilot comes as the state halted plans to implement significant rate reductions to health care providers treating children with autism, among other Medicaid changes. [Read More](#)

Florida Gets Support from Trump on Drug Importation Bill. *Health News Florida* reported on May 8, 2019, that President Trump directed federal regulators to work with Florida on the development of a prescription drug importation program. Trump made the remark in an Oval Office meeting with Health and Human Services Secretary Alex Azar and Florida Governor Ron DeSantis. Florida recently passed legislation to create programs to import drugs from Canada for vulnerable Medicaid populations and to bring in drugs from other countries for all patients. The program requires federal approval, and the state has until 2020 to submit a plan to federal regulators. [Read More](#)

Georgia

Georgia May Receive CMS Approval for Partial Medicaid Expansion with 90 Percent Match. *The Atlanta Journal-Constitution* reported on May 8, 2019, that the Trump administration is considering allowing Georgia to implement a partial Medicaid expansion with a 90 percent federal funding match, according to Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS). Georgia plans to seek a federal waiver for a 90 percent match on individuals up to 100 percent of the poverty level, instead of 138 percent under full expansion. Under the Affordable Care Act, a state must fully expand Medicaid to receive a 90 percent match. [Read More](#)

Iowa

Medicaid Director Listens to Member Concerns Ahead of Health Plan's Exit. *The Des Moines Register* reported on May 8, 2019, that Iowa Medicaid director Mike Randol met with beneficiaries in the first of six planned town hall meetings to calm concerns over UnitedHealthcare's decision to exit the market after June 30. Randol assured beneficiaries that no one would lose coverage as the state works to evenly distribute Medicaid managed care members across the two remaining insurers, Anthem/Amerigroup Iowa and Centene/Iowa Total Care. UnitedHealthcare alone has 425,000 Medicaid members in Iowa. [Read More](#)

Kansas

Republicans Disagree Over Medicaid Expansion. *KCUR 89.3* reported on May 12, 2019, that Republican lawmakers in Kansas are involved in an intra-party battle over Medicaid expansion, with an apparent agreement to hold a Senate vote in the 2020 session now in question. Moderate Republicans want the bill to be written by a bipartisan committee of House and Senate members, while Senate Majority Leader Jim Denning (R-Overland Park) expects the bill to be written by a Senate committee led by expansion opponent Senator Gene Sullentrop (R-Wichita). The Senate failed to bring Medicaid expansion to the floor for a vote this year after the House passed an expansion plan. [Read More](#)

Maryland

Maryland Allows Individuals to Apply for Medicaid, Exchange Plan on Income Tax Form. *The Associated Press* reported on May 13, 2019, that Maryland Governor Larry Hogan signed into law a measure that allows uninsured individuals to apply for Medicaid or health insurance Exchange coverage on the state income tax form. Uninsured taxpayers who qualify for Medicaid will be enrolled automatically. Individuals who qualify for Exchange coverage will be contacted by the Exchange. [Read More](#)

Minnesota

Lawmakers Disagree on Provider Tax Renewal. *The Pioneer Press* reported on May 14, 2019, that Minnesota lawmakers continue to disagree on whether to renew a two percent health care provider tax for fiscal 2020. Expiration of the existing tax in 2020 would leave a \$700 million annual hole in the state budget. Democratic lawmakers hope to renew the tax to provide revenue for MinnesotaCare and other medical assistance programs, while Republicans argue that letting the tax expire would lower health care costs. Lawmakers have until May 20, 2019, to approve the state budget. [Read More](#)

Mississippi

Hospital Officials Propose Medicaid Expansion Plan. *Clarion Ledger* reported on May 14, 2019, that Mississippi hospital officials revealed a Medicaid expansion plan they hope can garner both Democratic and Republican support. The plan, called Mississippi Cares, could cover up to 300,000 low-income individuals. Beneficiaries would have a \$20 monthly contribution and a \$100 copay for certain non-emergency services. The hospitals themselves would pick up the remainder of the state's share of cost. The program, which would require federal waiver approval, is envisioned as a partnership between the state, private hospitals, and Mississippi True, a health plan formed by the Mississippi Hospital Association. [Read More](#)

Montana

Governor Signs Medicaid Expansion Reauthorization Bill with Work Requirements. *Montana Public Radio* reported on May 9, 2019, that Montana Governor Steve Bullock signed legislation to continue the state's Medicaid expansion program with added work requirements and a six-year expiration date. The reauthorization of Medicaid expansion will continue to cover nearly 96,000 adults. The majority will be exempt from work requirements. Work requirements for expansion enrollees will go into effect on January 1, 2020. [Read More](#)

New Jersey

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

New Jersey Adopts New Prescription Monitoring Program Rules. On May 6, 2019, New Jersey's Department of Law and Public Safety, Division of Consumer Affairs adopted rule amendments and new rules under Subchapter 35 – Prescription Monitoring Program. This includes a new rule (13:45A-35.9) that requires prescribing providers to access the state's prescription monitoring database under certain conditions, such as the first time a provider prescribes a Schedule II controlled dangerous substance or any opioid to a new or current patient for acute or chronic pain. The changes are intended to enhance provider participation in monitoring patient use of addictive prescriptions. A complete list of the adopted amendments and new rules can be found [here](#).

New Jersey Posts Proposed Telemedicine Rule for Public Comment. The New Jersey Division of Consumer Affairs, State Board of Medical Examiners is accepting comments on proposed amendments to NJAC 13:35-26 and to proposed new rule NJAC 13:35-6B to implement telemedicine and establish the subchapter with requirements that applies to licensed physicians and podiatrists. The new rule includes the terms for:

- Creating a licensee-patient relationship prior to providing services through telemedicine or telehealth
- Reviewing patient history and records, and maintaining medical records
- Issuing prescriptions, including Schedule II controlled dangerous substances
- Establishing privacy practices for electronic communications

Comments may be submitted to the Board of Medical Examiners by July 5, 2019, or electronically [here](#).

A copy of the proposed rule can be found [here](#).

New Mexico

New Mexico Medicaid Information System Upgrade Is Endangered by Delays, Analysts Say. *The Albuquerque Journal* reported on May 9, 2019, that a Medicaid Management Information System (MMIS) upgrade for New Mexico is endangered by repeated delays and other problems, according to analysts for the state Legislative Finance Committee. The completion of the federally mandated, \$201 million project aimed at helping to improve the delivery of Medicaid services in the state has already been delayed until the end of 2021. [Read More](#)

New York

HMA Roundup – Denise Soffel ([Email Denise](#))

New York Health Plan MetroPlus Names New CEO. MetroPlus Health Plan announced on May 13, 2019, the appointment of Talya Schwartz, MD, as the health plan's president and CEO. MetroPlus is owned by NYC Health + Hospitals, and is a central component of Mayor de Blasio's Guaranteed Health Care plan to ensure health care for all New Yorkers. Dr. Schwartz has served as chief medical officer at MetroPlus since 2016. Dr. Schwartz earned her medical degree from Sackler Medical School and completed her residency in pediatrics at Maimonides Medical Center in Brooklyn, New York. She replaces Arnold Saperstein, MD, who served as president and CEO of MetroPlus since 2006. [Read More](#)

New York Releases Report on Compliance with Mental Health Parity Law. The New York Department of Health, along with the Offices of Mental Health and Alcoholism and Substance Abuse Services, released a report on April 18, 2019, that reviews the state's compliance with federal mental health parity requirements. The report examines the state's Medicaid program, including fee-for-service and managed care programs, as well as the Children's Health Insurance Program (CHIP). It concludes that there are no parity compliance issues with financial requirements as defined by the regulations and no corrective actions are currently necessary. Two quantitative treatment limitation issues were identified in the Medicaid managed care program resulting in corrective action for smoking cessation counseling services and partial hospitalization services. Finally, review of nonquantitative treatment limitation issues, including medical necessity criteria, prior authorization, concurrent review, and formulary design, did not identify any inconsistencies with the regulatory test for nonquantitative treatment limitations. [Read More](#)

New York Employment Trends Highlight Unique Role of Home Health Care. A new report released by the New York City Independent Budget Office (IBO) indicates that home health care accounted for two out of every five new private-sector jobs in New York City in 2017 and two out of three in 2018. It notes that the significant growth in home health care jobs is a New York phenomenon rather than part of a national trend. The 27,100 of jobs added in the city last year was more than the 24,300 gain in the entire rest of the country. The explosion in home care services employment, from 30,000 in 1999 to over 140,000 in 2016, far outpaces the growth in the city's elderly population. A contributing factor has been the rapid expansion of the Consumer-Directed Personal Assistance Program that allows eligible individuals to hire their own in-home caregivers, including family members, whose wages are paid through Medicaid. The IBO estimates that 64,000 home care workers are paid through the program. [Read More](#)

New York State of Health Releases 2019 Open Enrollment Report. On May 9, 2019, the New York State of Health, the state's official health plan marketplace, released its 2019 Open Enrollment report. Over 4.7 million people enrolled for health insurance coverage through the exchange in 2019, an increase of 7 percent over 2018 enrollment. A total of 271,873 individuals enrolled in Qualified Health Plans, 22 percent of whom were new to the marketplace. Additionally, 790,152 people enrolled in the Essential Plan, New York's iteration of the Basic Health Program. The report provides demographic characteristics for each of the programs (Medicaid, Child Health Plus, Essential Plan and Qualified Health Plan), as well as enrollment and market share by plan. [Read More](#)

Washington

Washington Enacts Long-Term Care Benefit for Workers. *Modern Healthcare* reported on May 14, 2019, that Washington Governor Jay Inslee signed into law a bill that establishes a program to help workers offset the cost of long-term care effective in 2025. The program provides a \$100 per day allowance for long-term care services, with a lifetime maximum of \$36,000. Premiums of 0.58 percent of wages will be deducted from employee paychecks to fund the program starting in 2022. [Read More](#)

Governor Signs Bill to Widen Exchange Plan Options. *The Seattle Times* reported on May 13, 2019, that Washington Governor Jay Inslee signed into law a bill aimed at widening the number of Exchange plan options available to individuals in the state. The program, called Cascade Care, will require plans on the insurance Exchange to offer additional standardized plan options at each of the metal levels where they currently offer options effective 2021. While benefit details still need to be hammered out, the law caps standardized plan payment rates to providers at 160% of Medicare. Inslee called this the first state public option plan in the country. [Read More](#)

Wisconsin

Budget Committee Votes to Scrap Medicaid Expansion. *The New York Times/Associated Press* reported on May 9, 2019, that the Republican-controlled Wisconsin budget committee voted to scrap Medicaid expansion. The proposal would have expanded Medicaid to about 82,000 individuals. Wisconsin Democratic Governor Tony Evers remains committed to Medicaid expansion. [Read More](#)

National

CMS Releases Guidance on Accounting for PBM Spread Pricing in Calculating Medicaid Plan MLRs. The Centers for Medicare & Medicaid Services (CMS) released on May 15, 2019, guidance aimed at ensuring that pharmacy benefit management spread pricing is accurately accounted for by Medicaid and CHIP plans in the calculation of medical loss ratios (MLRs). Under the guidance, any funds retained by a PBM because of spread pricing would have to be excluded from a Medicaid plan's claims costs when calculating whether its MLR meets the 85 percent regulatory target. [Read More](#)

44 States File Lawsuit Accusing Generic Drugmakers for Inflating Prices, Limiting Competition. *The Hill* reported on May 11, 2019, that 44 states have filed a lawsuit accusing 20 generic drugmakers, including Teva Pharmaceuticals USA Inc., of colluding to inflate generic drug prices and illegally dividing up the market to limit competition. The lawsuit alleges that Teva alone conspired to inflate the prices of 86 generic drugs between July 2013 and January 2015. [Read More](#)

California, Oregon Blur Funding Boundaries Between Health Care, Social Services, Study Says. *FierceHealthcare* reported on May 10, 2019, that the use of Medicaid funding through Section 1115 waivers by California and Oregon to address social needs like housing and food insecurity is blurring the boundaries between health care and social services, according to a study by Project HOPE. Policymakers now need to decide whether this approach should become the norm for Medicaid, the study concluded. Social initiatives most commonly paid for by Medicaid in California and Oregon involved care coordination, housing, legal support and income assistance, the study said. [Read More](#)



INDUSTRY NEWS

AccentCare Acquires Aloha Home Care, MPG. AccentCare, a Dallas-based post-acute care company, announced on May 8, 2019, that it has acquired Aloha Home Care, expanding its presence in Florida. The acquisition also includes in-home medical care provider Mobile Physicians Group (MPG). [Read More](#)

Employer-Sponsored Health Plans Still Pay Hospitals More Than Double for Medicare, Study Finds. *Modern Healthcare* reported on May 9, 2019, that employer-sponsored health plans paid hospitals 241 percent of Medicare for the same services in 2017, up from 236 percent in 2015, according to a Rand Health study. The study of prices paid in 25 states showed Indiana was highest at 311 percent of Medicare, while Michigan was lowest at 156 percent. The study showed that prices also varied among hospital systems, ranging from 150 percent to 400 percent of Medicare. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Ohio	RFP Release	2,360,000
2019	Hawaii	RFP Release	360,000
May 17, 2019	Minnesota MA Families and Children; MinnesotaCare	Proposals Due	679,000
May 17, 2019	Minnesota Senior Health Options; Senior Care Plus	Proposals Due	55,000
Late Spring 2019	Kentucky	RFP Release	1,200,000
June 1, 2019	Idaho Medicaid Plus (Dual) -Bonner, Kootenai, Nez Perce Counties	Implementation	
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
June 28, 2019	Louisiana	Awards	1,500,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
July 1, 2019	Washington Integrated Managed Care - North Sound (Island, San Juan, Skagit, Snohomish, and Whatcom Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
July 9, 2019	Oregon CCO 2.0	Awards	840,000
July 19, 2019	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
July 19, 2019	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Minnesota MA Families and Children; MinnesotaCare	Implementation	679,000
January 1, 2020	Minnesota Senior Health Options; Senior Care Plus	Implementation	55,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

HMA NEWS

HMA Managing Principal Dianne Longley Discusses Future of TX Health Care. Dianne Longley, a managing principal at Health Management Associates, spoke on the topic of Re-shaping the Future of Texas Healthcare at the State of Reform Conference on February 5, 2019, in Austin, TX. Longley participated as part of an Executive Keynote Panel. HMA Principal Amy Einhorn also presented at the conference on the topic of Improving the Stability of the Individual Market. [Read More](#)

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

Medicaid Data

- Bed Days Per 1000 Members Average 1252 at North Dakota Medicaid MCO, 2018 Data
- Bed Days Per 1000 Members Average 1288 at Illinois Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2417 at New Mexico Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 404 for Wisconsin Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 493 at Utah Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 564 at Nevada Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 633 at South Carolina Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 774 at Virginia Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 823 for Michigan Medicaid MCOs, 2018 Data
- Alabama Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Arkansas Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Arizona Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Colorado Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Florida Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Montana Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Idaho Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Indiana Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Kansas Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Kentucky Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Louisiana Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Maine Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Michigan Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- North Dakota Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Nebraska Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Ohio Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Tennessee Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- MLRs at Wisconsin Medicaid MCOs Average 81.6%, 2018 Data

- MLRs Average 85% at Utah Medicaid MCOs, 2018 Data
- MLRs Average 92.7% at Virginia Medicaid MCOs, 2018 Data
- Oregon CCOs Post 90.9% MLR, 2018 Data
- Iowa Medicaid Managed Care Enrollment is Flat, Apr-19 Data
- Michigan Medicaid Managed Care Enrollment is Up 0.5%, Apr-19 Data
- North Dakota Medicaid Enrollment Down 3.4%, 2018 Data
- Sole North Dakota Medicaid MCO's MLR Is 94.4%, 2018 Data
- Texas Medicaid Managed Care Enrollment is Up 1.7%, 2018 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Kansas Third Party Review of Denied Medicaid Claims RFP, May-19
- Nebraska Families First Prevention Services Act RFQ, May-19
- New York Office of Mental Health Electronic Health Records System RFI, May-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.2 Million, Feb-19 Data
- Arkansas Works Program Reports, Feb-19
- Arizona AHCCCS Population Demographics, May-19
- North Carolina Medicaid LME-MCO Contract Monitoring Performance Audit, May-19
- North Dakota DHS Quarterly Budget Insight Report, 2018
- North Dakota Medicaid Provider Fee Schedules, 2018-19
- New York Children Enrolled in Medicaid Managed Care and Child Health Plus Health Plans CAHPS Survey Reports, Mar-19
- New York Health Plan Service Use Reports, 2016-18
- New York Office of the Medicaid Inspector General Work Plan, 2019-20
- New York Value-Based Payment Roadmaps and CMS Approvals, 2015-19
- Oklahoma Medical Advisory Meeting Materials, Mar-19
- South Carolina Medical Care Advisory Committee Meeting Materials, May-19
- South Carolina Work Requirement Waiver Application and Public Notice, May-19
- South Dakota Individuals Eligible for Medicaid by Age and County, Mar-19
- Texas HHSC Women's Health Programs Report, FY 2018
- Utah 1115 Primary Care Network Demonstration Waiver Documents, 2016-19
- Virginia Medicaid Expansion Enrollment Dashboard, May-19

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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