

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... May 27, 2020



RFP CALENDAR
HMA News

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THIS WEEK

- IN FOCUS: HMA CONFERENCE ON WHAT'S NEXT FOR MEDICAID, MEDICARE, AND PUBLICLY SPONSORED HEALTHCARE
- IN FOCUS: HMA ANALYSIS OF NEWLY EXPANDED MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS
- ILLINOIS LAWMAKERS PASS HOSPITAL BILL WITHOUT FUNDS TO SUPPORT MERGER OF TROUBLED SAFETY-NET HOSPITALS
- INDIANA AWARDS MEDICAID MANAGED CARE ABD CONTRACTS
- MEDICAID EXPANSION NEWS: KANSAS, MISSOURI, OKLAHOMA
- KENTUCKY MEDICAID MANAGED CARE AWARDS EXPECTED IN MAY
- CMS RELEASES FINAL RULE ON MEDICARE ADVANTAGE USE OF TELEHEALTH, COVERAGE OF ESRD PATIENTS
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IN FOCUS

HMA CONFERENCE ON WHAT'S NEXT FOR MEDICAID, MEDICARE, AND PUBLICLY SPONSORED HEALTHCARE

Pre-Conference Workshop: October 25
Conference: October 26-27
Location: Fairmont Chicago, Millennium Park

Dear Friends,

The fifth annual HMA conference on trends in publicly sponsored health care is schedule for October 25-27 at the Fairmont Chicago, Millennium Park.

It was well before the COVID-19 outbreak when we came up with the conference theme - *What's Next for Medicaid, Medicare, and Publicly Sponsored*

Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty. We had no idea just how “uncertain” the future would become for all of us.

Our sincere hope is that by October we will be back to some semblance of “normal,” and our goal is to move ahead with the conference as scheduled. Early Bird Registration is open at <https://conference.healthmanagement.com/>. We have an impressive roster of speakers already confirmed, and sponsors are already signing up to exhibit.

The agenda to date appears below. Confirmed keynote speakers to date include (in alphabetical order):

Drew Altman

President, CEO, Henry J. Kaiser Family Foundation

Melisa Byrd

Senior Deputy Director/Medicaid Director, Department of Health Care Finance, District of Columbia

Heidi Chan

Market President, AmeriHealth Caritas North Carolina

Alec Cunningham

EVP, Government Services, Aetna, a CVS Health Company

David Fields

President, Dean Health Plan

Jesse Hunter

EVP, Mergers & Acquisitions, Chief Strategy Officer, Centene Corp.

Beth Kidder

Deputy Secretary, Division of Medicaid, Florida Agency for Health Care Administration

Carter Kimble

Deputy Secretary of Health and Human Services, State of Oklahoma

Kate Massey

Senior Deputy Director, Medical Services Administration, Michigan Department of Health and Human Services

Stephanie Muth

Former Deputy Executive Commissioner, Medicaid & CHIP, Texas Health & Human Services

Keith Payet

CEO, UnitedHealthcare Community Plan of Tennessee

Of course, we recognize the possibility that a continuing outbreak or extended stay-at-home orders could force us to rethink the event, including the potential use of live-streaming technology and social distancing protocols that limit the number of attendees. Refunds will be available should we be forced to cancel the event, and discounts will be available for any live-streaming access we may offer in lieu of a live event.

As you know, the HMA conference has emerged as a premier informational and networking event, attracting 500 healthcare industry executives, clinicians, and policy experts. Feel free to contact me directly if you have any questions or concerns. I look forward to seeing you in October. Stay safe!

Sincerely,
 Carl Mercurio
 Principal and Publisher
 HMA Information Services
 212-575-5929
cmercurio@healthmanagement.com.

Group rates and sponsorships are available.

HMA Annual Conference on Trends in Publicly Sponsored Healthcare
 Conference: October 26-27, 2020
 Pre-Conference Workshop: October 25, 2020
 Fairmont Chicago, Millennium Park

**What's Next for Medicaid, Medicare, and Publicly Sponsored Healthcare:
 How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty**

Pre-Conference Workshop: Sunday, October 25

1:00 - 5:00 pm	Inner Workings of Medicare Advantage
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Conference Day One: Monday, October 26

7:00 - 8:00 am	Registration & Breakfast
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8:00 - 8:45 am	<p><u>Keynote Address</u> Innovations in Care Delivery and Value-Based Payments for Publicly Sponsored Healthcare Federal and state regulators continue to support efforts to improve healthcare quality and lower costs through the implementation of value-based payments and new care delivery models for publicly sponsored healthcare programs. During this keynote address, a leading healthcare expert will provide an overview of existing value-based payment initiatives, address government efforts to support new care delivery models, and offer a vision for the future of Medicare and Medicaid innovation.</p> <p><u>Speakers</u> Speaker to be announced.</p> <p><u>Moderator</u> Jay Rosen, President, HMA, Lansing, MI</p>
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8:45 - 10:00 am	<p><u>State Medicaid Q&A Keynote Session</u> What's Next: State Medicaid Issues and Priorities Now and in the Future Despite the potential for significant policy shifts at the federal and state level, Medicaid programs are pushing ahead with several key priorities in the next decade. These include efforts to address financial sustainability, access to care, social determinants of health, substance use disorder, long-term services and supports, value-based care, eligibility verification systems, prescription drug costs, and dually eligible Medicare-Medicaid members. During this keynote Q&A session, state Medicaid directors will discuss key short-term and long-term priorities for state Medicaid programs, including a look at innovate initiatives designed to improve Medicaid outcomes, efficiency, and cost.</p> <p><u>Speakers</u> Melisa Byrd, Senior Deputy Director/Medicaid Director, Department of Health Care Finance, District of Columbia Beth Kidder, Deputy Secretary, Division of Medicaid, Florida Agency for Health Care Administration Carter Kimble, Deputy Secretary of Health and Human Services, State of Oklahoma Kate Massey, Senior Deputy Director, Medical Services Administration, Michigan Department of Health and Human Services Stephanie Muth, Former Deputy Executive Commissioner, Medicaid & CHIP, Texas Health & Human Services</p>
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	<p><i>Moderator</i> Kathy Gifford, Principal, HMA, Indianapolis, IN</p>
10:00 - 10:30 am	Break
10:30 - 11:30 am	<p><u>The Big Picture</u> The Future of Publicly Sponsored Healthcare Publicly sponsored healthcare programs continue to play a growing role in improving the health and wellness of Americans. That's true despite legal and regulatory challenges, policy proposals, and political battles that could dramatically alter the nation's healthcare policy agenda and impact the future of core programs like Medicaid and Medicare. During this session, leading healthcare executives, public policy experts, and government officials will discuss what's next for publicly sponsored healthcare, including a look at the latest innovations, potential disruptions, the impact of COVID-19, and whether government programs represent the future of healthcare in America.</p> <p><i>Speakers</i> Speakers to be announced.</p> <p><i>Moderator</i> Carl Mercurio, Principal and Publisher, HMA Information Services, New York, NY</p>
11:30 - 12:30	<p><u>Medicaid Managed Care Keynote Q&A Session</u> Key Strategies, Priorities, and Concerns for Medicaid Managed Care Plans Managed care plans face a variety of challenges as they strive to help states improve the quality and efficiency of Medicaid programs. Along with frequent demands for improvements in access, quality, and cost, health plans are also being asked to address social determinants of health, participate in value-based payment arrangements, navigate tightening eligibility criteria, and serve patient populations with increasingly complex healthcare needs – all while facing state budget shortfalls and an uncertain political future. More broadly, Medicaid plans are pursuing opportunities that include Medicare-Medicaid dual eligibles, individual Exchange members, foster children, substance abuse treatment, prison populations, and individuals with developmental disabilities, among others. During this keynote Q&A session, leading managed care executives will discuss the strategies, priorities, and concerns they have as they strive to meet the needs of vulnerable member populations and to serve a broadening constituency.</p> <p><i>Speakers</i> Heidi Chan, Market President, AmeriHealth Caritas North Carolina Alec Cunningham, EVP, Government Services, Aetna, a CVS Health Company Jesse Hunter, EVP, Mergers & Acquisitions, Chief Strategy Officer, Centene Corp. Keith Payet, CEO, UnitedHealthcare Community Plan of Tennessee</p> <p><i>Moderator</i> Donna Checkett, Vice President, HMA, Chicago, IL</p>
12:30 - 2:00 pm	Luncheon
2:00 - 3:30 pm	<p><u>Concurrent Breakout Session</u> The Role of Housing Supports in Addressing Social Determinants of Health Housing supports have emerged as a key strategy in addressing social determinants of health, with health plans, provider organizations, state governments, and federal regulators partnering on a wide variety of promising early initiatives. During this breakout session, speakers will outline some of the early lessons learned, including successful approaches to financing, risk-sharing, and measuring return-on-investment. Speakers will also provide insights on how supportive and recovery housing might be scaled up to serve the needs of a far broader population of homeless and housing insecure Medicaid beneficiaries.</p> <p><i>Speakers</i> Elizabeth (Libby) Boyce, Director of Access, Referral, and Engagement, Housing for Health</p>

Andy McMahon, Vice President, Health and Human Services Policy, UnitedHealthcare Community & State
 Other speakers to be announced.

Moderator

John O'Connor, Managing Director, HMA Community Strategies, Los Angeles, CA

Concurrent Breakout Session

Extending Medicaid Coverage for Women’s Health: Impacts on Access, Outcomes, and Cost

Several states are seeking to extend Medicaid coverage to address women’s health issues, including increased access to family planning services, reproductive health, group prenatal care, doula services, and postpartum care. Initiatives include waivers to extend postpartum coverage beyond 60 days after delivery; programs aimed at improving birth outcomes and reducing infant mortality; and waivers addressing a broad array of women’s health services, including family planning, breast and cervical cancer screening, postpartum depression, diabetes, and other health conditions. During this breakout session, representatives of state Medicaid programs, health plans, and providers will outline some of these emerging initiatives, with a special emphasis on how they are expected to improve access to care, outcomes, and cost

Speakers

Angie Truesdale, CEO, Centering Healthcare Institute

Lisa Hollier, MD, Chief Medical Officer, Texas Children’s Health Plan

Other speakers to be announced.

Moderator

Margaret Kirkegaard, MD, Principal, HMA, Chicago, IL

Concurrent Breakout Session

Assessing Progress in the Treatment of Addiction, Opioid Use Disorder

State regulators, federal officials, health plans, and providers continue to push forward with efforts to ensure access to effective treatment for addiction and opioid use disorder. During this breakout session, speakers will provide an overview of the current state of addiction in the United States and assess the strengths and weaknesses of ongoing efforts to address the problem. Speakers will also provide case studies and best practices for offering addiction treatment across varying locations of care, including hospitals, community-based organizations, prisons, and jails.

Speakers

Speakers to be announced.

Moderator

Corey Waller, MD, Principal, HMA, Lansing, MI

Investor Breakout Session: Part 1

Investing in Innovative Healthcare Companies

Investment firms are deploying billions of dollars in capital in search of innovative organizations serving Medicaid, Medicare, and other publicly sponsored healthcare markets. During this breakout session, speakers from private equity backed companies in healthcare technology, care delivery, population health, member engagement, and other areas will assess emerging market opportunities, prospects for sustainable growth, and key differentiators of success at the cutting edge of healthcare innovation.

Speakers

Vytas Kiselius, CEO, Referwell

William McKinney, CEO, The MENTOR Network

Other speakers to be announced.

Moderator

Greg Nersessian, Managing Director, HMA Investment Services, New York

3:30 - 4:00 pm

Break

4:00 - 5:30 pm

Concurrent Breakout Session

How the Healthy Adult Opportunity Waiver Will Impact Medicaid Expansion

The Trump Administration’s Healthy Adult Opportunity (HAO) waiver provides states with the flexibility to pursue block grant funding for Medicaid expansion populations, including expansion initiatives limited to certain geographical areas or individuals with specific medical conditions. The implications of the HAO waiver are far reaching and likely to face legal challenges. But HAOs may also provide conservative states the political cover needed to implement Medicaid expansion in one form or another. During this breakout session, leading Medicaid policy makers, state government officials, and healthcare executives will outline the key provisions and likely impact of HAOs, including an understanding of funding mechanisms, shared saving components, eligibility and benefit levels, patient protections, and the likelihood of adoption among remaining non-expansion states.

Speakers

Carter Kimble, Deputy Secretary of Health and Human Services, State of Oklahoma

Greg Moody, Executive in Residence, John Glenn College of Public Affairs, The Ohio State University

Other speakers to be announced.

Moderator

Matt Powers, Managing Director, HMA Medicaid Market Solutions, Chicago, IL

Concurrent Breakout Session

Measuring ‘Value’ in the Delivery of Long-Term Services and Supports to Individuals with Intellectual or Developmental Disabilities

Among the challenges in meeting value-based payment incentives in healthcare is determining what exactly constitutes “value” and how to measure it. That’s especially true when evaluating the delivery of long-term services and supports to individuals with intellectual or developmental disabilities, where care is as much about assistance with daily living as it is about getting healthy. During this breakout session, members of an unofficial work group of health plans, providers, advocates, academics, and accreditation organizations will deliver some of the findings and recommendations of their recent efforts to develop a framework for identifying, measuring, and delivering value to IDD populations.

Speakers

Linda Timmons, President and CEO, Mosaic

Mary Kay Rizzolo, President and CEO, Council on Quality and Leadership

Kathy Carmody, CEO, Institute on Public Policy for People with Disabilities

Other speakers to be announced.

Moderator

Josh Rubin, Principal, HMA, New York, NY

Concurrent Breakout Session

Covering Innovator Drugs: Payment Models, Partnerships to Ensure Access for Medicaid Members

State Medicaid programs are struggling to balance member access to innovator drugs with the financial constraints facing Medicaid programs. During this breakout session, representatives of state Medicaid programs, health plans, drug manufacturers, and pharmacy benefit managers will outline some of the ways they are partnering to make innovator drugs available, including the use of value-based payment models that tie reimbursements to outcomes.

Speakers

Alan Eisenberg, VP, Global Government Relations and Public Policy, Alnylam

Harold Carter, VP, Pharma Strategy & Contracting, Express Scripts

Other speakers to be announced.

Moderator

Anne Winter, Managing Principal, HMA, Phoenix, AZ

	<p><u>Investor Breakout Session: Part 2</u> Investing in Innovative Healthcare Companies (continued) Investment firms are deploying billions of dollars in capital in search of innovative organizations serving Medicaid, Medicare, and other publicly sponsored healthcare markets. During this breakout session, speakers from private equity backed companies in healthcare technology, care delivery, population health, member engagement, and other areas will assess emerging market opportunities, prospects for sustainable growth, and key differentiators of success at the cutting edge of healthcare innovation.</p> <p><u>Speakers</u> Speakers to be announced.</p> <p><u>Moderator</u> Greg Nersessian, Managing Director, HMA Investment Services, New York</p>
5:30 - 7:00 pm	Reception
Conference Day Two: Tuesday, October 27	
7:00 - 8:00 am	Breakfast
8:00 - 8:45 am	<p><u>Election Year Keynote Address</u> Politics and Policy: Medicaid, Medicare, and Publicly Sponsored Healthcare in the Next Decade Much of the short-term direction of healthcare policy in the United States will depend on the results of the November 2020 election and litigation surrounding the constitutionality of the Affordable Care Act. Long term, however, a heated debate will continue over how to best ensure every American has access to affordable health-care coverage and whether a continued shift to Medicaid, Medicare, and other forms of publicly sponsored healthcare is likely. During this keynote address, a leading healthcare policy expert will discuss various election scenarios at the national, state, and local level, including a look at the likely impact on healthcare policy, financing, and politics over the short and long term.</p> <p><u>Speaker</u> Drew Altman, President, CEO, Henry J. Kaiser Family Foundation</p> <p><u>Moderator</u> Vern Smith, Senior Fellow, HMA, Lansing, MI</p>
8:45 - 10:00 am	<p><u>Disrupting Healthcare: How Direct-to-Consumer Retailers Are Shaking Up Care Delivery</u> Some of the biggest innovations in publicly sponsored healthcare may end up coming from some of the most unlikely sources, including retailers and other direct-to-consumer companies offering clinical services and technologies designed to ensure patients convenient and low-cost access to care. During this panel discussion, leading retailers and direct-to-consumer organizations will discuss some of these potentially disruptive products and services, including initiatives in the areas of long-term services and supports, home care, community-based clinics, and transportation.</p> <p><u>Speakers</u> David Fields, President, Dean Health Plan Liz Baker-Ray, Director, Health and Wellness, Walmart Other speakers to be announced.</p> <p><u>Moderator</u> Jean Glossa, MD, Managing Principal for Clinical Services, HMA, Washington, DC</p>
10:00 - 10:30 am	Break

<p>10:30 - 11:30 am</p>	<p>What’s Next for Telehealth: A Care Delivery Technology Comes of Age Telehealth emerged as a key strategy for expanding access to care in response to COVID-19, and it’s use is likely to continue to grow even after the pandemic subsides. During this session, government regulators, payers, and providers will discuss what’s next for telehealth, including some of the important lessons learned during the COVID-19 pandemic. Speakers will also outline the key elements of implementing and sustaining a telehealth strategy, including the role of technology, clinical implications, billing considerations, and how regulatory changes can play a key role in fostering broader utilization of remote care delivery.</p> <p><u>Speakers</u> Nora Belcher, Executive Director, Texas eHealth Alliance Other speakers to be announced.</p> <p><u>Moderator</u> David Bergman, Principal, HMA, New York, NY</p>
<p>11:30 am - 12:30 pm</p>	<p>Assessing the Impact of New and Extended Dual Eligible Integration Opportunities A variety of new and extended dual eligible demonstration opportunities afford states, health plans, and providers the flexibility to test innovative models for improving the care of Medicare-Medicaid beneficiaries. During this session, state officials and healthcare industry executives will assess the impact of emerging opportunities, including an early take on whether these new and extended models are positively impacting outcomes. States, health plans, and advocates will also discuss new Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) integration requirements, how Medicaid managed long-term services and supports programs tie into dual integration, and whether additional flexibilities are needed to address the more challenging issues that arise when attempting to integrate care for Medicare-Medicaid beneficiaries.</p> <p><u>Speakers</u> Christine Aguiar Lynch, VP for Medicare and MLTSS Policy, Association for Community Affiliated Health Plans Other speakers to be announced.</p> <p><u>Moderator</u> Sarah Barth, Principal, HMA, New York, NY</p>
<p>12:30 pm</p>	<p>Adjourn</p>

HMA ANALYSIS OF NEWLY EXPANDED MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS

Medicare beneficiaries have increasingly gravitated to Medicare Advantage (MA) plans to receive their Medicare benefits. Approximately 36 percent of Medicare beneficiaries are enrolled in MA plans today compared to 24 percent in 2010. MA plans must cover all of Medicare's statutorily defined benefits, but they may also offer supplemental benefits which are not covered by the Medicare program; these have historically included routine dental care, vision care, and fitness benefits. Plans increasingly compete for enrollees on the availability, generosity, and creativity of supplemental benefits, in addition to lower out-of-pocket costs and expansiveness of their provider networks.

Historically, both the Congress—through authorizing legislation—and the Centers for Medicare & Medicaid Services (CMS)—through regulations and guidance—restricted the scope of permitted supplemental benefits as well as the circumstances under which MA plans could offer these benefits. Previously, CMS defined supplemental benefits as only those that are primarily health-related in nature and MA plans had to provide these benefits uniformly to all of their enrollees. Advocates for the MA program argued that CMS' rules overly restricted plans' ability to offer innovative benefits that would delay progression of chronic disease, avoid injury, and be tailored to enrollees most in need. Advocates for these new benefit flexibilities argued that MA plans should be able to address Medicare beneficiaries' social needs that can impact overall health, such as food and housing security. They also argued that offering these benefits, when coupled with traditional healthcare services, may lead to cost savings by avoiding hospital stays and other expensive services.

In response to these arguments, Congress and CMS, through separate but related actions, granted new flexibilities for MA plans to offer more innovative supplemental benefits beginning in 2019. Specifically, Congress and CMS—through four different legislative and regulatory authorities—expanded primarily health-related benefits while also permitting plans to offer benefits that are not primarily health-related. In addition, plans may now tailor supplemental benefits to enrollees with specific chronic diseases and/or conditions. Many in the policy community welcome these new flexibilities, believing that they will provide new avenues to deploy Medicare resources to better manage both the health care needs and social needs of medically complex and frail beneficiaries.

This brief, which was produced under a grant from Arnold Ventures, analyzes the availability of these new benefits in 2020 by MA plans under all four authorities as of February 2020. Our key finding is that enrollment in plans offering these flexibilities is relatively low and varies across geographic areas: 19 percent of all MA enrollees are enrolled in a plan that offered at least one expanded supplemental benefit. The availability of these benefits may increase over time, especially if Medicare beneficiaries gravitate to MA plans offering these benefits and they demonstrate increased quality and lower health care costs.

For more information or questions, please contact [Narda Ipakchi](#) or [Jon Blum](#).

[Link to Issue Brief](#)



HMA MEDICAID ROUNDUP

Illinois

Lawmakers Pass Hospital Bill Without Funds to Support Merger of Troubled Safety-Net Hospitals. *Modern Healthcare* reported on May 24, 2020, that Illinois lawmakers approved a hospital funding bill but did not include expected hospital transformation dollars to support the proposed merger of four financially troubled safety-net hospitals on the South Side of Chicago. Concerns over the impact of the merger of Advocate Trinity Hospital, Mercy Hospital & Medical Center, South Shore Hospital, and St. Bernard Hospital were reportedly part of the reason why some lawmakers objected. [Read More](#)

Illinois Data Show 20 Percent COVID-19 Infection Rate in State Homes for Adults With Disabilities. *The Chicago Tribune/ProPublica Tribune* reported on May 22, 2020, that more than 20 percent of residents in state homes for adults with disabilities have tested positive for COVID-19, which is more than double the infection rate seen in nursing homes and other long-term care facilities, according to data from the Illinois Department of Public Health. COVID-19 has affected both residents and employees at seven state-run facilities housing about 1,650 adults with developmental disabilities. [Read More](#)

Indiana

Indiana Awards Medicaid Managed Care ABD Contracts. On May 26, 2020, Indiana awarded contracts for Hoosier Care Connect, the state's Medicaid managed care program for aged, blind, and disabled (ABD) beneficiaries, to incumbents Anthem and Centene/Managed Health Services (MHS), and to UnitedHealthcare. The contracts are worth a total of \$6.4 billion. CareSource and MDwise were not awarded contracts. Implementation is expected April 1, 2021, with contracts running four years, with two optional one-year renewals. Hoosier Care Connect serves approximately 90,000 individuals. [Read More](#)

Kansas

Senate Blocks Medicaid Expansion Vote Until Next Year. *The Wichita Eagle* reported on May 21, 2020, that Kansas Senate Democrats lost a decisive procedural vote concerning the fate of Medicaid expansion, delaying the initiative at least until next year. The bipartisan measure has been blocked by Republicans seeking a constitutional amendment ensuring the legislature's ability to restrict abortions. Medicaid expansion would cover approximately 130,000 individuals. [Read More](#)

Kansas Advocacy Groups Urge Lawmakers to Pass Medicaid Expansion During One-day Legislative Session. *The Kansas Capitol Bureau* reported on May 20, 2020, that advocacy groups are urging the Kansas Senate to pass Medicaid expansion during a one-day session before adjourning. Medicaid expansion, which seemed likely to pass this year with bipartisan support on a compromise bill, has otherwise been put off until next year. Medicaid expansion would cover approximately 130,000 individuals. [Read More](#)

Kentucky

Kentucky Medicaid Managed Care Awards Could Be Announced By End of May. *The Louisville Business First* reported on May 26, 2020, that Evolent Health and Molina Healthcare expect the state of Kentucky to announce Medicaid managed care award winners by the end of May, according to the chief executives of the two companies. The state has yet to confirm when it will announce the awards, which were delayed by the COVID-19 pandemic. The new contracts will be effective January 2021. [Read More](#)

Missouri

Governor Moves Medicaid Expansion to August Primary Ballot. *The St. Louis Post-Dispatch* reported on May 26, 2020, that Missouri Governor Mike Parson decided to move a ballot measure on Medicaid expansion from the November general election to the state's August primary. Medicaid expansion advocates, such as Democratic gubernatorial candidate Nicole Galloway, oppose such a move because primaries typically have lower voter turnout. Medicaid expansion would cover more than 230,000 individuals. [Read More](#)

Lawmakers Vow to Revisit Proposed Medicaid Cuts That Would Impact Children's Hospitals. *The Kansas City Star* reported on May 25, 2020, that Missouri lawmakers have vowed to revisit proposed Medicaid reimbursement cuts totaling \$140 million that would disproportionately impact children's hospitals in the state. The state's legislative session ended before lawmakers could vote on the proposal, which would have cut add-on payments the state makes to hospitals for serving certain out-of-state patients. [Read More](#)

New York

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

New York Says Additional 0.5 Percent Medicaid Funding Cut Is Part of MRT Recommendations. *Newsday* reported on May 21, 2020, that the New York Department of Health notified providers that its decision to cut an additional 0.5 percent in Medicaid funding was among the recommendations of the state Medicaid Redesign Team (MRT). The additional cut, effective retroactively to April 2, brings cumulative across-the-board funding cuts to 1.5 percent, affecting hospital inpatient services, managed long term services and supports, health home care programs, imaging services, and other services. [Read More](#)

Oklahoma

Governor Vetoes Bill That Would Have Funded His Version of Medicaid Expansion. *The Oklahoman* reported on May 23, 2020, that Oklahoma Governor Kevin Stitt vetoed a bill that would have funded his version of Medicaid expansion under the state's SoonerCare 2.0 proposal. Stitt blamed COVID-19 for the decision, noting the pandemic will greatly increase Medicaid eligibility in the state. The legislature failed to overturn the veto. Oklahoma voters will still get to decide on Medicaid expansion in a ballot measure in November, which would take effect by July 1, 2021, if passed. [Read More](#)

Pennsylvania

Pennsylvania DOH Provides Response to Nursing Home Data Errors. *The Citizen's Voice* reported on May 22, 2020, that Rachel Levine, Secretary of the Pennsylvania Department of Health (DOH), addressed an information technology computer problem that has been preventing officials from updating COVID-19 data on the DOH website. The state released inaccurate numbers of COVID-19 cases among residents and staff and of related deaths at individual long term care facilities. The department is continuing to work on updating data and fixing errors that originate with the National Electronic Disease Surveillance System. [Read More](#)

Virginia

Virginia Receives Approval for Section 1135 Waiver. *The News Leader* reported on May 21, 2020, that Virginia received federal approval for a Medicaid section 1135 waiver, providing flexibility during the COVID-19 pandemic. The waiver temporarily suspends Medicaid fee-for-service and managed care prior authorizations, streamlines provider enrollment and screening requirements, extends appeals deadlines, postpones provider revalidation deadlines, and allows for the provision of care in alternative settings. The waiver is retroactive to March 1, 2020. [Read More](#)

Virginia Medicaid Expansion Enrollment Increases by 30,000 During COVID-19 Pandemic. *U.S. News/The Associated Press* reported on May 20, 2020, that enrollment in Virginia's Medicaid expansion program rose by nearly 30,000 to more than 420,000 since Governor Ralph Northam declared a state of emergency in response to COVID-19. Virginia expanded Medicaid in 2019. [Read More](#)

National

CMS Releases Final Rule on Medicare Advantage Use of Telehealth, Coverage of ESRD Patients. *Modern Healthcare* reported on May 22, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) allowing Medicare Advantage (MA) plans to contract with telehealth providers for specialties like cardiology, making it easier for plans to meet network adequacy requirements. Additionally, CMS finalized rules allowing Medicare beneficiaries with end-stage renal disease (ESRD) to enroll in MA plans beginning 2021 as mandated by the 21st Century Cures Act. [Read More](#)

Medicare Accelerated, Advance Payments Largely Go to Hospitals. *Modern Healthcare* reported on May 20, 2020, that 80 percent of the loans distributed by the Centers for Medicare & Medicaid Services (CMS) from its Medicare Accelerated and Advance Payments program went to acute care and critical-access hospitals. CMS has currently suspended the program as providers receive grant funding through the provider relief fund authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. [Read More](#)



INDUSTRY NEWS

Riverside Company to Sell ActivStyle to AdaptHealth. Private equity firm The Riverside Company announced on May 26, 2020, a definitive agreement to sell ActivStyle Inc. to publicly traded AdaptHealth Corp., a provider of home healthcare equipment and medical supplies. ActivStyle is a direct-to-consumer distributor of incontinence, urological, and medical supplies, serving more than 65,000 patients across 48 states. The transaction is expected to close in June 2020, pending regulatory approvals. [Read More](#)

Hospital Operating Margins Continue to Plummet. *Modern Healthcare* reported on May 21, 2020, that the median hospital operating margin fell to negative 29 percent in April with declining elective and non-urgent procedures, according to an analysis of about 800 hospitals. Discharges fell 30 percent year-over-year, emergency department visits dropped 43 percent, outpatient revenues fell 50 percent, and inpatient revenues fell 25 percent. [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
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
January 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arkansas SNP Membership at 60,069, Mar-20 Data
- Arizona SNP Membership at 114,604, Mar-20 Data
- Connecticut SNP Membership at 47,895, Mar-20 Data
- DC SNP Membership at 16,470, Mar-20 Data
- Georgia SNP Membership at 221,792, Mar-20 Data
- Georgia Medicaid Management Care Enrollment is Up 7.9%, May-20 Data
- Missouri Medicaid Managed Care Enrollment is Up 4.2%, Apr-20 Data
- Mississippi Medicaid Managed Care Enrollment is Down 1.5%, Mar-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Flat, Mar-20 Data
- Utah Medicaid Managed Care Enrollment is Up 20.6%, May-20 Data
- Washington Medicaid Managed Care Enrollment is Up 1.7%, Apr-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Indiana Hoosier Care Connect Managed Care RFP, Winning Proposals, Awards, and Related Documents, 2019-20
- Maine Pharmacy Benefit Manager (PBM) and Point of Purchase System (POPS) RFP and Award Notice, 2018
- Maryland Resoliciting for Coding and Data Entry Services MS-IFB and Related Documents, 2020
- Montana Medicaid Transportation Management System Notice of RFP and Contract, 2016
- Oregon MMIS Controls Audit RFP, May-20
- Utah Medicaid Pharmacy Point of Sale System RFP, May-20
- Wisconsin Disproportionate Share Hospital (DSH) Payment Audit RFB, May-20
- Wisconsin Nursing Home Appraisal Services RFP, May-20

Medicaid Program Reports, Data and Updates:

- Arkansas Department of Human Services Annual Statistical Reports, 2014-19
- Arkansas Monthly Enrollment and Expenditures Report, Apr-20
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-19, Apr-20
- Texas 1115 Medicaid Transformation Waiver Documents, 2017-20
- Virginia Medicaid Expansion Enrollment Dashboard, May-20
- Wyoming Medicaid PMPM Expenditures and Utilization Reports, SFY 2015-19

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- Excel data packages
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