

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... June 3, 2020



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

Edited by:
Greg Nersessian, CFA
[Email](#)

Carl Mercurio
[Email](#)

Alona Nenko
[Email](#)

Mary Goddeeris, MA
[Email](#)

Lisette Diaz
[Email](#)

Scott Silberberg
[Email](#)

THIS WEEK

- **IN FOCUS: HMA FRAMEWORK EXAMINES BEHAVIORAL HEALTH CRISIS DIVERSION FACILITIES**
- CALIFORNIA DHCS DIRECTOR BRADLEY GILBERT RESIGNS
- CALIFORNIA GOVERNOR PROPOSES FISCAL 2021 MEDICAID CUTS
- FLORIDA AHCA SECRETARY MAYHEW EYES MEDICAID CHANGES
- HAWAII TO RESCIND MEDICAID MANAGED CARE CONTRACTS SCHEDULED TO TAKE EFFECT IN JULY
- ILLINOIS TO EXTEND MEDICAID TO UNDOCUMENTED SENIORS
- KENTUCKY AWARDS MEDICAID MANAGED CARE CONTRACTS
- LOUISIANA TO FORM JOINT MEDICAID OVERSIGHT COMMITTEE
- NEW JERSEY PROPOSES REVISIONS TO TELEHEALTH REQUIREMENTS
- NEW YORK GOVERNOR HOLDS BACK ON BUDGET CUTS
- PUERTO RICO MEDICAID PLAN IS FOR SALE, MOLINA SAYS
- STEWARD HEALTH CARE IS ACQUIRED BY PHYSICIANS
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

HMA FRAMEWORK EXAMINES BEHAVIORAL HEALTH CRISIS DIVERSION FACILITIES

This week, our *In Focus* section provides a model framework examining an option for care for individuals with behavioral health needs who often find themselves involved with law enforcement or in hospital emergency rooms during times of crisis. The framework - Crisis Diversion Facilities - was released by Health Management Associates, led by HMA Principal [Bren Manauh](#) and supported by [Arnold Ventures](#) as part of a larger opioid and mental health response initiative.

Mental illness and substance use disorders affect a large number of Americans, with emergency departments and law enforcement often serving as the most frequent respondents to individuals in crisis. Crisis Diversion Facilities can provide targeted, specialized mental health and substance use treatment that can stabilize people in crisis, reduce unnecessary and costly emergency room use and jail stays, and increase access to critical health and support services for vulnerable members of communities.

The model crisis diversion facility:

- Improves the health and wellbeing of individuals experiencing behavioral health crisis and those with repeated criminal justice system encounters by integrating supports and health care, law enforcement, criminal justice, and emergency agencies, to improve access to services that reduce reliance on emergency health and public safety responses;
- Is a coordinated community approach by stakeholders with key roles and responsibilities in the system of care that leverages multiple funding streams and community investment;
- Is developed in alignment with best practices and evidence-based models for driving a service delivery system that is trauma-informed, person-centered, and recovery-oriented.

The framework includes a report, *Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response*; a guidebook, *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis*; and a *policy brief*.

For any questions, please contact Bren Manaugh at bmanaugh@healthmanagement.com.



HMA MEDICAID ROUNDUP

California

California DHCS Director Bradley Gilbert Resigns. *Politico Pro* reported on June 2, 2020, that California Health Care Services director Bradley Gilbert announced his resignation, less than four months after being appointed by Governor Gavin Newsom. Gilbert was previously chief executive of Inland Empire Health Plan and also served as director of public health at the County of Riverside Health Services Agency Department of Public Health. [Read More](#)

Governor Proposes Cuts to Medicaid Programs in Fiscal 2021 Budget. *Kaiser Health News* reported on June 1, 2020, that California Governor Gavin Newsom proposed cuts to the state's Medicaid program in an attempt to address an estimated \$54 billion deficit in the fiscal 2021 state budget. The cuts include \$205 million from the state's In-Home Supportive Services program as well as \$54.7 million from podiatric, vision, and hearing benefits. Newsom also suggested re-implementing stricter income requirements, which would affect mostly elderly and disabled individuals. Additionally, the governor's proposal includes an automatic trigger to restore the cuts if the state receives additional federal COVID-19 relief dollars. Both chambers of the state legislature must present their version of the budget to the governor by June 15. [Read More](#)

California Provider Sutter Health Posts \$168 Million Operating Loss in April. *Modern Healthcare* reported on May 27, 2020, that California-based, not-for-profit health system Sutter Health reported a \$168 million operating loss in April, largely tied to COVID-19-related expenses and lost revenues from patients cancelling procedures. COVID-19 relief programs helped mitigate the loss, which otherwise would have been \$360 million. [Read More](#)

Florida

Florida Officials Seek to Extend 30-Day Medicaid Eligibility For Four More Years, Sidestepping State Legislature. *Health News Florida* reported on June 3, 2020, that Florida Medicaid officials have asked federal regulators to extend the state's 30-day retroactive Medicaid eligibility policy through 2024, sidestepping the state legislature, which has only approved the policy through June 30, 2021. The request to extend the 30-day retroactive period policy in place of the required 90 days was part of the state's 1115 waiver renewal proposal, which would extend the waiver through 2024. [Read More](#)

Florida AHCA Secretary Mayhew to Propose Further Medicaid Changes. *Florida Politics* reported on June 2, 2020, that Florida Agency for Health Care Administration (AHCA) Secretary Mary Mayhew plans to propose further changes to the state's Medicaid program, aimed at rewarding quality, ensuring timely access to services, and investing in prevention and early intervention services. The proposals would be submitted to Governor Ron DeSantis to consider in the fall of 2022 and for state legislative and federal regulatory approval in 2023. Florida recently requested federal approval to extend its current 1115 Managed Medical Assistance waiver until June 30, 2024, to give the state more time to evaluate new strategies. [Read More](#)

Florida Releases 1115 MMA Waiver Extension Request for Public Comment. The Florida Agency for Health Care Administration announced on June 1, 2020, that it is seeking federal authority to extend the state's 1115 Managed Medical Assistance (MMA) waiver from July 1, 2020, to June 30, 2024. The extension would allow the MMA program to continue to operate statewide and provide primary and acute medical care for Medicaid beneficiaries through competitively procured managed care plans. The state seeks to extend the waiver with no amendments after the completion of a 30-day public comment period. [Read More](#)

Hawaii

Hawaii to Rescind Medicaid Managed Care Contracts Scheduled to Take Effect in July. *Honolulu Civil Beat* reported on May 29, 2020, that Hawaii will rescind newly awarded Medicaid managed care contracts, which were scheduled to take effect in July. Existing contracts will be extended. The decision to rescind the awards, which would have reduced the number of contracted Medicaid managed care plans serving members statewide, was prompted by COVID-19, according to Med-QUEST division administrator Judy Mohr Peterson. [Read More](#)

Illinois

Illinois Becomes First State to Extend Medicaid Coverage to Undocumented Seniors. *The State Journal-Register* reported on May 27, 2020, that Illinois will become the first state to extend Medicaid coverage to low-income, undocumented individuals over 65 years of age. The provision was included in the state's fiscal 2021 budget, which passed the legislature and will be signed by Governor J.B. Pritzker. Medicaid services for eligible undocumented seniors will begin July 1, 2020. [Read More](#)

Kentucky

Kentucky Awards Medicaid Managed Care Contracts. On May 29, 2020, Kentucky awarded Medicaid managed care contracts to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene, effective January 1, 2021. Contracts will run through December 31, 2024, with six additional two-year options. An earlier contract award was cancelled in December 2019 amid controversies surrounding the procurement. Current incumbents Aetna, Anthem, Humana, Passport, and WellCare serve approximately 1.2 million lives. [Read More](#)

Louisiana

Louisiana to Form Joint Medicaid Oversight Committee. *KTBS* reported on May 29, 2020, that Louisiana lawmakers approved a measure to establish a Joint Medicaid Oversight Committee to monitor the state's Medicaid program. The newly formed committee will include 12 members, six from each house of the legislature. [Read More](#)

Missouri

Judge Dismisses Two Lawsuits Against Medicaid Expansion Ballot Measure. *KY3/The Associated Press* reported on June 2, 2020, that Cole County Circuit Judge Daniel Green dismissed two lawsuits against a Missouri Medicaid expansion ballot measure, ruling that the measure does not require lawmakers to set aside state revenue for expansion. Advocacy groups United for Missouri and Americans for Prosperity-Missouri filed the lawsuits hoping to remove the measure, which will appear on the August ballot. Both groups say they will appeal. [Read More](#)

Nebraska

Nebraska Medicaid to Increase Nursing Facility Rates by 6 Percent. *KRVN* reported on June 3, 2020, that the Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care will increase nursing home Medicaid rates by approximately six percent, effective July 1, 2020. However, 15 facilities will see a decrease in per diem base rates, as the process for determining nursing facility rates is based on each facility's costs and resident days. [Read More](#)

New Jersey

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

New Jersey Proposes Revisions to Telehealth Requirements for Medicaid and Health Insurance Providers. On June 1, 2020, New Jersey Assemblywoman Joann Downey introduced a bill ([A4179](#)) that would amend current law for telemedicine and telehealth in New Jersey in the following ways:

- Equate the rate of reimbursement to the rate for services delivered in-person
- Prohibit carrier restrictions on location or setting of the provider's distant site
- Prohibit restriction of a provider's ability to use any electronic or technological platform if it allows the provider to meet the same standard of care as an in-person visit, and complies with federal privacy rule requirements

Report Makes Recommendations to Strengthen New Jersey Nursing Homes to Address COVID-19 Outcomes. On June 2, 2020, New Jersey released an assessment of its long-term care delivery system with a focus on skilled nursing facilities in the wake of COVID-19 conducted by Manatt Health. Medicaid is the primary payer for nursing home services in New Jersey representing 58 percent of the average daily census in 2018. The report presents a series of high-impact, short- and long-term recommendations that would:

- Strengthen emergency and surge response capacity
- Stabilize facilities and bolster the long-term care workforce
- Increase transparency and accountability through data and reporting
- Build a more resilient and higher quality long-term care system, including increasing the use of home and community-based services

It also summarizes critical themes that together describe underling, systemic challenges for nursing home care in the state. [Read More](#)

New Jersey Launches Public Awareness Campaign to Promote Health Insurance Options. On May 19, 2020, the New Jersey Department of Banking and Insurance (DOBI) announced that it is launching a “Get Covered New Jersey” public awareness campaign to promote health insurance options available to its residents amid COVID-19. This campaign usually runs during the Affordable Care Act (ACA) Open Enrollment Period in the fall. Since many residents have lost jobs, which is a qualifying event for the ACA Marketplace’s Special Enrollment Period, New Jersey residents will learn that they have 60 days from the loss of health coverage to apply for ACA Marketplace coverage, and possibly be eligible for financial help to lower their out-of-pocket premium costs. Governor Murphy previously requested that the federal government open a COVID-19 specific Special Enrollment Period for any state resident who is uninsured or underinsured, which was denied. The campaign also targets residents who have lost income and may qualify for NJ FamilyCare, the state’s Medicaid program. DOBI is also working in tandem with the Department of Human Services and the Department of Labor to connect residents who are applying for unemployment insurance about their health coverage options through the Marketplace and NJ FamilyCare. New Jersey will transition to a State Based Exchange in November 2020. [Read More](#)

New Jersey Medicaid Enrollment Soars. *WHYY* Reported on May 25, 2020, that New Jersey Medicaid enrollment was nine times higher between March and April 2020 than for the same period in 2019. In April, the state received 45,000 Medicaid applications compared to last year when just over 5,000 people joined the program in the same month. More than 75,000 applications were received from March 15 – May 9 of this year. Government officials anticipate even greater application and corresponding enrollment increases given the high number of unemployment claims of over 700,000 in April. [Read More](#)

Treasurer Releases State Budget Report. On May 22, 2020, the New Jersey State Treasurer released a report on the financial condition of the state budget for fiscal years 2020 and 2021. The report was issued pursuant to the COVID-19 Fiscal Mitigation Act and is meant to serve as a road map to address anticipated revenue shortfalls of nearly \$10 billion through fiscal 2021. State forecast data predicts that New Jersey’s recession and recovery will resemble the nation’s, and the economy may not be fully restored for two years or more.

A revised spending plan will require de-appropriations for the financial period ending June 30, 2020, of about \$1.32 billion with the following impact on health care budget categories:

- Surplus Medicaid Balances \$397,257,000
- Opioid Funding \$67,996,000
- Mental Health & Addictions Services Trend \$29,466,000

Further, the Medical Assistance Program will receive an estimated award of \$456 million under the Families First Coronavirus Response Act that is providing states with a temporary increase of 6.2 percent in federal matching funds. [Read More](#)

New Mexico

New Mexico Says Proposed Single Payer Health Plan Would Be Underfunded by \$7 Billion Over 5 Years. *Modern Healthcare/The Associated Press* reported on May 27, 2020, that New Mexico's proposed state-administered, single-payer health plan would be underfunded by about \$7 billion over the first five years of the program, according to a preliminary report commissioned by the state. The state's uninsured rate would fall to less than 1 percent, the report said. Comments on the preliminary report will be collected before a final version is sent to the legislature's budget and accountability office. [Read More](#)

New York

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

New York Medicaid Enrollment Rises 2 Percent to 6.2 Million During First 2 Months of COVID-19. *Politico Pro* reported on June 2, 2020, that New York Medicaid enrollment rose two percent to 6.2 million on April 30, up more than 136,000 from the end of February, according to the state Department of Health. However, enrollment in the state's Children's Health Insurance Program (Child Health Plus) and Exchange plans declined between early March and mid-May. [Read More](#)

New York Governor Holds Back On Budget Cuts, Waits on Federal Funding. *Politico* reported on May 29, 2020, that New York Governor Andrew Cuomo is holding back on 20 percent across the board cuts, hoping Congress will provide additional relief funds. Cuomo's state budget proposal that included more than \$10 billion in spending cuts was supposed to be released in May. The state faces a \$13 billion revenue gap, with spending on COVID-19 expected to climb as high as \$5 billion before the end of the year. [Read More](#)

New York Home Health Agencies Face \$200 Million in 2020 Losses, Survey Shows. *Home Health Care News* reported on May 31, 2020, that New York home health agencies are facing \$200 million in 2020 losses due to COVID-19, according to financial estimates by the Home Care Association of New York State (HCA-NYS). Factors associated with the projected losses include lower patient volumes, a lack of telehealth reimbursement, personal protective equipment (PPE) prices, and increased low utilization payment adjustment (LUPA) rates. HCA-NYS wrote to U.S. Senator Chuck Schumer (D-NY) demanding additional financial support for home health organizations in the next federal aid package. [Read More](#)

North Carolina

North Carolina PACE Organization Finds Another Partner to Replace Advance Home Care. *The Triad Business Journal* reported on May 27, 2020, that North Carolina-based PACE of the Triad will replace Advance Home Care with another not-for-profit organization. Advance is being acquired by BrightSpring Health Services and will transfer its shares to the new partner. The new partner has been identified, but not yet announced. PACE of the Triad, a joint venture of Cone Health, Hospice and Palliative Care of Greensboro, Well-Spring, and Advance Home Care, is the third largest Program of All-inclusive Care for the Elderly (PACE) in North Carolina. [Read More](#)

Pennsylvania

Pennsylvania Holds Medical Assistance Advisory Committee Meeting. On May 28, 2020, the Pennsylvania Medical Assistance Advisory Committee held its regular monthly meeting. The Department of Human Services (DHS) stated it will be issuing a new Medicaid access benefit card. DHS has been undertaking initiatives to make tools and benefit cards more consumer friendly. The new card resembles designs of private insurers and can help reduce the stigma associated with being on Medical Assistance or receiving public assistance. The Office of Medical Assistance Program (OMAP) is currently working on updating and publishing a bulletin to inform providers of the updated card change. OMAP Deputy Secretary Kozak also gave an update on the EVV implementation. EVV for personal care services was supposed to be implemented by January 1, 2019, but DHS requested an extension from the Centers for Medicare & Medicaid Services (CMS) to implement it by January 1, 2020. DHS requested to further extend the implementation until January 1, 2021.

Benefits Data Trust and Aetna Better Health of Pennsylvania Announce Partnership. On May 28, 2020, Benefits Data Trust (BDT) and Aetna Better Health of Pennsylvania announced a partnership that will help over 90,000 members maintain health care coverage and connect members to other publicly-funded benefits that can help provide food, housing, and childcare. BDT will use targeted SMS messaging to assist Aetna members approaching their plan recertification deadline. BDT will also provide comprehensive benefit application assistance to members who are likely eligible for and not enrolled in the Supplemental Nutrition Assistance Program (SNAP) and other programs, such as low-income energy assistance and housing affordability benefits.

Puerto Rico

Puerto Rico Medicaid Plan Is For Sale, Molina Healthcare Says. *S&P Global Market Intelligence* reported on May 28, 2020, that Molina Healthcare expects to complete the sale of its Puerto Rico Medicaid business later in 2020, with talks currently ongoing between the company and a potential buyer. [Read More](#)

Utah

Utah Medicaid to Pay Claims for Uninsured Seeking COVID-19 Tests. *The Salt Lake Tribune* reported on June 1, 2020, that Utah Medicaid will begin covering COVID-19 tests for uninsured patients, effective June 1. Patients must be uninsured and meet citizenship and Utah residency requirements to receive coverage. [Read More](#)

National

HHS Changes Rules Over Provider COVID-19 Relief Grants. *Modern Healthcare* reported on June 2, 2020, that the U.S. Health and Human Services (HHS) changed the rules concerning provider COVID-19 grants one day before providers were required to submit financial data to receive a second round of funds. Providers not ready to accept the terms and conditions must return any funds they have received to date and then reapply. A total of \$50 billion was allocated to providers, with \$30 billion distributed in the first round, and \$20 billion scheduled for the second round. [Read More](#)

CMS Threatens to Strip Federal Aid From States That Fail to Inspect Nursing Homes By July 31. *Modern Healthcare* reported on June 1, 2020, that the Centers for Medicare & Medicaid Services (CMS) is threatening to strip states of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding if they do not complete mandated nursing home inspections by July 31. States that miss the deadline will have to submit a corrective action plan and could lose 10 percent of the CARES Act funds, in addition to losing another five percent of their inspection funding for each additional month they fail to comply. According to CMS, funds stripped from one state for failing to complete inspections will be funneled to other states that met the July 31 requirement. Inspections are aimed at ensuring that nursing homes meet federal infection control standards. [Read More](#)

Rural Not-for-Profit Critical Access Hospitals Fare Better in Medicaid Expansion States, Analysis Shows. *Modern Healthcare* reported on June 1, 2020, that profit margins for rural hospitals, especially not-for-profit critical access hospitals, generally fared better in Medicaid expansion states, according to an [analysis](#) of more than 1,000 non-government rural hospitals from 2011 to 2017. The median overall profit margin among not-for-profit critical access hospitals in Medicaid expansion states increased from 1.8 percent to 3.7 percent, compared to a decrease from 3.5 percent to 2.8 percent among their peers in non-expansion states. [Read More](#)

Medicaid Providers Still Waiting for COVID-19 Funding. *The Hill* reported on May 27, 2020, that Medicaid providers are increasingly frustrated by delays in federal COVID-19 funding. In April, the U.S. Department of Health and Human Services (HHS) said it was “working rapidly” to figure out how to get funding to Medicaid providers, which are struggling financially. [Read More](#)



INDUSTRY NEWS

Hospital Operator Steward Health Care Acquired by Physicians. *Modern Healthcare* reported on June 2, 2020, that a group of physicians have acquired a 90 percent stake in Steward Health Care, a Dallas-based health system operating 35 hospitals across nine states. As part of the transaction, private equity firm Cerberus Capital Management transferred its controlling stake to the group, which is led by Steward chief executive Ralph de la Torre, MD. Medical Properties Trust will continue to own 10 percent. [Read More](#)

Beaumont, Summa Drop Merger Plan. *Crain's Cleveland Business* reported on May 29, 2020, that Beaumont Health and Summa Health released a joint statement announcing the end of their planned merger, after putting the process on hold to focus on COVID-19. In July 2019, the organizations announced that Summa would become a subsidiary of Beaumont. [Read More](#)

Kindred Healthcare to Acquire Two TX-Based Behavioral Health Hospitals From WellBridge Healthcare. *Modern Healthcare* reported on June 1, 2020, that Kindred Healthcare has signed a definitive agreement to acquire two Texas-based behavioral health hospitals from WellBridge Healthcare. Under the deal, WellBridge Greater Dallas and WellBridge Forth Worth will retain the WellBridge name. The acquisition, which requires regulatory approval, is expected to close in summer 2020. [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

- Hawaii SNP Membership at 24,317, Mar-20 Data
- Iowa SNP Membership at 15,261, Mar-20 Data
- Kansas SNP Membership at 6,958, Mar-20 Data
- Kentucky SNP Membership at 32,990, Mar-20 Data
- Massachusetts SNP Membership at 59,133, Mar-20 Data
- Maine SNP Membership at 15,774, Mar-20 Data
- Michigan SNP Membership at 34,604, Mar-20 Data
- Minnesota SNP Membership at 45,944, Mar-20 Data
- Missouri SNP Membership at 29,498, Mar-20 Data
- Ohio SNP Membership at 73,486, Mar-20 Data
- Pennsylvania SNP Membership at 166,169, Mar-20 Data
- Rhode Island SNP Membership at 6,098, Mar-20 Data
- South Dakota SNP Membership at 335, Mar-20 Data
- Tennessee SNP Membership at 115,425, Mar-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 8.1%, Apr-20 Data
- Kentucky Medicaid Managed Care Enrollment is Up 6.0%, May-20 Data
- Maine Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Michigan Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Minnesota Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- South Carolina Medicaid Managed Care Enrollment is Up 3.7%, May-20 Data
- MLRs Average 80.1% at Michigan Medicaid MCOs, 2019 Data
- MLRs Average 93.2% at Minnesota Medicaid MCOs, 2019 Data
- MLRs Average 94.2% Among Missouri Medicaid MCOs, 2019 Data
- MLRs Average 94.6% at Massachusetts Medicaid MCOs, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Kentucky Medicaid Managed Care RFP, Scoring Documents, Contracts, and Related Documents, 2020
- Pennsylvania HealthChoices Physical Health Model Contract, 2020
- Pennsylvania Patient and Provider Network (p3N) Draft Technical Submittal Requirements RFI and Responses, 2020

Medicaid Program Reports, Data and Updates:

- California DHCS Stakeholder Advisory Committee Meeting Materials, May-20
- DC Medicaid Managed Care Performance Reports, 2015-19
- Florida Managed Medical Assistance (MMA) 1115 Demonstration Waiver Extension Request, Jun-20
- Healthy Louisiana Program Actuarial Rate Certifications and Data Books, 2018-20
- Hawaii DHS Financial Audit Reports, FY 2017-19
- Iowa External Quality Review Technical Report, CY2016-19
- Iowa Medicaid Managed Care Capitation Rates, SFY 2019

- Iowa Medicaid MCO Quarterly Performance Data Reports, 2016-2Q20
- Kentucky Medicaid MCO External Quality Review Technical Reports, 2018-20
- Louisiana Medicaid Financial Forecast Reports, SFY 2018-20, Apr-20
- Maryland Medicaid Advisory Committee Meeting Materials, May-20
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, FY 2020 to Mar-20
- Michigan Medicaid Health Plan External Quality Review Reports, 2014-19
- North Carolina Medicaid Enrollment by Aid Category, May-20 Data
- Ohio Medical Care Advisory Committee Meeting Materials, 2019-20
- Pennsylvania Managed Care External Quality Review Reports, 2019
- Texas HHSC Medicaid Rate Setting Reports, FY 2020
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, May-20

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- Excel data packages
- RFP calendar

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