

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... June 10, 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: OPTIMIZING CAPACITY FOR PRESCRIBING BUPRENORPHINE IN JAILS AND PRISONS**
- CALIFORNIA PROVIDES UPDATED TIMELINE FOR MEDICAID MANAGED CARE PROCUREMENT RFP
- DISTRICT OF COLUMBIA MEDICAID MAY INTEGRATE BEHAVIORAL
- FLORIDA MEDICAID TO UPDATE INPATIENT PAYMENT METHODOLOGY
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- KENTUCKY PLAN TO PROTEST MEDICAID MANAGED CARE AWARDS
- MISSOURI MEDICAID EXPANSION BALLOT MEASURE CAN PROCEED
- NEW JERSEY FALLS SHORT IN MEDICAID LTSS PAYMENT AUDIT
- NEW YORK PRIMARY CARE PRACTICES ARE HARD HIT BY COVID-19
- CMS TO USE 'GLIDE PATH' TO PHASE OUT MEDICAID 1135 WAIVERS
- CMS RELEASES MEDICAID, CHIP PLAN MLR GUIDANCE
- HEALTHCARE SECTOR EMPLOYMENT BEGINS TO BOUNCE BACK
- **MEDICAID DIRECTORS TO ADDRESS WHAT'S NEXT AS STATES ASSESS PRIORITIES, CHALLENGES AT HMA CONFERENCE**
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

OPTIMIZING CAPACITY FOR PRESCRIBING BUPRENORPHINE IN JAILS AND PRISONS

This week, our *In Focus* section discusses an issue brief prepared by Health Management Associates (HMA), *Optimizing Capacity for Prescribing Buprenorphine in Jails and Prisons*, authored by HMA Principals Shannon Robinson, MD and Donna Strugar-Fritsch, BSN, MPA, CCHP.

Buprenorphine is one of three FDA-approved medications for treatment of Opioid Use Disorder (OUD). It is sold under various formulations and trade names including Subutex, Suboxone, Zubsolv, Bunavil, Sublocade, and Probuphine. Currently, a provider must obtain special waiver from the federal Substance Abuse and Mental Health Services Administration in order to prescribe buprenorphine for OUD, and the waiver limits the number of patients the prescriber can treat at any one time. These patient limits can seriously constrain the treatment capacity of prisons and jails and can compromise the integrity and outcomes of treatment of OUD in these and other settings.

The Bureau of Justice estimates that 17 to 19 percent of persons incarcerated in prisons and jails have OUD, and many jails today report much larger numbers. In addition, all jails and many prisons regularly receive detainees who suffer acute opioid withdrawal. Both withdrawal and on-going treatment of OUD can be readily managed with buprenorphine. However, not all facilities have access to a waived provider, and in many instances the patient limits a provider has requested may be less than is needed. It is crucial that providers who prescribe buprenorphine in correctional settings receive the highest patient limit allowed.

In addition, patient limits apply to the number of patients under treatment with buprenorphine by a waived provider on a given day. Detainee populations change constantly in jails and prisons, making the tracking of daily buprenorphine patient limits challenging. Waivered providers who practice in correctional and community settings face even more challenges in documenting daily patient prescribing.

It is essential that prisons and jails optimize buprenorphine prescribing capacity. HMA has prepared the issue brief, *Optimizing Capacity for Prescribing Buprenorphine in Jails and Prisons*, to help all waived providers and correctional health administrators understand how to maximize prescribing capacity, comply with reporting requirements, and expand prescribing limits as allowed and additionally during emergency circumstances. The brief has implications during the current COVID-19 public health emergency and as many correctional settings expand their treatment of OUD.

For more information or any questions, please contact [Shannon Robinson](#) or [Donna Strugar-Fritsch](#).

[Link to Issue Brief](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Medicaid Enrollment Rises for Both Traditional, Expansion Programs. *Talk Business & Politics* reported on June 6, 2020, that enrollment in Arkansas Medicaid rose in both the traditional and expansion programs from early April to May 1, a time with rising unemployment in the state. Overall Medicaid enrollment rose by 22,920 to 926,015, while Arkansas Works expansion enrollment rose by nearly 12,000 to 261,975. [Read More](#)

California

California Provides Updated Timeline for Medicaid Managed Care Procurement RFP. On June 10, 2020, the California Department of Health Care Services (DHCS) provided an updated timeline for the state's Medicaid managed care procurement, with a request for information (RFI) coming this summer and a draft request for proposals (RFP) expected in the first quarter of 2021. The final RFP is expected in third quarter of 2021. The expected new contract implementation in January 2024 is unchanged.

District of Columbia

District of Columbia Medicaid Looks to Integrate Behavioral Health Services. The District of Columbia Department of Behavioral Health (DBH) announced it is looking to integrate behavioral health services into its current Medicaid managed care program. The transition would allow the District's existing Medicaid managed care plans to cover both physical and behavioral health, including individuals with serious mental illness and/or substance use disorder. The proposal is part of a broader effort to fully transition to integrated care through managed care plans over the next five years.

Florida

Florida Medicaid to Update Hospital Inpatient Reimbursement Methodology. *CBS Miami* reported on June 9, 2020, that 28 Florida hospitals will see an increase in reimbursements after the state Agency for Health Care Administration (AHCA) announced it is updating the inpatient reimbursement methodology for fiscal 2020. The changes, which apply to care rendered beginning June 2, are being made to ensure that \$319 million in supplemental funds are appropriated to hospitals that treat the most Medicaid patients. [Read More](#)

Florida Awaits Word on Low Income Pool Funding Level. *The News Service of Florida* reported on June 9, 2020, that Florida remains unclear on how much the federal government will approve for the state's Low Income Pool (LIP) supplemental funding program, which aims to offset the costs of uncompensated care among Medicaid, uninsured, and other individuals. The state is seeking a two-year extension of a Medicaid waiver that includes the LIP program. [Read More](#)

Illinois

Illinois Medicaid Plan NextLevel Health to Close Down In July. *Modern Healthcare* reported in June 5, 2020, that Chicago-based Medicaid plan NextLevel Health will close down in July and transfer its 56,000 members in Cook County to another health plan. The news comes two months after Molina Healthcare and NextLevel called off plans to merge. [Read More](#)

Illinois Health System Mercyhealth to Accept Molina Medicaid Members. *WREX* reported on June 2, 2020, that Illinois-based health system Mercyhealth has agreed to accept Medicaid patients from Molina Healthcare in the Rockford region of the state. Mercyhealth had announced in April 2020 that it would no longer accept Medicaid patients from Blue Cross Blue Shield of Illinois, Centene/IlliniCare, Meridian, or Molina. [Read More](#)

Kentucky

Kentucky Health Plan to Protest Medicaid Managed Care Awards. *The Louisville Business First* reported on June 4, 2020, that Passport Health Plan will file a formal protest after failing to win a contract in Kentucky's recent Medicaid managed care awards. Contracts went to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene. [Read More](#)

Louisiana

Louisiana Medicaid Enrollment Grows By More Than 58,000. *The Advocate* reported on June 3, 2020, that Medicaid enrollment in Louisiana grew by more than 58,000 from March through May, driven by federal rules aimed at keeping individuals enrolled in the program as a condition of the state receiving federal COVID-19 relief funds. The additional funding, which comes through an increase in the Federal Medical Assistance Percentage, is slated to run through September. Without the federal rule, nearly 64,000 Medicaid members would likely have been disenrolled over the same period for failing to meet eligibility requirements. [Read More](#)

Missouri

Missouri Medicaid Expansion Ballot Measure Can Proceed, State Appeals Court Rules. *The St. Louis Post-Dispatch* reported on June 8, 2020, that the Missouri Western District Court of Appeals affirmed a lower-court ruling allowing the state's Medicaid expansion ballot measure to proceed. The court found that Cole County Circuit Judge Daniel Green was correct in dismissing a lawsuit challenging the ballot measure over concerns about funding. Appeals Judge Mark Pfeiffer said the issue of funding cannot be addressed until after voters decide on the measure on the August 4 ballot. Medicaid expansion would cover more than 230,000 individuals. [Read More](#)

New Jersey

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

New Jersey Quality Institute Issues Perinatal Care Recommendations During COVID-19 Report. On June 5, 2020, the New Jersey Health Care Quality Institute has released recommendations for policy makers, health care workers, and other maternal and child health stakeholders to improve the care of women of childbearing age before, during, and after a pregnancy to address the effects of COVID-19. New Jersey Medicaid (NJ FamilyCare) pays for over 40 percent of births in the state. Much of the report provides best practices and resources to support providers who are caring for this vulnerable population. The recommendations are divided into the following five topics:

1. Prenatal care
2. Triage and testing guidance for facilities
3. Labor and delivery
4. Postpartum care
5. Alternative birthing sites

The Quality Institute is updating the report recommendations and list of resources weekly as new evidence and data become available. [Read More](#)

New Jersey Failed to Monitor \$721 Million Paid to Medicaid LTSS Plans, Audit Says. *NJ.com* reported on June 3, 2020, that New Jersey failed to properly monitor \$721 million in payments to Medicaid managed care plans covering long-term services and supports (LTSS) in the state, according to an audit by the U.S. Department of Health and Human Services Office of Inspector General. The audit found that plans covered basic services, but not physical and occupational therapy, rehabilitation, vision, dental, and other services that might benefit LTSS members. New Jersey Human Services commissioner Carole Johnson rejected the audit's conclusions, noting that the areas that were audited accounted for less than six percent of the state's monthly payments. [Read More](#)

NJ Receives Approval for Appendix K Application. On May 15, 2020, the Centers for Medicare & Medicaid Services (CMS) approved New Jersey's request to update its Section 1115 waiver with the Emergency Preparedness and Response Appendix K to respond to the COVID-19 pandemic. This has been incorporated into the demonstration's Special Terms and Conditions as Attachment R, effective from March 1, 2020, through February 28, 2021. The state was approved to temporarily:

- Exceed service limitations or requirements for amount, duration, and prior authorizations
- Add services to the waiver to address the emergency situation
- Expand settings where services may be provided
- Permit family caregivers to be paid for personal care assistance services in the event of service disruptions to address workforce shortages
- Modify provider qualifications, types, licensure or other requirements where waiver services occur
- Increase payment rates, and allow payment for services to support waiver participants in an acute care hospital or short-term institutional stay that does not offer the necessary supports (including communication and intensive personal care)
- Include retainer payments for providers who render habilitation and personal care services when beneficiaries are hospitalized or otherwise unable to receive ordinary care due to COVID-19, and contingent on identified need and state funding availability.
- Modify incident reporting requirements
- Institute or expand self-direction opportunities

A copy of the Appendix K approval letter can be found [here](#).

New York

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

Governor Allows All New York City Hospitals to Resume Elective Procedures, Ambulatory Care. *Politico* reported on June 9, 2020, that New York Governor Andrew Cuomo announced that all New York City hospitals can resume elective surgeries and ambulatory care as the city enters phase one of its reopening from the COVID-19 quarantine this week. Cuomo said the city has met the criteria needed to resume elective procedures, with the caveat that the prohibition would be re-enacted if the number of cases and deaths from COVID-19 start to spike. [Read More](#)

New York Is Ready for Rising Medicaid Enrollment, Study Says. *Crain's New York Business* reported on June 9, 2020, that New York is better prepared for a spike in Medicaid enrollment today than it was during the recession of 2007-09, according to an [analysis](#) by the United Hospital Fund. "The infrastructure that's in place to connect people to coverage right now is significantly more robust than it was in the Great Recession," said Nathan Myers, director of UHF's Medicaid Institute. The state's Medicaid program already covers about 6 million individuals, which is roughly 2 million more than in December 2007. [Read More](#)

Hospital System Catholic Health Reports \$165 Million First Quarter 2020 Net Loss. *Crain's New York Business* reported on June 5, 2020, that New York health system Catholic Health Services of Long Island reported a first quarter 2020 operating loss of \$41 million and a net loss of \$165 million. The health system attributes the losses to a decline in elective procedures and rising costs, among other factors related to the COVID-19 pandemic. [Read More](#)

New York Individual Exchange Plans Seek 11.7 Percent Rate Increase on Average for 2021. *Crain's New York Business* reported on June 8, 2020, that New York individual plans are seeking rate increases averaging 11.7 percent for 2021. Among the plans seeking the highest increase, Oscar asked for 19.1 percent, Fidelis Care 18.8 percent, Empire BlueCross BlueShield HealthPlus 16.6 percent, and UnitedHealthcare 13.8 percent. [Read More](#)

New York Allows 19 NYC Hospitals to Resume Elective Surgeries. *Crain's New York Business* reported on June 8, 2020, that the New York Department of Health approved waivers for 19 New York City hospitals to resume performing elective surgeries. Governor Andrew Cuomo had lifted a ban on hospitals performing non-urgent procedures in all regions of the state except for New York City. [Read More](#)

New York Ban on Nursing Home Visits to Stay in Place Until Further Notice. *Syracuse.com* reported on June 4, 2020, that a ban on visitors to New York nursing homes, which went into effect March 13, will stay in place until further notice. According to the Centers for Medicare & Medicaid Services (CMS), homes should not open to visitors until there are no new COVID-19 cases for 28 days and there is adequate staff, personal protective equipment, and COVID-19 testing capabilities. [Read More](#)

New York Primary Care Practices Report Being Hit Hard By COVID-19. *Crain's New York* reported on June 1, 2020, that 85 percent of primary care practices in New York City say COVID-19 is having a severe impact on their operations, according to an NYU survey. Among the sources of stress reported by the 500 practices responding to the survey were shortages of personal protective equipment, large volumes of patient calls, staff illness, and decreases in revenues. [Read More](#)

North Carolina

North Carolina Medicaid Enrollment Increases by 75,000 Since March. *ABC 11* reported on June 5, 2020, that Medicaid enrollment in North Carolina grew by at least 75,000 since March as unemployment increased due to the COVID-19 pandemic. The number of individuals in the Medicaid-Exchange coverage gap has risen significantly as well. [Read More](#)

Pennsylvania

Pennsylvania DOA Partners with AARP to Support Family Connections in Long-Term Care Facilities. *MyChesCo* reported on June 5, 2020, that the Pennsylvania Department of Aging is partnering with AARP Pennsylvania to offer communication devices to long-term care facilities to help residents increase contact with their family and friends. The pilot program will provide cell phones and tablets to 49 skilled nursing facilities in 37 counties where resident advocates expressed a need for communication devices. Nineteen devices will go to facilities identified as Special Focus Facilities by the Centers for Medicare & Medicaid Services (CMS) and/or are operating under provisional licenses. [Read More](#)

Pennsylvania Orders Coronavirus Testing in all Nursing Homes. *The Abington Journal* reported on June 9, 2020, that the Pennsylvania Department of Health (DOH) updated its guidance for steps nursing homes should take to prevent the spread of COVID-19 and required testing for all staff and residents until July 24. Facilities are responsible for contracting with a commercial laboratory for the testing. According to a report issued by the DOH, within 615 facilities, there were 16,167 cases among patients, 2,807 among staff, and 4,094 deaths or approximately 69 percent of the overall COVID-19 attributable deaths statewide. [Read More](#)

Pennsylvania Continues Restrictions for Long-Term, Congregate Care Facilities. On June 5, 2020, the Pennsylvania Department of Health and the Department of Human Services issued guidance for nursing homes, personal care homes, and other long-term and congregate care facilities as counties continue to reopen. To prevent outbreaks within these vulnerable populations, restrictions will remain in places for these facilities for at least 28 days after the respective facility's county enters the green phase. Pennsylvania has a three tier reopening plan; green is the last phase of Governor Wolf's reopening plan. [Read More](#)

Rhode Island

Rhode Island Hospitals Lifespan, Care New England, Discuss 'Integrated, Unified' Health System. *Modern Healthcare* reported on June 3, 2020, that Rhode Island hospital groups Lifespan and Care New England have renewed exploratory talks to potentially form what is being described as an "integrated, unified, academic healthcare system" in collaboration with Brown University. Lifespan and Care New England have previously held merger talks. [Read More](#)

National

Senate Republicans Are Likely to Delay Additional COVID-19 Relief Bill Until July. *The Hill* reported on June 10, 2020, that Senate Republicans indicated they will delay passing another COVID-19 stimulus bill until after the July 4 recess, pointing to falling unemployment. They also rejected the \$3 trillion pricetag in further relief passed by the House. [Read More](#)

HHS to Distribute Another \$15 Billion In Medicaid, CHIP Provider Relief Funds. On June 9, 2020, the U.S. Department of Health and Human Services (HHS) announced that it expects to distribute another \$15 billion in previously allocated provider relief funds to Medicaid and Children's Health Insurance Program (CHIP) providers struggling from the impact of COVID-19. HHS will also distribute \$10 billion in provider relief funds to safety net hospitals this week. The funds were authorized by the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act. [Read More](#)

CMS to Use ‘Glide Path’ to Phase Out Temporary Medicaid Waivers Tied to COVID-19. *Modern Healthcare* reported on June 8, 2020, that the Centers for Medicare & Medicaid Services (CMS) will use a “glide path” rather than a hard stop to phase out temporary Medicaid waivers put into effect during the COVID-19 pandemic, according to principal deputy administrator for policy and operations Kim Brandt. She added that certain waiver flexibilities could remain in place longer term, including for example telehealth visits, which increased by 1,300 percent in the past year. [Read More](#)

CMS Issues Recommendations For Health Systems, Patients as Facilities Resume Non-Emergent Services. On June 9, 2020, the Centers for Medicare & Medicaid Services (CMS) issued recommendations to ensure the safe resumption of non-emergent healthcare services. For providers, these include preserving the capacity to care for potential surges in COVID-19, taking steps to reduce the risk of COVID-19 exposure, and use of face masks at all times. CMS also issued a guide to help patients seeking in-person, non-emergency treatment. [Read More](#)

CMS Releases Guidance on MLR Requirements for Medicaid, CHIP Managed Care Plans. On June 5, 2020, the Centers for Medicare & Medicaid Services (CMS) released guidance on the 2016 Final Rule that requires states and Medicaid plans to report on medical loss ratios (MLRs). The guidance also comments on the 2018 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, which allows states to keep a larger percentage of remittances from managed care plans that do not meet MLR requirements. [Read More](#)

States Are Mixed on Instituting Cost Controls for HIV/AIDS Drugs, Kaiser Reports. The Kaiser Family Foundation issued a brief on June 4, 2020, noting that just four states (Florida, Kentucky, New York, and Wyoming) require prior authorization for pre-exposure prophylaxis (PrEP) drugs used to prevent HIV. Fourteen states prohibit the use of utilization management techniques for antiretrovirals (ARVs), and four states that contract with Medicaid managed care plans for their drug benefit carve out ARVs. [Read More](#)



INDUSTRY NEWS

Hospital Chains Continue to Pay CEOs Millions of Dollars. *The New York Times* reported on June 8, 2020, that chief executives at many of the nation's largest hospital chains continued to receive millions of dollars in compensation, even as their organizations cut staff, reduced worker pay, and took billions of dollars in federal COVID-19 relief funds. [Read More](#)

Healthcare Sector Begins to Bounce Back, Employment Data Show. *Modern Healthcare* reported on June 5, 2020, that job losses at hospitals slowed dramatically in May, according to preliminary data from [the Bureau of Labor Statistics \(BLS\)](#). Overall, the healthcare sector added 312,400 jobs in May after losing 1.4 million jobs in April. The ambulatory sector added 375,700 jobs in May, while employment in nursing care facilities fell by 18,000. [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

COMPANY ANNOUNCEMENTS

Population Health: Engaging Patients to Improve Healthcare Outcomes. In this free white paper, MCG Managing Editor, Angela Askren, RN, MSN, CMC, and Clinical Editor, Emily Ferguson, RN, MSN, CCM, discuss the relationships between population health, value-based care, and social determinants of health (SDoH). [Download the white paper.](#)

HMA NEWS

Medicaid Directors to Address What's Next as States Assess Medicaid Priorities, Challenges Now and in the Future. State Medicaid directors will be among the dozens of featured speakers at HMA's fifth annual conference on What's Next for Medicaid, Medicare and Publicly Sponsored Healthcare: How Payers, Providers, and States are Navigating a Future of Opportunity and Uncertainty, October 26-27, at Fairmont Chicago Millennium Park.

Speakers on the Medicaid director keynote Q&A session will include 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; and Stephanie Muth, former deputy executive commissioner, Medicaid & CHIP, Texas Health & Human Services.

Topics of discussion will include 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.

Early Bird registration is now open. Last year's conference attracted 500 attendees. Visit the conference website for complete details: conference.healthmanagement.com/ or contact Carl Mercurio at 646-808-6383 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

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

Medicaid Data

- MLRs Average 89.1% at Florida MMA MCOs, 2019 Data
- MLRs Average 86.7% at Nebraska Medicaid MCOs, 2019 Data
- MLRs at 10 New York Medicaid MCOs Average 91.1%, 2019 Data
- MLRs at Nevada Medicaid MCOs Average 83%, 2019 Data
- MLRs Average 90.6% at New Jersey Medicaid MCOs, 2019 Data
- MLRs at New Mexico Medicaid MCOs Average 86.7%, 2019 Data
- MLRs at Ohio Medicaid MCOs Average 85.8%, 2019 Data
- MLRs at Pennsylvania Medicaid MCOs Average 91.9%, 2019 Data
- MLRs Average 91.2% at Rhode Island Medicaid MCOs, 2019 Data
- MLRs Average 83.4% at Tennessee Medicaid MCOs, 2019 Data
- MLRs Average 90.1% at Texas Medicaid MCOs, 2019 Data
- MLRs Average 89.2% at Virginia Medicaid MCOs, 2019 Data
- MLRs at Washington Medicaid MCOs Average 86.6%, 2019 Data
- MLRs at West Virginia Medicaid MCOs Average 92.3%, 2019 Data
- Puerto Rico Medicaid MCO MLRs Average 91.8%, 2019 Data
- California SNP Membership at 200,296, Mar-20 Data
- Florida Medicaid Managed Care Enrollment is Up 4.0%, Apr-20 Data
- Illinois SNP Membership at 8,394, Mar-20 Data
- Kansas Medicaid Managed Care Enrollment is Up 2.5%, May-20 Data

- New York CHIP Managed Care Enrollment is Up 3.5%, Apr-20 Data
- New York Medicaid Managed Care Enrollment is Up 1.1%, Apr-20 Data
- Puerto Rico Medicaid Managed Care Enrollment is Down 1.2%, May-20
- Puerto Rico SNP Membership at 285,438 Mar-20 Data
- Virginia Medicaid Managed Care Enrollment is Up 42.3%, 2019 Data
- Washington SNP Membership at 60,300, Mar-20 Data
- West Virginia Medicaid Managed Care Enrollment is Up 9.0%, May-20 Data
- West Virginia SNP Membership at 10,489, Mar-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Hawaii Ombudsman Services for Med-QUEST Division (MQD) Beneficiaries and Providers RFI, Jun-20
- Idaho Medicaid Pharmaceutical AAC Program Administration RFP, Jun-20
- Indiana Announces Hoosier Care Connect Managed Care Awards, May-20
- Indiana Hoosier Care Connect Managed Care RFP, Proposals, Awards, and Related Documents, 2019-20
- Nebraska External Quality Reviews of Managed Care Organizations (MCOs) and a Dental Benefits Manager (DBM) RFP, Jun-20
- Ohio Medicaid Managed Care Model Contract, May-20

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 71.2 Million, Jan-20 Data
- GAO State Views on Medicaid Program Administration Challenges Report, Apr-20
- Alabama Medicaid Agency Annual Reports 2012-18
- Arizona AHCCCS Population Demographics, Jun-20
- Florida Medicaid Eligibility by County, Age, Sex, Apr-20 Data
- Nebraska Medicaid Section 1115 Substance Use Disorder Demonstration Waiver and Related Documents, 2018-20
- New Jersey HHS OIG Audit of MCO Coverage of Medicaid Long-Term Services and Supports, Jun-20
- North Dakota DHS Quarterly Budget Insight Report, 2018-19
- Rhode Island Medical Care Advisory Committee Meeting Materials, Jun-20
- Utah Medical Care Advisory Committee Meeting Materials, May-20

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

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