

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

..... June 19, 2019 .....



In Focus



HMA Roundup



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## IN FOCUS

### HIGHLIGHTS FROM NASBO SPRING 2019 FISCAL SURVEY OF STATES

This week, our *In Focus* section highlights some of the key findings of the *Spring 2019 Fiscal Survey of States*, released this month by the National

Association of State Budget Officers (NASBO). The association conducted surveys of state budget officers in all 50 states from March through May 2019. The findings in the report focus on the key determinants of state fiscal health, highlighting data and state-by-state budget actions by area of spending. Below we summarize the major takeaway points from the report, as well as highlight key findings on Medicaid-specific and other health care budget items.

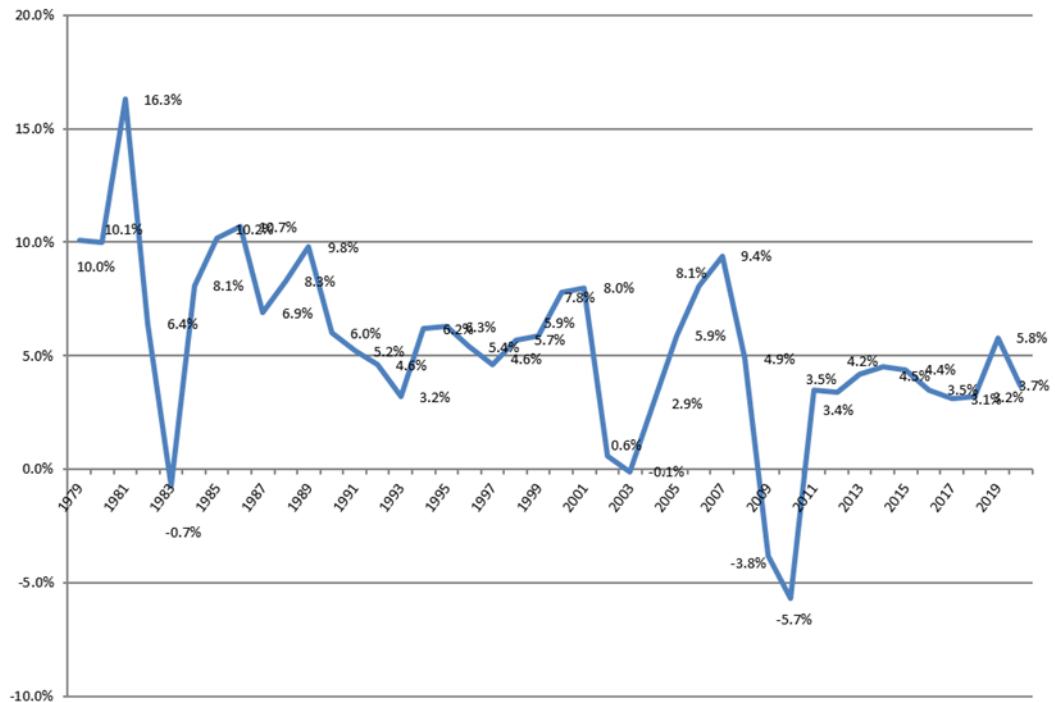
**Overall Budget Environment Takeaways**

Based on NASBO’s survey and evaluation of state governors’ recommended budgets, in general, states are approaching fiscal 2019 with budget surpluses from the prior fiscal year, largely due to an uptick in personal income tax collections. Medicaid spending continues to be a major driver of state budget actions. Medicaid spending is expected to grow 4 percent in fiscal 2020, with state funds increasing 3.1 percent and federal funds 4.5 percent.

For state budgets overall, 12 states reported general fund (GF) revenues below budget projections for fiscal 2019, with only three making mid-year budget reductions. Twenty-one states made mid-year spending increases. Governors’ budget proposals for fiscal 2020 amount to overall general fund spending growth of 3.7 percent. In all:

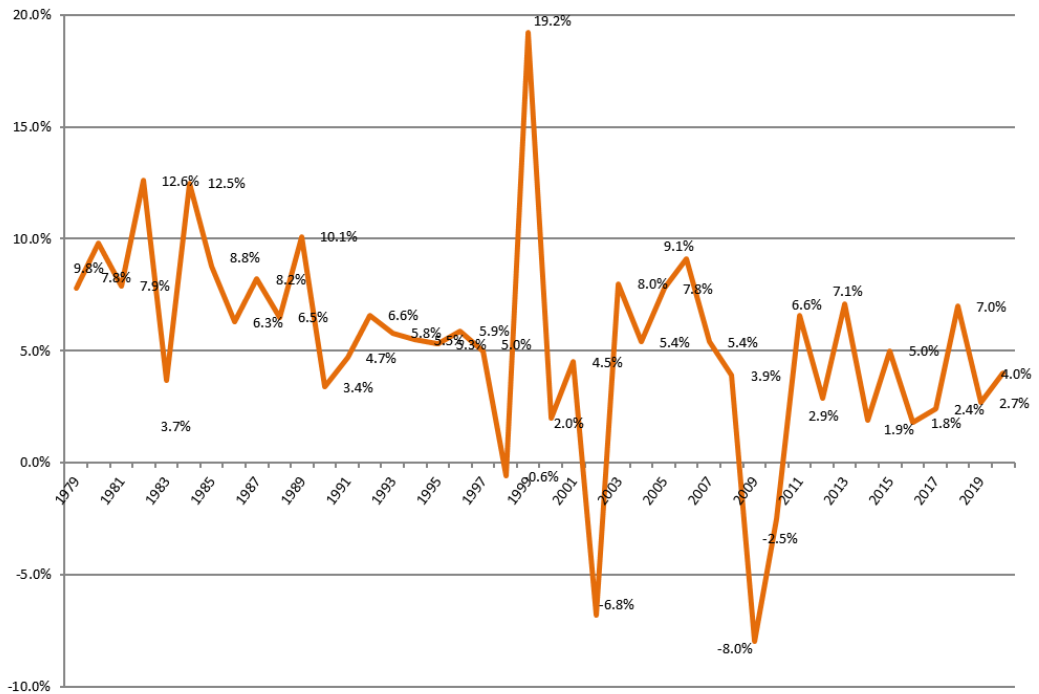
- Three states are projecting flat or negative budget growth;
- 28 states are projecting budget growth between 0 and 5 percent;
- 16 states are projecting budget growth between 5 and 10 percent; and
- Three states anticipate budget growth above 10 percent.

**Figure 1 - State Nominal Annual Budget Increases, FY 1979 to FY 2020**



On the revenue side, fiscal 2020 is projecting slightly better than fiscal 2019, with only five states projecting negative revenue growth (compared with eight in fiscal 2019). Proposed FY 2020 budgets assume general fund collections from sales tax to grow 4.8 percent, along with 4.2 percent growth in personal income tax revenue, and 4.0 percent growth in corporate income tax revenues.

**Figure 2 - State Nominal Annual Revenue Increases, FY 1979 to FY 2020**

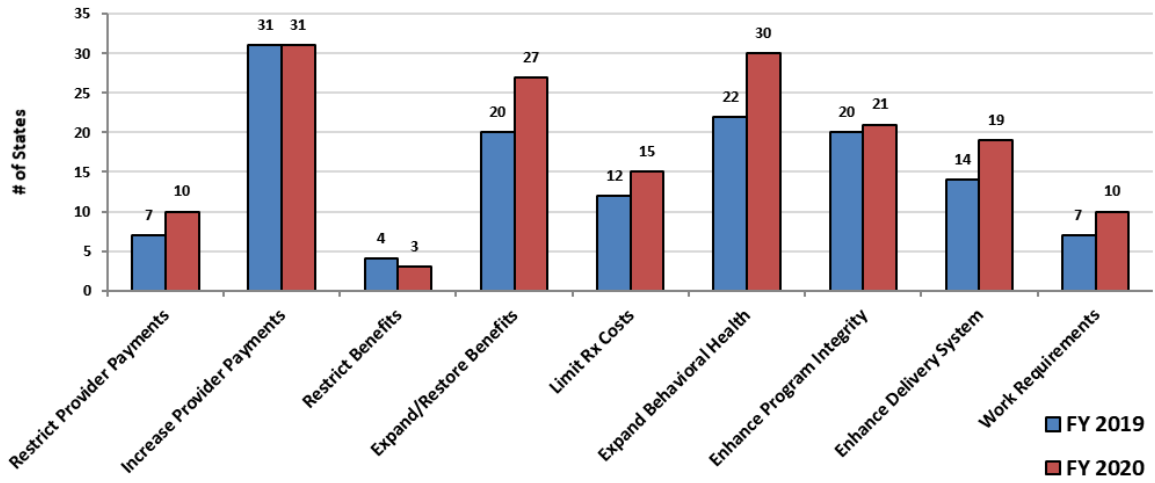


### Medicaid-Specific Budget Environment

In fiscal 2018, Medicaid made up the single largest portion of total state expenditures at 29.7 percent. States project overall Medicaid expenditures to grow at 5.3 percent in fiscal 2019, compared to a growth of 5.2 percent to \$587.3 billion in fiscal 2018. Governors’ recommended budgets for fiscal 2020 predict Medicaid spending to increase 4.0 percent.

Proposed fiscal 2020 budgets show 31 states planning to increase provider payments (same as fiscal 2019), 30 states planning to expand access to behavioral health services (compared to 22 in fiscal 2019), and 27 states planning to expand or restore benefits (20 in fiscal 2019). Additionally, 21 states are proposing to enhance program integrity and 15 states to reduce prescription drug spending.

Figure 3 - FY 2019 & Proposed FY 2020 Budgetary Actions Related to Medicaid



A total of 36 states and the District of Columbia have expanded Medicaid, as of May 2019. Expansion is planned to be implemented in an additional three states in fiscal 2020 as a result of 2018 ballot initiatives. In fiscal 2018, 31 states reported spending a total of \$85 billion on expansion, of which \$10.4 billion represented state funds. Meanwhile, for fiscal 2019, Medicaid expansion expenditures in 33 states are expected to be a total of \$91.2 billion, with \$11.4 billion in state funds.

Table 4 - Selected State Data from NASBO Report - FY 2019 to FY 2020

General Fund Nominal Percentage Changes in Expenditures and Revenues, Medicaid-Specific and Total Budget Adjustments - FY 2019 and FY 2020							
	General Fund Nominal Pct. Expenditure Change		General Fund Nominal Pct. Revenue Change		FY 2019 Mid-Year Medicaid Adjustments Value (\$M)	FY 2020 Medicaid Program Adjustment (Recommended) Value (\$M)	FY 2020 Total Program Adjustments (Recommended) Value (\$M)
	FY 2019	FY 2020	FY 2019	FY 2020			
	Alabama	5.5%	5.8%	3.3%			
Alaska	11.1%	(25.6%)	11.2%	(14.2%)	\$15.0	(\$249.2)	(\$1,156.6)
Arizona	6.4%	8.7%	6.9%	3.4%		(\$0.3)	\$1,004.6
Arkansas	2.4%	3.2%	3.6%	2.0%		\$61.6	\$125.3
California	15.5%	0.1%	4.1%	4.1%		(\$49.0)	\$5,504.0
Colorado	11.8%	7.4%	4.7%	7.6%	\$41.0	\$117.0	\$771.6
Connecticut	1.6%	1.5%	7.0%	(0.6%)		(\$22.5)	\$302.4
Delaware	8.0%	4.8%	1.7%	2.0%		\$15.0	\$162.3
Florida	5.2%	3.2%	4.7%	2.4%		\$110.0	\$934.1
Georgia	4.9%	3.2%	4.1%	3.2%	\$67.6	\$0.0	\$854.8
Hawaii	1.8%	3.2%	1.8%	3.5%	(\$0.7)	(\$15.0)	\$534.1
Idaho	5.4%	6.7%	0.5%	8.1%		\$99.2	\$262.6
Illinois	0.9%	0.9%	1.3%	4.0%		(\$702.0)	\$257.0
Indiana	3.8%	2.7%	3.5%	2.7%	(\$2.0)	\$176.7	\$641.1
Iowa	5.4%	0.5%	4.7%	1.8%		\$0.0	\$0.0
Kansas	7.2%	6.2%	0.2%	3.6%	\$19.0	(\$38.0)	\$530.0
Kentucky	2.4%	1.0%	3.4%	2.3%		\$0.0	\$3.2
Louisiana	0.2%	1.2%	(4.6%)	3.1%	\$2.5	(\$6.3)	\$179.9
Maine	5.5%	6.8%	7.5%	3.3%	\$49.9	\$86.1	\$250.4
Maryland	3.9%	9.2%	4.0%	3.1%		\$140.5	\$1,618.0
Massachusetts	5.6%	1.7%	3.8%	1.9%		\$10.3	\$538.8
Michigan	3.9%	1.3%	(3.2%)	3.6%	(\$48.3)	\$239.0	\$287.8
Minnesota	3.6%	4.8%	2.8%	5.9%		\$14.3	\$749.2
Mississippi	(0.6%)	0.4%	(0.7%)	2.6%		\$0.0	\$143.2
Missouri	3.9%	7.3%	1.7%	2.0%		\$317.3	\$698.9
Montana	7.2%	2.7%	1.2%	5.8%		\$6.3	\$109.9
Nebraska	2.5%	3.2%	5.1%	1.8%		\$18.4	\$143.0
Nevada	1.5%	8.3%	5.8%	3.8%		\$141.3	\$363.4
New Hampshire	4.8%	57.7%	2.3%	54.7%		\$0.0	\$1,052.4
New Jersey	6.3%	1.6%	4.4%	2.9%	\$81.8	(\$22.8)	\$616.8
New Mexico	22.7%	(1.3%)	8.8%	(2.1%)		\$63.3	\$806.6
New York	5.5%	4.2%	(1.1%)	6.3%		\$749.0	\$21.0
North Carolina	5.2%	5.4%	2.2%	3.1%		\$137.8	\$1,515.1
North Dakota	(0.5%)	14.8%	(9.8%)	34.4%		(\$48.0)	\$318.4
Ohio	5.8%	2.5%	2.5%	2.7%		\$387.9	\$1,185.3
Oklahoma	16.0%	8.2%	16.4%	3.7%		\$0.0	\$183.2
Oregon	4.1%	7.7%	1.9%	(2.1%)	\$48.0	\$0.0	\$0.0
Pennsylvania	4.0%	2.8%	(0.5%)	2.6%	\$388.3	\$266.0	\$927.3
Rhode Island	3.9%	3.2%	2.6%	4.7%	\$11.7	\$14.5	\$169.9
South Carolina	2.5%	9.9%	4.1%	3.1%		\$74.8	\$450.0
South Dakota	3.8%	2.7%	3.0%	3.3%	(\$19.1)	\$3.0	\$54.1
Tennessee	8.4%	3.5%	0.8%	2.5%	\$21.9	\$84.9	\$521.7
Texas	(7.7%)	13.2%	(0.8%)	5.3%		\$0.0	\$0.0
Utah	14.4%	2.2%	7.4%	4.7%		\$56.0	\$556.9
Vermont	1.2%	3.5%	(0.5%)	0.8%		\$6.2	\$55.5
Virginia	2.6%	7.9%	4.7%	8.7%	\$171.2	\$245.6	\$1,007.7
Washington	12.6%	6.5%	2.3%	9.2%	\$88.0	\$313.0	\$4,157.0
West Virginia	4.9%	5.3%	8.5%	1.5%		\$0.0	\$174.6
Wisconsin	3.2%	4.4%	3.3%	6.7%		(\$9.1)	\$623.6
Wyoming	0.0%	0.0%	7.0%	0.0%		\$0.0	\$0.0
<b>US Avg./Total</b>	<b>5.8%</b>	<b>3.7%</b>	<b>2.7%</b>	<b>4.0%</b>	<b>\$1,019.9</b>	<b>\$2,740.7</b>	<b>\$30,793.7</b>

Source: NASBO Fiscal Survey of the States Spring 2019

[Link to NASBO Fiscal Survey of States, Spring 2019](https://www.nasbo.org/mainsite/reports-data/fiscal-survey-of-states)

<https://www.nasbo.org/mainsite/reports-data/fiscal-survey-of-states>



## HMA MEDICAID ROUNDUP

### *Arkansas*

**Arkansas Medicaid Corruption Probe Widens.** *The New York Times/Associated Press* reported on June 12, 2019, that Robin Raveendran, former vice president of behavioral health provider Preferred Family Healthcare, pleaded guilty to bribing an Arkansas State Senator to support legislative actions beneficial to the company. Raveendran was arrested last year on Medicaid fraud charges. The widening probe has implicated several lawmakers and lobbyists. [Read More](#)

### *California*

**California Approves Plan to Allow Some Undocumented Immigrants to Enroll in Medicaid.** *The Hill* reported on June 14, 2019, that California passed a budget plan that offers Medicaid coverage to a projected 90,000 undocumented immigrants between the ages of 19 and 25, making it the first state to offer health insurance benefits to immigrants without legal status. The budget also provides subsidies to middle-class families to help pay for monthly health insurance premiums. Next week, the legislature is expected to finalize the details of the budget. [Read More](#)

### *Florida*

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

**Florida to Hold Meetings on Proposed Medicaid Expansion Measure.** *Health News Florida* reported on June 14, 2019, that Florida Financial Impact Estimating Conference will hold a series of meetings to analyze the financial impact of a proposed Medicaid expansion ballot measure. A workshop is scheduled for June 28, with three additional meetings in July and August. [Read More](#)

### *Georgia*

**Georgia Addresses Backlash Over Elderly, Disabled Medicaid Members Slated for Disenrollment.** *The Atlanta Journal-Constitution* reported on June 18, 2019, that following a backlash, Georgia will give 17,000 elderly and disabled individuals who were recently cut from Medicaid until August 31 to renew their membership in the program. The state is considering how to handle another 13,000 slated for disenrollment. The backlash began when the state Department of Community Health began disenrolling individuals even though renewal notices may not have been sent out. [Read More](#)

## Illinois

**Legislation Takes Aim at Medicaid Managed Care Claim Denials.** *The State Journal-Register* reported on June 15, 2019, that Illinois hospitals are hopeful that legislation passed last month will help reduce the rate of claim denials by Medicaid managed care plans. Senate Bill 1321, which was supported by both hospitals and health plans, awaits Governor J.B. Pritzker's signature. The bill would require standardized Medicaid plan practices, increase state oversight, and establish a claims clearinghouse. [Read More](#)

## Iowa

**Iowa DHS Director Resigns at Governor's Request.** *The Gazette* reported on June 17, 2019, that Jerry Foxhoven, director of the Iowa Department of Human Services, has resigned at the request of Governor Kim Reynolds. Director of Public Health Gerd Clabaugh will serve as interim director of Human Services. [Read More](#)

## Kentucky

**Kentucky Waiver to Expand Treatment for Substance Abuse.** *KFVS12* reported on June 12, 2019, that Kentucky will expand coverage of recovery services through a Medicaid waiver effective July 1. The waiver allows short-term residential stays in mental health facilities, adds coverage of methadone, and includes transportation services for methadone patients. Former foster children, pregnant women, and children under the age of 21 will be covered. [Read More](#)

## Louisiana

**Medicaid Expenditures Are Less Than Expected in Fiscal 2019.** *The Connecticut Post/Associated Press* reported on June 12, 2019 that Medicaid expenditures in Louisiana will be about \$12 billion in fiscal 2019, down from a projected \$12.4 billion. Declining enrollment, in part from increased computer eligibility checks, accounted for the savings. [Read More](#)

## Montana

**Study Addresses Medicaid Costs Associated With Homelessness.** *KTVQ* reported on June 18, 2019, that a report conducted in partnership with the Montana Department of Public Health and Human Services (DPHHS) and the Corporation for Supportive Housing suggests ways the state can reduce Medicaid costs associated with homelessness, including better use of available funds, education, and connecting the homeless to Medicaid services. [Read More](#)



## New Hampshire

**Legislature Nears Agreement to Suspend Medicaid Work Requirements.** *The Eagle-Tribune* reported on June 17, 2019, that New Hampshire Senators Jeb Bradley (R-Wolfeboro) and Dan Feltes (D-Concord) proposed separate amendments to suspend rather than end Medicaid work requirements for expansion members. The lawmakers sit on a conference committee attempting to reconcile differences in bills passed by the House and Senate that would end the requirement entirely. Feltes' amendment calls for suspending the requirement until 2020. [Read More](#)

## New Jersey

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

**New Jersey Medicaid ACOs Can Evolve into Regional Health HUBs, Road Map Shows.** On June 18, 2019, the New Jersey Health Care Quality Institute released a road map for how Medicaid Accountable Care Organizations (ACOs) in Camden, Trenton, and Newark, and an ACO look-alike in Paterson can evolve into coordinated Regional Health Hubs. The road map also shows how local communities can develop hubs. Existing organizations in the state include The Healthy Greater Newark ACO, Trenton Health Team, Camden Coalition of Health Care Providers, and the Health Coalition of Passaic County. [Read More](#)

**New Jersey Health Services Director Steps Down.** The New Jersey Department of Human Services announced on June 13, 2019, that Meghan Davey's last day as Division of Medical Assistance and Health Services (DMAHS) director was June 7. Deputy Director Carol Grant has been serving as acting director since June 10.

## New York

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

**Out of Network "Surprise" Hospital Bill Expected to Pass.** *Politico New York* reported on June 18, 2019, that new legislation meant to protect New Yorkers from unexpected surprise bills from hospital emergency department visits would give insurers the ability to pay hospitals outside their networks what they consider reasonable for emergency care, rather than what the hospital charged. New York's current patient protection law shields patients from having to pay a bill when they are taken to an emergency department at a hospital outside their network. Health insurers must cover those costs no matter how much the hospital charges. The new legislation would allow insurers to initiate an independent dispute resolution process, allowing an arbitrator to decide whether the hospital's charge or insurer's payment is appropriate. The hospital industry opposes the bill, which they say coerces hospitals into joining insurance networks, reducing their bargaining power. A compromise was reached that says insurers must provide the hospital with at least 25 percent more than the amount the health plan paid in its most recent in-network contract before taking any bill to arbitration. According to *Politico New York*, the fight over emergency department billing represents a much



larger fight over leverage at the negotiating table between hospitals and insurance companies. [Read More](#)

**New York to Hold Public Comment Forum on 1115 Medicaid Waiver Programs.** The New York Department of Health announced on June 18, 2019, that the Medicaid Redesign Team (MRT) will hold a public comment forum for New York's 1115 Medicaid waiver programs on June 24, 2019, at Empire State Plaza Concourse, Meeting Room 6, Albany, NY 12242. Written comments may be submitted through July 5, 2019, to [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov). The tentative agenda for the day is as follows:

- 10:30 – 12:30 Delivery System Reform Incentive Payment (DSRIP) Project Approval and Oversight Panel (PAOP) Working Session
- 12:30 – 1:00 Break
- 1:00 – 4:00 MRT Public Comment
- 4:00 – 4:10 Wrap-Up

**Behavioral Health Group Voices Concerns About Beacon Health Claims Payment.** *Crain's Health Pulse* reported on June 13, 2019, that following Anthem's announcement that it plans to acquire Beacon Health Options, a group of New York behavioral health agencies is highlighting issues it has had receiving timely claims payments from Beacon. Beacon currently has the behavioral health organization (BHO) contracts with seven of the non-specialized population, or traditional, Medicaid managed care plans in New York, as well as, the three HIV Special Needs Plans. State officials recently sent a letter to several Medicaid managed care plans that contract with Beacon for management of behavioral health services, expressing concerns related to Beacon's claims processing and timeliness, noting that Beacon had not honored the contractual reimbursement rate; denied emergency psychiatric services; and failed to comply with the state's prompt payment requirements. The Council for Community Behavioral Healthcare, which represents nearly 100 behavioral health and substance-use providers statewide, reports higher than experienced denial rates from Beacon since New York carved behavioral health services into the traditional Medicaid managed care benefit in 2015. [Read More](#)

**Assembly Will Not Vote on Single Payer Bill.** *Politico PRO* reported on June 13, 2019, that despite widespread expectations that New York's legislature would act on a single payer proposal, it appears that neither the Assembly nor the Senate will bring the bill to a vote. For the first time in five years, the Assembly will likely not pass a bill to set up a single-payer healthcare system in New York. The single payer proposal, called the New York Health Act, was introduced in both houses of the legislature earlier this year. Assembly Health Committee Chair Richard Gottfried is a strong supporter, and the newly named Chair of the Senate Committee on Health, Senator Gustavo Rivera, has indicated his support for the proposal as well. The Senate, which recently changed to Democrat control, seemed poised to move the bill. The proposal was not brought up for a vote in either house. Senator Rivera has chosen to hold a series of hearings on the bill before bringing it to the Senate Health Committee – the first hearing was held last month in Albany. Assembly member Gottfried indicated that there will likely be amendments made to the bill following public input. [Read More](#)

## Ohio

**Ohio Releases RFI for Medicaid Managed Care Reprourement.** *The Columbus Dispatch* reported on June 14, 2019, that the Ohio Department of Medicaid released the first request for information (RFI) for the reprourement of the state's Medicaid managed care program. Governor Mike Dewine called for the reprourement in June, and soliciting input from individuals and providers is the first step in the process. A second RFI to receive feedback from Medicaid managed care organizations is expected in August. [Read More](#)

**Expansion Population Drives Operating Loss at ProMedica.** *Modern Healthcare* reported on June 13, 2019, that operating losses at Ohio-based ProMedica tripled to \$9.8 million in the first quarter of 2019, compared to a year earlier, which the company blamed on high acuity Medicaid expansion members enrolled in the company's Paramount Health Care plan. Paramount itself reported a \$28 million operating loss in the first quarter of 2019. ProMedica chief financial officer Steve Cavanaugh says the company would consider exiting the Medicaid market if Paramount continues to lose money. [Read More](#)

## Oklahoma

**Coalition Launches Campaign for Medicaid Expansion Ballot Measure.** *U.S. News/Associated Press* reported on June 13, 2019, that Oklahomans Decide Healthcare, a statewide coalition comprised of medical professionals, patients, business leaders, not-for-profits, and health care advocates, has launched a campaign in support of a Medicaid expansion ballot measure in November 2020. The coalition needs 178,000 signatures to get the measure on the ballot. Expansion would cover up to 200,000 individuals. [Read More](#)

## Oregon

**Oregon Subcommittee Advances Plan to Cut CCO Allowable Inflation Rate to 3.3 Percent.** *The Oregonian* reported on June 14, 2019, that Oregon lawmakers advanced legislation that would cut the allowable annual inflation rate for coordinated care organizations' (CCOs) from 3.4 percent to 3.3 percent. The proposed change, which was approved by a subcommittee of the Joint Ways and Means subcommittee, would amount to \$25 million across all 16 CCOs. The proposal now heads to the full committee. [Read More](#)

## Pennsylvania

HMA Roundup - Julie George ([Email Julie](#))

**Pennsylvania Judge to Uphold June 30 Expiration of UPMC-Highmark Agreement.** *Modern Healthcare* reported on June 14, 2019, that a Pennsylvania Commonwealth Court judge ruled that the UPMC - Highmark consent decree cannot be extended past its June 30th end date. The Pennsylvania Attorney General will likely appeal the ruling. [Read More](#)

**Legislation to Create State-Run Health Insurance Exchange Passes House.** *USA Herald* reported on June 12, 2019, that Pennsylvania House Bill 3, which authorizes the establishment of the Pennsylvania Health Insurance Exchange Authority as a state-affiliated entity, was passed in the House in a 198-1 vote. The bill is supported by Governor Wolf's administration. State officials believe they can operate the exchange for less money and lower premiums. Savings would be used for a reinsurance program. [Read More](#)

**Senate Committees to Study Medicaid Work Requirements.** *The Courier Express* reported on June 12, 2019, that the Pennsylvania Senate Majority Policy Committee and the Senate Health and Human Services Committee held an informal hearing on work requirements for Medicaid beneficiaries. Pennsylvania Department of Human Services (DHS) Secretary Teresa Miller testified against implementing such requirements, which would also be opposed by the Governor's administration. New legislation promoting work requirements is likely to be introduced in the state Senate soon. [Read More](#)

## Tennessee

**Lawmakers Differ Over Cause of TennCare Child Enrollment Declines.** *The New York Times/Associated Press* reported on June 12, 2019 that Tennessee lawmakers differ on why 128,000 children were removed from the TennCare Medicaid program. While Republicans attribute the decline to an improved economy, Democrats says the state isn't re-enrolling qualified individuals. Enrollment declines have also impacted the state Children's Health Insurance Program (CHIP) initiatives, including CoverKids. [Read More](#)

## National

**House Renews Several Medicaid Programs, Including Payment Pilot for Mental Health Clinics.** *CQ Health* reported on June 18, 2019, that the House passed legislation to renew several Medicaid programs, including an eight-state pilot that pays higher reimbursement rates to mental health clinics that offer comprehensive mental health services regardless of a patient's ability to pay. Other programs renewed in the bipartisan package are aimed at helping patients move out of assisted living facilities, defraying costs for individuals whose spouses are in long-term care, and preventing Medicaid fraud. [Read More](#)

**CMS Provides Guidance on Advanced Planning Documents Related to Enhanced Funding for 1115 Waivers.** The National Association of Medicaid Directors (NAMD) reported on June 18, 2019, that states may submit Advanced Planning Documents (APDs) to obtain an enhanced federal match for 1115 waiver demonstrations prior to federal approval of the waiver, according to the Centers for Medicare & Medicaid Services (CMS). States may also submit a separate ADP for 1115 demonstrations but are not required to, CMS said.

**Biden Proposes Medicare Option for Low-Income Adults in Non-Expansion States.** *The Washington Post* reported on June 17, 2019, that Presidential candidate Joe Biden proposed premium-free Medicare for low-income adults in non-expansion states. Biden made the proposal at a forum for the Poor People's Campaign in Washington, DC. [Read More](#)

**Trump to Announce Healthcare Plan Within Two Months.** *The Hill* reported on June 16, 2019, that President Trump said he will announce a new healthcare plan within two months. Trump again called ObamaCare "a disaster," but added that "we've made it serviceable." [Read More](#)

**MACPAC Recommends Medicaid Policy Changes For Drug, Hospital Payments.** The Medicaid and CHIP Payment and Access Commission (MACPAC) recommended on June 14, 2019, Medicaid policy changes for outpatient prescription drug and hospital payments, program integrity, and therapeutic foster care services. In its June report to Congress, MACPAC also included an analysis of Puerto Rico's Medicaid program, which faces a funding shortfall. [Read More](#)



## INDUSTRY NEWS

**Argos Health Acquires Out-of-State Medicaid Billing, Collection Service.** On June 19, 2019, private equity-backed Argos Health announced the acquisition of Caid Solutions, an Arizona-based company specializing in billing and collection services for out-of-state Medicaid claims. Argos Health, which is backed by NaviMed Capital, provides complex claims revenue cycle outsourcing services. [Read More](#)

**Blue Sprig Pediatrics Acquires Autism Provider Verbal Behavior Consulting.** On June 18, 2019, Blue Sprig Pediatrics announced the acquisition of Kentucky-based Verbal Behavior Consulting, a provider of clinic-based autism Applied Behavioral Analysis therapy services in Arizona, Ohio, Oklahoma, Oregon, South Carolina, and Washington. Terms of the transaction were not disclosed. [Read More](#)

**Centene Invests in Mental Health Technology Company Quartet.** Quartet announced on June 13 that it has raised \$60 million from Centene Corporation, F-Prime Capital Partners, GV (formerly Google Ventures), Oak HC/FT, and Polaris Partners. Quartet, which has raised a total of \$153 million in financing, provides technology aimed at improving care coordination between primary care and mental health providers. [Read More](#)

**MVP Health Care Names Christopher Del Vecchio As New CEO.** *The Times Union* reported on June 12, 2019, that MVP Health Care has promoted Christopher Del Vecchio to chief executive, effective September 1. Del Vecchio has been chief operating officer of MVP since 2016. He will replace Denise Gonick, who will step down at the end of the summer. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Hawaii	RFP Release	360,000
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
July 1, 2019	Washington Integrated Managed Care - North Sound (Island, San Juan, Skagit, Snohomish, and Whatcom Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
July 5, 2019	Kentucky	Proposals Due	1,200,000
July 8, 2019	Louisiana	Awards	1,500,000
July 9, 2019	Oregon CCO 2.0	Awards	840,000
July 19, 2019	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
July 19, 2019	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
August 2019	Ohio	RFI #2 Release	2,360,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
September 1, 2019	New Hampshire	Implementation	181,380
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January - March 2020	Ohio	RFP Release	2,360,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Minnesota MA Families and Children; MinnesotaCare	Implementation	679,000
January 1, 2020	Minnesota Senior Health Options; Senior Care Plus	Implementation	55,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

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## HMA NEWS

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

#### Medicaid Data

- MLRs at Arkansas Medicare Advantage MCOs Average 82.3%, 2018 Data
- MLRs at Arizona Medicare Advantage MCOs Average 91.4%, 2018 Data
- MLRs at Connecticut Medicare Advantage MCOs Average 91.3%, 2018 Data
- MLRs at DC Medicare Advantage MCOs Average 93.4%, 2018 Data
- MLRs at Delaware Medicare Advantage MCOs Average 85.6%, 2018 Data
- MLRs at Georgia Medicare Advantage MCOs Average 84.5%, 2018 Data
- MLRs at Hawaii Medicare Advantage MCOs Average 91.6%, 2018 Data
- MLRs at Iowa Medicare Advantage MCOs Average 83.5%, 2018 Data
- MLRs at Idaho Medicare Advantage MCOs Average 85.6%, 2018 Data
- MLRs at Illinois Medicare Advantage MCOs Average 86.6%, 2018 Data
- MLRs at Kansas Medicare Advantage MCOs Average 80.4%, 2018 Data
- MLRs at Louisiana Medicare Advantage MCOs Average 84%, 2018 Data
- MLRs at Massachusetts Medicare Advantage MCOs Average 89.3%, 2018 Data
- MLRs at Maryland Medicare Advantage MCOs Average 110.7%, 2018 Data
- MLRs at Minnesota Medicare Advantage MCOs Average 85.1%, 2018 Data
- MLRs at Montana Medicare Advantage MCOs Average 90%, 2018 Data
- MLRs at North Carolina Medicare Advantage MCOs Average 82.6%, 2018 Data
- MLRs at North Dakota Medicare Advantage MCOs Average 71.7%, 2018 Data
- MLRs at New Hampshire Medicare Advantage MCOs Average 88.8%, 2018 Data
- MLRs at New Mexico Medicare Advantage MCOs Average 85.3%, 2018 Data
- MLRs at Nevada Medicare Advantage MCOs Average 91.6%, 2018 Data
- MLRs at Oregon Medicare Advantage MCOs Average 89.4%, 2018 Data
- MLRs at South Carolina Medicare Advantage MCOs Average 81.6%, 2018 Data
- MLRs at South Dakota Medicare Advantage MCOs Average 76.8%, 2018 Data
- MLRs at Tennessee Medicare Advantage MCOs Average 79.8%, 2018 Data
- MLRs at Utah Medicare Advantage MCOs Average 83%, 2018 Data
- MLRs at Virginia Medicare Advantage MCOs Average 82.9%, 2018 Data
- Georgia Medicaid Management Care Enrollment is Up 2.9%, Jun-19
- Illinois Dual Demo Enrollment is Up 1.0%, May-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 3.1%, May-19 Data
- Michigan Dual Demo Enrollment is Down 4.5%, May-19 Data
- Michigan SNP Membership at 21,570, Mar-19 Data
- Missouri Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- South Carolina Medicaid Managed Care Enrollment is Up 2.7%, Jun-19 Data
- South Carolina SNP Membership at 9,177, Mar-19 Data



- Tennessee Medicaid Managed Care Enrollment is Up 4.4%, May-19 Data
- Utah Medicaid Managed Care Enrollment is Down 1.3%, Jun-19 Data

**Public Documents:***Medicaid RFPs, RFIs, and Contracts:*

- Indiana Hoosier Care Connect ABD RFP, Contracts, and Related Documents, 2014-16
- Indiana Hoosier Healthwise/HIP Proposals, Contracts, Award Recommendation and RFP Documents, 2015-17
- Nebraska Department of Health and Human Services (DHHS) Consulting Services RFP, May-19
- Ohio Medicaid Managed Care Program Feedback from Individuals and Providers RFI, Jun-19

*Medicaid Program Reports, Data and Updates:*

- CMS Medicaid and CHIP Frequently Asked Questions (FAQs): Advanced Planning Documents (APD) for System Development Associated with 1115 Demonstrations, Jun-19
- MACPAC Report to Congress on Medicaid and CHIP, 2017-19
- NASBO Fiscal Survey of the States, 2017-19
- North Carolina Medical Care Advisory Committee Meeting Materials, Jun-19
- South Carolina Medicaid Enrollment by County and Plan, May-19
- Texas Quarterly Reporting of Waiting Lists for Mental Health Services and of Mental Health Services for the Former NorthSTAR Service Area, Apr-19
- Texas STAR Kids Advisory Committee Annual Report to the Health and Human Services Commission, Jan-19
- Texas Medicaid and CHIP EQRO Report, SFY 2018

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