HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

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RFP CALENDAR

HMA News

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THIS WEEK

IN FOCUS

CMS MEDICARE ADVANTAGE AND SECTION 1876 COST PLAN NETWORK ADEQUACY UPDATE

This week, our *In Focus* section examines new guidance issued by the Centers for Medicare & Medicaid Services (CMS) regarding Medicare Advantage (MA) plan network adequacy requirements. On June 17, 2020, CMS released updated Medicare Advantage and 1876 Cost Plan Network Adequacy Guidance for Medicare Advantage (MA) health plans to use now for Contract Year 2021 network submission.

While the majority of the network adequacy provisions were previously outlined in sub-regulatory guidance, these regulations are now codified through the rulemaking process and included in the Part C and D final rule that was issued on May 22, 2020. CMS uses the annual process by which MA health plans submit its network to CMS for review to ensure network adequacy for beneficiaries choosing a MA health plan. CMS requires MA health plans to submit their networks through Health Service Delivery (HSD tables) on 13 facility types and 27 provider specialty types. CMS performs time and distance tests based on the service area type where the MA health plan offers services to ensure each health plan's network meets minimum thresholds. MA health plans attest that they are able to provide adequate beneficiary access to specialty types not required for the network submission.

The updated MA and 1876 Cost Plan Network Adequacy Guidance modifications ease network adequacy requirements for MA health plans as described below:

Facility specialty types subject to network adequacy reviews: Outpatient dialysis was removed from the list of provider types subject to network adequacy reviews.

CMS noted in the Part C and D final rule that there are a number of ways members may receive dialysis services including in home, inpatient and outpatient settings so limiting the review to just one setting was too narrow. Additionally, this change will help some MA plans serving members in concentrated areas achieve network adequacy despite the consolidation of the outpatient dialysis industry. In the final rule, CMS indicated that it would allow plans to attest to providing medically necessary dialysis. To date, CMS has not outlined the process or specific requirements for attestation.

County type designations and ratios: The time and distance standard was reduced from 90 percent to 85 percent in Micro, Rural, and Counties with Extreme Access Considerations (CEAC) counties.

Reducing the time and distance standard in Micro, Rural and CEAC Counties will allow more health plan options in these areas and is based on the changes that states have made to their Medicaid programs to achieve this goal. It is anticipated that this change will occur automatically when plans file their networks or HSD tables.

Minimum number requirements and time and distance standards:

- **Telehealth Credit.** Organizations will receive a 10 percent credit towards the percentage of the time and distance standards calculation to determine if beneficiaries are residing within areas with access to at least one provider/facility of each specialty type when health plans contract with telehealth providers in the following specialties: Dermatology, Psychiatry, Cardiology, Otolaryngology, Neurology, Ophthalmology, Allergy and Immunology, Nephrology, Primary Care, Gynecology/OB/GYN, Endocrinology, and Infectious Diseases.

While using telehealth to meet network adequacy has been under consideration for some time, CMS indicated that the successful use of telehealth during the pandemic has reinforced the Agency's commitment to providing additional telehealth flexibilities to MA health plans. MA health plans may only use telehealth as a supplement to in person services. The system that MA health plans use to file their networks, Health Plan

Management System (HPMS), has been updated to include telehealth options by specialty. If appropriate, health plans may choose telehealth options when submitting their networks.

- **Certificate of Need (CON) credit.** Some states developed CON laws and similar restrictions that require government approvals before health care facilities may expand to promote resource savings and prevent investments that could raise hospital costs. In a state with CON laws, or other state imposed anti-competitive restrictions that limit the number of providers or facilities in the state or a county in the state, CMS will either award the organization a 10% credit towards the percentage of beneficiaries residing within published time and distance standards for affected providers and facilities or, when necessary due to utilization or supply patterns, customize the base time and distance standards.

In the Part C and D final rule, CMS asserted that states with CON laws restrict the supply of healthcare services which has an impact on the ability of an MA plan to develop and maintain an adequate network. To help offset the adverse effects that CON laws have on MA plans, CMS has instituted a 10 percent credit towards meeting the time and distance standards in those service areas where CON or similar restrictions apply. HPMS has been updated with information on whether a service area qualifies for the CON credit.

HMA will continue to monitor new policy changes impacting Medicare Advantage network adequacy. For more information on the changes discussed here or other Medicare policy questions, please contact Julie Faulhaber.

Link to Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance

HMA Medicaid Roundup

California

California Budget Adopts Cuts to Medicaid Managed Care Plans, Other Cuts Avoided. *Health Access Foundation* released a scorecard on June 22, 2020, showing that California has adopted a 1.5 percent Medicaid managed care rate reduction and additional cost containment adjustments as part of a state budget agreement. Other cuts included a delay in enhancements to Medi-Cal benefits and reduced allocations for lowering Exchange plan premiums. However, the budget does not include other significant cuts to Medi-Cal and saftey-net programs, as reported by *Kaiser Health News*.

Inmates, Prison Staff Infected With COVID-19 Following Transfers. *The San Francisco Chronicle* reported on June 22, 2020, that a transfer of prisoners from Chino to San Quentin prison in May 2020 resulted in 337 prisoners and more than 30 prison staffers contracting COVID-19 as most of the transferred prisoners were not tested for the virus for up to a month before they were moved. California attorneys representing Governor Gavin Newsom filed a lawsuit against the prison system's provider of medical care, California Correctional Health Care Services, claiming that the company did not issue guidance concerning the timing of COVID-19 tests in relation to inmate transfers. Read More

Delaware

Governor to Nominate Molly Magarik to Head Health and Social Services. *The Delaware News Journal* reported on June 16, 2020, that Delaware Governor John Carney announced he will nominate Molly Magarik as Secretary of Health and Social Services (DHSS), following the resignation of Kara Odom Walker, MD. Walker, who held the post for three years, will join Nemours Children's Health System in Washington, DC. Magarik is currently deputy secretary of DHSS. Read More

Florida

Florida Enacts Changes to iBudget Program for Individuals with Disabilities. *Health News Florida* reported on June 24, 2020, that Florida Governor Ron DeSantis signed into law a bill to revamp the state's iBudget Medicaid program, which serves about 34,000 individuals with disabilities under a home and community-based services waiver. The bill aims to increase the amount of money allocated to individuals under the program and requires support coordinators to be employed by "qualified organizations." Read More

Florida Sees 7.7 Percent Medicaid Enrollment Spike Amid COVID-19 Pandemic. *Health News Florida* reported on June 22, 2020, that Medicaid enrollment in Florida grew by at least 7.7 percent since February as unemployment increased because of the COVID-19 pandemic. According to the state Agency for Health Care Administration, Florida had Medicaid enrollment of 4.06 million in May, up from 3.77 million in February. Read More

Indiana

Indiana-based Lighthouse Autism Centers Acquires Autism Therapy Services. Indiana-based Lighthouse Autism Centers, LLC announced on June 23, 2020, its acquisition of Autism Therapy Services, LLC, an Applied Behavioral Analysis (ABA) provider serving greater Indianapolis. The deal will make Lighthouse one of the largest ABA providers in the state. Read More

Kentucky

Governor Announces Plan to Bring Back State-Based Health Exchange in 2022. *WBKO/The Associated Press* reported on June 18, 2020, that Kentucky Governor Andy Beshear announced plans to bring back the state-based health insurance Exchange at the start of 2022. Kentucky shifted from the state-based Kynet Exchange to the federal Healthcare.gov Exchange in 2016. Read More

Montana

Lawmakers Question Methodologies Used for Medicaid Audit During Public Hearing. *The Montana Free Press* reported on June 17, 2020, that Montana lawmakers questioned the methodologies used in an audit that found flaws in the state's Medicaid eligibility process. During a public Legislative Audit Committee hearing, lawmakers and health department officials argued that auditors used limited information, misinterpreted regulations, and failed to heed input from the Department of Public Health and Human Services. The audit, which was prepared by the Legislative Audit Division, found that Montana might have to return as much as $84 million in federal Medicaid and Children's Health Insurance Program payments from 2018 and 2019. Read More

North Carolina

North Carolina House Committee Advances Medicaid Managed Care Bill. *The Winston-Salem Journal* reported on June 22, 2020, that the North Carolina House Appropriations committee approved startup funding for the state's transition to Medicaid managed care. Under the bill, which now moves to the House Rules and Operations committee, participating statewide health plans would receive a $4 million monthly payment if capitated payments do not begin on July 1, 2021. Read More

North Dakota

North Dakota Seeks Input on Re-Procurement of Medicaid Expansion Managed Care Plan. *The Minot Daily News* reported on June 19, 2020, that the North Dakota Department of Human Services is seeking input in advance of the release of a request for proposals for the re-procurement of the state's Medicaid expansion managed care contract. Sanford Health currently holds the contract, which is scheduled to expire in 2021. Read More

Oklahoma

Oklahoma Medicaid Expansion Advocates Worry COVID-19 Will Dampen Voter Turnout for Ballot Measure. *Kaiser Health News* reported on June 24, 2020, that Medicaid expansion advocates in Oklahoma are worried that the COVID-19 pandemic will affect voter turnout for the June 30 ballot initiative. Governor Kevin Stitt remains opposed to the initiative, which would cover an additional 200,000 individuals. Read More

Oklahoma to Release Medicaid Managed Care RFP This Fall. *KFOR* reported on June 18, 2020, that Oklahoma announced its intent to transition to Medicaid managed care with the release of a request for proposals (RFP) this fall. Kevin Corbett, chief executive of the Oklahoma Health Care Authority, said the program would allow the state to coordinate care and contain costs through a capitated, risk-based model. The state's Medicaid program, which is called SoonerCare, is currently a fee-for-service program with a Primary Care Case Management component and more than 800,000 members. Read More

Pennsylvania

Pennsylvania DHS Secretary Outlines Regulatory Suspensions and Operational Adjustments Due to COVID-19. On June 16, 2020, Pennsylvania Department of Human Services (DHS) Secretary Miller outlined regulatory suspensions and operational adjustments permitted under Governor Wolf's disaster declaration due to COVID-19. The department has made several adjustments to operations and functions to help providers continue to operate since March. These flexibilities and waivers ensured continuity of services and operations for the Office of Medical Assistance Programs; Office of Long-Term Living; Office of Developmental Programs; Office of Mental Health and Substance Abuse Services; Office of Child Development and Early Learning; Office of Children, Youth and Families; and the Office of Income Maintenance. Read More

Texas

Texas Struggles With COVID-19 Cases at ICE Detention Centers. *The Houston Chronicle* reported on June 22, 2020, that Texas continues to struggle with COVID-19 cases at four detention centers operated by the U.S. Immigration and Customs Enforcement (ICE). The four facilities account for 40 percent of COVID-19 cases reported by ICE facilities in the state. In April 2020, a federal judge issued a preliminary injunction requiring ICE to promptly evaluate detainees who are at a higher risk of contracting the virus. Read More

Texas Names Maurice McCreary COO of Health and Human Services. The Texas Health and Human Services Commission announced on June 18, 2020, the appointment of Maurice McCreary as chief operating officer, effective July 20. McCreary will replace Ruth Johnson. Most recently, McCreary served as the interim chief executive of Hamad General Hospital. Read More

Texas Receives Approval for Appendix K Application. On June 8, 2020, the Centers for Medicare & Medicaid Services (CMS) approved Texas' request to update its Section 1915(c) Home and Community-Based Services (HCBS) waivers with the Emergency Preparedness and Response Appendix K in order to respond to the COVID-19 pandemic. The updated waiver is effective from March 13, 2020, through January 26, 2021, and applies statewide. The state was approved to temporarily:

- Allow extensions for reassessments and reevaluations
- Allow for remote delivery of case management and orientations for financial management services agencies
- Waive HCBS settings requirements that individuals are able to have visitors of their choosing at any time
- Allow for virtual evaluation assessments and person-centered service planning meetings
- Adjust prior approval/authorization elements approved in the waiver
- Grant allowances for HCS program residence requirements, such as allowing 4-person residences to serve up to 6 people
- Allow certain individuals in the HCS program living in a three- or four-person residence to temporarily move to an ICF/IID
- Allow youth in the MDCP program aging out of STAR Kids to stay in STAR Kids rather than transitioning to STAR+PLUS during the public health emergency
- Allow suspension of interest list releases in certain situations in the HCS, MDCP, CLASS and DBMD programs

A copy of the Appendix K approval letter can be found here.

National

CMS Creates Office to Reduce Administrative Burden for Providers. *Modern Healthcare* reported on June 23, 2020, that the Centers for Medicare & Medicaid Services (CMS) created the Office of Burden Reduction and Health Informatics "to decrease the hours and costs clinicians and providers incur for CMS-mandated compliance." The newly created office will "reduce unnecessary burden, increase efficiencies, continue administrative simplification, increase the use of health informatics, and improve the beneficiary experience," CMS Administrator Seema Verma said. The office will impact Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace. Read More

CMS Can Force Hospitals to Reveal Prices Negotiated with Insurers, Federal Judge Rules. *Modern Healthcare* reported on June 23, 2020, that U.S. District Judge Carl Nichols ruled that federal regulators can force hospitals to reveal prices negotiated with health plans, a key component of the Trump administration's healthcare price transparency rule. Nichols dismissed arguments from hospitals that the rule exceeded the authority of the Centers for Medicare & Medicaid Services (CMS). The rule is scheduled to take effect January 1. Read More

As COVID-19 Cases Rise, Trump Administration Considers Ending National Emergency Declaration. *The Los Angeles Times* reported on June 23, 2020, that the Trump administration is considering scaling back the national emergency declared to control the COVID-19 pandemic even as cases rise in several states, according to unnamed healthcare industry officials. A White House spokesperson said the administration is not looking at lifting the national emergency declarations. The Public Health Emergency declaration, recently renewed in April, is set to expire in late July unless the Department of Health and Human Services renews it. Read More

Congress Launches Investigation into Nursing Home Chains for Infection Control Deficiencies. *Health News Florida* reported on June 23, 2020, that Congress is launching an investigation into five for-profit nursing home chains concerning COVID-19 deaths. House Majority Whip James Clyburn (D-SC) demanded in a letter that the chains deliver documents on infection control and virus preparedness. The five nursing home chains are Consulate Health Care, Ensign Group, Genesis HealthCare, Life Care Centers of America, and SavaSeniorCareSava. Read More

House Bill to Sweeten Exchange Subsidies, Medicaid Expansion Match. *Modern Healthcare* reported on June 22, 2020, that the U.S. House is expected to vote before July 4 on legislation that would increase Exchange premium subsidies and renew a 100 percent federal match for states newly implementing Medicaid expansion. Under the bill, individuals in the coverage gap would have access to subsidies, others would pay less, and states newly expanding Medicaid would receive a 100 percent match for three years. The legislation would also establish Exchange plan network adequacy standards and rescind a rule that expanded the availability of short-term health insurance plans. Read More

ESRD Patients, Duals, Minorities Are At Highest Risk for COVID-19 Among Medicare Members. The Centers for Medicare & Medicaid Services (CMS) released data on June 22, 2020, showing that minorities, dual eligibles, and individuals with end-stage renal disease (ESRD) have the highest risk for COVID-19 hospitalization among Medicare beneficiaries. The data includes cases from January 1, 2020, through May 16, 2020. Read More

House to Vote on Infrastructure Bill that Includes Funds for Healthcare Sector. *Modern Healthcare* reported on June 19, 2020, that the U.S. House Democrats are expected to vote on an infrastructure bill that includes $30 billion to upgrade hospitals, bolster community health centers, improve clinical laboratory infrastructure, support the Indian Health Service system, and increase capacity for community-based care. The infrastructure bill, which House Speaker Nancy Pelosi (D-CA) said is expected to pass before July 4, also provides $100 billion for high-speed broadband internet access, which could support telehealth services. Read More

Providers Get Break on Reporting Requirements for COVID-19 Relief Funds. *Modern Healthcare* reported on June 18, 2020, that federal regulators delayed the quarterly reporting deadline for providers who received COVID-19 relief funds. In revised guidance, the U.S. Department of Health and Human Services (HHS) said that public data disclosures would fulfill the CARES Act requirement that providers report on how they spent the funds. However, HHS said it intends to require the quarterly reports from providers at some point in the future. Read More

CMS Issues Proposed Rule to Drive Value-based Payments for Prescription Drugs. *Modern Healthcare* reported on June 17, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule aimed at encouraging value-based drug pricing arrangements between Medicaid and prescription drug companies. The proposal would change federal reporting requirements under the Medicaid drug rebate program and allow companies to report several "best prices" for drugs tied to value-based arrangements, among other payment models. Read More

Emergency Telehealth Policies to Be Made Permanent Under Senate Health Chair Proposal. *Modern Healthcare* reported on June 17, 2020, that emergency COVID-19 policies that expanded telehealth coverage for Medicare and Medicaid beneficiaries and eliminated originating site restrictions would be made permanent under a proposal from Senate health committee chairman Lamar Alexander (R-TN). Otherwise, the temporary policies would end when the public emergency designation is lifted, which is expected in July. Read More

Hospitals Seek More Favorable Terms for Repayment of Medicare CARES Act Loans. *Modern Healthcare* reported on June 19, 2020, that hospitals are seeking more favorable terms for the repayment of $100 billion in accelerated and advance Medicare payments under the CARES Act, including more time to repay, lower interest rates, and even loan forgiveness. Current terms call for the Centers for Medicare & Medicaid Services (CMS) to begin recouping funds after 120 days, which is expected to involve the garnishing of hospital Medicare fee-for-service payments. Read More

Industry News

Odyssey Behavioral Healthcare Acquires CA-based Clearview Treatment Programs. Odyssey Behavioral Healthcare announced on June 23, 2020, that it has acquired California-based Clearview Treatment Programs, an outpatient behavioral health treatment center. Odyssey provides inpatient, intensive residential, partial hospitalization, and outpatient services in 21 behavioral health locations in eight states. Read More

BayMark Health Services Acquires Norton HealthCare. BayMark Health Services announced on June 24, 2020, that it has acquired Norton HealthCare, an office-based opioid treatment provider with locations in Massachusetts and New Hampshire. This is the second New England-based suboxone provider group acquired by Baymark. Read More

BayMark Health Services Acquires Massachusetts-based Opioid Treatment Provider. BayMark Health Services announced on June 23, 2020, that it has acquired Middlesex Recovery, an office-based opioid treatment provider with four locations in Massachusetts. Middlesex Recovery will continue to operate under its brand name. Read More

BayMark Health Services Acquires California-based Opioid Treatment Provider. BayMark Health Services announced on June 20, 2020, that it has acquired California-based Narcotic Addiction Treatment Agency (NATA), an outpatient opioid treatment program. NATA will join six established BayMark-owned programs in the Los Angeles area. Read More

Nursing Homes Are Under Fire for Discharging Residents to Make Room for More Profitable COVID-19 Patients. *The New York Times* reported on June 21, 2020, that long-term care facilities are discharging residents to make room for more profitable COVID-19 patients. More than 6,400 nursing home patients across 18 states were discharged during the pandemic, with many sent to homeless shelters, according to a survey conducted by the *The New York Times*. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
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
Fall 2020	Oklahoma	RFP Release	800,000
1Q2021	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
1Q2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
1Q2021	California Imperial	RFP Release	75,000
1Q2021	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
1Q2021	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
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
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

Inland Empire Health Plan Releases Health Homes Program Year One Implementation Report. A new report has been released outlining Inland Empire Health Plan's (IEHP) efforts to establish 50 care teams to support the delivery of core Health Homes Program services for IEHP's most vulnerable members with complex health conditions. HMA contributed to the new report and has supported implementation of IEHP's Health Homes Program since 2018, providing consultation in the development and implementation of a clinical model of care, the design and deployment of a population health management tool, the creation and delivery of a multi-modal training program, and the provision of practice coaching to over 50 care teams. Read more

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Colorado RAE Enrollment is Up 11.9%, May-20 Data
- Iowa Medicaid Managed Care Enrollment is Up 5.4%, Jun-20 Data
- Missouri Medicaid Managed Care Enrollment is Up 10.3%, May-20 Data
- Ohio Dual Demo Enrollment is Up 8.8%, Jun-20 Data
- Oregon Medicaid Managed Care Enrollment is Up 6.5%, May-20 Data
- Rhode Island Dual Demo Enrollment is Down 7.5%, Jun-20 Data
- Tennessee Medicaid Managed Care Enrollment is Flat, Apr-20 Data
- Texas Medicaid Managed Care Enrollment is Down 2.3%, Feb-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- West Virginia Mountain Health Trust Medicaid Managed Care RFP, Proposals, and Scoring, 2019-20

Medicaid Program Reports, Data and Updates:

- Arizona Section 1915c Appendix K and Approval, Apr-20
- Alaska Section 1915c Appendix K and Approval, Mar-20
- Alabama Section 1915c Appendix K and Approval, Jun-20
- Colorado Section 1915c Appendix K and Approval, Jun-20
- Florida Section 1915c Appendix K and Approval, Apr-20
- Indiana Section 1915c Appendix K and Approval, May-20
- Louisiana Section 1915c Appendix K and Approval, Apr-20
- Maryland Section 1915c Appendix K and Approval, Apr-20
- Medicaid Managed Care Procurement Tracking Report, Jun-20
- Montana Department of Public Health and Human Services Financial Compliance Audit, FY 2019
- New Jersey Office of the State Auditor Compliance Review, FY 2019
- Ohio Medicaid Enrollment by Eligibility Category, 2016-19, Apr-20
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, May-20
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Jun-20
- Texas Section 1915c HCBS Waivers Appendix K Documents and Approvals, Jun-20

- Utah Medicaid Managed Care Enrollment is Up 24.4%, Jun-20 Data
- Vermont Medicaid Program Enrollment and Expenditures Reports, SFY 2018-20

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- RFP calendar

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