

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... July 1, 2020



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: GAO 50-STATE MEDICAID SURVEY ON FEDERAL POLICY CHALLENGES**
- HMA 2020 CONFERENCE ADDS REAL-TIME STREAMING OPTION
- FLORIDA GOVERNOR VETOES DISABILITY PROVIDER RATE INCREASE FOR PROVIDERS SERVING INDIVIDUALS WITH DISABILITIES
- ILLINOIS UNIT OF CENTENE TO ACQUIRE NEXTLEVEL MEMBERS
- KENTUCKY HEALTH PLANS FORMALLY PROTEST MEDICAID AWARDS
- NEW YORK MEDICAID PLAN SELLS CERTAIN ASSETS TO MOLINA
- NORTH CAROLINA MEDICAID BILL AWAITS GOVERNOR'S SIGNATURE
- OKLAHOMA VOTERS APPROVE MEDICAID EXPANSION MEASURE
- VIRGINIA GOVERNOR REDIRECTS \$30 MILLION FROM MEDICAID PLANS
- HOUSE VOTES TO INCREASE EXCHANGE SUBSIDIES
- HOSPITALS EXPECT FURTHER FINANCIAL IMPACT FROM COVID-19
- **NEW THIS WEEK ON HMAIS**

NEXT ISSUE OF HMA WEEKLY ROUNDUP WILL BE JULY 15, 2020.

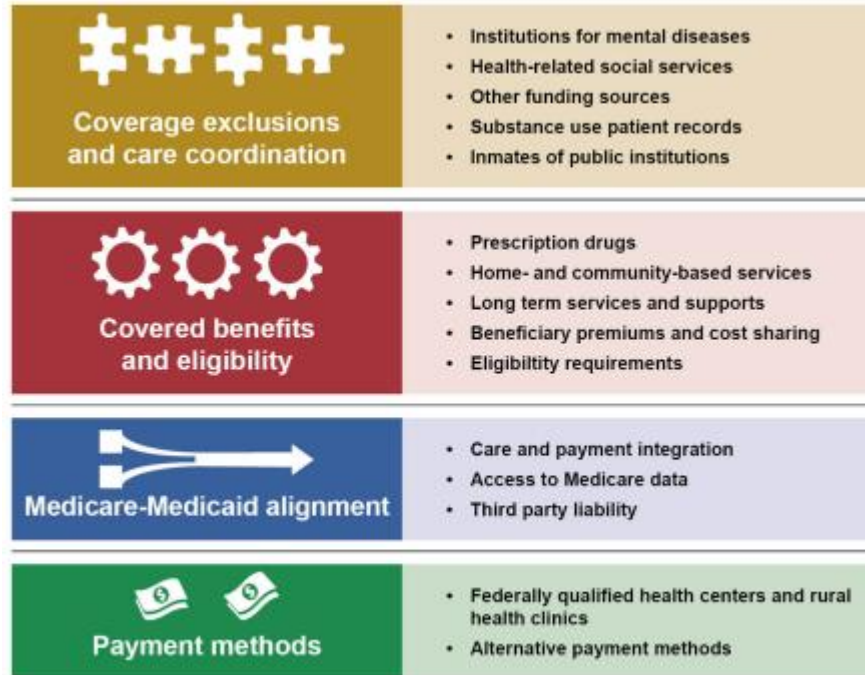
IN FOCUS

GAO 50-STATE MEDICAID SURVEY ON FEDERAL POLICY CHALLENGES

This week our *In Focus* section summarizes the United States Government Accountability Office (GAO) Medicaid report, *State Views on Program Administration Challenges*, released earlier this year. GAO conducted interviews with Medicaid officials from 50 states and the District of Columbia to identify challenges related to federal Medicaid policies.

The areas posing the most challenges were coverage exclusions and care coordination; covered benefits and eligibility; Medicare-Medicaid alignment; and payment methods. HMA acknowledges that since the report was published on April 30, 2020, it does not reflect current COVID-19 policies.

Figure 1: Key Medicaid Program Areas Identified by State Medicaid Officials as Posing Challenges for Effective Program Administration



Source: GAO analysis of information from interviews with Medicaid officials from 50 states and the District of Columbia.

Coverage Exclusions and Care Coordination

Nearly all states found that federal policies related to coverage exclusions and care coordination are one of the most challenging barriers to providing a full continuum of care to beneficiaries with complex health care needs. Medicaid officials identified policies that exclude coverage for institutions for mental disease (IMDs); policies that exclude coverage for health-related social services, particularly housing; and policies that limit sharing medical records for patients with substance-use disorder (SUD).

Although states are able to apply for Medicaid waivers, for example a section 1115 waiver to cover services such as SUD treatment in IMDs, officials noted the administrative burden and concerns over limits on days of coverage. Specifically, officials cited the length and burden of the review process, level of guidance available, lack of permanency, and duration of approval period as challenges to the waiver review processes.

Other policies that officials found challenging include the inability to use Medicaid funds for other federal assistance programs (e.g. Supplemental Nutrition Assistance Program (SNAP)) or to provide Medicaid coverage for inmates, particularly high-risk inmates in short-term incarceration who may need SUD treatment.

Covered Benefits and Eligibility

While states noted the importance of access to prescription drugs, coverage requirements posed fiscal challenges. Under federal policy, states must cover all outpatient prescription drugs approved by the Food and Drug Administration (FDA) that are offered by manufacturers participating in the Medicaid Drug Rebate Program. However, newer drugs are often higher cost and certain higher cost drugs may not yet have an established clinical benefit or have an available lower cost alternative. States also cited other challenges, including not being able to impose premiums and cost sharing requirements that exceed five percent of a family's monthly or quarterly household income and not being able to impose enrollment caps for home and community-based services (HCBS) under state plan authority.

Medicare and Medicaid Alignment

In regard to Medicaid and Medicare alignment, officials stated that program differences limit integration efforts. States are unable to mandatorily enroll Medicaid beneficiaries in Medicare managed care plans and payment integration is complicated due to differences in covered services. Instead, officials said the Centers for Medicare & Medicaid Services (CMS) should create a new single program to serve dual-eligible beneficiaries and continue initiatives in this area. Officials also suggested that CMS provide further guidance on how Medicare data can be used and allow Medicaid managed care plans to access Medicare data. Additionally, since Medicare must pay for covered services for dual eligibles before Medicaid, officials cited the burden of identifying Medicare contacts to address issues that arise and potential delays in beneficiaries' access to services.

Payment Methods

Finally states identified challenges with payment methods, including a federal law that generally requires states to pay federally qualified health centers (FQHC) and rural health clinics (RHC) on the basis of a prospective payment system, where each facility is paid a rate based on its historical costs. Officials also cited delayed guidance or lack of clarity over how they can use alternative payment methods for certain services, such as long-term services and supports (LTSS) and prescription drugs.

CMS Actions to Address Policy Challenges

CMS is working to mitigate challenges for states. In the last few years, CMS has released guidance describing opportunities for states to improve integration across Medicare and Medicaid programs; describing opportunities to cover Medicaid services for residents of IMDs through section 1115 waivers; and provided technical assistance to states regarding housing services that can be covered under waivers and demonstrations. CMS has also streamlined the waiver process, reducing processing times, approving longer extensions, and clarifying guidance. Additionally, the agency is developing an updated reporting system that includes efforts to modernize state expenditure reporting on the form CMS-64.

[Link to GAO Report](#)



HMA MEDICAID ROUNDUP

California

Prisons Struggle to Contain, Prevent COVID-19 Outbreaks. *Kaiser Health News* reported on June 29, 2020, that 4,600 California inmates and 730 staff members have contracted COVID-19 since March 25. Twenty-one inmates have died of COVID-19, along with two staff members. The California prison infection rate of about 40 per 1,000 inmates is more than seven times higher than for the state population as a whole. [Read More](#)

Colorado

Medicaid Enrollment Is Expected to Grow by Half Million. *The Colorado Sun* reported on June 25, 2020, that Colorado expects Medicaid enrollment to top 1.8 million in the coming months, an increase of 500,000 tied to COVID-19-related job losses. Nearly a third of all Coloradans are expected to be covered by a Medicaid health plan by December. [Read More](#)

Florida

Columbus Organization Assumes Rendon Support Services' Coordination Assets in Florida. The Columbus Organization, a provider of case management services for individuals with intellectual and developmental disabilities, announced on July 1, 2020, that it had assumed the support coordination assets of Rendon Support Services in Florida. The transaction bolsters Columbus' presence in central Florida. [Read More](#)

Governor Signs Budget After Vetoing Rate Increases for Providers Serving Individuals with Disabilities. *The Orlando Sentinel* reported on June 29, 2020, that Florida Governor Ron DeSantis signed a \$92.2 billion state budget after vetoing nearly \$53 million in rate increases for providers who serve individuals with disabilities. DeSantis' cuts to the final budget totaled more than \$1 billion. [Read More](#)

LHC Group, Orlando Health Announce Florida Home Health, HCBS Joint Venture. LHC Group and Orlando Health announced on June 24, 2020, a joint venture to provide home and community-based services (HCBS) and home health services in Orlando, Clermont, Kissimmee, and Altamonte Springs, FL. The venture will encompass three existing Orlando Health provider locations, and three existing LHC Group locations. The transaction is expected to be finalized on August 1, at which point LHC will purchase a majority stake and assume management responsibility of the venture.

Illinois

Illinois Subsidiary of Centene to Acquire 54,000 Medicaid Members from NextLevel Health. Centene Corp. announced on June 30, 2020, that its Meridian Health Plan of Illinois subsidiary will take on 54,000 Medicaid members in Cook County from NextLevel Health Partners, which is closing in July. Meridian serves more than 750,000 Medicaid members in Illinois. [Read More](#)

Kentucky

Kentucky, CMS to Pay Rural Hospitals \$383 Million to Settle Medicaid Rate Dispute. *The Lexington Herald-Leader/The Associated Press* reported on June 25, 2020, that Kentucky and the Centers for Medicare & Medicaid Services (CMS) agreed to pay \$383 million to 54 rural hospitals to settle a 13-year-old dispute over Medicaid reimbursement rates. Kentucky will be responsible for \$94 million of the settlement. [Read More](#)

Medicaid Plans Formally Protest State Managed Care Awards. *Louisville Business First* reported on June 24, 2020, that Passport Health Plan and Anthem filed formal protests with Kentucky after failing to win contracts during the state's recent Medicaid managed care procurement. The two companies, both of which were incumbents, claimed bias in the procurement process. Contracts went to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene. [Read More](#)

New Jersey

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

New Jersey Proceeds with CARES Act Furloughs. *Patch* reported on June 25, 2020, that New Jersey officials reached a COVID-19 2020 State of Emergency agreement with the Communications Workers of America to implement a CARES ACT furlough of state employees for 12 days between June 29, 2020 through July 31, 2020, including two holiday furlough days the day after Thanksgiving in 2020, and Presidents Day in 2021. The furlough affects all state employees, with exemptions for workers in essential functions, such as institutional settings that operate 24/7, workers processing unemployment claims, and some management positions deemed essential. As employees will arrange to take furlough days in increments until they reach their furlough day maximum, state offices including the Medicaid agency will continue to be open and operational during this period. [Read More](#)

Horizon New Jersey Health Launches Neighbors in Health Program. *ROI-NJ* reported on July 1, 2020, that Horizon NJ Health launched a three-year, \$25 million demonstration program to address social determinants of health in 11 counties. Horizon Neighbors in Health is the plan's latest solution to delivering whole-person care. The plan is partnering with three major health systems, two hospitals and a Regional Health HUB under the program, which was preceded by a pilot they ran with 400 participants in Newark in 2017. The program will engage with 24,000 members. The program aims to establish a data set that will demonstrate the health and financial benefits of addressing SDOH under a Community Health Worker model. [Read More](#)

New York

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

New York Releases Regulations Implementing Changes to Personal Care and Consumer Directed Services. The New York State Department of Health (DOH) released on July 1, 2020, amended regulations to implement changes advanced by the Medicaid Redesign Team II and adopted in the 2020-21 Enacted Budget impacting Personal Care Services and the Consumer Directed Personal Assistance Program (CDPAP). These amendments, which will appear in the New York State Register on July 15, are being promulgated to implement long term care reform proposals, including instituting new eligibility requirements, establishing an independent assessor, reducing the frequency of assessment from semi-annual to annual, requiring independent physician orders, and establishing a clinical review for high need cases.

The MRT II was reconstituted to identify a number of proposals to contain spending growth in the State's Medicaid program, including significant growth in Long Term Care spending, many of which were advanced and codified in the State's enacted budget to achieve \$2.5 billion in State Medicaid savings.

New York County Is Best Positioned for Medicaid, Exchange Member Churn with 6 Plans Offering Overlapping Coverage. *Crain's New York* reported on July 1, 2020, that New York County (Manhattan) is the best positioned insurance market nationwide for Medicaid and Exchange member churn, with six plans offering overlapping Exchange and Medicaid coverage, according to an analysis by the Robert Wood Johnson Foundation (RWJF). Markets with overlapping plans tend to have lower premiums and are important from the standpoint of continuity of care, RWJF said. The six overlapping plans are Empire BlueCross BlueShield, EmblemHealth, Centene/Fidelis Care, Healthfirst, MetroPlus and UnitedHealthcare. [Read More](#)

New York Medicaid Plan YourCare Completes Sale of Certain Assets to Molina. Molina Healthcare announced on July 1, 2020, that it has completed the acquisition of New York-based not-for-profit, provider-owned YourCare Health Plan from Monroe Plan for Medical Care. The transaction includes the right to serve 46,000 Medicaid members in seven counties in western New York and the Finger Lakes region.

New York Safety Net Hospitals Receive \$1.1 Billion in COVID-19 Hot Spot Funding. *Crain's New York Business* reported on June 30, 2020, that New York safety-net hospitals received about \$1.1 billion in previously allocated CARES Act relief funds for safety net facilities. The COVID-19 hot spot funding went to qualified hospitals with a Medicare disproportionate payment percentage of at least 20.2 percent, average uncompensated care per bed of at least \$25,000, and a profit margin of 3 percent or less on their most recent Medicare cost report. The three hospitals receiving the maximum amount were Long Island Jewish Medical Center, Mount Sinai Morningside, and NYC Health + Hospitals/Bellevue. [Read More](#)

New York Home Care Agency Settles Lawsuit Over Medicaid Billings. *Modern Healthcare/Crain's New York Business* reported on June 26, 2020, that Visiting Nurse Service of New York (VNSNY) will pay \$57 million to settle a 2014 whistleblower lawsuit, which alleged that the organization billed for home care services it did not provide. New York will receive \$6.8 million, the federal government \$50.2 million, and whistleblower Edward Lacey (formerly a vice president at VNSNY) \$14 million to \$17 million. VNSNY did not admit guilt. [Read More](#)

North Carolina

North Carolina Medicaid Managed Care Bill Awaits Governor's Signature. *The Winston Salem Journal* reported on June 25, 2020, North Carolina Governor Roy Cooper is expected to sign a bill to transition the state's Medicaid program to managed care effective July 1, 2021. The state general assembly passed the bill, which will levy a 1.9 percent tax on premiums paid to participating statewide Medicaid plans. The final bill did not include Medicaid expansion or a proposal to pay participating statewide Medicaid plans \$4 million per month if the state missed the deadline for rollout. [Read More](#)

Ohio

Medicaid Plans Pay Pharmacists for Medical Consultations In Face of State Delays. *The Ohio Capital Journal* reported on June 26, 2020, that with Ohio slow to implement a January 2019 law to pay pharmacists for medical consultations, Medicaid plans are picking up the slack. Centene/Buckeye Health began a program to pay pharmacists for medical consultations starting at two federally qualified health centers in Cleveland and Cincinnati. Christ Hospital in Cincinnati will also participate. UnitedHealth began a program in Stark County and Warren. As for Ohio Medicaid as a whole, the state plans to implement the law in early 2021. [Read More](#)

Oklahoma

Oklahoma to Expand Medicaid as Voters Approve Ballot Measure. *The Associated Press* reported on July 1, 2020, that Oklahoma voters narrowly approved a Medicaid expansion ballot measure, which is expected to cover about 215,000 low income individuals. The measure amends the state constitution, preventing the Republican-controlled legislature from rolling back coverage. The legislature is expected to increase hospital fees from 2.5 percent to 4 percent to help fund the proposal. [Read More](#)

Pennsylvania

Pennsylvania, CVS Health Partner on COVID-19 Tests in Nursing Homes. Pennsylvania Secretary of Health Rachel Levine announced on June 24, 2020, a partnership with CVS Health to offer free COVID-19 testing at skilled nursing facilities statewide. Omnicare, a CVS Health company, will administer up to 50,000 tests for nursing home residents and staff beginning June 29. [Read More](#)

Virginia

Governor Redirects \$30 Million From Medicaid Plans to Raise Provider Rates. *The Richmond Times-Dispatch* reported on June 30, 2020, that Virginia Governor Ralph Northam redirected \$30 million in state funds from Medicaid managed care plans to pay for a 29 percent increase in Medicaid provider rates. The funds were originally budgeted to help Medicaid plans pay for medical services canceled or postponed because of COVID-19. Northam had previously redirected funds from Medicaid plans to increase rates for nursing homes. [Read More](#)

Medicaid Enrollment Hits All-Time High at More Than 1.2 Million. *The Virginia Mercury* reported on June 30, 2020, that Medicaid enrollment in Virginia hit an all-time high at more than 1.2 million, up 92,000 since March. The increase is being attributed to the COVID-19 pandemic, economic downturn, and the state's recent Medicaid expansion. [Read More](#)

National

HHS to Extend Public Health Emergency Declaration by 90 Days. *Modern Healthcare* reported on June 29, 2020, that the U.S. Department of Health and Human Services (HHS) will extend the COVID-19 public health emergency declaration by 90 days, allowing regulatory adjustments attached to the declaration to continue. Adjustments include an increased Medicaid matching rate, Medicare inpatient 20 percent add-on payments for COVID-19 patients, and waivers for COVID-19 cost-sharing and telehealth restrictions. The public health emergency declaration was set to expire July 25. [Read More](#)

House Passes Bill to Increase Exchange Subsidies, Incentivize Medicaid Expansion. *Modern Healthcare* reported on June 29, 2020, that the House passed a bill to increase Exchange premiums and incentivize states to implement Medicaid expansion. The bill, which is not expected to pass the Senate, would provide Exchange subsidies to individuals up to 400 percent of poverty, cap premiums at 8.5 percent of income, establish network adequacy standards, and provide funding for state reinsurance costs or to lower out-of-pocket costs. The bill would also again institute a 100 percent federal match for new Medicaid expansion states for the first three years. [Read More](#)

Medicaid Enrollment Could Grow by 4.7 Million if Remaining States Implement Expansion, Kaiser Says. A Kaiser Family Foundation [analysis](#) released on June 25, 2020, projected that approximately 4.7 million uninsured adults could gain health coverage by 2021 if all 14 remaining states implemented Medicaid expansion under the Affordable Care Act (ACA). An additional 3.3 million adults would become newly eligible for Medicaid coverage instead of Exchange coverage, the analysis said. [Read More](#)

DOJ Files Legal Brief Urging Supreme Court to Strike Down ACA. *Politico* reported on June 25, 2020, that the U.S. Department of Justice filed a legal brief urging the Supreme Court to strike down the Affordable Care Act (ACA). The lawsuit, backed by President Trump and brought by a group of Republican-led states, argues that the law was invalidated when Congress eliminated the financial penalty for not having health insurance. [Read More](#)

End of Public Health Emergency Declaration Would Impact Key COVID-Related Policies. *Modern Healthcare* reported on June 24, 2020, that a decision by federal regulators to end the public health emergency declaration as scheduled in July would end at least five important policies put in place to help organizations deal with the financial and operational challenges of COVID-19. The five policies include a 20 percent Medicare add-on payment for inpatient COVID-19 cases; a 6.2 percent Federal Medical Assistance Percentage (FMAP) boost for states; mandating insurers to cover COVID-19 testing without cost-sharing; relaxed telehealth restrictions; and the granting of Section 1135 waivers. [Read More](#)

Medicare Telehealth to Be Permanent for Home Care Providers Under Proposed Rule. *Modern Healthcare* reported on June 25, 2020, that the Centers for Medicare & Medicaid Services (CMS) released a [proposed rule](#) that would allow home health agencies to use telehealth to serve Medicare members after the COVID-19 public health emergency ends. CMS also wants to increase pay for home health providers by 2.6 percent, implement a 5 percent cap on wage index cuts for 2021, and finalize changes to home infusion therapy. [Read More](#)



INDUSTRY NEWS

Centene to Establish East Coast HQ in Charlotte, NC. Centene Corp. announced on July 1, 2020, plans to build a \$1 billion campus in Charlotte, NC, which will serve as the company's east cost headquarters. The facility will accommodate 3,000 employees in 2022 and another 3,000 after a second phase of construction set to begin in 2024. [Read More](#)

Hospitals, Health Systems Expect Further Financial Impact from COVID-19. *Modern Healthcare* reported on June 30, 2020, that hospitals and health systems can expect further financial impact from COVID-19, according to an American Hospital Association (AHA) analysis. The report cites as key drivers reductions in patient volume and revenues along with additional costs for personal protective equipment and other supplies and equipment. [Read More](#)

Trinity Health Braces for Additional Furloughs, Layoffs. *Modern Healthcare* reported on June 29, 2020, that additional furloughs and layoffs are expected at Michigan-based Trinity Health, following a projected \$2 billion decline in fiscal 2021 revenues. The news comes after Trinity announced plans in April to furlough 2,500 employees and cut executive pay. [Read More](#)

Rural Hospital Entrepreneur Faces Federal Fraud Indictment. *Kaiser Health News* reported on June 30, 2020, that Jorge A. Perez and nine others were indicted by federal prosecutors in a billing scheme that exploited federal regulations allowing rural hospitals to charge more for lab testing than other providers. According to the indictment, Perez-affiliated rural hospitals billed insurers at the higher rates for patients who never set foot in the hospital. The four rural hospitals named in the indictment are Campbellton-Graceville Hospital in Graceville, FL; Chestatee Regional Hospital in Dahlonega, GA; Putnam County Memorial Hospital in Unionville, MO; and Regional General Hospital of Williston, FL. [Read More](#)

Community Health Systems to Sell Florida Hospital to Orlando Health. Community Health Systems, Inc. announced on June 25, 2020, a definitive agreement to sell 480-bed Bayfront Health St. Petersburg hospital in Florida and its associated assets to a subsidiary of Orlando Health. The transaction is subject to regulatory approvals and the consent of the St. Petersburg City Council. [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 |

COMPANY ANNOUNCEMENTS

Opioid Use Disorder and Overcoming the Opioid Crisis

HMA NEWS

HMA 2020 CONFERENCE ADDS REAL-TIME STREAMING OPTION

Conference Dates: October 26-27

Location: Fairmont Chicago, Millennium Park

HMA's fifth annual conference on trends in publicly sponsored healthcare will offer a real-time streaming option for registrants who wish to attend the conference virtually.

Virtual attendees will be able to view all keynote addresses, plenary sessions, breakout sessions, and Q&A sessions. To register as a virtual attendee, visit the conference website at <https://conference.healthmanagement.com/>.

The theme of this year's conference is *What's Next for Medicaid, Medicare, and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty*. We already have a line-up of more than 30 top industry speakers (see list below).

HMA's conference has emerged as a premier informational and networking event, normally attracting 500 healthcare industry executives, clinicians, and policy experts. Social distancing guidelines will limit this year's attendance, so be sure to register early if you wish to attend the live event. Refunds will be available should we be forced to cancel the live event.

Medicaid Managed Care Speakers to Date (In alphabetical order)

- Mary Jane Beeson, VP, Medicaid-Duals Strategy & Business Development, Humana
- Heidi Chan, Market President, AmeriHealth Caritas North Carolina
- Alec Cunningham, EVP, Government Services, Aetna, a CVS Health Company
- David Fields, President, Dean Health Plan
- Lisa Hollier, MD, Chief Medical Officer, Texas Children's Health Plan
- Jesse Hunter, EVP, Mergers & Acquisitions, Chief Strategy Officer, Centene Corp.
- Andy McMahon, Vice President, Health and Human Services Policy, UnitedHealthcare Community & State
- Keith Payet, CEO, UnitedHealthcare Community Plan of Tennessee

State Medicaid Speakers to Date (In alphabetical order)

- 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, Health and Human Services, State of Oklahoma
- Kate Massey, Senior Deputy Director, Medical Services Administration, Michigan Department of Health and Human Services

- Stephanie Muth, Former Deputy Executive Commissioner, Medicaid & CHIP, Texas Health & Human Services
- Melodie Pazolt, Acting Deputy Director, Division of Behavioral Health, Washington State Health Care Authority

Key Industry and Thought Leadership Speakers to Date (In alphabetical order)

- Bryan Adams, Chief Commercial Officer, Best Buy Health
- Drew Altman, President, CEO, Henry J. Kaiser Family Foundation
- Liz Baker-Ray, Director, Health and Wellness, Walmart
- Nora Belcher, Executive Director, Texas eHealth Alliance
- Elizabeth (Libby) Boyce, Director of Access, Referral, and Engagement, Housing for Health
- Ned Carlson, CEO, Trumpet Behavioral Health
- Harold Carter, VP, Pharma Strategy & Contracting, Express Scripts
- Kathy Carmody, CEO, Institute on Public Policy for People with Disabilities
- Fred Cerise, President, CEO, Parkland Health & Hospital System
- Alan Eisenberg, VP, Global Government Relations and Public Policy, Alnylam
- Vytas Kiselius, CEO, Referwell
- Dan Knecht, MD, VP, Transformation, Clinical Product, CVS Health
- Christine Aguiar Lynch, VP for Medicare and MLTSS Policy, Association for Community Affiliated Health Plans
- William McKinney, CEO, The MENTOR Network
- Greg Moody, Executive in Residence, John Glenn College of Public Affairs, The Ohio State University
- Mary Kay Rizzolo, President and CEO, Council on Quality and Leadership
- Linda Timmons, President and CEO, Mosaic
- Angie Truesdale, CEO, Centering Healthcare Institute

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Alabama Medicaid Enrollment is Flat, 2018 Data
- Alabama Medicaid Modular Electronic Visit Verification RFB, Jun-20
- Florida Medicaid Managed Care Enrollment is Up 6.8%, May-20 Data
- Georgia Medicaid Management Care Enrollment is Up 9.9%, Jun-20 Data
- Louisiana Medicaid Managed Care Enrollment is Up 3.6%, Apr-20 Data
- Mississippi Medicaid Managed Care Enrollment is Down 1.5%, Apr-20 Data
- MLRs at Alabama Medicare Advantage MCOs Average 84.5%, 2019 Data
- MLRs at Florida Medicare Advantage MCOs Average 86.1%, 2019 Data
- MLRs at Illinois Medicare Advantage MCOs Average 82.6%, 2019 Data
- MLRs at Indiana Medicare Advantage MCOs Average 83.2%, 2019 Data
- MLRs at Massachusetts Medicare Advantage MCOs Average 88.9%, 2019 Data
- MLRs at Michigan Medicare Advantage MCOs Average 87.2%, 2019 Data
- MLRs at Minnesota Medicare Advantage MCOs Average 85.4%, 2019 Data
- MLRs at Missouri Medicare Advantage MCOs Average 82.6%, 2019 Data
- MLRs at New Jersey Medicare Advantage MCOs Average 85.9%, 2019 Data
- MLRs at New York Medicare Advantage MCOs Average 87.2%, 2019 Data
- MLRs at Ohio Medicare Advantage MCOs Average 85%, 2019 Data
- Oklahoma Medicaid Expenditures Approach \$5.6 Billion, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Hawaii Ombudsman Services for Med-QUEST Division (MQD) Beneficiaries and Providers RFQ and RFI, Jun-20
- Louisiana Highly Specialized Technical Assistance and Consulting Services for the Louisiana Medicaid Program RFI, Jun-20
- Maryland Medicaid Dental Benefits Administrator RFP, Contract and Related Documents, 2015-19
- Nebraska Quality Improvement Organization for Medicaid HCBS, ICF/DDs RFP and Related Documents, Jun-20
- Ohio Medicaid Managed Care Program Feedback from Managed Care Organizations RFI #2 and Responses, 2020
- Pennsylvania Chester County Behavioral Health HealthChoices Program RFP, Jun-20
- Virginia Commonwealth Coordinated Care Plus MLTSS MCO Contracts, 2017-21
- Virginia Medallion 4.0 Contracts, 2019-21

Medicaid Program Reports, Data and Updates:

- Delaware Health Care Spending Benchmark, Jun-20
- Delaware Independent Study of Rate Methodologies for Medical Services Delivered, May-20
- Maryland Medicaid Advisory Committee Meeting Materials, Jun-20
- North Carolina Medical Care Advisory Committee Meeting Materials, Jun-20
- Virginia Medicaid Managed Care Quality Strategy Reports, 2011-22

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:

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

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