

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... July 18, 2018



In Focus



HMA Roundup



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THIS WEEK

- **IN FOCUS: MEDICAID MANAGED CARE ENROLLMENT UPDATE- Q2 2018**
- ARKANSAS WORK REQUIREMENT TAKES EFFECT; 7,000 BENEFICIARIES FALL SHORT
- MASSACHUSETTS TO RELEASE ONE CARE RFP IN AUGUST
- OHIO TO REQUEST 3-YEAR EXTENSION OF DUAL DEMONSTRATION
- KANSAS, RHODE ISLAND TO LIFT LIMITS ON HEPATITIS C TREATMENT
- OKLAHOMA MEDICAID WINS APPROVAL FOR VALUE-BASED DRUG PROGRAM
- NEW MEXICO JUDGE GRANTS UNITEDHEALTH STAY IN CONTRACT AWARD DISPUTE
- NEW YORK LAUNCHES CARE MANAGEMENT PROGRAM FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
- HHS SECRETARY SUGGESTS CUTTING 340B DISCOUNTS FOR HOSPITALS
- HUMANA, PRIVATE EQUITY FIRMS COMPLETE ACQUISITION OF CURO HEALTH SERVICES
- **NEW THIS WEEK ON HMA INFORMATION SERVICES (HMAIS)**

IN FOCUS

MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q2 2018

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 28 states.¹ Many state Medicaid agencies post monthly enrollment figures by health plan for their Medicaid managed

¹ Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington, West Virginia, Wisconsin.

care population to their websites. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. Nearly all 28 states highlighted in this review have released monthly Medicaid managed care enrollment data into the second quarter (Q2) of 2018. This report reflects the most recent data posted. HMA has made the following observations related to the enrollment data shown on Table 1 (on page 3):

- Eighteen of the 28 states– Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and West Virginia – expanded Medicaid under the Affordable Care Act and have seen increased Medicaid managed care enrollment as a result of expansion.
- The 28 states in this report account for an estimated 48.5 million Medicaid managed care enrollees as of the end of Q2 2018. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment is has likely surpassed 54 million in the second half of 2018. As such, the enrollment data across these 28 states represents nearly 90 percent of all Medicaid MCO enrollment.
- States with managed care that do not publish monthly enrollment reports are Delaware, District of Columbia, Massachusetts, New Hampshire, New Jersey, Nevada, Rhode Island, Utah, and Virginia.
- Across the 28 states tracked in this report, Medicaid managed care enrollment is down 1.8 percent year-over-year as of June 2018, losing 902,000 enrollees since June 2017.
- The 18 expansion states listed above have seen net Medicaid managed care enrollment decrease by 1.2 million members, or 3.2 percent, in the past year, to 35.2 million members at the end of Q2 2018.
- The ten states that have not yet expanded Medicaid have seen net Medicaid managed care enrollment increase by roughly 261,000 members, or 2 percent, to 13.3 million members at the end of Q2 2018.

Table 1 - Monthly MCO Enrollment by State - January 2018 through June 2018

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Arizona	1,593,731	1,564,685	1,551,310	1,558,234	1,556,733	1,556,030
+/- m/m	(10,477)	(29,046)	(13,375)	6,924	(1,501)	(703)
% y/y	-1.3%	-3.3%	-4.1%	-3.6%	-4.0%	-4.0%
California	10,718,352	10,766,203	10,766,119	10,747,826	10,742,697	10,715,384
+/- m/m	(101,217)	47,851	(84)	(18,293)	(5,129)	(27,313)
% y/y	-0.3%	-0.4%	-0.7%	-0.9%	-1.0%	-1.1%
Florida	3,279,797	3,277,087	3,256,758	3,249,656	3,206,443	3,199,319
+/- m/m	(9,493)	(2,710)	(20,329)	(7,102)	(43,213)	(7,124)
% y/y	-3.8%	-3.7%	-4.2%	-3.9%	-5.4%	-5.1%
Georgia	1,385,309	1,364,013	1,371,031	1,376,894	1,381,729	1,388,318
+/- m/m	18,843	(21,296)	7,018	5,863	4,835	6,589
% y/y	6.9%	0.0%	0.0%	0.0%	0.0%	7.4%
Hawaii						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Illinois	1,958,963	1,845,437	1,779,439	2,304,309	2,281,761	
+/- m/m	0	(113,526)	(65,998)	524,870	(22,548)	N/A
% y/y	0.0%	-6.2%	-10.3%	17.0%	17.0%	
Indiana	1,163,060	1,160,063	1,154,916	1,150,027	1,139,644	
+/- m/m	450	(2,997)	(5,147)	(4,889)	(10,383)	N/A
% y/y	3.4%	0.0%	0.9%	1.0%	0.0%	
Iowa	589,476	594,206	609,436	614,770	615,117	616,240
+/- m/m	5,356	4,730	15,230	5,334	347	1,123
% y/y	-4.7%	-3.8%	-1.2%	0.0%	0.3%	0.8%
Kansas	389,982	394,084	395,134	391,496	388,086	
+/- m/m	N/A	4,102	1,050	(3,638)	(3,410)	N/A
% y/y	N/A	N/A	N/A	N/A	N/A	
Kentucky	1,253,720	1,260,100				
+/- m/m	(2,181)	6,380	N/A	N/A	N/A	N/A
% y/y	-1.7%	-1.1%				
Louisiana	1,478,796	1,482,039	1,479,366	1,482,238	1,473,685	
+/- m/m	1,747	3,243	(2,673)	2,872	(8,553)	N/A
% y/y	3.4%	2.1%	0.9%	1.4%	0.4%	
Maryland	1,184,988	1,190,909	1,200,835	1,199,471	1,185,607	
+/- m/m	11,181	5,921	9,926	(1,364)	(13,864)	N/A
% y/y	3.9%	3.6%	3.1%	2.5%	1.7%	
Michigan	1,820,682	1,790,355	1,751,591	1,758,356	1,819,990	1,820,205
+/- m/m	3,284	(30,327)	(38,764)	6,765	61,634	215
% y/y	1.5%	-0.5%	-3.5%	-4.7%	-1.4%	-1.3%
Minnesota	923,351	938,001	949,740	965,963	972,059	981,982
+/- m/m	(34,933)	14,650	11,739	16,223	6,096	9,923

% y/y	5.1%	4.8%	4.8%	4.6%	6.7%	6.6%
Mississippi	470,595	465,017	457,903	454,495	451,931	447,263
+/- m/m	(5,571)	(5,578)	(7,114)	(3,408)	(2,564)	(4,668)
% y/y	-4.2%	-5.0%	-6.3%	-7.1%	-7.3%	-8.6%
Missouri	717,132	715,812	709,809	710,931	713,930	712,335
+/- m/m	2,011	(1,320)	(6,003)	1,122	2,999	(1,595)
% y/y	41.7%	42.6%	41.4%	42.0%	-3.8%	-2.8%
Nebraska					233,723	
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y					N/A	
New Mexico	668,600	668,531	669,705	669,934	665,680	660,918
+/- m/m	3,775	(69)	1,174	229	(4,254)	(4,762)
% y/y	-3.7%	-4.2%	-4.4%	-4.1%	-4.3%	-4.6%
New York	4,689,794	4,721,439	4,767,511	4,763,276	4,765,574	4,763,395
+/- m/m	(25,897)	31,645	46,072	(4,235)	2,298	(2,179)
% y/y	1.2%	1.8%	2.3%	2.1%	1.8%	1.4%
Ohio	2,491,148	2,490,175	2,488,643	2,398,185	2,473,647	2,449,971
+/- m/m	6,280	(973)	(1,532)	(90,458)	75,462	(23,676)
% y/y	-0.3%	-1.1%	-1.5%	-5.6%	5.1%	-4.1%
Oregon	889,085	888,202	895,525			
+/- m/m	NA	(883)	7,323	N/A	N/A	N/A
% y/y	-0.7%	-0.5%	2.8%			
Pennsylvania	2,323,090	2,331,485	2,334,009			
+/- m/m	8,484	8,395	2,524	N/A	N/A	N/A
% y/y	2.2%	1.9%	1.6%			
South Carolina					792,224	757,362
+/- m/m	N/A	N/A	N/A	N/A	0	(34,862)
% y/y					2.3%	-2.3%
Tennessee	1,476,052	1,452,485	1,446,478	1,431,487	1,415,526	1,418,407
+/- m/m	13,112	(23,567)	(6,007)	(14,991)	(15,961)	2,881
% y/y	-4.3%	-4.1%	-2.3%	-2.1%	-2.7%	0.4%
Texas						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Washington	1,607,980	1,603,459	1,601,493	1,588,832	1,588,041	1,545,607
+/- m/m	(51)	(4,521)	(1,966)	(12,661)	(791)	(42,434)
% y/y	-2.6%	-2.6%	-0.4%	-3.2%	-3.1%	-5.4%
West Virginia	410,451	414,581	410,081	410,973	411,070	410,019
+/- m/m	(6,170)	4,130	(4,500)	892	97	(1,051)
% y/y	2.7%	-3.6%	-3.7%	-3.8%	-3.5%	-3.7%
Wisconsin	783,143	802,786	805,477	803,727	812,542	813,681
+/- m/m	(3,524)	19,643	2,691	(1,750)	8,815	1,139
% y/y	-0.5%	1.2%	0.8%	0.6%	1.9%	2.1%

Note: In Table 1 above and the state tables below, “+/- m/m” refers to the enrollment change from the previous month. “% y/y” refers to the percentage change in enrollment from the same month in the previous year.

Below, we provide a state-specific analysis of recent enrollment trends in the states where HMA tracks data.

It is important to note the limitations of the data presented. First, not all states report the data at the same time during the month. Some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-the-month snapshot. Second, in some cases the data is comprehensive in that it covers all state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is the key limiting factor in comparing the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in Table 1 and throughout the *In Focus* section should be viewed as a sampling of enrollment trends across these states rather than a comprehensive comparison, which cannot be developed based on publicly available monthly enrollment data.

State-Specific Analysis

Arizona

Medicaid Expansion Status: Expanded January 1, 2014

Enrollment in Arizona’s two Medicaid managed care programs has declined through June 2018, down over 64,000 since June 2017. At the end of Q2 2018, Arizona’s MCO enrollment stands at 1.5 million, down 4.0 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Acute Care	1,532,674	1,503,588	1,492,542	1,496,565	1,497,465	1,496,697
ALTCS	61,057	61,097	58,768	61,669	59,268	59,333
Total Arizona	1,593,731	1,564,685	1,551,310	1,558,234	1,556,733	1,556,030
+/- m/m	(10,477)	(29,046)	(13,375)	6,924	(1,501)	(703)
% y/y	-1.3%	-3.3%	-4.1%	-3.6%	-4.0%	-4.0%

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data through June 2018 shows a decrease of 1.1 percent from the previous year, with managed care enrollment down roughly 119,000 since that time. As of June 2018, enrollment in managed care is approximately 10.7 million.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Two-Plan Counties	6,911,231	6,946,671	6,950,468	6,933,712	6,934,495	6,920,728
Imperial/San Benito	84,192	84,659	84,248	84,519	84,865	84,622
Regional Model	299,084	300,727	300,321	300,747	300,184	299,622
GMC Counties	1,147,758	1,154,114	1,153,584	1,152,165	1,154,609	1,150,797
COHS Counties	2,163,098	2,167,450	2,165,505	2,165,708	2,157,319	2,148,212
Duals Demonstration	112,989	112,582	111,993	110,975	111,225	111,403
Total California	10,718,352	10,766,203	10,766,119	10,747,826	10,742,697	10,715,384
+/- m/m	(101,217)	47,851	(84)	(18,293)	(5,129)	(27,313)
% y/y	-0.3%	-0.4%	-0.7%	-0.9%	-1.0%	-1.1%

Florida

Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program has seen a net decline in total covered lives over the last year, and now covers under 3.2 million beneficiaries as of June 2018, down 5.1 percent from the prior year. (Note that the managed LTC enrollment figures listed below are a subset of the Managed Medical Assistance (MMA) enrollments and are included in the MMA number; they are not separately added to the total to avoid double counting; note also that FL Healthy Kids enrollment was not available for January and April 2018, so the previous month's enrollment for that program was used).

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
MMA	2,930,457	2,923,060	2,901,601	2,893,607	2,844,479	2,832,529
LTC (Subset of MMA)	100,223	99,997	100,209	100,220	101,149	102,318
SMMC Specialty Plan	172,257	173,595	174,725	175,617	175,070	176,085
FL Healthy Kids	177,083	180,432	180,432	180,432	186,894	190,705
Total Florida	3,279,797	3,277,087	3,256,758	3,249,656	3,206,443	3,199,319
+/- m/m	(9,493)	(2,710)	(20,329)	(7,102)	(43,213)	(7,124)
% y/y	-3.8%	-3.7%	-4.2%	-3.9%	-5.4%	-5.1%

Georgia

Medicaid Expansion Status: Not Expanded

As of June 2018, Georgia's Medicaid managed care program covered nearly 1.39 million members, up 7.4 percent from the previous year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Georgia	1,385,309	1,364,013	1,371,031	1,376,894	1,381,729	1,388,318
+/- m/m	18,843	(21,296)	7,018	5,863	4,835	6,589
% y/y	6.9%					7.4%

Hawaii

Medicaid Expansion Status: Expanded January 1, 2014

Through September 2017, enrollment in the Hawaii Medicaid managed care program stands at more than 358,000, up 0.6 percent from September 2016. Hawaii has not reported Q2 2018 enrollment figures at the time of publication.

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's managed care programs sits at nearly 2.3 million as of May 2018, up 17 percent from May 2017.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Family Health Program	1,906,623	1,795,347	1,727,740	2,249,704	2,227,446	
Integrated Care Program						
Duals Demonstration	52,340	50,090	51,699	54,605	54,315	
MLTSS						
Total Illinois	1,958,963	1,845,437	1,779,439	2,304,309	2,281,761	
+/- m/m		(113,526)	(65,998)	524,870	(22,548)	
% y/y		-6.2%	-10.3%	17.0%	17.0%	

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of May 2018, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is over 1.1 million. May 2017 enrollment was not available, but compared to year-end 2017, enrollment was down 2 percent.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Hoosier Healthwise	629,749	628,734	626,542	623,068	616,873	
Hoosier Care Connect	89,858	89,650	88,523	87,913	87,374	
HIP	443,453	441,679	439,851	439,046	435,397	
Indiana Total	1,163,060	1,160,063	1,154,916	1,150,027	1,139,644	
+/- m/m	450	(2,997)	(5,147)	(4,889)	(10,383)	
% y/y	3.4%		0.9%	1.0%		

Iowa

Medicaid Expansion Status: Expanded January 1, 2014

Iowa launched its statewide Medicaid managed care program in April of 2016. Enrollment across all populations sits at over 616,000 as of June 2018. Enrollment is up 0.8 percent from the previous June.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Traditional Medicaid	402,194	403,701	413,903	416,181	415,067	415,347
Iowa Wellness Plan	141,076	144,296	148,873	151,408	152,144	152,100
hawk-i	46,206	46,209	46,660	47,181	47,906	48,793
Total Iowa	589,476	594,206	609,436	614,770	615,117	616,240
+/- m/m	5,356	4,730	15,230	5,334	347	1,123
% y/y	-4.7%	-3.8%	-1.2%	0.0%	0.3%	0.8%

Kansas**Medicaid Expansion Status: Not Expanded**

Kansas Medicaid managed care enrollment was over 388,000 as of May 2018. The state has not provided monthly enrollment until this year, so historical comparisons are not available.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Kansas	389,982	394,084	395,134	391,496	388,086	
+/- m/m		4,102	1,050	(3,638)	(3,410)	
% y/y						

Kentucky**Medicaid Expansion Status: Expanded January 1, 2014**

As of February 2018, Kentucky covered 1.26 million beneficiaries in risk-based managed care. Total enrollment is down 1.1 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Kentucky	1,253,720	1,260,100				
+/- m/m	(2,181)	6,380				
% y/y	-1.7%	-1.1%				

Louisiana**Medicaid Expansion Status: Expanded July 1, 2016**

Medicaid managed care enrollment in Bayou Health stands at 1.47 million as of May 2018, up 0.4 percent from the previous year. Louisiana's Medicaid expansion, which began on July 1, 2016, has been a major driver of MCO enrollment growth over the past five quarters. Enrollment is up 37.7 percent since June 2016.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Louisiana	1,478,796	1,482,039	1,479,366	1,482,238	1,473,685	
+/- m/m	1,747	3,243	(2,673)	2,872	(8,553)	
% y/y	3.4%	2.1%	0.9%	1.4%	0.4%	

Maryland**Medicaid Expansion Status: Expanded January 1, 2014**

Maryland's Medicaid managed care program covered nearly 1.19 million as of May 2018, up 1.7 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Maryland	1,184,988	1,190,909	1,200,835	1,199,471	1,185,607	
+/- m/m	11,181	5,921	9,926	(1,364)	(13,864)	
% y/y	3.9%	3.6%	3.1%	2.5%	1.7%	

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

As of June 2018, Michigan's Medicaid managed care sits at 1.82 million, down 1.3 percent from the previous year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Medicaid	1,782,637	1,751,784	1,713,029	1,720,558	1,780,969	1,781,878
MI Health Link (Duals)	38,045	38,571	38,562	37,798	39,021	38,327
Total Michigan	1,820,682	1,790,355	1,751,591	1,758,356	1,819,990	1,820,205
+/- m/m	3,284	(30,327)	(38,764)	6,765	61,634	215
% y/y	1.5%	-0.5%	-3.5%	-4.7%	-1.4%	-1.3%

Minnesota

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2018, enrollment across Minnesota's multiple managed Medicaid programs sits at nearly 982,000, up 6.6 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Parents/Kids	578,898	580,919	583,994	591,380	595,487	600,818
Expansion Adults	178,842	180,359	181,515	183,482	184,256	185,044
Senior Care Plus	16,385	16,421	16,230	16,307	16,302	16,332
Senior Health Options	37,931	38,018	38,008	38,254	38,311	38,650
Special Needs BasicCare	52,588	52,992	53,000	53,439	53,534	53,744
Minnesota Care	58,707	69,292	76,993	83,101	84,169	87,394
Total Minnesota	923,351	938,001	949,740	965,963	972,059	981,982
+/- m/m	(34,933)	14,650	11,739	16,223	6,096	9,923
% y/y	5.1%	4.8%	4.8%	4.6%	6.7%	6.6%

Mississippi

Medicaid Expansion Status: Not Expanded

MississippiCAN, the state's Medicaid managed care program, grew significantly in 2015. However, net enrollment declines over the past two and a half years have reversed some of this growth. Medicaid managed care membership stands at just over 447,000 as of June 2018, down 8.6 percent from last year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Mississippi	470,595	465,017	457,903	454,495	451,931	447,263
+/- m/m	(5,571)	(5,578)	(7,114)	(3,408)	(2,564)	(4,668)
% y/y	-4.2%	-5.0%	-6.3%	-7.1%	-7.3%	-8.6%

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care enrollment in the Medicaid and CHIP programs sits at more than 712,000 as of June 2018. In May, the first month of the state's geographic managed care expansion, roughly 240,000 new members were added in the new region.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Medicaid	691,698	690,116	683,328	685,076	687,795	685,895
Total CHIP	25,434	25,696	26,481	25,855	26,135	26,440
Total Missouri	717,132	715,812	709,809	710,931	713,930	712,335
+/- m/m	2,011	(1,320)	(6,003)	1,122	2,999	(1,595)
% y/y	41.7%	42.6%	41.4%	42.0%	-3.8%	-2.8%

Nebraska

Medicaid Expansion Status: Not Expanded

As of May 2018, the program enrolled nearly 234,000 members.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Nebraska					233,723	
+/- m/m					233,723	

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2018, New Mexico's Centennial Care program covers nearly 661,000 members, a 4.6 percent decline compared to June 2017.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total New Mexico	668,600	668,531	669,705	669,934	665,680	660,918
+/- m/m	3,775	(69)	1,174	229	(4,254)	(4,762)
% y/y	-3.7%	-4.2%	-4.4%	-4.1%	-4.3%	-4.6%

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively covered more than 4.76 million beneficiaries as of June 2018, a 1.4 percent increase from the previous year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Mainstream MCOs	4,367,924	4,391,630	4,434,781	4,428,024	4,427,830	4,426,720
Managed LTC	199,442	206,484	208,183	209,679	212,116	208,628
Medicaid Advantage	7,484	7,070	6,972	6,725	6,630	6,520
Medicaid Advantage Plus	9,243	9,495	9,812	10,164	10,489	10,803
HARP	100,727	101,879	102,930	103,897	103,694	105,888
FIDA/FIDA-IDD (Duals)	4,974	4,881	4,833	4,787	4,815	4,836
Total New York	4,689,794	4,721,439	4,767,511	4,763,276	4,765,574	4,763,395
+/- m/m	(25,897)	31,645	46,072	(4,235)	2,298	(2,179)
% y/y	1.2%	1.8%	2.3%	2.1%	1.8%	1.4%

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2018, enrollment across all four Ohio Medicaid managed care programs was nearly 2.45 million, down 4.1 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
CFC Program	1,565,087	1,565,403	1,565,405	1,513,855	1,559,419	1,544,342
ABD Program	196,095	196,383	199,918	196,606	198,642	200,442
Group 8 (Expansion)	623,527	618,252	613,515	581,504	605,532	594,681
MyCare Ohio (Duals)	106,439	110,137	109,805	106,220	110,054	110,506
Total Ohio	2,491,148	2,490,175	2,488,643	2,398,185	2,473,647	2,449,971
+/- m/m	6,280	(973)	(1,532)	(90,458)	75,462	(23,676)
% y/y	-0.3%	-1.1%	-1.5%	-5.6%	5.1%	-4.1%

Oregon

Medicaid Expansion Status: Expanded January 1, 2014

As of March 2018, enrollment in the Oregon Coordinated Care Organization (CCO) Medicaid managed care program is nearly 896,000, up 2.8 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Oregon (CCO)	889,085	888,202	895,525			
+/- m/m	NA	(883)	7,323			
% y/y	-0.7%	-0.5%	2.8%			

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of March 2018, Pennsylvania's Medicaid managed care enrollment sits at more than 2.3 million, up 1.6 percent in the past year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Pennsylvania	2,323,090	2,331,485	2,334,009			
+/- m/m	8,484	8,395	2,524			
% y/y	2.2%	1.9%	1.6%			

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care programs collectively enroll more than 757,000 members as of June 2018, which represents a decline of 2.3 percent in the past year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Medicaid	767,994			775,522	780,912	746,027
Total Duals Demo					11,312	11,335
Total South Carolina					792,224	757,362
+/- m/m						(34,862)
% y/y					2.3%	-2.3%

Tennessee

Medicaid Expansion Status: Not Expanded

As of June 2018, TennCare managed care enrollment totaled 1.42 million up 0.4 percent from the prior year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Tennessee	1,476,052	1,452,485	1,446,478	1,431,487	1,415,526	1,418,407
+/- m/m	13,112	(23,567)	(6,007)	(14,991)	(15,961)	2,881
% y/y	-4.3%	-4.1%	-2.3%	-2.1%	-2.7%	0.4%

Texas

Medicaid Expansion Status: Not Expanded

Enrollment reporting out of Texas has been limited in the past year. As of February 2017, Texas managed care enrollment stood at more than 3.94 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016. Enrollment was up 2.6 percent from the prior year.

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment dropped 5.4 percent to 1.55 million as of June 2018, compared to June 2017.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Washington	1,607,980	1,603,459	1,601,493	1,588,832	1,588,041	1,545,607
+/- m/m	(51)	(4,521)	(1,966)	(12,661)	(791)	(42,434)
% y/y	-2.6%	-2.6%	-0.4%	-3.2%	-3.1%	-5.4%

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2018, West Virginia's managed care program covers 410,000 members, down 3.7 percent year-over-year.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total West Virginia	410,451	414,581	410,081	410,973	411,070	410,019
+/- m/m	(6,170)	4,130	(4,500)	892	97	(1,051)
% y/y	2.7%	-3.6%	-3.7%	-3.8%	-3.5%	-3.7%

Wisconsin

Medicaid Expansion Status: Not Expanded

Across Wisconsin's three managed care programs, June 2018 enrollment totals nearly 814,000, up 2.1 percent from the year before.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
BadgerCare+	696,579	713,282	714,087	709,297	711,360	707,045
SSI	35,492	37,903	39,440	42,147	48,593	54,052
LTC	51,072	51,601	51,950	52,283	52,589	52,584
Total Wisconsin	783,143	802,786	805,477	803,727	812,542	813,681
+/- m/m	(3,524)	19,643	2,691	(1,750)	8,815	1,139
% y/y	-0.5%	1.2%	0.8%	0.6%	1.9%	2.1%

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which collects Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, ABD populations, long-term care, accountable care organizations, and patient-centered medical homes. HMAIS also includes a public documents library with copies of Medicaid RFPs, responses, model contracts, and scoring sheets.

HMA enhances this publicly available information with an overview of the structure of Medicaid in each state, as well as a proprietary HMA Medicaid Managed Care Opportunity Assessment.

For additional information on how to subscribe to HMA Information Services, contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com.



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Work Requirement Takes Effect; 7,000 Beneficiaries Fall Short. *The Associated Press* reported on July 13, 2018, that more than 7,000 Medicaid expansion members in Arkansas are at risk of losing coverage after failing to report at least 80 hours of work in June, when the state's new Medicaid work requirement policy took effect. Members lose coverage if they don't meet the requirement for at least three months in a calendar year. The requirement is being implemented for expansion members ages 30 to 49 this year and will be expanded to include those 19 to 29 next year. [Read More](#)

Arkansas Medicaid Continues to Reimburse Provider-Led Empower Healthcare Solutions. *The Arkansas Times* reported on July 13, 2018, that Arkansas is continuing to make Medicaid payments to Empower Healthcare Solutions, a Provider-led Arkansas Shared Savings Entities (PASSE) that is part owned by Preferred Family Healthcare (PFH). In June, Arkansas suspended Missouri-based PFH from participating in Medicaid amid a corruption and fraud scandal. Empower is one of four PASSEs, which provide care coordination for individuals with severe mental health needs and developmental disabilities. [Read More](#)

California

California Medicaid Plan Launches \$31 Million Primary Care Physician Initiative. *HealthLeaders Media* reported on July 16, 2018, that L.A. Care Health Plan has committed \$31 million in 2018 to an initiative designed to increase the number of primary physicians serving the Los Angeles county safety net. Funds will go toward scholarships, loan repayments, and recruiting costs for safety net clinics. L.A. Care, which is California's largest Medicaid plan, will repeat the initiative annually for possibly five years. [Read More](#)

Florida

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

Florida Faces Challenge from Argus Dental, UnitedHealthcare Over Medicaid Dental Contracts. *Health News Florida* reported on July 17, 2018, that Florida faces challenges filed by prepaid dental managed care plans Argus Dental & Vision and UnitedHealthcare of Florida, which didn't win contracts in the state's recent dental services procurement. The Florida Agency for Health Care Administration (AHCA) awarded contracts to MCNA Dental, DentaQuest of Florida and Liberty Dental Plan of Florida. [Read More](#)

Florida Medicaid Contracts Challenged by Specialty Health Plans. *Health News Florida* reported on July 13, 2018, that the Florida Agency for Health Care Administration faces legal challenges filed by five specialty health plans that didn't win five-year Medicaid managed care contracts in the state's recent procurement: Our Children PSN of Florida, Magellan Complete Care, Community Care Plan, Coral Care, and PHC Florida HIV/AIDS Specialty Plan. [Read More](#)

Kansas

Kansas Settles Lawsuit Over Medicaid Drug Coverage for Hepatitis C Patients. *KCUR* reported on July 11, 2018, that Kansas has settled a lawsuit claiming that the state's KanCare Medicaid managed care program wasn't providing adequate access to antiviral drugs to treat members with hepatitis C. The lawsuit is one of several across the country regarding hepatitis C coverage. Terms of the settlement have not been finalized. [Read More](#)

Maine

Maine to Seek New Vendor for Medicaid Disability Determinations. *Maine Public* announced on July 12, 2018, that Maine will go out to bid for a vendor to handle Medicaid eligibility determinations for individuals seeking coverage because of a disability. The state will end an existing 25-month, \$5.6 million eligibility determinations contract with the University of Massachusetts Medical School's Commonwealth Medicine after less than a year. The new contract will be effective June 1, 2019 and run for 25 months with two possible extensions. [Read More](#)

Massachusetts

Massachusetts Expects to Release RFP for One Care Dual Eligible Plans in August 2018. Under the redesigned Duals Demonstration 2.0 program, MassHealth tentatively expects to release a request for proposals for One Care Medicare-Medicaid plans in August 2018. Health plan responses would tentatively be due October 2018, with contracts effective January 1, 2020. The state will hold three public listening sessions in response to the duals demonstration 2.0 draft concept paper released in June. The state also expects to procure Senior Care Options (SCO) plans for January 1, 2021, after completion of the current contract term. [Read More](#)

Michigan

Michigan Health Systems Spectrum, Lakeland to Merge. *Crain's Detroit Business* reported on July 11, 2018, that two Michigan health systems – Spectrum Health and Lakeland Health – have signed a letter of intent to merge by October 1. Lakeland, with three hospitals, would become a division of Spectrum, which is one of Michigan's largest not-for-profit health systems. [Read More](#)

Ohio

Ohio Medicaid Releases Dual Demonstration Evaluation, Plans to Request 3-Year Extension. The Ohio Department of Medicaid released on July 12, 2018, results of its 2018 Medicare-Medicaid Dual Demonstration (MyCare Ohio) annual evaluation. The report found Ohio's opt-in rate for members electing to have both their Medicare and Medicaid benefits was nearly 70 percent. Among other key findings, members reported satisfaction with their care manager and getting the services they need. Ohio Medicaid indicated its intent to request the Centers for Medicare and Medicaid Services grant a three-year extension of the demonstration through December 2022. [Read More](#)

Oklahoma

Oklahoma Medicaid Wins Approval for Value-Based Drug Program. *The Star Tribune/Associated Press* reported on July 13, 2018, that Oklahoma has won federal approval for a value-based Medicaid drug program slated to begin on August 1, 2018. Under the program, approved by the Centers for Medicare & Medicaid Services, drug companies would receive a set payment if a drug works as promised and less if it doesn't. Oklahoma spent about \$650 million on prescription drugs in fiscal 2018. [Read More](#)

New Jersey

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

New Jersey MLTSS Webinars Planned On the Nursing Home Any Willing Qualified Provider Initiative. The New Jersey Hospital Association is planning two webinars this summer on the Nursing Home Any Willing Qualified Provider (AWQP) Initiatives under its quality improvement initiative for the state's Managed Long-Term Services and Supports (MLTSS) program. The webinars will present an overview of the initiative, particularly the appeal request and the quality performance plan report process. The webinars were developed to help nursing homes serving individuals in MLTSS to meet quality performance standards under AWQP as a means to raise the overall quality of care and establish standards for transitions from state-set rates to negotiated, value-based contracting.

The webinars will occur on the following dates:

- July 31 from 2:30 to 4 p.m. - Click [here](#) to register.
- Aug. 2 from 10 to 11:30 a.m. - Click [here](#) to register.

New Mexico

New Mexico Judge Grants UnitedHealth Stay in Medicaid Managed Care Contract Award Dispute. *The Albuquerque Journal* reported on July 13, 2018, that United Health won a stay in its legal battle with New Mexico over the state's recent Medicaid managed care contract awards. A New Mexico District Court Judge ruled that the state can't begin transitioning away from United and must include the plan in readiness review activities and site visits until August 24, when the court expects to decide on the case. The New Mexico Human Services Department awarded Centennial 2.0 Medicaid managed care contracts to incumbents Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Western Sky Community Care, but not to incumbents United and Molina Healthcare. Both United and Molina filed lawsuits. [Read More](#)

New York

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

New York Announces New Value Based Payment Innovator Program Designation. The New York State Department of Health announced that NYU Langone Independent Practice Association (IPA) has been designated as an Innovator under Medicaid's Value Based Payment (VBP) Roadmap, a key component to the Delivery System Reform Incentive Payment Program (DSRIP). NYU Langone IPA is the second organization to be designated as an Innovator by the Department, joining Montefiore ACO-IPA, which was designated earlier this year. The Innovator Program requires providers to contract at the most advanced payment levels with Managed Care Organizations (MCOs) to improve quality of care for a defined group of patients while sharing in financial gains and risks. Innovators take on additional management and administrative functions, and are therefore eligible for an increased portion of the monthly payment made by Medicaid to the MCO. The VBP Roadmap presents a strategy to shift the Medicaid program to paying for value over volume.

The NYU Langone Innovator network will include the facilities of NYU Langone Health as well as over 3,500 health care providers. The Innovator network will also work with community-based organizations to help address social determinants of health. The NYU Langone Innovator network estimates it will care for 67,000 Medicaid members primarily in Brooklyn in its first year. [Read More](#)

New York Essential Health Plan Generates Surplus. The Empire Center blog recently indicated that NY's Essential Health Plan is generating a significant surplus. The Essential Plan, NY's implementation of the Basic Health Program option under the Affordable Care Act, provides coverage to individuals with incomes up to 200 percent of the federal poverty level. The program began in 2016, and has a current enrollment of 739,000. NY had a strong financial incentive to implement the Essential Plan, as it would provide federal financial participation to some 250,000 lawfully present immigrants who were covered by NY's Medicaid program as a result of a court order, previously covered by state-only dollars. The funding formula for the Essential Plan was established by Congress, and was meant to cover 95 percent of what the federal government would have paid in tax credits and subsidies for Essential Plan

enrollees had they enrolled in coverage through the exchange. According to the Empire Center blog, the funding formula is flawed, and generates more money than is necessary to cover the cost of coverage. The program had a balance of \$647 million in 2017 and \$376 in the 2018 fiscal year. Governor Cuomo has been using the surplus to finance other health care expenditures, particularly financing for financially struggling hospitals across the state. [Read More](#)

State Launches Care Management Program for People with Developmental Disabilities. The New York State Office for People with Developmental Disabilities (OPWDD) announced the start of a new comprehensive service coordination program, Health Home Care Management, for people with developmental disabilities. As of July 1, Health Home Care Management replaced Medicaid Service Coordination. Health Home Care Management services are coordinated by Care Coordination Organizations (CCOs), new entities formed by existing providers of developmental disability services. Health Home Care Management will continue to provide the service coordination that people with developmental disabilities previously received through Medicaid Service Coordination, and will also integrate coordination of other services, including health care, behavioral, and mental health services through a single individualized Life Plan for each person. [Read More](#)

New York Medicaid Managed Long-Term Care Plans Will Impose an Enrollment Lock-In. Beginning December 1, 2018, enrollment in Managed Long Term Care (MLTC) Partial Capitation plans will have enrollment lock-in periods. This applies to those who enroll either by new enrollment or plan-to-plan transfer effective December 1, 2018 or later; it will not apply to current enrollees unless they transfer plans. Beneficiaries will have a 90-day grace period to transfer to a different plan, and will then experience a lock-in period of nine months. After the initial 90-day grace period, enrollees can only disenroll or transfer to a different plan for good cause. Examples of good cause include: the enrollee is moving from the plan's service area, the plan fails to furnish services, or it is determined the enrollment was non-consensual. After the completion of the lock-in period, an enrollee may transfer without cause, but is subject to a grace period and subsequent lock-in as of the first day of enrollment with the new MLTC partial capitation plan. [Read More](#)

New York Announces Webinar Highlighting Lessons Learned From NY Value-Based Payment Pilot Program. The NYS Department of Health is offering a series of webinars on lessons learned from its Value-Based Payment (VBP) Pilot Program. The VBP Pilot Program is a two-year program intended to test models for the transition from a fee-for-service to a VBP environment. Seven provider organizations and eight Managed Care Organizations across the state are participating on 13 distinct contracts, piloting three types of VBP arrangements: Health and Recovery Plan Subpopulation, Integrated Primary Care, and Total Care for the General Population. On Wednesday, July 25th from 2:00 – 3:00pm, the state will host the second of a series of Lessons Learned webinars, focusing on data sharing and interoperability. Greater Buffalo United Accountable Care Organization will share their data sharing experience in the VBP Pilot program, specifically addressing three topics:

- Utilization of internal and/or external data sources
- Technological lessons learned
- Overcoming gaps in data [Read More](#)

CMS Approves NY Value-Based Payment Roadmap Annual Update. The Centers for Medicare and Medicaid Services (CMS) has approved the third annual update of the New York State Value Based Payment (VBP) Roadmap. The VBP Roadmap update process incorporates feedback from key stakeholders throughout New York as well as feedback from the public. The VBP Roadmap is intended to capture the current status of New York State's progress in transitioning to VBP, and to establish the framework through which VBP can be made possible.

Highlights from the recently approved version of the VBP Roadmap include:

- Design for the Programs of All-Inclusive Care for the Elderly (PACE) program
- Guidance related to use of quality measures for VBP
- An emphasis on the role of Community Based Organizations (CBOs) and social determinants of health interventions while ensuring that interventions fall within 5 key social determinants domains.

The year 3 VBP roadmap is available on the Medicaid Redesign Team website under the 'VBP Roadmap' tab [here](#).

Pennsylvania

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

Pennsylvania Expands Opioid Data Dashboard. Pennsylvania's Opioid Data Dashboard, introduced in March, will add three more datasets that will be available to health care professionals, treatment facilities, and the public. The newly added datasets include: emergency naloxone doses administered by Emergency Medical Services, inmates admitted to prison who self-report opioid use, and naloxone prescriptions filled using Medicaid. The opioid data dashboard focuses on data sets in three main areas: prevention, rescue, and treatment. It also provides data at the county-level. [Read More](#)

Rhode Island

Rhode Island Expands Medicaid Coverage for Hepatitis C. *U.S News & World Report* reported on July 12, 2018, that Rhode Island has expanded coverage for 22,660 Medicaid members with hepatitis C. Previously, individuals were covered only if they experienced severe liver damage or cirrhosis as a result of the disease. The new policy brings the state into compliance with federal guidelines. [Read More](#)

Texas

Texas Audit Raises Questions About STAR Kids, CHIP Managed Care Awards. *San Antonio Express News* reported on July 17, 2018, that Texas state auditors uncovered significant procurement problems at the state Medicaid agency, making it impossible to determine whether winning bids were scored properly for five recent awards, including STAR Kids and the Children's Health Insurance Program. The five awards were valued at \$3.4 billion, with STAR Kids alone worth \$3 billion. The CHIP awards, valued at \$350 million, were cancelled. The audit examined a total of 28 Texas Health and Human Services Commission contract awards. The remaining procurements did not have errors that might have significantly impacted who won. [Read More](#)

Wyoming

Wyoming Releases Draft RFP for Medicaid Benefit Management System. On July 9, 2018, the Wyoming Department of Health released a draft request for proposal (RFP) for the state's Medicaid Benefit Management System (BMS), Claims & Financial. The BMS procurement is part of a broader Wyoming Integrated Next Generation System (WINGS) project, which will replace the state's current Medicaid Management Information System through separate modular procurements. A final RFP is expected to be released in Fall 2018. [Read More](#)

National

CMS Administrator Remains Committed To Medicaid Work Requirements. *Politico* reported on July 17, 2018, that Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma remains committed to pushing ahead on Medicaid work requirements, despite a federal court ruling blocking the initiative in Kentucky. Other states approved by CMS for Medicaid work requirements include Arkansas, Indiana, and New Hampshire. [Read More](#)

Senate Passes House-Approved Bill To Delay Electronic Visit Verification Penalties. *CQ* announced on July 17, 2018, that the Senate has passed a bill (HR 6042) to delay the federal Medicaid matching rate reduction that was to take effect for states failing to comply with electronic visit verification system (EVV) requirements for personal care services. The bill now heads to President Trump. [Read More](#)

Federal Appeals Court Rejects Attempt To Block Medicare 340B Reimbursement Cuts. *Modern Healthcare* reported on July 17, 2018, that the U.S. Court of Appeals in Washington rejected an attempt by hospitals to block \$1.6 billion in Medicare 340B reimbursement cuts. A three-judge panel ruled against the American Hospital Association and in favor of the U.S. Department of Health and Human Service (HHS), finding that the lawsuit was filed prematurely because hospitals weren't yet experiencing cuts and hadn't filed claims with HHS. [Read More](#)

HHS Secretary Azar Suggests Cutting 340B Drug Discounts for Hospitals to 20 Percent of List Price. *Modern Healthcare* reported on July 13, 2018, that U.S. Health and Human Services Secretary Alex Azar has suggested cutting discounts in the 340B drug program to 20 percent of list price across the board, significantly lower than the 40 percent to 60 percent discount hospitals currently receive. Azar made the suggestion in a meeting with Republican lawmakers, several of whom said they would oppose such a move. [Read More](#)

Health Plans Are Lax in Reporting Medicaid Fraud to State, OIG Report Says. *Kaiser Health News* reported on July 12, 2018, that Medicaid continues to struggle with a lack of oversight and failure to recover millions of dollars in improper payments related to fraud and abuse, according to a report from the Office of Inspector General (OIG). A third of the 38 health plans examined referred less than 10 cases of suspected Medicaid fraud or abuse to state officials in 2015, with two plans reporting no cases at all, the report said. The report also found that insurers identified \$57.8 million in overpayments related to Medicaid fraud or abuse in 2015, but only recovered 22 percent. [Read More](#)

Drug Makers Heavily Influence Medicaid Formulary, Coverage Decisions, Report Says. *NPR* reported on July 18, 2018, that pharmaceutical companies are using a variety of tactics to ensure their drugs are included on preferred Medicaid drug formularies and more generally prescribed by physicians and covered by state Medicaid programs, according to a report by NPR and The Center for Public Integrity. Efforts include dinners and consulting jobs for doctors advising state Medicaid programs, paying to send Medicaid officials to conferences, lobbying state lawmakers, and helping doctors with paperwork needed to get Medicaid to pay for costlier drugs. [Read More](#)



INDUSTRY NEWS

Humana, Private Equity Firms Complete Acquisition of Curo Health Services. A consortium consisting of Humana Inc., TPG Capital and Welsh, Carson, Anderson & Stowe, announced on July 11, 2018, that it had completed the acquisition of hospice provider Curo Health Services. Curo, which has 245 locations in 22 states, was a portfolio company of Thomas H. Lee Partners. The consortium, which also owns Kindred at Home, will combine the two operations to create the country's largest hospice operator. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
August/September 2018	North Carolina	RFP Release	1,500,000
Summer 2018	Wisconsin LTC (Milwaukee and Dane Counties)	Contract Award	~1,600
June 29, 2018 (Delayed)	Minnesota Special Needs BasicCare	Contract Award	53,000 in Program; RFP Covers Subset
July 2018	New Hampshire	RFP Release	160,000
August 1, 2018	Virginia Medallion 4.0	Implementation	700,000
October 1, 2018	Alabama ICN (MLTSS)	Implementation	25,000
October 1, 2018	Arizona Complete Care	Implementation	1,600,000
November 1, 2018	New Hampshire	Proposals Due	160,000
November 1, 2018	Puerto Rico	Implementation	~1,300,000
December 1, 2018	Florida Statewide Medicaid Managed Care (SMMC) Regions 9, 10, 11	Implementation	3,100,000 (all regions)
January 1, 2019	Kansas KanCare	Implementation	380,000
January 1, 2019	Wisconsin LTC (Milwaukee and Dane Counties)	Implementation	~1,600
January 1, 2019	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2019 Start	~1,600,000
January 1, 2019	Florida Children's Medical Services	Contract Start	50,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (SE Zone)	145,000
January 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 5, 6, 7, 8	Implementation	3,100,000 (all regions)
January 1, 2019	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	160,000
January 1, 2019	Minnesota Special Needs BasicCare	Contract Implementation	53,000 in Program; RFP Covers Subset
January 24, 2019	Texas STAR and CHIP	Contract Start	3,400,000
February 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 1, 2, 3, 4	Implementation	3,100,000 (all regions)
July 1, 2019	North Carolina	Implementation	1,500,000
July 1, 2019	New Hampshire	Implementation	160,000
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
January 1, 2020	Texas STAR, and CHIP	Operational Start Date	530,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	TBD

HMA NEWS

HMA Conference Session on Emerging Payer Models for Managing Chronically Ill Medicaid Patients to Feature Health Care Executives, Medicaid Director

Medicaid executives and regulators will join in a spirited discussion on emerging payer models for managing chronically ill Medicaid patients at HMA's annual conference on *The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers, and States*, October 1-2, 2018, at The Palmer House in Chicago.

Leanne Berge, CEO, Community Health Plan of Washington; Rebecca Kavoussi, President - West, Landmark Health; MaryAnne Lindeblad, State Medicaid Director, Washington Health Care Authority; and Susan Mende, Senior Program Manager, Robert Wood Johnson Foundation will outline some of most cost-effective care, pointing the way to fundamental changes in the way care is delivered and financed for these high-cost populations.

Early Bird registration expires on July 26. Last year's conference attracted more than 400 attendees. Visit the conference website for complete details: <https://conference.healthmanagement.com/> or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- Alabama Medicaid Enrollment is Down 0.9%, 2016 Data
- Colorado RCCO Enrollment is Down 6.4%, Jun-18 Data
- Ohio Medicaid Managed Care Enrollment is Down 1.4%, Jun-18 Data
- New Mexico Medicaid Managed Care Enrollment is Flat, Jun-18 Data
- Utah Medicaid Managed Care Enrollment is Down 2.1%, Jul-18 Data
- Alabama Medicaid Spending is Up 4.2% to \$6.3 Billion, 2016 Data
- North Carolina Medicaid Enrollment by Aid Category, 2015-17, Jul-18
- Bed Days Per 1000 Members Average 1307 at North Dakota Medicaid MCO, 2017 Data
- Bed Days Per 1000 Members Average 950 at Nebraska Medicaid MCOs, 2017 Data
- Bed Days per 1000 Members Average 574 for Louisiana Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 929 at Illinois Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 530 at Nevada Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 2526 at New Mexico Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 549 at South Carolina Medicaid MCOs, 2017 Data

- Bed Days Per 1000 Members Average 463 at Utah Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 431 at Virginia Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 422 at Oregon Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 2168 at Ohio Medicaid MCOs, 2017 Data
- Bed Days Per 1000 Members Average 1331 at New Jersey Medicaid MCOs, 2017 Data

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

- Texas STAR+PLUS RFP and Cancellation Notice, 2017-18
- Ohio External Quality Review Services RFP, Jul-18
- Massachusetts One Care Plan RFP Update and Tentative Timeline, Jul-18
- Florida Statewide Medicaid Prepaid Dental Health Program ITN, Award, Evaluation Documents, Proposals and Related Documents, 2017-18
- Virginia MLTSS RFP Responses, Scoring, and Related Documents, 2016-18

Medicaid Program Reports and Updates:

- Ohio Managed Care Plans Report Card, 2017
- Texas Long-Term Care Plan for Individuals with Intellectual Disabilities Report, Jun-18
- Massachusetts One Care Draft Concept Paper, Jun-18
- Massachusetts One Care Duals Demonstration 2.0 Updated Presentation, Jun-18
- Nebraska Annual External Quality Review Technical Report for 2017, Apr-18
- North Carolina Plan for Implementation of Behavioral Health and Intellectual/Developmental Disability Tailored Plans, Jun-18

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