HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

July 22, 2020

RFP CALENDAR

HMA News

Edited by:
Greg Nersessian, CFA
Email

Carl Mercurio
Email

Alona Nenko
Email

Mary Goddeeris, MA
Email

Lissete Diaz
Email

Scott Silberberg
Email

THIS WEEK

- IN FOCUS: OKLAHOMA RELEASES MEDICAID MANAGED CARE REQUEST FOR PUBLIC FEEDBACK
- HMA ANNOUNCES CANCELLATION OF 2020 ANNUAL CONFERENCE
- DISTRICT OF COLUMBIA ANNOUNCES MEDICAID MANAGED CARE AWARDS
- FLORIDA MEDICAID EXPANSION COULD COVER NEARLY 700,000
- KENTUCKY MEDICAID PLANS POINT TO FLAW IN BIDDING, AWARDS PROCESS
- MONTANA ANNOUNCES BEHAVIORAL PROVIDER RELIEF GRANTS
- NEVADA LEGISLATURE APPROVES CUTS TO MEDICAID
- OKLAHOMA SEEKS INPUT FOR MEDICAID MANAGED CARE RFP
- SOUTH DAKOTA MEDICAID EXPANSION ADVOCATES PREPARE FOR 2022 BALLOT MEASURES
- CMS ISSUES MEDICARE ADVANTAGE MLR REQUIREMENT GUIDANCE
- MOLINA TO ACQUIRE CERTAIN ASSETS OF PASSPORT HEALTH
- NEW THIS WEEK ON HMAIS

IN FOCUS

OKLAHOMA RELEASES MEDICAID MANAGED CARE REQUEST FOR PUBLIC FEEDBACK

This week, our *In Focus* section reviews the Oklahoma request for public feedback in the SoonerCare program design, released on June 18, 2020. The Oklahoma Health Care Authority (OHCA) and Governor Kevin Stitt are seeking stakeholder input for the state's Medicaid managed care program design before finalizing a request for proposals (RFP). The RFP, which is currently in development, is scheduled to drop in the fall and has an

implementation date of October 2021. Individuals, program participants, providers, trade associations, companies, and other organizations are encouraged to submit responses by August 17, 2020.

Background and Past Medicaid Managed Care Attempts

Oklahoma used to have a fully capitated Medicaid managed care program, which ended in 2003 following a rate dispute with one of its leading contracted plans. The program, called SoonerCare Plus, had served urban areas of the state. Between 1997 and 2003, managed care organizations (MCOs) began to drop out, leaving only three MCOs. The remaining MCOs sought an 18 percent rate increase for 2004. While two of the plans agreed to a lower rate, the remaining plan held out causing OHCA to end the program.

A separate Primary Care Case Management program serving rural areas called SoonerCare Choice was expanded statewide in 2004 and has been the state's main Medicaid program ever since.

More recently, Oklahoma had attempted to create a managed care program for the aged, blind, and disabled (ABD) population, but in June 2017, canceled the procurement for SoonerHealth+ due to a lack of funding. Start-up costs for SoonerCare+ were projected at more than $100 million over the first several years of the program, and legislators denied a request for $52 million in near-term funding needed to move ahead with the RFP.

The newest push for a statewide Medicaid managed care program comes after Governor Kevin Stitt backtracked on a Healthy Adult Opportunity (HAO) waiver, which would have expanded Medicaid, created an enhanced Primary Care Case Management program, and implemented a block grant financing model.

On June 30, 2020, voters approved a ballot measure to expand Medicaid to eligible adults, estimated to cover 215,000 low income individuals.

Request for Public Feedback

Oklahoma is seeking feedback on the following categories to develop the new RFP: managed care enrollees; benefits provided through managed care organizations; quality and accountability; care management and coordination; member services; provider payments and services; network adequacy; grievances and appeals; and administrative requirements.

Some notable questions are summarized below:

Managed Care Enrollees

The ABD population and dual eligibles will initially remain in fee-for-service (FFS). However, the state wants to know from stakeholders how and when to transition ABD and other initially excluded individuals to managed care. Additionally, if the state should require each MCO to enroll all populations or allow specialty plans so that an MCO could propose to serve only certain populations, such as children in foster care, American Indians/Alaska Natives, people with Serious Mental Illness, or other groups.

Benefits Provided through MCOs

Under SoonerCare, MCOs will manage physical health, behavioral health, vision, and non-emergency medical transportation for their members. In relation to this, the state is seeking feedback on strategies to improve the

integration of services, specifically behavioral and physical health, including through provider communication, shared assessments and planning, and data sharing. Furthermore, how MCOs can improve access to evidence-based behavioral health care and access to transportation for SoonerCare members, including if ride-sharing services like Uber and Lyft should continue to be an option.

Care Management and Coordination

The state is seeking input on how to best coordinate care for individuals with complex or multiple needs. MCOs will support Patient Centered Medical Homes under a re-design that utilizes a value-based strategy that includes integration of behavioral health and social determinants, enhanced care coordination payments, and performance measurement.

Administrative Requirements

Oklahoma is also considering whether to require MCOs to offer health plans on the Oklahoma Health Insurance Marketplace.

Current Market

As of May 2020, there are over 855,104 Medicaid members. Approximately 65 percent are in the SoonerCare PCCM program and 29 percent are in the traditional FFS program.

Oklahoma Medicaid Enrollment by Program, 2017-19, May 2020				
Plan	2017	2018	2019	May-20
Insure Oklahoma (Premium Assistance)	**19,464**	**18,640**	**17,832**	**21,802**
+/- between reporting periods	*(661)*	*(824)*	*(808)*	*3,970*
% chg. between reporting periods	*-3.3%*	*-4.2%*	*-4.3%*	*22.3%*
% of total	*2.4%*	*2.3%*	*2.2%*	*2.5%*
SoonerCare Choice (PCCM)	**528,165**	**529,789**	**520,660**	**557,651**
+/- between reporting periods	*(21,019)*	*1,624*	*(9,129)*	*36,991*
% chg. between reporting periods	*-3.8%*	*0.3%*	*-1.7%*	*7.1%*
% of total	*64.6%*	*65.5%*	*65.1%*	*65.2%*
SoonerCare Traditional (FFS)	**238,754**	**231,828**	**234,563**	**245,134**
+/- between reporting periods	*7,526*	*(6,926)*	*2,735*	*10,571*
% chg. between reporting periods	*3.3%*	*-2.9%*	*1.2%*	*4.5%*
% of total	*29.2%*	*28.6%*	*29.3%*	*28.7%*
SoonerPlan (Family Planning)	**30,840**	**29,115**	**26,693**	**30,517**
+/- between reporting periods	*(3,218)*	*(1,725)*	*(2,422)*	*3,824*
% chg. between reporting periods	*-9.4%*	*-5.6%*	*-8.3%*	*14.3%*
% of total	*3.8%*	*3.6%*	*3.3%*	*3.6%*
Total SoonerCare, Insure OK	**817,223**	**809,372**	**799,748**	**855,104**
+/- between reporting periods	*(17,372)*	*(7,851)*	*(9,624)*	*55,356*
% chg. between reporting periods	*-2.1%*	*-1.0%*	*-1.2%*	*6.9%*

Source: Oklahoma HealthCare Authority

Total expenditures for Medicaid were approximately $5.6 billion in 2019.

Oklahoma Medicaid Expenditures by Eligibility Category (in 000s), Fiscal Years 2018-19, Ended September 30		
Plan Name	2018	2019
Aged/Blind/Disabled	**$2,451,528**	**$2,525,866**
+/- between reporting periods	*NA*	*74,338*
% chg. Between reporting periods		*3.0%*
% of total	*46.2%*	*45.3%*
Children/Parents	**$1,884,480**	**$1,951,675**
+/- between reporting periods	*NA*	*67,195*
% chg. Between reporting periods		*3.6%*
% of total	*35.5%*	*35.0%*
Oklahoma Cares	**$12,594**	**$14,803**
+/- between reporting periods	*NA*	*2,209*
% chg. Between reporting periods		*17.5%*
% of total	*0.2%*	*0.3%*
Family Planning (SoonerPlan)	**$3,334**	**$3,049**
+/- between reporting periods	*NA*	*(285)*
% chg. Between reporting periods		*-8.5%*
% of total	*0.1%*	*0.1%*
TEFRA	**$7,639**	**$9,397**
+/- between reporting periods	*NA*	*1,758*
% chg. Between reporting periods		*23.0%*
% of total	*0.1%*	*0.2%*
Other[1]	**$139,077**	**$242,959**
+/- between reporting periods	*NA*	*103,882*
% chg. Between reporting periods		*74.7%*
% of total	*2.6%*	*4.4%*
Non-Member Specific Payments	**$809,474**	**$830,910**
+/- between reporting periods	*NA*	*21,436*
% chg. Between reporting periods		*2.6%*
% of total	*15.2%*	*14.9%*
Total	**$5,308,126**	**$5,578,659**
+/- between reporting periods	*NA*	*270,533*
% chg. Between reporting periods		*5.1%*

(1) Other total includes other eligiblity categories (Refugees, Phenylketonuria, Qualifying Individual Group One, Service Limited Medicare Beneficiaries; Developmental Disabilities Services Division; Soon-to-be-Sooners; and Tuberculosis members) and Insure Oklahoma
Source: Oklahoma Health Care Authority, HMA

Link to Request for Public Feedback Announcement

HMA Announces Cancellation of 2020 Annual Conference

Health Management Associates has made the decision to cancel its October 2020 conference on *Trends in Publicly Sponsored Healthcare*, given continuing developments concerning COVID-19 and out of an abundance of caution for the safety of attendees, speakers, and staff. Full refunds will be made to registered attendees and sponsors.

"Cancelling this year's conference was a difficult decision, but we believe it's the correct one given the circumstances," said Carl Mercurio, principal and publisher of HMA Information Services.

Next year's conference is scheduled for October 10-12 at the Fairmont Chicago Millennium Park.

"We hope you will consider joining us at the 2021 event," Mercurio said. "Meanwhile, stay safe, and we hope to see you soon."

The annual HMA conference has emerged as the go-to event for information, insights, and networking, attracting 500 executives from health plans, providers, state and federal government, community-based organizations, and others serving Medicaid and other vulnerable populations. It is a collaborative, high-level event featuring more than 40 speakers and representing the interests of a broad-based constituency of healthcare leaders.

HMA Medicaid Roundup

District of Columbia

District of Columbia Announces Medicaid Managed Care Awards. The District of Columbia Department of Health Care Finance (DHCF) announced on July 16, 2020, its intent to award Medicaid managed care contracts to AmeriHealth Caritas, CareFirst BlueCross BlueShield Community Health Plan (formerly known as Trusted Health Plan), and MedStar Family Choice. The contract will cover approximately 224,000 lives in the DC Healthy Families Program, DC Healthcare Alliance Program, and Immigrant Children's Program. The figure includes 22,000 additional high cost beneficiaries previously served by fee-for-service Medicaid. Contracts run for one year, from October 1, 2020, through September 30, 2021, with four one-year options. Current incumbents are AmeriHealth Caritas, Anthem, and CareFirst. Read More

Florida

Florida Medicaid Expansion Could Cover Nearly 700,000, Report Says. *CBS12/News Service of Florida* reported on July 20, 2020, that about 693,000 uninsured individuals in Florida could gain health care coverage if the state expanded Medicaid, according to a report by the Center on Budget and Policy Priorities. Florida is one of 13 states that has not expanded Medicaid. Read More

Georgia

Georgia Medicaid, CHIP Enrollment Continues to Rise. *Georgia Health News* reported on July 20, 2020, that Georgia Medicaid and Children's Health Insurance Program (CHIP) enrollment increased by 37,000 in June, driven by the COVID-19 pandemic. Medicaid alone had a 23,000 increase, while the PeachCare CHIP program had a 14,000 increase. Membership growth in April was even higher. Read More

Idaho

Idaho Waits for Federal Response on Medicaid Waivers Addressing Work Requirements, Family Planning Services. *The Post Register* reported on July 15, 2020, that Idaho is still waiting for federal approval of a waiver that would add work requirements for Medicaid expansion beneficiaries and another that would require a referral for family planning services by a provider other than a primary care physician. Idaho submitted the waiver requests to the Centers for Medicare & Medicaid Services (CMS) in October 2019, before the COVID-19 pandemic hit. Read More

Kentucky

Medicaid Plans Point to Use of Previous Contract Evaluators as Flaw in Bidding, Awards Process. *Louisville Business First* reported on July 21, 2020, that Kentucky's recent rebid of Medicaid manged care awards used the same evaluators from the state's previous administration, a process health plans Anthem and Passport Health are calling flawed. Kentucky Governor Andy Beshear promised to reevaluate the contracts, which were awarded in the final days of the Matt Bevin administration. Contracts went to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene. Anthem and Passport are calling for another do-over. Read More

Kentucky MCO Cites Unfair Advantage in Protest of Medicaid Contract Award. *Kentucky Health News* reported on July 14, 2020, that Anthem said in a supplement to its protest of the recent Kentucky Medicaid managed care awards that Molina had an unfair advantage because it hired a former state employee who was privy to key documents that others could not see. Anthem, an incumbent, was not awarded a contract, which went to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene. Read More

Michigan

Michigan Senate Committee Advances Plans to Close Budget Gap. *The Herald-Palladium* reported on July 22, 2020, that the Michigan Senate Appropriations Committee advanced a plan to help close the state's $2.2 billion budget shortfall for fiscal 2021. The legislative effort would be coupled with an executive order that would include cuts to the Department of Health and Human Services (DHHS). Read More

Montana

Montana Announces Behavioral Provider Relief Grants. On July 20, 2020, the Montana Department of Public Health and Human Services (DPHHS) Director Sheila Hogan announced $33 million in new grant funding created in response to the economic challenges faced by the hundreds of Montana behavioral health providers impacted by COVID-19. Providers can receive a maximum grant of up to 8 percent of their annual Montana patient revenues or demonstrated lost Montana patient revenues between March and June 2020 (whichever is the lesser amount). The grants can be used to support payroll, rent, accounts payable and expenses related to shifts in operations in order to retain existing Montana programs and services, retain current employees or retain organizational viability for provision of future services and operations. Read More

Nevada

Nevada Legislature Makes Cuts to Medicaid to Relieve $1.2 Billion Budget Shortfall. *The Las Vegas Review Journal* reported on July 19, 2020, that the Nevada legislature approved cuts to Medicaid in an effort to relieve the state's $1.2 billion budget shortfall. The approved budget will cut more than $400 million from the education system and the Department of Health and Human Services (DHHS). Earlier budget proposals called for an additional $81.3 million in cuts to several Medicaid programs, mental health services and child welfare initiatives, however these were averted in the final budget bill. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Senator Proposes Rare Disease Advisory Council. On July 6, 2020, New Jersey Senator Vin Gopal (D-11) introduced a bill (S2682/A4016) to establish a New Jersey Rare Disease Advisory Council in the Department of Health. The bill notes the significant link between COVID-19 and the impact on people who live with rare diseases. The Advisory Council will advise state officials and stakeholders providing services to people diagnosed with a rare disease. The advisory council would consist of 30 members including state commissioners, the executive director of the Office on Minority and Multicultural Health, legislators, and 20 public health care industry representatives appointed by the Governor. It resembles a similar bill (H7094) adopted in Rhode Island earlier this year. Read More

New Jersey Pay for Performance Initiative with Hospitals Is Delayed Until 2021. The New Jersey Department of Health (DOH) has postponed the start date for the Quality Improvement Program – New Jersey (QIP-NJ) to July 1, 2021, from July 1, 2020. A population health initiative, this hospital performance project is open to all acute care hospitals in the state. Hospitals will earn QIP-NJ incentive payments by meeting performance targets on state-selected quality measures that demonstrate:

- Improvements in maternal care processes
- Reductions in maternal morbidity
- Improvements in connections to behavioral health services, and
- Reductions in potentially preventable utilization for the behavioral health population

Oklahoma

Oklahoma Medicaid Seeks Stakeholder Input for Managed Care RFP. On July 20, 2020, the Oklahoma Health Care Authority and Governor Kevin Stitt announced that they are seeking stakeholder input for the state's Medicaid program design before finalizing a request for proposals (RFP) for SoonerCare. The RFP, which is currently in development, is scheduled to drop in the fall and has an implementation date of October 2021. Individuals, program participants, providers, trade associations, companies and other organizations are encouraged to submit responses by August 17, 2020. Read More

South Dakota

South Dakota Medicaid Expansion Advocates Prepare for 2022 Ballot Measures. *U.S. News/The Associated Press* reported on July 17, 2020, that former South Dakota U.S. Senate candidate Rick Weiland is sponsoring two ballot measure proposals to expand Medicaid to individuals earning up to 133 percent of the federal poverty level. The first proposal is an initiated measure to force the state legislature to pass Medicaid expansion, and the second is a constitutional amendment that would prevent lawmakers from rolling back coverage. Expansion advocates have until November 2021 to gather nearly 17,000 signatures for the initiated measure and nearly 34,000 signatures for the constitutional amendment. South Dakota is one of 13 states that has not expanded Medicaid. Read More

National

Trump Considers Executive Orders to Lower Drug Prices. *The Hill* reported on July 21, 2020, that President Trump is considering two executive orders aimed at lowering pharmaceutical drug costs. One would link some drug prices to lower prices paid in other countries. The other would eliminate drug rebates that drug makers pay to pharmacy benefit managers (PBMs). The executive orders could be issued as soon as this week. Read More

Biden Calls for Expanded Home, Community-Based Services for Elderly, Disabled. *CNBC* reported on July 21, 2020, that presidential candidate Joe Biden called for a 10-year investment in expanded care options for the elderly and individuals with disabilities, especially home and community-based services. The plan would allocate $450 billion to increase Medicaid funding to states, eliminate an 800,000-person HCBS waiting list, create 150,000 new jobs for community health workers, implement new long-term care models, and establish a nationwide Public Health Jobs Corps to help combat COVID-19. Total spending on the program would be $775 billion, including a universal day care component. Read More

BCBS Plans to Receive Largest ACA Risk Adjustment Payments, CMS Data Show. *Modern Healthcare* reported on July 20, 2020, that Blue Cross Blue Shield plans will again receive the largest Affordable Care Act risk-adjustment payments for 2019, covering the individual, catastrophic, and small-group markets, according to data from the Centers for Medicare & Medicaid Services (CMS). Blue Shield of California will receive the largest payment, followed by BCBS of Florida and BCBS of Texas. Kaiser Foundation Health Plan, Centene, and Molina Healthcare will pay the largest amounts. A total of $5.4 billion will change hands in the zero-sum program, now in its sixth year. Read More

Medicaid Value-Based Drug Rule Could Have Broad Implications. *Modern Healthcare* reported on July 20, 2020, that a rule proposed by the Centers for Medicare & Medicaid Services (CMS) to foster Medicaid value-based drug payments could have broad implications for the 340B drug discount program, provider reimbursements for administering drugs, and member copays. Read More

Senate Shield Bill to Include Liability Protections for Healthcare Workers, Hospitals. *Modern Healthcare* reported on July 17, 2020, that Senate Majority Leader Mitch McConnell (R-KY) and Senator John Cornyn (R-TX) are drafting a shield bill to ensure that any new COVID-19 relief bills provide liability protections for all businesses including healthcare workers and hospitals. Protections will be retroactive, covering the period from December 2019 up until about 2024, according to McConnell. Currently, states handle liability protections for healthcare providers but hospitals, nursing homes and physicians are lobbying for a universal standard to ensure federal protections from lawsuits related to COVID-19. Read More

CMS Chief Mishandled Communications Consulting Contracts, Audit Shows. *Politico* reported on July 16, 2020, that Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), mishandled millions of dollars in communications consulting contracts that ultimately benefited friends and former Trump administration officials, according to a report by the Department of Health and Human Services Inspector General. The report found that CMS allowed the communications contractors to make managerial decisions, direct CMS employees, and exert control that exceeded the contract. Additionally, CMS administered the contracts without properly procuring them and paid questionable amounts to the contractors. The report calls for a review of all department contracts and an examination of whether CMS overpaid contractors. Read More

U.S. Reports 71,000 Drug Overdose Deaths in 2019. *The Associated Press* reported on July 15, 2020, that nearly 71,000 Americans died of drug overdoses in 2019, with fentanyl and similar synthetic opioids accounting for more than half, according to preliminary data released by the Centers for Disease Control and Prevention. Although some states, like Massachusetts, New Hampshire, New York, and Rhode Island saw declines, more than 30 other states showed rising overdose deaths. Read More

House Lawmakers Introduce Bill to Extend Medicare Telehealth Flexibilities. *Modern Healthcare* reported on July 16, 2020, that leaders of the House Congressional Telehealth Caucus introduced a bill to extend certain Medicare telehealth flexibilities beyond the COVID-19 public health emergency. The bill would authorize Medicare to pay for telehealth services 90 days after a public health emergency ends and allow the Department of Health and Human Services (HHS) to waive Medicaid telehealth restrictions during future emergencies. The legislation was introduced by Representatives Mike Thompson (D-CA), Peter Welch (D-VT), Bill Johnson (R-OH), David Schweikert (R-AZ), and Doris Matsui (D-CA). Read More

CMS Issues Medicare Advantage MLR Requirement Guidance. On July 10, 2020, The Centers for Medicare & Medicaid Services (CMS) issued guidance to Medicare Advantage (MA) plans to provide clarity on medical loss ratio (MLR) requirements for plan year 2020. Specifically, CMS states:

- Expenses included in the numerator of the MLR for 2020 must be healthcare services or quality improvement activities
- A recently finalized policy scheduled to go into effect in plan year 2021 allowing supplemental benefits to be included in the MLR numerator when not furnished by a "provider" will not apply for 2020
- Mid-year benefit enhancements in the form of smartphones and tablets, likely provided to facilitate the use of telehealth, must meet regulatory requirements in order to qualify for the numerator of the MLR.

The MLR established by the Affordable Care Act (ACA) requires that MA plans spend at least 85 percent of their revenues on medical expenses and quality improvement activities as opposed to administration and profit. Unlike the commercial insurance MLR requirements, which require health plans to provide rebates directly to enrollees if the MLR threshold is not met, the MA MLR requires plans to provide a rebate to CMS equal to the total premium revenue for the MA contract multiplied by the difference between 85 percent and the plan contract's actual MLR. Plans that fail to meet MLR requirements for three consecutive years are subject to enrollment sanctions, and those that fail to meet the requirement for five consecutive years are subject to contract termination.

Plan year 2020 and the novel COVID-19 pandemic has resulted in uncertainty regarding how plans will perform against the MLR requirements. Some plans in areas with high incidence of COVID-19 may experience higher than expected medical costs. Others in areas that have not been impacted as significantly may be experiencing limited expenditures on medical care due to individuals delaying or canceling appointments in an effort to limit exposure and adhere to social distancing protocols.

Industry News

Median Hospital Margin to Hit -7 Percent Without More Federal Funds, Report Says. *Modern Healthcare* reported on July 21, 2020, that the median hospital operating margin will fall to negative seven percent for the full year 2020, down from negative three percent through six months, without additional federal support, according to a report commissioned by the American Hospital Association (AHA). Hospitals are expected to lose more than $320 billion this year. Read More

UHS, Bayada Announce Joint Venture to Offer In-Home Care Services. *Modern Healthcare* reported on July 16, 2020, that Universal Health Services (UHS) and Bayada Home Health Care announced a definitive agreement to form a joint venture, which will offer in-home care services, including help with recovery from illness, injury or hospitalization. Pennsylvania-based UHS operates 26 acute care hospitals and 328 behavioral health facilities across 37 states, Washington, DC, and Puerto Rico. New Jersey-based Bayada employs more than 28,000 nurses and other home health professionals in 360 locations across 23 states. Read More

Molina to Acquire Certain Assets of Passport Health. Molina Healthcare announced on July 1, 2020, that it has entered into a definitive agreement to acquire certain assets of Passport Health Plan for $20 million plus future contingency payments based on Molina's 2020 Medicaid open enrollment results in Kentucky. The assets are related to Passport's Kentucky Medicaid and DSNP lines. The agreement, which is subject to regulatory approval, is expected to close before the end of 2020.

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
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
3Q2021	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
3Q2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
3Q2021	California Imperial	RFP Release	75,000
3Q2021	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
3Q2021	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

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California Dual Demo Enrollment is Flat, May-20 Data
- California Medicaid Managed Care Enrollment is Up 1.5%, May-20 Data
- Dual Eligible Financial Alignment Demonstration Enrollment by State, Plans, Sep-19-Feb-20
- Florida Medicaid Managed Care Enrollment is Up 8.9%, Jun-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 10.1%, Jun-20 Data
- Mississippi Medicaid Managed Care Enrollment is Up 2.9%, Jun-20 Data
- New York CHIP Managed Care Enrollment is Up 2.4%, May-20 Data
- New York Medicaid Managed Care Enrollment is Up 3.6%, May-20 Data
- Ohio Dual Demo Enrollment is Up 10.2%, Jul-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 4.7%, Apr-20 Data
- Oklahoma Medicaid Enrollment is Up 6.9%, May-20 Data
- Rhode Island Dual Demo Enrollment is Down 7.7%, Jul-20 Data
- South Carolina Dual Demo Enrollment is Up 9.3%, May-20 Data
- South Carolina Medicaid Managed Care Enrollment is Up 5.4%, Jun-20 Data
- Washington Medicaid Managed Care Enrollment is Up 4.4%, Jun-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Support to Medicaid and Grantee Programs RFI, Jul-20
- Alabama Medicaid Waiver Services RFP, Jul-20
- DC Pharmacy Benefit Manager Contract Amendment, 2019
- Florida Medicaid Pharmacy Benefit Manager Contract, 2018
- Georgia Pharmacy Benefit Manager (PBM) Services Contract and Amendments, 2016
- Michigan Pharmacy Benefits Manager Services (PBM) RFP, Proposals, Evaluation Sheets, Award, and Contract, 2018
- Nevada Medicaid Third Party Liability, Recovery Audit Contracting, and Medicaid Estate Recovery Services RFP, Jul-20
- Tennessee Medicaid Managed Care Contract, 2019-20
- Virginia Medicaid Smiles for Children Dental Contract, Jun-19

Medicaid Program Reports, Data and Updates:

- Managed Long-Term Services, Supports Programs RFP Calendar
- Arizona AHCCCS Access Monitoring Review Plan, 2020
- Arizona AHCCCS External Quality Review Annual Reports, 2018
- Colorado Medicaid Quality Technical Reports, 2014-20
- Delaware Health and Social Services' Draft Strategic Plan, Jul-20
- Florida Annual External Quality Review Reports, 2012-17
- Hawaii QUEST Integration, CCS External Quality Review Reports, 2016-18
- Iowa Medicaid Dental Pre-Ambulatory Health Plan (PAHP) Quality Plan, 2019
- Indiana Medicaid Managed Care Quality Strategy Plan, 2017-20
- Kansas KanCare Program External Quality Review Report, 2020

- Maryland Annual Oral Health Legislative Report, 2019
- Minnesota DHS EQR Annual Technical Reports, 2016-18
- Missouri HealthNet Managed Care External Quality Review Reports, 2016-18
- New Jersey Medicaid and MLTSS Quality Technical Reports, 2017-19
- New York Quality Strategy Reports
- Ohio Medicaid External Quality Review Reports, 2017-19
- Oklahoma Governor's Proposed Budget, FY 2021
- Oregon Medicaid External Quality Review Technical Reports, 2014-19
- Pennsylvania Governor's Proposed Executive Budget, 2020-21
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Jun-20
- Rhode Island Section 1915c Appendix K and Approval, Mar-20
- South Carolina External Quality Review Comprehensive and Plan-Specific Reports, 2019
- South Dakota Access Monitoring Review Plan, 2016-20
- Tennessee External Quality Review Organization Technical Reports, 2016-19
- Texas Medicaid Managed Care Quality Strategy Report, 2017
- Texas OIG Medicaid and CHIP MCO Molina Audit, May-20
- Texas OIG Quarterly Reports, 2019-20
- Utah Medicaid External Quality Review Reports, 2018-19
- Wisconsin Medicaid Managed Care Quality Strategy, 2018

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

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at cmercurio@healthmanagement.com.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With 22 offices and over 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.