

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... July 29, 2020



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: HAWAII RELEASES QUEST INTEGRATION REPROCUREMENT RFI**
- CALIFORNIA SEEKS SECTION 1115 MEDICAID WAIVER EXTENSION
- FLORIDA EXPECTS 'SIGNIFICANT' FISCAL 2020 MEDICAID BUDGET GAP
- GEORGIA LACKS PROPER OVERSIGHT OF MEDICAID PLANS, AUDIT SAYS
- IOWA MEDICAID DIRECTOR TO STEP DOWN
- MEDICAID HOUSING SUPPORT: MINNESOTA, VIRGINIA
- NEW YORK TO LEVERAGE EXCHANGE TO CONNECT INDIVIDUALS WITH HOME CARE AGENCIES
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- TEXAS TAPS CECILE YOUNG AS EXECUTIVE COMMISSIONER OF HHSC
- SENATE COVID-19 RELIEF BILL EXCLUDES MORE MEDICAID FUNDING
- HUMANA INVESTS \$100 MILLION IN HEAL TO EXPAND IN-HOME PRIMARY CARE SERVICES
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

HAWAII RELEASES QUEST INTEGRATION REPROCUREMENT RFI

This week, our *In Focus* section reviews the Hawaii request for information (RFI) regarding reprocurement of the state's QUEST Integration (QI) Medicaid managed care program, released on July 21, 2020. QI covers approximately 360,000 individuals, including pregnant women, children, parents/caretakers, adults, and individuals who are aged, blind, or disabled (ABD). The state had awarded contracts earlier this year, however, the contracts were rescinded as the state focused on their response to COVID-19.

Separately, Hawaii released an RFI for the reprocurement of the specialty behavioral health carve-out Community Care Services (CCS) program, which helps 5,200 Medicaid-eligible adults with severe mental illness connect with behavioral health resources, housing, employment, and transportation.

Background

Hawaii implemented the QI program in 2015. Previously, the state operated the Quest program, which covered acute, primary, and behavioral health care services for children, families, pregnant women, and childless adults, and the QUEST Expanded Access (QExA) program, which covered ABD individuals, dual eligibles, and individuals with intellectual or developmental disabilities. Under Quest Integration, the state was able to consolidate the two programs into one demonstration.

In 2013, the state began to move behavioral health services for individuals with a serious mental illness (SMI) or severe and persistent mental illness (SPMI) from fee-for-service to managed care through the CCS program. WellCare/Ohana has held the contract since 2013.

Hawaii also has a behavioral health carve-out for children, via an MOU with the Children and Adolescent Mental Health Division (CAMHD) at the Department of Health (DOH). Additionally, DOH recently launched the Coordinated Access Resource Entry System (CARES), a substance use disorder (SUD) organization, to further develop behavioral health resources in the state. The DOH Adult Mental Health Division (DOH-AMHD) provides behavioral health services for adults who are legally encumbered or uninsured.

Previous Quest Integration RFP

Hawaii released its QUEST Integration (QI) Medicaid Managed Care request for proposals (RFP) in September 2019, intending to contract with four health plans to serve Medicaid and CHIP members in Oahu; with two of the plans operating statewide. In January 2020, the state awarded the contracts to AlohaCare, Hawaii Medical Service Association (HMSA), UnitedHealthcare, and WellCare/Ohana. HMSA and United would have served statewide. Implementation was set to begin July 1, 2020, with contracts running through December 31, 2025, plus four optional years. However, the contracts, worth \$2.2 billion annually, were rescinded and current contracts were extended. The decision to rescind the awards, which would have reduced the number of contracted Medicaid managed care plans serving members statewide, was prompted by COVID-19, according to Med-QUEST Division administrator Judy Mohr Peterson. Current incumbents are AlohaCare, HMSA, Kaiser, Ohana, and United.

Under the RFP, Hawaii also intended to implement the Hawaii 'Ohana Nui Project Expansion (HOPE) program, focusing on health and wellness. The program would invest in primary care, prevention, and health promotion; improve outcomes for individuals with special health care needs through care management; reform and align payment to providers; and support community-driven initiatives to improve population health.

RFIs

Hawaii is seeking information for the reprocurement from all stakeholders, not just managed care organizations (MCOs). Responses are due August 14, 2020. The state emphasizes the QI procurement and the CCS procurement as

interrelated programs and is soliciting feedback on how the two programs can achieve greater alignment. Stakeholders are not required to respond to both RFIs.

As per the last procurement, Hawaii is also intending to implement the HOPE initiative to address larger trends in healthcare delivery. Due to the COVID-19 pandemic, plans will need to accelerate efforts to provide services in new ways, like telehealth. The HOPE program will also focus on Medicaid beneficiaries with the highest cost, and most complex health and social needs.

Elements of the RFIs include:

Administration

The previous RFP was looking to contract with four health plans, two of which would operate statewide. The RFI asks how many plans stakeholders think should operate in the state, and how many should be regional and how many statewide.

Care Coordination/Integration

Hawaii is seeking information on how to best align all the programs and integrate behavioral health with physical health to promote a continuum of health and wellness. Furthermore, how to improve care and service coordination across the programs, specifically for individuals with complex needs.

COVID-19

The state is interested in understanding what program flexibilities should be continued beyond the public health emergency; how to expand telehealth; and how to support providers during the pandemic.

CCS

Hawaii is seeking feedback on the best ways to align CCS with QI, Hawaii CARES, DOH-AMHD, DOH-CAMHD. This includes standardizing and reducing administrative burden, as well as aligning incentives that improve outcomes. CCS has five service levels within a stepped care model; the state is seeking recommendation for a case management reimbursement model that would produce best case management practices and services and incentivize providers to place members along the stepped care continuum.

Current Market

Current Medicaid MCO incumbents are AlohaCare, HMSA, Kaiser, WellCare, and UnitedHealthcare, serving more 360,000 as of July 2020. HMSA represents the largest market share by enrollment. Hawaii has experienced recent enrollment growth tied to the COVID-19 pandemic.

[Links to RFIs](#)



HMA MEDICAID ROUNDUP

California

California Medicaid Seeks Section 1115 Waiver Extension. The California Department of Health Care Services (DHCS) announced on July 22, 2020, that it is seeking a 12-month Section 1115 waiver extension for Medi-Cal 2020, the state's Medicaid program. The current waiver is set to expire December 31, 2020. The state already announced that COVID-19 forced it to delay implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, a Medi-Cal delivery system that would have taken effect at the end of the waiver period. DHCS also intends to submit a 12-month extension request for its existing 1915(b) Specialty Mental Health Services waiver. [Read More](#)

Florida

Florida Tax Revenues Are \$2 Billion Below Projections in Fiscal 4Q20. *Health News Florida* reported on July 28, 2020, that Florida tax revenues were \$2.1 billion below forecast in the fiscal fourth quarter ending June 30, 2020, according to the Legislature's Office of Economic & Demographic Research. Tax revenues are being impacted by the economic fallout from COVID-19. [Read More](#)

Florida Expects 'Significant' Fiscal 2020 Medicaid Budget Gap Driven by COVID-19. *Health News Florida* reported on July 23, 2020, that Florida Agency for Health Care Administration (AHCA) Secretary Mary Mayhew predicts a "significant" Medicaid budget gap, driven in part by rising enrollment tied to COVID-19. Mayhew predicted other cost pressures as Medicaid providers seek funding for personal protective equipment and as nursing homes deal with rising overhead costs. [Read More](#)

Georgia

Georgia Lacks Proper Oversight of Medicaid Plans, Audit Says. *The Atlanta Journal-Constitution* reported on July 21, 2020, that Georgia Medicaid managed care plans "were not subject to adequate oversight and claims review" from 2013 to 2019, according to a state audit. The audit blamed lack of coordination and scattered oversight systems, which left the program vulnerable to fraud and overpayment of health care services. The audit recommends that the state consolidate and strengthen oversight and allow Medicaid plans more time to investigate providers and recover overpayments. [Read More](#)

Illinois

Illinois Medicaid Plan CountyCare to Announce Interim Leadership After CEO Kiamos Exits. *Crain's Detroit Business* reported on July 25, 2020, that James Kiamos is leaving his position as chief executive of Cook County Health's CountryCare effective August 21, after a two-year stint. Cook County Health chief executive Debra Carey expects to announce interim leadership shortly. [Read More](#)

Iowa

Iowa Providers Are Dissatisfied With Medicaid Managed Care. *Modern Healthcare* reported on July 27, 2020, that more than half of health care providers in Iowa, including hospitals, nursing homes, home health agencies, and mental health providers, believe that Iowa's Medicaid managed care program has harmed or impeded patient access to care, according to a survey conducted by state auditor Rob Sand. Hospitals are the most critical, with 83 percent reporting that they are dissatisfied with Medicaid managed care. Sand recommends the state establish a single set of procedures to be followed by all managed care organizations instead of allowing insurers to set their own standards for approving services, claims coding, and claims processing. Iowa implemented Medicaid managed care in 2016. [Read More](#)

Medicaid Director to Step Down. *The Des Moines Register* reported on July 22, 2020, that Iowa Medicaid director Mike Randol announced his resignation, effective August 14. Deputy Medicaid director Julie Lovelady will head the agency until a successor is found. Randol, who will be returning to the private sectors, served as Iowa Medicaid director for three years, overseeing the state's newly formed Medicaid managed care program. [Read More](#)

Minnesota

Minnesota Offers Medicaid Housing Support Services. *The Star Tribune* reported on July 24, 2020, that Minnesota launched a Medicaid housing support services program, which is expected to help about 7,000 Medicaid members find and retain housing in the program's first three years. Minnesota is the first state to have received federal approval for such a program, which is projected to cost about \$2.6 million annually. [Read More](#)

Missouri

Missouri CFO, House Budget Chair Oppose Medicaid Expansion. *The Joplin Globe* reported on July 27, 2020, that Missouri Treasurer Scott Fitzpatrick and House Budget Committee Chair Cody Smith (R-Carthage) oppose the state's Medicaid expansion measure, which is scheduled to appear on the August primary ballot. According to Fitzpatrick "expanding Medicaid is going to put even more pressure on the state budget." More than 230,000 individuals would be eligible for coverage. [Read More](#)

New Jersey

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

New Jersey

NJ MAAC Meeting Provides Update On COVID-19, Medicaid Enrollment

On July 22, 2021, the New Jersey FamilyCare Medical Assistance Advisory Committee (MAAC) met via Zoom. A copy of the MAAC presentation can be found [here](#). Medicaid officials shared the following updates:

1. COVID-19 public health emergency response. Greg Woods, Medicaid Chief Innovation Officer provided an update on the federal flexibilities sought in response to COVID-19. The Division of Medical Assistance and Health Services (DMAHS) has a COVID-19 Rapid Response Team that meets three times a week, with “Strike Teams” meeting frequently. DMAHS has taken steps to protect, extend, and facilitate access to Medicaid coverage and provider services during this public health emergency.

The state is operating under numerous emergency authorities that loosen federal requirements and rules for HCBS programs, provide eligibility, enrollment, and additional benefit flexibilities. These include:

- Section 1135 waiver (CMS approved two sets of requests from New Jersey)
- 42 CFR 435 flexibilities (federal approval not required)
- Appendix K under 1115 Demonstration (CMS has approved)
- Families First Maintenance of Effort Requirement (New Jersey is complying)
- Medicaid State Plan Amendment (seeks broad expansion of telehealth budget authority, pharmacy refill flexibilities, and coverage of newer experimental drugs for COVID-19 – pending CMS approval; will be retroactively effective)
- CHIP State Plan Amendment (sought approval to waive premiums and certain cost sharing, and flexibilities for enrollment, renewals, and adverse actions – CMS has approved)
- 1115 Demonstration Waiver Amendment (under CMS review)

2. NJ FamilyCare Enrollment update. Medicaid enrollment peaked in May 2020 at about 1.8 million. Enrollment had previously declined by about 5 percent in keeping with national trends. DMAHS officials expect enrollment to continue to rise.

3. Redetermination Incentive and Payment Penalty Program. DMAHS has updated a Memorandum of Understanding (MOU) with each county to revise the agreement for improving new Medicaid and CHIP application and redetermination turnaround times. Due to the federal policy to maintain eligibility for Medicaid and CHIP during the public health emergency, redetermination timeliness became less relevant in 2020. The MOU was updated to replace that goal with an incentive based on processing initial applicants on a timely basis. DMAHS expects to restart the original plan at the beginning of 2021.

4. Role of MCOs in supporting nursing facility residents during COVID-19. In response to numerous inquiries DMAHS has received during the COVID-19 public health emergency, Jen Jacobs, Medicaid Director shared how MCOs are supporting members who reside in nursing homes:

- a) Partnering with nursing facilities to obtain member updates, and sharing that information with families
- b) Recognizing the needs of members who reside in nursing facilities and coordinating their care to make sure their needs are being addressed
- c) Supporting the transition for members in a nursing facility who chose to move back into a community setting

New York

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

New York to Leverage Exchange to Connect Individuals with Home Care Agencies. *Crain's New York* reported on July 27, 2020, that New York announced a pilot program that will leverage the state insurance Exchange to help connect individuals who pay out of pocket for home care with agencies in Nassau, Suffolk, and Westchester. The state Department of Health (DOH) released an invitation for licensed home care services agencies (LHCSAs) to participate in the pilot in 2021. The program was one of the recommendations of the state's Medicaid Redesign Team. DOH will review interested LHCSAs and approve participants by September 2, 2020. [Read More](#)

New York Delays Fiscal Intermediary Services for Consumer Directed Personal Assistance Program Awards to July 31. On July 24, 2020, the New York State Department of Health announced that it has delayed the anticipated award announcement date for fiscal intermediaries for the Consumer Directed Personal Assistance Program (CDPAP) request for offers (RFO) to July 31, 2020. CDPAP provides activities of daily living (ADLs) or skilled nursing services to chronically ill or physically disabled individuals with a medical need. [Read More](#)

Ohio

Ohio Medicaid Enrollment Approaches 3 Million. *Cleveland.com* reported on July 28, 2020, that Ohio expects Medicaid enrollment to reach 3 million this year driven by the COVID-19 pandemic, with most of the gains coming in the expansion population. In June, Ohio Medicaid enrollment was 2.98 million. [Read More](#)

Ohio Releases Single Pharmacy Benefit Manager RFP. On July 24, 2020, Ohio released a request for proposals (RFP) for a single pharmacy benefit manager (SPBM) to serve the state's Medicaid managed care beneficiaries effective February 1, 2021. The contract is for two years, with three optional, two-year renewals. Proposals are due September 4, 2020. The SPBM will be responsible for processing pharmacy claims for all members of Medicaid managed care organizations and will subsequently be responsible for fee-for-service pharmacy benefits in the second year of the contract.

Oklahoma

Oklahoma Medicaid Enrollment Swells to Nearly 866,000. *The Oklahoman* reported on July 26, 2020, that Medicaid enrollment in Oklahoma hit 865,851 in June, an increase of about 57,000 members since March. The economic fallout from COVID-19 and federal rules preventing states from disenrolling Medicaid members during the pandemic drove the membership gains. [Read More](#)

Pennsylvania

Pennsylvania to Submit Community HealthChoices Waiver Amendments. The Pennsylvania Department of Human Services (DHS) notified stakeholders on July 27, 2020, that in October 2020, the Office of Long-Term Living (OLTL) will be submitting amendments for the Community HealthChoices (CHC) 1915(c) Home and Community-Based Waiver to the Centers for Medicare & Medicaid Services (CMS). A side-by-side comparison of the current and revised language as well as copies of the amendments in their entirety are available on the 2021 CHC Waiver Amendment page of the OLTL Waiver Amendment, Renewals, and Accompanying HCBS Transition Plans website. OLTL is seeking public comment on the proposed amendments by August 24, 2020. [Read More](#)

Reinsurance Program Application Receives Federal Approval. Pennsylvania Governor Tom Wolf announced on July 24, 2020, that the U.S. Department of Health and Human Services and the U.S. Department of Treasury have approved Pennsylvania's Section 1332 Waiver application for a proposed reinsurance program that will operate from 2021 to 2025. Pennsylvania projects that under the 1332 waiver, premiums will be about 5 percent lower in 2021 than they would have been without the waiver. [Read More](#)

Pennsylvania Allows Additional Medicaid Providers to Apply as Opioid Use Disorder Centers of Excellence. The Pennsylvania Department of Human Services (DHS) reported on July 16, 2020, that it will allow additional Medicaid providers to enroll as an opioid use disorder Center of Excellence (COE). Providers who enroll in the Medicaid program as a COE will be eligible to bill managed care organizations (MCOs) for care management services. DHS will continue to monitor the COE care model to ensure new COE providers are meeting the standards. [Read More](#)

Texas

Texas Governor Taps Cecile Young as Executive Commissioner of HHSC. Texas Governor Greg Abbott announced on July 27, 2020, that Cecile Young has been tapped as the new executive commissioner for the Texas Health and Human Services Commission (HHSC). Previously, Young served as acting executive commissioner, chief deputy executive commissioner, and chief of staff for HHSC. [Read More](#)

Virginia

Virginia Is Approved for Medicaid Housing, Job Support Services. *The Roanoke Times* reported on July 22, 2020, that Virginia received federal approval to offer housing and employment support services for Medicaid members with significant behavioral and physical health needs. The new benefit is expected to become available in July 2022. [Read More](#)

Wisconsin

Wisconsin Opioid Overdose Deaths Jump to 325 During COVID-19 Pandemic. *The Associated Press* reported on July 22, 2020, that the Wisconsin Department of Health Services (DHS) released preliminary figures showing that opioid overdose deaths more than doubled from 150 to 325 from March through July 13, compared to the same period last year. DHS Secretary Andrea Palm noted that financial pressures and isolation stemming from the COVID-19 pandemic in part account for the spike in opioid deaths. [Read More](#)

National

FQHCs Say They Were Blindsided by Trump's 340B Executive Order. *Modern Healthcare* reported on July 28, 2020, that Federally Qualified Health Centers (FQHCs) are saying they were blindsided by an executive order signed by President Trump, which requires that low-income patients are charged the acquisition price plus an administration fee for drugs such as insulin and Epi-Pens. FQHCs could lose grant funding for failing to do so, the order proposes. [Read More](#)

Report Recommends Full Integration of Medicare, Medicaid Services for Dual Eligibles. *Modern Healthcare* reported on July 27, 2020, that the Bipartisan Policy Center released a [report](#) recommending Congress require the integration of Medicare and Medicaid services for dual eligibles, including fully aligned financing; a single set of benefits; and a single health plan to administer benefits, enrollment, grievances and appeals. The report recommends that states implement their own integrated care programs or fall back on a federal option, that Medicare Advantage plans offer integrated options in areas where they already offer coverage, and that the Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid coordination office be given direct funding and full regulatory authority over all programs serving dual eligible individuals. [Read More](#)

Senate Proposes COVID-19 Relief Bill Without Additional Medicaid Funding. *Politico* reported on July 27, 2020, that Senate Republicans released a proposed COVID-19 relief bill without additional Medicaid funding, despite bipartisan calls from state governors for federal help to avoid benefit cuts. The bill does include another \$25 billion in funds for health care providers, a measure to shield healthcare facilities and workers against malpractice liability, more funding for COVID-19 testing, authority to extend telehealth flexibilities through at least the end of 2021, and relaxed terms for Medicare loans. [Read More](#)

CMS Releases Updated Medicare Claims, Encounter Data Showing Disproportionate COVID-19 Hospitalizations by Race, Ethnicity. The Centers for Medicare & Medicaid Services (CMS) announced on July 28, 2020, that COVID-19 continues to disproportionately affect racial and ethnic minorities across the country, according to updated Medicare claims and encounter data covering the time period from January 1 to June 20, 2020. African American Medicare beneficiaries with COVID-19 are hospitalized at higher rates than other racial and ethnic groups at 670 hospitalizations per 100,000 beneficiaries, while American Indian/Alaskan Native Medicare beneficiaries have the second highest rate at 505 hospitalizations per 100,000 beneficiaries. [Read More](#)

U.S. Court Orders Federal Government to Make \$3.7 Billion in ACA Risk-Corridor Payments to Insurers. *Modern Healthcare* reported on July 24, 2020, that the U.S. Court of Federal Claims ordered the federal government to make \$3.7 billion in Affordable Care Act (ACA) risk corridor payments to insurers for the years 2014 through 2016, resolving two federal class action lawsuits. The U.S. Supreme Court ruled in April 2020 that insurers were owed \$12.2 billion in risk corridor funds, and lower court judgments between insurers and the U.S. Department of Justice have resolved \$9.6 billion to date. [Read More](#)

Trump Issues Orders on 340B Drug Discounts, Reference Pricing, Rebates, Importation. *Modern Healthcare* reported on July 24, 2020, that President Trump issued four executive orders on 340B drug discounts, reference pricing, rebates, and importation. The four orders would force community health centers to pass on 340B drug discounts to patients; establish a reference pricing policy tying Medicare outpatient drug payments to the lowest international price; pass drugmaker rebates to patients' cost-sharing in Medicare Part D; and allow states and drugmakers to import some prescription drugs. The orders are unlikely to be implemented before the November elections. [Read More](#)

Medicaid, CHIP Enrollment Has Grown 1.7 Percent Through April 2020. Kaiser Family Foundation reported on July 24, 2020 that Medicaid and Children's Health Insurance Program (CHIP) enrollment nationwide grew to 72.3 million in April, a 1.7 percent increase since year-end 2019. Enrollment increases are tied to income and job losses associated with COVID-19 and are expected to continue. In 2018 and 2019 Medicaid and CHIP enrollment declined. [Read More](#)

Trump Administration Extends Public Health Emergency Declaration by 90 Days. *Politico* reported on July 23, 2020, that the Trump administration extended the COVID-19 public health emergency declaration by 90 days, allowing regulatory adjustments attached to the declaration to continue until late October. Emergency powers attached to the declaration include flexibilities in telehealth, emergency approval of new drugs, and increased federal funding to state Medicaid programs. The public health emergency declaration was set to expire July 25. [Read More](#)

Nursing Homes to Receive \$5 Billion in Additional Funding from CMS. *Modern Healthcare* reported on July 22, 2020, that the Centers for Medicare & Medicaid Services (CMS) will send an additional \$5 billion to nursing homes to help offset COVID-19-related costs and lost income. The agency will also require testing of all nursing home staff weekly in states with a COVID-19 test positivity rate of 5 percent or greater and send a weekly list of nursing homes with an increase in cases to state governments. [Read More](#)

Medicaid Value-Based Drug Rule Faces Criticism. *Modern Healthcare* reported on July 22, 2020, that hospitals, insurers, drug companies, and state Medicaid directors are calling for an overhaul of a rule proposed by the Centers for Medicare & Medicaid Services (CMS) to foster Medicaid value-based drug payments. Criticism centered on the potential far-reaching implications of the proposal, concern over loosely defined terms that could lead to unintended consequences, a lack of detail on the structure of value-based arrangements, and likely administrative burdens. [Read More](#)

Medicaid IAP Hosting National Data Analytics Informational Webinar. The Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) Data Analytics technical assistance team is hosting a national webinar, *Resourceful Data Analytics: Leveraging Accessible Tools and Techniques to Translated Results Into Action*, on Wednesday, August 5, 2020, from 2:30-4:00 PM ET to demonstrate states' efforts to use accessible analytic tools, such as Excel, Tableau, R, and Python, to:

1. Conduct data analytics with Medicaid and other relevant data, and
2. Communicate analytic results to key stakeholders to inform Medicaid policy decisions.

During this webinar, state Medicaid staff from Oklahoma and Iowa will present detailed case studies focused on their use of identified tools as part of their Medicaid IAP Data Analytics technical assistance projects. This webinar is designed to encourage active participation with a portion of the webinar reserved for a facilitated question-and-answer (Q&A) session. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates. Register [here](#).*



INDUSTRY NEWS

Humana Invests \$100 Million in Heal to Expand In-Home Primary Care Services. *CNBC* reported on July 29, 2020, that Humana will invest \$100 million in telehealth start-up Heal as part of an effort to offer in-home primary care services to Medicare beneficiaries. Heal, which currently operates in seven states, is expected to use the funding to expand into new markets like Charlotte, Chicago, Houston and others. Heal currently operates in California, District of Columbia, Georgia, Maryland, New Jersey, New York, Virginia, and Washington. [Read More](#)

Community Health Systems Returns to Profitability in Second Quarter. *Modern Healthcare* reported on July 28, 2020, that investor-owned Community Health Systems (CHS) reported net income of \$70 million on revenues of \$2.5 billion in the second quarter of 2020, compared to a net loss of \$167 million on revenues of \$3.3 billion during the same period last year. CHS received \$448 million in federal COVID-19 relief funding and \$1.2 billion in Medicare accelerated payments in the second quarter. The health system has completed the divestiture of three hospitals and has entered into definitive agreements to sell seven more. Same-store adjusted hospital admissions fell 24 percent. [Read More](#)

Centene Reports 6 Percent Increase in 2Q20 Medicaid Enrollment. *Modern Healthcare* reported on July 28, 2020, Medicaid enrollment growth at Centene Corp. topped 12.6 million in the second quarter of 2020, up six percent compared to the first quarter. Still, growth was below expectations, according to Centene chief executive Michael Neidorff. Centene's Exchange enrollment rose two percent to 2.2 million over the same period. [Read More](#)

Lyft Names Nicole Cooper to Head Efforts on Medicaid NEMT. *Modern Healthcare* reported on July 24, 2020, that Nicole Cooper, a former vice president at UnitedHealthcare, joined Lyft as head of healthcare policy with a focus on working with state Medicaid programs to provide members with non-emergency medical transportation (NEMT) services. Previously, Cooper worked as vice president of corporate social responsibility at UnitedHealthcare and also served a stint as policy adviser to the chief of staff at the Centers for Medicare & Medicaid Services (CMS). [Read More](#)

CareSource to Seek National Managed Care Footprint. *The Dayton Daily News* reported on July 24, 2020, that CareSource chief executive Erhardt Preitauer seeks to expand the company "from a big regional plan to a national plan." CareSource, which currently operates in Ohio, Kentucky, Indiana, West Virginia, and Georgia, offers Medicaid, individual, Medicare Advantage, and other types of health plans. Preitauer joined CareSource in 2018. [Read More](#)

Caregiver Announces Recapitalization with WindRose Health Investors, LLC. Caregiver, a long-term care provider for individuals with intellectual and developmental disabilities, announced on July 27, 2020, that it closed on a recapitalization with New York-based healthcare private equity firm WindRose Health Investors, LLC. The investment is expected to help Caregiver expand into additional markets. The company currently has affiliates in Indiana, Ohio, Tennessee, and Texas. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
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

- Colorado RAE Enrollment is Up 14.9%, Jun-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 14.6%, Jun-20 Data
- Michigan Dual Demo Enrollment is Down 2.8%, May-20 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 1.1%, Mar-20 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 4.6%, May-20 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 8.2%, Jul-20 Data
- Nevada Medicaid Managed Care Enrollment is Up 9.6%, May-20 Data
- New Mexico Medicaid Managed Care Enrollment is Up 5.1%, Jun-20 Data
- North Carolina Medicaid Enrollment by Aid Category, Jun-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 8.5%, Jun-20 Data
- Oklahoma Medicaid Enrollment is Up 11.4%, Jun-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 1.4%, Apr-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 6.5%, Jun-20 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 13%, Jun-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Hawaii Community Care Services (CCS) RFI, Jul-20
- Hawaii QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals RFI, Jul-20
- New York Fiscal Intermediaries for the Consumer Directed Personal Assistance Program RFO, 2019
- Ohio Single Pharmacy Benefit Manager RFP, Jul-20
- Tennessee Pharmacy Benefits Manager Contract, 2019-22
- West Virginia Medicaid Enterprise Data Solution RFP and Related Documents, 2019-20

Medicaid Program Reports, Data and Updates:

- Medicaid Managed Care Enrollment for 300 Plans in 39 States, Plus Ownership and For-Profit vs. Not-for-Profit Status, Updated Jul-20
- California Medi-Cal 2020 Demonstration 1115 Waiver and Related Documents, 2015-20
- Georgia Medicaid Managed Care Analyses of Hospital Statistical and Reimbursement (HS&R) Report SFY 2020, Apr-20
- Maryland Medicaid Advisory Committee Meeting Materials, Jul-20
- New Jersey Medical Assistance Advisory Council Meeting Materials, Jul-20
- New York Medicaid Pharmacy Managed Care to FFS Transition Presentation, Jul-20
- Virginia Medicaid Member Advisory Committee Meeting Materials, Jun-20

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