HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

September 4, 2019

RFP CALENDAR

HMA News

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THIS WEEK

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- EARLY BIRD DISCOUNT ENDS SEPTEMBER 13 FOR HMA CONFERENCE ON HELPING NEW YORK PROVIDERS MAKE NEW RISK MODELS PAY
- ARIZONA RELEASES RFI FOR INTEGRATED FOSTER CARE ASO
- CALIFORNIA TO CARVE LONG-TERM CARE INTO MEDICAID MANAGED CARE STATEWIDE IN 2021
- LOUISIANA TO SEEK EMERGENCY CONTRACTS WITH CURRENT MEDICAID MANAGED CARE PLANS
- MINNESOTA CANCELS MEDICAID MCO, MSHO, MSC+ RFPS
- NEW JERSEY TO CARVE LONG-TERM RESIDENTIAL SERVICES INTO MANAGED CARE FOR DDD, MLTSS. FIDE-SNP ENROLLEES
- NORTH CAROLINA DELAYS MEDICAID MANAGED CARE ROLLOUT
- MEDICARE ADVANTAGE PLANS OPPOSE PROPOSED CHANGES TO CMS AUDIT METHODOLOGY
- CARESOURCE TO SEEK NEW BUSINESS LINES, GEOGRAPHIC EXPANSION
- ADDUS HOMECARE TO ACQUIRE HOSPICE PARTNERS OF AMERICA
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IN FOCUS

HAWAII RELEASES QUEST INTEGRATION MEDICAID MANAGED CARE RFP

This week, our *In Focus* section reviews the Hawaii QUEST Integration (QI) Medicaid Managed Care request for proposals (RFP), issued by the Hawaii Department of Human Services (DHS) on August 26, 2019. DHS intends to contract with four health plans. All four will serve Medicaid and Children's Health Insurance Program (CHIP) members in Oahu, while two will also

operate statewide. The two plans with the highest scoring technical proposals will serve beneficiaries statewide. The Quest Integration program is worth $2.2 billion annually.

The QUEST program, which stands for Quality care, Universal access, Efficient utilization, Stabilizing costs, and Transforming the way health care is provided to QUEST members, first began in 1994. In 2009, the aged, blind, or disabled (ABD) population was transitioned to a managed care program called QUEST Expanded Access (QExA) and in January 2015, integrated into the program now known as Quest Integration, serving more than 342,000 individuals. Health plans will provide medical, behavioral health, and long-term services and supports (LTSS) services to covered populations, including CHIP, Foster Care, QUEST Family, Expansion, Childless Adults, Aged, and Blind/Disabled, and Medicaid-Medicare dual eligible members.

Hawaii `Ohana Nui Project Expansion (HOPE) Program

Under the RFP, Hawaii intends to implement the HOPE program, focusing on health and wellness. The program will 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. The five goals of the HOPE program are:

1. Advancing primary care
2. Supporting team-based care using a range of clinical providers and nonclinical providers, such as medical assistants, peer support specialists, and community health workers
3. Implementing prevention and health promotion
4. Implementing the stepped care approach to behavioral health. In a stepped care approach, individuals can move up or down a continuum of services as needed, with treatment level and intervention based on the level of the individual.
5. Addressing Social Determinants of Health (SDOH)

Dual-Eligible Special Needs Plan (D-SNP)

Selected health plans will need to have an operational D-SNP by January 1, 2021. Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) terms will be included in the QUEST Integration contract. Plans can also request to be a Fully Integrated Dual Eligible (FIDE) SNP beginning January 1, 2021.

Evaluation

Technical proposals will be scored on a total of 1,000 possible points. To be considered responsive to the RFP, plans must score at least 750 points. Points are allocated to sections of the technical proposal as follows:

Evaluation Components	Possible Points
Executive Summary	**50**
Company Background	**70**
Approach to Care Delivery and Coordination	**150**
Approach to meeting the Care and Service Delivery System requirements	50
Full continuum of care for behavioral health services	30
Person-Centered HCBS Planning	30
Use Case 1	20
Use Case 2	20
Covered Benefits and Services	**100**
Experience	40
Approach	50
Value-Added Services	10
Quality, Utilization Management and Administrative Requirements	**150**
QAPI Program	40
Provider Support, Performance Improvement, and Information Sharing	30
Approach to PIPs and Performance improvement	25
UM Approach	15
Use Case 3	25
Use Case 4	15
Health Plan Reporting and Encounter Data	**40**
Reporting capacity	25
Encounter Data	15
DHS and Health Plan Financial Responsibilities	**75**
Incentive strategies for health plans	25
Value-based Payment	50
Requirements for Providers	**115**
Network Development	40
Approach to Telehealth	15
Approach to Workforce Shortages	30
Provider Attestations	30
Requirements for Members	**100**
Call Center Requirements	25
Member Outreach and Education	30
Member Communications	30
Member Grievances and Appeals	15
Information Systems and Information Technology	**45**
Health Plan Personnel	**60**
Approach to Staffing	40
Organizational Structure	20
Program Integrity	**45**
Total Possible Points	**1,000**

Timeline

Proposals are due November 8, 2019, and awards will be made on January 6, 2020. Implementation begins July 1, 2020, with contracts running through December 31, 2025, with four additional optional years.

RFP Activity	Date
RFP Issued	August 26, 2019
Proposals Due	November 8, 2019
Awards	January 6, 2020
Implementation	July 1, 2020

Current Market

Current Medicaid incumbents are AlohaCare, HMSA, Kaiser, WellCare, and UnitedHealthcare, serving more than 342,000 individuals. HMSA (an independent licensee of the Blue Cross Blue Shield Association) has the largest market share, with 47 percent of current enrollment.

Hawaii Medicaid Managed Care Enrollment by Plan, 2016-18, April 2019

QUEST Plans	2016	2017	2018	Apr-19
AlohaCare				
Non-ABD	66,753	65,545	59,340	57,777
ABD	4,347	5,438	5,915	6,148
Total Quest Integration	**71,100**	**70,983**	**65,255**	**63,925**
% of total	*19.9%*	*19.7%*	*18.9%*	*18.7%*
HMSA				
Non-ABD	156,248	159,338	152,129	150,960
ABD	6,573	8,234	9,374	9,889
Total Quest Integration	**162,821**	**167,572**	**161,503**	**160,849**
% of total	*45.7%*	*46.5%*	*46.7%*	*47.0%*
Kaiser				
Non-ABD	29,966	28,889	27,404	28,235
ABD	1,438	1,597	1,849	1,962
Total Quest Integration	**31,404**	**30,486**	**29,253**	**30,197**
% of total	*8.8%*	*8.5%*	*8.5%*	*8.8%*
Ohana/WellCare				
Non-ABD	24,680	23,795	23,153	21,820
ABD	20,903	18,763	16,978	16,238
Total Quest Integration	**45,583**	**42,558**	**40,131**	**38,058**
% of total	*12.8%*	*11.8%*	*11.6%*	*11.1%*
UnitedHealthcare				
Non-ABD	24,498	27,787	29,178	28,608
ABD	21,039	20,901	20,659	20,791
Total Quest Integration	**45,537**	**48,688**	**49,837**	**49,399**
% of total	*12.8%*	*13.5%*	*14.4%*	*14.4%*
Total Hawaii				
Non-ABD	302,145	305,354	291,204	287,400
ABD	54,300	54,933	54,775	55,028
Total Quest Integration	**356,445**	**360,287**	**345,979**	**342,428**
+/- between reporting periods	*13,160*	*3,842*	*(14,308)*	*(3,551)*
% chg. between reporting periods	*3.8%*	*1.1%*	*-4.0%*	*-1.0%*

Source: HI Dept. of Human Services, HMA

Link to RFP

Early Bird Discount Ends September 13 for HMA Conference on Helping New York Providers Make New Risk Models Pay

Wednesday, November 13
Location: Albany Capital Center

Be sure to register soon for HMA's New York provider conference, **Make Your New Risk Model Pay: How New York Healthcare Providers are Making Population Health Sustainable**, November 13 at the Albany Capital Center in Albany, NY. The Early Bird registration rate of $345 per person expires on September 13. After that, the rate is $395.

Visit our website for complete details or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

A high-level list of 19 industry speakers are already confirmed for this one-day event, including executives and clinicians from health systems, PPSs, community-based organizations, FQHCs, health plans, IPAs, behavioral health agencies, substance use treatment centers, and other organizations serving Medicaid and other vulnerable populations.

Preliminary List of Confirmed Speakers and Sessions
(in alphabetical order; other speakers to be announced)

So, You Are Risk-Ready. Now What? Provider Strategies and Lessons for Success
Courtney Burke, Chief Operating and Innovation Officer, Healthcare Association of NYS

Alan Channing, Principal, Channing Consulting Group, LLC; Retired President, CEO, Sinai Health System; Former CEO, New York Downtown Hospital

Marilyn Fraser, MD, CEO, Arthur Ashe Institute of Urban Health

Cathy Homkey, Principal, HMA; Interim CEO, Central New York Care Collaborative PPS

Making Care Management Models Pay

Kristen Mucitelli-Heath, Administrator, Regional Health Initiatives, St. Joseph's Health/Trinity Health

Amber Villelli, Director of Quality and Performance Improvement, Kaniksu Health Services

Nancy Kamp, Principal, HMA; Project Director, Inland Empire Health Plan

Making IPAs and Integrated Network Models Pay

Nancy Davis, Vice President, Network Strategy and Development, Centene

Making Social Determinants of Health Models Pay

Arthur Fried, Member of the Firm, Health Care and Life Sciences, Epstein Becker & Green, P.C.

Giovanna Rogow, CEO, Hudson Valley Collective for Community Wellness

Richard Tuten, CEO, CBHS IPA, LLC

Jennifer Wuerz, CBO Coordinator, Hudson Valley Collective for Community Wellness

Making Behavioral Health Integration Models Pay

Carl Coyle, CEO, Liberty Resources, Syracuse, NY

Robert (Red) Schiller, MD, Vice Chair Associate Professor, Icahn School of Medicine at Mount Sinai,

Alfred and Gail Engelberg Department of Family Medicine

Lori Raney, MD, Principal, HMA; Editor, "Integrated Care, A Guide for Effective Implementation"

Making ACO Models Pay

Art Jones, MD, Principal, HMA; Medical Director, MHN ACO

Richard Morel, MD, Deputy Chief Medical Officer, CareMount Medical

Making Substance Use Disorder Treatment Models Pay

Lauri Cole, Executive Director, NYS Council for Community Behavioral Health

Jeremy Klemanski, President and CEO, Helio Health

HMA Medicaid Roundup

Arizona

Arizona Releases RFI for Integrated Physical-Behavioral Foster Care ASO. On August 23, 2019, the Arizona Health Care Cost Containment System (AHCCCS) released a request for information (RFI) for an Administrative Services Organization to manage an integrated physical-behavioral health program for children in foster care. Responses for the RFI are due no later than August 30. A request for proposals (RFP) is expected in September. Earlier this month, the state Department of Child Safety, Office of Procurement cancelled a previously released RFP, citing a need for further review.

Arizona Seeks Public Comments on Proposed Centene, WellCare Merger. On August 21, 2019, the Arizona Health Care Cost Containment System announced that it is seeking public comments on the proposed merger of Centene Corp. and WellCare Health Plans. Centene serves approximately 209,600 members through its Arizona Complete Health-Complete Care Plan in Maricopa, Pinal, and Gila counties as well as the entire southern part of the state. WellCare's Care1st Health Plan of Arizona currently serves approximately 173,400 members in Maricopa, Pinal and Gila counties as well as the entire northern part of the state. Public comments are due by September 20th. Read More

California

California to Carve Long-Term Care into Medicaid Managed Care Statewide in 2021. The California Department of Health Care Services (DHCS) announced on September 3, 2019, that it will carve long-term care (LTC) into Medicaid managed care statewide in January 2021. The change will impact Medi-Cal plans serving the Two Plan, Geographic Managed Care, Imperial, Regional, and San Benito markets and models. Plans in the County Organized Health Systems model already have LTC carved in. Coverage will include skilled nursing, sub-acute, pediatric sub-acute, and intermediate care facilities, as well as transplants. DHCS also announced that it will carve out the Multipurpose Senior Services Program from the state Coordinated Care Initiative (including Medi-Cal MLTSS plans and Cal MediConnect plans) in all seven counties of operation, including Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

Sacramento Is Approved to Offer Additional Addiction Treatment Services to Medicaid Beneficiaries. *The Sacramento Bee* reported on August 30, 2019, that federal regulators added Sacramento County to the list of counties in California approved to participate in the Drug Medi-Cal Organized Delivery System Waiver. The program allows counties to cover additional addiction treatment services for individuals on Medicaid, including a 24-hour toll-free number, initial screenings over the phone, clinic visits for assessments, residential treatment, narcotic treatment programs, withdrawal management, and other services. Previously, only counseling and methadone-only narcotic treatments were available. A total of 38 California counties participate in the waiver. Read More

Legislature Passes Bill To Require Kaiser to Show Finances by Facility. *Modern Healthcare* reported on August 27, 2019, that the California Legislature has approved a bill that would force Kaiser Permanente to disclose revenues and profits by facility. The bill has been sent to Governor Gavin Newsom who is still evaluating the legislation. The bill would require each of Kaiser's 35 hospitals in the state to show how much they're earning from Medicare, Medicaid, and private insurance. The bill would also require Kaiser to justify rate increases in the Affordable Care Act Exchanges. Read More

Colorado

Grant Aims to Expand Network of Medicaid Mental Health, Substance Abuse Providers. *The Gazette* reported on August 22, 2019, that the Colorado Department of Human Services has issued a $242,758 grant aimed at increasing the number of Medicaid mental health and substance abuse providers in southern Colorado. A similar program showed success in the state's Pikes Peak region. Rural areas of the state continue to struggle with access to Medicaid providers. Read More

Connecticut

Connecticut Nursing Facilities to Challenge Medicaid Reimbursement Cuts. *The CT Mirror* reported on August 22, 2019, that nursing facility operators and labor leaders met with Connecticut legislators and insurers to discuss the state's decision to cut Medicaid funding to nine nursing homes that have not maintained at least a 70 percent occupancy level. The decrease in Medicaid reimbursement rates will save the state $6 million. The remaining 205 out of 214 nursing facilities will receive reimbursement increases for maintaining high occupancy rates and good federal ratings from the Centers for Medicare & Medicaid Services (CMS). Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

Florida Could Save Millions of Dollars from Prescription Drug Importation Plan. *Health News Florida* reported on August 27, 2019, that Florida's proposal for importing prescription drugs from Canada could save the state more than $150 million annually, according to a concept paper submitted by the state to federal regulators. The proposal is pending federal approval. Read More

Florida Submits Prescription Drug Importation Proposal to HHS. Florida announced on August 23, 2019, that it has submitted to federal regulators its proposal for importing prescription drugs from Canada and other countries. The proposal, submitted to the U.S. Department of Health and Human Services, outlines the state's Prescription Drug Importation Program and addresses the plan's components and responsibilities of all participants. The state enacted legislation establishing the program in June. Read More

Georgia

Georgia Targets Cuts in Medicaid Administrative Costs. *The Atlanta Journal-Constitution* reported on August 22, 2019, that the Georgia Department of Community Health (DCH) is targeting cuts in Medicaid administrative cost of $10.5 million over fiscal years 2020 and 2021, including potential job reductions. The announcement follows Governor Brian Kemp's pledge to curtail state spending. Overall, DCH approved $250 million in additional funds for health care programs like Medicaid over the same period. Read More

Hawaii

Hawaii Releases QUEST Integration Medicaid Managed Care RFP. On August 26, 2019, the Hawaii Department of Human Services (DHS) released the QUEST Integration (QI) Medicaid Managed Care request for proposals (RFP). DHS intends to contract with four health plans. All four will serve Medicaid and CHIP members in Oahu, while two will also operate statewide. Proposals are due November 8, 2019, and awards will be made on January 6, 2020. Implementation begins July 1, 2020, with contracts running through December 31, 2025, with four additional optional years. Current incumbents are AlohaCare, HMSA, Kaiser, WellCare, and UnitedHealthcare, serving more than 342,000 individuals. Read More

Idaho

Public Testimony Overwhelmingly Opposes Medicaid Expansion Work Requirements. *The Idaho Press-Tribune* reported on September 3, 2019, that Idaho residents at a recent public hearing overwhelmingly opposed a proposed waiver to add work requirements to the state's voter-approved Medicaid expansion plan. The waiver would mandate that Medicaid expansion beneficiaries report at least 20 hours of employment per week. A second public hearing will be held on September 6. Read More

Proposal to Allow Medicaid Expansion Eligibles to Purchase Exchange Coverage is Rejected by CMS. *The Idaho Statesman* reported on August 29, 2019, that the Centers for Medicare & Medicaid Services (CMS) has rejected the portion of Idaho's proposed Medicaid expansion waiver that would allow Medicaid eligibles to purchase Exchange coverage using federal tax credits. CMS said the federal cost of providing Exchange subsidies far exceeds the federal cost of Medicaid. The state's voter-approved Medicaid expansion program takes effect in January. Read More

Illinois

Medicaid Agency Expands Housing, SLP Program for Beneficiaries with Dementia. *WAND* reported on August 28, 2019, that the Illinois Department of Healthcare and Family Services has announced the expansion of the Supportive Living Program (SLP), which provides Medicaid beneficiaries living with dementia an apartment as well as help with meals, medication management, and daily living activities. The program is funded by Medicaid through a federal waiver. The expansion of 40 locations in the state is set to cover 1,600 Medicaid members with dementia. Read More

Indiana

Indiana Takes Gradual Approach to Medicaid Work Requirements. *The Washington Post* reported on September 1, 2019, that Indiana's version of Medicaid work requirements is limited in scope and gradual in implementation, testing whether the requirements can be implemented without disruptive coverage losses. Work requirements went into effect in Indiana in January; however, individuals didn't have to report hours until July, and there is no lockout period for failing to meet the requirements. Read More

Autism Providers Face Reimbursement Rate Cuts from Anthem. *WTHR* reported on August 26, 2019, that Anthem is cutting reimbursement rates to Autism Applied Behavioral Analysis providers in Indiana, citing revisions to the industry standard code reporting guidelines that could increase the cost of care. Advocates are calling on state lawmakers and regulators to intervene. Read More

Iowa

Iowa Hit With Wrongful Termination Claim From Former Director of Human Services Department. *The Associated Press* reported on August 30, 2019, that Jerry Foxhoven, former director of the Iowa Department of Human Services, has filed a $2 million wrongful termination claim with the State Appeal Board. Foxhoven claims he was fired in June for questioning Governor Kim Reynolds on a personnel issue. Read More

Kansas

Kansas Confirms Leadership Change at Local Aetna Medicaid Plan. *The Bellingham Herald* reported on August 23, 2019, the Kansas Department of Health and Environment has confirmed that Keith Wisdom is no longer chief executive of Aetna Better Health of Kansas. Aetna stated that it is "bringing in additional leaders with extensive experience in Medicaid" but hasn't yet identified the new executives. Aetna has been asked by the state to submit a corrective action plan to address certain compliance issues. Read More

Kentucky

Kentucky Seeks to Increase Oversight of PBM Pricing, Payment Practices. *The Richmond Register* reported on August 30, 2019, that Kentucky expects to increase oversight of how pharmacy benefit management (PBM) companies set drug prices paid by the state Medicaid program as well as PBM payments to independent pharmacies. Medicaid Commissioner Carol Steckel told members of the state Medicaid Oversight and Advisory Committee that the state hopes to take more control over PBMs through updated contracts being negotiated with Medicaid managed care plans for July 2020. Read More

Louisiana

Louisiana to Seek Emergency Contracts with Current Medicaid Managed Care Plans. *Modern Healthcare* reported on August 29, 2019, that the Louisiana Department of Health will seek emergency contracts with current Medicaid managed care plans until protests over newly announced contract awards are resolved. Existing contracts with Medicaid plans are set to expire at the end of 2019. The emergency contracts would maintain coverage should the protests extend into 2020. Read More

Official Blocks Implementation of Recently Announced Medicaid Managed Care Contracts. *The Advocate* reported on August 29, 2019, that Louisiana chief procurement officer Paula Tregre has blocked implementation of the state's recently announced Medicaid managed care contracts The procurement office is weighing protests from Louisiana Healthcare Connections/Centene and Aetna, both of which failed to win contracts. The stay prevents the state from starting negotiations on the new contracts, which were scheduled to take effect January 1, 2020. Read More

Louisiana Enacts Measures to Increase Access to Medication-Assisted Treatment for Addiction. *The Pew Charitable Trusts* reported on August 27, 2019, that Louisiana has enacted several measures to increase access to medication-assisted treatment (MAT) and methadone for substance use disorders. The new laws are aimed at increasing the number of MAT providers, directing Medicaid to cover case management for patients transitioning from emergency rooms to MAT, and covering methadone as a Medicaid benefit. Read More

Medicaid Expansion Enrollment Continues to Decline. *The Advocate* reported on August 23, 2019, that Medicaid expansion enrollment in Louisiana declined by another 4,300 individuals this month and is down 11 percent or 55,200 since April. The state Department of Health attributes the drop to a new eligibility system. Read More

Maine

Maine Seeks to Take Over Exchange Marketing, Outreach, Consumer Assistance. *Modern Healthcare* reported on August 29, 2019, that Maine Governor Janet Mills has submitted a letter of intent to the Centers for Medicare & Medicaid Services (CMS), indicating that the state intends to take over Exchange outreach, marketing, and consumer assistance beginning in 2021. The state would continue to use the Healthcare.gov enrollment platform. The state will also explore shifting to a full state-based Exchange in the future. Read More

Maryland

Maryland Medicaid Launches Adult Dental Pilot Program for Disabled Adults. *The Baltimore Sun* reported on August 22, 2019, that Maryland, one of 15 states that doesn't cover dental care for adults on Medicaid, has launched a pilot program to cover preventive, diagnostic, and restorative services to disabled adults on Medicaid. About 33,000 are eligible for the pilot, less than 3 percent of the 1.4 million adults on Medicaid in the state. Read More

Massachusetts

One Care Dual Demonstration Is Extended Through 2020. Massachusetts announced on August 29, 2019, that the state's existing One Care dual eligibles demonstration has been extended for another year through 2020. The program is being reprocured, with new contracts expected to take effect beginning January 2021. Separately, the state confirmed that it doesn't anticipate procuring Senior Care Options Plans during 2019 or for a start date during 2021. Read More

Minnesota

Minnesota Cancels Medicaid Managed Care, MSHO, MSC+ RFPs. On September 3, 2019, the Minnesota Department of Human Services (DHS) announced that it cancelled a request for proposals (RFP) for the state Medical Assistance (MA) Families and Children and MinnesotaCare programs serving 80 greater Minnesota counties and an RFP for the Minnesota Senior Health Options (MSHO) and Senior Care Plus (MSC+) serving seniors across the state. The state said in announcing the move, "A court decision issued on Aug. 30 involving the state's contracting for health care coverage made it impossible to complete contracts in time to avoid disruption for enrollees and to meet timelines required by law." Instead the state will enter into negotiations to renew current contracts for next year. The contracts cover an estimated 400,000 Minnesotans. Read More

Health Services Deputy Commissioner Resigns for Second Time. *The St. Paul Pioneer Press* reported on August 26, 2019, that Minnesota Department of Human Services Deputy Commissioner Claire Wilson will be leaving the agency, effective August 30. Wilson submitted her resignation last month only to rescind it after a new commissioner took over. Jodi Harpstead will replace Wilson on September 3. Read More

Minnesota Is Ordered to Repay Federal Funds Used for Addiction Treatment in Mental Facilities. *The Twin Cities Pioneer Press* reported on August 21, 2019, that federal regulators have ordered the Minnesota Department of Human Services to repay funds used for addiction treatment at institutions for mental disease. The improper payments were made to up to 100 providers since 2014. It is unclear how much money the state must return. The Centers for Medicare & Medicaid Services (CMS) notified the state of the improper payments in a letter. Read More

Nebraska

Nebraska Is Hit With Lawsuit Over Delay in Implementing Voter-Approved Medicaid Expansion Program. *Live Well Nebraska/The World-Herald Bureau* reported on August 29, 2019, that health care advocates in Nebraska are seeking a court order to move up the implementation date of a voter-approved Medicaid expansion program to November 2019. Nebraska Appleseed, a not-for-profit organization, requested the order in a lawsuit filed in Nebraska Supreme Court, claiming that state plans to delay expansion until October 2020 violate the law. About 94,000 Nebraskans would be eligible for Medicaid expansion. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey to Carve Long Term Residential Services into Managed Care for DDD, MLTSS and FIDE-SNP Enrollees. Beginning October 1, 2019, the New Jersey Division of Medical Assistance and Health Services (DMAHS) will move the coverage of long term residential services (LTR) for substance use disorder treatment from fee-for-service (FFS) Medicaid to managed care for the following populations: individuals registered with the Division of Developmental Disabilities, who meet the managed long term services and supports level of care, or who are enrolled in a FIDE-SNP. The remainder of the Medicaid population will continue coverage under FFS.

New Jersey Enacts Legislation Designed to Improve Medicaid Applications, Eligibility System. *NJBIZ* reported on August 23, 2019, that New Jersey Governor Phil Murphy signed legislation designed to improve the state's Medicaid application and eligibility determination system. The new law directs the Commissioner of Human Services to develop an information technology platform to simplify applications and eligibility determination processes for both applicants and eligibility determination staff and allow for real-time tracking of the status of applications for Medicaid and NJ FamilyCare. Read More

New Mexico

New Mexico Announced Medicaid Provider Rate Increase. *KRWG* reported on September 3, 2019, that New Mexico announced a $78.5 million provider rate increase effective October 1, boosting payments in rural areas for behavioral health, primary care, dental, and telehealth services. The increase, along with previously announced increases for hospitals and other targeted providers, is part of an effort by Governor Michelle Lujan Grisham to bolster Medicaid delivery networks in the state. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Needs to Improve Oversight of Nursing Homes, Federal Audit Finds. The Health and Human Services (HHS), Office of the Inspector General released a report in August 2019, that concludes that New York should improve its oversight of selected nursing homes' compliance with federal requirements for life safety and emergency preparedness. A 2018 survey of 20 nursing homes across the state found deficiencies in all of them, including 205 areas of noncompliance with life safety requirements related to building exits and fire barriers, fire detection and suppression systems, carbon monoxide detectors, hazardous storage, smoking policies and fire drills, and elevator and electrical equipment testing and maintenance, as well as 219 areas of noncompliance with emergency preparedness requirements related to written emergency plans; emergency supplies and power; plans for evacuation, sheltering in place, and tracking residents and staff; emergency communications; and emergency plan training. The 20 homes selected for review were not a statistically representative sample of all nursing homes in the state, the audit notes. They were selected because of multiple "high-risk deficiencies" previously reported at the homes. The report recommends that the New York Department of Health develop standardized life safety training for nursing home staff, conduct more frequent surveys at nursing homes with a history of multiple high-risk deficiencies, and instruct all nursing homes to install carbon monoxide detectors as required by New York State law. Read More

New York Report Examines Efforts to Reform Payment Models for Children's Health Services. The United Hospital Fund released a report in August 2019, describing New York's efforts to design a value-based payment (VBP) model unique to children's services. This is part of the state's larger effort to move away from fee-for-service reimbursement and into value-based payment for the state's Medicaid program. The proposed payment model is intended to give primary care providers increased resources and flexibility to invest in strategies, such as social needs screening, that promote optimal child health and can potentially reduce long-term health care costs. The report notes that value-based payment models are typically designed to incentivize cost-containment strategies. While children's health care presents some opportunities for short-term savings—such as preventing avoidable emergency department visits for asthma—most children are generally low-cost and in relatively good health. The goal of most pediatric primary care services is to promote a child's development and prevent disease. The savings from

pursuing this goal generally accrue over periods that are longer than current VBP contracts. Key takeaways from the report include:

- The value proposition for children's health services stems from promoting optimal child health across the life course, which will lead to lower long-term health care costs and utilization (principally by preventing chronic conditions in adulthood) and producing savings and better outcomes for non-health sectors by improving child development.
- To generate that value, payment models must support high-quality pediatric primary care by incentivizing improvements in quality, encouraging less fragmentation in service delivery, and fostering the adoption of relatively low-cost health and development promotion services that improve outcomes over the life of a child.
- New payment models should be tested in combination with innovative primary care models to ensure the incentive structures are appropriate. Read More

North Carolina

North Carolina Delays Medicaid Managed Care Rollout to February 2020. *North Carolina Health News* reported on September 3, 2019, that North Carolina Department of Health and Human Services Secretary Mandy Cohen has delayed the state's transition to Medicaid managed care to February 1, 2020. Phase 1, originally scheduled to begin on November 1, 2019, will now roll out at the same time as Phase 2 of the transition. The decision comes after Governor Roy Cooper vetoed a measure to fund the transition. Cooper has been attempting to overcome Republican opposition to Medicaid expansion. A new state budget needs to be approved by mid-November for the February 1, 2020, start date to happen. Read More

North Carolina Makes Big Bet on Value-based Payment Arrangements. *The New York Times* reported on August 26, 2019, that North Carolina is making a big bet on value-based payment arrangements as it transitions from traditional fee-for-service Medicaid to managed care. Efforts have been led separately by the state Department of Health and Human Services and Blue Cross Blue Shield of North Carolina, which combined oversee about two-thirds of health care payments for covered services in the state. Read More

Ohio

Attorney General Seeks to Delay Opioid Trial. *The Wall Street Journal* reported on August 30, 2019, that Ohio Attorney General Dave Yost has asked a federal appeals court to delay a landmark opioid trial scheduled for October. The state is battling with two local Ohio counties over who has jurisdiction to bring claims against drug companies for their role in the opioid crisis. At stake is who would control any money received from a successful trial or settlement. Read More

Medicaid Plan Takes Concerns About Financial Viability to Governor. *The Blade* reported on August 21, 2019, that officials from not-for-profit health system ProMedica met with Ohio Governor Mike Dewine to discuss the financial viability of continuing to offer Medicaid coverage through its Paramount Health Care Inc. managed care subsidiary. ProMedica said in June that Paramount might drop Medicaid, after reporting a $28.5 million first-quarter operating loss. Paramount has 240,000 Medicaid members. Read More

Oklahoma

Oklahoma Names Melody Anthony Medicaid Director. The Oklahoma Health Care Authority announced on August 29, 2019, the appointment of Melody Anthony as chief state Medicaid director. Anthony was previously deputy state Medicaid director. Read More

Oklahoma Approves 5 Percent Rate Increase for Medicaid Providers. *The Oklahoman* reported on August 24, 2019, that the Oklahoma Health Care Authority (OHCA) has approved a five percent provider rate increase for providers serving Medicaid beneficiaries under the SoonerCare program, effective October 1. Mandated by legislation passed earlier this year, the rate increase will cost an estimated $62.8 million in fiscal 2020, about a third of which will come from the state. Read More

Oregon

Health Agency Withdraws From Federal Title X Family Planning Program. *The Associated Press* reported on August 27, 2019, that the Oregon Health Authority has withdrawn from the federal Title X family planning program rather than comply with a Trump administration rule that bans clinics from referring women for abortions or sharing space with abortion providers. Earlier this year, Planned Parenthood and several other providers also withdrew from the program. Oregon is the lead plaintiff in a federal lawsuit that challenges the federal government over the rule. Read More

Pennsylania

HMA Roundup – Julie George (Email Julie)

Pennsylvania Releases RFI for Complex Case Placement. The Pennsylvania Department of Human Services (DHS) released on August 29, 2019, a request for information (RFI) regarding complex case placement with responses due on September 27, 2019. DHS is seeking feedback on various models of long-term care to best serve individuals who need support with activities of daily living, are nursing facility clinically eligible, have an intellectual disability ("ID") or autism, require level of care of an intermediate care facility (ICF) for intellectual disability or other related conditions (ORC), or any combination of these. DHS is specifically interested in responses from individuals knowledgeable about specialized trauma-informed long-term care facility approaches, community-based approaches, or group home approaches to address service needs for these individuals. Read More

Pennsylvania Opens Comment Period for Amendments to OBRA Waiver. On August 24, 2019, the Pennsylvania Department of Human Services made available for public review and comment the Office of Long-Term Living's proposed OBRA waiver amendments. The home and community-based program helps individuals with developmental physical disabilities to to live in the community and stay independent. Proposed substantive changes, if approved, will be effective January 1, 2020. Comments are due by September 23. Read More

Pennsylvania Names Appointees to New Health Insurance Exchange Authority. Pennsylvania announced on August 29, 2019, the appointees for the new Pennsylvania Health Insurance Exchange Authority, a state-affiliated entity that will create, manage, and maintain the state-based health insurance marketplace. Four voting members were appointed by Governor Tom Wolf, and one member each was appointed by the Speaker of the House, the House Minority Leader, the Senate Pro Tempore, and the Senate Minority Leader. The Secretaries from the Departments of Health, Human Services and Insurance will also join the Authority. Zachary Sherman, currently the director of Rhode Island's health insurance exchange, has been chosen as the Authority's executive director. Read More

Pennsylvania Former Union President Joins Highmark Health Board of Directors. *The Parkersburg News and Sentinel* reported on August 25, 2019, that Leo Gerard, retired United Steelworkers International President, has been named to Highmark Health's board of directors, effective immediately. Read More

Rhode Island

Reinsurance Program for Individual Market Gets Federal Approval. *Modern Healthcare* reported on August 27, 2019, that Rhode Island received federal approval for a 1332 waiver to establish a state reinsurance program for the individual health plan market for 2020 through 2024. The program, which is expected to help lower individual market premiums by 5.9 percent, will reimburse insurers for 50 percent of beneficiary claims costs between $40,000 and $97,000 in 2020. Read More

Texas

Texas to Require UnitedHealthcare to Address STAR+Plus Service Coordination Issues. In an August 2019 edition of the Texas Office of Inspector General (OIG) Update, the Texas Health and Human Services Commission (HHSC) said that the state would require UnitedHealthcare to submit a corrective action plan to address shortcomings in the provision of service coordination activities for STAR+PLUS members. An audit by OIG found that United wasn't providing all contractually required service coordination activities to ensure members receive needed medical and long-term service and supports. STAR+PLUS is a Medicaid managed care program for adults with disabilities or who are age 65 or older. Read More

Virginia

Medicaid Director to Resign. *The Washington Post* reported on August 30, 2019, that Jennifer Lee, MD, is resigning as director of the Virginia Department of Medical Assistance (DMAS) effective October 9. DMAS oversees the state Medicaid agency. Read More

Wyoming

Wyoming Seeks to Funnel All Air Ambulance Costs Through Medicaid. *Kaiser Health News* reported on August 26, 2019, that Wyoming is expected to submit a proposal to federal regulators allowing the state to funnel all air ambulance costs through Medicaid, in effect treating the service like a public utility or regulated monopoly. Under the proposal, the state would seek bids allowing air ambulance companies to operate from strategically located bases at a fixed annual cost. The state hopes to submit its proposal to the Centers for Medicare & Medicaid Services (CMS) in late September. Read More

National

Medicare Advantage Plans Oppose Proposed Changes to CMS Audit Methodology. *Modern Healthcare* reported on August 29, 2019, that Medicare Advantage plans are opposed to proposed changes in the federal risk-adjustment data validation audit methodology. The Centers for Medicare & Medicaid Services (CMS) proposed the new methodology to ensure that health plans aren't being overpaid to cover Medicare members. CMS projects savings of $1 billion in 2020 and $381 million annually thereafter from the changes. Read More

Providers Continue to Avoid Downside Risk in Value-based Contracts. *Modern Healthcare* reported on August 26, 2019, that providers continue to avoid downside risk in value-based contracts even as the number of these arrangements continues to grow. A recent survey of 120 commercial insurers found that nearly two-thirds of payments are connected to some value-based arrangement. Read More

Medicare to Expand Coverage for CAR-T Cancer Therapy. *Modern Healthcare* reported on August 24, 2019, that Medicare plans to offer nationwide coverage for chimeric antigen receptor T-cell (CAR-T) therapy to treat cancer. Earlier this month, the Centers for Medicare & Medicaid Services (CMS) increased the maximum add-on payment for CAR-T therapies from 50 percent of the estimated cost of the treatment to 65 percent. Two approved CAR-T therapies carry list prices ranging from $373,000 to $475,000. Read More

CMS Reminds States of Requirements for Sponsors of Immigrants on Medicaid, CHIP. The Centers for Medicare & Medicaid Services (CMS) released on August 23, 2019, guidance to states outlining the requirements for sponsors of immigrants seeking Medicaid and the Children's Health Insurance Program (CHIP) coverage. The guidance reminds states that sponsors of the affected immigrants are responsible for reimbursing the state for the cost of benefits provided to the sponsored immigrant. The guidance follows the Trump administration's rule that allows immigration officials to deny permanent residency status to legal immigrants based on their use of Medicaid and other safety net programs. Read More

CMS Data Shows Some Large Exchange Plans Are Below Average on Quality. *Modern Healthcare* reported on August 22, 2019, that some of the nation's largest Exchange plans have received star quality ratings that are below the national average of 3.8. Centene, the largest Exchange insurer, scored 3.3, Anthem 3.6, and Molina 2.7. The Centers for Medicare & Medicaid Services (CMS) plans to post quality ratings on HealthCare.gov and state-based exchanges in an attempt to bring more transparency to the marketplace and incentivize insurers to perform better. Read More

Insurers to Expand Plans Offered Through ACA Exchanges. *The Wall Street Journal* reported on August 22, 2019, that many insurers are expanding their Exchange plan offerings for 2020, given the improved financial performance of the business. Premium increases are also expected to be moderate for 2020. Read More

Trump Administration Unveils Proposal to Relax Privacy Restrictions for Patient Addiction Treatment Records. *Modern Healthcare* reported on August 22, 2019, that the Trump administration and the Substance Abuse and Mental Health Services Administration unveiled a proposal to relax privacy regulations for patients with a history of addiction. Under the proposal, primary-care doctors would be able to enter addiction treatment information into the patients medical record, and hospitals would be able to check registries to see if patients already receive treatment medication. Read More

Study Finds Opioid Treatment Drug Usage Is Higher in Medicaid Expansion States. *The New York Times* reported on August 21, 2019, that Medicaid expansion states saw a significant increase in prescriptions for a Medicaid-covered drug that treats opioid addiction compared to non-expansion states, according to a study released by the Urban Institute. Nationally, prescriptions for buprenorphine increased from 1.3 million to 6.2 million between 2011 and 2018. Other factors that could impact buprenorphine use, the study said, include the rate of addiction by state, use of other treatments, and restrictions on buprenorphine. Read More

Medicaid Innovation Accelerator Program to Host National Webinar: Telehealth Services in Treating Substance Use Disorder. On September 10, 2019, from 3:00 pm – 4:30 pm EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is hosting a national webinar on the use of telehealth services in treating substance use disorders (SUDs). During this webinar, participants will learn about the use of telehealth to increase access to and extend delivery of SUD treatment services. The webinar will also provide participants with an overview of the need for additional SUD treatment options; how telehealth services can be utilized (in both provider-patient services and provider-provider coordination); and examples of state approaches to telehealth services. Specifically, speakers from New York State will share their experiences in implementing telehealth services to support SUD treatment, along with the opportunities and challenges the state faced in implementing these services. *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.* To participate in this webinar, register here.

Medicaid IAP to Host National Webinar: Tools and Resources for Successful State Medicaid-Housing Agency Partnerships. On September 12, 2019, from 3:00 pm – 4:30 pm EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is hosting a national webinar for state Medicaid and housing agencies interested in learning about Tools and Resources for Successful State Medicaid-Housing Agency Partnerships. During this webinar, participants will learn about an IAP State Medicaid-Housing Agency Partnership Toolkit as well as how states have customized these technical resources to support their goal of fostering additional community living opportunities for Medicaid beneficiaries. Participants will also hear directly from, and be able to engage with, Medicaid agency representatives from Michigan, Oregon, and Virginia about expanding supportive housing living options through sustained Medicaid and housing agency partnerships. *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.* To participate in this webinar, register here.

Industry News

CareSource to Seek Growth Through New Lines of Business, Geographic Expansion. *The Dayton Business Journal* reported on September 2, 2019, that not-for-profit insurer CareSource will seek growth by continuing to expand outside of its home state of Ohio and by rolling out new lines of business in 2020, according to chief executive Erhardt Preitauer. Preitauer has been head of the company for just over a year. Read More

Michigan-based Priority Health, Total Health Care Announce Merger. *Modern Healthcare* reported on August 28, 2019, that Total Health Care will become a wholly owned subsidiary of Priority Health under a merger agreement announced by the two Michigan-based health plans. Total Health's management team and employees will remain in place for at least 12 months. As part of the transaction, Priority will contribute $25 million to a foundation, which will address health issues and social determinants of health in metro Detroit. The deal is pending regulatory approval. Total Health has 53,000 Medicaid and 43,000 individual members. Read More

Purdue Pharma Would File for Chapter 11 in Proposed Multi-Billion Dollar Opioid Settlement. *The New York Times/Reuters* reported on August 28, 2019, that OxyContin maker Purdue Pharma would pay $10 billion to $12 billion and file for Chapter 11 bankruptcy protection as part of a proposal by the company to settle more than 2,000 opioid lawsuits. Purdue would be transformed into a public benefit trust, and the Sackler family, which owns Purdue, would give up its ownership in the reorganized entity. Read More

Bayada Home Health Care to Acquire Visiting Nurse Association Health Group. *Modern Healthcare* reported on August 27, 2019, that Bayada Home Health Care has announced an agreement to acquire not-for-profit home health provider Visiting Nurse Association Health Group (VNAHG). Steven Landers, MD, chief executive of VNAHG, will serve as group president overseeing Bayada's home health and hospice specialties. The acquisition is set to close by November, pending federal regulatory approvals. Read More

Oklahoma Judge Orders Johnson & Johnson to Pay $572 Million in Opioid Lawsuit. *Politico* reported on August 26, 2019, that Cleveland County District Court Judge Thad Balkman has ordered pharmaceutical giant Johnson & Johnson to pay $572 million in damages to Oklahoma for its role in exacerbating the state's opioid epidemic. The Oklahoma lawsuit is the first of nearly 2,000 similar lawsuits across the country aimed at holding drug companies accountable for the opioid crisis. Johnson & Johnson is set to appeal the ruling. Read More

Addus Homecare to Acquire Hospice Partners of America for $130 Million. Addus Homecare announced on August 26, 2019, that it has entered into an agreement to acquire Alabama-based hospice provider Hospice Partners of America for $130 million in cash. Hospice Partners of America serves about 1,000 patients through 21 locations in Idaho, Kansas, Missouri, Oregon, Texas and Virginia. The deal requires regulatory approval. Read More

AmeriHealth Caritas Hopes to Enter Minnesota Medicaid Market. *The Star Tribune* reported on August 26, 2019, that AmeriHealth Caritas plans to submit an application to offer a Medicaid HMO in Minnesota, following a 2017 decision by the state to open the market up to for-profit insurers. The Minnesota Department of Human Services plans to take bids from for-profit HMOs beginning next year to serve families and children enrolled in the state's Prepaid Medical Assistance Program and MinnesotaCare. Read More

New York Makes Interest Payment on Two Brooklyn Hospital's Debt. *Crain's Health Pulse* reported on August 23, 2019, that the New York State Dormitory Authority will be making interest payments on bonds held by two Brooklyn hospitals, Interfaith Medical Center and Wyckoff Heights Medical Center. Interfaith Medical Center has $122.5 million in bonds issued by the Dormitory Authority; Wyckoff Heights has $58.9 million. According to the Dormitory Authority, the state was obligated to make the payments under the terms of the state service contract with the hospitals. Both hospitals were part of a plan to create a single health system in Central Brooklyn, One Brooklyn Health System, but Wyckoff Heights decided to maintain operations as a stand-alone facility. One Brooklyn Health System, which includes Interfaith, Brookdale University Hospital and Medical Center, and Kingsbrook Jewish Medical Center, received $664 million from the state. The money will be used to support plans to transform health care delivery in the region, strengthen clinical programs, reduce hospital operating deficits and expand primary care capacity. Both Interfaith and Wyckoff Heights have long been financially distressed hospitals, defined as having less than 15 day's cash on hand, and have received significant financial support from the state over the last two decades. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
August 30, 2019 - PENDING	Texas STAR+PLUS	Awards	530,000
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
December 1, 2019	Texas STAR and CHIP	Awards	3,400,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January - March 2020	Ohio	RFP Release	2,360,000
January 1, 2020	Louisiana - Protests May Delay Implementation Date	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
January 6, 2020	Hawaii	Awards	340,000
February 1, 2020	North Carolina - Phase 1 (delayed) & 2	Implementation	1,500,000
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	85,000
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Colorado RAE Enrollment is Down 3.1%, Jul-19 Data
- Illinois Dual Demo Enrollment is Up 6.3%, Jul-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 1.6%, Jul-19 Data
- Indiana Medicaid Managed Care Enrollment is Flat, Jul-19 Data
- Louisiana SNP Membership at 58,423, Mar-19 Data
- Missouri SNP Membership at 17,631, Mar-19
- Nebraska SNP Membership at 6,221, Mar-19 Data
- New Jersey Medicaid Managed Care Enrollment is Flat, Jul-19 Data
- New York CHIP Managed Care Enrollment is Up 4.5%, Jun-19 Data
- New York CHIP Managed Care Enrollment is Up 4.9%, Jul-19 Data
- New York Medicaid Managed Care Enrollment is Down 0.6%, Jul-19 Data
- Ohio Dual Demo Enrollment is Up 2.2%, Aug-19 Data
- Ohio SNP Membership at 50,770, Mar-19 Data
- Oklahoma Medicaid Enrollment is Flat, Jul-19 Data
- Rhode Island Dual Demo Enrollment is 14,515, Aug-19 Data
- Texas SNP Membership at 250,420, Mar-19 Data
- Utah Medicaid Managed Care Enrollment is Down 2.3%, Aug-19 Data
- West Virginia SNP Membership at 4,396, Mar-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Medicaid Foster Care Administrative Service Organization-Integrated Healthcare RFI, Aug-19
- Colorado Hospital Inpatient, Outpatient, Specialty, and Long-Term Care Utilization Management Program, Nurse Advice Line, and Physician Administered Drug Authorization RFP, Aug-19
- Florida Healthy Kids Medical Services and Coverage ITN, Proposals, Awards, Protests, Contracts, and Related Documents, 2018-19
- Hawaii QUEST Integration Medicaid Managed Care RFP, Aug-19
- Louisiana Medicaid Managed Care Organizations (MCO) RFP, Proposals, Scoring, Protest, and Related Documents, 2019
- Maryland Quality of Life Surveys for Medicaid Long Term Services and Supports Participants RFP, Aug-19
- North Carolina Prepaid Health Plan Services RFP, Proposals, Scoring, Protests, and Related Documents, 2018-19
- New Hampshire Medicaid Care Management Services RFP, Proposals, Scoring Summary, and Awards, 2018-19
- New Mexico HHS 2020 Medicaid Enterprise Benefit Management Services RFP, Aug-19
- New York Medicaid External Quality Review, Utilization Review, Quality Improvement and AIDS Intervention Management System Activities Solicitation of Interest, Aug-19
- Oregon Final CCO 2.0 RFA, Awards, Applications, Evaluations, and Related Documents, Jul-19
- Pennsylvania DHS Complex Case Placement RFI, Aug-19

- Utah Dual Eligible Special Needs Plan (D-SNP) Contract, Jan-19
- Wisconsin Enterprise Project Management Office (E-PMO) Services RFP, Aug-19
- Wisconsin Medicaid Nursing Home Rate Setting RFI, Aug-19

Medicaid Program Reports, Data and Updates:

- Alabama Medicaid Eligibility by Eligibility Group, Age, Gender, Race, Sept-18 Data
- Arizona AHCCCS Health Plan Audited Financial Statements, 2018
- Arizona Centene, WellCare Proposed Merger Transition Plans, Jul-19
- Arizona Medicare D-SNP Contracts, 2019
- Colorado Children's Health Plan Plus Caseload by County, Jul-19
- Connecticut Medicaid Long Term Care Demand Projections, Jul-19
- Delaware Drug Overdose Mortality Surveillance Report, Aug-19
- Florida Medicaid Eligibility by County, Age, Sex, Jul-19 Data
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-18, Jul-19
- Kansas KanCare Annual Reports, 2013-18
- Louisiana Medicaid Annual Reports, 2011-18
- Louisiana Medicaid Health Report Cards, 2017-18
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, CY 2019 to Jun-19
- Nebraska DHHS Business Plans, 2017-20
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-18, Aug-19
- New York Managed Long-Term Care (MLTC) Reports, 2015-18
- New York Medicaid Managed Care Rate Certifications, 2016-18
- Ohio Medical Care Advisory Committee Meeting Materials, Mar-19
- Oregon CCO 2.0 Stakeholder Presentation, One-Pager, and FAQs, Aug-19
- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-18, Jul-19
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-18, Jun-19
- Tennessee Medicaid Managed Care HEDIS/CAHPS Reports, 2015-19
- Texas HHSC Targeted Opioid Response Reports, Aug-19
- Texas OIG Audit of STAR+PLUS Service Coordination at UnitedHealthcare, Jun-19
- Utah Medical Care Advisory Committee Meeting Materials, Aug-19
- West Virginia HCBS Aged and Disabled 1915 Waiver Materials, 2015-19
- Wyoming Medicaid Air Ambulance 1115 Waiver Documents, Aug-19
- Wyoming Medicaid Health Outcomes Report, SFY 2018

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