HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

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THIS WEEK

IN FOCUS

HIGHLIGHTS FROM THIS WEEK'S HMA CONFERENCE ON THE NEXT WAVE OF MEDICAID GROWTH AND OPPORTUNITY

This week, our *In Focus* section provides a recap of the fourth annual HMA Conference, *The Next Wave of Medicaid Growth and Opportunity: How Payers, Providers, and States are Positioning Themselves for Success*, held this Monday, September 9, and Tuesday, September 10, in Chicago, Illinois. Nearly 500 leading executives representing managed care organizations, providers, state and federal government, community-based organizations, and other

stakeholders in the health care field gathered to address the challenges and opportunities for organizations serving Medicaid and other vulnerable populations. Conference participants heard from keynote speakers, engaged in panel discussions, and connected during informal networking opportunities. Below is a summary of highlights from this year's conference.

Pre-Conference Session

"Medicaid Inner Workings: Program Basics, Key Variations and Behavioral Health"

Prior to the conference, HMA provided an overview of the Medicaid program, including a look at benefits and eligibility, the role of managed care, and key differences between the Medicaid and Medicare programs. Speakers discussed how states are addressing special populations through waivers, state plan amendments, and delivery system reform incentive payment (DSRIP) programs. Speakers provided examples of what is being done to address behavioral health and addiction issues by providers, managed care organizations, and states. The session concluded with a discussion on the vital role of social determinants of health, the continued use of RFPs from states to transform healthcare, and the increasing importance of technology solutions in caring for Medicaid recipients. HMA speakers included Betsy Jones, Managing Principal; Corey Waller, MD, Principal; Donna Checkett, Vice President of Business Development; Izanne Leonard-Haak, Managing Principal; Jean Glossa, MD, Managing Principal; Josh Rubin, Principal; Matt Powers, Managing Director MMS; and Sarah Barth, Principal.

Keynote Address

"Medicaid and the Future of Healthcare: Does Medicaid Represent the Future of Healthcare in America?"

Alan Weil, Editor-in-Chief of Health Affairs, highlighted the strengths and weaknesses of Medicaid, noting that the program is unique in its ability to control costs, has held the line on counter-productive member cost sharing, has singlehandedly driven delivery system redesign, and has built out "waiver by waiver" a comprehensive collection of clinical and social services necessary to support member health. He specifically noted that the private sector is incapable of implementing meaningful cost containment initiatives, whereas Medicaid has proven its capacity to innovate and spend less. "If you want to spend less, pay less," he said. Weil also voiced his disapproval of Medicaid work requirements and said that value-based payments are "not ready for prime time." Weil stated that the evidence of success is weak and value-based payment can force hospitals to selectively choose patients based on risk.

State Medicaid Director Q&A Session

"Opportunities and Pitfalls of Medicaid Innovation at the State Level"

State Medicaid directors discussed efforts to drive their Medicaid programs forward to meet the needs of beneficiaries. They underscored party politics and gridlock in state legislatures as chief barriers to keeping up the momentum of Medicaid programs. Speakers also addressed the growing role of Medicaid managed care. Mandy Cohen, MD, Secretary, North Carolina Department of Health and Human Services, detailed the state's efforts to transition to a Medicaid managed care model. Other topics included the need for more data to evaluate how Medicaid is addressing social determinants of health, and political and financial levers state administrators have at their disposal to drive innovation. Other speakers included Stephanie Bates, Deputy Commissioner, Kentucky Department for Medicaid Services; Jami Snyder, Director, Arizona Health Care Cost Containment System; and Doug Elwell, Medicaid Director, Illinois Department of Healthcare and Family Services.

Medicaid Managed Care Keynote

"The Growing Role of Medicaid Managed Care in Serving the Nation's Most Vulnerable"

Paul Tufano, Chairman, CEO, AmeriHealth Caritas, addressed the growing role managed care organizations play in not only managing care for the nation's most vulnerable citizens, but also in recognizing and improving the social and environmental determinants of health. There is a need, he said to integrate the physical, behavioral, pharmaceutical and environmental into a "next generation model of care" that seeks to approach healthcare more holistically. Tufano outlined AmeriHealth Caritas' integrated healthcare innovations in Medicaid, including the establishment of local wellness centers, which provide information on nutrition, housing, transportation and employment opportunities. Tufano also discussed the need for government support to invest Medicaid dollars in ways that reinforce a holistic approach to healthcare.

Medicaid Managed Care Keynote Q&A

"Delivering on the Promise of Medicaid Managed Care"

Leading health plans executives discussed the lack of efficiency in the state processes for procuring Medicaid managed care plans. For example, speakers addressed the need for greater clarity in the scoring process, which could lead to significant savings associated with legal protests; more transparency and certainty in RFP release dates and changes in award and procurement timings; and the need for setting page limits in plan responses. Other topics included increasing demands to ensure quality while controlling costs, the incorporation of social determinants of health into care plans, and the differences between traditional Medicaid and expansion populations. Speakers included Patrick Sturdivant, President, Amerigroup Texas, Anthem, Inc.; Heidi Garwood, President, Medicaid, Health Care Services Corporation; Deb Bacon, Regional Vice President, West/Other Region, Aetna Medicaid; Joanne McFall, Market President, Keystone First Health Plan; and Dennis Mouras, CEO, UnitedHealthcare Community Plan of Michigan.

Luncheon Speaker

"Substance Abuse Treatment and the Opioid Crisis: A New Way Forward"

Leading addiction experts discussed existing political, economic and social barriers to successful opioid addiction treatment and new ways states, providers and health plans can address substance abuse. Corey Waller, MD, Principal, HMA, identified the stigma associated with opioid addiction treatment and the lack of investment in behavioral health services aimed at addressing addiction. Carole Johnson, Commissioner, New Jersey Department of Human Services, outlined state initiatives to address social determinants of health, behavioral health and addiction treatment. Johnson identified the opportunities and challenges of serving members where they are, calling for a move away from discretionary spending and towards more enduring programs. "We need to deliver a clear and consistent message to change the hearts and minds about addiction," Johnson stated, adding that there is a need to "integrate addiction treatment for all addictions, not just opioids."

Breakout Session

"Breakthroughs in Addressing SDOH"

Speakers during this panel discussed how state Medicaid programs, health plans and providers are progressively working together to identify and define social needs and implement innovative strategies to address social determinants of health, including food security, housing, education and interpersonal violence. Panelists outlined the strategic developments as well as programmatic challenges in the delivery and financing of services aimed at addressing social determinants of health. Betsey Tilson, MD, State Health Director, Chief Medical Officer, North Carolina Department of Health and Human Services, outlined her state's pilot program that utilized a 1115 waiver to provide evidence-based interventions to integrate and finance non-medical services into the delivery of healthcare. Kevin Moore, Vice President, Policy – Health & Human Services, UnitedHealthcare Community & State, demonstrated how his health plan used standardized social determinants of health screenings data to effectively identify patient risk and allocate social services towards members with the highest risk. Other topics included the importance of payer-provider partnerships in the delivery of social determinants of health services. "The ability to successfully address social barriers is dependent on a robust and healthy community-based organization infrastructure," Moore stated. Other speakers included Brad Lucas, MD, Senior Medical Director, Buckeye Health Plan; and Sharon Raggio, President, CEO, Mind Springs Health.

Breakout Session

"Medicaid Expansion and Other Efforts to Expand Healthcare Coverage"

Speakers discussed how the decision to expand or not expand Medicaid has affected their states and systems of care. Key themes that emerged were lessons learned from previous expansions, regional differences in Medicaid expansion, and how increased flexibility in federal requirements could potentially influence non-expansion states. An 1115 waiver allowed Cook County to expand prior to the official January 2014 federal law trigger, giving Illinois an opportunity to test the program and understand cost differentials that were not previously considered, such as hospital outpatient, behavioral health, and long-term care expenditures. In Georgia, a recent election triggered a new discussion on expansion. The state will now think through how a recent decision by CMS to reject Utah's waiver for a partial expansion affects their path. Speakers also discussed the burden of uncompensated care on safety net hospitals where Medicaid expansion could greatly improve access to care and relieve frustration from providers and patients. Speakers included Fred Cerise, MD, President, CEO, Parkland Health & Hospital System; Theresa Eagleson, Director, Illinois Department of Healthcare and Family Services; Jimmy Lewis, CEO HomeTown Health, LLC; and Dennis Smith, Senior Advisor, Medicaid and Health Care Reform, Arkansas Department of Human Services.

Breakout Session

"Innovations in Managing Drug Spending – Value-Based Purchasing"

Speakers discussed some of the most innovative concepts and initiatives in the intersection of value-based purchasing (VBP) and drug spending. In Oklahoma, Medicaid nearly 43 percent of total pharmacy expenditures went to less than 1 percent of claims for medications costing more than $1,000. Speakers looked at various VBP models to tackle this problem, including when a fee-for-service model delivers a better return on investment. Speakers included John Coster, Director of Division of Pharmacy Center for Medicaid and CHIP Services, CMS; Terry Cothran, Director of Pharmacy Management Consultants, University of Oklahoma College of Pharmacy; Josh Fredell, Senior Director of Specialty Product Development, CVS Health; and Darren Moore, Senior Director of Value and Market Access, Melinta Therapeutics.

Investor Breakout Session

"Innovative Delivery Models in Medicaid-Focused Healthcare Services"

During this breakout session, executives from private-equity backed companies discussed innovative delivery models within growing market segments such as applied behavior analysis (ABA) for individuals with autism, long-term services and supports, nutrition support services, high quality behavioral health care delivered in school settings, and health plan provider network development and monitoring. Panelists discussed the need to address fragmentation in their industries by creating strong community bonds and acquiring smaller firms that provide similar services. Several panelists noted the importance of investing in their employees through activities like advocating for better wages and supporting continued professional training and development. Another key theme was providing value through new technology and tools that monitor quality and patient improvements as well as assist health plans in pricing services or complying with regulations. Speakers included Keith Jones, President & CEO, Blue Sprig Pediatrics; Mark Lashley,

CEO, Caregiver, Inc.; Cari Lee, VP, Government Affairs, Quest Analytics; Timothy Murphy, CEO, The Stepping Stones Group; and Nestor Plana, Chairman, CEO, Independent Living Systems. The panel was moderated by Whit Knier, Director, Harris Williams Healthcare & Life Sciences Group.

Breakout Session

"Successful Models and Variations in Behavioral Health Integration"

Leading medical and behavioral health experts addressed innovative approaches and significant hurdles to behavioral health integration, highlighting a variety of solutions implemented by both payers and providers to integrate behavioral and physical health care. A key theme surrounded the importance of shifting away from standalone behavioral health centers towards a more integrated primary care space. Elise Pomerance, MD, Senior Medical Director, Practice Transformation, Inland Empire Health Plan, discussed her plan's successes in complex care integration through various workforce development initiatives, such as motivational interview training, practice coaching, team-based care webinars, and discipline-specific training. Pomerance also spoke to the challenges associated with caseload management, behavioral health clinician recruitment and retention, as well as software development for the purposes of timely data acquisition. Other speakers included Deepu George, Assistant Professor of Family Medicine, Division Chief – Behavioral Medicine, Department of Family & Preventive Medicine, UTHealth; and Deborah Weidner, MD, Vice President, Safety and Quality, Behavioral Health Network, Hartford HealthCare.

Breakout Session

"What's Next for Foster Care: Preparing for Dramatic Changes"

Speakers during this session discussed the Family First Prevention Services Act (FFPSA), which will allow states to use Title IV-E funding to support the prevention of foster care placement. This shift in funding and a new focus on prevention and expanded intervention will significantly change delivery models at state and local agencies. Speakers highlighted the programs in place in Maryland and New Jersey and how their agencies are reacting to FFPSA. Key themes that emerged were the stringent requirements outlined in FFPSA for using evidence-based programs and how agencies are going to navigate and coordinate with their Medicaid agencies to finance their foster care programs. Speakers included Christine Beyer, Commissioner, NJ Department of Children and Families; Alyssa Brown, Deputy Director, Innovation, Research, and Development, Office of Health Care Financing, MD Department of Health; Rebecca Jones Gaston, Executive Director, Social Services Administration, MD Department of Human Services; and Tracy Wareing Evans, Executive Director, American Public Human Services Association.

Breakout Session

"Lessons of Medicaid Work Requirements, Premiums, and Other Forms of Community Engagement"

In this session, speakers discussed the Indiana and Arkansas work requirements and other community engagement requirements. Specifically, speakers spoke about strategies to engage patients and stressed how important it is to educate the patients and providers. Anthem, for example, used webinars, state-sponsored workshops, hospital meetings, mailings, and outreach to FQHCs to educate providers. Speakers noted that the best vehicles for outreach can vary depending on the age and limitations of the individual member. Speakers also discussed lessons learned from these early community engagement initiatives and provided success stories in helping members achieve self-sufficiency. Speakers included Natalie Angel, Healthy Indiana Plan Director, Indiana Office of Medicaid Policy and Planning; Jean Caster, HIP Program Director, Anthem Indiana Medicaid; and Ray Hanley, President and CEO of AFMC.

Investor Breakout Session

"Virtual Patient Interaction: The Future is Now"

Executives from private-equity backed digital health companies discussed the growing momentum of telehealth, with an emphasis on how new technologies are enhancing the patient-provider relationship and improving care. Outdated regulations were identified by the panelists as obstacles to implementation, for example, preventing providers from sending text messages, a preferred method of contact especially across low income populations. Panelists discussed the importance of designing and adapting products based on feedback from the patients and providers. Panelists included Abner Mason, CEO, ConsejoSano; Steve Sidel, Founder & CEO, Mindoula Health; and Neil Solomon, MD, Co-founder, Chief Medical Officer, MedZed. The panel was moderated by Marshall Jackson, Jr., Associate, McDermott Will & Emory LLP.

Keynote Address

"The Growing Role of Medicare Advantage and the Future of Medicare"

Jonathan Blum, Managing Principal, HMA; former CMS Deputy Administrator for Medicare, addressed the growing role of Medicare Advantage in serving Medicare beneficiaries. Medicare Advantage now serves more than 21 million members, he said, or about a third of all Medicare beneficiaries. While Medicare Advantage enrollment has steadily increased, Blum noted, the rate of growth has slowed. Meanwhile, market share of health plans serving beneficiaries is steadily consolidating. He described Medicare as the largest public value-based purchasing system in the federal government because of its star ratings system. Blum noted that 4+ star plans receive a 5 percent bonus payment from Medicare, which translates to lower premiums, better benefits, higher enrollment and more physician engagement. The effect is that higher rated plans tend to increase their market advantage over low-rated plans, which in turn spiral downward. Blum also addressed the opportunities in the market for serving dual eligibles.

Keynote Q&A Session

"Managed Care Models for Dual Eligible Medicaid-Medicare Beneficiaries"

Speakers discussed how health plans and providers are developing integrated models that can effectively serve the more than 12 million Americans nationwide dually eligible for Medicare and Medicaid. One key theme centered on the need for solutions that address the fragmented and uncoordinated systems serving this population. Lois Simon, EVP, Policy and Programs, Seniorlink, indicated a need for fully integrated plans that address all social determinants of health when enrolling a member. Simon noted the importance of integration on the front-end for the member: e.g., one support number to call, one identification card, one book to consult, and culturally competent and meaningful plan materials. Other topics included the future of financial alignment demonstrations, capturing and applying member feedback in the delivery of care, and next steps in making care coordination less complicated. Other speakers included Matthew Behrens, Integrated Care Policy Supervisor, Virginia Department of Medical Assistance Services; Jack Dailey, HCA Coordinator, Director of Policy and Training, Consumer Center for Health Education and Advocacy, Legal Aid Society of San Diego, Inc.; and Allison Rizer, Vice President, Strategy and Health Policy – Medicare/Medicaid Integration, UnitedHealthcare Community & State.

Keynote Address

"What's Next for Provider-Led Medicaid Managed Care"

Mitchell Katz, MD, President and CEO, NYC Health + Hospitals, addressed the growing role and significance of providers in Medicaid managed care. Katz shared his experiences not only as a practicing physician but also as head of the largest public healthcare system in the country. Katz noted that "Providers know what's best for patients," he said, adding that "it's the obligation of providers to tell health plans what the patients need." He described prior authorizations as a form of cost containment that ironically can result in higher costs.

Keynote Q&A Session

"Innovative Care Delivery Models for High-Cost, High-Acuity Patients"

Speakers discussed their approaches to complex coordinated care for the nation's sickest and most vulnerable individuals. Alan Cohen, CEO, AbsoluteCARE Inc., outlined his company's integrated comprehensive approach, which assigns members primary care physicians, case managers and social and behavioral health providers – a model that has decreased emergency room visits and inpatient admissions. Sarita Mohanty, MD, Vice President, Care Coordination, Kaiser Permanente, also identified the benefits of a holistic approach to coordinated care, striving to bridge clinical care with behavioral health integration and social health needs. Other speakers included Rebecca Kavoussi, President, West, Landmark Health.

HMA Medicaid Roundup

California

California Health Care Services Director Resigns. *The Los Angeles Times* reported on September 10, 2019, that Jennifer Kent, director of the California Department of Health Care Services, has resigned effective September 30. The announcement comes after Kent criticized anti-vaccine activists. Read More

L.A. Care Health Plan, Blue Shield-California to Jointly Operate 14 Community Resource Centers. *Modern Healthcare* reported on September 4, 2019, that L.A. Care Health Plan and Blue Shield of California Promise Health Plan will jointly operate 14 new and existing community resource centers throughout Los Angeles county. The two organizations will invest $73 million each over five years to fund the effort. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

Florida State Senator Introduces Resolution to Put Medicaid Expansion Back onto 2020 Ballot. *The Center Square* reported on September 6, 2019, that Florida State Senator Annette Taddeo (D-Miami) has submitted a resolution requesting the Legislature to ask voters to consider a constitutional amendment to expand Medicaid. This comes a month after a Florida political action committee announced its plan to delay a ballot initiative to expand Medicaid to 2022. The proposed amendment would need 766,200 signatures by February 1, 2020, to get on November's ballot, and would require the state's Agency for Health Care Administration to submit an expansion plan to Governor Ron DeSantis by April 1, 2020. Read More

Hospital Received $412 Million in Improper Federal Medicaid Payments, OIG Says. *Sayfie Review* reported on September 4, 2019, that Jackson Memorial Hospital in Miami, FL, received $412 million in improper federal Medicaid payments between 2010 and 2014, according to an audit by the U.S. Office of Inspector General. The audit recommended that the state of Florida establish procedures for the hospital to return the funds. Read More

Georgia

Georgia Providers Oppose Centene, WellCare Merger in Letter to Regulators. *The Center Square* reported on September 10, 2019, that Georgia physicians and pharmacists said in a letter to state regulators that they oppose the proposed merger of Medicaid managed care plans WellCare and Centene. The Medical Association of Georgia, Georgia Pharmacy Association, and Georgia Society of Clinical Oncology sent the letter to state insurance commissioner John King, whose office will decide next month whether or not to approve a merger. Read More

Illinois

Illinois Spent $4.6 Million Covering Deceased Medicaid Beneficiaries, Federal Audit Finds. *Modern Healthcare* reported on September 5, 2019, that the Illinois Medicaid managed care organizations received $4.6 million in capitated payments for deceased Medicaid beneficiaries from October 2015 through September 2017, according to an audit by the Office of the Inspector General (OIG). Similar issues have been identified in California, Ohio, and Florida. The OIG recommends that the state repay $3.2 million to the federal government, which is the federal share of the total payments, and that the state ensure death dates are added to the Medicaid information system. Read More

Iowa

Iowa Announces New Department of Human Services Director. *Iowa Public Radio* reported on September 5, 2019, that Iowa Governor Kim Reynolds has named Kelly Kennedy Garcia director of the state's Department of Human Services, effective November 1. Garcia comes to the position from the Texas Health and Human Services Commission where she served as deputy executive commissioner. Read More

Kentucky

Kentucky Lawmakers Are Frustrated by Passport Health Plan. *Louisville Business First* reported on September 9, 2019, that state lawmakers expressed frustration after Passport Health Plan chief executive Scott Bowers did not appear before a legislative Medicaid Oversight and Advisory Committee, which was seeking an update on the plan's financial condition. State Senator Stephen Meredith (R-Leitchfield), who co-chairs the committee, said Bowers told him by phone that the company couldn't appear because it was in a "blackout period" related to bids on a new Medicaid managed care contracts. Read More

Louisiana

Louisiana Extends DXC Medicaid Payment Processing Contract for Another Year. *The Wichita Eagle* reported on September 10, 2019, that Louisiana lawmakers agreed to a one-year extension for DXC Technology's contract to process Medicaid payments for the state. It is the sixth time the contract has been extended without putting the work out for bid. Read More

Michigan

Medicaid Work Requirements May Impact 270,000 Beneficiaries. *The Detroit Free Press* reported on September 7, 2019, that Michigan Medicaid work requirements could impact more than 270,000 individuals, or about 42 percent of Healthy Michigan Plan members. Pending legislation could alleviate some reporting and administrative burdens associated with the work rule. Read More

Mississippi

Mental Health System Is Discriminatory, Judge Rules. *The New York Times* reported on September 4, 2019, that a federal judge will appoint a special master to oversee changes in the Mississippi mental health system, after ruling that the state was unlawfully segregating patients in state-run hospitals. U.S. District Judge Carlton Reeves said the state was lacking in home and community-based services provided by psychiatrists, nurses and other specialists. Read More

Missouri

Missouri Advocates Launch Campaign For Medicaid Expansion Ballot Initiative. *The Hill* reported on September 4, 2019, that Missouri advocates have launched a campaign for a Medicaid expansion ballot initiative in 2020. The campaign needs to secure at least 172,000 signatures to get the initiative on the ballot. Expansion would cover more than 200,000 individuals. Read More

Nevada

Nevada Returns to a State-Run Exchange Website After Five Years. *Modern Healthcare/The Associated Press* reported on September 5, 2019, that Nevada is preparing to return to a state-run Exchange website after relying on the federal Healthcare.gov website for five years. The state previously contracted with Xerox to develop a state-run insurance exchange but switched to the U.S. government-run site in 2014 after it was plagued with technical problems. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Receives $1 Million Grant to Monitor Elder Abuse. On September 10, 2019, the New Jersey Department of Human Services announced that it has received a federal grant of $1.05 million from the Administration for Community Living to improve reporting and tracking of elder abuse, exploitation and neglect. The three-year grant will be administered by the Division of Aging Services to build a statewide database for Adult Protective Services (APS) provider network of health care professionals, law enforcement officers, firefighters, paramedics and emergency medical technicians. The grant will enable the State to consolidate databases maintained by APS agencies across 21 counties to better identify, track and assess outcomes for elder abuse, neglect and exploitation.

Ohio

Ohio Specialty Drug Prices Increase, Lead to Lift in Bottom Line for PBMs. *The Columbus Dispatch* reported on September 8, 2019, that starting in 2020, the Ohio Medicaid program will require that specialty drug prescriptions cannot be limited to pharmacies tied to pharmacy benefits managers (PBMs) and must be made available to any pharmacy that can fill the prescription at the same or lower cost. Medicaid Director Maureen Corcoran says, "We'll be expecting them to basically not have a single or a sole relationship with a specialty pharmacy, that we're expecting that to be a more open network." The requirement comes after price hikes to specialty drugs that were spurred by new restrictions to PBMs' method of spread pricing, which refers to the difference between what these multibillion-dollar corporations were receiving from the state and the lesser amount they were paying pharmacies. Read More

Mallinckrodt Reaches $30 Million Opioid Settlement with Two Ohio Counties. *The Washington Post* reported on September 6, 2019, that Mallinckrodt Pharmaceuticals has reached a $30 million opioid settlement with Cuyahoga and Summit counties in Ohio. The generic opioid manufacturer will pay $24 million in cash and donate $6 million in drugs. Read More

Oklahoma

Oklahoma Work Group Considers Medicaid Managed Care Program. *Public Radio Tulsa* reported on September 6, 2019, that a legislative work group formed in part to consider Medicaid expansion in Oklahoma has spent considerable time studying the development of a Medicaid managed care program. Oklahoma lawmakers are expected to consider expansion in 2020, and advocates are separately gathering signatures for a ballot measure Read More

Pennsylania

HMA Roundup – Julie George (Email Julie)

Pennsylvania to Receive Over $75 Million in Additional Federal Funding for Opioid Crisis. The Pennsylvania Department and Drug and Alcohol Programs (DDAP) will receive almost $56 million over the next three years to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities. DDAP will use the funding to continue progress of the housing initiative and loan repayment program, as well as provide adequate funding to counties throughout the commonwealth in support of departmental goals of reducing stigma, intensifying prevention, strengthening treatment systems, and empowering sustained recovery. Additionally, the Department of Health received a federal grant for more than $8.4 million from the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). The funding is to support the state in its drug-related overdose surveillance work to get high quality, comprehensive and timely data on overdose-related morbidity and mortality, and to use that data to assist in prevention and intervention efforts. Read More

Pennsylvania Publishes Amendment to ODP Adult Autism Waiver. The Pennsylvania Department of Human Services, Office of Developmental Programs released its proposed amendments to the Adult Autism Waiver for public review and comment. The proposed amendments, to be effective October 1, include adding non-medical transportation and changes to provider qualifications and service definitions for employment-related services. The department will hold a webinar to receive comments on September 16, 2019. Read More

Texas

Texas Receives Federal Approval to Delay EVV Start Date. On September 11, 2019, the Texas Health and Human Services Commission (HHSC) announced that it has received federal approval to delay the scheduled January 2020 start date for Medicaid electronic visit verification (EVV) for certain personal care services. The state already requires EVV more about 90 percent of personal care services. The delay impacts the remaining 10 percent.

National

7 States Join Collaborative to Address Disparities in Maternal, Child Health Care. *NJBIZ* reported on September 10, 2019, that the Advancing Health Equity: Leading Care, Payment, and Systems Transformation program has selected seven states to jointly design and implement integrated care delivery and payment reforms to address racial disparities in Medicaid maternal and child health care. The two-year collaborative, which launches in October, includes Delaware, Illinois, Maine, New Jersey, Pennsylvania, Tennessee, and Washington. The program was founded by the University of Chicago, is funded by the Robert Wood Johnson Foundation, and will be conducted in partnership with the Institute for Medicaid Innovation and the Center for Health Care Strategies. Read More

Uninsured Rates Rise for the First Time in 10 Years, Census Bureau Says. *Kaiser Health News* reported on September 10, 2019, that the U.S. uninsured rate increased for the first time in 10 years, rising from 7.9 percent in 2017 to 8.5 percent in 2018, according to the U.S. Census Bureau. Many who lost coverage were non-citizens, Census said, adding that the uninsured rate continued to vary by poverty status and whether or not a state expanded its Medicaid program. Read More

Medicaid Expansion Increases ED Usage, New Report Finds. *Modern Healthcare* reported on September 5, 2019, that newly eligible Medicaid expansion beneficiaries visited hospitals 20 percent more than they did before they received coverage, according to a new study released by the Brookings Institution. The study found that Medicaid expansion has spurred an uptick in the number of Medicaid patients who use hospital emergency departments for non-urgent conditions. Read More

CMS Issues Final Rule Aimed at Preventing Fraud in Medicare, Medicaid, CHIP. The Centers for Medicare & Medicaid Services (CMS) issued a final rule on September 5, 2019, aimed at preventing fraud in Medicare, Medicaid, and the Children's Health Insurance Program. The Program Integrity Enhancements to the Provider Enrollment Process rule allows CMS to revoke individuals and organizations that are a fraud risk based on their affiliations with other previously revoked organizations. The rule also allows CMS to revoke organizations for attempting to come back into the program under a different name, submitting bills from non-compliant locations, abusive ordering of drugs, and outstanding debt from an overpayment. Read More

ACA Tax to Cost Health Plans $15.5 Billion in 2020, IRS Says. *Modern Healthcare* reported on September 4, 2019, that the resumption of the Affordable Care Act insurance tax will cost health plans $15.5 billion in 2020, according to the Internal Revenue Service (IRS). The tax was suspended in 2019; however, it is scheduled to resume in 2020 unless Congress intervenes. Congress is considering legislation to suspend the tax through 2021. Read More

Trump Administration to Award $2 Billion In Grants to Fight Opioid Crisis. *The Associated Press* reported on September 4, 2019, that the Trump Administration will award nearly 2 billion in grants to help states and local governments fight the opioid crisis. About half will come from the Substance Abuse Mental Health Services Administration, and half will come from the Centers for Disease Control's new overdose tracking program. Read More

Pelosi to Unveil Bill Allowing Federal Government to Negotiate Medicare Drug Prices. *The Washington Post* reported on September 9, 2019, that House Speaker Nancy Pelosi is expected to release a bill that would allow the government to negotiate prices for 250 of the most costly pharmaceuticals for Medicare. The legislation calls for use of an international pricing index for negotiations and limits on price increases. The bill includes penalties for drug companies that refuse to negotiate. Read More

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

Purdue Pharma Agrees to Tentative Settlement of Opioid Lawsuits. *The New York Times* reported on September 11, 2019, that OxyContin maker Purdue Pharma has reached a tentative settlement to more than 2,000 opioid lawsuits, a deal that includes the company filing for Chapter 11 bankruptcy. Purdue will become a new company that will continue to sell OxyContin, with the proceeds going to a public trust that will pay the plaintiffs. The Sackler family, which owns Purdue, will pay $3 billion in cash over seven years. The settlement does not include a statement of wrongdoing. 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

- Idaho Dual Eligible Enrollment at 17,953, Aug-19 Data
- New Mexico Medicaid Managed Care Enrollment is Up 0.6%, Aug-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Sep-19 Data
- South Dakota Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Wisconsin Medicaid Managed Care Enrollment is Up 1.2%, Jul-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Skilled Nursing Facility Case Mix Based Payment Methodology Technical Assistance RFP, Sep-19
- DC Medicaid Managed Care RFP, Proposals, Contracts, Evaluations and Related Documents, 2018-19
- Kentucky Medicaid Consultant Services RFP, Sep-19
- Minnesota Targeted Opioid Treatment, Prevention and Recovery Services RFP, Sep-19
- Rhode Island Medicaid RIte Smiles Program LOI, Awards, and Proposals, 2014
- Utah Salt Lake County Behavioral Health Services Contract, Jul-16
- West Virginia Managed Care for Children and Youth in Foster Care RFP and Proposals, 2019
- Wyoming Care Management Entity (CME) for Medicaid Children RFP, Sep-19

Medicaid Program Reports, Data and Updates:

- California Managed Care Advisory Group Meeting Materials, Sep-19
- California Medicaid Value-based Payment (VBP) Program Documents, Jul-19
- California Medi-Cal Managed Care External Quality Review Reports, 2013-18
- Illinois Medicaid Advisory Committee Meeting Materials, May-19
- Kentucky Draft Strategy for Assessing and Improving the Quality of Medicaid Managed Care Services, Jul-19
- Kentucky Medicaid Oversight and Advisory Committee Meeting Materials, Aug-19
- Michigan Medicaid Health Plan External Quality Review Reports, 2014-18
- North Carolina Medicaid Managed Care Transformation Update Presentation, Sep-19
- Oklahoma Medical Advisory Meeting Materials, Sep-19
- Tennessee Medicaid Managed Care Capitation Rates, CY 2019
- Texas Policy Council for Children and Families Recommendations for Improving Services for Children with Disabilities Report, 2018
- Virginia Commonwealth Coordinated Care Plus Data Books and Capitation Rates, 2016-19
- Virginia Medicaid Expansion Enrollment Dashboard, Aug-19

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

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