HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

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THIS WEEK

IN FOCUS

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT UPDATE

This week, our *In Focus* section reviews publicly available data on enrollment in capitated financial and administrative alignment demonstrations ("Duals Demonstrations") for beneficiaries dually eligible for Medicare and Medicaid (duals) in nine states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas. Each of these states has begun either voluntary or passive enrollment of duals into fully integrated plans providing both Medicaid and Medicare benefits ("Medicare-Medicaid Plans,"

or "MMPs") under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP. As of August 2018, nearly 369,000 duals were enrolled in an MMP. Enrollment dropped by 6.7 percent from August of the previous year after Virginia's dual demonstration ended in December.

Note on Enrollment Data

Six of the nine states (California, Illinois, Massachusetts, Michigan, New York, and South Carolina) report monthly on enrollment in their Dual Demonstration plans, although there is occasionally a lag in the published data. Other states publish intermittent enrollment reports. Massachusetts and South Carolina did not have August 2018 enrollment available, so July 2018 was used.

Duals Demonstration plan enrollment is also provided in the CMS Medicare Advantage monthly enrollment reports, which are published around the middle of each month. In the table below, we provide the most current state-reported data, with CMS data supplementing where needed. Historically, we have seen minor inconsistencies between state-reported data and the CMS enrollment report, likely due to discrepancies in the timing of reports.

Dual Demonstration Enrollment Overview

As of August 2018, nearly 369,000 dual eligibles were enrolled in a demonstration plan across the nine states below. Since August 2017, enrollment in Dual Demonstrations across all states was down 26,570, a 6.7 percent year-over-year decrease. Much of this is attributed to Virginia ending its Dual Demonstration program December 31, 2017. Virginia's program experienced steady declines in enrollment over the six months prior to the close of the program. The remaining members were transitioned to the state's new managed long-term services and supports program in 2018.

Dual Eligible Financial Alignment Demonstration Enrollment by State, March 2018 to August 2018

State	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
California	111,993	110,975	111,225	111,403	111,387	111,549
Illinois	51,699	54,605	54,315	52,685	52,987	54,132
Massachusetts	18,629	20,244	20,297	20,261	20,930	20,930
Michigan	38,562	37,798	39,021	38,327	37,518	37,103
New York	4,037	3,969	3,927	3,895	3,858	3,797
New York - IDD	796	818	888	941	1,013	1,048
Ohio	75,153	74,342	74,274	74,812	74,454	74,556
Rhode Island	13,559	13,441	13,286	13,250	13,126	13,063
South Carolina	11,397	11,337	11,284	11,340	11,186	11,186
Texas	44,099	44,017	42,923	41,707	41,240	41,368
Total Duals Demo Enrollment	**369,924**	**371,546**	**371,440**	**368,621**	**367,699**	**368,732**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data
Massachusetts and South Carolina August 2018 enrollment was not available. July 2018 enrollment was used for the current month.

So far, enrollment in these nine states represents nearly 32 percent of the potential enrollment of more than 1.25 million across all ten capitated demonstration states. Participation rates range from a low of less than 3 percent in New York to more than 65 percent in Ohio.

Dual Eligible Financial Alignment Demonstration Enrollment Timing; Current and Potential Enrollment - As of August 2018					
	Opt-In Enrollment Date	First Passive Enrollment Date	Current Enrollment	Potential Enrollment	% Enrolled (Full Potential)
California	4/1/2014	5/1/2014	111,549	350,000	31.9%
Illinois	4/1/2014	6/1/2014	54,132	136,000	39.8%
Massachusetts	10/1/2013	1/1/2014	20,930	100,300	20.9%
Michigan	3/1/2015	5/1/2015	37,103	100,000	37.1%
New York	1/1/2015	4/1/2015	3,797	124,000	3.1%
New York - IDD	4/1/2016	No Passive	1,048	20,000	5.2%
Ohio	5/1/2014	1/1/2015	74,556	114,000	65.4%
Rhode Island	7/1/2016	10/1/2016	13,126	25,400	51.7%
South Carolina	2/1/2015	4/1/2016	11,186	56,600	19.8%
Texas	3/1/2015	4/1/2015	41,368	168,000	24.6%
Total (All States)			**400,626**	**1,254,200**	**31.9%**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Massachusetts and South Carolina enrollment as of July 2018.

Dual Demonstration Enrollment by Health Plan

As of August 2018, nearly half (47.7 percent) of all duals in the demonstrations are enrolled in a publicly traded MMP. This is down slightly from 48.8 percent in March 2018. Molina and Centene are the largest in terms of enrollment with more than 53,000 and 47,000 demonstration enrollees, respectively.

Dual Eligible Financial Alignment Demonstration Enrollment by Publicly Traded Health Plan, March 2018 to August 2018						
Health Plan	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Molina	55,117	54,462	54,016	53,805	53,303	53,298
Centene	48,592	48,401	48,196	47,408	47,052	47,073
Aetna	29,954	30,266	30,782	30,116	30,109	30,140
United	20,204	20,022	19,754	19,594	19,400	19,453
Anthem	16,816	16,791	16,472	16,107	15,972	15,902
Humana	7,713	8,401	8,156	7,858	7,686	7,896
CIGNA/HealthSpring	2,104	2,093	2,033	1,979	1,979	2,006
Total Publicly Traded Plans	**180,500**	**180,436**	**179,409**	**176,867**	**175,501**	**175,768**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Among non-publicly traded health plans, Inland Empire in California is the largest, with over 25,000 members, making it the fourth largest MMP nationwide. Blue Cross Blue Shield of Illinois (Illinois), CareSource (Ohio), Commonwealth Care Alliance (Massachusetts), LA Care (California), CalOptima (California), Neighborhood Health Plan (Rhode Island), and Meridian (Illinois and Michigan) all have more than 10,000 enrolled members as of August 2018. Enrollment by non-publicly traded health plans for the past six months is detailed below.

Dual Eligible Financial Alignment Demonstration Enrollment by Local/Other Plans, March 2018 to August 2018

Health Plan	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Inland Empire (CA)	24,599	24,459	24,646	24,872	25,091	25,344
BCBS of Illinois (HCSC) (IL)	18,674	19,369	19,574	19,461	19,584	19,921
CareSource (OH)	18,537	18,434	18,478	18,574	18,554	18,573
Commonwealth Care Alliance (MA)	15,835	17,481	17,577	17,593	18,310	18,310
LA Care (CA)	14,979	14,936	15,022	15,189	15,309	15,450
CalOptima (CA)	14,617	14,527	14,533	14,535	14,409	14,386
Neighborhood Health Plan (RI)	13,559	13,441	13,286	13,250	13,126	13,063
Meridian Health Plan (IL, MI)	12,892	13,351	13,176	12,817	12,762	12,960
CareAdvantage (CA)	9,010	8,914	8,951	8,926	8,940	8,921
AmeriHealth Caritas (MI, SC)	8,376	8,240	8,389	8,289	8,098	8,043
Santa Clara Family Health Plan (CA)	7,100	7,037	7,087	7,147	7,170	7,222
CommuniCare Advantage (CA)	5,602	5,643	5,716	5,766	5,785	5,820
Care 1st (CA)	5,356	5,272	5,231	5,206	5,171	5,146
HAP Midwest Health Plan (MI)	4,889	4,768	4,950	4,848	4,733	4,718
Upper Peninsula Health Plan (MI)	4,275	4,249	4,453	4,371	4,284	4,256
CareMore (CA)	3,497	3,439	3,427	3,406	3,381	3,366
Tufts (MA)	2,794	2,763	2,720	2,668	2,620	2,620
VNS Choice (NY)	1,414	1,386	1,357	1,342	1,321	1,278
Partners Health Plan - IDD (NY)	796	818	888	941	1,013	1,048
HealthFirst (NY)	1,018	1,015	1,011	1,007	1,002	998
Elderplan (NY)	485	474	464	462	455	449
GuildNet (NY)	441	435	435	427	430	417
AgeWell New York (NY)	254	245	241	243	245	249
MetroPlus Health Plan (NY)	207	199	200	202	206	209
Senior Whole Health (NY)	142	142	148	146	136	131
Centers Plan for Healthy Living (NY)	34	31	29	28	28	25
Village Senior Services Corp. (NY)	21	21	22	20	19	23
Elderserve Health (NY)	21	21	20	18	16	18
Total Local/Other Plans	**189,424**	**191,110**	**192,031**	**191,754**	**192,198**	**192,964**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

HMA Medicaid Roundup

Arkansas

Medicaid Work Requirements Result in 4,600 Losing Coverage. *KEYT* reported on September 6, 2018, that 4,600 Arkansas Medicaid beneficiaries have lost coverage as a result of work requirements that took effect in June. Those affected are mainly non-disabled adults age 30 to 40 who do not have dependent children and failed to report at least 80 hours per month of work or volunteer service. Read More

California

Governor Signs Bill Allowing State Regulators to Veto Proposed Health Plan Mergers. *Modern Healthcare* reported on September 10, 2018, that California Governor Jerry Brown signed a bill that would allow the state Department of Managed Health Care (DMHC) to veto health plan mergers deemed detrimental to competition. Plans looking to merge would have to obtain permission from DMHC, hold public hearings, and outline the potential impact on network adequacy, access to care, and claims processing. Read More

Iowa

Medicaid Seeks Further Increases in Funding. *The Gazette* reported on September 11, 2018, that the Iowa Medicaid program is seeking budget increases of $76 million in fiscal 2020 and $69 million in fiscal 2021. Michael Randol, director of Iowa Medicaid Enterprises, which oversees Medicaid and the Children's Health Insurance Program in the state, made the budget request at a meeting of the Iowa Council of Human Services. Randol pointed to changes in federal matching rates and a better understanding of costs based on prior year data. Read More

Maryland

Maryland Charges Insys Therapeutics with Deceptive Opioid Marketing Practices. *ABC News/The Associated Press* reported on September 6, 2018, that Maryland filed charges against Arizona-based Insys Therapeutics for improperly marketing the opioid spray Subsys to individuals who did not medically require the medication. Subsys is intended for adult cancer patients in uncontrollable pain. According to Maryland Attorney General Brian Frosh, about 90 percent of the prescriptions written for Subsys were unnecessary and involved the company approving tens of thousands of dollars to induce providers into prescribing Subsys. Frosh said the company sold about 3,000 Subsys prescriptions in Maryland, generating about $20 million in revenues. Read More

Massachusetts

Massachusetts Releases Duals Demo 2.0 RFI. On September 5, 2018, Massachusetts released a request for information (RFI) regarding the state's proposed Duals Demonstration 2.0, which covers the One Care program for individuals under age 65 and the Senior Care Options (SCO) program for those over age 65. Responses are due September 24, 2018. Under the proposal, the state expects to achieve statewide coverage for eligible One Care and SCO members. The state would also move from voluntary to passive enrollment and adopt a fixed enrollment period. MassHealth, the state's Medicaid program, is expected release a request for proposals for One Care, with coverage effective January 2020; and for SCO, with coverage effective January 2021. SCO is a Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs). Read More

Michigan

Michigan Seeks Federal Approval for Medicaid Work Requirements. *The Hill* reported on September 10, 2018, that Michigan is seeking federal approval for Medicaid work requirements for the state's expansion population, effective 2020. The bill would require beneficiaries aged 19 to 62 to report 80 hours of work, volunteering, or job training monthly. The Trump administration has already approved Medicaid work requirements in Arkansas, Indiana, New Hampshire and Kentucky. Read More

Montana

Montana Health Co-op Wins Lawsuit Over Unpaid CSR Payments. *Modern Healthcare* reported on September 5, 2018, that a U.S. Court of Federal Claims judge ruled in favor of Montana Health Co-op in a case against the federal government over $5.3 million in unpaid cost-sharing reduction (CSR) payments. The Centers for Medicare & Medicaid Services (CMS) had been making CSR payments since 2014, but ended the payments in 2017. The judge ruled that the government was in violation of Affordable Care Act by not making the payments. Several other lawsuits related to CSR payments await court decision. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Expects to See 9.3 Percent Decline in Exchange Plan Premium Rates in 2019. *The Inquirer* reported on September 7, 2018, that Affordable Care Act Exchange plan rates are expected to drop an average of 9.3 percent in New Jersey in 2019, down considerably from the 5.8 percent average increase requested by plans earlier in the year. New Jersey Governor Phil Murphy said the improvement can be attributed to a state-approve individual insurance mandate and a reinsurance program enacted this year. The New Jersey Department of Banking and Insurance projected that without these two measures, requested rate increases for next year would have been 12.6 percent. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York City Cracks Down on Home Care Agency Violations. *Home Health Care News* reports that New York City's Department of Consumer Affairs (DCA) has conducted a year-long investigation into home care agencies' compliance with labor laws and regulations, particularly New York City's Paid Safe and Sick Leave Law, which went into effect in April 2014. The investigation involved 42 home care agencies that combined employ more than 50,000 workers, representing about 1/3 of all home care workers in New York City. DCA found widespread denials of sick leave requests and workplace-wide restrictions regarding its use. The investigation also looked into compensation and wage parity complaints, highlighting "significant evidence" of minimum wage and overtime violations. As a result of the investigation, the Department of Consumer Affairs reported it has already settled 21 cases, yielding almost $43,000 in restitution for workers and upwards of $23,000 in fines. Additionally, DCA referred 13 agencies to the state departments of Health and Labor as well as the Office of the Medicaid Inspector General for further investigation when it comes to wage parity. Read More

FPHNYC Announces Funding Opportunity for Community Based Organizations Serving Behavioral Health Clients. The Fund for Public Health in New York City, in collaboration with the New York City Department of Health and Mental Hygiene, has announced an opportunity for Community-Based Organizations (CBOs) to obtain funding to improve their readiness for value-based payment (VBP). The project is intended to support CBOs serving clients with mental health and/or substance use disorders who currently address social determinants of health. The two main goals are to increase the CBOs VBP knowledge and readiness and measure the impact of their services. Another goal is to increase each CBO's long-term sustainability and potential value within a VBP agreement by concurrently working towards incorporation of behavioral health practices and partnerships as part of their routine work. The RFP indicates that up to ten CBOs will be selected for funding and participation in this project, with direct funding of $35,000 as well as access to technical assistance. Responses to the RFP are due October 10; awards are expected by late October 2018. Read More

New York Finds One Third of Residents Are on Medicaid, Other Publicly Funded Health Care Programs. *Democrat and Chronicle/USA Today* reported on September 5, 2018, that about 7 million – or more than one third – of New York state residents are on Medicaid or similar publicly funded health care programs, according to a report from comptroller Thomas DiNapoli. New York has about 6.2 million Medicaid members alone, with federal funding covering 54 percent of the cost. Read More

South Carolina

South Carolina Seeks Federal Approval to Bar Providers Who Perform Abortions from Medicaid Network. *The Hill* reported on September 7, 2018, that South Carolina has joined Texas and Tennessee in seeking federal approval to bar health care providers who perform abortions from Medicaid networks. If approved, Medicaid beneficiaries would not be covered for any type of care provided by an organization like Planned Parenthood, including birth control, HIV testing, or cancer screening. Medicaid is already barred from using federal funds to cover abortions; however, abortion opponents argue that any funds going to an organization like Planned Parenthood indirectly supports abortion. The public comment period for the South Carolina request ends October 7. Earlier this year, a U.S. District Court judge temporarily blocked an executive order from South Carolina Governor Henry McMaster to cut abortion providers from Medicaid, pending a lawsuit challenging the order. Read More

Tennessee

Tennessee Rereleases Pharmacy Claims Processing System RFP. On September 4, 2018, Tennessee rereleased a request for proposals (RFP) for a pharmacy claims processing system for the state's TennCare Medicaid program, CoverRx pharmacy assistance program, and CoverKids Children's Health Insurance Program. The claims processing system would include prospective drug utilization review, retrospective drug utilization review, reporting, and adjudication functionality. Proposals are due November 13, 2018, with awards expected to be announced November 30, 2018, for a January 1, 2020, launch. Read More

Utah

Ballot Initiative to Expand Medicaid Is Gaining Support. *The New York Times* reported on September 9, 2018, that a Utah Medicaid expansion ballot initiative is gaining momentum, with polls suggesting that 60 percent of residents favor the measure. If approved by voters on November 6, the initiative would require the state to expand Medicaid to more than 150,000 adults with annual incomes of up to 138 percent of the federal poverty level. Read More

National

Medicaid Work Requirements Would Result in Narrow Savings, Analysis Suggests. *MedPage Today* reported on September 10, 2018, that nationwide implementation of Medicaid work requirements would result in a 2.8 percent decline in membership and less than one percent in savings, according to analysis of data from the 2015 Medical Expenditure Panel Survey. The analysis, published this month in the Journal of the American Medical Association, found savings could be larger if exempt enrollees lost coverage because they were unable to comply with documentation requirements. However, the study notes that "these savings would likely come at substantial cost in terms of human health." Read More

ACA Exchange Plan Premiums to Rise 3.6% in 2019, Analysis Shows. *U.S. News/The Associated Press* reported on September 7, 2018, that premiums for health plans offered on the Affordable Care Act insurance Exchanges are expected to increase an average of just 3.6 percent across 47 states in 2019, according to an analysis by *The Associated Press* and Avalere Health. Rates were up about 30 percent in 2018. The analysis also found that health insurers are reentering the Exchange market or offering more choice. The analysis is based on a combination of proposed and finalized rates, with the federal government expected to release complete final figures this fall. Read More

DOJ Is Expected to Approve CVS-Aetna, Cigna-Express Scripts Mergers. *The Wall Street Journal* reported on September 5, 2018, that the U.S. Department of Justice (DOJ) is expected to approve the merger of CVS Health and Aetna as well as that of Cigna and Express Scripts in the next few weeks. The DOJ will require CVS and Aetna to sell off assets related to Medicare drug coverage. Read More

Arizona, Hawaii to Release Joint RFP for EVV Vendor. The Arizona Health Care Cost Containment System and the Hawaii Medicaid program (Med-QUEST) announced that they will jointly release a request for proposals in September 2018 for an electronic visit verification (EVV) vendor to implement and operate a single EVV system for the two states. An award is expected to be announced in April 2019, with implementation scheduled for October 2019. Read More

INDUSTRY NEWS

AmeriHealth Caritas Announces Agreement with the Advancing NC Whole Health Coalition for Medicaid Transformation in North Carolina. AmeriHealth Caritas, a national leader in Medicaid managed care and other health care solutions for those most in need, announced it has signed a letter of agreement with the three individual members of the Advancing NC Whole Health Coalition to develop integrated care solutions for North Carolina Medicaid enrollees under the state's Medicaid Transformation plan. The Advancing NC Whole Health Coalition is a partnership of three high-performing North Carolina local management entities/ managed care organizations — Alliance Behavioral Healthcare, Trillium Health Resources, and Vaya Health. Read More

Care Advantage Announces Acquisition of Direct Home Health Care. Care Advantage, Inc., a portfolio company of BelHealth Investment Partners, announced on September 10, 2018, the acquisition of Direct Home Health Care. Direct Home is an in-home, personal care services provider that serves Medicaid beneficiaries in Portsmouth and Newport News, Virginia. Most Direct Home patients are cared for by family members, a new line of business for Care Advantage. Financial terms of the transaction were not disclosed. Read More

HCA Healthcare Names Sam Hazen CEO; Thomas Frist Is Expected to Be Appointed Chairman. HCA Healthcare announced on September 10, 2018, that it has named Sam Hazen chief executive effective December 31, 2018. Hazan is currently HCA's president and chief operating officer. Thomas Frist, a current board member, is expected to be appointed chairman. Hazan and Frist will replace current chairman and chief executive Milton Johnson, who will retire after 36 years with the company. Read More

Bon Secours Health System, Mercy Health of Ohio Complete Merger. *The Baltimore Sun* reported on September 5, 2018, that Bon Secours Health System and Mercy Health of Ohio have completed their merger, creating one of the country's largest Catholic health systems. The new Cincinnati-based system, Bon Secours Mercy Health, includes 43 hospitals in Maryland, Florida, Kentucky, New York, South Carolina, Ohio and Virginia; and 50 home health, hospice agencies, and skilled nursing and assisted living facilities. John Starcher, Mercy Health President and CEO, will lead the new system. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
September 13, 2018	Washington DC	Proposals Due	~200,000
October 1, 2018	Alabama ICN (MLTSS)	Implementation	25,000
October 1, 2018	Arizona Complete Care	Implementation	1,600,000
October 1, 2018	Virginia Medallion 4.0 - Northern/Winchester	Implementation	178,416
October 12, 2018	New Hampshire	Proposals Due	181,380
October 12, 2018	North Carolina	Proposals Due	1,500,000
November 1, 2018	Virginia Medallion 4.0 - Charlottesville/Western	Implementation	88,486
November 1, 2018	Puerto Rico	Implementation	~1,300,000
December 1, 2018	Virginia Medallion 4.0 - Roanoke/Alleghany	Implementation	72,827
December 1, 2018	Virginia Medallion 4.0 - Southwest	Implementation	46,558
December 1, 2018	Florida Statewide Medicaid Managed Care (SMMC) Regions 9, 10, 11	Implementation	3,100,000 (all regions)
January 1, 2019	Kansas KanCare	Implementation	380,000
January 1, 2019	Wisconsin LTC (Milwaukee and Dane Counties)	Implementation	~1,600
January 1, 2019	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2019 Start	~1,600,000
January 1, 2019	Florida Children's Medical Services	Contract Start	50,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (SE Zone)	145,000
January 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 5, 6, 7, 8	Implementation	3,100,000 (all regions)
January 1, 2019	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	181,380
January 1, 2019	Minnesota Special Needs BasicCare	Contract Implementation	53,000 in Program; RFP Covers Subset
January 24, 2019	Texas STAR and CHIP	Contract Start	3,400,000
February 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 1, 2, 3, 4	Implementation	3,100,000 (all regions)
February 4, 2019	North Carolina	Contract Awards	1,500,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
January 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	TBD
January 1, 2020	Florida Healthy Kids	Implementation	212,500
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000

HMA News

HMA Conference to Feature Session on the Role of Value-Based Payments in Fostering Medicaid Delivery System Reform

The annual HMA conference on *The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers, and States*, October 1-2, 2018, at The Palmer House in Chicago, will feature a session on how value-based payments can be used to foster Medicaid delivery-system reform.

Speakers will include **Mandy Cohen, M.D.**, secretary of the North Carolina Department of Health and Human Services; **James Sinkoff**, deputy executive officer of HRHCare Community Health; **Emily Stewart**, vice president of policy at the Planned Parenthood Federation of America; and **Lisa Trumble**, senior vice president of accountable care performance at Cambridge Health Alliance.

Nearly 400 attendees have already registered for this year's conference. Visit the conference website for complete details: https://conference.healthmanagement.com/ or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- Arizona AHCCCS Population Demographics, Sep-18 Data
- Arizona Medicaid Managed Care Enrollment is Down 2.1%, Sep-18 Data
- California Dental Managed Care Performance Measures, 2017
- Colorado Children's Health Plan Plus Caseload by County, 2014-17
- Florida Medicaid Managed Care Enrollment is Flat, Aug-18 Data
- Illinois Medicaid Managed Care Enrollment is Up 19.5%, Aug-18 Data
- New Mexico Medicaid Managed Care Enrollment is Down 1.3%, Aug-18 Data
- Pennsylvania Medicaid Managed Care Enrollment is Flat, Jul-18 Data
- Washington Medicaid Managed Care Enrollment is Down 1.7%, Jul-18 Data
- West Virginia Medicaid Managed Care Enrollment is Down 3.2%, Sep-18 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Medicaid Information Technology Architecture (MITA) State Self-Assessment Solution (SS-A) RFP, Sep-18
- Arizona AHCCCS Contract Amendments, 2018
- Arizona AHCCCS External Quality Review Organization (EQRO) RFP, Sep-18
- Colorado Hospital Discharges Total 438,462, 2017 Data
- District of Columbia Medicaid Provider Fee Schedule, 2017
- Florida Healthy Kids Medical Services and Coverage ITN, Related Documents, Aug-18

- Florida Statewide Medicaid Managed Care Re-procurement ITN Awards, Data Book, Detailed Scoring, Proposals, Protests and Related Documents, 2017-18
- Florida Statewide Medicaid Managed Care Model Contract, Aug-18
- Iowa Medicaid Electronic Visit Verification (EVV) RFI, Sep-18
- Louisiana Medicaid Inpatient Hospital Per Diem Rates, 2012-18 Data
- North Carolina Prepaid Health Plan Services RFP and Related Documents, Aug-18
- North Dakota Medicaid Provider Fee Schedules, 2018
- Oklahoma SoonerRide Non-Emergency Transportation (NET) RFP, Issued March 29, 2018
- Virginia Commonwealth Coordinated Care Plus MLTSS MCO Contracts, 2017-18
- Washington Asset Verification System Contract Details, Aug-18
- Wisconsin Medicaid Enterprise Project Management Office (E-PMO) RFI, Sep-18
- West Virginia MCO Model Contract, SFY 2019

Medicaid Program Reports, Data and Updates:

- Arizona, Hawaii Electronic Visit Verification (EVV) System Model Design and Timeline, 2018
- California Medi-Cal May 2018 Local Assistance Estimate for Fiscal Years 2017-18 and 2018-19
- Colorado Department of Health Care Policy and Financing Reports on ACC to Joint Budget Committee, 2014-17
- Florida Medicaid Managed Care HEDIS Scores, 2012-16
- Hawaii QUEST Integration Section 1115 CMS Quarterly Report, 3Q18
- Illinois Integrated Health Homes Program Implementation Resources, Aug-18
- Rhode Island Medicaid Managed Care Program Annual External Quality Review Technical Reports, 2015-16
- Utah Medical Care Advisory Committee Meeting Materials, Aug-18
- Vermont Blueprint for Health Annual Report, 2017

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- RFP calendar

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