HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

September 16, 2020

RFP CALENDAR

HMA News

Edited by:
Greg Nersessian, CFA
Email

Carl Mercurio
Email

Alona Nenko
Email

Mary Goddeeris, MA
Email

Lissete Diaz
Email

Scott Silberberg
Email

THIS WEEK

IN FOCUS

MISSOURI PHARMACY AND CLINICAL SERVICES MANAGEMENT SOLUTION RFI; KENTUCKY PHARMACY BENEFIT MANAGER RFP

This week, our *In Focus* sections reviews the Missouri HealthNet Pharmacy and Clinical Services Management Solution request for information (RFI) and the Kentucky Medicaid Managed Care Organization (MCO) Pharmacy Benefit Manager request for proposals (RFP).

Missouri RFI

On August 28, 2020, the Missouri Department of Social Services, HealthNet Division (MHD) released an RFI seeking information for a possible procurement of a Pharmacy and Clinical Services Management Solution for MO HealthNet, the state's Medicaid program. HealthNet uses both managed care and fee-for-service (FFS) delivery models, with two-thirds of the population in managed care. However, pharmacy services are carved out entirely to FFS, so 85 percent of all Rx transactions will be FFS. The vendor will need to serve the needs of Medicaid enrolless in both FFS and managed care. HealthNet currently serves nearly 876,000 individuals, with over 313,000 claims processed daily, 99 percent of which are submitted electronically. Missouri HealthNet expenditures total $7.9 billion annually.

Missouri currently contracts with Conduent for the maintenance, operation, and development of the Clinical Management and System for Pharmacy Claims and Prior Authorization (CMSP) in addition to a clinical data mart for CMSP Ad Hoc Reporting. The current Missouri Medicaid Management Information Systems (MMIS) Fiscal Agent (FA) is Wipro Infocrossing, Inc., which is responsible for the development, operation, and maintenance of the primary MMIS, the Decision Support System (DSS), and reporting solutions such as Ad Hoc Reporting and Management and Administrative Reporting Subsystem (MARS). Both contracts expire on September 30, 2021.

The Pharmacy and Clinical Services Management Solution, part of the Medicaid Enterprise Systems (MES), will support the administration of the HealthNet program by helping manage the Missouri Medicaid Enterprise (MME) programs, provide services to program participants, and support the Medicaid healthcare service providers. Examples of services that this solution would provide include:

- Increased automation of Medicaid business processes
- Systems to reduce development time for functionality and business process modifications required to support Medicaid program changes
- Continuation of pharmacy and clinical services, including operation of call centers; development, operation, and support of the Pharmacy and Clinical Services Management System; hosting services; privacy and security management services; professional review services to support prior authorization of participant services; data entry; and project management services
- Support multiple payers and benefit packages designed for multiple individual eligibility groups
- Meeting the needs of the MME for the next decade with a modern, scalable, configurable, and customizable technical architecture
- A robust provider web portal, web services, and network connection options that allow Medicaid healthcare service providers to submit and manage pharmaceutical claims and service authorization requests and access necessary participant and provider information in an automated fashion
- Support for case management and coordination of care business functions within the MME

- Support for administration of the Home and Community-Based Services program including management of level of care assessments

Following the RFI, Missouri may choose the vendors to demonstrate their solutions. The proposed demonstrations are scheduled for November 2020.

The state is also working towards replacing the existing MMIS modules including the core claims processing system. Thus far, the state has committed to:

- Procuring an Enrollment Broker and Premium Collections solution and services. RFP responses are currently being evaluated
- Participating in a National Association of State Procurement Officers (NASPO) project to develop a master agreement for Third Party Liability (TPL) services
- Participating in a NASPO project to develop a master agreement for a core MMIS claims processing and financial solution; RFP responses are currently being evaluated.
- Procuring Health Information Network (HIN) services; RFP responses are currently being evaluated.
- Implementing a Program Integrity Solution to replace the existing Fraud and Abuse Detection System (FADS) and Surveillance and Utilization Review System (SURS) and to add a Program Integrity case management system
- Implementing a Business Intelligence Solution – Enterprise Data Warehouse (BIS-EDW) to replace the existing MMIS data warehouse and data analytics tools
- Evaluating options for purchase of a Provider Enrollment Solution
- Conducting extensive information gathering sessions to document business requirements related to key Medicaid business functions including claims processing, prior authorization, financial management and reporting, and drug rebate

Link to Missouri RFI

Kentucky RFP

The Kentucky Cabinet for Health and Family Services (CHFS) Department for Medicaid Services (DMS) released its MCO Pharmacy Benefit Manager (PBM) RFP on August 14, 2020. Proposals are due October 6, 2020. DMS will award a single vendor to serve as the PBM for the entire Medicaid Managed Care Program. The award and contract date for a single, statewide MCO PBM will occur no later than December 31, 2020, with a planned operational, go-live date no later than July 1, 2021. The vendor will contract with each Medicaid MCO separately and receive pharmacy reimbursement directly from the MCOs. In return, the PBM will:

- Process claims and administer payments to Kentucky Medicaid pharmacy providers
- Apply the Kentucky Medicaid preferred drug list (PDL) and benefit design

- Adjudicate prior authorization (PA) requests using DMS-established criteria
- Adjudicate first level PA appeals
- Conduct Retrospective Drug Utilization Review (RetroDUR) activities
- Provide Kentucky Medicaid pharmacy Provider and Beneficiary customer service
- Perform pharmacy network auditing
- Prepare and submit reports to DMS and contracted MCOs
- Provide DMS and MCOs with real-time unredacted access to the contractor's claims processing and online reporting systems

Magellan Rx Management currently holds the contract for FFS PBM, with options through December 31, 2021. It will continue to process FFS pharmacy claims, unrelated to this procurement.

Kentucky's Medicaid and CHIP programs serve a total of 1.4 million beneficiaries, with 120,000 Aged, Blind or Disabled (ABD) and Long Term Care (LTC) members in FFS. The remaining 1.3 million members are served by Aetna, Anthem, Centene/WellCare, Humana, and Passport. New contracts were awarded in May 2020 to Aetna, Centene/WellCare, Humana, Molina, and UnitedHealthcare, which will be effective January 1, 2021, prior to the go-live date of the single MCO PBM. MCO pharmacy services are currently provided by the health plans and DMS.

In 2019, a total of 55.6 million Rx claims were paid by the five MCOs, with nearly 4,700 pharmacies enrolled with DMS.

Evaluation

The proposals will be scored on a maximum total of 1,000 points.

Criteria	Maximum Points Possible
Technical Proposal	600
Cost Proposal	300
Oral Demonstrations/Presentations, if required	100
Maximum Points Possible	**1,000**

Any proposals that scoreless than 360 points on the technical evaluation will not be considered.

Technical Proposal Evalutation	
Technical Response Section	Maximum Points Possible
Description of Capabilities	60
System and Claims Administration	120
Benefit Administration and Utilization Management	120
Staffing	60
Design Development and Implementation	120
Project Management	20
Pharmacy Network and Audits	5
Payment to Pharmacies and Remittance Advices	10
Provider and Beneficiary Support	25
Reporting and Quality Assurance	25
Disaster Recovery and Business Continuity Plan	25
Transition/Turnover Plan	5
Value Added Services	5
Maximum Points Possible	**600**

The bidder with the lowest total cost will receive 300 points for the cost proposal.

Cost Proposal Evaluation	
Criteria	Maximum Points Possible
Cost Proposal	**300**

Oral demonstrations/presentations, if required by the state, are worth 100 points.

Oral Demonstration/Presentation Evaluation	
Criteria	Maximum Points Possible
This is the opportunity for the vendor to present and demonstrate the solution and to answer questions or to clarify the understanding of the evaluation committee in accordance with the requirements of this RFP. The Commonwealth reserves the right to reject any or all proposals in whole or in part based on the oral presentations/demonstrations. If required, the top two to three highest ranking vendors may be invited. Scheduling will be at the discretion of the Commonwealth. The Commonwealth reserves the right not require oral presentations/demonstrations if they do not affect the final rankings.	**100**

Link to Kentucky RFP

HMA Medicaid Roundup

California

California to Release Medi-Cal Managed Care RFP in Late 2021. The California Department of Health and Human Services hosted a Medi-Cal managed care procurement request for information (RFI) webinar on September 10, 2020, where it released an updated procurement timeline for its Medi-Cal request for proposals (RFP), noting that the state will likely release its request for RFP in late 2021 for implementation in January 2024. Proposals are scheduled to be due in late 2021 to early 2022 with awards expected early 2022 to mid 2022. Responses to the RFI, which was released early September, are due October 1.

Florida

Florida Rolls Back COVID-19 Testing Requirements for Long-Term Care Staff. *Health News Florida* reported on September 16, 2020, that Florida Governor Ron DeSantis announced that the state is closing 23 nursing facilities and eliminating state-supported every-other-week COVID-19 testing of workers in nursing facilities following the lift of a five-month ban on visitors at long-term care facilities. The Florida Agency for Health Care Administration also announced it eliminated testing requirements for nursing facility staff following the agency's decision to cancel a contract with Curative, a company providing COVID-19 tests to long-term care facilities. Read More

Louisiana

Lousiana, Adaptation Health Announce Virtual Showcase Presenters for Medicaid Innovation Challenge. The Louisiana Department of Health (LDH) in partnership with Adaptation Health announced on September 14, 2020, the lineup for the Louisiana Medicaid Innovation Challenge, a virtual showcase aimed at identifying market-ready solutions to engage Medicaid members through the appropriate use of technology. The showcase is part of the state's request for information (RFI), and will feature companies who will share their solutions to address Medicaid member health disparities and improve communication and engagement. Companies invited to present include: Accenture, ConsejoSano, Memora Health, mPulse Mobile, NovuHealth and Revel Health. The virtual showcase will be held on September 25 and is open for attendance with registration. Read More

Massachusetts

Massachusetts Nursing Home Package to Include Up to $140 Million in Investments, Restructured Medicaid Rates. *WBUR/State House News Service* reported on September 11, 2020, that the Massachusetts Department of Health and Human Services' new nursing home package will include up to $140 million in investments, including $82 million for MassHealth Medicaid rate restructuring. The Nursing Facility Accountability and Supports Package 2.0 will supplement changes announced in April to hold facilities to higher standards of care and infection control. The package also features oversight and monitoring measures and up to $60 million in COVID-19 funding. Read More

Nevada

Nevada Medicaid Enrollment Increases by 87,000. *The Washington Post* reported on September 14, 2020, that Medicaid enrollment in Nevada hit 731,000 in August, an increase of about 87,000 since February, before the start of the COVID-19 pandemic. Nevada is moving forward with Medicaid budget cuts, including a 6 percent across-the-board Medicaid rate cuts, which is expected to save the state about $53 million. Read More

New Jersey

New Jersey Bill to Transition Medicaid Pharmacy Services to FFS Passes Senate Health Committee. A New Jersey Senate bill to transition Medicaid pharmacy services from managed care to fee-for-service (FFS) passed the Senate Health, Human Services and Senior Citizens Committee and has been referred to the Senate Budget and Appropriations Committee. Senate bill 887 introduced by Senate President and Democratic Majority Leader, Stephen Sweeney (D-Gloucester), earlier this year would require the Department of Human Services and Division of Medical Assistance and Health Services procure a pharmacy benefit manager by July 1, 2021, to administer all Medicaid prescription drug services. Currently 96 percent of New Jersey Medicaid enrollees receive their pharmacy benefits from a managed care organization. Entitled the "Medicaid Prescription Drug Quality, Cost, and Transparency Act" it seeks to leverage purchasing strategies that would introduce cost efficiencies while improving health management, safety, and outcomes. Read More

New Jersey MCO, Health Systems To Form New Medicare Advantage Plan. *ROI-NJ* reported on September 14, 2020, that Horizon Blue Cross Blue Shield of New Jersey along with the state's two largest health networks, Hackensack Meridian Health (HMH) and RWJBarnabas Health, are forming a new Medicare Advantage plan. Braven Health will be jointly operated by Horizon and HMH, and will be headed by former senior vice president of Peerfit, Luisa Charbonneau. Braven Health will initially serve beneficiaries in eight of the state's twenty one counties: Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic and Union. The partnership with RWJBarnabas still awaits approval by the New Jersey Department of Banking & Insurance. Read More

North Carolina

North Carolina Voters Support Medicaid Expansion, Poll Finds. *North Carolina Health News* reported on September 10, 2020, that nearly 80 percent of voters surveyed in North Carolina supported Medicaid expansion, according to a poll sponsored by advocacy group Care4Carolina and conducted by Harper Polling. The majority of respondents of every political stripe supported expansion, including 60 percent of those identifying as "very conservative." Due to the pandemic, expansion could cover anywhere from 400,000 to 600,000 individuals. Read More

North Dakota

North Dakota to Release Medicaid Expansion Managed Care RFP in October. Based on information provided by the North Dakota Department of Human Services, a request for proposals (RFP) for the re-procurement of the state's Medicaid expansion managed care contract is expected to be released in October 2020. Sanford Health currently holds the contract, which is scheduled to expire in 2021. We will provide more information on the RFP as it becomes available.

National

CMS Releases Medicaid, CHIP Data Files in Continued Effort to Promote Transparency. On September 16, 2020, the Centers for Medicare & Medicaid Services (CMS) released its Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF), comprised of Medicaid and Children's Health Insurance Plan (CHIP) data files for calendar years 2017 and 2018. Files released include data on enrollment, demographics, service utilization and payments. Read More

Number of Uninsured U.S. Residents Increased in 2019, Census Report Shows. *The Associated Press* reported on September 15, 2020, that the number of people without health insurance increased to 29.6 million in 2019, up from 28.6 million in 2018, according to a report by the U.S. Census Bureau. The percentage of Hispanics without health insurance grew from 17.9 percent in 2018 to 18.7 percent in 2019, the largest increase of any ethnic group. The spike, which occurred before the COVID-19 pandemic, was primarily due to a decrease in the number of people covered by Medicaid. Read More

CMS Withdraws Medicaid Fiscal Accountability Regulation Rule. *Modern Healthcare* reported on September 14, 2020, that Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma announced the withdrawal of the federal Medicaid Fiscal Accountability Regulation (MFAR) rule. Designed to overhaul federal supplemental payment programs for a range of Medicaid providers, the rule would have cut up to $49 billion in Medicaid funds. Government and healthcare organizations welcomed the rule's withdrawal, citing concerns about what the rule would do to states' abilities to finance their share of Medicaid during the COVID-19 pandemic. Read More

CMS Issues Guidance on Value-Based Care Arrangements in Medicaid. The Centers for Medicare & Medicaid Services (CMS) issued on September 15, 2020, guidance to state Medicaid directors on advancing the adoption of value-based care payment arrangements and aligning provider incentives across payers. The guidance encourages state efforts to ensure Medicaid remains financially sustainable and to drive care transformation through value-driven reimbursement models. In a letter to state Medicaid directors, CMS describes pathways states can take towards adopting value-based care models in Medicaid, including considerations over multi-payer participation, delivery system readiness, stakeholder engagement, and the scope of financial risk to providers. Read More

Trump Signs Executive Order Tying Medicare Drug Costs to Those Abroad. *Politico* reported on September 13, 2020, that President Trump signed an executive order to benchmark certain Medicare drug payments to the lower prices that the drugs sell for abroad in order to reduce Medicare drug costs. The "most-favored-nation price" plan will draw from the lowest price among members of the Organization for Economic Cooperation and Development that have a similar per-capita gross domestic product. The pharmaceutical industry and conservative lobbying groups oppose the plan, calling it a foreign price control scheme. Read More

Hospitals Urge HHS to Intervene in Drug Manufacturer 340B Drug Discount Policies. *Modern Healthcare* reported on September 10, 2020, that more than 1,100 hospitals across the country participating in the 340B drug discount program are calling on the U.S. Department of Health and Human Services (HHS) to prevent drugmakers from restricting drug discounts provided to patients through contract pharmacies. In a letter to HHS Secretary Alex Azar, the hospitals argue that the drugmakers' actions to "deny access to 340B pricing are clear violations of the 340B statute." Contract pharmacies have grown from fewer than 1,300 locations in January 2010 to nearly 28,000 in July 2020. Read More

Senate Democrats Block Stripped Down GOP COVID-19 Relief Legislation. *The Hill* reported on September 10, 2020, that Senate Democrats blocked a stripped down GOP COVID-19 relief bill, likely stalling relief discussions until after the November election. The bill would have included a $300 per week federal unemployment benefit, another round of Paycheck Protection Program (PPP) funding, money for testing and schools, and liability protections against COVID-related lawsuits. Read More

CMS Chief Spent $3.5 Million in Taxpayer Money on Communication Consultants, Report Says. *Politico* reported on September 10, 2020, that Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), spent more than $3.5 million in taxpayer money on a range of expensive GOP-connected consultants, according to an investigation conducted by Democrats across four congressional committees. The consultants carried out various tasks including writing speeches, posting on Twitter, brokering meetings, and providing connections to Congressmen. The report also revealed that Verma repeatedly sought ways to cover the cost of her extensive reliance on outside communications consultants when announcing the Trump administration's Medicaid work requirements policy. Read More

Industry News

Providers Eye Shift to Value-Based Care Due to COVID-19, UHG CEO Says. *Fierce Healthcare* reported on September 11, 2020, that David Wichmann, chief executive at UnitedHealth Group (UHG), and Laura Kaiser, president and chief executive of St. Louis-based health system SSM Health, have seen a surge of interest among providers to shift toward value-based care now that COVID-19 provider relief funds from the CARES Act have dissipated. The drop in revenue from Medicare fee-for-service has renewed interest in value-based care models, but Wichmann also notes that the transition is expensive, time-intensive, and dependent on a number of factors. Read More

Private Equity Investments in Healthcare Slows in Second Quarter. *Modern Healthcare* reported on September 11, 2020, that private equity investments in healthcare decreased in the second quarter of 2020, totaling $8.5 billion compared to $24.2 billion in the second quarter of 2019, according to a report by PitchBook. The pandemic has led to an increase in private investments in public equity (PIPE) deals and also impacted private equity exits, with U.S. private equity firms having closed 392 exits valued at a combined $134.8 billion. Read More

Centene to Expand Individual ACA Exchange Footprint for 2021. Centene announced on September 11, 2020, that it is expanding its individual Exchange footprint to nearly 400 new counties in 13 states where it currently operates. The insurer also plans to offer products in two new states, Michigan and New Mexico, bringing the total number of states with Centene's marketplace offerings to 22. The states in which Centene currently sells Exchange plans are Arizona, Arkansas, California, Florida, Georgia, Illinois, Indiana, Kansas, Mississippi, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Washington. Read More

Cigna to Expand Individual ACA Exchange Footprint for 2021. *Modern Healthcare* reported on September 9, 2020, that Cigna is expanding its individual Exchange footprint to 79 new counties in the 10 states it currently operates. The states in which Cigna sells Exchange plans are Arizona, Colorado, Florida, Illinois, Kansas, Missouri, North Carolina, Tennessee, Utah, and Virginia. UnitedHealthcare and Oscar have also announced intentions to expand in the Exchanges. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
October 1, 2020	Washington DC	Implementation	224,000
October 2020	North Dakota Expansion	RFP Release	19,500
Fall 2020	Oklahoma	RFP Release	800,000
Late 2021	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	RFP Release	1,640,000
Late 2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
Late 2021	California Imperial	RFP Release	75,000
Late 2021	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	286,000
Late 2021	California San Benito	RFP Release	7,600
January 2021	Nevada	RFP Release	465,000
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
January 1, 2021	Washington Integrated Managed Care (Expanded Access)	Implementation	*NA*
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
Early 2022 – Mid 2022	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Awards	1,640,000
Early 2022 – Mid 2022	California GMC - Sacramento, San Diego	Awards	1,091,000
Early 2022 – Mid 2022	California Imperial	Awards	75,000
Early 2022 – Mid 2022	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Awards	286,000
Early 2022 – Mid 2022	California San Benito	Awards	7,600
January 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600

COMPANY ANNOUNCEMENTS

Insurity Strengthens Predictive Analytics Claims Solutions with ODG by MCG Partnership

MCG White Paper: Homelessness and Hospitalizations

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Iowa Medicaid Managed Care Enrollment is Up 8.8%, Sep-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 19.1%, Aug-20 Data
- Louisiana Medicaid Managed Care Enrollment is Up 8.9%, Aug-20 Data
- New Mexico Medicaid Managed Care Enrollment is Up 7.5%, Aug-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 10.6%, Aug-20 Data
- South Carolina Dual Demo Enrollment is Up 13.1%, Jul-20 Data
- Tennessee Medicaid Managed Care Enrollment is Up 4.7%, Aug-20 Data
- West Virginia Medicaid Managed Care Enrollment is Up 14.0%, Sep-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Medi-Cal Managed Care RFI, Updated Timeline, and Related Documents, Sep-20
- Colorado Healthcare Consulting Services DQ, Sep-20
- Missouri HealthNet Pharmacy and Clinical Services Management Solution RFI, Aug-20
- Washington Behavioral Health Administrative Service Organization (BH-ASO) RFP and Related Documents, 2018-20
- Washington Medicaid Integrated Managed Care (IMC) – Expanded Access RFP, Proposals, Award, and Related Documents, 2020

Medicaid Program Reports, Data and Updates:

- California Long-Term Services and Supports Feasibility Study, Sep-20
- California Medi-Cal Managed Care External Quality Review Reports, 2013-19
- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, Aug-20
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-19, Aug-20
- Iowa Medicaid MCO Quarterly Performance Data Reports, 2016-3Q20
- Nevada COVID-19 Fiscal Report, FY 2020-21
- Ohio Medical Care Advisory Committee Meeting Materials, 2019-20, Aug-20
- Ohio OBM Monthly Financial Reports, 2020
- Oklahoma Medical Advisory Meeting Materials, Sep-20
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Sep-20
- South Carolina Medical Care Advisory Committee Meeting Materials, Aug-20
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-19, Aug-20
- Texas HHSC Medicaid Rate Setting Reports, FY 2021
- Utah Medical Care Advisory Committee Meeting Materials, Aug-20

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

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

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

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

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