

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

..... October 9, 2019 .....



[RFP CALENDAR](#)  
[HMA News](#)

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## IN FOCUS

### UTAH RELEASES MEDICAID EXPANSION FALL BACK PLAN WAIVER AMENDMENT

This week, our *In Focus* section reviews the Utah Medicaid Section 1115 Demonstration Waiver amendment Fallback Plan, released for public comment

on September 27, 2019. The Fallback Plan would raise Utah's Medicaid expansion income limit to 138 percent of the federal poverty level (FPL)<sup>i</sup>. Voters in the state passed full Medicaid expansion through a ballot initiative in 2018, however, the state only enacted partial expansion through a waiver. The Fallback Plan looks to fully expand Medicaid, while also implementing certain provisions, including work requirements and premiums.

### Background

The Centers for Medicare & Medicaid Services (CMS) approved Utah's Medicaid expansion waiver, called the Bridge Plan, on March 29, 2019. Effective April 1, 2019, parents and adults without dependent children earning up to 100 percent of the FPL became eligible. Of the 70,000 to 90,000 individuals eligible, more than 34,000 are receiving coverage through a fee-for-service delivery system.

On July 31, 2019, Utah submitted a new Section 1115 waiver, called the Per Capita Cap Plan, which would raise eligibility to 138 percent FPL with the following provisions: work requirement, enrollment cap, up to 12-month continuous eligibility, employer-sponsored insurance enrollment, lock-out for intentional program violation provision, and a per capita cap.

If the Per Capita Cap Plan does not receive CMS approval by January 1, 2020, Utah will need to submit the Fallback Plan to CMS by March 15, 2020. However, if neither waiver is approved by July 1, 2020, the state will need to enact the full Medicaid expansion State Plan, as passed by the ballot initiative in 2018, which raises eligibility to 138 percent FPL without any of the provisions.

### Fallback Plan

Utah released the Fallback Plan amendment for public comment from September 27, 2019 through October 27, 2019. It will raise Utah's Medicaid expansion to 138 percent FPL through a 90/10 percent federal/state funding match. Currently under the Bridge Plan, the federal government pays for 70 percent, with the state paying 30 percent. The provisions that it includes are effectively similar to those in the Per Capita Cap Plan, with the exception of a per capita cap. These include:

### Currently Approved by CMS under the Bridge Plan

#### 1. Self Sufficiency Requirement/Work Requirements

The work requirements under the Fallback Plan were already approved for the current expansion program, effective January 1, 2020. Individuals will need to work 30 hours a week. Exemptions include individuals who are age 60 or older, pregnant, physically or mentally unable to work, parent/caregivers for a child under six, caregivers for a person with a disability, members of a tribe, participating in a substance use disorder treatment program, receiving unemployment, enrolled at least halftime in

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<sup>i</sup> While the Fallback Plan cites that eligibility will be increased to 133 percent FPL, other sources on the Utah Department of Health list eligibility as 138 percent FPL.

<https://medicaid.utah.gov/1115-waiver>

Please also see comparison chart:

[https://medicaid.utah.gov/Documents/pdfs/Adult%20Expansion%20Comparison%20Chart\\_FINAL.pdf](https://medicaid.utah.gov/Documents/pdfs/Adult%20Expansion%20Comparison%20Chart_FINAL.pdf)

school, in a refugee employment service, Family Employment Program (FEP) recipients, and beneficiaries exempt from SNAP/TANF employment requirements.

**2. Enrollment Limits**

Enrollment limits will remain the same as those under the current plan.

**3. Employer-Sponsored Insurance (ESI) Reimbursement**

Individuals who are eligible for the Adult Expansion demonstration group, and have access to ESI, must purchase their ESI plan. The state will then reimburse the health insurance premium.

**4. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**

The state has authority to waive EPSDT for adults age 19 and 20 years old in the Adult Expansion and Targeted Adult Populations.

**New Demonstration Waiver Requests**

**5. Income Limit Increase for Adult Expansion Eligibility**

The waiver would increase eligibility to 138 percent FPL for the Adult Expansion group.

**6. Lock-Out Due to Intentional Program Violation (IPV)**

The state would apply a six-month period of ineligibility to an individual who commits an IPV. This includes making false statements, misrepresenting facts, violating program regulations, posing as someone else, and other actions.

**7. Housing Related Services and Supports (HRSS)**

The state would provide HRSS to the targeted adult population who may be experiencing homelessness, housing, food, or transportation insecurity, or interpersonal violence and trauma. This may include tenancy support services (projected 5,000 individuals), community transition services (projected 5,000 individuals), and supportive living/housing services (projected 1,000 individuals).

**8. Not Allow Presumptive Eligibility Determined by a Hospital**

The state would not allow presumptive eligibility determined by a hospital. Instead, the state would need to complete a full determination of eligibility before enrolling the individual.

**9. Targeted Adult Medicaid Eligibility Definitions**

The state would expand its eligibility criteria definitions for the three Targeted Adult subgroups.

**10. Flexibility to Make Changes through the State Administrative Rulemaking Process**

The state would have the authority to make the following changes:

- a. Begin enrollment the first of the month after application for Adult Expansion beneficiaries with income over 100 percent FPL (prospective enrollment)
- b. Not allow retroactive eligibility for Adult Expansion beneficiaries with income over 100 percent FPL

- c. Change the benefit package for Adult Expansion and Targeted Adult demonstration groups (excluding medically frail) to the State’s non-traditional benefit package
- d. Exempt certain groups from the ESI requirement
- e. Suspend housing supports
- f. Make enrollment in an integrated plan or other managed care plan mandatory or optional for different adult expansion groups
- g. Open or suspend enrollment for each population group within Targeted Adult Medicaid

The state is also proposing to implement monthly premiums for individuals in the Adult Expansion population who have household income above 100 percent FPL. Single individuals will need to pay \$20 per month and married couples will need to pay \$30. A \$25 copayment for non-emergency use of the emergency department would also be required.

**Projected Enrollment and Expenditures**

The following tables show projected enrollment and expenditures for members included in this demonstration. Demonstration Year (DY) 18 reflects the anticipated average enrollment January 2020 through June 2020.

Enrollment	Projected Demonstration Enrollment <sup>1</sup>		
	DY 18	DY 19	DY 20
Targeted Adults	14,000	14,350	14,709
Expansion Parents up to 100% FPL	28,319	29,027	29,753
Expansion Parents above 100% FPL up to 133% FPL	9,779	10,292	10,832
Expansion Adults without Children up to 100% FPL	33,414	34,250	35,106
Expansion Adults without Children above 100% FPL up to 133% FPL	30,946	32,570	34,280
Annual Total	116,458	120,489	124,680

(1) Projected enrollment includes all members included in this demonstration amendment.

Source: Utah Department of Health

Projected Demonstration Expenditures <sup>1</sup>			
Expenditures (Total Fund)	DY 18	DY 19	DY 20
Targeted Adults	\$127,914,000	\$276,122,000	\$298,026,000
Expansion Parents up to 100% FPL	\$114,116,000	\$246,336,000	\$265,877,000
Expansion Parents above 100% FPL up to 133% FPL	\$38,541,000	\$85,430,000	\$94,680,000
Expansion Adults without Children up to 100% FPL	\$187,889,000	\$405,586,000	\$437,759,000
Expansion Adults without Children above 100% FPL up to 133% FPL	\$170,956,000	\$378,934,000	\$419,966,000
Annual Total	\$639,416,000	\$1,392,408,000	\$1,516,308,000

(1) Projected expenditures include all members included in this demonstration amendment.  
Source: Utah Department of Health

The following tables show projected enrollment and expenditures that include all additional flexibilities and cost controls requested in this demonstration.

Projected Demonstration Enrollment <sup>1</sup>			
Enrollment	DY 18	DY 19	DY 20
Targeted Adults	13,283	13,615	13,955
Expansion Parents up to 100% FPL	28,319	29,027	29,753
Expansion Parents above 100% FPL up to 133% FPL	8,841	9,306	9,794
Expansion Adults without Children up to 100% FPL	33,414	34,250	35,106
Expansion Adults without Children above 100% FPL up to 133% FPL	27,980	29,449	30,995
Annual Total	111,837	115,647	119,603

(1) Projected enrollment includes all additional flexibilities and cost controls requested in this demonstration.  
Source: Utah Department of Health

Projected Demonstration Expenditures <sup>1</sup>			
Expenditures (Total Fund)	DY 18	DY 19	DY 20
Targeted Adults	\$102,102,000	\$220,403,000	\$237,886,000
Expansion Parents up to 100% FPL	\$108,842,000	\$234,951,000	\$253,589,000
Expansion Parents above 100% FPL up to 133% FPL	\$33,201,000	\$73,592,000	\$81,561,000
Expansion Adults without Children up to 100% FPL	\$180,244,000	\$389,083,000	\$419,947,000
Expansion Adults without Children above 100% FPL up to 133% FPL	\$148,170,000	\$328,428,000	\$363,991,000
<b>Annual Total</b>	<b>\$572,559,000</b>	<b>\$1,246,457,000</b>	<b>\$1,356,974,000</b>
(1) Projected expenditures include all additional flexibilities and cost controls requested in this demonstration.			
Source: Utah Department of Health			

Utah Medicaid Section 1115 Demonstration Waiver amendment Fallback Plan



## HMA MEDICAID ROUNDUP

### *Alaska*

**Alaska Providers to Be Reimbursed for Medicaid Funding Cuts Under Settlement.** *Modern Healthcare* reported on October 3, 2019, that Alaska hospitals and other providers will be able to apply to recover Medicaid funds lost after Governor Mike Dunleavy instituted a 5 percent emergency cut in reimbursements and suspended inflationary adjustments in June. As part of a settlement of a lawsuit filed by the Alaska State Hospital and Nursing Association, providers will have to file claims to receive the funds, which represent the difference between current rates and what rates would have been if the cuts weren't instituted in June. However, substantial cuts will remain in effect for next year. [Read More](#)

### *Arizona*

**Attorney General Says Purdue Has "Sought to Undermine" Opioid Settlement Agreement.** *The Washington Post* reported on October 8, 2019, that Purdue Pharma has "sought to undermine material terms" of an agreement to settle lawsuits related to the opioid crisis, according to a court filing by Arizona Attorney General Mark Brnovich. The filing didn't provide specifics, but Brnovich is not interested in renegotiating terms, according to a spokeswoman. The settlement requires the Sackler family, which owns Purdue, to pay \$3 billion in cash over seven years. The family has stated it might not be able to make the payment if it continues to face litigation from those opposed to the settlement. [Read More](#)

**Arizona Approves Centene, WellCare Merger Agreement.** The Arizona Health Care Containment System (AHCCCS), Division of Health Care Management (DHCM), announced on October 3, 2019, that it had approved the merger of Centene Corp. and WellCare with certain provisions. The provisions include imposition of an auto-assignment cap on WellCare's Care1st Health Plan Arizona in the Central geographic service area (GSA) and an open enrollment period for Care1st Central GSA members. [Read More](#)

## Arkansas

**Arkansas Pursues Receivership for Three Skilled Nursing Facilities.** The Arkansas Department of Human Services (DHS) announced on October 3, 2019, that it filed requests in local courts for receivership of three additional privately owned nursing facilities in the state. The ownership of Lexington Place Healthcare & Rehab, Lincoln Heights Healthcare in Star City, and Prescott Manor Nursing Center has agreed to the request. Arkansas would temporarily run the facilities if receivership is approved. The state filed similar requests for receivership in September for two other two facilities: Arlington Cove Healthcare in Trumann and Deerview in Ola. [Read More](#)

## Colorado

**Colorado Issues Draft Report on State Option Exchange Plan.** The Colorado Division of Insurance and the Department of Health Care Policy & Financing jointly issued a proposal on October 7, 2019, regarding development of a state option for individuals purchasing Exchange health insurance coverage. Under the proposal, managed care organizations would administer the public option (and take financial risk), hospital reimbursement rates would be set at 175 percent to 225 percent of Medicare, and there would be an 85 percent medical loss ratio requirement. Public comments will be accepted until October 25, with the final report due to the state legislature on November 15. The public option, which was approved by the state legislature in 2019, would be available January 1, 2022. [Read More](#)

## Illinois

**Illinois Medicaid Auto-Enrollments Favor Low-Rated Plan.** *Crain's Chicago Business* reported on October 4, 2019, that a high percentage of Medicaid beneficiaries who don't select a specific health plan are auto-enrolled by the state in NextLevel Health, a managed care plan with low quality ratings. The Illinois Department of Healthcare & Family Services auto-enrolled about 35 percent of these members in NextLevel Health in July, up from 22.5 percent in April. Illinois Medicaid director Theresa Eagleson said the high auto-enrollment in NextLevel reflects the state's goal of supporting minority-owned businesses. [Read More](#)

## Iowa

**Iowa Expects to Issue RFP for Third Medicaid Managed Care Plan, Official Says.** *The Gazette* reported on October 3, 2019, that Iowa expects to issue a request for proposals (RFP) for a third Medicaid managed care plan, according to Medicaid director Michael Randol. Randol did not offer an expected release date. Current plans are Amerigroup Iowa, a subsidiary of Anthem, and Iowa Total Care, a subsidiary of Centene. UnitedHealthcare exited the program in June 2019, and AmeriHealth Caritas exited in 2017. [Read More](#)



## *Kansas*

**Medicaid Plan Mistakenly Drops Coverage for 42 Elderly, Disabled Individuals.** *KCUR* reported on October 4, 2019, that Aetna's Medicaid managed care plan in Kansas mistakenly dropped coverage for 42 individuals who are elderly or disabled, according to the state. Kansas warned the plan in July it needed to correct problems involving timely payments to providers or risk losing its contract. [Read More](#)

## *Michigan*

**Michigan Announces Plan to Carve Out Medicaid Pharmacy Benefits from Managed Care.** *Crain's Detroit Business* reported on October 3, 2019, that Michigan has announced another plan to transition outpatient Medicaid pharmacy benefits to fee-for-service by carving it out of managed care plans. The initiative, which would be effective December 1, 2019, is expected to generate state savings of \$10 million annually, according to Medicaid director Kate Massey. A similar plan announced by former state Governor Rick Snyder in 2015 was scrapped. [Read More](#)

## *Minnesota*

**Minnesota Paid Medicaid Plans \$3.7 Million For Deceased Beneficiaries, Federal Audit Finds.** *The Star Tribune* reported on October 2, 2019, that Minnesota made payments of approximately \$3.7 million to Medicaid managed care plans from 2014-16 for individuals who were deceased, an audit from the U.S. Department of Health and Human Services (HHS) Office of Inspector General shows. The improper payments represented less than 1 percent of total Medicaid payments to the plans. The audit recommends that the state repay \$3.2 million to the federal government. The errors are attributed to the early implementation of a new computer system. [Read More](#)

## *Missouri*

**House Committee Holds Medicaid Expansion Hearing.** *13 KRCG* reported on October 8, 2019, that the Missouri House Healthcare Reform Subcommittee heard testimony this week at a public hearing on Medicaid expansion. Advocates have launched a campaign for a Medicaid expansion ballot initiative in 2020. [Read More](#)

## *New Hampshire*

**New Hampshire Moves to Revamp ‘Medicaid to Schools’ Program to Meet Federal Guidelines.** *The New Hampshire Union Leader* reported on October 2, 2019, that New Hampshire is moving to revamp the state’s Medicaid to Schools program to ensure it complies with guidelines from the Centers for Medicare & Medicaid Services (CMS). Failure to comply could result in the loss of millions of dollars in federal funds. The state Department of Health and Human Services filed an emergency rule in August to make the required changes, after being notified by federal regulators of flaws in how the state was expanding the reach of the program. [Read More](#)

## *New Jersey*

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

**New Jersey Receives Over \$2.5 Million to Expand Dental Services in Community-Based Clinics.** *NJ Spotlight* reported on September 29, 2019, that six Federal Qualified Health Centers (FQHCs) will receive oral health funding as a part of an \$85 million federal grants opportunity under the New Jersey Department of Health and Human Services. Three FQHCs will receive \$300,000 each to expand dental infrastructure and programs. Another \$1.6 million will be used over four years to address oral health and nutrition at three additional FQHCs. [Read More](#)

**New Jersey Announces Plan to Invest \$8 Million in MAT in County Jails.** On September 20, 2019, Governor Phil Murphy’s administration announced an \$8 million investment in New Jersey’s prison medication-assisted treatment (MAT) program by partnering with county jails and bringing addiction treatment into the state prison system. The New Jersey Department of Human Services, the Department of Corrections, and the Department of Health will collaborate to fund MAT to justice-involved individuals with opioid addiction while in jail and post-release. The collaboration will provide pre- and post-release support services to individuals within the Department of Corrections with an opioid use or other substance use disorder with continuity of care. The initiative was announced at a New Jersey Human Services-sponsored summit on the opioid epidemic in Atlantic City. [Read More](#)

**DHS Announces Launch of Family Planning Program.** *Insider NJ* reported on October 7, 2019, that the New Jersey Department of Human Services announced its Plan First program designed to increase access to family planning services for individuals not currently eligible for other New Jersey Medicaid programs. Non-pregnant women and men with income between 138 percent and 205 percent of poverty, who are ineligible for other state Medicaid programs due to income, are now eligible for this new fee-for-service-only family planning program. Plan First benefits are limited to family planning and related services. [Read More](#)

## New York

### HMA Roundup – Denise Soffel ([Email Denise](#))

#### **New York Health + Hospitals Expands Health Program for the Uninsured.**

On October 4, 2019, NYC Health + Hospitals, New York City's public hospital system, established a new program to provide health care to New York City's uninsured, called NYC Care. The program launched in August in the Bronx with current enrollment of 5,000 people. The program will expand into Brooklyn and Staten Island in January 2020. Approximately 27.8 percent of Brooklyn residents and 5.9 percent of Staten Island residents are not eligible for health insurance. In preparation for the launch, the public health system has issued a request for proposals (RFP) to partner with community-based organizations (CBOs) in both boroughs to help engage prospective NYC Care members. The RFP for Brooklyn and Staten Island community-based organizations can be found on the Mayor's Fund to Advance New York City [webpage](#). [Read More](#)

#### **New York Use of Conversion Funds Sparks Questions from CMS.**

*The Empire Center* reported on October 3, 2019, that last year, when Centene Corp. acquired Fidelis Care, New York's largest Medicaid managed care plan, Fidelis agreed to provide \$2 billion to the state over a four-year period. New York Governor Cuomo argued that Fidelis' value as a public good had been created through its participation in public health programs, including Medicaid and Child Health Plus. Centene paid \$3.75 billion for the acquisition of the plan. In an August letter from the Centers for Medicare & Medicaid Services (CMS) to New York's Medicaid director, CMS noted that it was reviewing the receipt of revenue resulting from the Fidelis transaction under a section of the Social Security Act meant to discourage inappropriate revenue-raising tactics. Should CMS reject New York's use of the Fidelis funds, the state's Medicaid shortfall would increase by \$500 million a year over the next four years. [Read More](#)

#### **New York Medicaid Budget Process Criticized by Citizens Budget Commission.**

The Citizens Budget Commission (CBC), a nonpartisan fiscal watchdog, reported on October 3, 2019, that at the end of the last state fiscal year, New York delayed \$1.7 billion in Medicaid payments as a way of staying within the state budget. A recent statement by the CBC argues that the delayed payment was "an obfuscation of the state's actual fiscal condition." The CBC statement indicates that the state already has a shortfall in this year's Medicaid budget of \$3 billion (out of a \$75 billion program) and will face recurring shortfalls of \$1.5 billion in subsequent years. [Read More](#)

#### **New York DOH Announces Public Comment Days.**

The New York Department of Health (DOH) announced the dates for the downstate and upstate public comment days for New York's Section 1115 Waiver programs. The downstate public comment day will be held on October 25, 2019, while the upstate public comment day will be held on October 30, 2019. The Department will be accepting public comments on all aspects of New York's Medicaid waiver, including responses to its recently released draft amendment to the Delivery System Reform Incentive Payment program, available [here](#). The meetings are open to the public and will be webcast live. Written public comment may be submitted through November 4, 2019. [Read More](#)

**New York Increases Medicaid Reimbursement Rates to Hospitals After Campaign Contributions.** *The New York Times* reported on October 3, 2019, that New York increased Medicaid reimbursement rates to hospitals by \$140 million after the Greater New York Hospital Association donated more than \$1 million to the state Democratic party. The donations came during Governor Andrew Cuomo's re-election campaign last year. [Read More](#)

## North Carolina

**North Carolina Awards Centene Additional Medicaid Managed Care Region.** Centene Corp. announced on October 8, 2019, that its provider-led North Carolina subsidiary Carolina Complete Health has been awarded an additional Medicaid managed care contract serving the state's Region 4 (Raleigh/Durham area). The three-year contract is effective February 1, 2020. Centene had already won contracts to serve Region 3 (Charlotte area) and Region 5 (Wilmington and Fayetteville areas). [Read More](#)

**North Carolina Advocates Remain Concerned Over Potential Care Disruptions in Transition to Managed Care.** *The Winston-Salem Journal* reported on October 5, 2019, that North Carolina healthcare advocates remain concerned over the risk of care disruptions associated with the state's transition to Medicaid managed care. While the state has delayed the rollout from November 2019 to February 2020, leading health systems Cone Health, Novant Health, and Wake Forest Baptist Medical Center have yet to sign contracts with any of the four statewide prepaid health plans. Providers have until mid-November to contract with AmeriHealth Caritas NC, Blue Cross and Blue Shield of NC, UnitedHealthcare of N.C., and WellCare of NC. [Read More](#)

## Oklahoma

**Republican Former House Speaker Supports Medicaid Expansion.** *The Oklahoman* reported on October 2, 2019, that former Republican speaker of the Oklahoma House Kris Steele has voiced support for expanding Medicaid. Steele, who was speaker from 2011-12, acknowledged that his work in criminal justice reform informed his evolution on the issue. Full Medicaid expansion continues to face Republican opposition from the Governor and some other Republican legislature leaders. [Read More](#)

## Pennsylvania

HMA Roundup - Julie George ([Email Julie](#))

**Pennsylvania Pharmacy Benefits Changes to Medicaid Program May Result in \$85 Million in Savings.** *The Philadelphia Inquirer* reported on October 9, 2019, that the Pennsylvania Department of Human Services (DHS) will implement a single preferred prescription drug list for all companies that manage pharmacy benefits under Medicaid, starting January 1, 2020. DHS estimates the change will save the state \$85 million per year at least in part by allowing the state to take full advantage of federal Medicaid drug rebates. Managed care organizations (MCOs) are not eligible for federal rebates. The companies affected, loosely organized as the Pennsylvania Coalition of Medical Assistance MCOs, assert the proposed change would cost the state \$81 million more in the first year and make life harder for doctors. [Read More](#)

**Pennsylvania Can Proceed with Nation's First Safe-Injection Site, Federal Judge Rules.** *NPR* reported on October 2, 2019, that a federal judge ruled a Pennsylvania nonprofit's plan to open a safe-injection site, where drug users can inject under medical supervision, does not violate federal drug laws. The Department of Justice had sued to stop Philadelphia's Safehouse operation, which features medically supervised injections to prevent overdoses and easy referrals to treatment. The Justice Department is expected to file an appeal. [Read More](#)

## Tennessee

**Tennessee Block Grant Proposal Would Benefit State Medicaid Program, Beneficiaries, Says Official.** *Kaiser Health News* reported on October 3, 2019, that Tennessee Medicaid director Gabe Roberts believes a proposed Medicaid block grant would benefit the state by increasing federal funding and allowing the state to improve care for beneficiaries. The plan sets a floor on federal funding, Robert said. If enrollment falls, funding wouldn't decrease. However, if enrollment rises, funding would increase. Robert said the state is also likely to benefit from the program's shared savings component, given that the state has historically underspent cost projections. Under the plan, the state would retain half savings. [Read More](#)

## Virginia

**CORRECTION: Virginia Seeks Additional CMS Funding for Work Requirements.** Virginia secretary of health and human resources Daniel Carey said in a letter to federal regulators that the state is seeking additional funding for the implementation of work requirements. However, the Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma has stated that the agency has only agreed to provide additional funds for a small, needs-based subset of the population that Virginia is requesting. The state expanded Medicaid earlier this year, and is continuing to pursue the work requirement waiver until an accord is reached with CMS.

The October 2 issue of the Weekly Roundup incorrectly stated that coverage for Medicaid expansion enrollees in Virginia was contingent on the outcome of the work requirement waiver.

## National

**Appeals Court To Hear Arguments in KY Medicaid Work Requirements Case.** *The Courier Journal* reported on October 9, 2019, that a federal appeals court will hear arguments on Friday on whether Kentucky can enact Medicaid work requirements. At least 15 other states also want to implement work requirements. In March, a U.S. District Court judge struck down work requirements in Kentucky and Arkansas, ruling that the requirements didn't advance Medicaid's goal of providing coverage to low-income individuals. [Read More](#)

**Trump Order Aims to Protect Medicare Advantage, Raise Provider Payments.** *The Fiscal Times* reported on October 4, 2019, that President Trump issued an executive order to encourage innovation in Medicare Advantage benefit structures, plan designs, supplemental benefits, and telehealth. The order also seeks to ensure that fee-for-service (FFS) Medicare “is not advantaged or promoted” over Medicare Advantage. The order also calls on the Secretary of Health & Human Services to issue a report in 180 days that “identifies approaches to modify Medicare FFS payments to more closely reflect the prices paid for services in MA and the commercial insurance market.” [Read More](#)

**Trump Signs Proclamation to Deny Visas to Uninsured Immigrants.** *Politico* reported on October 4, 2019, that President Donald Trump signed a proclamation that requires all immigrants to demonstrate that they will obtain health insurance within 30 days of entering the country or can afford to pay for care. The measure takes effect November 3. Earlier this year, the administration issued a “public charge” rule effective October 15, allowing federal officials to deny green cards to legal immigrants who have been enrolled in Medicaid. [Read More](#)

**Trump Administration to Seek Stay if Court Invalidates ACA.** *The Washington Post* reported on October 6, 2019, that the Trump administration will reportedly seek a stay if a federal appeals court invalidates all or part of the Affordable Care Act (ACA). The administration may also seek to delay a Supreme Court ruling on the case until after the 2020 election. The Trump administration has sided with state attorneys general seeking to invalidate the health care law, while also promising voters there will be no immediate impact on coverage. [Read More](#)



## INDUSTRY NEWS

**Cinven to Acquire National Seating & Mobility from Court Square.** International private equity firm Cinven announced on October 4, 2019, an agreement to acquire Tennessee-based mobility solutions provider National Seating & Mobility from Court Square Capital Partners. The transaction is expected to close within 45 days. [Read More](#)

**TEAM Services Group Completes Investment In AmeriBest.** TEAM Services Group, a portfolio company of Alpine Investors, announced on October 2, 2019, that it has completed an investment in AmeriBest, which provides home- and community-based services to seniors and people with disabilities in the greater Philadelphia region. TEAM will continue to operate under its current brand name, the company said. [Read More](#)

**MCNA Dental Affiliates Complete Acquisition of Healthplex.** New York-based Healthplex announced on September 17, 2019, that it has completed the sale of the company to affiliates of MCNA Dental. The combined affiliated companies will serve 8 million members in nine states, including 2.4 million in New York. Other states include Texas, Louisiana, Florida, Iowa, Idaho, Arkansas, Nebraska, and Utah. [Read More](#)

**UnitedHealthcare Purchases Piedmont Select Medicare Advantage Plan in Virginia.** *Becker's Hospital Review* reported on October 7, 2019, that UnitedHealthcare Insurance Company of the River Valley, a subsidiary of UnitedHealth Group, has acquired Piedmont Select Medicare Advantage Plan, with 5,000 members in Virginia. Piedmont Select was previously part of Community Health Plans, which is owned by Lynchburg, VA-based Centra Health. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
October 2019	Texas STAR+PLUS	Awards	530,000
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
Spring 2020	Washington DC	Awards	276,000
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



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## HMA WELCOMES

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### **Susan Tucker - Principal**

Susan Tucker possesses extensive long-term services and supports (LTSS) operational, compliance and financial expertise for programs at the local, state and national level.

As a certified public accountant, Susan's vast experience includes public accounting and work with non-profit social service organizations. She has a deep understanding of managed care and the legal, financial and administrative requirements providers must navigate.

Supporting LTSS programs, she has worked to develop plans and resources to respond to elder care needs and used best practices to help clients proactively meet compliance requirements and state and federal regulations.

Prior to joining HMA, she served in vice president roles related to strategy, long-term services and supports and Medicare-Medicaid dual integration programs. In these positions, she was responsible for strategic planning, business growth, health plan implementation, developing programs around social determinants of health and providing LTSS services to Medicaid populations. She also collaborated with health plan providers, centralized departments and streamlined resources as well as implemented activities across markets. Susan has helped clients improve numerous programs, particularly for persons who are aging and with physical disabilities.

While working at the State of Florida, Department of Elder Affairs, she served as interim and deputy secretary for the department as well as director of fiscal and contract management. She oversaw the department's budget, coordinated community-based programs, Medicaid waiver programs, volunteer programs, managed information systems and managed allocation of state and federal funds to ensure compliance with state and federal programs.

Susan's experience also includes work as the chief financial officer for a community-based program. She earned a bachelor's degree in accounting from the University of South Florida and is a Certified Public Accountant licensed in the state of Florida.

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## HMA NEWS

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**HMA Medicare Experts in Demand.** Principal Mary Hsieh offered her expertise and insights during a panel discussion at the AHIP Conference. The panel, Blockbuster Medicare Innovations, focused on sweeping policy changes announced by the Centers for Medicaid and Medicare Services. Also Managing Principal Jon Blum presented a keynote address to more than 500 attendees at the recent HMA conference Trends in Publicly Sponsored Healthcare, The Next Wave of Medicaid Growth and Opportunity: How Payers, Providers, and States are Positioning Themselves for Success. [Read more](#)

[New this week on HMA Information Services \(HMAIS\):](#)

### Medicaid Data

- Maryland Medicaid Managed Care Enrollment Is Up 0.6%, Aug-19 Data
- Minnesota Medicaid Managed Care Enrollment is Down 1.6%, Sep-19 Data
- Missouri Medicaid Managed Care Enrollment is Down 10.4%, Sep-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Oct-19 Data
- New Jersey Medicaid Managed Care Enrollment is Down 0.9%, Sep-19 Data
- New York CHIP Managed Care Enrollment is Up 5.7%, Aug-19 Data
- New York Dual Demo Enrollment is Down 25%, Aug-19 Data
- New York Medicaid Managed Care Enrollment is Down 0.9%, Aug-19 Data
- Ohio Medicaid Managed Care Enrollment is Down 4.5%, Jul-19 Data

### Public Documents:

*Medicaid RFPs, RFIs, and Contracts:*

- California Financial Alignment Initiative Cal MediConnect Evaluation Reports, Jan-19
- DC Integrated Dual-Eligible Special Needs Plans and Enhanced Coordination of Care for Enrolled Dually Eligible Beneficiaries RFI, Oct-19
- Hawaii Subacute Stabilization Residential Services Program Statewide RFP, Sep-19
- Indiana Prior Authorization & Utilization Management Services RFP, Proposals, & Awards, 2018-19
- Illinois HFS Disproportionate Share Hospital (DSH) Audit Payments IFB, Oct-19
- Ohio Medicaid Single Pharmacy Benefit Manager RFI, Oct-19
- Oregon CCO 2.0 Signed Contracts and Readiness Reviews, Oct-19
- Oregon, Washington Pharmacy Benefit Administration Services Joint RFP, Oct-19
- Rhode Island Project Management and Analytic Tool Development Support for the Integrated Data System Module of the Medicaid Information Technology Enterprise RFP and Related Documents, Sep-19
- Wyoming Care Management Entity (CME) for Medicaid Children RFP and Related Documents, Oct-19
- U.S. Medicaid, CHIP Enrollment at 72.1 Million, Jul-19 Data

*Medicaid Program Reports, Data and Updates:*

- Arkansas Works Section 1115 Demonstration Waiver Quarterly Reports, Jun-19
- Arizona AHCCCS Population Demographics, Oct-19
- Arizona Centene, WellCare Proposed Merger Transition Plans, Approval Letter, and Public Comments, Oct-19
- California Medi-Cal Dental Managed Care Report to the Legislature, Jun-19
- Colorado Children's Health Plan Plus Caseload by County, Sep-19
- Colorado State Coverage Option Draft Report, Oct-19
- Illinois MCO Tax CMS Approval Letter, Sep-19
- Kansas KanCare Section 1115 Demonstration Quarterly Reports, 2013-18
- Maryland HealthChoice Actuarial Rate Certification, CY 2019
- New Jersey Medical Assistance Advisory Council Meeting Materials, Jul-19
- New York FIDA Demonstration Phase-out Plan, Sep-19
- Pennsylvania Enacted Budget, FY 2019-20
- Pennsylvania HealthChoices Physical Health Rate Development and Certification, CY 2019
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Sep-19
- West Virginia Medical Services Fund Advisory Council Meeting Materials, Apr-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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