

# HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

..... October 31, 2018 .....



In Focus



HMA Roundup



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**Edited by:**

Greg Nersessian, CFA

[Email](#)

Carl Mercurio

[Email](#)

Alona Nenko

[Email](#)

Nicky Meyyazhagan

[Email](#)

## THIS WEEK

- **IN FOCUS: HIGHLIGHTS FROM KAISER/HMA 50-STATE MEDICAID DIRECTOR SURVEY**
- NORTH CAROLINA RECEIVES CMS APPROVAL FOR MEDICAID MANAGED CARE TRANSITION
- MONTANA VOTERS DIVIDED ON TAXING TOBACCO TO FUND MEDICAID EXPANSION
- PENNSYLVANIA GOVERNOR VETOES MEDICAID WORK REQUIREMENTS BILL
- WISCONSIN RECEIVES FEDERAL APPROVAL FOR MEDICAID WORK REQUIREMENTS
- TEXAS DRUG UTILIZATION REVIEW BOARD SEEKS TO EXPAND MEDICAID OPIOID TREATMENT
- NEW YORK OFFICIALS HOLDING STATEWIDE FORUMS ON IDD TRANSITION TO MANAGED CARE
- PRESIDENT TRUMP SIGNS OPIOID LEGISLATION
- CMS PROPOSES PAYMENT CHANGES TO PHYSICIAN-ADMINISTRATED, MEDICARE PART B DRUGS
- HEALTHCARE M&A ACTIVITY VALUED AT \$16 BILLION IN 3Q18
- **NEW THIS WEEK ON HMA INFORMATION SERVICES (HMAIS)**

## IN FOCUS

### HIGHLIGHTS FROM KAISER/HMA 50-STATE MEDICAID DIRECTOR SURVEY

This week, our *In Focus* section reviews highlights and shares key takeaways from the 18<sup>th</sup> annual Medicaid Budget Survey conducted by The Kaiser Family Foundation (KFF) and Health Management Associates (HMA). Survey results were released on October 25, 2018, in two new reports: *States Focus on Quality and Outcomes Amid Waiver Changes: Results from a 50-State Medicaid Budget*

*Survey for State Fiscal Years 2018 and 2019 and Medicaid Enrollment & Spending Growth: FY 2018 & 2019.* The reports were prepared by Kathleen Gifford, Eileen Ellis, Barbara Coulter Edwards, and Aimee Lashbrook from HMA, and by Elizabeth Hinton, Larisa Antonisse, and Robin Rudowitz from the Kaiser Family Foundation. The survey was conducted in collaboration with the National Association of Medicaid Directors.

This survey reports on trends in Medicaid spending, enrollment, and policy initiatives for FY 2018 and FY 2019, highlighting policy changes implemented in state Medicaid programs in FY 2018 and those planned for implementation in FY 2019. The conclusions are based on information provided by the nation's state Medicaid Directors.

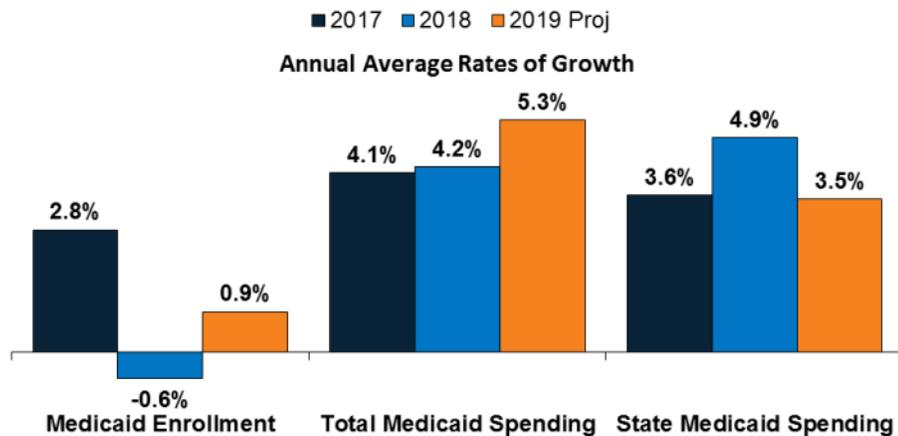
### Key Report Highlights

In the following sections, we highlight a few of the major findings from the reports. This is a fraction of what is covered in the 50-state survey reports, which include significant detail and findings on policy changes and initiatives related to eligibility and enrollment, managed care, long-term services and supports (LTSS), provider payment rates, and covered benefits (including prescription drug policies). The reports also look at the key issues and challenges now facing Medicaid programs.

### Medicaid Enrollment and Spending Growth

Enrollment growth stayed flat in FY 2018 (-0.6 percent) due to a stronger economy, elimination of redetermination delays in states that had previously implemented new or upgraded eligibility systems, and enhanced verifications and data matching in a number of states. Since peaking in FY 2015 as a result of the Affordable Care Act growth, enrollment has continued to slow. Growth in FY 2019 is predicted to be 0.9 percent. Total Medicaid spending experienced a steady growth at 4.2 percent in FY 2018 and is projected to increase 5.3 percent in FY 2019 because of higher costs for prescription drugs, long-term services and supports and behavioral health services, and policy decisions to implement targeted provider rate increases. The declining federal match for the expansion group resulted in state Medicaid spending growth outpacing total spending growth in FY 2018. However, states predict that total spending growth will increase faster than state spending growth for FY 2019.

**Figure 1 – Medicaid Enrollment and Spending Growth, FY 2017-18 and FY 2019 (Projected)**



SOURCE: Enrollment growth for FY 2017-2018 is based on KFF analysis of CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports. The spending growth rate for FY 2017 is derived from KFF Analysis of CMS Form 64 Data. All other growth rates are from the KFF survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2018.

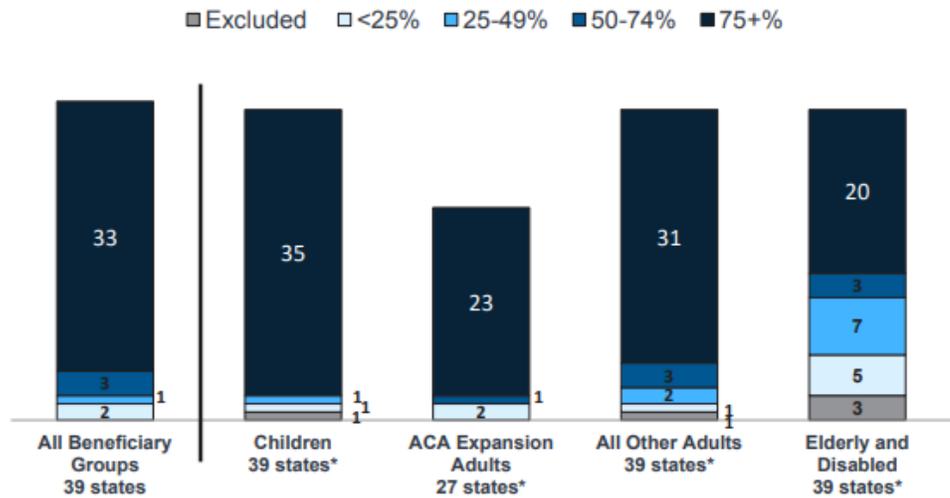
### Medicaid Eligibility Standard Changes

- Eligibility restrictions implemented in FY 2018 (by six states) or planned for implementation in FY 2019 (in 11 states) through Section 1115 waivers could result in enrollment declines. These restrictions include eight states implementing or planning to implement work or community engagement requirements as a condition of Medicaid eligibility, eight states eliminating or restricting retroactive eligibility, and three states implementing or proposing lock-out periods for non-payment of premiums, failure to complete redetermination, and/or failure to timely report changes affecting eligibility.
- Idaho, Nebraska, and Utah could adopt the ACA Medicaid expansion through November 2018 ballot initiatives.

### Medicaid Managed Care Initiatives

- A total of 39 states (including DC) contract with risk-based managed care organizations (MCOs) to serve their Medicaid enrollees. As of July 2018, 33 states reported that 75 percent or more of their Medicaid beneficiaries were enrolled in MCOs. Children and adults, particularly those enrolled through the ACA Medicaid expansion, are much more likely to be enrolled in an MCO than elderly Medicaid beneficiaries or individuals with disabilities.

Figure 2 – MCO Penetration Rates for Select Groups of Medicaid Beneficiaries, as of July 1, 2018



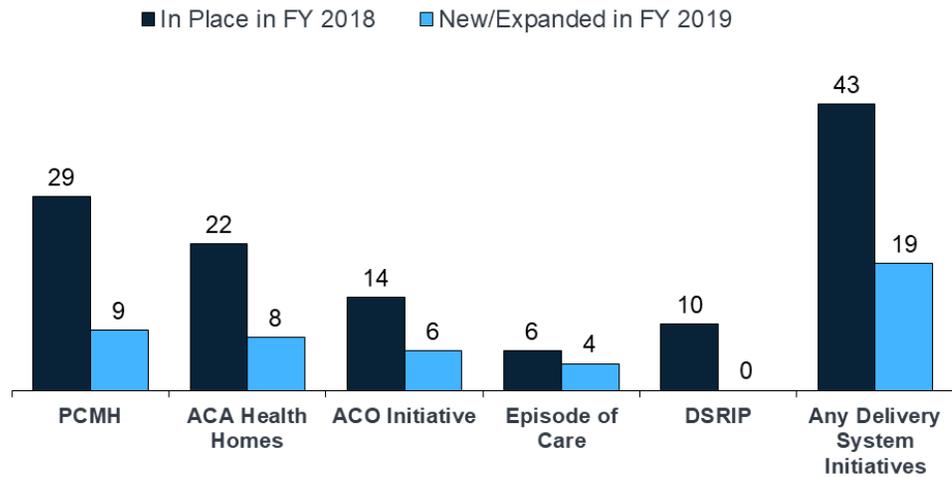
SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

- Alaska and Arkansas reported plans to implement an MCO program for the first time in FY 2019.
- Because of nearly full MCO saturation in most MCO states, only five states in FY 2018 and five states in FY 2019 reported actions to increase MCO enrollment.
- In FY 2018, Mississippi and South Carolina reported actions to carve behavioral health services into their MCO contracts, and Washington reported implementing integrated MCO contracts in additional geographic areas.

### Emerging Delivery System and Payment Reforms

- Forty-three states had one or more delivery system or payment reform initiatives in place in FY 2018, including patient-centered medical homes (PCMHs), ACA Health Homes, accountable care organizations (ACOs), episode of care payments, or delivery system reform incentive programs (DSRIPs). PCMH and health home initiatives were the most common in FY 2018.

**Figure 3 - State Delivery System Reform Activity, FYs 2018-2019**

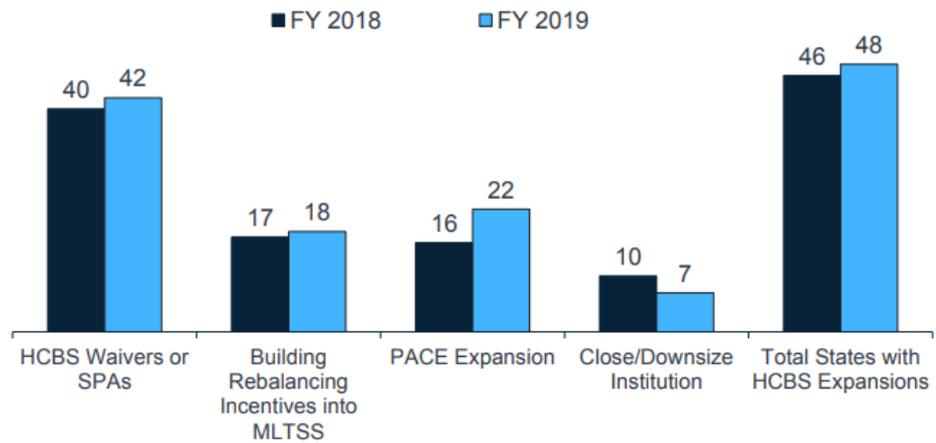


SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

**Long-Term Services and Supports Reforms**

- Nearly every state reported actions to expand the number of people served in home and community-based settings in both years (46 states in FY 2018 and 48 states in FY 2019).

**Figure 4 - State Long-Term Care Actions to Serve More Individuals in Community Settings, FYs 2018-2019**



SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

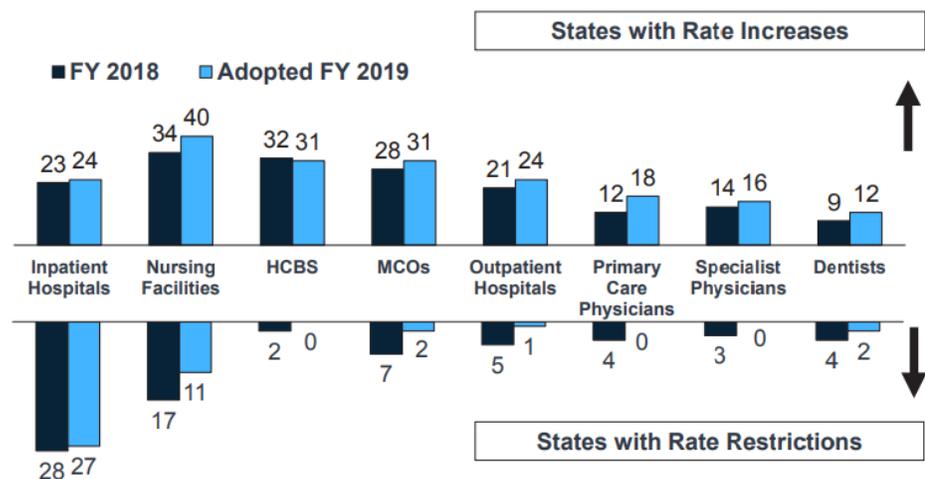
- Housing supports are an increasingly important part of state LTSS benefits, even as Money Follow the Person (MFP) grant funds expire. Thirty states reported that they plan to continue to offer housing-related supports after MFP funding expires. However, about half of MFP-funded states anticipate they will have to discontinue some services or administrative activities.

- Twenty-four states reported using one or more MLTSS model, as of July 1, 2018, with nine offering an MCO-based Financial Alignment Demonstration (FAD). Pennsylvania introduced MLTSS in FY 2018, with a plan to phase-in statewide over time. Virginia ended its Financial Alignment Demonstration (FAD) but adopted statewide MLTSS for a broader population, including dual eligible individuals. Arkansas expects to adopt MLTSS in FY 2019.

**Provider Rates and Taxes**

- Over half of MCO states (21 of 39) require MCO payments changes for some or all types of providers to be consistent with percentage or level changes made in comparable fee-for-service (FFS) rates. Twenty-seven states reported that their MCO contracts include rate floors for some provider types, and five states reported they had minimum MCO payment requirements for all types of Medicaid providers.

**Figure 5 - Provider Rate Changes Implemented in FY 2018 and Adopted for FY 2019**



SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

- In FY 2018, 36 states, including DC, had three or more provider taxes in place. Twenty-nine states have at least one provider tax that is at or above 5.5% of net patient revenues (close to the maximum safe harbor threshold of 6%). Therefore, federal action to lower that threshold as proposed in the past would have financial implications for many states.

**Benefits and Copayments**

- The number of states reporting new benefits and benefit enhancements continues to significantly outpace the number of states reporting benefit cuts and restrictions. Nineteen states expanded or enhanced covered benefits in FY 2018, and 24 states plan to add or enhance benefits in FY 2019. The most common benefit enhancements reported were for mental health/substance use disorder (SUD) services (including waiver of the IMD exclusion for SUD treatment).
- Eight states reported new or increased copayment requirements for FY 2018 or FY 2019, including for non-emergency use of a hospital emergency department (ED) and for pharmacy services.

### Pharmacy and Opioid Strategies

- All states reported FFS pharmacy management strategies to reduce opioid harm in FY 2018. Of the 35 states that used MCOs to deliver pharmacy benefits, 26 reported that they required MCOs to follow some or all of their FFS pharmacy management policies for opioids.
- States continue to increase access to Medication Assisted Treatment (MAT) for opioid use disorder, and 38 states reported coverage of methadone in FY 2018.

### Looking Ahead: Perspectives of Medicaid Directors

When asked to identify the top priorities, issues, and challenges for FY 2018 and beyond, Medicaid directors listed the following:

- Improving quality and focusing on health outcomes
- Section 1115 Medicaid demonstration waivers
- Opioid Epidemic
- Medicaid Management Information Systems (MMIS) procurements and eligibility system upgrades and replacements
- Ongoing federal legislative proposals

### Links to Kaiser/HMA 50-State Survey Reports

[States Focus on Quality and Outcomes Amid Waiver Changes Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2018 and 2019](#)

[Medicaid Enrollment & Spending Growth: FY 2018 & 2019](#)



## HMA MEDICAID ROUNDUP

### California

**California Spent \$4 Billion on Potentially Ineligible Medi-Cal Recipients.** *The LA Times* reported on October 30, 2018, that California spent \$4 billion from 2014 to 2017 on Medi-Cal coverage for 453,000 individuals who may not have been eligible for coverage, according to a state [audit](#). Another 54,000 individuals may have had difficulty accessing care because they were marked ineligible when they actually qualified for coverage. The state auditor's office recommended an improved eligibility system to help recover the incorrect payments. [Read More](#)

### Idaho

**GOP Governor Endorses Medicaid Expansion Ballot Measure.** *Modern Healthcare* reported on October 30, 2018, that Idaho's outgoing Republican Governor Butch Otter indicated his support for a ballot measure that would expand Medicaid in the state, referring to the initiative as an "Idaho-grown solution." Expansion would impact an estimated 62,000 individuals in the state. [Read More](#)

### Iowa

**Hospitals Fear Decline in Medicaid Emergency Care Revenues.** *The Associated Press* reported on October 24, 2018, that Iowa hospitals have warned state officials that recent changes to Medicaid reimbursement for emergency care could result in millions of dollars in lost revenues. The changes allow insurance companies to deny or reduce emergency care payments when a patient's symptoms turn out not to be an emergency. [Read More](#)

### Louisiana

**Louisiana Receives 13 RFI Responses for Risk-Based Hepatitis C Treatment Program.** *Precision Vaccinations* reported on October 26, 2018, that 13 providers, payers, and pharmaceutical manufacturers responded to a Louisiana Department of Health request for information (RFI) on a risk-based payment model for drugs used to treat hepatitis C patients on Medicaid or in correctional facilities. Under the proposal, the state would pay pharmaceutical makers for unlimited access to drugs to treat the estimated 30,000 Medicaid beneficiaries and inmates with hepatitis C in the state. [Read More](#)

## Maine

**MaineHealth to Consolidate Hospitals Into Single System.** *Becker's Hospital Review* reported on October 30, 2018, that Portland-based, MaineHealth will consolidate its various hospitals into a single, not-for-profit system effective January 1. The new \$3 billion system will have more than 19,000 employees and include Maine Medical Center, Southern Maine Health Care, Lincoln Health, Coastal Healthcare Alliance, Western Maine Health, Franklin Community Health Network, and Maine Behavioral Healthcare. [Read More](#)

## Montana

**Voters Are Equally Divided on Taxing Tobacco to Fund Medicaid Expansion.** *The Missoulian* reported on October 25, 2018, that Montana voters are equally divided on a November ballot initiative that would tax tobacco to help pay for the state's Medicaid expansion. A poll conducted by Montana Television Network News and Montana State University found that 41.4 percent of respondents supported the measure, while 40.8 percent were opposed. The initiative would create a \$2 per pack tax increase on tobacco to help fund the state's Medicaid expansion program, which provides coverage to 96,000 individuals. The poll's sample size was 2,000. [Read More](#)

## Nebraska

**Hospitals Temper Expectations on Potential Impact of Medicaid Expansion.** *Modern Healthcare* reported on October 24, 2018, that hospitals in Nebraska have tempered their expectations on how much Medicaid expansion would boost their financial performance, especially in rural areas of the state. Nebraska voters will decide through a November ballot measure whether to expand Medicaid in the state, a measure long supported by hospitals. [Read More](#)

## New Jersey

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

**MAAC Meeting Provides Update On Behavioral Health Benefits, SUD Waiver, Autism Services.** *New Jersey Department of Human Services Updates Behavioral Health Benefit Changes* - On October 17, 2018, Roxanne Kennedy, Director of Behavioral Health Management at the New Jersey Department of Human Services, Division of Medical Assistance and Health Services provided an update to the New Jersey Medical Assistance Advisory Council (MAAC) on the behavioral health benefit changes. Effective October 1, all New Jersey managed care plans will be providing behavioral health services currently covered under MLTSS to the beneficiaries enrolled in Managed Long Term Services and Supports (MLTSS), Fully Integrated Dual Eligible-Special Needs Plan (FIDE-SNP) and the Division of Developmental Disability (DDD). Additionally, NJ FamilyCare will include Substance Use Disorder (SUD) Benefit for FIDE-SNP, MLTSS and DDD members into the MCO coverage. Target Case Management (TCM), Behavioral Health Homes (BHH), Programs in Assertive Community Treatment (PACT), Community Support Services (CSS) and Certified Behavioral Health Clinics (CCBHCs) will continue be covered by fee-for-service.

*New Jersey Roxanne Kennedy Provides Update on SUD Waiver* - On October 17, 2018, Roxanne Kennedy, Director of Behavioral Health Management at the New Jersey Department of Human Services, provided an update on the Substance Use Disorder (SUD) Waiver that was approved in October 31, 2017. The waiver would provide a full continuum of benefits for SUD treatment. The waiver will cover case management for SUD and Peer Service benefit coverage by July 2019. The SUD Waiver includes the following milestones:

- Access to Critical Levels of Care
- ASAM 3.7-WM
- ASAM 3.7-STR
- ASAM 3.5-LTR
- Evidence-base Placement Criteria
- LOCI-3 for UM Review
- State process to review providers for ASAM compliance
- Ensure residential services offer use of MAT on site or via affiliation
- Ensure provider capacity
- Develop opioid prescribing guidelines
- Expand coverage of and access to Naloxone
- Increase utilization and improve function of PDMS
- Ensure residential and inpatient facilities link beneficiaries with community-based services and supports

*New Jersey Improving Access to Services for Youths with Autism* - On October 17, 2018, the New Jersey Department of Children and Families (DCF) announced that Governor Phil Murphy (D-NJ) included \$17 million in the FY19 budget to expand and improve access to services for youths under 21 with Autism enrolled in NJ FamilyCare. Additionally, an Autism Executive Planning Committee has been established to develop a comprehensive benefit package and inform the elements of the State Plan Amendment. The proposal is open for public comment until 2018.

## New York

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

**New York Officials Holding Statewide Forums on IDD Transition to Managed Care.** The New York Office for People with Developmental Disabilities (OPWDD) announced it will be holding the first of many public forums for consumers and families affected by the upcoming transition of people with intellectual or developmental disability (IDD) benefits into managed care. The forums are intended for individuals with developmental disabilities and their family members. Separate forums will be made available to provider agencies and other stakeholders. [Read More](#)

**Health Plans Challenge New York Essential Plan Rate Cut.** *Politico* reported on October 26, 2018, health insurers have asked New York officials to justify rate cuts to the Essential Plan despite the state's having received \$500 million more than expected in federal funds. The state argues that plans spent less than 85% of their rates last year on health care, forcing the state to recoup funds; the rate adjustment moving forward was an effort to "right-size the premiums paid to health plans, to more closely reflect the actual cost of providing medical services to Essential Plan enrollees." [Read More](#)

## North Carolina

**North Carolina Receives CMS Approval for Medicaid Managed Care Transition.** *Modern Healthcare* reported on October 24, 2018, that North Carolina has received federal [approval](#) of its amended 1115 waiver proposal to implement Medicaid managed care. The Centers for Medicare & Medicaid Services (CMS) also awarded the state \$650 million to pilot enhanced case management services through 2024. However, CMS rejected a request to earmark \$45 million in federal funds to incentivize providers to serve Medicaid members. [Read More](#)

## Pennsylvania

**Pennsylvania Governor Vetoes Medicaid Work Requirements Bill.** *Pennsylvania Watchdog* reported on October 19, 2018, that Pennsylvania Governor Tom Wolf vetoed House Bill 2138, legislation that requires work or community engagement as a condition for certain individuals to qualify for Medical Assistance or Medicaid. Governor Wolf's veto was expected by many because he had done the same to similar legislation in 2017. The legislation would have required that Medicaid recipients work at least 20 hours a week or perform 12 job-training-related tasks each week. Under the legislation, exemptions were outlined, including, but not limited to, pregnant women, SSI beneficiaries, full-time high school students and individuals who are receiving temporary or permanent long-term disability benefits. Republican Scott Wagner, Wolf's opponent in the November election, said that once in office, he would support legislation like HB2138. [Read More](#)

## Texas

**Texas Drug Utilization Review Board Seeks to Expand Medicaid Opioid Treatment.** *The Statesman* reported on October 26, 2018, that the Texas Drug Utilization Review Board recently recommended adding three drugs – Bunavail, Zubsolv, and Vivitrol – to the preferred list of first-line options for individuals on Medicaid with substance abuse disorders. The recommendation comes amid calls for increased drug treatment coverage and resources for those struggling with opioid addiction. Currently, the only drug included in the Texas Medicaid formulary for opioid addiction that does not require prior authorization is Suboxone. [Read More](#)

## Wisconsin

**Wisconsin Receives Federal Approval for Medicaid Work Requirements.** On October 31, 2018, the Wisconsin's Department of Health received Section 1115 waiver approval from the Centers for Medicare & Medicaid Services (CMS) to implement Medicaid work requirements for the state's BadgerCare program. The amendment requires childless adults on Medicaid to work, participate in a training program, or volunteer for at least 80 hours a month to maintain coverage. Additional policy changes include \$8 month premiums per household and increased access to substance abuse treatment. The current waiver expires on December 31, 2018. [Read More](#)

## National

**Methadone Industry Adds 254 Clinics Over 4 Years.** *The PEW Charitable Trusts* reported on October 31, 2018, that the methadone industry opened 254 new clinics in the U.S. between 2014 and 2018, driven by newly available Medicaid reimbursement dollars for methadone treatment in at least 37 states and the District of Columbia. States seeking methadone treatment expansion have included Florida, Indiana, Maryland, New York, and Ohio. States that still curtail new methadone clinics from opening include Georgia, Indiana, Louisiana, Mississippi, West Virginia and Wyoming. [Read More](#)

**Democratic Gubernatorial Victories in Several Red-State Races Could Mean Medicaid Expansion.** *Politico* reported on October 30, 2018, that Democratic victories in several competitive, red-state gubernatorial races could lead to Medicaid expansion, resulting in coverage for an estimated three million more individuals. States where Democrats have a fighting chance to unseat Republicans opposed to expansion include Georgia, Florida, Wisconsin, Kansas, Oklahoma and South Dakota. In Georgia alone, half a million low-income uninsured residents could be Medicaid eligible, many of them living in rural areas. Meanwhile, voters in Idaho, Utah, and Montana will decide the fate of expansion in their state through ballot initiatives. [Read More](#)

**Rural Hospital Closures Continue, Especially in Non-Expansion States.** *The New York Times* reported on October 29, 2018, that about 90 rural hospitals have closed since 2010 and hundreds more are at risk, putting significant health and economic pressure on local communities. The vast majority of recent closures are in states that didn't expand Medicaid. Hospitals in expansion states benefited from the influx of federal expansion funds, making uncompensated care less of a problem. [Read More](#)

**CMS Proposes Payment Changes to Physician-Administered, Medicare Part B Drugs.** *Modern Healthcare* reported on October 25, 2018, that the Trump administration has proposed payment changes designed to drive down the cost of physician-administered, Medicare Part B drugs. Under the proposal from the Centers for Medicare & Medicaid Services (CMS), Part B drugs prices would be indexed to international prices. The proposal would also change how providers are paid to administer Part B drugs. Providers, including physicians and outpatient facilities, would no longer purchase and bill for Part B drugs; instead, private vendors would procure drugs then distribute them to providers. The administration expects to include provider feedback in the final version of the model, which is slated to launch in late 2019 or early 2020. [Read More](#)

**MACPAC Experts Urge Slowing Implementation of Medicaid Work Requirements.** *CQ Health* reported on October 25, 2018, that health officials should slow future Medicaid work requirement approvals and rollouts, after 8,500 Arkansas residents lost health coverage because of the requirements, according to an expert panel from the Medicaid and CHIP Payment and Access Commission (MACPAC). The panel argued that the Centers for Medicare & Medicaid Services should wait until comprehensive evaluations of the program are completed first, including baseline data and control groups. In Arkansas, an additional 12,000 individuals are at risk of losing Medicaid coverage for failing to comply with the requirements. [Read More](#)

**Trump Signs Opioid Bill.** *CQ Health* reported on October 24, 2018, that President Trump has signed a bill aimed at combating the opioid crisis. The law allows nurse practitioners and physician assistants to prescribe addiction medication, targets illegal drug shipments, and lifts the IMD exclusion, which prevents Medicaid from using federal funds to pay for treatment at inpatient addiction facilities. The Trump administration also recognized Walgreens, CVS Health, Amazon, and Google for efforts to battle the epidemic. [Read More](#)



## INDUSTRY NEWS

**Healthcare M&A Activity Valued at \$16 Billion for 261 Deals in 3Q18.** *Becker's Hospital Review* reported on October 26, 2018, that there were 261 mergers and acquisitions among hospitals and health service providers during the third quarter of 2018, a 10.9 percent decline compared to the previous quarter, according to the most recent report by PricewaterhouseCoopers (PwC). Total value of third-quarter transactions was \$15.9 billion. [Read More](#)

**Direct Care Workers Continue to Struggle With Low Wages.** *The Wall Street Journal* reported on October 27, 2018, that between 2007 and 2017, median hourly wages for direct care workers, including home health aides and nursing assistants, fell 2 percent, according to PHI, which does direct care industry research and advocacy. Fifteen states raised Medicaid reimbursements for direct-care workers in the fiscal year ending June 30, 2018, to address labor shortages and turnover, according to a Kaiser Family Foundation report. [Read More](#)

**Magellan Rx Says Net Cost Per Claim for Medicaid Drugs Rose 4.4 Percent in 2017.** Magellan Rx Management reported that net cost per claim for Medicaid drugs rose 4.4 percent in 2017, according to the company's third annual Medicaid Pharmacy Trend Report. Trends are based on Magellan's fee-for-service Medicaid pharmacy programs in 23 states and Washington DC. Net cost per claim for traditional drugs fell 9.7 percent, while net cost per claim for specialty drugs rose 4.6 percent. The report highlights clinically-appropriate drug use, the impact of the opioid epidemic, as well as trends and opportunities for Medicaid fee-for-service pharmacy programs. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 1, 2018	Virginia Medallion 4.0 - Charlottesville/Western	Implementation	88,486
November 1, 2018	Puerto Rico	Implementation	~1,300,000
November - December 2018	Massachusetts One Care (Duals Demo)	RFP Release	150,000
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)
2019	Hawaii	RFP Release	360,000
2019	Minnesota MA Families and Children	RFP Release	589,000
2019	MinnesotaCare	RFP Release	90,000
2019	Minnesota Senior Health Options	RFP Release	39,000
2019	Minnesota Senior Care Plus	RFP Release	16,000
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
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	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
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	150,000
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
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000

## HMA NEWS

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

#### Medicaid Data and Updates:

- Florida Medicaid Managed Care Enrollment is Flat, Sep-18 Data
- Louisiana Medicaid Managed Care Enrollment is Flat, Sep-18 Data
- Virginia Medicaid MLTSS Enrollment is Over 207,000, Sep-18

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- California Medi-Cal External Quality Review Organization (EQRO) Mental Health Services Division (MHSD) RFP, Oct-18
- Hawaii Community Care Services Program RFP, Scoring, and Contract, 2017-18
- Illinois Pharmacy Benefits Management System RFP and Contract, 2012
- Indiana Prior Authorization & Utilization Management Services RFP, Oct-18
- Louisiana Hepatitis C Drug Pricing RFI, Responses, Oct-18

##### *Medicaid Program Reports, Data and Updates:*

- North Carolina Approved Medicaid Reform Section 1115 Demonstration Waiver Documents, Oct-18
- Florida Medicaid Eligibility by County, Age, Sex, Sep-18 Data
- Kentucky Enacted Operating Budget, SFY 2018-20
- Kentucky Medicaid Quality Measure Alignment and Value Based Payments Presentation, May-18
- Nevada Medicaid Delivery Model Recommendation Final Report, Mar-17
- Nevada Medical Care Advisory Committee Meeting Materials, Oct-18
- North Dakota Medicaid Provider Fee Schedules, 2018
- Oklahoma Provider Fast Facts by County, Sep-18
- Oklahoma Medicaid Enrollment by Age, Race, and County, Sep-18 Data
- Oregon Medicaid Advisory Committee Meeting Materials, Oct-18
- Oregon Health Plan 1115 Waiver Documents, 2002-18
- Pennsylvania Medical Assistance Advisory Committee Meeting Materials, Oct-18
- Texas HHS House Committee Presentation, Oct-18
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-17, Sep-18
- Texas CHIP Managed Care Financial Statistical Reports, FY 2017
- Texas Medicare-Medicaid Program (MMP) Managed Care Financial Statistical Reports, FY 2017
- Utah 1115 Primary Care Network Demonstration Waiver Documents, 2016-18
- Utah Managed Care Quality Strategy, Aug-15
- Wisconsin Medicaid HMO Quality Guide, 2018

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- RFP calendar

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