

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... November 6, 2019



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

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- ARKANSAS BEHAVIORAL HEALTH PROVIDERS TO MERGE
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- ILLINOIS SUBMITS PLAN TO EXPAND DUAL DEMO STATEWIDE
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- NEW JERSEY MEDICAID SEES DROP IN ENROLLMENT AMONG ASIAN, HISPANIC CHILDREN
- NEW YORK MAY CUT \$1.5 BILLION FROM MEDICAID
- TEXAS MEDICAID DIRECTOR TO STEP DOWN IN MAY 2020
- WEST VIRGINIA AWARDS MANAGED CARE FOR FOSTER CHILDREN CONTRACT TO AETNA
- UNITEDHEALTH GROUP TO EXPAND MEDICAID HOUSING PROGRAM
- MAGELLAN NAMES KEN FASOLA CEO
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

INDIANA RELEASES HOOSIER CARE CONNECT MANAGED CARE RFP

This week, our *In Focus* section reviews the Indiana Hoosier Care Connect request for proposals (RFP), issued by the Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning (OMPP) on October 18, 2019. Hoosier Care Connect is the state's Medicaid managed care program for approximately 90,000 aged, blind, and disabled (ABD) Medicaid

beneficiaries. Implementation is expected April 1, 2021, with contracts worth \$1.4 billion annually.

Background

The Hoosier Care Connect program provides coordinated care to individuals who are aged 65 years and older, blind, or disabled and who are also not Medicare eligible and do not receive institutional care. Through the program, the state seeks to improve clinical and functional status, enhance quality of life, improve member safety, and enhance member autonomy and adherence to treatment plans for beneficiaries. Members complete a health screening to determine a level of need for care coordination. Medicaid managed care organizations (MCOs) are required to maintain a minimum Medical Loss Ratio (MLR) of 90 percent.

The program includes voluntary enrollment for foster care children, former foster care children, children receiving adoption assistance, and wards of the state. The state released a separate request for information (RFI) regarding a potential healthcare program or other options for eligible children and youth to receive Medicaid services.

Dual Eligible Special Needs Plans (D-SNPs)

MCOs will be required to operate a D-SNP statewide by April 1, 2022. The State Medicaid Agency Contract (SMAC) for calendar year 2022 must be submitted to the Centers for Medicare & Medicaid Services (CMS) by July 2021. CMS will issue SNP approval/denial notices in September 2021.

Evaluation

Proposals will be scored out of a total of 103 points, with the business and technical proposal worth 80 points. Indiana-based organizations will be awarded 5 points through the Buy Indiana Initiative.

Criteria	Possible Points
Adherence to Mandatory Requirements	Pass/Fail
Management Assessment/Quality (Business and Technical Proposal)	80
Buy Indiana Initiative	5
Minority Business Enterprise Subcontractor Percentage Commitment	5 (1 bonus point)
Women Business Enterprise Subcontractor Percentage Commitment	5 (1 bonus point)
Indiana Veteran Business Enterprise (IVOSB) Subcontractor Percentage Commitment	5 (1 bonus point)
Total	100 (103 if bonus awarded)

Timeline

Proposals are due January 6, 2020, with award announcements expected on April 30, 2020. New contracts will run for four years beginning April 1, 2021, with two optional one-year renewals.

RFP Activity	Date
RFP Issued	October 18, 2019
Proposals Due	January 6, 2020
Awards	April 30, 2020
Implementation	April 1, 2021

Current Market

Incumbent health plans are Anthem and Managed Health Services (MHS)/Centene with approximately 56,000 and 34,000 members respectively.

Indiana Hoosier Care Connect Enrollment by Plan, 2016-18, September 2019				
Plan	2016	2017	2018	Sep-19
Anthem	35,309	56,684	56,329	56,390
<i>% of total</i>	<i>37.3%</i>	<i>62.6%</i>	<i>62.2%</i>	<i>62.4%</i>
MHS/Centene	19,473	33,837	34,163	33,958
<i>% of total</i>	<i>20.6%</i>	<i>37.4%</i>	<i>37.8%</i>	<i>37.6%</i>
Mdwise	39,785	0	0	0
<i>% of total</i>	<i>42.1%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
Total Hoosier Care Connect	94,567	90,521	90,492	90,348
<i>+/- between reporting periods</i>	<i>(3,166)</i>	<i>(4,046)</i>	<i>(29)</i>	<i>(144)</i>
<i>% chg. between reporting periods</i>	<i>-3.2%</i>	<i>-4.3%</i>	<i>0.0%</i>	<i>-0.2%</i>

Source: IN Family and Social Services Administration, HMA

[Link to Indiana Hoosier Care Connect RFP](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Behavioral Health Providers to Merge. *Talk Business & Politics* reported on October 30, 2019, that four Arkansas-based behavioral health providers announced that they have signed a letter of intent to merge. The four providers are Counseling Associates, Mid-South Health Systems, Ozark Guidance, and Professional Counseling Associates. The new entity, to be called Arisa Health, will be headquartered at Ozark Guidance's office in Springdale. The merger is expected to be finalized in early 2020. [Read More](#)

Lawmakers Question Health Plan's Majority Stake in PASSE Provider. *The Northwest Arkansas Democrat Gazette* reported on November 2, 2019, that some Arkansas lawmakers are questioning Centene Corp.'s 74 percent stake in Arkansas Total Care, a Provider-led Arkansas Shared Savings Entities (PASSEs). State law requires that PASSEs are at least 51 percent owned by participating health care providers. State insurance regulators said Arkansas Total Care met the requirement because Centene owns its stake partly through a home and community-based care subsidiary. [Read More](#)

California

California Rejects Adventist, St. Joseph Merger. *Modern Healthcare* reported on October 31, 2019, that the California attorney general rejected a proposed merger between not-for-profit Adventist Health System/West and St. Joseph Health System, ruling that the deal would increase healthcare costs and could limit access to care. The merger would have created a joint operating company for nine hospitals in six largely rural counties in northern California. [Read More](#)

District of Columbia

District of Columbia Receives Federal Approval for SMI/SUD Demonstration. On November 6, 2019, the District of Columbia received federal approval for a section 1115 waiver demonstration to expand behavioral health treatment services to individuals in short-term mental health facilities who are suffering from substance use disorder, serious mental illness (SMI), and/or serious emotional disturbance (SED). The demonstration will allow DC to use federal funds to support community-based services designed to improve behavioral health care. [Read More](#)

Florida

Senate Health Committee Advances Bill to Eliminate Healthy Kids Cap. *Health News Florida* reported on November 6, 2019, that the Florida Senate Health Policy Committee unanimously approved a bill that would eliminate a \$1 million cap on benefits for children insured under the Florida Healthy Kids program. The legislation, which was sponsored by Senator Aaron Bean (R-Fernandina Beach), still requires approval by the Senate Health and Human Services Appropriations Subcommittee and the Appropriations Committee before it can be taken up by the full Senate. A similar bill has been filed in the state House but has not been heard in committees. [Read More](#)

Florida Seeks Full U.S. Appeals Court Hearing in Case Over Institutionalization of Disabled Children. *The Panama City News Herald* reported on November 4, 2019, that Florida is seeking a rehearing before the full 11th U.S. Circuit Court of Appeals over whether federal regulators can pursue a lawsuit claiming that the state improperly institutionalized children with disabilities. A three-judge panel ruled in September that the U.S. Department of Justice could pursue the lawsuit, which stemmed from a 2012 federal investigation. [Read More](#)

Governor to Focus on Implementing Drug Importation Program in 2020. *Florida Politics* reported on November 3, 2019, that Florida Governor Ron DeSantis will focus his administration on implementing the state's prescription drug importation law in 2020. Under the law, the state Agency for Health Care Administration will contract with a third-party vendor to develop a wholesale drug importation list by December 1. The state hasn't yet issued a request for proposals. [Read More](#)

Florida Advocates Collect Enough Signatures for \$15 Minimum Wage Ballot Initiative. *The Florida Phoenix* reported on October 30, 2019, that the Florida for a Fair Wage campaign has collected enough signatures to put a \$15 minimum wage proposal on the ballot for 2020. The proposed state constitutional amendment, which first needs to be reviewed by the Florida Supreme Court, would require at least 60 percent of the vote to be passed. If approved, the minimum wage would increase to \$10 an hour in 2021, and then would increase \$1 an hour every year until reaching \$15 an hour in 2026. [Read More](#)

Georgia

Georgia Releases Partial Medicaid Expansion Proposal. *Fierce Healthcare* reported on November 4, 2019, that Georgia released a partial Medicaid expansion plan that would increase eligibility up to 100 percent of poverty, require beneficiaries to pay a monthly premium, and implement work requirements. The state is seeking an enhanced federal match for the partial expansion. Georgia also applied for a reinsurance waiver for Exchange plans. [Read More](#)

Governor Unveils 1332 Waiver Proposals to Overhaul Individual Market.

The Atlanta Journal-Constitution reported on October 31, 2019, that Georgia Governor Brian Kemp unveiled a set of waiver proposals aimed at overhauling the state's individual insurance market. One proposal is a reinsurance program for individual plans. Another would allow health plans that don't meet ACA mandated benefits. Buyers would no longer utilize the federal Exchange, but instead would be directed to online brokers or encouraged to go directly to insurance companies. A proposal from Kemp on Medicaid expansion is expected next week. The proposals require federal approval. [Read More](#)

Idaho

Idaho Medicaid Expansion Enrollment Begins. *Idaho News/The Associated Press* reported on November 4, 2019, that nearly 35,000 Idaho residents signed up for the state's Medicaid expansion program in the first few days since enrollment opened. About 91,000 are eligible for the program, which is effective January 1, 2020, pending federal regulatory approval. [Read More](#)

Idaho Inmate Receives Needed Catheters After Filing Grievance. *The New York Times/The Associated Press* reported on November 1, 2019, that an Idaho prison inmate again began receiving six catheters daily to drain his bladder after filing a grievance with the state. A physician for Corizon Health, which handles inmate health care for the Idaho Department of Corrections, had previously reduced the inmate's supply to three catheters daily and told him to wash and reuse the disposable catheters. Idaho's \$46 million contract with Corizon will go to bid when the current term expires. [Read More](#)

Illinois

Illinois Submits Plan to Expand Dual Demo Statewide. On September 17, 2019, Illinois submitted a request to the Centers for Medicare & Medicaid Services seeking approval to expand the state's Medicare-Medicaid Alignment Initiative (MMAI) dual eligible demonstration statewide effective January 1, 2021. Illinois has participated in MMAI since 2014 in the greater Chicago and central Illinois regions. [Read More](#)

Indiana

Indiana Suspends Medicaid Work Requirement Implementation. *Modern Healthcare* reported on October 31, 2019, that Indiana will postpone implementing Medicaid work requirements for Healthy Indiana Plan (HIP) members until a federal court rules on whether the Gateway to Work program violates the purpose of Medicaid. The court will also rule on certain aspects of HIP, which the state says could jeopardize the program as a whole. HIP serves uninsured adults including the expansion population. [Read More](#)

Kentucky

Kentucky Presumptive Governor-Elect to Rescind Medicaid Waiver. *The Hill* reported on November 5, 2019, that presumptive Kentucky Governor-elect Andy Beshear vowed to rescind the Medicaid waiver proposal that called for work requirements after taking office. Beshear claimed victory in the tight race; however, Governor Matt Bevin has refused to concede. [Read More](#)

Mississippi

Centene to Drop USA Health from Mississippi Medicaid Network. *WKRG 5* reported on October 30, 2019, that Centene/Magnolia Health will drop Alabama hospital system USA Health from its Mississippi Medicaid managed care network, effective April 1, 2020. The move, which follows a similar announcement by UnitedHealth, will largely impact Medicaid members in southern Mississippi. [Read More](#)

Montana

Montana Medicaid Work Requirements Could Impact 12,000 Beneficiaries. *NPR* reported on November 3, 2019, that Medicaid work requirements in Montana could impact more than 12,000 individuals, or four percent to 12 percent of beneficiaries in the state. Seasonal workers are among those concerned about how the requirement would impact them. Work requirements would start in January 2020 if approved by the Trump administration. [Read More](#)

New Jersey

Senator Introduces Coordinated Substance Use Control Policy, and Planning Act. On October 24, 2019, New Jersey State Senator Patrick Diegnan, Jr. (D-Middlesex) introduced the New Jersey Coordinated Substance Use Control Policy and Planning Act (S4153). The bill seeks to consolidate and update New Jersey's substance use disorder treatment laws and establish the Office of Coordinated Substance Use Control Policy and Planning in the State Department of Human Services. The office would centralize coordination and oversight of all state substance use control activities, provide budget recommendations, and develop standards, policies, and procedures, among other activities. It would establish the following committees: Emerging Drug Threats Committee, Opioid Epidemic Activities Coordination Committee, Local Advisory Committees on Substance Use Control by county, and Municipal Alliance Committees by municipality. [Read More](#)

Medicaid Sees Drop in Enrollment Among Asian, Hispanic Children. *NJ Spotlight* reported on October 29, 2019, that New Jersey experienced a decline in Medicaid enrollment among Asian and Hispanic children between 2017 and 2018, according to a study from research group New Jersey Policy Perspective. Representatives from the group attributed the decline in part on Trump administration immigration policies. [Read More](#)

Governor Announces \$1.1 Million in Exchange Navigator Grants. *NJ Spotlight* reported on November 1, 2019, that New Jersey Governor Phil Murphy announced \$1.1 million in health insurance Exchange Navigator grants. The state Department of Banking and Insurance will also support outreach and Exchange enrollment efforts along with community-based organizations. [Read More](#)

New York

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

New York May Cut \$1.5 Billion From Medicaid to Address Health Care Cost Overruns. *The Times Union* reported on November 5, 2019, that New York may be forced to cut \$1.5 billion from Medicaid over the next five months to address health care cost overruns. The state Division of Budget said Medicaid spending is on track to exceed statutory limits, adding that the Governor is expected to delay certain Medicaid payments and reduce rates paid to providers and health plans. [Read More](#)

New York Residency Training Survey Findings. On October 15, 2019, the New York Center for Health Workforce Studies (CHWS) published the results of its 2018 resident exit survey, which provides the medical education community with information about the outcomes of training and the demand for new physicians. The report, which conducted a survey of all physicians completing a residency or fellowship training program in New York, concluded that the job market for physicians was strong, especially in primary care specialties. They found that 50 percent of new physicians were female, but only 15 percent were underrepresented minorities (black/African American, Hispanic/Latino, American Indian). Few physicians who completed training in New York plan to practice in underserved areas: 18 percent in Health Professional Shortage Areas and 5 percent in rural areas. [Read More](#)

Ohio

Active Day Acquires Ohio-based Person Centered Services. Active Day announced on October 28, 2019, the acquisition of Person Centered Services, which serves individuals with developmental disabilities through 15 centers in Ohio. Active Day also assumes operations of a transportation services fleet. [Read More](#)

Ohio to Revise How Medicaid Work Requirements Are Implemented. *Dayton 24/7 Now/The Associated Press* reported on November 3, 2019, that Ohio will revise how Medicaid work requirements are implemented in 2021 by requiring that members meet with a case worker before losing coverage. Should a case worker determine a beneficiary's eligibility should be terminated, a further review will be conducted to see if the member is eligible under a different category. Ohio is waiting for federal approval of its Medicaid work requirements proposal. [Read More](#)

Oregon

Oregon Notifies Medicaid, Dual Eligible Members of Two CCO Closures

On November 1, 2019, the Oregon Health Authority (OHA) began notifying Medicaid and dual eligible Medicare-Medicaid members of the pending closure of two coordinated care organizations (CCOs) effective December 31, 2019. PrimaryHealth, which serves Josephine, Jackson, and Douglas counties, did not win a new CCO contract in the state's latest procurement. Willamette Valley Community Health (WVCH), which serves Marion, Polk, Linn, Benton, Yamhill, and Clackamas, did not seek a new contract. [Read More](#)

Pennsylvania

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

Pennsylvania DHS Releases Preliminary MATP Report. On October 28, 2019, the Pennsylvania Department of Human Services (DHS) released a preliminary [report](#) that reviews financial data, studies, and surveys related to the Medical Assistance Transportation Program (MATP) and Non-Emergency Medical Transportation (NEMT) brokerage programs. Per a legislative directive, DHS developed a MATP Analysis Workgroup to study the state's shift to a brokerage model. The report outlines the data sources used as the foundation of the analysis and how the Workgroup is seeking stakeholder feedback. The final analysis will be complete by December 28.

Texas

Texas Medicaid Director to Step Down in May 2020. *State of Reform* reported on October 31, 2019, that Texas Medicaid director Stephanie Muth announced her retirement effective May 2020, after 20 years in Texas government. The search for a replacement is underway. [Read More](#)

West Virginia

West Virginia Awards Managed Care for Foster Children Contract to Aetna.

On October 31, 2019, West Virginia announced that it has awarded Aetna a \$275 million statewide contract to provide physical and behavioral managed care services to approximately 18,300 children and youth in foster care or receiving adoption assistance. The state also received bids from UniCare (Anthem) and The Health Plan. Implementation is scheduled to begin January 1, 2020.

National

Buttigieg Health Proposal Calls for Cap on Out-of-Network Prices. *The New York Times* reported on November 6, 2019, that presidential candidate Pete Buttigieg has proposed a cap on out-of-network health care prices to control costs. Under the proposal, hospitals and other providers would receive an out-of-network rate capped at double what Medicare pays. [Read More](#)

UnitedHealth Group to Expand Medicaid Housing Program to 30 Markets in 2020. *Bloomberg Businessweek* reported on November 5, 2019, that UnitedHealth Group will expand its MyConnections housing program to 30 markets by early 2020. The program, which was tested by UnitedHealth in Phoenix, Milwaukee, and Las Vegas, aims to reduce hospitalizations by paying for housing and support services for homeless Medicaid beneficiaries. [Read More](#)

Medicaid Expansion Lowers Hospital Utilization, Study Suggests. *Modern Healthcare* reported on November 4, 2019, that Medicaid expansion states saw a 3.5 percent reduction in annual discharge rates for “ambulatory-care sensitive” conditions and a 3.1 percent drop in inpatient days in 2014 and 2015, according to a study published in *Health Affairs*. The decline in discharge rates was most prominent for patients with chronic respiratory conditions, diabetes-related complications, and bacterial pneumonia. [Read More](#)

CMS to Implement Site-Neutral Payments Despite Judge’s Ruling. *Modern Healthcare* reported on November 1, 2019, that the Centers for Medicare & Medicaid Services issued a final rule to implement site-neutral payments under the Outpatient Prospective Payment System, which means physicians will receive the same amount for a basic visit whether it takes place in a hospital outpatient facility or a physician’s office. A federal judge had ruled against the policy earlier this year. The final rule also cuts drug payments to safety-net hospitals under the 340B program. A Trump administration proposal on price transparency is not included in the final rule. [Read More](#)

CMS Is Working to Resolve Exchange Website Glitches. *U.S. News & World Report/The Associated Press* reported on November 1, 2019, that the Centers for Medicare & Medicaid Services (CMS) is working to resolve problems with the Healthcare.gov Exchange website following reports of technical glitches on the first day of open enrollment. Open enrollment for 2020 health plans ends December 15. [Read More](#)

States Are Increasingly Quick to Disenroll Medicaid Members Based on Returned Mail. *Kaiser Health News* reported on November 4, 2019, that states are increasingly quick to disenroll Medicaid members based on returned mail. In Colorado, for example, beneficiaries can be disenrolled after the state receives just one piece of returned mail. Until April 2018, the state required three pieces of returned mail before disenrolling a member. [Read More](#)

Senator Warren Releases Detailed Medicare For All Plan. *The New York Times* reported on November 1, 2019, that Senator Elizabeth Warren (D-MA) released a detailed Medicare for all proposal, which would be paid for with cost savings, taxes on wealthy individuals, and by shifting current employer and state health care spending to the new program. According to the proposal, cost savings would come from reimbursing hospitals at about 110 percent of Medicare, value-based initiatives, aggressively lowering prescription drug costs, and minimizing administrative costs. [Read More](#)

CMS Revises 2020 Impact of PDGM for Home Health Agencies. *Modern Healthcare* reported on October 31, 2019, that the Centers for Medicare & Medicaid Services (CMS) finalized a 1.3 percent pay increase for home health agencies effective in 2020 and created a new home infusion therapy benefit effective in 2021. In addition, CMS adjusted the payment reduction associated with the behavioral assumption for the patient driven groupings model (PDGM) from the 8% proposed cut to 4% in 2020. Separately, CMS also updated certain kidney care and dialysis payment rates to spur innovation in treatment. [Read More](#)

Senate Healthcare Subcommittee Investigates Improper Medicaid Payments, Seeks to Increase Program Oversight. *Modern Healthcare* reported on October 30, 2019, that the Republican-led Senate Finance subcommittee on healthcare is looking into improper Medicaid payments to states that enrolled ineligible individuals. The U.S. Government Accountability Office (GAO) blamed shortcomings in oversight, data quality, and federal-state cooperation. [Read More](#)

Trump Policy Allowing States Flexibility to Skirt ACA Mandates Survives Senate Vote. *Politico* reported on October 30, 2019, that Senate Democrats failed to block a Trump administration policy allowing states greater flexibility to skirt insurance mandates under the Affordable Care Act. The vote was viewed as largely symbolic, failing 43-52. [Read More](#)



INDUSTRY NEWS

Magellan Names Ken Fasola CEO. On October 31, 2019, Magellan Health named Kenneth Fasola as chief executive, effective November 14, 2019. Previously, Fasola served as chief executive of HealthMarkets, Inc. Fasola will replace current chief executive Barry Smith. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
November 2019	Kentucky	Awards	1,200,000
November 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
December 1, 2019	Texas STAR and CHIP	Awards	3,400,000
December 17, 2019	Pennsylvania HealthChoices Physical Health	Proposals Due	2,260,000
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
January 6, 2020	Indiana Hoosier Care Connect ABD	Proposals Due	90,000
February 1, 2020	North Carolina - Phase 1 (delayed) & 2	Implementation	1,500,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
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
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
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

COMPANY ANNOUNCEMENTS

MCG Health's Dr. Sabitha Rajan to Speak at 2019 Texas Covered Health Care Conference + Expo

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- DC Medicaid Managed Care Enrollment is Up 0.9%, May-19
- Maryland Medicaid Managed Care Enrollment Is Flat, Sep-19 Data
- Minnesota Medicaid Managed Care Enrollment is Down 1.8%, Nov-19 Data
- New Mexico Medicaid Managed Care Enrollment is Up 1.1%, Oct-19 Data
- Oregon Medicaid Managed Care Enrollment is Flat, Oct-19 Data
- South Dakota Medicaid Enrollment is Flat, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona AHCCCS Housing Administration Services RFI, Oct-19
- Georgia Administrative Services Organization Behavioral IDD Contract, FY 2020
- Tennessee Medicaid Managed Care RFI, Oct-19
- West Virginia Managed Care for Children and Youth in Foster Care RFP, Proposals, and Award, 2019

Medicaid Program Reports, Data and Updates:

- Colorado Medicaid HEDIS Reports, 2013-19
- Colorado Medical Assistance & Advisory Council Meeting Materials, Aug-19
- DC Section 1115 Behavioral Health Transformation Waiver Application and Approval, 2019
- Delaware Health Equity for Public Health Practitioners and Partners Second Edition, Nov-19
- Florida Medical Care Advisory Meeting Materials, Oct-19
- Georgia 1332 Waiver Reinsurance Program Overview, Oct-19
- Georgia Section 1115 Draft Waiver Application, Nov-19
- Georgia Section 1332 Draft Waiver Application, Nov-19
- Illinois HFS Request to Expand Dual Demonstration Statewide, Sep-19
- Maryland Medicaid Advisory Committee Meeting Materials, Oct-19
- Mississippi Medical Care Advisory Committee Meeting Materials, 2018-19
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-18, Oct-19
- Ohio Medicaid Inpatient Hospital Base Rates, 2011-18
- Pennsylvania Medical Assistance Transportation Program (MATP) Preliminary Report, Oct-19
- Rhode Island Medicaid Annual Expenditure Reports, SFY 2013-18
- South Dakota Department of Social Services Medicaid Annual Reports, 2012-19
- South Dakota Medicaid Advisory Committee Meeting Materials, Oct-19
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-19
- Texas Medicaid Coverage for Former Foster Children Report, Nov-19
- Texas OIG Audit of Management of the STAR Kids and STAR Health Programs Through Monitoring Contract Activities, Aug-19

- Washington Medicaid Title XIX Advisory Committee Meeting Materials, 2017-19
- Wisconsin BadgerCare Plus Reform Summary Documents, Nov-19

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