

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in State Health Policy

..... November 13, 2019



[RFP CALENDAR](#)

[HMA News](#)

Edited by:
Greg Nersessian, CFA
[Email](#)

Carl Mercurio
[Email](#)

Alona Nenko
[Email](#)

THIS WEEK

- **IN FOCUS: NEW MEDICARE BENEFIT: OPIOID USE DISORDER TREATMENT**
- CALIFORNIA AWARDS MEDICAID FFS PRESCRIPTION DRUG CONTRACT TO MAGELLAN
- INDIANA RELEASES HIP 2.0 WAIVER EXTENSIONS FOR PUBLIC COMMENT
- LOUISIANA, MEDICAID PLANS AGREE TO ONE-YEAR EMERGENCY CONTRACTS
- MONTANA DELAYS MEDICAID EXPANSION WORK REQUIREMENTS
- NEW YORK SUBMITS MEDICAID REDESIGN 1115 WAIVER AMENDMENT TO EXTEND MEDICAID TO INCARCERATED INDIVIDUALS
- NORTH CAROLINA ISSUES HEALTHY OPPORTUNITIES PILOT PROGRAM RFP
- TENNESSEE MEDICAID RELEASES MANAGED CARE RE-PROCUREMENT RFI
- CMS ISSUES PROPOSED RULE TO STRENGTHEN FISCAL ACCOUNTABILITY IN MEDICAID
- SANFORD HEALTH, UNITYPOINT HEALTH CALL OFF MERGER PLANS
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

NEW MEDICARE BENEFIT: OPIOID USE DISORDER TREATMENT

This week, our *In Focus* section examines the new Medicare benefit for Opioid Use Disorder (OUD) treatment that includes counseling, as well as medication-assisted treatment (MAT) and related items and services. This benefit was established by Congress in the SUPPORT Act of 2018 and is now being

implemented by the Centers for Medicare & Medicaid Services (CMS). Medicare beneficiaries, including those dually eligible for Medicare & Medicaid, are the fastest growing group of OUD patients. Beneficiaries may access one of two types of providers: Opioid Treatment Programs (OTPs) (e.g., methadone clinics) or physicians and other health professionals. Providers offering these services will receive a bundled payment, either weekly or monthly depending on the type of provider, that can repeat as long as a patient needs treatment. Based on early guidance, Medicare Advantage (MA) plans have already created 2020 benefit packages that provide a level of access to OTP services that is “consistent with prevailing community patterns of care.” Now that the new benefit is final, MA will need to cover both OTP and Physician OUD treatment for 2021.

Please click on the image below to review the HMA Insights for additional details and key questions that HMA has identified and continues to monitor.

HMA

Medicare Insights

New Medicare Benefit: Opioid Use Disorder Treatment

November 13, 2019



HMA MEDICAID ROUNDUP

Arizona

BCBS-AZ to Acquire Steward Health Choice. Blue Cross Blue Shield of Arizona announced on November 7, 2019, an agreement to acquire Steward Health Choice Arizona, a provider-owned health plan with 200,000 Medicaid managed care members. Steward Health Choice, which is owned by the Steward Health Care System, also offers a dual eligible plan called Generations. Terms were not disclosed. The deal requires regulatory approval.

California

California Awards Medicaid FFS Prescription Drug Contract to Magellan. On November 7, 2019, the California Department of Health Care Services awarded Magellan Medicaid Administration, Inc., a contract to operate the state's fee-for-service Medicaid drug program effective January 2021. Appeals to the contract award are due November 15. The contract term is four years and eleven months with five optional one-year extension periods. California announced in early 2019 that it would transition all Medi-Cal pharmacy services from managed care to fee-for-service in hopes of reducing cost through bulk purchasing. [Read More](#)

Georgia

Correction: Georgia Medicaid Expansion. Georgia is seeking an enhanced federal match for its proposed partial Medicaid expansion program. The November 6 Weekly Roundup cited a report suggesting the state was seeking a 67 percent match. [Read More](#)

Illinois

Advocacy Group Seeks to Further Delay Medicaid Managed Care Transition for Foster Kids. *The Chicago Tribune* reported on November 12, 2019, that the American Civil Liberties Union of Illinois (ACLU) has asked the Illinois Department of Children and Family Services (DCFS) to further delay the transition to managed care for foster children, fearing that rushing the process will "result in chaotic disruption in children's care." In September, the state announced it was delaying the transition by three months to February 1, 2020. The ACLU identified 14 areas of the plan that need further development and cited concerns about a lack of community-based behavioral health services. The transition to the managed care program, called YouthCare, will impact 36,000 foster children. [Read More](#)

Indiana

Indiana Releases HIP 2.0 Waiver Extensions for Public Comment. On November 6, 2019, Indiana released its Healthy Indiana Plan (HIP) Section 1115 waiver renewal request as well as its Substance Use Disorder (SUD) and Serious Mental Illness (SMI) waiver extension proposals for public comment. The extensions seek to continue the HIP program for another 10 years beginning January 1, 2021, and to continue the SUD and SMI components for 5 years. [Read More](#)

Kentucky

Kentucky Medicaid to Expand Health Services in Schools. *WFPL* reported on November 10, 2019, that Kentucky has received federal approval to allow schools to bill Medicaid for health screenings, immunizations, dental care, speech therapy support, and mental health counseling for all students retroactive to August 1, 2019. Previously, Medicaid only paid for services provided to students with disabilities or requiring a specialized care plan. [Read More](#)

Kentucky Hopes to Move More Medicaid Members to Employer-Sponsored Insurance. *WFPL* reported on November 6, 2019, that Kentucky is expanding the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program in which the state pays premiums for working Medicaid members to be on their employer's insurance plan. The program is paying premiums for about 220 Medicaid members with access to employer-sponsored coverage. Under the expansion, the state would also pay for their family members. [Read More](#)

Louisiana

Louisiana Faces Federal Lawsuit Alleging Inadequate Mental Health Care for Medicaid Children. *The Times-Picayune* reported on November 9, 2019, that the Louisiana Department of Health faces a federal lawsuit, claiming the state is institutionalizing Medicaid children instead of providing adequate mental health services as required by law. The Southern Poverty Law Center filed the lawsuit in U.S. District Court in Baton Rouge. About 47,500 Medicaid children in the state require intensive mental health services. [Read More](#)

Louisiana, Medicaid Plans Agree to One-Year Emergency Contracts. *The Associated Press* reported on November 8, 2019, that the Louisiana Department of Health and five incumbent Medicaid managed care plans in the state have agreed to one-year emergency contracts effective January to continue serving the state's 1.5 million Medicaid beneficiaries. The state faces legal challenges to its recently announced Medicaid managed care awards, which is holding up implementation. [Read More](#)

Maine

Maine Seeks to Overhaul Medicaid Transportation System. *The Portland Press Herald* reported on November 8, 2019, that the Maine Department of Health and Human Services is seeking to overhaul its \$83 million Medicaid transportation system, which provides about 2.5 million rides annually. The reforms could include consolidating transportation services, including non-emergency medical transportation (NEMT), under one umbrella and standardizing safety and performance measures for all ride services. Maine will host a number of public meetings on the reforms, including one in Portland on November 25, 2019. [Read More](#)

Minnesota

Minnesota Violated State Contracting Law, Made Improper Payments, Report Says. *The Star Tribune* published an analysis of public documents on November 6, 2019, showing that the Minnesota Department of Human Services (DHS) made \$52 million in improper payments and violated state contracting law more than 200 times over the past year. Nearly a third of the violations came from the Behavioral Health Division. [Read More](#)

Montana

Montana Delays Medicaid Expansion Work Requirements. *The Associated Press* reported on November 8, 2019, that Montana has not received federal approval to implement its Medicaid expansion work requirements waiver, which was scheduled to take effect in January. The state anticipates that it may take a year or more for the requirements to take effect. State officials estimate between 4 percent and 12 percent of people enrolled in the program could lose their health coverage due to the work requirements. More than 88,000 adults in Montana were covered through Medicaid expansion as of September. [Read More](#)

New Jersey

New Jersey Department of Human Services Plans Budget Listening. On December 4, 2019, the New Jersey Department of Human Services (DHS) will hold a budget listening session for stakeholders and the public to provide verbal or written testimony to help shape the DHS fiscal year 2020-21 state budget. The session will take place at 5 Commerce Way, Hamilton, New Jersey. RSVP to Nancy.Worrell@dhs.state.nj.us or (609) 292-3703.

New York

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

New York Submits Medicaid Redesign 1115 Waiver Amendment to Extend Medicaid to Incarcerated Individuals. On October 31, 2019, New York submitted a proposed amendment to its Section 1115 Medicaid waiver, the Medicaid Redesign Team waiver, to the Centers for Medicare & Medicaid Services (CMS). The amendment would allow New York to extend Medicaid coverage to certain incarcerated individuals during the 30-day period prior to release from incarceration. Eligibility would be limited to individuals with two or more chronic physical or behavioral health conditions, serious mental illness, or opioid use disorder. The objective of the waiver amendment is to connect high-risk justice-involved individuals to care management, health services, medication management and social supports upon release. Covered Medicaid services include care management through Health Homes, clinical consultation services from community-based medical and behavioral health providers, and a medication management plan and certain high-priority medications. The application notes that 83 percent of New York’s incarcerated individuals are in need of substance use disorder treatment. [Read More](#)

New York Supreme Court Blocks Changes to Nursing Home Reimbursement Rate Formula. *LeadingAge New York* reported on November 7, 2019, that the New York Supreme Court has issued a preliminary injunction preventing the state from implementing new case mix methodology for nursing home reimbursement rates in response to a legal challenge brought by a coalition representing nursing homes across the state. The injunction may further contribute to the budget shortfall that the Medicaid program is experiencing, currently estimated at \$3 to \$4 billion for the current state fiscal year, which ends March 31, 2020. As part of this year’s Medicaid budget, the New York Department of Health introduced changes to the reimbursement rate formula for nursing homes. Currently, case mix adjustment is based on a snapshot of patient acuity taken twice a year; the Department of Health is proposing a new formula that would calculate each nursing home’s case mix adjustment based on daily patient census. The change in case mix adjustment was tied to a \$246 million savings to Medicaid. [Read More](#)

North Carolina

Aetna Advances Legal Dispute Over Medicaid Managed Care Awards. *The Winston-Salem Journal* reported on November 11, 2019, that Aetna has advanced its legal dispute over losing out on North Carolina’s \$6-billion-a-year Medicaid managed care contracts award. Aetna has filed a request for summary judgment, asking an administrative law judge to void the prepaid health plan contract awarded to Blue Cross Blue Shield of North Carolina (BCBS-NC). Aetna maintains that new findings related to conflict of interest claims should lead the judge to either award the contract to Aetna or require the state “to restore the original rankings”, effectively placing Aetna ahead of BCBS-NC. [Read More](#)

North Carolina Issues Healthy Opportunities Pilot Program RFP. On November 4, 2019, North Carolina issued a request for proposals (RFP) for lead pilot entities (LPEs) to operate elements of the state's \$650 million Healthy Opportunities Pilot program. The state is seeking contracts with up to three LPEs for the pilot, which focuses on social determinants of health and is a key feature of the state's planned transition to Medicaid managed care. The Healthy Opportunities Pilot program has been authorized by the Centers for Medicare & Medicaid Services (CMS) for five years from November 1, 2019, through October 31, 2024. [Read More](#)

Ohio

Ohio-Based REM Sells Remaining Community Pharmacies. *The Columbus Dispatch* reported on November 10, 2019, that Ohio-based REM has sold its remaining seven community pharmacies in the state to Walgreens. The transaction included prescription files and inventory. Walgreens has closed the seven retail outlets and shifted customers to its own stores. [Read More](#)

Oklahoma

Oklahoma Governor Says Medicaid Block Grant Is Solution. *The Oklahoman* reported on November 10, 2019, that Oklahoma Governor Kevin Stitt said in a radio interview that a Medicaid block grant is the solution to the state's health care issues. Stitt didn't provide additional details. [Read More](#)

Oregon

Provider Contracting Challenges Halt CCO's Expansion into Portland Medicaid Market. *The Oregonian* reported on November 11, 2019, that Oregon has rescinded its decision to allow Centene-owned Trillium Community Health Plan to expand into the Portland area after it failed to build a provider network. Trillium competed against Health Share, the dominant Coordinated Care Organization (CCO) in the Portland metro area. State regulators will give Trillium another opportunity to build a provider network by June 30, 2020. [Read More](#)

Tennessee

Tennessee Medicaid Releases Managed Care Re-Procurement RFI. On October 30, 2019, Tennessee's Medicaid program, TennCare, released a request for information (RFI) for planning the statewide Medicaid Managed Care re-procurement. Responses to the RFI are due no later than November 22. TennCare intends to release a new RFP to procure statewide managed care organizations (MCOs). The current MCO contract expires on December 31, 2020.

West Virginia

West Virginia Expands CHIP Benefits to Include Maternity Services Coverage. On November 12, 2019, the West Virginia Department of Health and Human Resources announced it has added maternity services coverage to the state's Children's Health Insurance Program (WVCHIP) program. The new services for WVCHIP members and newly pregnant women over age 19 include medical, pharmacy, dental, vision, behavioral health, and prenatal care. The mother is eligible for continued services for 60 days after delivery and the newborn is eligible for services up to one year. [Read More](#)

Wyoming

Legislature to Again Consider Medicaid Expansion. *The Casper Star-Tribune* reported on November 7, 2019, that the Joint Revenue Committee of the Wyoming legislature will consider a Medicaid expansion bill next week. Expansion would cover a projected 19,000 individuals. [Read More](#)

National

CMS Issues Proposed Rule to Strengthen Fiscal Accountability in Medicaid. On November 12, 2019, the Centers for Medicare & Medicaid Services (CMS) issued proposed rule for the Medicaid Fiscal Accountability Regulation (MFAR), designed to strengthen fiscal accountability and oversight of the Medicaid program. CMS Administrator Seema Verma addressed the National Association of Medicaid Directors (NAMD) in Washington, D.C., where she unveiled the agency's plan to improve Medicaid reporting on supplemental payments, clarify Medicaid financing definitions, and reduce questionable financing mechanisms. Verma stated that "this rule will shine a light on these practices and help to set reasonable limits that even the playing field, addressing a source of government distortion and unfair competition in many markets." The proposed rule also requires the state to identify expiration dates for all supplemental payments, not to exceed a duration of three years. [Read More](#)

Republican States Eye Alternatives to Medicaid Work Requirements. *Modern Healthcare* reported on November 7, 2019, that Republican states are eyeing alternatives to current Medicaid work requirement proposals given legal challenges. A proposal from Georgia, for example, would make work a precondition for Medicaid expansion coverage. Other states are increasing cost-sharing for beneficiaries, limiting eligibility in other ways, or imposing lockout periods. [Read More](#)

CMS Releases 2019 Medicaid, CHIP Scorecard. On November 7, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the 2019 Medicaid and Children's Health Insurance Program (CHIP) Scorecard. The latest version adds data and enhances the Scorecard's functionality. The Scorecard presents measures of state health system performance and both state and administrative accountability. [Read More](#)

Federal Exchange Enrollment Is Likely Impacted by Technical Glitches. *The Hill* reported on November 6, 2019, that more than 177,000 people signed up for health coverage through the federal Exchange during the first two days of open enrollment. Enrollment numbers are likely lower this year because of technical glitches, according to the Centers for Medicare & Medicaid Services. Open enrollment ends on December 15. [Read More](#)

HMA Colleagues Lead Health Reproductive Care Access Study. Health Management Associates (HMA), working with the Kaiser Family Foundation, conducted case studies to identify distinct challenges that low-income women face in obtaining reproductive health care in five diverse communities, and the key factors contributing to them. The findings of this study will be the centerpiece of a briefing and roundtable discussion on November 14, 2019, in Washington, D.C. Final reports and five case studies will be published following the briefing and roundtable discussion.

Medicaid IAP Hosting Value-Based Payment for Fee-for-Service Home and Community-Based Services Informational Webinar. The Medicaid Innovator Accelerator Project's (IAP's) Community Integration through Long-Term Services and Supports (CI-LTSS) Program Area is launching a seven-month technical assistance opportunity for Medicaid agencies and their team partners seeking to design value-based payment (VBP) strategies for fee-for-service (FFS) home and community-based services (HCBS). An informational webinar will be held on Thursday, November 21, 2019, 3:30 pm to 4:30 pm ET. During the webinar, participants will learn about the goals, structure, and technical support approach for working with states on VBP for FFS HCBS. Selected states will have the opportunity to work with HCBS industry experts through their individualized technical support and state-to-state learning activities including shared savings and non-financial incentives. This technical support opportunity is open to states at all levels of experience and progress in developing a VBP strategy for FFS HCBS. States that have previously participated in the Medicaid IAP CI-LTSS tracks are welcome to submit an expression of interest for this technical assistance opportunity. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register [here](#).



INDUSTRY NEWS

Sanford Health, UnityPoint Health Call Off Merger Plans. *Modern Healthcare* reported on November 12, 2019, that Sanford Health and UnityPoint Health have called off their proposed \$11 billion merger. The combined health network would have created one of the largest not-for-profit health systems in the country, employing 83,000 staff with operations in 26 states. [Read More](#)

Kaiser CEO Bernard Tyson, 60, Dies. *Modern Healthcare* reported on November 10, 2019, that Bernard Tyson, 60, chairman and chief executive of Kaiser Permanente since 2013, died of a heart attack. Kaiser named executive vice president Gregory Adams as interim chairman and CEO, effective immediately. [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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Kentucky Medicaid Managed Care Enrollment is Down 2.2%, Nov-19 Data
- Michigan Dual Demo Enrollment is Up 6.8%, Oct-19 Data
- Michigan Medicaid Managed Care Enrollment is Down 0.8%, Oct-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Nov-19 Data
- New Jersey Medicaid Managed Care Enrollment is Down 1.2%, Oct-19 Data
- Texas Dual Demo Enrollment is 39,262, Aug-19 Data
- Texas Medicaid Managed Care Enrollment is Down 4.4%, Aug-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Optional Targeted Low Income Children's Program RFP, Oct-19
- Indiana Hoosier Care Connect Managed Care RFP and Related Documents, 2019
- Kentucky Medicaid Managed Care Contracts, SFY 2019-20
- Mississippi Children's Health Insurance Program (CHIP) RFQ, Proposals, Award, and Related Documents, 2018
- Montana MPATH Claims Processing and Management Services RFP, Oct-19
- North Carolina DHB Healthy Opportunities Lead Pilot Entity RFP, Nov-19
- Virginia Commonwealth Coordinated Care Plus MLTSS MCO Contracts, 2017-20

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS Population Demographics, Nov-19
- California Medi-Cal Managed Care Quality Strategy Reports, 2013-18
- California Medi-Cal Rx Transitioning Medi-Cal Pharmacy Services from Managed Care to FFS Presentations and FAQs, Nov-19
- California Medi-Cal Specialty Mental Health Services Policy Change Supplement, May-19
- Indiana HIP 2.0 Waiver Extensions and Related Documents, 2018-19
- Kentucky Medicaid MCO External Quality Review Technical Reports, 2018-19
- Kentucky Medicaid Oversight and Advisory Committee Meeting Materials, Oct-19
- Maryland HealthChoice HEDIS Report, 2018-19
- Michigan Medicaid Health Plan CAHPS Reports, 2015-19
- Michigan Medicaid Health Plan HEDIS Reports, 2016-19
- Michigan Medical Care Advisory Council Meeting Materials, Jun-19
- Montana DPHHS Strategic Plan, 2019-24
- Montana IDD HCBS 1915 Waiver Application, Jul-19
- New Hampshire Medicaid Enrollment by Eligibility Group and County, Oct-19
- New Hampshire Medical Care Advisory Committee Meeting Materials, Oct-19

- New Hampshire Monitoring Access to Care Plan for FFS Medicaid Program, Aug-19
- New York Medicaid Redesign Team (MRT) 1115 Waiver Proposed Amendment, Oct-19
- Oklahoma Medical Advisory Meeting Materials, Nov-19
- Rhode Island Medicaid Accountable Entity Roadmap, Aug-19
- South Carolina Medical Care Advisory Committee Meeting Materials, Aug-19
- Texas Medicaid Supplemental and Directed Payment Programs and 1115 Waiver Update Presentation, Nov-19
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, Oct-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:

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

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

HMA Colleagues Lead Health Reproductive Care Access Study

Health Management Associates (HMA), working with the Kaiser Family Foundation, recently conducted research and completed five case studies to identify distinct challenges that low-income women face in obtaining reproductive healthcare in five diverse communities, and the key factors contributing to them.

The findings will be the centerpiece of a [briefing](#) and roundtable discussion on Thursday, Nov. 14 in Washington, D.C.

HMA colleagues, including Managing Principal [Sharon Silow-Carroll](#), Consultant [Carrie Rosenzweig](#), Principal [Rebecca Kellenberg](#), and Senior Consultant [Diana Rodin](#), contributed to the research through state policy reviews, site visits, and interviews with local stakeholders. The HMA team learned about the experiences of women living in these communities and the reproductive health professionals caring for them.

They engaged participants from various demographics, including populations with historically greater health inequities such as low-income women, African Americans, Native Americans, immigrants, and refugees. Research was conducted in Dallas County (Selma), Alabama; Tulare County, California; St. Louis, Missouri; Crow Tribal Reservation, Montana; and Erie County, Pennsylvania. The selected regions represent urban and rural areas, including regions with limited healthcare resources due to closure and consolidation of family planning providers and hospitals.

The final study and five case studies will be published following the briefing and roundtable discussion.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With 23 offices and over 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

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