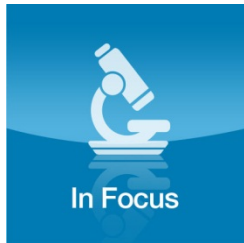


HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... December 12, 2018



In Focus



HMA Roundup



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IN FOCUS

MEDICAID AND EXCHANGE ENROLLMENT UPDATE - SEPTEMBER 2018

This week, our *In Focus* section reviews updated information issued by the Department of Health & Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) on Medicaid expansion enrollment from the "September 2018 Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report," published on November 30, 2018. Additionally, we review 2018 Exchange enrollment data from the "Health Insurance Marketplaces 2018 Open Enrollment Period: Final State-Level Public Use File," published by CMS on April 3, 2018. Combined, these reports present a picture of Medicaid and Exchange enrollment in 2018, representing 73 million Medicaid and CHIP enrollees and nearly 12 million Exchange enrollees.

Key Takeaways from Medicaid Enrollment Report

- Across all 50 states and DC, Medicaid and CHIP enrolled nearly 73 million individuals as of September 2018.
- Medicaid and CHIP enrollment is down more than 1 million members since September 2017, a 1.6 percent decrease in enrollment.
- Since September 2017, 20 states saw positive percentage growth in Medicaid and CHIP. No states saw double digit growth. The highest growth was seen in Alaska (7.4 percent); Montana (5.1 percent); Connecticut (4.2 percent); Iowa (4.1 percent); and Alabama (2.4 percent). Virginia expansion has been signed into law and will be effective January 1, 2019. Maine, Nebraska, and Utah are also likely to expand in 2019.
- Over that same period, 31 states saw a net decline in Medicaid and CHIP enrollment.
- As of September 2018, national Medicaid and CHIP enrollment is up nearly 15.3 million (26.5 percent) from the “Pre-Open Enrollment” period, defined as July 2013 through September 2013.
- The top five states in percentage growth of Medicaid and CHIP enrollment since the Pre-Open Enrollment period are Kentucky (102.3 percent), Nevada (93.9 percent), Montana (86.7 percent), Alaska (72 percent), and Colorado (70.9 percent). All five are Medicaid expansion states.
- The top five states in percentage growth of Medicaid and CHIP among states that did not expand Medicaid are North Carolina (27.4 percent), Idaho (16.3 percent), Georgia (14.9 percent), Florida (14.3 percent), and Alabama (13.9 percent).
- The top five states in total enrollment growth of Medicaid and CHIP are California (4.2 million), New York (829,752), Kentucky (620,467), Washington (616,424), and Colorado (555,696).

Table 1 - Overall U.S. Medicaid/CHIP Enrollment Growth - Pre-Open Enrollment Monthly Average through September 2018

	Pre-Open Enrollment Monthly Avg. (Jul13-Sep13)	Medicaid/CHIP Enrollment (September 2018)	September 2018 % Change	September 2018 # Change
Expanded Medicaid	38,623,549	52,310,927	35.4%	13,687,378
Have Not Expanded	19,065,142	20,655,252	8.3%	1,590,110
Total - All States	57,688,691	72,966,179	26.5%	15,277,488

Key Takeaways from 2018 Exchange Enrollment Report

- Final Exchange enrollments for the 2018 plan year, published in April 2018, showed that Qualified Health Plan (QHP) plans have been selected by nearly 11.8 million individuals across all 50 states and DC.
- 2018 QHP selections are down nearly 466,000 from 2017 QHP selections, a decline of 3.8 percent across all 50 states and DC.
- Only two states saw double-digit percentage growth in QHP selections - Rhode Island (12.1 percent), a State-Based Marketplace, and Kentucky (10.4 percent), a Federally Facilitated Marketplace.

- A total of 17 states saw declines in QHP selections between 0 percent and 5 percent. Another 15 states saw declines of 5 percent to 10 percent. A total of four states saw double-digit percentage declines in QHP selections from 2017 to 2018.
- Overall, all Exchange/Marketplace administration models saw declines in enrollment.

Table 2 - Overall U.S. Exchange QHP Selection Growth - 2017 through 2018

Marketplace Model (as of 2018)	Number of States	Selected Exchange QHP (September 2017)	Selected Exchange QHP (September 2018)	QHP % Change	QHP # Change
State-Based Marketplace (SBM)	15	3,313,342	3,303,433	-0.3%	(9,909)
Federally Facilitated Marketplace (FFM)	20	6,708,285	6,347,504	-5.4%	(360,781)
Partnership Marketplace	7	914,484	851,718	-6.9%	(62,766)
Plan Management	7	994,222	969,753	-2.5%	(24,469)
FFM/SBM-SHOP	2	285,670	277,767	-2.8%	(7,903)
Total		12,216,003	11,750,175	-3.8%	(465,828)

The table on the following page (Table 3) provides state-level data on Medicaid and Exchange enrollment.

Medicaid and Exchange Enrollment Data Sources

Link to CMS Medicaid Expansion Enrollment Report:

"September 2017 Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report" (November 30, 2018)

Link to CMS Marketplace Open Enrollment Period Public Use Files:

"2018 Marketplace Open Enrollment Period Public Use Files" (April 2018)

State	Expanded Medicaid	Exchange Model	Pre-Open Enrollment Monthly Avg. (Jul13-Sep13)	Medicaid/CHIP Enrollment (September 2018)	September 2018 % Change	September 2018 # Change	Selected Exchange QHP (2017)	Selected Exchange QHP (2018)	QHP % Change	QHP # Change
US Total			57,688,691	72,966,179	26.5%	15,277,488	12,216,003	11,750,175	-3.8%	(465,828)
Alabama	No	FFM	799,176	910,008	13.9%	110,832	178,414	170,211	-4.6%	(8,203)
Alaska	Yes	FFM	122,334	210,368	72.0%	88,034	19,145	18,313	-4.3%	(832)
Arizona	Yes	FFM	1,201,770	1,697,061	41.2%	495,291	196,291	165,758	-15.6%	(30,533)
Arkansas	Yes	Partnership	556,851	868,402	55.9%	311,551	70,404	68,100	-3.3%	(2,304)
California	Yes	SBM	7,755,381	11,933,367	53.9%	4,177,986	1,556,676	1,521,524	-2.3%	(35,152)
Colorado	Yes	SBM	783,420	1,339,116	70.9%	555,696	161,568	161,764	0.1%	196
Connecticut	Yes	SBM	618,700	847,594	37.0%	228,894	111,542	114,134	2.3%	2,592
Delaware	Yes	Partnership	223,324	248,352	11.2%	25,028	27,584	24,500	-11.2%	(3,084)
District of Columbia	Yes	SBM	235,786	257,992	9.4%	22,206	21,248	19,289	-9.2%	(1,959)
Florida	No	FFM	3,695,306	4,224,719	14.3%	529,413	1,760,025	1,715,227	-2.5%	(44,798)
Georgia	No	FFM	1,535,090	1,764,356	14.9%	229,266	493,880	480,912	-2.6%	(12,968)
Hawaii	Yes	FFM	288,357	334,473	16.0%	46,116	18,938	19,799	4.5%	861
Idaho	No	SBM	238,150	276,941	16.3%	38,791	100,082	94,507	-5.6%	(5,575)
Illinois	Yes	Partnership	2,626,943	2,921,973	11.2%	295,030	356,403	334,979	-6.0%	(21,424)
Indiana	Yes	FFM	1,120,674	1,441,160	28.6%	320,486	174,611	166,711	-4.5%	(7,900)
Iowa	Yes	Partnership	493,515	682,466	38.3%	188,951	51,573	53,217	3.2%	1,644
Kansas	No	Plan Mgmt	378,160	384,737	1.7%	6,577	98,780	98,238	-0.5%	(542)
Kentucky	Yes	FFM	606,805	1,227,272	102.3%	620,467	81,155	89,569	10.4%	8,414
Louisiana	Yes	FFM	1,019,787	1,457,989	43.0%	438,202	143,577	109,855	-23.5%	(33,722)
Maine	No	Plan Mgmt	266,900	261,128	-2.2%	(5,772)	79,407	75,809	-4.5%	(3,598)
Maryland	Yes	SBM	856,297	1,299,510	51.8%	443,213	157,832	153,584	-2.7%	(4,248)
Massachusetts	Yes	SBM	1,296,359	1,599,120	23.4%	302,761	266,664	267,260	0.2%	596
Michigan	Yes	Partnership	1,912,009	2,326,692	21.7%	414,683	321,451	293,940	-8.6%	(27,511)
Minnesota	Yes	SBM	873,040	1,063,017	21.8%	189,977	109,974	116,358	5.8%	6,384
Mississippi	No	FFM/SBM-SHOP	637,229	634,950	-0.4%	(2,279)	88,483	83,649	-5.5%	(4,834)
Missouri	No	FFM	846,084	921,839	9.0%	75,755	244,382	243,382	-0.4%	(1,000)
Montana	Yes	Plan Mgmt	148,974	278,065	86.7%	129,091	52,473	47,699	-9.1%	(4,774)
Nebraska	No	Plan Mgmt	244,600	244,195	-0.2%	(405)	84,371	88,213	4.6%	3,842
Nevada	Yes	SBM	332,560	644,952	93.9%	312,392	89,061	91,003	2.2%	1,942
New Hampshire	Yes	Partnership	127,082	181,155	42.5%	54,073	53,024	49,573	-6.5%	(3,451)
New Jersey	Yes	FFM	1,283,851	1,737,983	35.4%	454,132	295,067	274,782	-6.9%	(20,285)
New Mexico	Yes	SBM	457,678	723,304	58.0%	265,626	54,653	49,792	-8.9%	(4,861)
New York	Yes	SBM	5,678,417	6,508,169	14.6%	829,752	242,880	253,102	4.2%	10,222
North Carolina	No	FFM	1,595,952	2,033,474	27.4%	437,522	549,158	519,803	-5.3%	(29,355)
North Dakota	Yes	FFM	69,980	92,922	32.8%	22,942	21,982	22,486	2.3%	504
Ohio	Yes	Plan Mgmt	2,161,785	2,712,795	25.5%	551,010	238,843	230,127	-3.6%	(8,716)
Oklahoma	No	FFM	790,051	783,354	-0.8%	(6,697)	146,286	140,184	-4.2%	(6,102)
Oregon	Yes	SBM	626,356	960,905	53.4%	334,549	155,430	156,105	0.4%	675
Pennsylvania	Yes	FFM	2,386,046	2,937,929	23.1%	551,883	426,059	389,081	-8.7%	(36,978)
Rhode Island	Yes	SBM	190,833	309,833	62.4%	119,000	29,456	33,021	12.1%	3,565
South Carolina	No	FFM	889,744	1,012,160	13.8%	122,416	230,211	215,983	-6.2%	(14,228)
South Dakota	No	Plan Mgmt	115,501	116,882	1.2%	1,381	29,622	29,652	0.1%	30
Tennessee	No	FFM	1,244,516	1,377,849	10.7%	133,333	234,125	228,646	-2.3%	(5,479)
Texas	No	FFM	4,441,605	4,329,625	-2.5%	(111,980)	1,227,290	1,126,838	-8.2%	(100,452)
Utah	No	FFM/SBM-SHOP	294,029	292,426	-0.5%	(1,603)	197,187	194,118	-1.6%	(3,069)
Vermont	Yes	SBM	161,081	160,294	-0.5%	(787)	30,682	28,763	-6.3%	(1,919)
Virginia	Yes	Plan Mgmt	935,434	1,031,756	10.3%	96,322	410,726	400,015	-2.6%	(10,711)
Washington	Yes	SBM	1,117,576	1,734,000	55.2%	616,424	225,594	243,227	7.8%	17,633
West Virginia	Yes	Partnership	354,544	540,941	52.6%	186,397	34,045	27,409	-19.5%	(6,636)
Wisconsin	No	FFM	985,531	1,029,055	4.4%	43,524	242,863	225,435	-7.2%	(17,428)
Wyoming	No	FFM	67,518	57,554	-14.8%	(9,964)	24,826	24,529	-1.2%	(297)



HMA MEDICAID ROUNDUP

Arkansas

Assisted Living Facilities Oppose 22 Percent Medicaid Rate Cut Proposal. *Arkansas Democrat Gazette* reported on December 9, 2018, that Arkansas assisted-living facilities are concerned that a 22 percent proposed Medicaid rate cut would force them out of business. The proposal would also establish per-person caps on in-home help provided to Medicaid members in the ARChoices home and community-based services program. The changes, which would take full effect in January 2019, are part of the state's broader effort to slow Medicaid spending growth. [Read More](#)

California

Nursing Homes Seek Exemption from New Staffing Regulations. *Kaiser Health News* reported on December 7, 2018, that over half of California nursing homes are seeking exemption from new state staffing rules which require skilled nursing facilities to provide at least 3.5 hours of direct care per resident per day, up from 3.2 hours of care previously. In order to remain eligible for Medicare and Medicaid, nursing homes are also required to submit payroll records. [Read More](#)

Idaho

Supreme Court to Hear Medicaid Expansion Case. *The Idaho Statesman* reported on December 4, 2018, that the Idaho Supreme Court will hear oral arguments in a lawsuit filed by the Idaho Freedom Foundation to overturn the state's voter-approved Medicaid expansion. Oral arguments are scheduled for January 29. More than 60 percent of voters in November approved the measure, known as Proposition 2. [Read More](#)

Iowa

Iowa Allows UnityPoint to Keep \$2.4 Million in Medicaid Overpayments. *The Associated Press* reported on December 6, 2018, that Iowa has signed a deal with UnityPoint Health allowing its hospitals and providers to keep an estimated \$2.4 million in Medicaid overpayments. The deal comes after UnityPoint had threatened to exit the state's Medicaid program. UnityPoint had already repaid \$2 million in overpayments earlier this year. The payments were part of a program designed to incentivize use of electronic health records. [Read More](#)

Maine

Judge Sets February 1 Deadline to Begin Medicaid Expansion Enrollment. *The Portland Press Herald* reported on December 6, 2018, that Maine Superior Court Judge Michaela Murphy has set a February 1 deadline to begin enrollment in the state's voter-approved Medicaid expansion program, with benefits retroactive to July 2. The judge pushed back the deadline from December 5, but the ruling is still a victory for expansion advocates because it denied a further attempt by outgoing Republican Governor Paul LePage to block implementation of the program. Democratic Governor-elect Janet Mills, a supporter of expansion, takes office in January. [Read More](#)

Massachusetts

Massachusetts to Receive \$3 Million from Target to Resolve Medicaid Prescription Auto-Refill Allegations. *The Associated Press* reported on December 11, 2018, that Target Corp. has agreed to pay \$3 million to Massachusetts to resolve allegations that the company improperly enrolled Medicaid members in a prescription drug auto-refill program. Massachusetts is among the states that prohibit automatic refills without the beneficiary's request. The practice preceded CVS' acquisition of Target's pharmacies, authorities said. [Read More](#)

Michigan

Medicaid Expansion Members Report Improved Health, Study Says. *Michigan Radio* reported on December 9, 2018, that nearly half of individuals covered by the Michigan Medicaid expansion showed improved health after enrolling, according to a study by the University of Michigan Institute for Healthcare Policy and Innovation. Nearly half of the 4,090 Healthy Michigan plan enrollees surveyed reported better physical health, while nearly 40 percent reported better mental health. Nearly half of respondents were employed; among those that weren't, some said improved access to health care improved their ability to look for a job. [Read More](#)

Mississippi

Mississippi Awards CHIP Contracts to Molina, UnitedHealth. On November 21, 2018, Mississippi announced the award of managed care contracts for the state Children's Health Insurance Program (CHIP) to new entrant Molina Healthcare and incumbent UnitedHealthcare. Incumbent Centene/Magnolia was not awarded a contract. The contracts are effective February 1, 2019, and run for three years, with up to two one-year extensions. [Read More](#)

New Hampshire

New Hampshire Democrats Question CMS Revisions to Medicaid Work Requirements. *Modern Healthcare* reported on December 6, 2018, that Democratic lawmakers in New Hampshire are pushing back on revisions made by the Centers for Medicare & Medicaid Services (CMS) to the newly approved Medicaid expansion work requirements. The changes, made by CMS without consulting the state, will no longer allow Medicaid recipients to make up a shortage of monthly work hours at a later date. Among other changes, expansion enrollees will not be eligible for 90-day retroactive coverage. [Read More](#)

New York

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

NY Medicaid Managed Care Advisory Review Panel Holds Quarterly Meeting. The New York Medicaid Managed Care Advisory Review Panel, the legislatively mandated oversight body for New York's Medicaid managed care program, held its quarterly meeting on December 6th. Staff from the Division of Health Plan Contracting and Oversight for the New York Department of Health provided an update on plan mergers, acquisitions, expansions, and closures. The meeting also included updates on behavioral health, managed long-term care, and results of the Medicaid managed care member satisfaction survey. Slides are available on the HMAIS website, or by request.

Program Update

Three applications for new plans are still under review. They are all currently operating managed long-term care plans, and are interested in expanding into the mainstream Medicaid managed care market so they can participate in the state's Specialized I/DD plan offering, likely to begin in 2019.

- Partners Health Plan, which operates the plan participating in the duals demonstration program for individuals with intellectual/developmental disabilities (FIDA-IDD) has applied to become a mainstream Medicaid managed care plan. Partners operates in NYC, Long Island, Westchester, and Rockland Counties. The FIDA-IDD plan, which began operations in April 2016, currently has 1,138 members.
- Hamaspik Choice - currently a managed long-term care plan operating in 6 counties, serving 2,200 members, has applied to become a mainstream Medicaid managed care plan. The Hamaspik Association is a statewide non-profit organization representing a network of member agencies that provide health and human services primarily serving families in the Orthodox Jewish community
- iCircle Care - currently a managed long-term care plan operating in 22 counties in Central New York, serving 3,000 members, has applied to become a mainstream Medicaid managed care plan. Their roots are in the I/DD provider community.
- HealthNow had applied to add a Health and Recovery Plan to its current Medicaid managed care offerings, but has suspended that request.

Other program updates:

- Dental implants are now covered by Medicaid when medically necessary. Prior approval requests for implants must have supporting documentation from the patient's physician and dentist.
- Children's behavioral health services are being expanded as of January 1, 2019, to include three services that had previously only been available to children being served in waiver programs: Other Licensed Practitioner (activities under a licensed practitioner's scope of practice provided in nontraditional settings), Psychosocial Rehabilitation, and Community Psychiatric Treatment and Supports.
- The doula pilot program will begin on March 1 in Erie and Kings Counties. Participants will receive up to 3 prenatal and 4 post-partum visits, as well as support during labor and delivery.

Behavioral Health Update

The transition of children's behavioral health services into Medicaid managed care is tentatively scheduled to begin in July 2019, although the transition is still subject to CMS approval.

- New York plans to add 6 new services to the Medicaid benefit, 3 in January 2019 and 3 in January 2020.
- The foster care population will be transitioned into managed care in July 2019.
- Managed care plans are now undergoing readiness review, and providers have begun claims testing.

Health and Recovery Plans (HARPs) are now serving 131,00 Medicaid beneficiaries with serious mental illness and/or substance use disorder.

- Of those, 23,000 have been assessed for eligibility for the enhanced home and community-based services that HARPs were designed to provide, up from 18,500 in August.
- 3,629 individuals have been authorized to receive HCBS services, or less than 3 percent of HARP enrollees.
- Over the summer the Office of Mental Health conducted a root cause analysis that looked at the slower than anticipated access to HCBS for HARP members. Recent data indicate that the entire assessment process is slightly faster, and the number of individuals authorized to receive HCBS services increased by 8 percent in a month.

Managed Long-Term Care Update

- Enrollment in managed long-term care continues to grow rapidly, with an 11 percent increase over the last 12 months.
- Fully Integrated Duals Advantage (FIDA) enrollment will close in June; the program will sunset at the end of the year. Only 6 plans continue to participate in FIDA. The Department of Health noted that the program required a lot of resources and staffing for a very small population. They also indicated that they are conducting a post mortem to better understand what plans did and did not like about the program.

- Licensed Home Care Service Agency (LHCSA) restrictions that were included in this year's budget went into effect on October 1, 2018, limiting the number of LHCSAs an MLTC can have in its network.
- The state plans to implement a lock-in for MLTC members, which would give enrollees a 90-day window to switch plans, after which they would be locked into their MLTC for the next nine months. The plan is meant to reduce enrollees "shopping" across plans to obtain more services. The formal federal public comment period has ended; the state is now reviewing comments received.

Member Satisfaction Survey

The Department of Health conducts a member satisfaction survey of its Medicaid managed care program, including HIV Special Needs Plans and Health and Recovery Plans as well as mainstream plans, every two years. The Department uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a tool designed to assess consumer's experience with access to care, health care providers and health plans. The survey was sent to 1,500 members from each of 15 Medicaid managed care plans and 3 HIV SNPs, and 500 members from each of 13 HARP plans.

- Satisfaction with care is generally high, although HARP members are less satisfied than other enrollees. HARP members also reported significantly poorer health status and mental health status.
- HARP members have higher rates of tobacco use, depression, drinking and drug use, as well as higher rates of arthritis, obesity and asthma.
- Large numbers of enrollees reported they have easy access to mental health treatment, with HARP members most likely to indicate easy access.
- Only 2/3 of enrollees reported a "good" rating of mental health treatment and of alcohol/drug treatment.

New York Releases Request for Applications for Recovery Community Center Initiative. On December 4, 2018, the New York State Office of Alcoholism and Substance Abuse Services has released a Request for Applications for its Recovery Community Center Initiative. The goal of the initiative is to develop a geographically dispersed statewide infrastructure of Recovery Community Centers. The centers will offer a diverse range of recovery support services, accessible not only during daytime hours, but also during evenings and weekends. The state has \$2,187,000 in funds, meant to provide five or more programs with operating budgets not to exceed \$350,000 per site. Applicants may request up to \$87,500 for 1-time start-up funds. The funding period for this award ends September 30, 2019 and may be renewed for a second year based on federal appropriation. There is no funding for Capital Projects under this RFA. Applications are due January 2, 2019. [Read More](#)

New York Seeks Consultant for Managed Care Transitions. The New York Department of Health is seeking a consultant to provide support for the transition of two populations into managed care: The Children's MRT Transformation, which will carve children's behavioral health services into mainstream Medicaid managed care, and the transition of individuals with intellectual and developmental disabilities into Care Coordination Organizations/Health Homes. Consultants will provide support for program design, including work on necessary state plan amendments and waivers, review of the impact of these transitions on other programs, technical support for operational changes required, and program design specifically related to the transition of foster care children into managed care. This procurement opportunity is limited to New York State Small Businesses, New York State certified Service Disabled Veteran Owned Businesses and certified minority or women-owned businesses. The state has made up to \$200,000 available for a one-year period. Proposals are due January 17, 2019. [Read More](#)

Head of New York Office for People with Developmental Disabilities to Leave. *The Albany Times Union* reported on December 12, 2018, that Kerry Delaney, the head of New York's Office for People with Developmental Disabilities is leaving to become the CEO of Partners Health Plan. Partners is a not-for-profit managed long-term care plan serving individuals with intellectual/developmental disabilities. It is the only plan that participates in the FIDA-IDD demonstration program, the fully integrated duals advantage plan for individuals with intellectual/developmental disabilities. Partners currently operates in 9 counties, and has 1,300 members. They have applied to be certified as a mainstream Medicaid managed care plan in New York. [Delaney](#) has been acting-commissioner of the department since 2014. [Read More](#)

Oklahoma

Oklahoma Seeks Federal Approval for Medicaid Work Requirements. *The Hill* reported on December 10, 2018, that Oklahoma, a non-expansion state, is seeking federal approval to implement Medicaid work requirements effective February 1, 2019. The measure would require able-bodied Medicaid beneficiaries aged 19 to 50 and not pregnant to report 80 hours of work, school, or volunteering monthly to maintain coverage. The state projects that approximately 6,000 individuals would be impacted by the requirement. The Trump administration has already approved Medicaid work requirements in Arkansas, Indiana, New Hampshire, Wisconsin and Kentucky. [Read More](#)

Oregon

Oregon Faces Backlash Against Housing Provision for Individuals with Mental Illness. *The Oregonian* reported on December 6, 2018, that the Oregon Health Authority has suspended a provision in a state contract with KEPRO that advocates say incentivized the company to move individuals with mental illness into less restrictive housing without follow up. KEPRO was hired by the state to review the medical needs of individuals with mental illness. The state is currently reviewing the program. [Read More](#)

Pennsylvania

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

Pennsylvania Launches Comprehensive Tool to Help Identify Resources for SUD Treatment and Support Services. On December 6, 2018, Pennsylvania rolled out the Drug and Alcohol Referral Tool (DART), an online resource to help individuals seeking substance use disorder (SUD) treatment find treatment options and other related support services. The tool will act as a consolidated, centralized hub to assist people who are looking for services but are not sure where to begin. The DART tool provides resources based on a person's age, county of residence, and veteran status. The DART tool also provides potential resources that consider issues of homelessness, transportation or legal concerns. While the tool provided information on available services, it does not assess eligibility. [Read More](#)

Pennsylvania Announces All State Hospitals Are Tobacco-Free. The Pennsylvania Department of Human Services (DHS) announced on December 10, 2018, that all six state mental hospital facilities are tobacco-free campuses. All state hospital facilities will offer smoking cessation programs, individualized support as needed, nicotine patches, and nicotine gum to help patients and staff with this transition. [Read More](#)

Pennsylvania Releases RFI for Individual and Family Needs Assessments. The Pennsylvania Department of Human Services (DHS) released on December 7, 2018, a Request for Information (RFI) to explore existing individual or family needs assessments, methods of connecting individuals and families to community resources, and models for providing whole-person or whole-family case management. Any organization that has experience in any of these areas is invited to respond to the RFI by January 18, 2019. [Read More](#)

National

DHS Takes Heat for Proposal to Deny Visas, Residency to Immigrants on Medicaid. *Modern Healthcare* reported on December 11, 2018, that a U.S. Department of Homeland Security (DHS) proposal to expand the ability of immigration officials to deny visas or permanent residency to individuals enrolled in Medicaid and Medicare Part D is facing a backlash among health care industry groups. Providers, insurers, and advocates submitted more than 210,000 comments urging withdraw of the proposed rule. DHS expects the regulation to affect about 382,000 individuals annually. [Read More](#)

Supreme Court Rejects Kansas, Louisiana Appeals in Planned Parenthood Medicaid Funding Case. *The Associated Press* reported on December 10, 2018, that the U.S. Supreme Court rejected appeals by Kansas and Louisiana of lower court rulings, which found that the two states can't block Medicaid payments to Planned Parenthood for non-abortion services. In his first notable vote, Justice Brett Kavanaugh rejected the appeal, leaving conservative colleagues short of the necessary four votes to hear the case. [Read More](#)

House Republicans Seek to Delay ACA Taxes. *Modern Healthcare* reported on December 10, 2018, that Republicans on the House Ways and Means Committee introduced a bill delaying certain Affordable Care Act taxes. The package includes a five-year moratorium on the medical device tax, delays the so-called Cadillac tax on high-cost health insurance until 2023, and imposes a two-year delay on the health insurance tax. [Read More](#)

Trump Administration May Link 1332 Waiver Approvals to Repeal of Certificate of Need Laws. *Modern Healthcare* reported on December 8, 2018, that the willingness of states to deregulate health care markets, including repeal of certificate of needs laws, may be a factor in whether the Trump Administration approves 1332 State Innovation Waivers. While a White House official said there is no “black and white” link between waiver approval and efforts to deregulate, recent guidance suggests that deregulation could help state secure necessary funding for insurance Exchange reforms. The Department of Health and Human Services (HHS) urged states to scale back certificate of need and scope of practice regulations in a report released last week. [Read More](#)

MACPAC Meeting Scheduled for December 13-14. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on December 10, 2018, that its next meeting will be held December 13-14. Topics to be discussed are:

- State Innovations in Drug Pricing
- Network Adequacy in Managed Care
- Hospital Allotment Reductions
- Payment Limits for Hospitals
- Medicaid and CHIP Managed Care Rules
- Integrated Care for Dually Eligible Beneficiaries
- Medicaid in Puerto Rico
- 2018 MACStats Highlights
- Program Integrity Strategies. [Read More](#)

U.S. Health Spending Growth Slowed to 3.9 Percent in 2017, CMS Says. *Modern Healthcare* reported on December 6, 2018, that the rate of increase in U.S. health care spending slowed to 3.9 percent in 2017, down from 4.8 percent in 2016, according to Centers for Medicare & Medicaid Services’ annual spending [report](#). Prescription drug spending slowed to 0.4 percent in 2017, compared to 2.3 percent in 2016, partly because of a shift to cheaper generics. Health spending accounted for 17.9 percent of the GDP in 2017. [Read More](#)

Medicaid Covers 85.3 Million Individuals in 2017, MACPAC Data Book Shows. The Medicaid and CHIP Payment and Access Commission (MACPAC) reported on December 6, 2018, that a total of 85.3 million individuals were covered by Medicaid at some point in 2017, according to the latest edition of the MACStats Medicaid and CHIP Data Book. Another 9.5 million were covered by the Children’s Health Insurance Program (CHIP). The 2018 Data Book includes data on enrollment, spending, benefits, beneficiary health, service use, access to care, and state-by-state enrollment and spending for Medicaid expansion. [Read More](#)



INDUSTRY NEWS

BrightSpring Health Services, PharMerica to Merge. BrightSpring Health Services and PharMerica Corporation announced on December 11, 2018, plans to merge, creating a leading provider of pharmacy and home and community-based services to complex patient populations. The combined company will serve more than 300,000 patients daily in 44 states and the District of Columbia. Jon Rousseau, chief executive of BrightSpring, will lead the newly combined company. Financial terms were not disclosed. As part of the transaction, private equity firm Onex Corp. announced it agreed to sell its majority stake in BrightSpring to KKR & Co. and an affiliate of Walgreens Boots Alliance, Inc. [Read More](#)

Allscripts to Sell Stake in Netsmart to Private Equity Firms. Allscripts Healthcare Solutions, Inc. announced on December 10, 2018, a definitive agreement to sell its stake in Netsmart Technologies to private equity firms GI Partners and TA Associates. The sale will generate \$525 million in net after-tax proceeds to Allscripts. Netsmart is a provider of technology for electronic health records, billing and analytics. GI Partners, which has owned a stake in Netsmart since 2016, will now be majority owner. Mike Valentine will remain chief executive officer of Netsmart. The transaction is expected to close by the end of this month. [Read More](#)

Remedy Partners to Receive Investment from New Mountain Capital. Remedy Partners announced on December 12, 2018, that private equity firm New Mountain Capital has agreed to acquire a stake in the company from existing venture capital investors. New Mountain will hold four of seven board seats. Existing venture investors will continue to hold shares in the company as well. The deal is expected to close in 30 to 60 days. [Read More](#).

Trinity Health CEO Richard Gilfillan to Step Down. *Modern Healthcare* reported on December 11, 2018, that Richard Gilfillan, M.D., has announced he will be leaving his position as chief executive of Trinity Health effective June 2019. Trinity president Michael Slubowski will replace. Gilfillan has been with Trinity since 2013 and became chief executive after the merger with Catholic Health East. [Read More](#)

LHC, LifePoint Announce Acquisition of Two Home Health Services Providers. LHC Group and LifePoint Health announced on December 10, 2018, the joint acquisition of two home health services providers: Guardian Health Services in North Carolina and Commonwealth Home Health Care in Virginia. LHC Group has majority ownership of both agencies and will assume management responsibility. The joint venture includes 33 home health, 14 hospice, and one home and community-based services locations. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
December 2018	Massachusetts One Care (Duals Demo)	RFP Release	150,000
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
2019	Louisiana	RFP Release	1,500,000
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
Late Spring 2019	Kentucky	RFP Release	1,200,000
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
July 1, 2020	Kentucky	Implementation	1,200,000
January 1, 2020	Louisiana	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

COMPANY ANNOUNCEMENTS

Sharp Rees-Stealy Wins 2018 Doyle Award

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- Florida Medicaid Managed Care Enrollment is Down 1.5%, Nov-18 Data
- Illinois Dual Demo Enrollment is Flat, Nov-18 Data
- Illinois Medicaid Managed Care Enrollment is Up 17.2%, Nov-18 Data
- Maryland Medicaid Managed Care Enrollment is Up 0.4%, Oct-18 Data
- North Carolina Medicaid Enrollment by Aid Category, 2015-17, Dec-18
- Texas Medicaid Managed Care Enrollment is Flat, Aug-18 Data
- Behavioral Health Organization Activity Map and Flowchart, Jul-18 Data
- Medicaid Managed Care Substance Use Disorder Treatment Activity Map and Flowchart, Jul-18 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California MMIS Fiscal Intermediary Business Operations RFP and Award, Aug-18
- Michigan Medicaid Non-Emergency Medical Transportation (NEMT) Broker for Wayne, Oakland and Macomb Counties RFP, Dec-18
- Mississippi Children's Health Insurance Program (CHIP) RFQ and Award, 2018
- Nebraska Medicaid Utilization & Quality Management Contract, Jul-18
- Ohio External Quality Review Services for Performance Evaluation and Improvement RFP, Dec-18
- Pennsylvania Comprehensive Services and Information Resources RFI, Dec-18
- Texas NEMT RFP and Related Documents, Dec-18
- Wisconsin Enterprise Data Warehouse and Data Analytics RFP, Nov-18

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS Appropriation Status Reports FY 2019, Oct-18
- Arizona AHCCCS Population Demographics, Dec-18
- Florida Medical Care Advisory Meeting Materials, Dec-18
- Florida Statewide Medicaid Managed Care Update Presentation, Dec-18
- MACPAC MACStats Medicaid and CHIP Data Books, Dec-18
- Maine MaineCare Enrollment by Category, Oct-18
- Michigan Medicaid Managed Care Rate Certifications, FY 2015-18
- Nebraska Medicaid Managed Care Rate Certifications, FY 2014-18
- Nevada Dental Dashboards, FY 2018
- NY Medicaid Managed Care Advisory Review Panel Meeting Materials, Dec-18
- Oregon Medicaid Advisory Committee Meeting Materials, Dec-18
- Pennsylvania Medical Assistance Advisory Committee Meeting Materials, Oct-18
- Texas HHS Dental Services for Adults with Disabilities Report, Dec-18
- U.S. Medicaid, CHIP Enrollment at 73 Million, Sep-18 Data
- Virginia Medicaid Expansion Memo, Dec-18
- Washington Medicaid Managed Care Capitation Rate Development, CY 2015-18

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.

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<http://healthmanagement.com/about-us/>

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