

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... December 18, 2019



RFP CALENDAR

HMA News

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THIS WEEK

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- FLORIDA AHCA SECRETARY ADDRESSES MEDICAID FUNDING PRIORITIES IN GOVERNOR'S BUDGET PROPOSAL
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- TEXAS FACES LAWSUIT OVER STAR+PLUS AWARDS
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The next weekly roundup will be January 8, 2020.

IN FOCUS

HIGHLIGHTS FROM KAISER/HMA STUDY ON ACCESS TO REPRODUCTIVE HEALTH FOR LOW-INCOME WOMEN

This week, our *In Focus* section reviews highlights and major findings from the study, *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, conducted by The Kaiser Family Foundation (KFF) and Health Management Associates (HMA). The report, published in November 2019, was prepared by Sharon Silow-Carroll, Carrie Rosenzweig, Diana Rodin, and Rebecca Kellenberg from Health Management Associates; and by Usha Ranji, Michelle Long, and Alina Salganicoff from KFF.

The study examined access to reproductive and sexual health services in Dallas County, Alabama; Tulare County, California; St. Louis, Missouri; Crow Tribal Reservation, Montana; and Erie County, Pennsylvania. Through interviews with providers, community-based organizations, researchers, and advocates, as well as focus groups with low-income women, the study identified key factors affecting access, including cultural and social determinants of health; coverage; provider supply and distribution; sex education; and abortion restrictions.

Cultural and Social Determinants of Health

Across all communities, social determinants affected women's ability and comfort in seeking preventative health care and family planning. Poverty, housing instability, food insecurity, limited education, and lack of employment contributed to women prioritizing food and shelter over their family planning needs. Women who were undocumented immigrants or not proficient in English were also less likely to seek family planning and other health services due to language barriers, fear of deportation, and concerns of jeopardizing immigration proceedings. Some focus group participants were discouraged from accessing care or using specific methods of contraception by providers and prior negative experience with the health care system, including feeling pressure to use contraception.

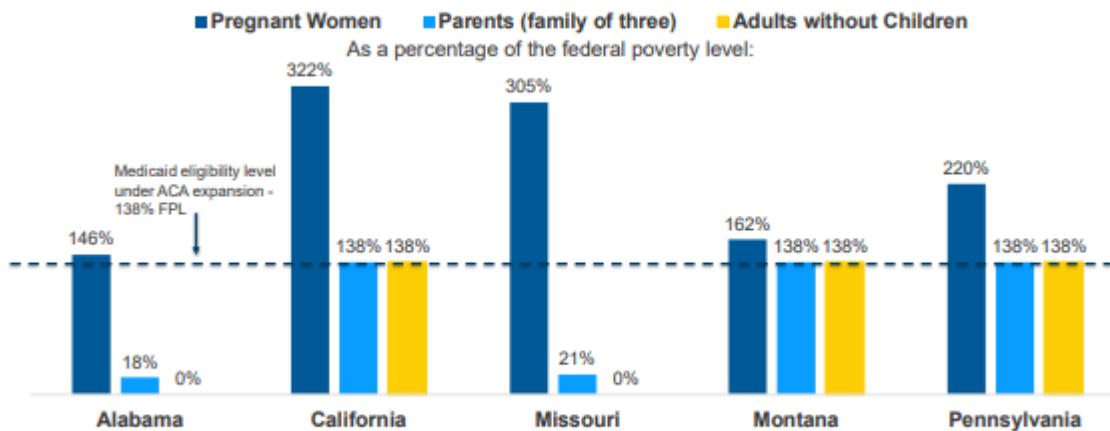
To address these barriers, interviewees suggested that providers could develop and train a more diverse group of doctors, co-locate clinics in workforce training sites or affordable housing, and use case management to address social and economic needs.

Availability of Coverage

Interviewees noted that Medicaid expansion was key in broadening access to coverage for low-income women and providing revenue to support safety net and rural hospitals that serve low-income populations. Two of the five communities in this study, St. Louis, Missouri, and Dallas County, Alabama, were in states where Medicaid coverage was not expanded under the Affordable Care Act. As a result, women had limited options for obtaining coverage for basic health care services. According to Kaiser Family Foundation, most low-income women have no coverage for preventive, acute, or chronic care outside of pregnancy in these states. In Dallas County, participants reported that they often would go to the emergency room when they needed health care. Additionally, participants reported that losing Medicaid eligibility at 60 days postpartum, or due to small changes in income, disrupted continuity of care and created barriers to family planning and reproductive health care. Medicaid and CHIP eligibility levels in the five states where the studied communities are located are shown on the chart below.

Certain Medicaid rules and low reimbursement rates limit the number of providers who accepted Medicaid coverage, creating additional barriers to care. Providers discussed Medicaid policies that limit their ability to provide long-acting revisable contraceptive (LARC) devices (e.g. IUDs and contraceptive implants) to their patients when they want them. These include policies that preclude same-day LARC insertions, tie LARC devices to specific patients, or do not reimburse providers for LARC immediately after delivery.

Medicaid and CHIP Income Eligibility Levels for Pregnant Women, Parents, and Adults without Children, 2019



NOTES: The federal poverty level (FPL) is \$12,490 for an individual and \$21,330 for a family of three in 2019. California, Montana, and Pennsylvania have adopted the ACA's Medicaid expansion for all eligible adults up to 138% FPL. Alabama and Missouri have not adopted the Medicaid expansion. The income eligibility levels shown in the figure for pregnant women reflect the highest limits available in the state. In California and Missouri, this coverage is under the Children's Health Insurance Program (CHIP) "unborn child" option. Coverage in the other states is through Medicaid.

SOURCE: KFF. [Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults](#). March 2019.



Provider Supply and Distribution

The five communities in this study are designated "Medically Underserved Areas" and "Health Professional Shortage Areas" according to the U.S. Health Resources & Services Administration (HRSA). These areas have too few primary care providers, high infant mortality, and high poverty, and face shortages of primary medical care, dental or mental health providers. Additionally, states that did not expand Medicaid have experienced rural hospital closures or a reduction in obstetrical units. These rural areas face severe provider shortages and persistent challenges in recruiting and retaining clinicians trained in reproductive and sexual health services. They reported insufficient numbers of providers offering STI testing and treatment, HIV care, obstetrical care, trans-competent and LGBTQ-friendly services, and a scarcity of abortion providers. Long travel distances and lack of public transportation in rural areas were also major barriers to care. Interviewees identified telemedicine as a possible solution to address these barriers, but upfront costs can hinder these efforts, and not all communities have access to broadband.

To address provider supply issues, interviewees suggested expanding provider training for IUD insertion and removal; collaboration with medical residency programs to identify and nurture providers who are interested in women's health; training of nurse practitioners to initiate conversations about family planning; a platform for community providers to share "best practices" about what works in promoting family planning; and providers whose demographics reflect those of the community, including more female providers in certain areas.

Sex Education

Participants described availability and curricula of sex education as inconsistent among schools and often inadequate for high school-aged students. Most areas stressed abstinence in the curricula. Participants also felt

that churches, which were central pillars of some of the communities examined, discouraged discussion of sexual health.

Abortion Restrictions

Access to abortion in the five communities was severely limited due to restrictive state policies and/or local pressures resulting in a shortage of abortion providers and long travel times, which was exacerbated by a lack of transportation options. Additionally, protestors and cultural stigma surrounding the procedure reportedly made women feel ashamed or afraid to seek an abortion. Participants also cited cost as a major barrier to abortion access.

The case studies and summary report revealed challenges and strengths that are not evident in statistics alone. Interviewees emphasized that much more needs to be done to eliminate the structural, cultural, political, and economic barriers to reproductive health services. However, multiple providers and community organizations were engaged in initiatives intended to address barriers to reproductive health care.

For more information, contact [Sharon Silow-Carroll](#), Managing Principal, HMA.

[*Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities Report*](#)



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Alaska

Alaska Reinstates Adult Medicaid Preventive Dental Program. KTVA 11 reported on December 13, 2019, that the Alaska Department of Health and Social Services will reinstate an adult preventive dental care program to comply with Affordable Care Act requirements. The state will also retroactively cover care provided after the program expired October 1 following funding cuts. The program covered cleanings, fillings, and other dental procedures for about 30,000 Alaskans in 2018. [Read More](#)

Arkansas

Arkansas to Limit Health Plan Ownership of PASSEs. *The Arkansas Democrat-Gazette* reported on December 10, 2019, that Arkansas officials are taking steps to limit insurance companies from owning a controlling stake in Provider-led Arkansas Shared Savings Entities (PASSEs), a move that would impact Centene Corp., which owns 74 percent of Arkansas Total Care. State law requires that PASSEs are at least 51 percent owned by participating health care providers. Arkansas Total Care met the requirement because Centene owns part of its stake through a provider subsidiary. New contracts, scheduled to take effect January 1, will specify that the providers that own 51 percent of a PASSE aren't owned by an insurance company, according to Paula Stone, deputy director of the Human Services Department's Division of Medical Services. [Read More](#)

Florida

Florida AHCA Secretary Addresses Medicaid Funding Priorities in Governor's Budget Proposal. WUSF reported on December 12, 2019, that Florida Agency for Health Care Administration (AHCA) Secretary Mary Mayhew highlighted some of the funding priorities of Governor Ron DeSantis' fiscal 2021 budget proposal, including \$95 million in new funds for the state's Medicaid waiver program for individuals with intellectual and developmental disabilities (IDD), as well as \$240 million to offset budget deficits in the Agency for Persons with Disabilities. Mayhew also underlined a proposed \$20 million slated for a contractor to implement a prescription drug importation program. [Read More](#)

Georgia

Wellcare of Georgia Medicaid Members with Diabetes to Receive Fitbit. *MedCity News* reported on December 16, 2019, that about 4,000 WellCare of Georgia Medicaid members with type 1 or type 2 diabetes will be eligible to receive a Fitbit Inspire fitness tracking device after completing an annual diabetic retinal exam. The initiative will also provide coaching and educational materials. [Read More](#)

Kentucky

Kentucky Governor Rescinds Medicaid Work Requirements. *The Lexington Herald-Leader* reported on December 16, 2019, that Kentucky Governor Andy Beshear signed an executive order rescinding the state Medicaid waiver proposal that had called for work requirements. Beshear's announcement fulfilled his promise to drop the requirements during his first week in office. [Read More](#)

Kentucky Official Overrides Committee Rejection of Medicaid Managed Care Awards on Last Day of Bevin Administration. *The Louisville Courier Journal* reported on December 12, 2019, that a top Bevin administration official overrode a decision by the Kentucky legislature's Government Contract Review Committee to reject the state's recent Medicaid managed care contract awards. The move by state finance secretary William Landrum III was made on the last day of the Bevin administration. Governor Andy Beshear, who took office on December 11, has pledged to review the awards, which are scheduled to take effect in July 2020. [Read More](#)

Massachusetts

Massachusetts Issues RFP to Address Social Determinants of Health through MassUP Initiative. On December 16, 2019, the Massachusetts Health Policy Commission issued a request for proposals (RFP) seeking providers and community-based organizations to collaborate on social determinants of health as part of the state's Moving Massachusetts Upstream initiative. The state expects to grant three or four awards totaling up to \$2 million; no single award will exceed \$650,000. Responses are due on February 21, 2020. The commission will host an information session via webinar on January 9, 2020. To view the RFP and all related materials, please click [here](#).

Michigan

Michigan Official Provides Additional Details on Proposal for Specialty Medicaid Plans to Integrate Physician, Behavioral Coverage . *Crain's Detroit Business* interviewed Michigan Department of Health and Human Services director Robert Gordon on December 13, 2019, providing additional details about his proposal for Specialty Integrated Plans (SIPs) that integrate physical and behavioral coverage for Medicaid beneficiaries with significant behavioral health problems. Gordon said the state's existing Prepaid Inpatient Health Plans would play an important role during the two-year transition to SIPs. The proposal calls for four potential models, one of which would be a statewide public plan comprised of a PIHP or a combination of PIHPs and mental health agencies. The other three could include Medicaid managed care plans, provider-based SIPs, or joint ventures involving PIHPs, providers or Medicaid plans. [Read More](#)

Nebraska

Dental Providers Seek Halt to Medicaid Audits . *Live Well Nebraska* reported on December 12, 2019, that dental providers are asking Nebraska to halt Medicaid audits until changes are made. The audits have questioned certain procedures and required some dental providers to repay funds to the state. The request came in a letter to the Nebraska Department of Health and Human Services signed by the presidents of the American Dental Association, American Academy of Pediatric Dentistry, Nebraska Dental Association, and Nebraska Society of Pediatric Dentistry. [Read More](#)

New Jersey

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

New Jersey Medicaid Releases Updated Care Management Workbook. In November 2019, The New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) posted an updated version of its Care Management Workbook online to replace the May 2017 version. The revisions include:

1. Requirement that all elements of the State approved Initial Health Screen and Comprehensive Needs Assessment tools must be included in the MCO's tools.
2. Requirement that MCO Comprehensive Needs Assessments be approved by DMAHS.
3. Changes in care management reporting requirements

A copy of the latest Care Management Workbook can be found [here](#).

New York

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

Report Suggests New Funding Approach for New York City's Public Hospital System. On December 16, 2019, the Citizens Budget Commission, a non-profit fiscal watchdog group, recommended a benchmarking approach to help bring costs and revenues at the New York City (NYC) Health + Hospitals (H+H) public hospital system in line with other "safety net" hospital systems in order to reduce the large annual New York City tax subsidy needed to operate the system. CBC recommends the following: Develop a new approach to financial planning and budgeting, including multiyear goals for increasing efficiency by setting targets for reduced unit costs and for added revenues based on benchmarks from safety net institutions; Progress toward the benchmarks should be publicly monitored and H+H leadership held accountable; Central and facility managers should have compensation incentives to meet targets and, absent mitigating circumstances, be held accountable if they do not; Redistribute the surplus from commercial insurance payments more broadly to extend the cross-subsidy from commercial insurance across institutions, not just within institutions; The state should better target the \$5 billion in Medicaid supplemental payments to H+H and other safety net institutions. [Read More](#)

New York Posts Webinar on Medicaid Waiver Amendment Request. New York recently submitted a request to the Centers for Medicare & Medicaid Services (CMS) seeking an extension and renewal of its 1115 Medicaid waiver, the Medicaid Redesign Team (MRT) Waiver. The amendment seeks to extend the state's Delivery System Reform Incentive Payment Program for an additional year, through March 2021, and then to renew the MRT waiver for an additional three years, with an additional \$8 billion in federal financial support. The state Department of Health held a webinar to explain the details of the amendment request. A recording of the webinar is available [here](#).

North Carolina

Centene Says North Carolina Medicaid Managed Care Delay Will Impact 2020 Revenues, Profits. *Reuters* reported on December 12, 2019, that Centene Corp. has projected that 2020 revenues will be impacted by \$500 million and profits by six cents per share because North Carolina is delaying implementation of its Medicaid managed care program. [Read More](#)

Oklahoma

Voters Can Expect Promotional Campaigns from Supporters, Opponents of Medicaid Expansion Ballot Initiative. *KGOU* reported on December 13, 2019, that Oklahoma voters can expect to see multi-million dollar promotional campaigns from both supporters and opponents of the state's 2020 Medicaid expansion ballot initiative in the form of television commercials, social media, public forums and one-on-one campaigning. Supporters of expansion have already received the necessary number of signatures to put the proposal on the ballot. [Read More](#)

Pennsylvania

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

Pennsylvania Delays MATP Changes. *The Pennsylvania Capital-Star* reported on December 16, 2019, that the Pennsylvania Department of Human Services announced the Medical Assistance Transportation Program (MATP) would maintain the status quo for the time-being. In 2018, a last-minute budget provision mandated the program, currently run by counties or associated transit agencies, would instead be contracted out on a regional basis. After pushback from county officials and state public transit agencies, the General Assembly mandated a study and prompted Secretaries from the Department of Human Services, the Department of Aging and the Department of Transportation to delay any changes for an additional 18 months. Despite the delay, the House Transportation Committee voted unanimously Monday to advance a bill requiring the executive branch to seek legislative authorization if they ever decide to privatize the program. [Read More](#)

Puerto Rico

Puerto Rico Medicaid Funding Is Reduced As Part of Budget Deal. *Politico* reported on December 17, 2019, that the Trump administration and Congress have agreed on a budget deal that will reduce federal Medicaid funding for Puerto Rico to \$5.7 billion over two years. Congress had initially sought approximately \$12 billion over four years. [Read More](#)

South Carolina

South Carolina Receives Federal Approval to Impose Medicaid Work Requirements. *The State* reported on December 12, 2019, that South Carolina has received federal approval to impose work requirements on able-bodied, adult Medicaid beneficiaries. Beneficiaries will need to work, volunteer, or participate in job training for 80 hours per month. Children, seniors, and individuals with disabilities are excluded. South Carolina is a non-expansion state. [Read More](#)

Texas

Texas Not-for-Profit Medicaid Plans File Lawsuit Over STAR+PLUS Awards. *The Texas Tribune* reported on December 17, 2019, that not-for-profit health plans Community Health Choice of Houston and Community First Health of San Antonio have filed a lawsuit against the state of Texas, arguing that officials violated the law when they awarded Medicaid STAR+PLUS contracts to only for-profit plans. The \$10 billion program covers aged, blind, and disabled members. [Read More](#)

Texas Releases STAR Kids Medicaid Managed Care RFP for Dallas Service Area. On December 13, 2019, the Texas Health and Human Services Commission released a request for proposals (RFP) for STAR Kids Medicaid managed care plans for the Dallas Service Area. The RFP follows news that Children's Medical Center, which covers approximately 9,000 members under the program, will be leaving the market. Incumbent Amerigroup/Anthem will continue to provide services. Proposals are due January 6, 2020, with implementation scheduled for March 1, 2020. STAR Kids provides Medicaid coverage to individuals with disabilities under age 21. [Read More](#)

West Virginia

West Virginia Releases Medicaid Managed Care RFP. On December 17, 2019, West Virginia released a request for proposals (RFP) for its statewide Mountain Health Trust (MHT) physical and behavioral Medicaid managed care program. The state will award contracts to three managed care organizations (MCOs), with implementation beginning July 1, 2020. The contracts are for one year, with three optional, one-year renewals. Proposals are due February 12, 2020. MHT will serve most Medicaid eligibility groups (e.g., TANF, pregnant women, and SSI), the West Virginia Health Bridge Medicaid expansion population, and the West Virginia Children's Health Insurance Program (currently fee-for-service), effective July 1, 2020. MHT is projected to have 408,982 total enrollees for the fiscal 2021 contract term. Current incumbents are Anthem, Aetna, and the Health Plan of the Upper Ohio Valley.

National

Appeals Court Rules ACA Mandate Unconstitutional; Remands Case to Lower Court Concerning Severability. *Modern Healthcare* reported on December 18, 2019, that a federal appeals court ruled that the Affordable Care Act's (ACA's) individual mandate was unconstitutional without a penalty, but remanded the case to U.S. District Court in Texas on the severability of the remainder of the law. [Read More](#)

Trump Administration Unveils Drug Importation Plan. *Modern Healthcare* reported on December 18, 2019, that the Food and Drug Administration issued proposed rules to allow the importation of low-cost prescription drugs. Under the proposal, states could import drugs from Canada following FDA approval. A second option would be for drug makers to import their own FDA-approved drugs from Canada or other countries, allowing drug makers to circumvent rebate agreements and offer lower prices. Florida and Vermont have already submitted prescription drug importation proposals for federal approval. [Read More](#)

House Passes Budget Bill To Repeal ACA Insurance Tax, Delay DSH Cuts.

CQ News reported on December 17, 2019, that the House passed a bipartisan budget bill that would repeal the Affordable Care Act (ACA) health insurance tax in 2021 and further delay hospital disproportionate-share payment cuts until May 2020. The agreement also repeals the "Cadillac Tax" on high-cost employer-sponsored health plans and the excise tax on medical devices. The bill will also prohibit drug manufacturers from limiting access to brand drugs needed for development of generics. Congress and the Trump administration have until December 20 to approve the funding package to avoid a government shutdown. [Read More](#)

ACA Exchange Enrollment Deadline Is Extended to December 18. *The New York Times* reported on December 16, 2019, that the deadline for enrolling in an Affordable Care Act Exchange plan has been extended to December 18, 2019, following technical glitches on the HealthCare.gov website. [Read More](#)

Senior Care Homes Still Receive Medicaid Funding After Labor Violations.

The New York Times/The Associated Press reported on December 16, 2019, that Medicaid dollars have continued to reimburse dozens of senior care homes cited for labor violations in California, Florida, Oregon, and Wisconsin, according to an investigation by Reveal from The Center for Investigative Reporting. Most of the violations were in California. Many of the cases involved homes denying wages or paying workers as little as \$2 an hour. [Read More](#)

CMS to Push Ahead With Site-Neutral Payment Policy Following Judge's Ruling. *Modern Healthcare* reported on December 16, 2019, that the Centers for Medicare & Medicaid Services (CMS) will move ahead with its site-neutral payment policy for physician visits in 2020, following a favorable federal court ruling. Opponents of the policy, including the American Hospital Association, had asked the court to uphold a prior ruling that had struck down the policy. [Read More](#)

Congress Set to Repeal 'Cadillac Tax,' Medical Device Tax. *The Hill* reported on December 15, 2019, that Congress is set to pass a year-end government funding package that would repeal two Affordable Care Act taxes: the 40 percent Cadillac Tax levied on generous health insurance plans and the 2.3 percent tax on medical devices. The Cadillac Tax, which has been repeatedly delayed, is by far the largest at a projected \$200 billion over 10 years. [Read More](#)

MACPAC Questions How Medicaid Payment Errors Are Measured. *Modern Healthcare* reported on December 12, 2019, that the Medicaid and CHIP Payment and Access Commission (MACPAC) is questioning how the government measures Medicaid payment errors, suggesting that the new methodology could create a false impression of widespread fraud. For the first time, the U.S. Department of Health & Human Service (HHS) is incorporating eligibility errors in the calculation. [Read More](#)

Centene Lobbies Congress to Allow Partial Medicaid Expansion. *Healthcare Dive* reported on December 12, 2019, that Centene Corp. has spent nearly \$2 million lobbying Congress to allow states to implement partial Medicaid expansion programs covering individuals up to 100 percent of poverty. [Read More](#)

CMS Says Medicare to Be Primary Payer for Opioid Treatment for Duals. On December 17, 2019, the Centers for Medicare & Medicaid Services (CMS) issued guidance to states that Medicare will become the primary payer for opioid treatment programs (OTP) for dual-eligibles effective January 1, 2020, including those who currently receive treatment through Medicaid. CMS reimburses providers through bundled payment arrangements that cover medication-assisted treatment drugs, toxicology testing, and counseling. OTP providers will need to be enrolled as Medicare providers in order to be reimbursed by the program. [Read More](#)

House Passes Drug Price Negotiation Bill; Trump Vows to Veto. *Politico* reported on December 12, 2019, that the U.S. House of Representatives passed a bill (230-192) mandating the federal government negotiate the price of at least 25 Medicare Part D prescription drugs annually. Other provisions of the bill include forcing drug manufacturers to rebate the portion of a price increase that is above the rate of inflation as well as the capping of out-of-pocket drug costs for Medicare beneficiaries. The Congressional Budget Office has predicted a net savings of about \$98 million over the next decade. President Trump has vowed to veto the bill. [Read More](#)



INDUSTRY NEWS

Care Advantage Acquires Team Nurse Inc. Care Advantage, a BelHealth Investment Partners portfolio company, announced on December 17, 2019, the acquisition of home health provider Team Nurse Inc. and its affiliated entities. The acquisition will expand Care Advantage to more than 40 locations across Delaware, Maryland, Virginia and Washington, DC. [Read More](#)

HouseWorks Acquires In-Home Care Company Extended Family. Home care company HouseWorks announced on December 18, 2019, the acquisition of Portsmouth, NH-based in-home care company Extended Family. HouseWorks now serves Boston, Philadelphia, and portions of New Hampshire and Maine. [Read More](#)

Saint Peter's University Hospital, RWJBarnabas Health Sign LOI. *ROI* reported on December 16, 2019, that New Brunswick-based Saint Peter's and RWJBarnabas Health (RWJBH) entered into a letter of intent (LOI) to explore a strategic partnership. They have begun a due diligence process to outline the terms of the relationship. RWJBH is an academic health care system serving nine counties with 15 hospitals including the Robert Wood Johnson University Hospital also in New Brunswick. The partnership would preserve Saint Peter's identify and practices as a Catholic institution. [Read More](#)

M&M Home Care Acquires Hearts & Hands Home Health Care in Michigan. M&M Home Care Inc. announced on December 17, 2019, the acquisition of Hearts & Hands Home Health Care, expanding into six more counties in Michigan. [Read More](#)

LHC Group, Ochsner Health System Acquire Five Southern Louisiana Home Health Locations from Egan Home Health. LHC Group and Ochsner Health System announced on December 18, 2019, an agreement to acquire five Egan Home Health and Hospice provider locations across southern Louisiana. The deal, scheduled to be finalized by January 1, 2020, is subject to regulatory approvals.

Specialty Pharmacy Faces Whistleblower Lawsuit Over Billing. *Fierce Healthcare* reported on December 17, 2019, that specialty pharmacy Omnicare, a subsidiary of CVS Health, faces a whistleblower lawsuit concerning the billing and dispensing of prescription drugs to elderly patients living in long-term care facilities between 2010 and 2018. The U.S. Department of Justice has joined the lawsuit, which alleges that the company continued to dispense medications even after prescriptions had expired. [Read More](#)

Thomas H. Lee Partners Completes Acquisition of Centria Healthcare. Martis Capital announced on December 9, 2019, that it had completed the sale of home-based healthcare provider Centria Healthcare to Thomas H. Lee Partners. Centria provides Applied Behavior Analysis therapy to children with autism. [Read More](#)

Humana to Acquire Enclara Healthcare from Consonance Capital Partners, Management. Humana Inc. announced on December 16, 2019, a definitive agreement to acquire privately held hospice pharmacy and benefits company Enclara Healthcare from Consonance Capital Partners and Enclara management. The acquisition, which is expected to close in mid-2020 pending regulatory approvals, includes Enclara Pharmacia, GuidantRx and Avanti Health Care Services. [Read More](#)

Tenet to Sell Two Tennessee Hospitals to Methodist Le Bonheur Healthcare. *Modern Healthcare* reported on December 13, 2019, that Texas-based Tenet entered into a definitive agreement to sell two of its Memphis, TN, hospitals to Methodist Le Bonheur Healthcare. The deal includes Saint Francis Hospital-Memphis and St. Francis Hospital-Bartlett, associated physician practices, and six MedPost urgent care centers. The transaction is scheduled to be completed by 2020, pending regulatory approvals. [Read More](#)

Caregiver Inc. to Acquire Mosaic Operations in Texas. Long-term services and supports provider Caregiver Inc. announced on December 11, 2019, an agreement to acquire the Texas disability services operations of Mosaic, Inc., in a deal that is expected to be completed early next year. Linda Timmons, chief executive of Mosaic, said the company is reviewing the sustainability of its services and locations in light of tightened disability services funding across the nation. Caregiver has operations in Texas, Tennessee, Indiana, and Ohio. [Read More](#)

Kaiser Permanente Officially Names Gregory Adams CEO. *Modern Healthcare* reported on December 11, 2019, that Kaiser Permanente has named Gregory Adams chairman and chief executive, a position he has held on a interim basis since the death last month of Bernard Tyson. Adams has been with Kaiser for 20 years, most recently as group president overseeing health plan and hospital operations in all eight Kaiser regions. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
2019	Massachusetts One Care (Duals Demo)	Awards	150,000
January 2020	Texas STAR and CHIP	Awards	3,400,000
January 6, 2020	Texas STAR Kids - Dallas Service Area	Proposals Due	21,000
February 12, 2020	West Virginia Mountain Health Trust	Proposals Due	400,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January - March 2020	Ohio	RFP Release	2,360,000
Spring 2020	Washington DC	Awards	276,000
January 1, 2020	Louisiana - Protests May Delay Implementation Date	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington Integrated Managed Care - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
January 6, 2020	Hawaii	Awards	340,000
January 6, 2020	Indiana Hoosier Care Connect ABD	Proposals Due	90,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
March 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
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
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
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

Green & Healthy Homes Initiative and HMA Webinar: A Value-Based Payment Approach to Address Housing-Related Health Factors. The Green & Healthy Homes Initiative (GHHI) and HMA will present a joint webinar on Tuesday, January 14th at 11:00am ET. The webinar will focus on a new value-based payment approach to address housing-related health factors, such as the mitigation of asthma triggers. During the webinar, GHHI and HMA experts will describe the model, which uses a shared savings approach to encourage collaboration between healthcare providers and community-based organizations to address housing conditions: a major social determinant of health. The webinar will also highlight a partnership in New York City between Affinity Health Plan and community partners that is using this model as a part of their Value-Based Strategy. This webinar is targeted to State Medicaid officials, Medicaid Managed Care Organization executives, and Community-based Organization Leaders. The webinar is free, but space is limited. [Register here](#)

Don't Miss Out on HMA Arizona Provider Conference. Be sure to register soon for HMA's Arizona provider conference, Excelling at Value-Based Care: Helping Arizona Providers Through Transformation and Integration. [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Iowa Medicaid Managed Care Enrollment is Up 4.0%, 2019 Data
- Indiana Medicaid Managed Care Enrollment is Flat, Nov-19 Data
- Louisiana Medicaid Managed Care Enrollment is Down 0.7%, Oct-19 Data
- Massachusetts Medicaid Managed Care Enrollment is Over 1 Million, Nov-19 Data
- Ohio Dual Demo Enrollment is Down 3.6%, 2019 Data
- Rhode Island Dual Demo Enrollment is Down 9.9%, 2019 Data
- South Carolina Dual Demo Enrollment is Up 14.8%, Nov-19 Data
- South Carolina Medicaid Managed Care Enrollment is Up 2.6%, 2019 Data
- Utah Medicaid Managed Care Enrollment is Down 4.5%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Massachusetts Electronic Data Interchange Post-Adjudicated Medicaid Encounter Claims Service Provider RFI, Dec-19
- Massachusetts Moving Massachusetts Upstream (MassUP) Investment Program RFP, Dec-19
- Ohio Medicaid Single Pharmacy Benefit Manager RFI & Responses, 2019
- Oregon Financial Analysis for Closing CCOs RFP, Dec-19
- Pennsylvania HealthChoices Physical Health RFA, Model Contract, and Related Documents, 2019
- Texas STAR Kids Medicaid Managed Care - Dallas Service Area RFP, Dec-19

- West Virginia Mountain Health Trust Medicaid Managed Care RFP, Dec-19

Medicaid Program Reports, Data and Updates:

- Alaska DHSS Annual Medicaid Reform Reports, FY 2016-19
- Arkansas Monthly Enrollment and Expenditures Report, Nov-19
- Colorado Health Care Policy & Financing Performance Plan, FY 2019-20
- Colorado Health Care Policy & Financing Reducing Prescription Drug Costs Report, Dec-19
- Connecticut Medical Assistance Program Oversight Council Meeting Materials, Dec-19
- Connecticut Department of Social Services Annual Reports, 2012-19
- DC Medical Care Advisory Committee Meeting Materials, Oct-19
- Medicaid Managed Care Enrollment for 300 Plans in 39 States, Plus Ownership and For-Profit vs. Not-for-Profit Status, Updated Oct-19
- MNSure Annual Reports, 2017-18
- New York Proposed Measures for Inclusion in the 2020 Value-Based Payment (VBP) HARP Quality Measure Set and the 2020 Quality Assurance Report Requirements, Dec-19
- Ohio Medical Care Advisory Committee Meeting Materials, Aug-19
- South Carolina Medicaid Healthy Connections Community Engagement Initiative Fact Sheet, Dec-19
- Texas Behavioral Health Strategic Plan Progress Reports, 2018-19
- Texas HHSC OIG Medicaid NEMT Services Audit Results, Dec-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

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