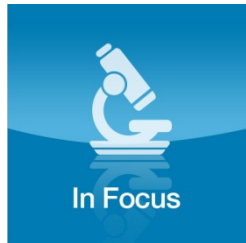


HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... April 4, 2018



In Focus



HMA Roundup



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

Annie Melia
[Email](#)

Alona Nenko
[Email](#)

Nicky Meyyazhagan
[Email](#)

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IN FOCUS

ALABAMA INTEGRATED CARE NETWORK PROGRAM

This week, our *In Focus* section reviews Alabama's Integrated Care Network (ICN) program, based on a concept paper released by the Alabama Medicaid Agency in March 2018. The ICN program will establish a new Medicaid long-term care program focusing on a person-centered approach to care delivery using the Primary Care Case Management (PCCM) Entity delivery model, with implementation expected on October 1, 2018.

ICN PROGRAM

Alabama's current long-term services and supports (LTSS) system covers approximately 23,000 qualified elderly and disabled adults. The ICN program, in an effort to fix the fragmentation in the LTSS delivery system and to create a more fiscally sustainable system, will introduce managed care components, including a strong emphasis on case management, outreach, and an effort to increase home and community-based services (HCBS) utilization over institutional care. The PCCM model was chosen after the state deemed that a full-risk, capitated model would be more costly compared to the current Medicaid program.

STRUCTURE

The Alabama Medicaid Agency will continue to process claims and pay for all Medicaid-covered services on a fee-for-service (FFS) basis, with the exception of HCBS case management services for the Elderly and Disabled and ACT waivers. The agency will also be responsible for maintaining the Medicaid fee-for-service provider network as well as operation of a call center, provision of satisfaction surveys, and a grievance and appeals system.

The ICN will be responsible for education, outreach, and case management services. It will be the primary source of contact for Medicaid LTSS. The ICN will educate eligible beneficiaries about nursing facility and HCBS waiver options and coordinate with hospitals on educational resources related to community options.

ICN clinical staff will coordinate all services for members to support overall health, not just long-term care needs. The ICN will contract with the statewide network of local Area Agencies on Aging (AAAs) to deliver HCBS waiver case management services for the first two years of the program. The ICN will reimburse the AAAs at a minimum rate equal to the prevailing Medicaid fee-for-service payment schedule. It will be held accountable for increasing the percentage of members in HCBS settings. The ICN will also be required to have coordinating agreements with nursing facilities to share information, recommend medical interventions to avoid hospital admissions and emergency room visits, and suggest quality improvements in the care-planning process.

Additionally, the ICN will be responsible for data management, quality improvement, and other administrative functions.

ELIGIBILITY

The following individuals will be eligible to participate in the ICN program:

- Medicaid beneficiaries receiving care within a nursing facility
- Medicaid beneficiaries receiving care through select HCBS waiver programs
 - Elderly and Disabled Waiver – targeting individuals who are frail or physically disabled
 - Alabama Community Transition (ACT) Waiver – targeting individuals currently residing in institutional long-term care who seek to transition to an HCBS setting

Dual eligibles who qualify based on the above criteria will be included in the program. Approximately 85 percent of the ICN enrollment is expected to be duals.

The following populations will be excluded from the ICN program and continue to be administered on a fee-for-service basis by the state:

- State of Alabama Independent Living (SAIL) waiver participants
- Technology Assisted (TA) waiver participants
- Participants in either of the two waivers serving individuals with intellectual and developmental disabilities (I/DD)
- Individuals in Alabama’s Program for All Inclusive Care for the Elderly (PACE)
- Individuals living in an intermediate care facility
- Individuals receiving Medicaid-funded hospice room and board in a nursing facility or Medicaid-funded hospice in the community

QUALITY MEASURES

Each ICN’s performance will be evaluated by the ICN Quality Assurance Committee (QAC) based on the following quality measures:

- Clinical
- Long-Term Care
- Service Delivery and Effectiveness
- Person-Centered Planning and Coordination
- Choice and Control
- Community Inclusion
- Holistic Health and Functioning
- System Performance and Accountability

RFP TIMELINE

The ICN RFP is expected to be released in April 2018. Awards are expected in June 2018 with implementation set to begin by October 1, 2018, pending CMS approval of the 1915(b) waiver application and 1915(c) waiver amendments to be submitted mid-2018.

RFP Activity	Date
RFP Released	April 2018
Anticipated Award	June 2018
Waiver Submittals	Mid-2018
Anticipated Enrollment	August 2018
Anticipated Go-Live	October 1, 2018

[Link to Alabama ICN Concept Paper](#)



HMA MEDICAID ROUNDUP

Alaska

Alaska Medicaid Is Developing RFP for Statewide Behavioral Health ASO. *Open Minds* reported on April 2, 2018, that the Alaska is developing a request for proposals (RFP) for an administrative service organization (ASO) to manage Medicaid behavioral health care statewide. The initiative is part of the state's 1115 Behavioral Health Demonstration Waiver and is designed to improve accountability, increase early intervention, and reduce use of institutional services. About 14 percent of the state's 180,000 Medicaid enrollees are expected to require the enhanced behavioral waiver services. [Read More](#)

Arkansas

Arkansas Launches Work Requirement Portal for Medicaid Expansion Members. *Arkansas Times* reported on April 3, 2018, that the Arkansas Department of Human Services launched an online portal that Medicaid expansion enrollees will be required to use to prove compliance with new Medicaid work requirements. The work requirements, effective June 1, 2018, are expected to affect an estimated 39,000 low-income adults between the ages of 30 and 49 years, requiring them to engage in work or other employment activities for 80 hours per month. [Read More](#)

Arkansas Advances Rule to Reduce Retroactive Medicaid Coverage from 90 to 30 Days. *Northwest Arkansas Democrat Gazette* reported on April 3, 2018, that an Arkansas legislative panel advanced new rules that reduce retroactive Medicaid coverage from 90 to 30 days. This change is estimated to reduce annual Medicaid spending by \$20.8 million starting July 1. [Read More](#)

California

California Files Antitrust Lawsuit Against Sutter Health. *Kaiser Health News* reported on April 1, 2018, that California has filed a state antitrust lawsuit against health system Sutter Health, alleging anticompetitive practices and overcharging of patients and employers. The lawsuit, filed in San Francisco County Superior Court, asks the court to prevent Sutter from engaging in practices such as enforcing gag clauses on prices, demanding all-or-nothing network contracts with insurers, and charging high out-of-network charges. [Read More](#)

California Providers Oppose Effort to Carve Medicaid Out of 340B Drug Program. *Modern Healthcare* reported on March 30, 2018, that California providers are banding together to oppose a budget proposal from Governor Jerry Brown to carve Medicaid out of the federal 340B drug discount program. More than 170 of California's 400 hospitals receive 340B drug discounts. The state Department of Health Services projects that Brown's proposal would save \$4.1 billion. [Read More](#)

California Senator, SEIU Support Bill Targeting Profiteering by Addiction Treatment Centers, Dialysis Providers. *Kaiser Health News* reported on March 28, 2018, that California Senator Connie Leyva (D-Chino) has proposed a bill targeting addiction treatment centers and dialysis providers accused of profiteering, including fraudulent or unjustified billing of vulnerable patients. Insurer Blue Shield of California and the Service Employees International Union-United Healthcare Workers West (SEIU-UHW) support the legislation. A state Senate Health committee hearing is scheduled for April 18. [Read More](#)

Colorado

Senate Committee Rejects Medicaid Work Requirements Bill. *The Denver Post* reported on March 29, 2018, that the Colorado Senate Health and Human Services Committee rejected a bill to create Medicaid work requirements. The legislation would have required able-bodied Medicaid recipients to be employed, seeking work, volunteering or in job training. Approximately 1.3 million Colorado residents receive Medicaid with nearly five percent potentially losing benefits if the bill had passed. [Read More](#)

Iowa

Iowa Medicaid Managed Care Program Sees Complaints Rise. *U.S. News* reported on April 2, 2018, that Iowa received 225 complaints related to the state's Medicaid managed care program in 2017, more than double 2016, according to a report from the Iowa Office of Ombudsman. The report added that complaints are up for the fourth straight year. [Read More](#)

Governor to Sign Bill Allowing Association Plans, Other Less-Expensive Health Plans. *The Hill* reported on March 28, 2018, that Iowa Governor Kim Reynolds is expected to sign a bill that would allow association health plans and other less-expensive "benefit plans" to be offered as an alternative to Affordable Care Act Exchange (ACA) plans. The plans wouldn't be required to comply with ACA provisions and regulations, such as essential benefits, guaranteed issue, and community rating. The "benefit plans" would be offered by the Iowa Farm Bureau and Wellmark Blue Cross and Blue Shield. The legislation argues the plans aren't insurance and therefore don't need to comply with federal or state insurance laws. [Read More](#)

Kansas

House Rejects Proposed Medicaid Expansion Amendment. *The Garden City Telegram* reported on March 28, 2018, that the Kansas House rejected a proposal to include Medicaid expansion as an amendment to an unrelated bill. State Rep. Tim Hodge (D-North Newton) proposed adding the amendment to a bill aimed at creating juvenile crisis intervention centers. [Read More](#)

Kansas Seeks Receivership for 15 Nursing Homes. *Rapid City Journal* reported on March 28, 2018, that Kansas is seeking to have 15 Skyline Health Services nursing homes placed into receivership. The Kansas Department for Aging and Disability Services made the request to district courts in several jurisdictions after Skyline said it is unable to make payroll, potentially impacting care for 845 nursing home residents. Mission Health Care would oversee operation of the facilities. [Read More](#)

Kentucky

Kentucky To Implement Medicaid Work Requirements, Premiums. *Bowling Green Daily News* reported on March 31, 2018, that Kentucky is moving ahead with plans to implement Medicaid work requirements and premiums for certain members on July 1, 2018. The initiatives are part of the state's recently approved Kentucky HEALTH Section 1115 Medicaid waiver. The work requirement will affect an estimated 35,000 Kentucky residents, requiring able-bodied adults to engage in work or other employment activities for 80 hours per month. [Read More](#)

Louisiana

Lawmakers Reject Bill to Transition LTSS to Managed Care. *Skilled Nursing News* reported on March 28, 2018, that a Louisiana Senate committee has rejected a bill to transition Medicaid long-term services and supports to managed care. The Senate Health and Welfare committee voted 6-2 against the legislation. Nursing homes in Louisiana, which receive the bulk of the state's Medicaid funds, rank low in quality, according to AARP. [Read More](#)

Minnesota

Minnesota Health Plans Experience Financial Turnaround in 2017. *The Star Tribune* reported on April 3, 2018, that not-for-profit health plans in Minnesota reported net income of \$307.9 million in 2017 on revenues of \$27.6 billion, compared to a combined loss of \$600 million in 2016. Significantly improved profitability among Exchange plans drove the overall gain. Financial results include commercial and government lines. [Read More](#)

Missouri

Senate Approves Additional Medicaid Spending for Fiscal 2018. *St. Louis-Fox 2 News/Associated Press* reported on March 29, 2018, that the Missouri Senate has approved an additional \$705 million in fiscal 2018 spending, with \$622 million going to cover higher-than-expected Medicaid costs. The bill now heads to Governor Eric Greiten's desk. [Read More](#)

New Hampshire

House Committee Approves Medicaid Expansion Bill with Work Requirements. *The New Hampshire Union Leader* reported on March 28, 2018, that a key New Hampshire House committee unanimously cleared legislation that reauthorizes the state Medicaid expansion program for an additional five years and adds work requirements. As previously [reported](#), the bill, which already passed in the state Senate, would also utilize 5 percent of liquor revenues to cover the cost of expansion. [Read More](#)

New Jersey

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

New Jersey Releases RFA for Community Health Disparity Prevention Program Funding. On March 9, 2018, the New Jersey Department of Health, Office of Minority and Multicultural Health (OMMH) released a Community Health Disparity Prevention Program Request for Applications (RFA) to fund up to 17 three-year mini grants to community and faith-based organizations to eliminate health disparities. Up to \$50,000 per year will be awarded to implement evidence-based best practices or new, innovative intervention strategies that support health promotion and prevent and control chronic illness. This opportunity supports the goals of Health New Jersey 2020, the state's ten-year public health agenda. Proposals are due by May 11, 2018. [Read More](#)

New York

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

New York Reaches Deal with Fidelis, Centene. *Politico* reported on March 30, 2018, that New York State has reached a deal to receive \$2 billion from the sale of Fidelis to Centene, including \$500 million in Fidelis reserves. Centene will purchase Fidelis from Roman Catholic Diocese of Brooklyn for \$3.75 billion. The agreement is a victory for the Greater New York Hospital Association and health care union 1199SEIU. Originally intended as a reserve fund should federal Medicaid cuts be enacted, the fund's purposes are now more broadly to support "health care transformation." The Catholic Church leaders had previously [opposed](#) attempts by New York Governor Andrew Cuomo to direct as much as 80 percent of proceeds back to the state. [Read More](#)

New York Releases Request for Information Regarding Patient Assessment Tool. The New York State Department of Health released a Request for Information (RFI) in March 2018 to determine the implications of eliminating the use of the Hospital and Community (H/C) Patient Review Instrument (PRI). The H/C PRI is used as an admission tool for individuals who require placement or continued stay in Residential Health Care Facilities who must be assessed to determine the appropriateness of placement and level of care required. A review of the assessment process and tools was part of the work of the state's Regulatory Modernization Initiative, an effort to streamline and modernize New York's health care regulatory apparatus.

The RFI seeks recommendations for a replacement assessment tool, if necessary. New York State hospitals, nursing homes, home care providers, and assisted living providers are encouraged to submit responses. Responses should include information on the current use of the H/C PRI in the provider's setting, the implications for eliminating the use of the H/C PRI, and recommendations for a process or tool to replace the functions of the H/C PRI, if necessary. Responses submitted through the RFI will inform the Department's decision about whether to eliminate the use of the H/C PRI. [Read More](#)

New York Medicaid Director Departs; Posts 'Lessons Learned.' *Health Affairs* reported on April 2, 2018, that Jason Helgeson, New York's Medicaid Director since January 2011, will be leaving his position at the end of the week. He recently posted a blog in *Health Affairs* where he reflects on his 11 years as Medicaid Director (four in Wisconsin, seven in New York), and articulates five important lessons learned. He points out that Medicaid is the biggest health coverage program in the country in terms of enrollment and the second-largest in terms of purchasing. Medicaid is also the program responsible for the largest number of high-cost/high-needs patients. The lessons are:

1. You can bend the Medicaid cost curve without taking benefits away from poor people, and stakeholder engagement holds the key.
2. Medicaid is a scalable and highly cost-effective vehicle for reducing the uninsured rate.
3. Medicaid can and should lead the way in health care delivery system reform.
4. Medicaid programs must look beyond "legacy" health care models and support new care models.
5. Medicaid is the most important health insurance program in the United States. [Read More](#)

New York Investigates Alleged Labor Violations at Home Health Agencies Following 1199 SEIU Concerns. *Modern Healthcare* reported on March 30, 2018, that the New York Office of the Medicaid Inspector General and the state Department of Labor began auditing home health agencies for alleged labor violations. The investigations come after 1199SEIU United Healthcare Workers East expressed concerns that non-union agencies are not offering full wages and benefits as required by law. [Read More](#)

New York Reaches Settlement with CenterLight for Receiving Improper Medicaid LTC Capitated Payments. New York announced on March 28, 2018, that CenterLight will pay \$10.36 million to settle federal and state allegations that its former Medicaid long-term care plan submitted fraudulent claims for monthly capitation payments for 186 members. New York will receive \$6.36 million. The settlement names CenterLight Health System and CenterLight Healthcare as well as CenterLight MLTCP, which was sold in 2017. [Read More](#)

Ohio

Ohio Prohibits 'Gag Orders' on Disclosing Lower Prescription Prices. *The Columbus Dispatch* reported on April 4, 2018, that the Ohio Department of Insurance (ODI) ordered health insurers and pharmacy benefit managers (PBMs) to stop enforcing clauses in agreements with pharmacists that prevent pharmacists from informing consumers of the lowest drug price available. ODI also prohibited insurers and PBMs from charging consumers more for their prescriptions than it would otherwise cost without insurance coverage. [Read More](#)

Ohio Groups and Officials Oppose Medicaid Work Requirements. *The Plain Dealer* reported on April 3, 2018, that state think tanks, medical associations, and local officials oppose the Ohio Department of Medicaid's proposal to apply work requirements to the Medicaid expansion population. Opponents estimate the proposal will cost county governments \$380 million over a five-year period. They also question the state's estimate that only 18,000 Ohioans would be unenrolled under the new requirements, and they allege racial disparity in the county-based exemption provisions. [Read More](#)

Ohio Submits Individual Health Insurance Mandate Waiver. *Gongwer News Service* reported on April 2, 2018, that the Ohio Department of Insurance (ODI) submitted a Section 1332 waiver request on March 30, 2018, to eliminate the individual health insurance mandate in Ohio. ODI expects to release a second application request later this spring to waive the employer health insurance mandate. [Read More](#)

Pennsylvania

Pennsylvania Focuses on Senior Hunger and Partnership in Federal Food Program. On March 29, 2018, Pennsylvania Secretaries of the Department of Human Services and the Department of Aging discussed the progress made in addressing senior hunger in Pennsylvania through Governor Wolf's Food Security Partnership, particularly focusing on the improved health outcomes for seniors who receive SNAP benefits. Only approximately 30 percent of eligible seniors currently receive SNAP benefits. To increase that population, DHS reduced the SNAP application from 24 pages to two and has cut red tape by increasing eligibility redeterminations from one year to three years. [Read More](#)

Virginia

Virginia Needs Medicaid Expansion to Protect Bond Rating, Finance Secretary Says. *Richmond Times-Dispatch* reported on March 30, 2018, that Virginia needs to expand Medicaid to protect the state's Triple-A bond rating, according to Aubrey Lane, Secretary of Finance. He noted that without federal expansion funds, the state would struggle to satisfy reserve requirements and address rating agency concerns. A state Senate budget proposal would add \$180 million in cash reserves without expansion, while a House version relies on savings from expansion. [Read More](#)

Wisconsin

Wisconsin Proposes Medicaid Work Requirements, Premiums. *The Milwaukee Journal Sentinel* reported on March 28, 2018, that Wisconsin has proposed work requirements for BadgerCare Plus, the state's Medicaid program. The proposal, from Governor Scott Walker's administration, would apply to healthy adults under 50 years old without children who have not worked for four years straight. Beneficiaries would also need to pay a monthly premium of \$4 or \$8 or potentially be locked out of coverage for six months. The state is also seeking drug screening. The changes require federal approval. [Read More](#)

National

Admissions, ER Visits Are Lower Among Duals Who Receive Home-Delivered Meals, Study Says. *The Washington Post* reported on April 2, 2018, that Medicaid-Medicare dual eligibles who received home-delivered meals tailored to their medical needs had 1.5 fewer emergency room visits and half the hospitalizations of those who didn't receive meals, according to a *Health Affairs* study. The study focused on members of the Commonwealth Care Alliance health plan in Massachusetts over a 19-month period. [Read More](#)

ACA Exchange Enrollment Falls 3 Percent to 11.8 Million in 2018. *The New York Times* reported on April 3, 2018, that Affordable Care Act Exchange enrollment fell about 3 percent or 400,000 to 11.8 million in 2018. New customers made up 27 percent of total enrollment. Premiums for Exchange plans rose an average of 30 percent in 2018, with federal subsidies on average covering 86 percent of the premium cost. [Read More](#)

AGs Support House Bill Targeting Patient Abuse in HCBS Settings. *Portsmouth Daily Times* reported on March 29, 2018, legislation aimed at making it easier to prosecute abuse of patients in home and community-based settings has gained the support of a coalition of 49 state attorneys general. The bill, introduced by U.S. Representatives Tim Walberg (R-MI) and Peter Welch (D-VT), would expand the authority of state Medicaid Fraud Control Units, which are currently limited to prosecuting patient abuse in institutional settings. [Read More](#)

Medicaid Innovation Accelerator Program Launches New Technical Support Opportunity. The Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program's (IAP) Reducing Substance Use Disorder (SUD) program area is launching a new technical support opportunity for state Medicaid agencies. All interested states are encouraged to attend the information session on Wednesday, May 2, 2018, from 1:00 pm – 2:00 pm ET to learn more. During this information session, states will learn about group and individualized technical support opportunities offered through the Medicaid IAP SUD program area, including an Opioid Data Dashboards Flash Track. The Opioid Data Dashboards Flash Track, which will run from June 2018 to September 2018, is geared to states interested in learning how to develop a data dashboard to display their SUD and/or opioids data and performance in Medicaid. Webinar participants will also learn about additional opportunities available to states, such as Rapid Response on Best Practices, Medication-Assisted Treatment Model/Payment Design, and 1115 SUD Strategic Design Support. *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 and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* [Read More](#)



INDUSTRY NEWS

LHC Group Completes Merger with Almost Family. LHC Group announced on April 2, 2018, that it has completed its merger with Almost Family, effective April 1. The combined organization will provide home health care to 60 percent of the U.S. population aged 65 and over across 36 states. [Read More](#)

Ascension Health, Providence St. Joseph Health Put Merger on Hold. *Modern Healthcare* reported on March 28, 2018, that not-for-profit hospitals Ascension Health and Providence St. Joseph Health have put plans to merge on hold. The deal would have created the largest hospital network in the U.S. [Read More](#)

Civitas Solutions Acquires 2 Adult Day Health Centers in MA. *Business Wire* reported on April 3, 2018, that Civitas Solutions, Inc. has announced the expansion of its Adult Day Health (ADH) services with the acquisition of Aging Well Adult Day Health Center and Living Well Adult Day Health Center in central Massachusetts. The two ADH centers, which generated annual revenues of approximately \$8 million, serve an estimated 600 individuals in the area. [Read More](#)

Addus HomeCare Purchases Arcadia Home Care. Addus HomeCare Corporation announced on April 2, 2018, the purchase of the assets of Arcadia Home Care & Staffing of Southfield, Michigan for \$18.5 million. Arcadia, which generated 2017 revenues of \$47.4 million, provides home care services to an estimated 2,300 individuals in 10 states. [Read More](#)

Oscar Health Raises Additional Capital. *Crain's HealthPulse* reported on March 29, 2018, that Oscar Health, an insurance start-up plan, has raised another \$165 million from investors. The investment brings the company's valuation to \$3.2 billion, according to a source with knowledge of the company's finances. It was valued at \$2.7 billion when it last raised money, in 2016. The plan operated with large losses for many years; those losses slowed in 2017. Oscar increased premiums, pulled out of two regions (New Jersey and part of Texas), and sharply limited its network of hospitals and doctors in New York. Oscar, which has raised more than \$800 million to date, will use the latest funding round to replicate its strategy in four to five additional cities per year. In each, it will partner with one or more major health systems to "secure competitive prices." [Read More](#)

Medicaid Plans Streamline Physician Credentialing. *Forbes* reported on April 2, 2018, that Medicaid managed care plans are simplifying physician credentialing to increase participation across the country. The Texas Association of Health Plans and the Texas Medical Association, for example, are launching streamlined credentialing for all 19 Medicaid health plans in the state. Other states are looking to implement similar credentialing initiatives. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2018 (Delayed from 2017)	Alaska Coordinated Care Demonstration	Contract Awards	TBD
2018	Massachusetts One Care (Duals Demo)	RFP Release	TBD
Spring 2018	North Carolina	RFP Release	1,500,000
April 2018	Alabama ICN (MLTSS)	RFP Release	25,000
April 2018	New Hampshire	RFP Release	160,000
April 6, 2018	Texas STAR and CHIP	RFP Release	3,342,530
April 6, 2018	Puerto Rico	Proposals Due	~1,300,000
April 11, 2018	Wisconsin LTC (Milwaukee and Dane Counties)	Proposals Due	~1,600
April 24, 2018	Iowa	Contract Awards	600,000
April 27, 2018	Florida Children's Medical Services	Responses Due	50,000
April 12, 2018	Washington FIMC (Remaining Counties)	Proposals Due	~1,600,000
May 2018	Florida Statewide Medicaid Managed Care (SMMC)	Contract Awards	3,100,000
May 22, 2018	Washington FIMC (Remaining Counties)	Contract Awards	~1,600,000
May 23, 2018	Minnesota Special Needs BasicCare	Proposals Due	53,000 in Program; RFP Covers Subset
June 2018	Alabama ICN (MLTSS)	Contract Award	25,000
June 2018	Puerto Rico	Contract Awards	~1,300,000
June 2018	North Carolina	Proposals Due	1,500,000
June 2018	Kansas KanCare	Contract Awards	380,000
June 4, 2018	Wisconsin LTC (Milwaukee and Dane Counties)	Contract Award	~1,600
June 26, 2018	Florida Children's Medical Services	Contract Award	50,000
June 29, 2018	Minnesota Special Needs BasicCare	Contract Award	53,000 in Program; RFP Covers Subset
July 2018	Texas STAR and CHIP	Proposals Due	3,342,530
July 1, 2018	Pennsylvania HealthChoices (Delay Likely)	Implementation (SE Zone)	830,000
July 1, 2018	MississippiCAN	Implementation	500,000
August 1, 2018	Virginia Medallion 4.0	Implementation	700,000
September 1, 2018	Texas CHIP (Rural, Hidalgo Service Areas)	Implementation	85,000
September 2018	North Carolina	Contract awards	1,500,000
September 26, 2018	Texas STAR and CHIP	Evaluation Period Ends	3,342,530
October 2018	Puerto Rico	Implementation	~1,300,000
October 2018	Alabama ICN (MLTSS)	Implementation	25,000
October 1, 2018	Arizona	Implementation	1,600,000
October 1, 2018	Texas STAR+PLUS Statewide	Contract Start	530,000
November 1, 2018	New Hampshire	Proposals Due	160,000
January 2019	Kansas KanCare	Implementation	380,000
January 1, 2019	Wisconsin LTC (Milwaukee and Dane Counties)	Implementation	~1,600
January 1, 2019	Washington FIMC (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)	Implementation	3,100,000
January 1, 2019	Pennsylvania HealthChoices (Delay Likely)	Implementation (Lehigh/Capital Zone)	490,000
January 1, 2019	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	160,000
January 1, 2019	Minnesota Special Needs BasicCare	Contract Implementation	53,000 in Program; RFP Covers Subset
January 24, 2019	Texas STAR and CHIP	Contract Start	3,400,000
July 1, 2019	North Carolina	Implementation	1,500,000
July 1, 2019	New Hampshire	Implementation	160,000
July 1, 2019	Iowa	Implementation	600,000
January 1, 2020	Texas STAR+PLUS, STAR, and CHIP	Operational Start Date	530,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Washington FIMC (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	TBD

HMA NEWS

Upcoming Webinar - Technology Refresh: Assessing, Updating Health Insurance Exchange Platforms to Improve Marketplace Functionality and Enhance the User Experience on April 11, 1-2 EDT. [Read More](#)

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