HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

April 25, 2018

Edited by:
Greg Nersessian, CFA
Email

Annie Melia
Email

Alona Nenko
Email

Nicky Meyyazhagan
Email

THIS WEEK

IN FOCUS

MLTSS IMPLEMENTATION PLANS IN NORTH CAROLINA AND NEW HAMPSHIRE

This week, our *In Focus* reviews two recently released papers outlining North Carolina's and New Hampshire's plans to implement Medicaid managed care long-term services and supports (MLTSS). The North Carolina Department of Health and Human Services released "North Carolina's Vision for Long-term Services and Supports under Managed Care" on April 5, 2018, and is accepting comments through April 27. The New Hampshire Department of Health and Human Services released its "Implementation Plan for Medicaid Care

Management – Nursing Facility/Choices for Independence Services" on March 6, 2018, and is accepting comments through May 4, 2018. Both states are anticipated to release requests for proposals (RFPs) for integrated Medicaid managed care services in the next several months.

North Carolina

North Carolina is in the process of transitioning approximately 1.9 million Medicaid members from a predominantly fee-for-service system to managed care (to read our *In Focus* on North Carolina's proposed design for Medicaid managed care, click here). As part of this effort, the state released "North Carolina's Vision for Long-term Services and Supports under Managed Care" in April 2018. The concept paper focuses on Medicaid Prepaid Health Plan (PHP) requirements for the 14,500 Medicaid-only enrollees utilizing State Plan LTSS who will be transitioned to managed care in the first phase of the plan, targeted for July 1, 2019.

MLTSS Transition Phases

While the concept paper focuses on PHP requirements in phase 1 of the transition to MLTSS, the state briefly outlines all three phases of the transition. Phase 1 includes 14,500 Medicaid-only members using State Plan LTSS; phase 2 includes 30,000 members using LTSS with serious mental illnesses (SMI), serious emotional disturbances (SED), intellectual and developmental disabilities (I/DD), and traumatic brain injuries (TBI); and phase 3 includes the remaining 62,000 beneficiaries who use LTSS. Those members transitioned in phase 1 will be enrolled in standard plans, while those enrolled in phase 2 will be enrolled in Behavioral Health and Individuals with Developmental Disabilities Tailored Plans (BH I/DD TPs).

North Carolina Medicaid MLTSS Transition Phases

	Population	Approximate Size of Population	Target Transition Date	Type of Plan
Phase 1	Medicaid-only beneficiaries using State Plan LTSS	14,500	July 1, 2019	Standard Plans
Phase 2	Medicaid beneficiaries using LTSS with SMI, SED, SUD, I/DD, and TBI	30,000	Not specified	Behavioral Health and Individuals with Developmental Disabilities Tailored Plans (BH I/DD TPs)
Phase 3	Remaining beneficiaries using LTSS	62,000	Not specified	Not specified

Phase 1 MLTSS Integration and Covered Benefits

The state anticipates PHPs will provide integrated physical and behavioral health services, as well as LTSS for the Medicaid-only members transitioned in phase 1. PHPs will cover all State Plan LTSS, which includes home health, personal care, hospice, home infusion services, durable medical equipment, and nursing facilities for up to 90 days. All services will be covered under a single capitation rate that will not differentiate between institutional and community-based populations to encourage treatment in the most cost-effective settings. The rate methodology will include rate categories and risk adjustment to avoid penalizing PHPs with higher-need members. LTSS will generally be excluded from cost sharing.

PHP Selection and Assignment

To mitigate issues for members as they transition from fee-for-service to managed care environment, the state is contracting with an enrollment broker, which will provide counseling to members about their plan options. The state released the competitive procurement for the broker in March. Members who do not select a plan within a 60-day window will be auto-assigned to a PHP based on a methodology that prioritizes existing provider relationships. While all Medicaid members will have 90 days to change plans after enrollment, enrollees who use LTSS will be allowed to switch PHPs at any time.

Network Adequacy and Performance

PHPs will be required to contract with at least one nursing facility accepting new patients in every county in applicable service regions, as well as contract with at least two non-nursing facility LTSS providers in each county. The state released a draft quality strategy in March that will be used to assess PHP performance, and the state will include quality metrics that are specific to those with LTSS needs. The state will review PHPs' Quality Assessment and Performance Improvement programs annually.

Estimated Medicaid Managed Care Enrollment

While not specific to MLTSS, the report includes an appendix that outlines the anticipated enrollment phase-in schedule. This appendix, developed in February 2018, appears below.

Population Cohort with Proposed Timing for Comprehensive Managed Care Enrollment	Beneficiaries Based on SFY 2016 Historical Enrollment		
	Estimated Average Beneficiaries by Group	Estimated Average Beneficiaries by Cohort	Cohort as Percent of Total Beneficiaries
Year 1: Standard Plan - Aged, Blind, Disabled	140,000	1,525,000	73%
Year 1: Standard Plan - All Other	1,385,000		
Year 3: Tailored Plan - Non-Duals	85,000	135,000	6%
Year 3: Tailored Plan - Duals	27,000		
Year 3: Foster Children	23,000		
Year 5: Non-Dual LTSS	5,000	217,000	10%
Year 5: Full Duals (Non-TP)	212,000		
Excluded: Family Planning	103,000	208,000	10%
Excluded: Medically Needy	23,000		
Excluded: Other	82,000		
Total	2,085,000	2,085,000	100%

Source

Exhibit prepared Feb. 8, 2018, by the NC DHHS Division of Health Benefits, based on "Population Profiles," released Nov. 9, 2017.

Timeline

As previously mentioned, a request for proposals for integrated Medicaid managed care services is anticipated to be released in the next several months, and the state is targeting July 1, 2019, to launch managed care. However, the release of the RFP and the subsequent launch is dependent on several factors, including Waiver approval from the Centers for Medicare & Medicaid Services (CMS) and key legislation passing the General Assembly, which gathers next month for a short session. Last week, Department of Health and Human Services Secretary Mandy Cohen told the Joint Legislative Oversight Committee CMS has approved the 1115 Waiver that authorizes the program, and the state is awaiting formal notification.

New Hampshire

New Hampshire is in the process of expanding their Medicaid Care Management (MCM) program to include LTSS provided under their Choices for Independence (CFI) Waiver and those provided by nursing facilities (NFs). The CFI waiver provides home and community-based services (HCBS) to approximately 4,000 individuals who meet nursing facility level of care, are age 65 and older or ages 18-64 and blind or disabled. The state's "Implementation Plan for Medicaid Care Management – Nursing Facility/Choices for Independence Services" reflects state law requirements to move forward with the LTSS carve-in of CFI/NJ services to managed care by July 1, 2019.

Services Covered and Enrollment

Managed care organizations (MCOs) will be responsible for managing comprehensive acute and behavioral health services, as well as LTSS which include CFI HCBS for MCM members. CFI HCBS waiver program services include personal care, adult medical day services, supported employment and housing, home-delivered meals, and other services. Blended capitation rates are being "weighed and considered in the actuarial rate setting process."

Maximus, the state's current enrollment broker, will provide MCO choice counseling to newly eligible individuals. The state will auto-assign individuals who do not select a plan within 30 days of initial enrollment period. The auto-assignment methodology will seek to maintain current provider relationships. Members cannot disenroll from an MCO without approval from the state, regardless of their LTSS needs.

Network Adequacy and Quality

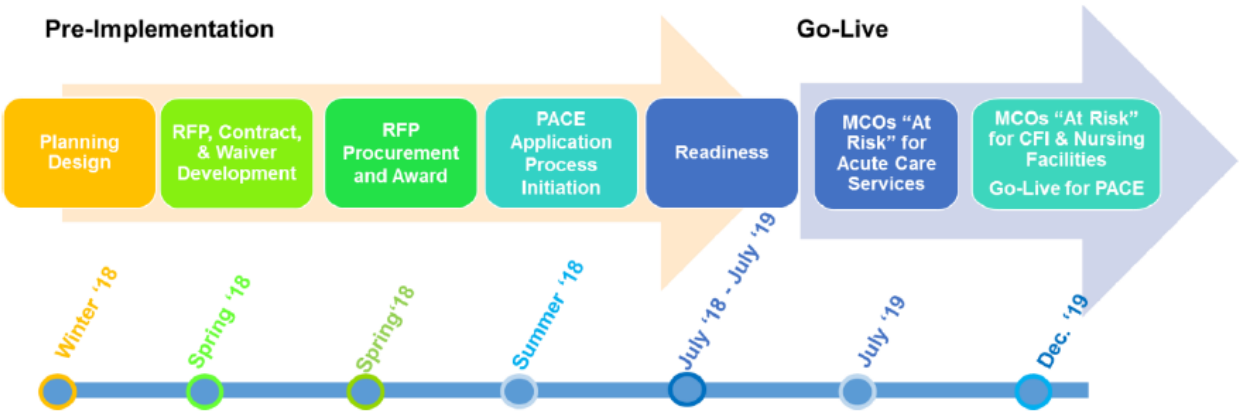
The state will establish time, distance, and availability standards to assess network adequacy. New Hampshire's existing MCM Quality Strategy will expand its quality measures to include those that measure improved health outcomes for CFI/NF members. MCOs will have additional reporting requirements related to LTSS, such as member qualify of life surveys for CFI members.

PACE

New Hampshire is also implementing a Program for All-Inclusive Care for the Elderly (PACE) for individuals eligible for Medicare and Medicaid, anticipated to go live by December 2019.

Timeline

The state anticipates releasing an RFP for integrated managed care services "on or about May 30, 2018." MCOs will assume responsibility for member care beginning July 1, 2019, but will not assume full capitated risk for NF/CFI services until December 31, 2019. The state is in the process of amending its existing 1915(c) and 1915(b) waivers to add MLTSS, and anticipates federal approval will take six to nine months.



Source: New Hampshire Department of Health and Human Services, "Implementation Plan for Medicaid Care Management – Nursing Facility/Choices for Independence Services," released March 6, 2018.

North Carolina's Vision for Long-term Services and Supports under Managed Care: https://files.nc.gov/ncdhhs/documents/LTSS-Vision_ConceptPaper_FINAL_20180405.pdf

Implementation Plan for Medicaid Care Management – Nursing Facility/Choices for Independence Services: www.dhhs.nh.gov/ombp/medicaid/documents/mltss-implementation-plan.pdf

HMA Medicaid Roundup

Alabama

Alabama Releases RFP for Administrator of LTSS Patient-Centered Care Program. The Alabama Medicaid Agency released a request for proposals for a contractor to administer the state's Integrated Care Networks program, which delivers patient-centered case management designed to integrate care for long-term services and supports (LTSS) beneficiaries. The contract would run from October 1, 2018, through September 30, 2020, with three optional one-year extensions. Alabama's existing LTSS system covers approximately 23,000 elderly and disabled adults.

District of Columbia

District of Columbia Proposes 4 Percent Cut to Medicaid MCO Rates. The District of Columbia Department of Health Care Finance revealed in April 2018 that it plans to cut fiscal 2019 payment rates for Medicaid managed care organizations by 4 percent, according to a budget proposal from the administration of Washington, DC, Mayor Muriel Bowser. The cut is expected to save $4.5 million. Read More

Florida

Florida Announces Winners of Statewide Medicaid Managed Care Procurement. On April 24, 2018, the Florida Agency for Health Care Administration announced the winners of its Statewide Medicaid Managed Care Program procurement. A summary of the awards by region can be found in the data package below. To view the Notices of Intent to Award, click here. Read More

Magellan Health to Protest Florida Medicaid Managed Care Awards. Magellan Health Inc. announced on April 23, 2018, that it would file a formal protest against Florida for not including the company among the winners of the state's Medicaid managed care contract awards. Magellan's existing contract, which expires at the end of this year, generated net revenues of $605.9 million in 2017. Read More

Florida Providers Fear Big Medicaid Spending Cuts from Proposed Change in Retroactive Eligibility. *Health News Florida* reported on April 19, 2018, that Florida health care providers fear a proposed change in retroactive Medicaid eligibility from 90 to 30 days could result in much biggest spending cuts than the administration of Governor Rick Scott is projecting. While the Scott administration expects savings of $98 million from the change, a March 2017 form to federal regulators from the Florida Agency for Health Care Administration indicated savings as high as $500 million. About 39,000 Florida Medicaid members are expected to be impacted by the change, AHCA said last month. Read More

Georgia

Georgia Is Still Falling Short in Care for Individuals with Developmental Disabilities, Mental Illness. *The Augusta Chronicle* reported on April 19, 2018, that Georgia continues to provide inadequate care for individuals with developmental disabilities released into the community, according to a report by a court-appointed expert. The report also says the state isn't providing housing support and care coordination for the seriously mentally ill, especially individuals released from prison. The state has been operating under a 2010 settlement agreement with the U.S. Department of Justice related to poor conditions at state institutions. Read More

Iowa

Iowa Managed Care Contract Negotiations Are Delayed. *The Des Moines Register* reported on April 23, 2018, that Iowa managed care contract negotiations for the state's $5 billion Medicaid program have still not been completed after several months of waiting. UnitedHealthcare and Amerigroup have expressed the need for substantial rate increases in order to move forward with the contracts. Meanwhile, the state legislature is poised to pass a state budget before it adjourns. Without the Medicaid contracts in place, it's unclear if funding will be adequate. Medicaid is Iowa's second largest expense at about $1.5 billion annually, not including federal funds. Read More

Kansas

Governor Continues to Push for Medicaid Work Requirements. *KCUR* reported on April 24, 2018, that Kansas Governor Jeff Colyer continues to push for Medicaid work requirements through the state's KanCare 2.0 Medicaid managed care waiver proposal. The state Senate is currently adding language to the budget bill to prohibit the Governor from moving forward with KanCare 2.0. However, even if the legislature passes the provision, the Governor holds a line-item veto. Read More

Maine

Governor Continues to Block Voter-Approved Medicaid Expansion. *Politico* reported on April 23, 2018, that Maine Governor Paul LePage continues his opposition to expanding Medicaid unless lawmakers meet his conditions for funding the program. Last year, Maine residents voted to approve Medicaid expansion through a ballot initiative, with coverage to start July 2, 2018, for about 80,000 individuals. LaPage, who is in his last year in office, has insisted that expansion won't move forward unless lawmakers promise not to raise taxes or tap into the state's rainy day fund. Read More

Michigan

Senate Committee Passes Medicaid Work Requirements Bill. *The Detroit Free Press* reported on April 18, 2018, that the Michigan Senate Competitiveness Committee cleared a Medicaid work requirements bill aimed at able-bodied, adult Medicaid recipients. The legislation would require about 300,000 of the state's 670,000 Medicaid members to be employed, in job training or enrolled in an education program. The bill now heads to the full Senate for consideration. Read More

New Hampshire

New Hampshire Vocational Rehabilitation Bureau Has Deficit. *New Hampshire Public Radio* reported on April 22, 2018, that the New Hampshire Department of Education vocational rehabilitation bureau has operated with a deficit for years, spending millions of dollars more than it took in. The state will overhaul the bureau and prioritize individuals with significant disabilities. The restructuring plan could also include staff layoffs or transfers to other agencies. The bureau provides counseling, vocational training, education, and job placement for those with disabilities. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Governor Murphy Names Ombudsman for People with Disabilities. New Jersey Governor Phil Murphy announced on April 19, 2018, the appointment of Paul Aronsohn to lead a newly created Office of the Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families. Mr. Aronsohn previously served on the Governor's Transition Team's Human and Children Services Committee and is a founding member of the Ridgewood Community Access Network (CAN) which represents the needs of residents and visitors with special needs. He has been a long-time advocate in the disability community and has many years of national, state and local government experience. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

Department of Health Approves Centene, Fidelis Deal. Centene announced on April 23, 2018, that the New York Department of Health and the New York Department of Financial Services have approved Centene's proposed acquisition of Fidelis Care. In September 2017, Centene Corporation and Fidelis Care entered into an Asset Purchase Agreement pursuant to which Centene will purchase substantially all of the assets of Fidelis Care for approximately $3.75 billion. Under the recently finalized New York state budget, the state will receive $2 billion over the next several years, reflecting the fact that Fidelis Care's assets were built up over 20 years, with New York state taxpayer funds accounting for over 90% of Fidelis premium revenues. The transaction still requires approval from the New York Attorney General. There is no assurance that Centene will receive the remaining regulatory approval for the transaction or that the closing will occur. Read More

Governor Announces Medicaid Pilot to Offer Doula Services. *The New York Times* reported on April 22, 2018, that in light of the high rate of maternal mortality among African-American women in New York, Governor Cuomo has announced a series of initiatives designed to address the problem. One of the initiatives is a pilot program that would offer doula services as a Medicaid benefit. The design of the doula pilot program will be finalized by the state's Health Department within 45 days, and the program will start immediately thereafter. A challenge for the program, however, is that Medicaid can only pay licensed providers to received matching funds, and doulas are not licensed in New York.

The governor is also creating the Task Force on Maternal Mortality and Disparate Racial Outcomes, which in collaboration with the Maternal Mortality Review Board, will review each maternal death in the state. The state is also expanding prenatal education programs for women and reviewing best practices in hospitals to address hemorrhaging, one of the leading causes of pregnancy-related deaths. Read More

New York Limits Home Care Networks of Medicaid Managed Care Plans. *Home Health Care News* reported on April 19, 2018, that New York will allow Medicaid managed care plans to contract with one licensed home care services agency for every 75 enrollees, effective October 1, 2018. Medicaid long-term care plans in New York have about 200,000 members. There are about 1,500 licensed home care agencies in the state. Read More

Ohio

Ohio Report Examines Role of Medicaid Managed Care Organizations In Addressing Food Insecurity. *Cleveland.com* reported on April 23, 2018, that according to a study from the Center for Community Solutions, Medicaid Managed Care Organizations (MCOs) can improve health outcomes and cut Medicaid spending by doing more to increase access to healthy foods. The report highlights a program offered by Ohio Medicaid MCO Paramount Advantage that screens ProMedica health system patients for food insecurity and makes referrals to prescription food clinics. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Pennsylvania House Passes Medicaid Work Requirements, Governor Opposes. *Trib Live* reported on April 17, 2018, that the Pennsylvania House passed House Bill 2138, a Medicaid work requirement bill that would require "able-bodied" adults enrolled in Medicaid to work at least 20 hours a week or complete job training programs to retain their health insurance coverage, with a vote of 115-80. HB 2138 would require state officials to seek federal approval for a work requirement and includes exceptions for pregnant women, the permanently disabled, those under age 19 or older than 64, prisoners and residents of mental health institutions. Department of Human Services Secretary, Teresa Miller, estimates the bill will cost some $800 million to implement in its first year. Pennsylvania Governor Tom Wolf did not commit to a veto, but has made it clear that he opposes the bill. Wolf vetoed a bill last fall that contained a similar requirement. HB 2138 has been sent to the Senate. Read More

Rhode Island

Rhode Island Medicaid Director Opposes Cuts to DSH Funding. *The Providence Journal* reported on April 23, 2018, that Rhode Island Medicaid Director Patrick Tigue is opposed to an estimated $15.7 million in state disproportionate share hospital funding cuts. The cuts were included in a fiscal 2019 budget proposal by Governor Gina Raimondo. The legislature and Governor must now decide whether to restore the funds in the final budget proposal set for a vote this legislative session. Read More

Tennessee

Tennessee Senate Passes Medicaid Work Requirements Bill. *USA Today Network/Tennessean* reported on April 19, 2018, that the Tennessee Senate passed a work requirement bill aimed at able-bodied, adult Medicaid recipients without dependent children under six years old. The legislation, approved by the House earlier this year, now heads to Governor Bill Haslam's desk. Read More

Texas

Texas Modifies Medicaid Eligibility Rules for U.S.-Born Children of Immigrants. *Modern Healthcare* reported on April 23, 2018, that Texas will no longer consider the income of an immigrant's sponsor to determine the Medicaid eligibility of the immigrant's U.S.-born children. The state will still use the sponsor's income to determine the Medicaid eligibility of the parent, aligning with federal requirements. According to the American Immigration Council, an estimated 4.2 million Texas residents are native-born U.S. citizens with at least one immigrant parent. Read More

HHS Commissioner Apologizes for CHIP Procurement Errors. *The Dallas Morning News* reported on April 18, 2018, that Texas health commissioner Charles Smith apologized to state legislators for errors that forced the state to cancel recently awarded managed care contracts for the Children's Health Insurance Program in rural and south Texas. Smith, who is executive commissioner of the Texas Health and Human Services Commission, said agency officials failed to properly tabulate scores, engage in quality control and ensure "people obtain the appropriate approvals prior to moving forward." He has accepted the resignation of HHSC chief operating officer Heather Griffith Peterson. While legislators on the committee asked pointed questions and criticized the agency's failure to comply with their own policies and procedures, several committee members acknowledged that human errors are going to occur in an agency as large as HHSC and expressed confidence that Smith will implement the changes necessary to move forward and restore public confidence. Read More

National

CMS Proposes Changes to EHR Meaningful Use, Seeks Further Price Transparency. *Modern Healthcare* reported on April 24, 2018, that the Centers for Medicare & Medicaid Services has proposed an overhaul of the meaningful use program associated with electronic medical records (EMR) to better foster exchange of information between providers and to make it easier for patients to obtain their EMRs. CMS, which suggested the changes as part of the proposed annual inpatient hospital rule, is also seeking to require hospitals to post their prices. Read More

States Consider Medicaid Expansion Ballot Initiatives, Work Requirements, Other Changes. *CQ* reported on April 23, 2018, that this year, states are considering a variety of changes to their Medicaid programs, including expansion and work requirements. Idaho, Montana, Nebraska, and Utah currently have ballot initiatives underway for November. Arkansas, Indiana, and Kentucky have been approved by the Trump administration to introduce Medicaid work requirements. Read More

MACPAC Raises Concerns Over CMS Proposed Access to Care Rule. *CQ* reported on April 19, 2018, that the Medicaid and CHIP Payment and Access Commission is concerned that changes to the access-to-care monitoring rules could potentially harm fee-for-service Medicaid members. The proposal, from the Centers for Medicare & Medicaid Services, would exempt states with Medicaid managed care penetration of 85 percent or more of total eligible (17 states) from most requirements to monitor provider access for remaining fee-for-service members. Read More

Industry News

Centene Reports 1Q18 Gain in Profits, Membership. *Modern Healthcare* reported on April 24, 2018, that St. Louis-based Centene Corp.'s first quarter 2018 net income more than doubled to $340 million, compared to the same period last year. Revenues rose 13 percent to $13.2 billion, while total membership increased 6 percent to 12.8 million. Read More

Humana to Acquire 40 Percent Stake in Curo Health Services. A consortium made up of Humana Inc., TPG Capital and Welsh, Carson, Anderson & Stowe announced on April 23, 2018, that it has signed a definitive agreement to acquire privately held hospice operator Curo Health Services for $1.4 billion. Humana will maintain a 40 percent interest in the venture. The transaction is expected to close during the summer of 2018. Read More

Providers Accounted for 45 Percent of Private Equity Healthcare Deals in 2017. *Modern Healthcare* reported on April 18, 2018, that providers accounted for 45 percent or $19 billion worth of global healthcare private equity buyouts in 2017, according a report from Bain & Co. In North America, the largest deal was the acquisition of Kindred Healthcare by two private equity firms and Humana for $4.1 billion. This is the third year that providers have accounted for the largest portion of deals. Biopharma buyouts made up 23 percent of deals. Read More

COMPANY ANNOUNCEMENTS

MCG Health's Dr. William Rifkin to Speak at 2018 National Physician Advisor Conference. Read more

ConcertoHealth Expands Field-Based Care Model to Reach Patients with Greatest Needs in Michigan and Washington. 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/Summer 2018	North Carolina	RFP Release	1,500,000
April 27, 2018	Florida Children's Medical Services	Responses Due	50,000
May 1, 2018	Iowa	Contract Awards	600,000
May 23, 2018	Minnesota Special Needs BasicCare	Proposals Due	53,000 in Program; RFP Covers Subset
May 30, 2018	New Hampshire	RFP Release	160,000
June 2018	Puerto Rico	Contract Awards	~1,300,000
June 2018	Kansas KanCare	Contract Awards	380,000
June 4, 2018	Wisconsin LTC (Milwaukee and Dane Counties)	Contract Award	~1,600
June 7, 2018	Alabama ICN (MLTSS)	Proposals Due	25,000
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 1, 2018	Pennsylvania HealthChoices (Delay ore Rebid Likely)	Implementation (SE Zone)	830,000
July 1, 2018	MississippiCAN	Implementation	500,000
July 2, 2018	Texas STAR and CHIP	Proposals Due	3,342,530
July 11, 2018	Alabama ICN (MLTSS)	Contract Award	25,000
August 1, 2018	Virginia Medallion 4.0	Implementation	700,000
October 2018	Puerto Rico	Implementation	~1,300,000
October 1, 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 ore Rebid 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

HMA 2018 Conference Website Is Live
The website for HMA's 2018 conference on *The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers and States*, October 1-2, at The Palmer House in Chicago, is now live at https://conference.healthmanagement.com/.

Visit the site for conference details, including an agenda and preliminary list of speakers.

Keynote Speakers to Date
(in alphabetical order; others to be announced)

The Next Wave: How Medicaid Plans Are Positioning Themselves for Success
Catherine Anderson, *SVP, Policy & Strategy, UnitedHealth Community & State*
John Baackes, *CEO, L.A. Care Health Plan*
Scott Markovich, *VP, Medicaid Growth and Provider Development, Aetna Inc.*
Kelly Munson, *EVP, Medicaid, WellCare Health Plans*
Patrick Sturdivant, *President, Virginia Medicaid Health Plan, Anthem Inc.*

How States Are Fostering Community Engagement and Innovation in Medicaid
Mari Cantwell, *Chief Deputy Director, Health Care Programs, California Department of Health Care Services*
Stephanie Muth, *Associate Commissioner, Medicaid/CHIP Medical and Social Services Division, Texas Health and Human Services Commission*
Allison Taylor, *Director of Medicaid, Indiana Family and Social Services Administration*
Matt Wimmer, *Administrator, Division of Medicaid, Idaho Department of Health and Welfare*

What's Next for Integrated Care: A Status Report and Forecast
John Jay Shannon, *MD, CEO, Cook County Health & Hospitals System*

Session Speakers to Date:
(in alphabetical order; others to be announced)
James Kiamos, *COO, Family Health Network*
Cheryl Lulias, *President, Executive Director, Medical Home Network; CEO, MHC ACO*
Brent Layton, *EVP, Chief Business Development Officer, Centene Corp.*
Michael Monson, *SVP, Long-Term Services & Supports, and Dual Eligibles, Centene Corp.*
Cheryl Phillips, *M.D., President, CEO, SNP Alliance, Inc.*
Ed Stellon, *Executive Director, Heartland Alliance Health*

This is the third conference HMA has presented on trends in publicly sponsored healthcare. Last year's event in Chicago brought together more than 400 executives from health plans, providers, state and federal government, community-based organizations and others serving Medicaid and other vulnerable populations. It was a collaborative, high-level event featuring more than 35 speakers and representing the interests of a broad-based constituency of healthcare leaders.

This year's meeting promises to be even better, with a sharp focus on the challenges and opportunities for organizations serving Medicaid and other vulnerable populations. Additional details, including a complete agenda, will be available in the weeks ahead. Questions can be directed to Carl Mercurio, cmercurio@healthmanagement.com, (212) 575-5929.

NEW THIS WEEK ON HMA INFORMATION SERVICES (HMAIS):

Public Documents

Medicaid RFPs, RFIs, and Contracts

- Florida Statewide Medicaid Managed Care Re-procurement ITN Awards, High-Level Scoring, Data Book, and Related Documents, 2017-18
- Kentucky Medicaid Managed Care Consulting Services RFP, Apr-18
- Idaho Care Planning and Coordination RFI, Apr-18
- Alabama Medicaid Agency Integrated Care Network RFP, Apr-18
- Iowa Member Management, Consumer Assistance, and Eligibility Help Desk Services for Iowa Medicaid and hawk-i Programs RFP and Award, Mar-18

Medicaid Program Reports and Updates

- Michigan Department of Health and Human Services Annual Report, FY 2013-17
- Tennessee Governor's Proposed Budget, FY 2018-19
- Texas Managed Care: Contract Oversight and Monitoring Presentation, Apr-18
- Hawaii DHS Financial Audit Report, FY 2017
- Louisiana Medicaid Expansion Economic Analysis Report, Mar-18
- New Jersey Medical Assistance Advisory Council Meeting Materials, Apr-18

Medicaid Data and Updates

- Hawaii Medicaid Managed Care Enrollment is Up 1.1%, 2017 Data
- Hawaii Medicaid Managed Care Enrollment Share by Plan, 2017 Data
- Ohio Dual Demo Enrollment is Up 0.7%, Mar-18 Data
- Ohio Medicaid Managed Care Enrollment is Up 0.2%, Mar-18 Data
- Ohio Medicaid Managed Care Enrollment Share by Plan, Mar-18 Data

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

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

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

HMA WELCOMES

Linda Wiant – Principal

Linda Wiant joined HMA from the State of Georgia, where she most recently served as Medicaid director. In this role, Linda managed and directed the activities of the $10 billion Medicaid division for two million recipients, covering 20 percent of all Georgians and 50 percent of all children in the state. She ensured agency compliance with federal regulations and state legislation. She focused the division on areas of improvement, including provider relations, improving internal and external communications, staff development, and policy and systems streamlining to reduce administrative burdens. She directed the division away from a "siloed" approach to policy, integrating meetings and discussions internally to develop staff expertise and understanding of the impacts of managed care and fee-for-service practice and policy on internal operations. She helped bridge the view of care away from examining costs on a policy area-specific basis and towards a holistic view of care that included medical, pharmacy, dental, and behavioral health.

As pharmacy director at the State of Georgia, Linda worked in collaboration with the finance division to forecast drug spend trends and policy changes. She managed and directed the activities of the pharmacy units within the Medicaid division. She was responsible for ensuring access to appropriate medications in a cost-effective manner and maximizing resources and outcomes for expenditures of approximately $565 million annually. Linda ensured compliance with federal and state regulatory and legislative requirements. She managed the Drug Utilization Review Board (DUR Board) to ensure compliance with federal DUR Board and Pharmacy and Therapeutics Committee requirements and collaborated on issues concerning drug policy.

Linda has extensive experience and expertise in managed care pharmacy and pharmacy benefits management (PBM) services, managing preferred drug lists and rebates for Medicaid and Medicaid managed care entities and developing prior authorization programs. She has served as an adjunct assistant professor for pharmacy students on clinical rotations in both the private and public sectors. In addition, Linda established the first PBM managed care rotation for Mercer University Pharmacy School and the University of Georgia Pharmacy School.

Linda earned her Doctor of Pharmacy from Mercer University Pharmacy School. She completed a general practice residency at University Medical Center in Jacksonville, Florida (now UF Health Jacksonville).

Brittany Labarreare – Senior Consultant

Brittany joined HMA most recently from CommUnityCare, where she led the development of the overall strategy, structure, and implementation plan of a successful care management model and population health program. She was responsible for employee relations and quality/process improvement.

At the Texas Department of Aging and Disability Services, Brittany developed training curriculums for Intellectual and Developmental Disability (IDD) Medicaid waiver programs, as well as the policy, procedures and training curriculum for Texas Health Steps IDD transition population. She worked in collaboration with other state agencies in preparation for the managed care implementation for state recipients. She evaluated the quality and cost-effectiveness of services and assessed compliance with Medicaid program service requirements, state rules, and regulations.

As a clinical nurse manager at Austin State Supported Living Center, Brittany coordinated the development, implementation, and evaluation of healthcare services within the organization and was responsible for the overall nursing care of individuals in the medically fragile unit. She supervised 25 registered nurses and was responsible for ongoing competency, training, and appropriate licensure through the Texas Board of Nursing.

Brittany earned her MBA with a focus in healthcare management from the University of Texas. She received her bachelor's degree in nursing from the Baptist College of Health Sciences. She is a licensed registered nurse and certified case manager.

Kara Riehman – Principal

Kara Riehman joins HMA Community Strategies (HMACS) most recently from the American Cancer Society (ACS) where she served as strategic director of evaluation and research and as program director of evaluation and research. In these roles, Kara directed evaluation of ACS prevention and early detection programs among health system partners nationwide, including programs to increase breast, colorectal, and lung cancer screening, and HPV vaccination. She informed strategic planning initiatives to improve ACS processes for prioritization of prevention and early detection programs, staffing structure, and grants management. Kara collaborated with all ACS departments and regions nationally to guide program implementation and improvement and provided evaluation expertise in external partnerships. In addition, she contributed to research literature by translating several evaluation reports into published manuscripts. Kara's evaluation work contributed to program improvement in ACS program delivery and to understanding what factors lead to successful program implementation.

At, Kara served as project director at ICF Macro. In this role, she led a cross-site quasi-experimental study to compare the effectiveness of the SAMHSA Children's Mental Health Initiative model to traditional mental health services delivery systems. led the CDC-funded implementation evaluation of Project CHOICES, an evidence-based treatment to reduce alcohol-exposed pregnancy among women attending STD clinics. She was project director of a SAMHSA funded program to increase community capacity to develop and implement violence, suicide, and bullying prevention programs in American Indian and Alaska Native communities. She also served as project director for a World Bank–funded evaluation of the community response to HIV and AIDS in Africa.

Kara earned her PhD and master's degree in sociology from Florida State University. She holds a bachelor's degree in social relations from Lehigh University.

Health Management Associates (HMA) is an independent health care research and consulting firm, specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Albany, New York; Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Costa Mesa, California; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Phoenix, Arizona; Portland, Oregon; Raleigh, North Carolina; Sacramento and San Francisco, California; Seattle, Washington; Tallahassee, Florida; and Washington, DC.
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