HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

January 30, 2019

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THIS WEEK

IN FOCUS

OREGON RELEASES MEDICAID COORDINATED CARE ORGANIZATIONS 2.0 RFA

This week, our *In Focus* reviews the Oregon Health Plan's Coordinated Care Organizations (CCO) 2.0 request for applications (RFA), released by the Oregon Health Authority (OHA) on January 25, 2019. Under CCO 2.0, the CCOs will provide full-risk coordinated care for approximately 840,000 Medicaid members.

Coordinated Care Organizations

CCOs are managed care organizations that care for Medicaid members under a fixed global budget. Using networks of local providers, they provide integrated physical, behavioral, and dental care - emphasizing care coordination, wellness, and chronic disease management. A portion of capitation is held aside to reward CCOs for achieving specific health outcomes and quality measures (an estimated 3.5 percent of capitation in 2019). Oregon received approval for the CCO 1115 demonstration waiver in July 2012. According to OHA, since its implementation, the coordinated care model has improved access to primary care, reduced costly Emergency Department (ED) visits, and saved the state an estimated $2.2 billion dollars in avoided health care costs. Nearly 88 percent of Medicaid members are enrolled in a CCO.

CCO 2.0

With the current contracts expiring on December 31, 2019, Oregon is seeking to procure new contracts to run from January 1, 2020, through December 31, 2024. These new CCO contracts, worth approximately $4.5 billion per year, will focus on prevention, improving quality, accountability, eliminating health disparities, and lowering costs. Under CCO 2.0, CCOs will also be required to address Social Determinants of Health and Health Equity (SDOH-HE) by directing a portion of spending on SDOH-HE and ensuring their work with community partners addresses community priorities. Additionally, the model will expand value-based payment (VBP) arrangements with contracted providers through more rigorous performance metrics and expectations, as well as expand Patient-Centered Primary Care Homes (PCPCH) success by supporting Behavioral Health Homes.

In addition to covering Medicaid eligibles, CCOs will be required to enter into a companion contract covering state-funded services. For example, in 2019, CCOs participated in Cover All Kids (CAK), a separate CCO contract covering children up to age 19, not eligible for traditional Medicaid. For 2020 and future years, CCOS will be required to sign a contract for any state-funded, Medicaid-like program. This requirement lays the groundwork for CCO involvement if the state decides to implement a Medicaid-buy in or public option program.

Covered Services

CCOs will provide:

- Physical health, behavioral health, including mental health and substance use disorders, and oral health
- Diagnostic services
- Ancillary services
- Covered services for Fully Dual Eligibles for Medicare and Medicaid
- Crisis, urgent and emergency services
- Non-Emergency Medical Transportation (NEMT)
- Preventive care
- Family planning services
- Post Hospital Extended Care (PHEC) coordination
- Medication management
- Intensive care coordination
- Tobacco cessation
- Breast and cervical cancer services under Oregon's Breast and Cervical Cancer Program

Member Enrollment

Medicaid members will be assigned to CCOs based on the Membership Service Area. In areas with only one CCO, members will be assigned to that CCO. In areas with multiple CCOs that currently hold a contract, members will remain where they are currently assigned. In areas with multiple CCOs without a current contract, an open enrollment period will be held for members to select the plan. Members who do not choose will be assigned to CCOs with a provider network that includes the members' current provider relationships. Otherwise they will be randomly assigned.

CCOs planning to serve multiple areas can submit separate applications for each of the service areas, or a single application for multiple areas.

RFP Timeline

Mandatory letters of intent will be due February 1, 2019, with final applications due April 22, 2019. Implementation will begin January 1, 2020.

RFP Activity	Date
RFA Issued	January 25, 2019
Mandatory Letters of Intent Due	February 1, 2019
Applications Due	April 22, 2019
Awards	July 9, 2019
Contracts Signed	September 30, 2019
Implementation	January 1, 2020

Current CCO Market

The state has a total of 15 CCOs serving nearly 840,000 Medicaid members as of end-of-year 2018. The largest CCO is Health Share of Oregon. Prior to February 2018, the second largest CCO was FamilyCare, which closed after heavy losses and a long running dispute with the state over rate adequacy.

Enrollment in Oregon Coordinated Care Organizations by CCO, 2016-18			
CCO	2016	2017	2018
Health Share of Oregon*	210,001	198,515	302,591
% of total	*24.4%*	*23.8%*	*36.0%*
FamilyCare CCO*	114,314	112,336	0
% of total	*13.3%*	*13.4%*	*0.0%*
Wilamette Valley Community Health	94,915	92,807	96,787
% of total	*11.0%*	*11.1%*	*11.5%*
Trillium Community Health Plan/Centene	88,347	84,319	85,183
% of total	*10.2%*	*10.1%*	*10.1%*
PacificSource Community Solutions, Total	58,855	58,886	59,193
% of total	*6.8%*	*7.0%*	*7.0%*
Central OR	46,956	47,118	47,643
% of total	*5.4%*	*5.6%*	*5.7%*
Columbia Gorge	11,899	11,768	11,550
% of total	*1.4%*	*1.4%*	*1.4%*
Intercommunity Health Network	52,862	51,108	51,919
% of total	*6.1%*	*6.1%*	*6.2%*
Allcare Health Plan, Inc.	48,005	47,287	47,947
% of total	*5.6%*	*5.7%*	*5.7%*
Eastern Oregon CCO *(partially owned by Moda Health)*	45,097	46,257	47,656
% of total	*5.2%*	*5.5%*	*5.7%*
Jackson Care Connect	28,970	28,478	29,912
% of total	*3.4%*	*3.4%*	*3.6%*
Columbia Pacific CCO	24,605	22,819	23,341
% of total	*2.9%*	*2.7%*	*2.8%*
Umpqua Health Alliance	25,000	25,719	26,431
% of total	*2.9%*	*3.1%*	*3.1%*
Yamhill Comm Care	24,160	22,700	22,957
% of total	*2.8%*	*2.7%*	*2.7%*
Western Oregon Advanced Health	19,739	18,777	19,158
% of total	*2.3%*	*2.2%*	*2.3%*
Cascade Health Alliance	16,787	16,302	17,086
% of total	*1.9%*	*2.0%*	*2.0%*
PrimaryHealth Josephine Co.	10,383	9,477	9,623
% of total	*1.2%*	*1.1%*	*1.1%*
Total CCO Enrollment	**862,040**	**835,787**	**839,784**

*FamilyCare operations as of Feb. 1, 2018; HealthShare Oregon enrolled most FamilyCare members.
Source: Oregon Health Authority, HMA

Link to CCO 2.0 RFA

HMA Medicaid Roundup

Arizona

Behavioral Health Providers Are Owed Millions in Unpaid Medicaid Claims. *The Arizona Daily Star* reported on January 28, 2019, that Arizona behavioral health care providers are owed millions of dollars in unpaid claims in Tucson, following the transition last year to an integrated physical and behavioral health care model. The Arizona Health Care Cost Containment System (AHCCCS) issued a $125,000 sanction to Arizona Complete Health for claims processing delays and inaccurate payment rates, among other violations. Some behavioral health providers faced risk of closure. Read More

Arkansas

DHS Names Janet Mann Medicaid Director. The Arkansas Department of Human Services (DHS) announced on January 29, 2019, that Janet Mann will take over as director of the Division of Medical Services on February 11, overseeing the state's Medicaid program. Mann, who was most recently fiscal director for the Mississippi Department of Health, will replace Tami Harlan, who will become assistant director of the Arkansas Division of Aging, Adult, and Behavioral Health Services, overseeing Adult Protective Services. Previously, Mann had served as DHS chief financial officer from November 2016 until November 2017. Read More

California

Providers May See 340B Cuts if State Transitions to Bulk Purchasing for Medicaid Drugs. *Modern Healthcare* reported on January 23, 2019, that California hospitals and clinics could see reduced payments under the 340B drug discount program if the state moves to bulk purchasing for Medicaid drugs. California Governor Gavin Newsom issued an executive order to transition Medicaid pharmacy benefits from managed care to fee-for-service, including the shift to bulk purchasing for all drugs paid for by the state. Providers that bill Medicaid plans high prices for drugs bought at a significant discount through 340B would be impacted. Read More

Florida

Judge Rejects State Medicaid Contract in Southwest Region; AHCA Appeals. *The Gainesville Sun/News Service of Florida* reported on January 28, 2019, that a Florida judge rejected the state's Region 8 Medicaid managed medical assistance (MMA) contract with Molina Healthcare, noting that the state had exceeded the limit of four MMA care plans in the region. The Florida Agency for Health Care Administration (AHCA) quickly appealed the ruling. The lawsuit was originally filed by Best Care Assurance, LLC. Region 8 includes Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota counties. Read More

Florida to Reduce Retroactive Eligibility to 30 Days Effective February 1. *Florida Watchdog* reported on January 28, 2019, that Florida will reduce retroactive Medicaid eligibility from 90 to 30 days, effective February 1, excluding pregnant women and children. The Centers for Medicare & Medicaid Services (CMS), which approved the change in November, will require the state Agency for Health Care Administration (AHCA) to submit a four-month evaluation of the policy before it can be extended beyond June. AHCA projects that the change would impact about 39,000 people and save the state $98 million. Read More

Lawmakers to Consider Dental Proposals. *WFSU News* reported on January 28, 2019, that Florida lawmakers are being asked to consider two competing dental proposals aimed at addressing disparities in dental care in the state. The Floridians for Dental Access coalition is advocating for the creation of a licensing program for dental therapists, a new type of dental provider with more training than a dental hygienist but less training than a dentist. The Florida Dental Association is supporting a student loan repayment program that would incentivize incoming dental professionals to serve the Medicaid population in underserved counties. Read More

Kansas

Governor Delivers Medicaid Expansion Plan to Lawmakers Despite Opposition from Republicans. *The Wichita Eagle* reported on January 29, 2019, that Kansas Governor Laura Kelly delivered a Medicaid expansion plan to lawmakers, which would provide coverage to 150,000 adults earning up to 138 percent of poverty. The plan resembles a 2017 expansion bill that was approved by the legislature but vetoed by then-Governor Sam Brownback. House Majority Leader Dan Hawkins (R-Wichita) remains opposed to Medicaid expansion. If approved, expansion would take effect January 2020. Read More

Kentucky

Medicaid Plan Passport Health Could Face Bankruptcy Given Rate Cuts, CEO Says. *The Courier Journal* reported on January 23, 2019, that Kentucky Medicaid managed care organization Passport Health Plan could face bankruptcy later this year if state reimbursement cuts continue, chief executive Mark Carter said in testimony before the state Health and Welfare and Family Services Committee. Other plans represented at the hearing included Aetna, Anthem, Humana and WellCare. Read More

Maine

Maine Names Michelle Probert Medicaid Director. *U.S. News & World Report/Associated Press* reported on January 28, 2019, that Maine's acting Health and Human Services Commissioner Jeanne Lambrew announced that Michelle Probert will be director of the state's MaineCare Medicaid program. Previously, Probert served as manager of integrated health services at Bath Iron Works and as the state's director of strategic initiatives for MaineCare from 2011 to 2014. Read More

Massachusetts

Nursing Homes Face Financial Hardship. *The Telegram & Gazette* reported on January 26, 2019, that Massachusetts nursing homes continue to face financial difficulties. The Massachusetts Senior Care Association reports that 20 nursing homes closed in the last year and many others are losing money. Senior care advocates and executives blame insufficient Medicaid reimbursement rates and uncompensated care. Last week, Senate President Emerita Harriette Chandler (D-Worcester) filed legislation to increase Medicaid reimbursement rates for nursing homes. Read More

Montana

Governor Touts Research Showing Benefits of Medicaid Expansion. *Flathead Beacon* reported on January 28, 2019, that Medicaid expansion has proven to be beneficial for Montana residents and the state economy, according to a report being touted by Montana Governor Steve Bullock as he pushes for the continuation of the program. The report suggests that expansion adds 5,000 jobs and $270 million in personal income annually to the state. The report is from the University of Montana's Bureau of Business and Economic Research, Montana Department of Revenue, Department of Labor and Industry. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Governor Outlines Initiatives to Combat Opioid Epidemic. *NJ Spotlight* reported on January 24, 2019, that New Jersey Governor Phil Murphy unveiled several initiatives designed to combat the state's opioid epidemic, including expanded medication-assisted treatment (MAT) for Medicaid members. The New Jersey Department of Human Services (DHS) is expected to invest $15 million to train primary care physician in MAT and to expand MAT reimbursement rates. In addition, the state Department of Health (DOH) will work with hospital emergency departments to further reduce opioid prescriptions while also working to enhance the state's prescription-monitoring program (PMP). Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

Pharmacies Say PBM Mark-ups of Generic Medicaid Drugs Are Rising. *Bloomberg* reported on January 24, 2019, that pharmacy benefit managers (PBMs) paid independent pharmacies in New York an average of $10.85 per generic Medicaid drug prescription, while charging Medicaid plans $14.34, representing a markup of 32 percent, according to an analysis sponsored by the Pharmacists Society of the State of New York. Mark-ups have more than doubled since 2016, the analysis finds. Read More

New York To Seek Waivers for Medicaid Coverage, Housing Services for Inmates. *Politico Pro* reported on January 23, 2019, that New York Governor Andrew Cuomo announced plans to submit a Medicaid waiver request to federal regulators aimed at extending Medicaid coverage to inmates up to 30 days before their release. States are currently prohibited from using Medicaid funding to cover inmates unless they are taken to the hospital. The state intends to also submit a separate waiver request to use Medicaid dollars for housing-support services, including assistance with housing applications, home safety, and education on tenant rights.

New York Concerned Over Rapid Growth in Medicaid MLTC Enrollment. The New York Department of Health remains concerned about the rate of growth in enrollment in Medicaid managed long-term care (MLTC) plans. One source of program growth has been the Consumer Directed Personal Assistance (CDPA) program, a program that allows chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services. Services can include any of the services provided by a personal care aide (home attendant), home health aide, or nurse. Individuals who enroll in CDPA choose their own caregivers and assume responsibility for supervising those caregivers. Most CDPA participants use a fiscal intermediary to manage the administrative side of the caregiver relationship. In recent years the number of Fiscal Intermediaries (FIs) participating in the program has grown dramatically. Further, many of the FIs have engaged in aggressive marketing, highlighting the possibility that you could have a loved one who is currently providing care to get paid for those activities. The Department of Health believes this has attracted large numbers of people to sign up for the program, contributing to

the rapid growth in MLTC enrollment. As a result, last year's budget included a provision that would limit marketing by FIs. That limit was challenged in court by the CDPA Association of New York, a trade group representing CDPA users, care givers and fiscal intermediaries, and the marketing ban has yet to be implemented. This year's budget proposes significant consolidation of FIs, reducing the 600 currently practicing FIs by as much as 90 percent. The proposal would limit participation to independent living centers and FIs that have been in operation since 2012. Consumer advocates argue that would decimate the program, causing consumers to lose their current FI, and adding significant access barriers to people with disabilities who wish to use the CDPA option.

New York H+H Announces Proposal to Restructure Indigent Care Funding. On January 11, 2019, New York Health + Hospitals (H+H) presented a proposal for how to restructure indigent care funding, which has been endorsed by the H+H Community Coalition, representing low income and at-risk patients as well as unions representing healthcare workers largely employed by safety net institutions. New York distributes $1.1 billion in indigent care payments to hospitals to cover part of the cost of providing care to the uninsured. For many years the formula for allocation of the funds included payment for both bad debt and charity care, which resulted in hospitals that do not provide significant amounts of care to the uninsured receiving sizable state payments. As part of last year's budget New York Governor Cuomo established a work group to provide recommendations on how to revise the formula. A report to the Governor was due December 1, 2018. That report has not been released, and the governor's budget proposal does not include any provisions for revising the current formula. The issue is controversial because the charity care pool is a finite resource and shifting dollars to hospitals that actually provide charity care means reducing payments to other hospitals. The recent presentation explaining the issues and describing the H+H proposal can be found here.

Department of Health Holds Webinar on Executive Budget. On January 23, 2019, the New York Department of Health held a webinar explaining aspects of Governor Cuomo's executive budget proposal. The webinar focused on those aspects of the budget that are related to the work of the Medicaid Redesign Team (MRT), the state's ongoing efforts to transform the health care delivery system. The slide deck and recording from the webinar are available on the MRT website.

Oregon

Health Share of Oregon to Seek New Medicaid CCO 2.0 Contract. *The Portland Business Journal* reported on January 30, 2019, that Health Share of Oregon has submitted a letter of intent to participate in the state's recently released Medicaid Coordinated Care Organizations (CCO) 2.0 request for applications (RFA). Health Share currently serves 310,000 Medicaid beneficiaries in Clackamas, Multnomah, and Washington counties. Health Share has been without a permanent chief executive since September after Janet Mayer resigned. Read More

Oregon Releases Medicaid Coordinated Care Organizations 2.0 RFA. On January 25, 2019, the Oregon Health Authority released a Coordinated Care Organizations (CCO) 2.0 request for applications (RFA) to serve Oregon Health Plan members for the five years from January 1, 2020, through December 31, 2024 (for more detail, please refer to the *In Focus*). Letters of intent are due February 1, 2019, and final applications are due April 22, 2019. The current organizations – Health Share of Oregon, Wilamette Valley Community Health, Trillium Community/Centene, PacificSource Community Solutions, Intercommunity Health Network, Allcare, Easter Oregon CCO, Jackson Care Connect, Columbia Pacific, Umpqua Health Alliance, Yamhill Comm Care, Western Oregon Advanced Health, Cascade Health Alliance, PrimaryHealth Josephine – served nearly 840,000 members as of year-end 2018. Current contracts will expire on December 31, 2019. Read More

Utah

Senate Committee Clears Revised Bill to Alter Voter-Approved Medicaid Expansion. *The Salt Lake Tribune* reported on January 29, 2019, that the Utah Senate Health and Human Services Committee has cleared a revised bill that would replace the state's voter-approved Medicaid expansion with a more limited expansion effort. The legislation, introduced by Senator Allen Christensen (R-North Ogden), would expand coverage to individuals earning below 100 percent of the federal poverty level instead of 138 percent under a full expansion, place a cap on enrollment, and institute work requirements. Expansion coverage is still expected to begin on April 1. The bill now heads to the full Senate for consideration. Read More

Wisconsin

Attorney General Rejects Governor's Request to Withdraw from ACA Lawsuit. *The Hill* reported on January 24, 2019, that Wisconsin Attorney General Josh Kaul informed Democratic Governor Tony Evers that he cannot withdraw the state from a lawsuit seeking to overturn the Affordable Care Act without the approval of the Republican-controlled Joint Finance Committee. After former Republican Governor Scott Walker lost his reelection bid, the legislature passed a law to weakening the powers of the governor, eliminating his ability to withdraw from lawsuits. Wisconsin signed onto the multistate lawsuit under the Walker administration. Read More

Wyoming

Legislators Push for Medicaid Expansion, Work Requirements. *The Jackson Hole News & Guide* reported on January 24, 2019, that Wyoming Rep. Andy Schwartz (D-Teton) introduced a Medicaid expansion bill that includes work requirements. The bill, which expands Medicaid to between 20,000 to 30,000 individuals, is supported by two Republicans: Sen. R.J. Kost (R-Big Horn/Park) and Rep. Dan Zwonitzer (R-Laramie). Wyoming Governor Mark Gordon opposes Medicaid expansion. Read More

National

MACPAC Calls for "Slow Down" of DSH Cuts. *Modern Healthcare* reported on January 24, 2019, that in a 16-1 vote, the Medicaid and CHIP Payment and Access Commission (MACPAC) recommended a slow down in cuts to disproportionate-share hospitals (DSH) payments expected to begin October 2019. MACPAC recommended $2 billion in cuts in fiscal 2020, $4 billion in 2021, $6 billion in 2022, and $8 billion annually from 2023 through 2029. That's compared to currently proposed cuts of $4 billion 2020 and $8 billion annually from 2021 to 2025. MACPAC also recommended changes in the DSH allotment methodology to ensure the lowest cutbacks in states serving the most low-income individuals. Read More

29 Percent of Physicians Seeking Additional Patients Avoid Medicaid Members, MACPAC Finds. *Modern Healthcare* reported on January 24, 2019, that 29 percent of physicians seeking to add patients will avoid Medicaid members, compared to just 15 percent for Medicare and 10 percent for commercial insurance, according to a study released by the Medicaid and CHIP Payment and Access Commission (MACPAC). Medicaid expansion did not impact overall Medicaid member acceptance rates. The study was based on 2015 National Ambulatory Medical Care Survey data. Read More

Majority of Americans Support Medicare, Medicaid Buy-Ins, Kaiser Poll Finds. *CQ Health* reported on January 23, 2019, that three quarters of individuals surveyed across the political spectrum support Medicare and Medicaid buy-in options, according to a poll from the Kaiser Family Foundation. More than half favored a national Medicare-for-all plan. However, only a minority of respondents supported a national plan if it resulted in the elimination of health insurance companies or caused an increase in taxes. Read More

States Help Inmates Get Better Access Health System, Utilize Medicaid Benefits Upon Release. The Commonwealth Fund reported on January 11, 2019, that states are implementing a variety of programs that help inmates better access the health care system and take full advantage of their Medicaid benefits upon release. Strategies include helping inmates establish a relationship with a primary care provider, identifying health conditions, and setting up community-based care. States are also helping inmates address housing issues and other social determinants of health. Read More

Uninsured Rate Rises to 13.7 Percent, Highest Since 2014. *The Hill* reported on January 23, 2019, that the percentage of Americans without health insurance increased to 13.7 percent in 2018, having steadily increased from a record low of 10.9 percent in 2016. The change, which represents about 7 million Americans either losing or dropping coverage, could be a result of higher Exchange plan premiums, cuts to Exchange plan marketing, or a shorter open enrollment period, Gallup notes. Read More

Industry News

Walgreens to Pay $269.2 Million in Billing Fraud Settlement. *Reuters* reported on January 22, 2019, that Walgreens will pay $269.2 million to settle two whistleblower lawsuits accusing the company of overbilling Medicare, Medicaid, and other federal programs from 2006 to 2017. Of the total, $209.2 million will settle claims that the company improperly billed for unneeded insulin pens. The other $60 million will settle claims the company overcharged Medicaid by failing to disclose discount drug prices offered through its Perscription Savings Club program. The bulk of the settlement will go to states. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Massachusetts One Care (Duals Demo)	RFP Release	150,000
2019	Hawaii	RFP Release	360,000
2019	Minnesota MA Families and Children	RFP Release	589,000
2019	MinnesotaCare	RFP Release	90,000
2019	Minnesota Senior Health Options	RFP Release	39,000
2019	Minnesota Senior Care Plus	RFP Release	16,000
2019	Louisiana	RFP Release	1,500,000
February 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 1, 2, 3, 4	Implementation	3,100,000 (all regions)
February 1, 2019	Oregon CCO 2.0	Mandatory LOI Due	840,000
February 4, 2019	North Carolina	Contract Awards	1,500,000
April 1, 2019	Idaho Medicaid Plus (Dual) - Bonneville, Bingham, Bannock Counties	Implementation	3,329
April 22, 2019	Oregon CCO 2.0	Applications Due	840,000
Late Spring 2019	Kentucky	RFP Release	1,200,000
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
July 9, 2019	Oregon CCO 2.0	Awards	840,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
July 1, 2020	Kentucky	Implementation	1,200,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- Florida Medicaid Managed Care Enrollment is Down 1.6%, 2018 Data
- Missouri Medicaid Managed Care Enrollment is Down 9.6%, 2018 Data
- Alabama SNP Membership at 65,484, Nov-18 Data
- Arkansas SNP Membership at 60,348, Nov-18 Data
- Arizona SNP Membership at 110,888, Nov-18 Data
- Colorado SNP Membership at 16,053, Nov-18 Data
- Connecticut SNP Membership at 29,397, Nov-18 Data
- Florida SNP Membership at 403,434, Nov-18 Data
- Idaho SNP Membership at 4,408, Nov-18 Data
- Indiana SNP Membership at 15,854, Nov-18 Data
- Kentucky SNP Membership at 17,703, Nov-18 Data
- Louisiana SNP Membership at 52,211, Nov-18 Data
- Maryland SNP Membership at 7,282, Nov-18 Data
- Maine SNP Membership at 6,299, Nov-18 Data
- Michigan SNP Membership at 20,301, Nov-18 Data
- Montana SNP Membership at 615, Nov-18 Data
- North Dakota SNP Membership at 186, Nov-18 Data
- New Jersey SNP Membership at 43,986, Nov-18 Data
- Washington SNP Membership at 45,897, Nov-18 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arkansas Medicare Advantage Dual Eligible Special Needs (DSNP) Plan Contracts, Aug-18
- Arizona AHCCCS Works Portal RFP, Jan-19
- Louisiana Coordinated System of Care RFP, Response, and Related Documents, 2018
- Oregon Final CCO 2.0 RFA and Attachments, Jan-19
- Texas Medicaid, CHIP Actuarial Services RFP, Jan-19
- Texas Program Improvements to STAR Health RFI, Responses, 2018
- Vermont Services Related to Medicaid Supplemental Drug Rebates and Other Medicaid Pharmacy Rebates for SSDC RFP, Jan-19

Medicaid Program Reports, Data and Updates:

- Alaska Department of Health & Social Services Annual Reports, 2018
- Colorado Children's Health Plan Plus Caseload by County, 2014-18
- Florida Medicaid Eligibility by County, Age, Sex, Dec-18 Data
- Maryland Medicaid Advisory Committee Meeting Materials, Nov-18
- Nebraska MLTC Annual Report, SFY 2018
- Nevada Medical Care Advisory Committee Meeting Materials, Jan-19

- New York Medicaid Managed Long Term Care (LTC) Financials, 2017
- Ohio Medicaid Managed Care Operational Dashboards, Q2 2018
- Oklahoma Medicaid Enrollment by Age, Race, and County, 2018 Data
- Oklahoma Provider Fast Facts by County, 2018
- Oregon Medicaid Advisory Committee Meeting Materials, Jan-19
- Pennsylvania Medical Assistance Advisory Committee Meeting Materials, Jan-19
- Texas Long-term Care Regulatory Annual Report, FY 2018
- Virginia Commonwealth Coordinated Care Plus Data Books and Capitation Rates, 2016-19

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