HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

March 13, 2019

RFP CALENDAR

HMA News

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THIS WEEK

- IN FOCUS: LOUISIANA RELEASES MEDICAID MCO RFP
- CALIFORNIA RELEASES REVISED MEDI-CAL MANAGED CARE RFP SCHEDULE
- KENTUCKY MEDICAID PLAN PASSPORT HEALTH MAY FACE BANKRUPTCY DESPITE CUTS, CEO SAYS
- NEW JERSEY GOVERNOR PROPOSES INCREASE IN FUNDS FOR COMMUNITY-BASED SERVICES
- NEW YORK REVISES CHILDREN'S MANAGED CARE TRANSITION TIMELINE
- WEST VIRGINIA SENATE PASSES BILL TO TRANSITION HEALTH CARE SERVICES FOR FOSTER CHILDREN TO MANAGED HEALTH CARE
- OREGON-BASED CAMBIA HEALTH SOLUTIONS ENTERS STRATEGIC AFFILIATION WITH BCBS-NORTH CAROLINA
- HMA INPUT, ANALYSIS IDENTIFY CALIFORNIA PROVIDER SHORTAGE
- NEW THIS WEEK ON HMAIS

IN FOCUS

LOUISIANA RELEASES MEDICAID MCO RFP

This week, our In Focus reviews the Louisiana Medicaid managed care organizations (MCOs) request for proposals (RFP), released by the Louisiana Department of Health (LDH) on February 25, 2019. Selected MCOs will manage health care services for more than 1.5 million Medicaid enrollees statewide, starting January 2020.

LDH intends to contract with up to four MCOs to provide full-risk, Medicaid-covered medical, preventive, and rehabilitative services. This is the third procurement for the managed care program, with contracts worth more than $8 billion.

Eligibility

According to the RFP, the following Medicaid populations will be automatically enrolled in Medicaid managed care:

- Children under 19 years old and optional groups of older children in the following categories:
  - CHAMP-Child Program
  - Deemed Eligible Child Program
  - Youth Aging Out of Foster Care
  - Former Foster Care Children
  - Regular Medically Needy Program
  - LaCHIP Program
  - Blind/Disabled Children and Relation Populations
  - Foster Care Children
- Parents and Caretaker Relatives
  - Parents and Caretaker Relatives Program
  - Regular Medically Needy Program
- Pregnant Women
  - LaMOMS (CHAMP-Pregnant Women)
  - LaCHIP Phase IV Program
- Breast and Cervical Cancer (BCC) Program participants
- Aged, Blind, and Disabled adults
- Continued Medicaid Program participants
- Tuberculosis (TB) Infected Individual Program participants
- Beneficiaries in the Adult Expansion category

The RFP also includes other mandatory MCO populations that receive certain services only.

The following Medicaid populations may voluntarily participate in Medicaid managed care by opting-in:

- Non-dually eligible individuals receiving services through the following 1915(c) Home and Community-Based Services (HCBS) waivers:
  - Adult Day Health Care Waiver (ADHC)
  - New Opportunities Waiver (NOW)
  - Children's Choice Waiver (CC)
  - Residential Options Waiver (ROW)
  - Supports Waiver
  - Community Choices Waiver (CCW)
- Individuals under the age of 21 who are listed on the Office for Citizens with Developmental Disabilities' (OCDD's) Request for Services Registry

Evaluation

LDH is looking for MCOs that can best achieve a "Triple Aim" of better health, better care, and lower costs. MCOs that apply must have five years of experience in a Medicaid managed care program and must have been awarded a contract as a Medicaid MCO within the last 36 months for a population equal to or greater than Louisiana.

An evaluation team will score the plans pass/fail for the business proposal and out of 1,500 points for the technical proposal. Plans must score at least a total of 660 points and must score 50 percent of total available points in the following technical categories: Organization & Experience; Enrollee Value-Added Benefits; Population Health; Care Management; Case Scenarios; Provider Network; Network Management; Provider Support; Utilization Management; Quality; Value-Based Payment; Claims Management and Systems and Technical Requirements; and Program Integrity.

Plans with the highest scores will be chosen.

Evaluation Components	Possible Points
Business Proposal	Included/Not Included Pass/Fail
Technical Proposal	**1,500**
Proposer Organization & Experience	120
Enrollee Value-Added Benefits	60
Population Health	90
Care Management	90
Case Scenarios	90
Provider Network	150
Network Management	70
Provider Support	70
Utilization Management	80
Quality	200
Value-Based Payment	100
Claims Management and Systems and Technical Requirements	100
Program Integrity	100
Veteran/Hudson Initiative (12%)	180

There is no competitive bidding process for capitation rates. LDH will establish a Per Member Per Month (PMPM)-actuarially sound, risk-adjusted rate.

Timeline

Proposals will be due April 29, 2019, with awards announced on June 28, 2019. The contracts will run from January 1, 2020, through December 31, 2022. LDH also has an option to extend the contract for up to 24 additional months.

RFP Activity	Date
RFP Issued	February 25, 2019
Proposals Due	April 29, 2019
Awards	June 28, 2019
Contracts Signed	July 19, 2019
Implementation	January 1, 2020

Current Market

The Louisiana Medicaid managed care program has approximately 1.5 million members, as of January 2019. Louisiana Healthcare Connections (a Centene health plan) has the largest share of members at 31 percent, with UnitedHealthcare having the next largest market share with 29 percent of members.

Louisiana Enrollment by Plan, 2016-18, January 2019

	2016	2017	2018	Jan-19
LA Healthcare Connections (Centene)	**465,164**	**477,573**	**470,550**	**475,598**
% of total	*32.9%*	*32.3%*	*31.2%*	*31.1%*
UnitedHealthcare	**408,841**	**433,780**	**442,578**	**448,107**
% of total	*28.9%*	*29.4%*	*29.3%*	*29.3%*
Healthy Blue (Amerigroup)	**228,566**	**242,528**	**267,309**	**272,695**
% of total	*16.2%*	*16.4%*	*17.7%*	*17.8%*
AmeriHealth Caritas	**207,785**	**209,353**	**209,117**	**212,081**
% of total	*14.7%*	*14.2%*	*13.9%*	*13.9%*
Aetna	**102,828**	**113,815**	**118,819**	**122,145**
% of total	*7.3%*	*7.7%*	*7.9%*	*8.0%*
Total Enrollment	**1,413,184**	**1,477,049**	**1,508,373**	**1,530,626**
+/- between reporting periods		*63,865*	*31,324*	*22,253*
% chg. between reporting periods		*4.5%*	*2.1%*	*1.5%*

Reporting Month: January 2019; Effective: February 2019
Source: LA Department of Health and Hospitals, HMA

Link to RFP

HMA Medicaid Roundup

Arizona

Senate Passes Bill for Medicaid Coverage of Chiropractic Visits. *The Arizona Republic* reported on March 7, 2019, that the Arizona Senate passed a bill that would add coverage of chiropractic services to the state's Medicaid program. The measure, introduced by Senator Heather Carter (R-Cave Creek), would cover 20 yearly chiropractic visits prescribed by a primary care physician to help alleviate chronic pain and reduce the need for opioids. Read More

California

California Releases Revised Medi-Cal Managed Care RFP Schedule. The California Department of Health Care Services (DHCS) on March 11, 2019, released a revised timeline for re-procurement of the state's Medi-Cal managed care program, with RFPs expected in 2020 for implementation between January 2023 and January 2024. That's delayed from the previous RFP timline, which had anticipated implementation as early as July 2021. The counties covered under the RFP schedule encompass more than 8.3 million Medi-Cal managed care members; however, only 3.2 million are being reprocured, including 1.7 million for commercial plans in two-county model markets, and 1.5 million in the Geographic Managed Care (GMC), Imperial, Regional, and San Benito model markets.

Connecticut

Lawmakers Propose Public Health Insurance Option. *The Hartford Courant* reported on March 7, 2019, that Connecticut Representative Sean Scanlon (D-Guilford) and Senator Matt Lesser (D-Middletown), who co-chair the House Insurance and Real Estate Committee, introduced legislation that would create a public health insurance option for small businesses and individuals. The bill would allow individuals to enroll in the state employee plan and expand the number of options available to private employers. Read More

Florida

House Subcommittee Advances Bill Expanding Autonomy of Nurses. *Health News Florida* reported on March 13, 2019, that the Florida House Health Quality Subcommittee cleared a bill to allow advanced practice registered nurses and physician assistants to work independently of physicians. The bill would require that advanced nurses have at least 2,000 clinical practice hours within a three-year period and maintain professional liability coverage. The bill drew opposition from physicians. Read More

Senate Committee Advances Nursing Home Staffing Bill. *Health News Florida* reported on March 12, 2019, that the Florida Senate Health Policy Committee cleared a bill that would eliminate a mandate requiring nursing homes to provide each patient an average daily minimum of 3.6 hours of direct patient care. The bill, filed by Senator Ben Albritton (R-Wauchula), would instead require each resident to receive one hour of direct nursing care daily and 3.9 hours with direct care staff, including certified nursing assistants, home health aides, and personal care aides. If passed, the bill would go into effect on July 1. Read More

Pilot Program to Increase Medicaid Hospital Reimbursements in Bradenton Area. *The Bradenton Herald* reported on March 7, 2019, that Florida Agency for Health Care Administration (AHCA) has selected the city of Bradenton and surrounding counties to pilot a new program in Region 6 to increase Medicaid reimbursement. Hospitals would pay a tax up to 6 percent of Medicaid patient costs. The funds would go to the AHCA, which would draw down federal funds, and then reimburse the hospitals at a higher rate. The plan would require approval by the Florida Legislature. Read More

House Panel Advances Bill to Eliminate Certificate of Need Rule. *The Orlando Sentinel/News Service of Florida* reported on March 7, 2019, that the Florida House Health Market Reform subcommittee advanced legislation that would eliminate the state's health care provider certificate of need law, effective July 1. The bill, which is sponsored by Representative Heather Fitzenhagen (R-Fort Myers), would also require hospices built after July 1 to provide inpatient services at a freestanding facility. Read More

House Subcommittee Advances Telehealth Bill. *News4Jax/The News Service of Florida* reported on March 6, 2019, that the Florida House Health Quality Subcommittee approved a bill that would expand the ability of providers to utilize telehealth services. The bill would include tax incentives for insurers that reimburse providers for telehealth services. Read More

Georgia

House Rejects Certificate of Need Bill. *Georgia Health News* reported on March 7, 2019, that the Georgia House voted down a bill to overhaul the state's provider certificate-of-need (CON) rules. Other provisions of the bill included lifting CON restrictions on mental health and substance abuse facilities, increasing financial thresholds for hospital construction and medical equipment, and increased transparency for not-for-profit hospital financial holdings. The bill's sponsor, Representative Matt Hatchet (R-Dublin), says the CON revamp efforts will continue. Read More

Idaho

House Committee Delays Vote on Medicaid Work Requirements. *The Associated Press* reported on March 8, 2019, that the Idaho House Health and Welfare Committee has delayed a vote on a bill that would implement work requirements as part of the state's voter-approved Medicaid expansion. The delay came after lawmakers heard testimony from dozens in opposition. Under the measure, expansion enrollees would be required to work or have job training for at least 20 hours a week. The committee has not set a date for the vote. Read More

House Lawmakers Seek to Limit Voter-Approved Medicaid Expansion. *The Standard Journal/Post Register* reported on March 6, 2019, that Idaho lawmakers introduced a bill that would limit the state's voter-approved Medicaid expansion program by implementing work requirements and allowing individuals at 100 to 138 percent of poverty to purchase Exchange coverage. The bill, sponsored by Representative John Vander Woude (R-Nampa), would require Medicaid expansion enrollees to work or have job training for at least 20 hours a week. Providing Exchange coverage to individuals at 100 to 138 percent of poverty would require a federal waiver. Read More

Indiana

Anthem BCBS-Indiana Launches Medical-Legal Pilot for Medicaid Beneficiaries. Anthem Blue Cross Blue Shield Indiana announced on March 11, 2019, the launch of a pilot with Indiana Legal Services, offering Medicaid beneficiaries free legal counseling for housing, income support, education, employment, and family law in central Indiana. The program will offer services to all central Indiana Medicaid beneficiaries, including those in the Healthy Indiana Plan, Hoosier Healthwise, Hoosier Care Connect and traditional fee-for-service. Read More

Illinois

Governor Signs Bill To Strengthen Critical Access Hospitals. *The Becker's Hospital Review* reported on March 11, 2019, that Illinois Governor J.B. Pritzker has signed a bill to provide $55 million to critical access hospitals. The funding will allow critical access hospitals to increase quality care, expand treatments and services, and hire more clinical providers. Read More

Kentucky

Kentucky Medicaid Plan Passport Health May Face Bankruptcy Despite Cuts, CEO Says. *The Insider Louisville* reported on March 8, 2019, that Kentucky Medicaid managed care organization Passport Health Plan will likely go out of business despite deep cutbacks unless the state reverses a previous rate reduction, according to chief executive Mark Carter. Passport continues to lose approximately $1.25 million per week. Passport expects an answer from the state by April 1; however, the state formally rejected a Passport appeal earlier this year. Read More

New Jersey

Governor Proposes Increase in Funds for Community-Based Services. *NJ Spotlight* reported on March 8, 2019, that New Jersey Governor Phil Murphy has proposed an increase in funding for community-based health care services in fiscal 2020. Funding will be aimed at improving care for individuals with developmental disabilities and mental health conditions, increasing pay for direct service providers, and new Medicaid claims processing technology. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Revises Children's Managed Care Transition Timeline. New York has revised one component of its Children's Medicaid System Transformation timeline. Several services had been scheduled to be carved in to the Medicaid managed care benefit effective July 1, 2019; they are now delayed until October 1, 2019, because of delays in approval from the Centers for Medicare & Medicaid Services. This includes 1915(c) consolidated children's waiver services; children enrolled in the Children's 1915(c) Waiver being mandatorily enrolled in managed care; Voluntary Foster Care Agency per diem and services carved-in to managed care; and children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care. The Children's Medicaid System transformation initiative is aimed at simplifying the delivery system for high needs children currently served under a number of different waiver programs, expanding care management, and adding new Home and Community Based Services to the Medicaid benefit. Read More

Nurses Vote to Authorize Strike. Members of the New York State Nurses Association have voted to authorize a strike at three of New York City's largest hospital systems: Mount Sinai Health System, New York-Presbyterian, and Montefiore Health System. The strike would affect more than 10,000 registered nurses. The strike is being called after thousands of protests of assignment from nurses at the hospitals last year detailing inadequate numbers of qualified staff, caseloads too high to provide safe care and patient acuity higher than normal. NYSNA has long advocated for a safe staffing bill, legislation that would mandate nurse to patient ratios in hospitals, as well as minimum care hours per resident, per day for registered nurses, licensed practice nurses and certified nursing assistants in nursing homes. An official 10-day notice of intent is expected later this month. Read More

New York UHF Releases Reports on Payment Reform and Children's Health. The United Hospital Fund has released two reports on March 11, 2019, focusing on achieving payment reform for services to children. The reports argue that services provided to children are often left out of payment reform discussions because children are relatively less costly users of health care services, but that payment reform offers a powerful force for improving children's health. The reports demonstrate that overhauling payments for children's health care so that quality and outcomes are rewarded could have a profoundly positive impact on children's health but implementing such highly complex payment reform requires close collaboration between state Medicaid agencies and children's organizations. Based on experience in New York, the reports provide a framework that can form the basis for collaborative efforts between children's advocates and state Medicaid agencies. Read More

New York Releases 2019 Exchange Enrollment by Plan. The New York State of Health, the state's official health plan Marketplace released 2019 health plan enrollment by insurer. Twelve insurers offer Qualified Health Plans (QHP) and sixteen insurers offer the Essential Plan (EP) statewide in 2019. The Essential Plan is the state's Basic Health Program, enacted as part of the Affordable Care Act. Marketplace enrollment reached 1.06 million as of January 31, 2019, an increase of 70,072 from 2018. This includes 271,873 individuals enrolled in QHPs and 790,152 enrolled in the EP.

QHP– The 12 insurers offering individual QHP coverage in 2019 have service areas that cover five to 56 counties. Fidelis, which offers QHP coverage in 56 counties of the state, has the largest share (39 percent) of total statewide QHP enrollment followed by Healthfirst (15 percent), which offers coverage in seven counties including New York City. Comparing enrollment by insurers' respective service areas shows significant distribution of enrollment across plans. No one insurer has more than half of the enrollment in their service area and most insurers have between five and 25 percent of the enrollment in their respective service areas. Fidelis enrolled 40 percent of QHP consumers in its service area, followed by Excellus with 36 percent, HealthFirst with 25 percent, BCBS of Western NY with 23 percent, Independent Health with 22 percent, and MVP with 21 percent of enrollment in their respective service areas.

EP – Sixteen insurers offered the Essential Plan (EP). Statewide, 22 percent of EP enrollment was with Fidelis Care, 21 percent with Healthfirst, 15 percent with United Healthcare, 10 percent with MetroPlus, and the remaining 32 percent was spread across the remaining insurers. Comparing EP enrollment by insurers' respective service areas shows significant distribution of enrollment across plans. Excellus, which provides EP coverage in a 31-county service area serving the Southern Tier, Central New York, and the North Country, is the only insurer with more than 50 percent of EP enrollees in its respective service area. Four insurers – HealthFirst, Fidelis, Independent Health, and MVP – each have between 22 and 26 percent of enrollment in their respective service areas. Read More

Legislature Releases Budget Proposals. *Crain's New York Business* reported on March 13, 2019, that both the New York State Assembly and the New York State Senate released budget proposals this week; Governor Cuomo's executive budget proposal was released in late-January and amended in February. The three proposals form the basis for negotiating a final budget, which must be passed prior to the start of the new fiscal year on April 1. Both legislative budgets include more funding for education, transportation, health care as compared to the governor's proposed budget. The Assembly proposed a $175.6 billion budget, compared to the governor's $175.1 billion proposal, while the Senate did not release a total projection of what their budget would cost. The governor's initial budget proposal had included a significant increase in Medicaid spending; however he reduced that increase by $550 million as part of his 30 day amendments in response to decreases in revenue projections. Both legislative chambers' proposals restore the Medicaid cut, eliminating a 0.8 percent across-the-board cut to Medicaid, as well as reductions in the state's Indigent Care Pool funding.

Since Democrats gained control of the state Senate in November, both chambers have expressed support for the New York Health Act, a bill that would create a single-payer system in New York. Governor Cuomo has expressed some concern about the viability of a state-operated single payer system, and instead included a proposal to establish a universal access commission, a stakeholder group designed to consider options for achieving universal access to health care in New York. Both the Assembly and the Senate have rejected that proposal. Read More

Ohio

Governor Budget to Include Increases in Mental Health Support. *The Gongwer News Service* reported on March 12, 2019, that Ohio Governor Mike DeWine has announced his budget outline, which includes increases in specialty courts and mental health support. The Governor detailed his proposal to direct $22 million to county mental health and recovery boards for "crisis stabilization", a plan he says will help local boards fund the programs and services they feel are the best to serve their communities. A good portion of the new funding ($12 million) would support mobile response teams. Read More

Governor to Ask for Double the State Funding for Home Visits. *The Health Policy Institute of Ohio* reported on March 8, 2019, that Governor Mike DeWine has announced his plan to more than double the amount of state funding for home visiting programs. He has also set a goal to triple the number of families that receive in-home visits and care during and after pregnancy. These home visits are an evidence-based approach to help reduce infant mortality and include community health workers, nurses, or social workers visiting pregnant women and new mothers (up to two years after the birth of a child). The state currently provides about $20 million per year, and DeWine is asking the Legislature for $50 million over the next two years. Read More

Ohio Audit Cites Inadequate Oversight of Medicaid Drug Rebate Program. *The Columbus Dispatch* reported on March 7, 2019, that an audit released by state Auditor Keith Faber has announced that the Ohio Department of Medicaid didn't properly oversee $1.8 billion in drug rebates received in the last fiscal year, also stating that the department could have left money on the table. Among the problems the auditor found was not including a requirement in the contract to have an independent public accounting firm perform agreed-upon procedures to verify completeness of Ohio's drug rebate revenue. People changing jobs within the Medicaid department was also identified as a weakness. Read More

Oregon

Lawmaker Proposes Medicaid Buy-In Option, Individual Mandate. *The State of Reform* reported on March 7, 2019, that Oregon Representative Andrea Salinas (D-Lake Oswego), chair of the House Health Care Committee, proposed a bill that would establish a Medicaid buy-in option for individuals earning between 138 and 400 percent of the federal poverty level. The bill would also establish an individual mandate requiring individuals to have health insurance coverage with minimum essential benefits. A financial penalty would be applied to individuals who do not meet the requirement. Read More

Pennsylvania

Pennsylvania Announces First Participants in New Rural Health Model. Pennsylvania Governor Tom Wolf announced the first five hospitals and payers to participate in a new alternative payment model from the Centers for Medicare & Medicaid Services (CMS) Innovation Center that uses all-payer global budgets to support rural hospital transformation. The Pennsylvania Rural Health Model, announced by CMS in January 2017, is part of a program designed to improve rural community health and put struggling rural hospitals on stable financial footing. The program uses a global budget payment model in which hospitals receive fixed funding for a fixed period of time to improve rural community health, instead of paying hospitals for individual services or cases. CMS and the state intend to include a total of 30 hospitals over the course of the six-year demonstration project. Read More

Texas

House Considers Bill Allowing Lyft, Uber To Provide NEMT Services. *The Houston Chronicle* reported on March 12, 2019, that Texas Representative Dade Phelan (R-Beaumont) has proposed a bill that would allow transportation companies like Uber and Lyft to participate in the state's Medicaid non-emergency medical transportation (NEMT) program. The bill would allow Medicaid managed care companies to order rides for patients and allow existing transportation firms, including LogistiCare and MTM, to use rideshare. The Texas Health and Human Services Commission is analyzing the fiscal impact of the bill before it heads to a public hearing. Read More

Lawmakers File Bills to Shift Medicaid Drug Benefits Away from PBMs. *The Dallas Morning News* reported on March 7, 2019, that two Texas House lawmakers filed similar bills to shift Medicaid drug benefits away from pharmacy benefit management companies and back to the state fee-for-service program. Under the current program, about 18 managed care companies subcontract to a half-dozen pharmacy benefit managers. The bills, filed by Representatives J. D. Sheffield (R-Gatesville) and Richard Raymond (D-Laredo), follow the release of a state-commissioned study indicating that Texas Medicaid could save money by leveraging its purchasing clout. Read More

West Virginia

Senate Passes Bill to Transition Health Care Services for Foster Children to Managed Health Care. *The Charleston Gazette-Mail* reported on March 8, 2019, that the West Virginia Senate has passed a bill to transition health care services for foster children to managed care. Health care for foster children in the state is currently provided on a fee-for-service basis. The bill now heads back to the House for review. Read More

National

HHS Secretary Defends Proposed Medicaid, Medicare Cuts. *The New York Times* reported on March 12, 2019, that Health and Human Services (HHS) Secretary Alex Azar faced bipartisan questioning at a congressional hearing over cuts to Medicaid and Medicare funding in President Trump's fiscal year 2020 budget proposal. Azar defended the cuts and didn't rule out the possibility of a shift to block grant funding for Medicaid. Read More

Hospitals Would See Nearly $800 Billion in Reimbursement Cuts from Medicare Buy-In Option, Report Says. *Modern Healthcare* reported on March 12, 2019, that allowing individuals to buy into Medicare would result in nearly $800 billion in hospital reimbursement cuts over 10 years, according to an analysis prepared for the American Hospital Association and Federation of American Hospitals by KNG Health Consulting. The report, which specifically examines the Medicare X proposal from Senators Michael Bennet (D-CO) and Tim Kaine (D-VA), says the program would also result in higher commercial health insurance premiums. Read More

Kentucky, Arkansas Medicaid Work Requirements Cases To Begin Oral Arguments Again. *Fierce Healthcare* reported on March 11, 2019, that oral arguments will begin again on March 14 in separate federal cases over Medicaid work requirements in Kentucky and Arkansas. Work requirements in Kentucky could result in 90,000 individuals losing coverage, while in Arkansas more than 18,000 individuals lost coverage in the first four months since work requirements were implemented. Read More

White House Budget Again Proposes Massive Medicaid, Medicare Funding Cuts. *CQ News* reported on March 11, 2019, that President Trump has again proposed a budget that would cut trillions of dollars in funding needed to cover the projected cost of government-sponsored health care programs from 2020 to 2029, including $1.5 trillion from Medicaid and $818 billion from Medicare. The Medicaid cuts would come from the proposed shift to block grant funding, changes in how hospitals are paid, and other spending reductions. Read More

MACPAC May Recommend Changes to Definition of Hospital 'Medicaid Shortfall'. *Fierce Healthcare* reported on March 8, 2019, that the Medicaid and CHIP Payment and Access Commission (MACPAC) is considering changes to the statutory definition of a "Medicaid shortfall," which impacts the amount of Disproportionate Share Hospital (DSH) payments that safety net hospitals receive. The issue stems from a 2018 court decision that excluded third-party payments from the shortfall calculation, which allows hospitals to claim a higher shortfall. MACPAC could vote on the recommendations as early as its April meeting. Read More

NAMD Announces Gretchen Hammer As New Senior Strategic Advisor. The National Association of Medicaid Directors announced that Gretchen Hammer, former Colorado Medicaid director, has stepped into the newly created contract position of senior strategic advisor, with an emphasis on helping Medicaid directors with strategic planning and programmatic efforts over the next 12 to 18 months. Read More

House Lawmakers Hit Roadblock on Exchange Reinsurance Bill. *Modern Healthcare* reported on March 6, 2019, that the House Energy and Commerce Committee's health panel has hit a roadblock on a proposal to fund a $10 billion annual reinsurance pool for state Affordable Care Act (ACA) Exchange plans. Lawmakers, who disagree on the scope of the reinsurance bill, are also considering legislation to increase funding for ACA navigators and to provide states with funds to set up their own Exchanges. Read More

MedPAC Considers Reference Pricing to Address Rising Drug Costs. *CQ Health* reported on March 7, 2019 that the Medicare Payment Advisory Commission (MedPAC) is considering reference pricing for Medicare outpatient Part B drugs as well as other initiatives to address rising drug costs. Under the program, payment rates for a drug would be impacted by its effectiveness relative to other Part B products. Read More

Industry News

Pennsylvania-Based Geisinger Health System, Highmark Finalize Joint Venture Plans. *Modern Healthcare* reported on March 12, 2019, that Geisinger Health System and Highmark Health have finalized a $100 million joint venture to create new healthcare facilities in four north central Pennsylvania counties. The venture will affect almost 65,000 Highmark members, including Medicare Advantage members. Read More

Oregon-Based Cambia Health Solutions Enters Strategic Affiliation with BCBS-North Carolina. *The Portland Business Journal* reported on March 12, 2019, that Portland-based Cambia Health Solutions is entering into a long-term management services agreement with Blue Cross Blue Shield of North Carolina, sharing management, administrative, operational and other corporate services under the Cambia name. Cambia chief executive Mark Ganz will take on the role of executive chair of Cambia's board, and Patrick Conway, M.D., current chief executive of BCBS-NC, will be Cambia's new chief executive. *The Wall Street Journal* reports that neither company is acquiring the other or making a financial payout. The company expects to maintain separate health plans in North Carolina, Oregon, Washington, Idaho, and Utah, covering more than 6 million individuals. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Ohio	RFP Release	2,360,000
2019	Hawaii	RFP Release	360,000
April 1, 2019	Idaho Medicaid Plus (Dual) - Bonneville, Bingham, Bannock Counties	Implementation	3,329
April 12, 2019	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Proposals Due	
April 22, 2019	Oregon CCO 2.0	Applications Due	840,000
April 29, 2019	Louisiana	Proposals Due	1,500,000
May 17, 2019	Minnesota MA Families and Children; MinnesotaCare	Proposals Due	679,000
May 17, 2019	Minnesota Senior Health Options; Senior Care Plus	Proposals Due	55,000
Late Spring 2019	Kentucky	RFP Release	1,200,000
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
June 28, 2019	Louisiana	Awards	1,500,000
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
July 19, 2019	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
July 19, 2019	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
2020	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	RFP Release	1,500,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	3,000,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	1,400,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	950,000
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Minnesota MA Families and Children; MinnesotaCare	Implementation	679,000
January 1, 2020	Minnesota Senior Health Options; Senior Care Plus	Implementation	55,000
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
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
January 2023	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	Implementation	1,500,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	3,000,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	1,400,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	950,000
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

COMPANY ANNOUNCEMENTS

MCG Health and MHK Expand Partnership to Expedite Evidence-Based Prior Authorizations

HMA News

HMA Input, Analysis Identify California Provider Shortage. A team of HMA colleagues, including Carrie Cochran, Helen DuPlessis, Jon Freedman, Kelly Krinn, Nora Leibowitz and Ryan Mooney conducted impact assessments of recommendations developed by the California Future Health Workforce Commission. Read more

Upcoming Webinar: March 14, 2019 - The Role of Medicaid Managed Care Plans in Addressing the Opioid Crisis. Register here

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:

- California Dual Demo Enrollment is Down 1.8%, Feb-19 Data
- Georgia Medicaid Management Care Enrollment is Up 1.0%, Feb-19
- Maryland Medicaid Managed Care Enrollment is Down 1.5%, Jan-19 Data
- Michigan Dual Demo Enrollment is Down 0.6%, Feb-19 Data
- Minnesota Medicaid Managed Care Enrollment is Down 4.0%, Mar-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Mar-19
- Tennessee Medicaid Managed Care Enrollment is Down 5.3%, Feb-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Medicaid Information Technology Architecture (MITA) State Self-Assessment Solution (SS-A) RFP and Award Notice, Jan-19
- Alaska Independent Verification & Validation Services (IV&V) RFP, Mar-19
- Georgia Medicaid Managed Care Model Contract, Jul-16
- Indiana Long-Term Care Ombudsman Services RFP, Mar-19
- New York Olmstead Housing Subsidy (OHS) Program RFA, Mar-19
- North Carolina Medicaid Managed Care Ombudsman Services RFP, Mar-19
- North Carolina Healthy Opportunities Pilots RFI, Q&A, and Presentations, 2019

Medicaid Program Reports, Data and Updates:

- Alabama Medicaid Agency Annual Reports 2012-17
- Alabama Medicaid Annual Eligibles by Category of Aid and County, FY 2017
- Alabama Medicaid Eligibles by County, FY 2017
- California Medicaid Managed Care Revised RFP Schedule, Mar-19
- Georgia Hospital Statistical & Reimbursement (HS&R) Reports, 2012-17
- Georgia Hospital Statistical & Reimbursement (HS&R) Report Submissions Analyses, 2018
- Idaho Medicaid Facts, Figures, and Trends Reports, 2013-19
- Louisiana Governor's Proposed Budget, FY 2019-20
- Maine Medicaid Expansion Enrollment by County, Mar-19 Data
- Maryland HealthChoice Performance Improvement Project Annual Report, 2018

- New Hampshire Medicaid Enrollment by Eligibility Group and County, Jan-19
- New Hampshire Medical Care Advisory Committee Meeting Materials, Jan-19
- New Hampshire DHHS Nursing Facility Rates, Jan-19
- New York Medicaid Redesign Team (MRT) 1115 Waiver, Proposed Amendments, and Related Documents, 2015-18
- New York Children's Medicaid System Transformation Transition Plan, Updates, and Rates, 2018-19
- New York Quality Assurance Reporting Requirements (QUARR)/HEDIS, 2019
- New York Health Plan Quality Comparison Reports, 2016-18
- New York DOH Medicaid Updates, 2019
- New York DSRIP 1115 Quarterly Reports, 2017-18
- New York Value Based Payment (VBP) Quality Measure Sets, 2019
- North Carolina Community Health Worker Initiative Final Report and Stakeholder Recommendations, May-18
- North Carolina Healthy Opportunities Pilots: A Review of Proposed Design, Feb-19
- North Carolina Social Determinants of Health Interactive Map
- North Dakota Enacted Budget, 2017-19 Biennium
- Oklahoma Governor's Proposed Budget, FY 2020
- Oklahoma Program of All-Inclusive Care for the Elderly Fast Facts, Dec-18
- Oregon Governor's Proposed Budget, FY 2019-21
- South Dakota Individuals Eligible for Medicaid by Age and County, Jan-19
- Tennessee Governor's Proposed Budget Documents, FY 2019-20
- Texas HHS Home and Community-Based Services Waiver Slot Enrollment Plan Progress Report, Mar-19
- Wisconsin Governor's Proposed Budget, FY 2019-21
- Wyoming Per Member Per Month Reports, 2015-18
- CMS Medicare Advantage Civil Money Penalty Enforcement Actions for 2018 Program Audits, Feb-19

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

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- Excel data packages
- RFP calendar

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