HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

May 1, 2019

RFP CALENDAR
HMA News

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THIS WEEK

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- FLORIDA LEGISLATURE APPROVES BILL TO IMPORT PRESCRIPTION DRUGS FROM CANADA
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- NEBRASKA SENATE ADVANCES BILL TO DELAY TRANSITION OF LONG-TERM CARE, HCBS BENEFICIARIES TO MANAGED CARE
- TEXAS HOUSE COMMITTEE PASSES BILL REQUIRING INDEPENDENT REVIEW OF MEDICAID MANAGED CARE DENIALS
- WASHINGTON LEGISLATURE PASSES PUBLIC OPTION EXCHANGE PLAN
- BLUE WOLF, PELOTON TO LAUNCH CLEARSKY HEALTH
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IN FOCUS

HMA SUMMARY OF FISCAL YEAR 2020 MEDICARE PROPOSED RULES FOR MEDICARE PART A PROVIDERS

This week, our *In Focus* section reviews the Centers for Medicare & Medicaid Services (CMS)-issued Fiscal Year (FY) 2020 Medicare Part A proposed rules. Between April 17 and April 23, 2019, the CMS issued the proposed rules for general acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), the skilled nursing facility (SNF) prospective payment system (PPS), the Inpatient Rehabilitation Facility (IRF) PPS, the Long-Term Care Hospital (LTCH) PPS, the Hospice PPS, and the Inpatient Psychiatric Facility (IPF) PPS. These proposed regulations include annual payment rate changes and other proposed policy changes. Comment deadlines for these rules vary.

CMS proposed rule	Comment submission deadline
Inpatient Rehabilitation Facility	June 17, 2019
Inpatient Psychiatric Facility	June 17, 2019
Hospice	June 18, 2019
Skilled Nursing Facility	June 18, 2019
Long Term Care Hospital	June 24, 2019
Inpatient Hospital	June 24, 2019

Overall, the six FY 2020 Part A proposed rules include favorable payment rate updates across each of the provider types, ranging from a 1.85 percent payment increase for inpatient psychiatric facilities to a 3.7 percent payment rate increase for acute care hospitals. As a whole, these rate updates are higher than in recent years and may reflect trends in cost growth. Several of these regulations also propose policies to improve the assessment of providers' capacity to exchange information with other providers and patients. Among the other significant policy changes included in these regulations, CMS proposes changes to hospital wage indexes and hospital add-on payments for new technologies (medical devices and drugs) and proposes several policies which create consistency across the post-acute care payment systems in advance of a unified PACPPS.

2020 Medicare Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule Highlights

CMS proposes to update payments for general acute care hospitals paid under the IPPS in FY 2020 by 3.2 percent. CMS also proposes various policy changes related to hospital quality programs and electronic interoperability. Under the Inpatient Quality Reporting (IQR) program, CMS proposes deriving the hospital-wide all-cause readmission measure from both claims data and electronic health record data, and also proposes adding electronic clinical quality measures (eCQMs) related to opioid use and opioid adverse events. In addition, CMS proposes various policies related to its Promoting Interoperability Program (formerly EHR Incentive Program) which encourage providers to share data with other providers.

CMS also proposes several policy changes to the hospital wage index methodology for FY 2020 which are likely to shift payments from urban to rural hospitals and incite debate. Specifically, CMS proposes a temporary four-year formulaic increase to wage indexes for hospitals with wage index values below the 25th percentile of all hospital wage indexes. To maintain budget neutrality, CMS proposes a corresponding formulaic decrease to the wage indexes for hospitals with wage index values above the 75th percentile. In addition, CMS proposes removing urban-to-rural hospital reclassifications from the controversial 'rural floor' wage index policy which in the past resulted in additional payments shifting to urban hospitals in Massachusetts.

CMS proposes several changes to the IPPS new technology add-on payment (NTAP) policy which would increase Medicare payment rates for cases involving new technologies and potentially increase the number of new technologies receiving NTAP payments. CMS proposes to increase NTAP payments to hospitals for qualifying cases in FY 2020 by paying 65 percent of the marginal cost the DRG rate, rather than the current 50 percent. These are cases involving medical devices or drugs deemed new technologies by CMS.

CMS also proposed implementing an alternative pathway for manufacturers to earn NTAP status for their medical devices in which devices that possess the Food and Drug Administration's 'marketing authorization' would be deemed NTAP eligible if they also demonstrate they are high cost. In addition, CMS solicits comment on their proposal to approve NTAP status for two NTAP applications involving chimeric antigen receptor T-cell therapy, which are estimated to yield a maximum NTAP payment of $242,450 per case.

2020 Medicare Skilled Nursing Facility (SNF) Proposed Rule Highlights

FY 2020 marks the first year of the new SNF payment system. On October 1, 2019 the Patient-Driven Payment Model (PDPM) will replace the Resource Utilization Groups (RUG) payment methodology and is intended to reimburse providers based on patient characteristics and services needed rather than volume of therapy provided. For FY 2020, CMS proposes a net market basket update of 2.5 percent. CMS also proposes to revise the SNF group therapy definition to align with the definition used in the IRF setting. Specifically, the definition of group therapy would change to sessions involving two to six participants doing the same or similar activities, rather than exactly four participants. CMS will likely closely monitor the provision of group therapy going forward to ensure that SNFs are not inappropriately incentivized to increase group therapy participation without justification.

2020 Medicare Inpatient Rehabilitation Facility Proposed Rule Highlights

CMS proposes to update IRF payment rates by 2.5 percent for FY 2020. In addition, CMS proposes to revise the IRF case-mix groups using more recent quality indicator data and revise case mix group assignment by applying a weighting methodology to the motor score. CMS also proposes to rebase the IRF market-basket from 2012 data to 2016 data and increase the IRF labor share from 70.5 percent to 72.6 percent. As required by statute, CMS proposes to include two new IRF quality measures in FY 2022 which improve data interoperability by assessing the ability of IRFs to transfer health information to PAC providers and patients.

2020 Medicare Long Term Care Hospital (LTCH) Proposed Rule Highlights

CMS proposes to update LTCH payment rates for standard cases in FY 2020 by 2.7 percent. It is noteworthy that FY 2020 marks the end of the transition period between the single-rate LTCH PPS and the new LTCH dual-rate PPS. Beginning in 2020, LTCH site neutral payment rate cases will begin to be paid fully on the site neutral payment rate, rather than a transitional blended rate as they were in FY 2019. CMS estimates payment rates for site neutral payment rate cases will decrease by approximately 4.9 percent. In addition, CMS proposes other policies intended to make quality reporting across LTCHs and other PAC provider systems consistent. For example, CMS proposes to include two new LTCH Quality Reporting Program (QRP) measures which assess the interoperability of LTCH data systems.

2020 Medicare Hospice Proposed Rule Highlights

CMS proposes to update hospice payment rates by 2.7 percent. In addition, CMS proposes to rebase the continuous home care, general inpatient care, and inpatient respite care per diem payment rates to better align these payments with provider costs. In order to maintain overall budget neutrality, CMS proposes to reduce routine homecare payment amounts. The proposed rule also includes a request for information (RFI) about the use of hospice within the Medicare Advantage (MA) program, Accountable Care Organizations (ACOs), and other payment models. In addition, CMS seeks comments on how hospice care delivery under the current fee-for-service system impacts the provision of supportive and palliative care services before hospice eligibility and election. This RFI follows recent demonstration announcement from the Center for Medicare and Medicaid Innovation which allows MA plans to test hospice benefits.

2020 Medicare Inpatient Psychiatric Facility Proposed Rule Highlights

CMS proposes to update IPF payment rates by 1.85 percent for FY 2020. CMS also proposes to adopt one new claims-based quality measure beginning in FY 2021, which will measure whether patients admitted to IPFs with diagnoses of Major Depressive Disorder, schizophrenia, or bipolar disorder filled at least one evidence-based medication within two days prior to discharge or during the 30-day post-discharge period.

HMA continues to analyze these proposed rules and will also analyze the final rules when they are released by CMS. For more information or questions about HMA's Medicare Practice, please contact Mary Hsieh or Jon Blum.

HMA Medicaid Roundup

California

Governor Proposes to Expand Health Care to Undocumented Adults Under 26. *The Sacramento Bee* reported on April 29, 2019, that California Governor Gavin Newsom has proposed expanding Medi-Cal, California's version of Medicaid, to undocumented adults under 26 years old. In 2016, Medi-Cal was expanded to cover nearly 250,000 undocumented children and teens, which costs the state more than $360 million per year. Governor Newsom's proposed expansion would cost an additional $260 million in state funds. Read More

Dual Eligibles Program Is Extended Through 2022. *CalDuals.org* reported on April 24, 2019, that the Centers for Medicare & Medicaid Services (CMS) has approved a three-year extension of California's Cal MediConnect program, which is designed to coordinate care for individuals eligible for both Medicare and Medicaid, through December 31, 2022. The program was scheduled to end December 31, 2019. Read More

Florida

Legislature Approves Bill to Import Prescription Drugs from Canada. *The Orlando Sentinel* reported on April 29, 2019, that the Florida legislature approved a bill, supported by Governor Ron DeSantis, that would allow the import of low-cost prescription drugs from Canada for Medicaid patients. The final measure still requires federal approval. Read More

Florida Safety Net Hospitals Avoid Big Reimbursement Cuts for Fiscal 2020. *The Miami Herald* reported on April 26, 2019, that Florida safety net hospitals will avoid large fiscal 2020 cuts in Medicaid reimbursements after lawmakers agreed to moderate a proposal to redistribute certain hospital payments. The Senate proposal would have redistributed $318 million, meaning potential cuts of tens of millions of dollars to safety net hospitals like Jackson Health in Miami-Dade and Tampa General. The revised plan calls for just $9.5 million in redistributed funds. Lawmakers are also expected to renew the state's 30-day retroactive Medicaid eligibility policy (down from 90 days) for another year, instead of making the change permanent. Read More

House Offers to Roll Back Proposed Medicaid Hospital Rate Cuts. *The Tampa Bay Times* reported on April 22, 2019, that the Florida House is seeking a compromise on Medicaid hospital payments by offering to roll back a proposed 3 percent rate cut for inpatient and outpatient services for fiscal 2020. The state Senate has proposed reshuffling certain funds while keeping the total spending level the same. The proposed cut was made as part of a broader health care budget negotiation. Read More

Kansas

Senate Will Vote To Introduce Medicaid Expansion Bill to the Floor. *KSNT* reported on April 30, 2019, that the Kansas Senate will hold a vote on May 1, 2019, to introduce Medicaid expansion to the main floor. Twenty-seven senators need to vote in favor to guarantee a vote. If Medicaid expansion is approved, 150,000 people could gain coverage. Read More

Louisiana

Louisiana On Track to Use Federal Tax Data for Medicaid Eligibility Verification Beginning in May. *WAFB 9* reported on April 27, 2019, that the Louisiana Department of Health is on track to use federal tax data for Medicaid eligibility verification beginning May 2019. Earlier this month, more than 30,000 people were found to be ineligible for Medicaid coverage after the implementation of an upgraded computer system. The state announced it would use federal tax data in 2018. Read More

Missouri

Medicaid Enrollment Falls by 70,000 in 2018 Partly from Renewal Processing Errors. *The St. Louis Post Dispatch* reported on April 25, 2019, that Medicaid enrollment in Missouri fell by 70,000 last year, in part from renewal processing errors by the state's Department of Social Services. More than 12,000 adults and 9,500 children have lost Medicaid coverage in the first three months of 2019. Read More

Nebraska

Senate Advances Bill To Delay Transition of Long-Term Care, HCBS Beneficiaries to Managed Care. *U.S. News & World Report/Associated Press* reported on April 22, 2019, that the Nebraska Senate has advanced a bill to delay transitioning Medicaid beneficiaries in nursing homes, assisted living facilities, and those who receive home and community-based services to managed care. The bill, sponsored by Senator Lynne Walz (D-Fremont), would delay the transition until July 1, 2021. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Reviews Opportunities to Better Serve Dual Eligibles. The New Jersey Division of Medical Assistance and Health Services (DMAHS) has reviewed the Centers for Medicare & Medicaid Services (CMS) December 19 State Medicaid Director Letter (#18-012) regarding ways to better serve individuals dually eligible for Medicaid and Medicare. DMAHS determined that it has implemented seven of those opportunities, has one in process, and is reviewing the remaining two opportunities. The division summarized the state's actions in the following table presented to the Medical Assistance Advisory Council (MAAC) on April 25, 2019. *See data package below.*

Chief of Medicaid Innovations Shares Office Priorities. Greg Woods, Chief of the New Jersey Office of Medicaid Innovations shared his priorities for the new office at the April 2019 Medical Assistance Advisory Council (MAAC) meeting. The office will focus on:

- Alternative payment models (APMs)
- Value-based payment (VBP) strategy
- Coordination of care for dual-eligibles
- Complex and high-needs populations
- Quality measuremen
- Other innovative approaches to improve outcomes, experience of care and efficiency.

Immediate next steps will include a review of existing and previous VBP and APMs under NJFamilyCare, extensive stakeholder outreach, and discussion with peer states about best practices.

North Carolina

North Carolina Rural Hospitals Advocate for Medicaid Expansion. *North Carolina Health News* reported on April 29, 2019, that the chief executives of seven rural hospitals in North Carolina discussed the value of expanding Medicaid with Governor Roy Cooper and the state's Health and Human Services Secretary, Mandy Cohen. The CEOs spoke of thin operating margins, excessive use of emergency departments and uncompensated care, as well as workforce shortages. Six rural hospitals have closed in North Carolina since 2010, and the CEOs who spoke with Governor Cooper believe expansion will offer essential financial relief. Read More

Governor Hosts Roundtable on Medicaid Expansion. *The News & Observer/Associated Press* reported on April 24, 2019, that North Carolina Governor Roy Cooper met with rural hospital executives in a roundtable discussion aimed at building support for Medicaid expansion. Rural hospitals said expansion would help reduce uncompensated care costs. Senate Republicans have been strongly opposed to expansion. However, House Republicans led by Rep. Donny Lambeth (R-Forsyth) reintroduced a Medicaid expansion bill with work requirements, monthly premiums, and a tax on health plans and providers to cover the state's 10 percent share of the cost. Read More

Ohio

Medicaid Pursues Overhaul of PBM Specialty Drug Pricing Contract Language. *The Columbus Dispatch* reported on April 30, 2019, that Ohio Medicaid officials are seeking to crack down on pharmacy benefit management (PBM) specialty drug pricing practices. Ohio Medicaid Director Maureen Corcoran is developing contract language that is designed to encourage competition and provide more choices to consumers and pharmacies. Specifically, Corcoran has indicated that PBMs would be prohibited from requiring that specialty medications be filled only at affiliated specialty pharmacies. The changes reflect an effort to focus on drug pricing as the state rebids managed care contracts. Read More

Pharmacy Benefit Managers Profit From Specialty Drugs. *The Columbus Dispatch* reported on April 24, 2019, that Ohio pharmacy benefit managers (PBMs) are using the fastest-growing and most expensive segment of prescription drugs to enrich themselves. The processes for authorization and pricing of specialty drugs, such as those used to treat hepatitis, cystic fibrosis, and HIV, are allowing PBMs to make hundreds or thousands of dollars per prescription. A spokeswoman for Ohio Medicaid said that specialty drugs are already on their radar, and that steps are being taken to examine that area. Read More

Oklahoma

Medicaid Expansion Supporters Rally at State Capitol. *StateImpact Oklahoma/NPR* reported on April 24, 2019, that hundreds of Oklahomans rallied at the state capitol for Medicaid expansion. The demonstration was organized by the Together Oklahoma coalition. Medicaid expansion would cost about $1 billion annually, with the federal government paying 90 percent. Oklahoma residents are also gathering signatures for an expansion ballot measure. Governor Kevin Stitt opposes the ballot measure. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Attorney General Sued by UPMC, Federal Judge Dismisses Case. *The Pittsburgh Business Times* reported on April 24, 2019, that the U.S. District Judge John Jones dismissed UPMC's lawsuit against the Pennsylvania Attorney General (AG), determining that the AG acted properly in his push to open and change UPMC's consent decree with Highmark Health. The Attorney General filed a petition against UPMC in February seeking changes that require UPMC to accept binding arbitration if an impasse is reached in contract negotiations with an insurer. UPMC filed suit in late February, accusing the AG of overstepping his authority. The federal judge agreed with the attorney general's argument that UPMC's challenge came too early, as it remains unclear how the office's enforcement of the proposed consent decree amendment would play out. UPMC can appeal the decision. Read More

Medical Assistance Advisory Committee Meeting Held April 25. At Pennsylvania's April Medical Assistance Advisory Committee (MAAC) meeting, a staff member of the Office of Medical Assistance Programs (OMAP) discussed the statewide preferred drug list (PDL) to be implemented on January 1, 2020. The PDL will be utilized by the fee-for-service program and all the Medical Assistance (MA) managed care organizations (MCOs), including those in the HealthChoices and Community HealthChoices programs. The Pharmacy and Therapeutics committee will develop the statewide PDL. Meetings will be held on May 15 and June 21 and will be open to the public. OMAP aims to have recommendations finalized by July.

Rhode Island

Rhode Island to Withhold Medicaid Payments from Some Nursing Homes. *The Belleville News-Democrat/Associated Press* reported on April 26, 2019, that Rhode Island is planning to automatically withhold Medicaid payments to dozens of nursing homes in order to recoup more than $80 million in overpayments. The overpayments stemmed from computer errors resulting in nursing homes being paid twice for the same patients. Read More

Texas

House Committee Passes Bill Requiring Independent Review of Medicaid Managed Care Denials. *Dallas News* reported on April 26, 2019, that the Texas House Human Services Committee passed a bill introducing protections for Medicaid patients who are denied care by managed care plans. The bill would require the state to hire an independent review group for appeals filed by patients who are denied treatments, expand home care assistance, and better define prior authorization guidelines for health plans. The legislation, sponsored by Representative Sarah Davis (R-Bellaire), has garnered bipartisan support. Read More

Vermont

Lessons From Vermont's Failed Single-Payer System. *The Washington Post* reported on April 29, 2019, that Democrats are using Vermont's 2014 failed efforts to implement a single payer system as a cautionary tale as talks for universal health insurance coverage come up again for the 2020 election. Former Vermont Governor Peter Shumlin made consistent efforts to raise state income taxes and a payroll tax on employers, ultimately doubling the state's budget to pay for the $4.3 billion single payer system. Read More

Washington

Legislature Passes Public Option Exchange Plan. *KEPR* reported on April 28, 2019, that the Washington State Legislature passed a bill that would create a public option health insurance Exchange plan called Cascade Care for all state residents. This would be the first public health insurance option in the country. The bill, sponsored by Senator David Frockt (D-Seattle) and Representative Eileen Cody (D-West Seattle), now heads to the Governor's desk. Read More

Wisconsin

Republican Lawmakers Weigh Alternative Medicaid Expansion Options. *Action News 2/Associated Press* reported on April 28, 2019, that Wisconsin Republican lawmakers are weighing alternatives to the full Medicaid expansion proposed by Democratic Governor Tony Evers. Potential models under consideration include Arkansas, which covers expansion members through the health insurance Exchange; and Utah, which is seeking a full federal funding match without fully expanding Medicaid. Read More

National

Congress Holds First "Medicare for All" Hearing. *Kaiser Health News* reported on April 30, 2019, that the House Rules Committee held the first congressional hearing on Medicare-for-all legislation. The legislation, introduced by Representative Pramila Jayapal (D-CA) and Debbie Dingell (D-MI), would replace the health care system with a single plan run by the federal government. Witnesses for and against the program testified. Another hearing by the House Budget Committee is expected to follow. Read More

PBMs Face Reform Efforts in 41 States. *The Columbus Dispatch* reported on April 29, 2019, that 101 pharmacy benefit management (PBM) reform bills are being considered in 41 states, according to the National Academy for State Health Policy. Reform efforts passed or under consideration include the banning of spread pricing (Louisiana, New York, Arkansas), increased transparency (California, Oregon), and Medicaid drug carve-outs (West Virginia). Read More

Medicaid, CHIP Enrollment Declines 3 Percent Over 12 Months, CMS Data Shows. *Modern Healthcare* reported on April 25, 2019, that enrollment in Medicaid and the Children's Health Insurance Program (CHIP) totaled 72.4 million in January 2019, down 3 percent, or 2.2 million, from January 2018, according to data from the Centers for Medicare & Medicaid Services (CMS). A further analysis by Georgetown University's Center for Children and Families shows that in 2018, the number of children enrolled in Medicaid fell by 861,000. Read More

Industry News

Blue Wolf, Peloton to Launch ClearSky Health. *Home Health Care News* reported on April 28, 2019, that Blue Wolf Capital Partners and Peloton Equity are partnering to launch ClearSky Health, a rehabilitative health care provider. Austin-based ClearSky will develop and acquire inpatient rehabilitation facilities and post-acute care services companies. Darby Brockette, former chief executive of Ernest Health, will serve as the chief executive of ClearSky Health. Read More

Varsity Healthcare Partners Completes Investment in Angels of Care. Varsity Healthcare Partners (VHP) announced on April 25, 2019, the completion of an investment in Angels of Care, a provider of home health services for pediatric patients with complex medical conditions in Texas and Colorado. Angels of Care will receive capital and strategic support from VHP as part of the partnership. Financial terms were not disclosed. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
2019	Ohio	RFP Release	2,360,000
2019	Hawaii	RFP Release	360,000
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 1, 2019	Idaho Medicaid Plus (Dual) -Bonner, Kootenai, Nez Perce Counties	Implementation	
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 1, 2019	Washington Integrated Managed Care - North Sound (Island, San Juan, Skagit, Snohomish, and Whatcom Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
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	315,000
2020	California Two Plan Commercial - Los Angeles	RFP Release	960,000
2020	California Two Plan Commercial - Riverside, San Bernardino	RFP Release	148,000
2020	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	RFP Release	265,500
2020	California GMC - Sacramento	RFP Release	430,000
2020	California GMC - San Diego	RFP Release	700,000
2020	California Imperial	RFP Release	76,000
2020	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	295,000
2020	California San Benito	RFP Release	8,000
January 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 - Great Rivers (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum Counties); Salish (Clallam, Jefferson, and Kitsap Counties); Thurston-Mason (Mason and Thurston Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000 program total
January 1, 2020	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	315,000
January 2023	California Two Plan Commercial - Los Angeles	Implementation	960,000
January 2023	California Two Plan Commercial - Riverside, San Bernardino	Implementation	148,000
January 2023	California Two Plan Commercial - Kern, San Joaquin, Stanislaus, Tulare	Implementation	265,500
January 2023	California GMC - Sacramento	Implementation	430,000
January 2023	California GMC - San Diego	Implementation	700,000
January 2023	California Imperial	Implementation	76,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	295,000
January 2024	California San Benito	Implementation	8,000

Company Announcements

Medicare's Inpatient-Only List, Common Myths, Persistent Dilemmas, and Recent Changes

HMA NEWS

Engagement with Community-Based Organizations Key to Achieving Health Equity & Wellness for Medicaid Populations

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Bed Days per 1000 Members Average 6,982 at Iowa MCOs, 2018 Data
- Bed Days per 1000 Members Average 506 for Hawaii Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2115 at New Jersey Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2184 at Ohio Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2594 at Tennessee Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2627 at Texas Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 2755 at Florida Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 409 at DC Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 470 for Maryland Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 516 for Indiana Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 5392 at Rhode Island Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 649 for Louisiana Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 713 at West Virginia Medicaid MCOs, 2018 Data
- Bed Days per 1000 Members Average 736 for Kansas Medicaid MCOs, 2018 Data
- Bed Days Per 1000 Members Average 819 at Nebraska Medicaid MCOs, 2018 Data
- MLRs at West Virginia Medicaid MCOs Average 87.8%, 2018 Data
- MLRs Average 83.6% at Tennessee Medicaid MCOs, 2018 Data
- MLRs Average 87.1% at New Jersey Medicaid MCOs, 2018 Data
- MLRs Average 89.0% at Texas Medicaid MCOs, 2018 Data
- MLRs Average 90.5% at Rhode Island Medicaid MCOs, 2018 Data
- Arizona Medicaid Managed Care Enrollment is Flat, Apr-19 Data
- Indiana Medicaid Managed Care Enrollment is Flat, Mar-19 Data
- Nebraska Medicaid Managed Care Enrollment Is Flat, Apr-19 Data
- New Jersey Medicaid Managed Care Enrollment is Down 1.2%, Mar-19
- North Carolina Medicaid Enrollment by Aid Category, Apr-19 Data
- South Carolina Medicaid Managed Care Enrollment is Up 2.4%, Apr-19 Data

- South Carolina Dual Demo Enrollment is Up 20.8%, Mar-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Louisiana External Quality Review Organization RFP, Apr-19
- New Mexico HHS 2020 Consolidated Customer Service Center RFP and Amendments, Nov-18

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.4 Million, Jan-19 Data
- Iowa Medicaid MCO Quarterly Performance Reports, 2016-2Q19
- Illinois Medicaid Advisory Committee Meeting Materials, Feb-19
- Maryland HealthChoice Consumer MCO Report Card, 2019
- Maryland Medicaid Advisory Committee Meeting Materials, Mar-19
- Minnesota Managed Care HEDIS Reports, 2016-18
- North Carolina Medicaid Transformation Seven-Year Forecast Legislative Report, Apr-19
- New Mexico FY20 HSD Budget Presentation to the Legislature, Feb-19
- Nevada Medicaid Chart Packs, 2017-18
- Oregon Acute Care Hospital Financial and Utilization Trends Report, 2015-18
- Oregon Medicaid Dental Health Service Delivery by Plan and by Select Demographics, Mar-19
- Oregon Medicaid Mental Health Service Delivery by Plan and by Select Demographics, Mar-19
- Oregon Medicaid Physical Health Service Delivery by Plan and by Select Demographics, Mar-19
- South Carolina Medicaid Enrollment by County and Plan, Mar-19
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, Apr-19
- Texas Medicaid Managed Care and CHIP External Quality Review Reports, 2016-18
- Utah Medical Care Advisory Committee Meeting Materials, Apr-19
- Virginia CCC Plus 2018 External Quality Review Technical Report, Apr-19
- Virginia Medicaid Recipients by Eligibility Category, Apr-19
- Washington Medicaid Managed Dental Care Reports, 2018-19
- Washington Medicaid Wraparound with Intensive Services (WISe) Annual Dashboards, 2016-19
- Washington Medicaid Wraparound with Intensive Services (WISe) Implementation Status Reports, 2014-18
- West Virginia Medical Services Fund Advisory Council Meeting Materials, Oct-18

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