HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

*May 22, 2019*






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## THIS WEEK



## IN FOCUS

### KENTUCKY RELEASES MEDICAID MCO RFP

This week, our *In Focus* section reviews the Kentucky Medicaid managed care organizations (MCOs) request for proposals (RFP), issued by the Kentucky Finance and Administration Cabinet on May 16, 2019. The Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) will select up to five Medicaid MCOs to manage health care services for

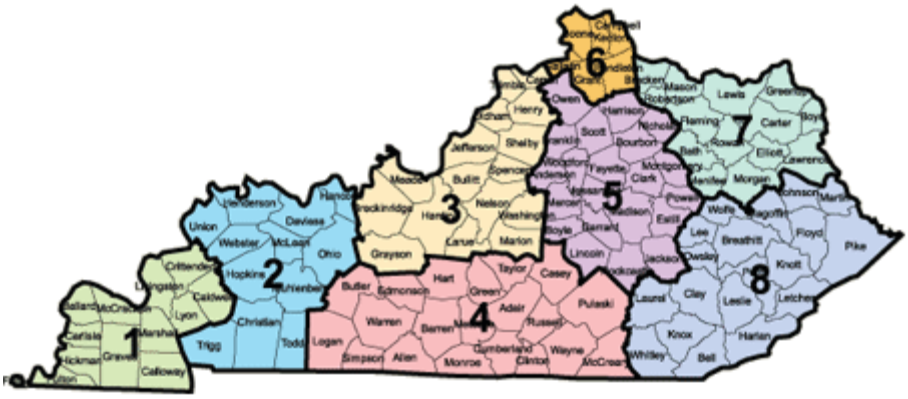
more than 1.2 million people, starting July 2020. Contracts are estimated at more than $7 billion.

The state's Medicaid managed care program has been enacted since November 2011 and has been statewide since January 2013. Newly selected MCOs will provide statewide Medicaid and Kentucky Children's Health Insurance Program (KCHIP) coverage for:

- Families and Children
- SSI Adults without Medicare
- SSI Children
- Foster Care Children
- Dual Eligibles (Medicaid and Medicare eligible)
- ACA MAGI Adults
- ACA Former Foster Care Children

Two different rates will be developed for MCOs – one for plans in Region 3 and one for plans in Regions 1, 2, 4-8. Region 3 includes Bullitt, Carroll, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, and Washington counties.

Commonwealth of Kentucky
Medicaid Managed Care Organization (MCO) Regions




*Source: The Kentucky Finance and Administration Cabinet*

## Kentucky SKY (Supporting Kentucky Youth) Program

One of the winning MCOs will also be contracted to provide covered services, population health management, and care management services to foster care, adoption assistance, and juvenile justice enrollees under the Kentucky SKY (Supporting Kentucky Youth) program. The MCO will oversee and coordinate both physical and behavioral health, dental care, social services, and wraparound services in order to meet the intensive health care needs of the children.

## Evaluation

Medicaid managed care proposals will be scored out of a total 1,850 possible points. The technical proposal consists of 1,650 points and a possible oral demonstrations/presentation, worth 200 points, may be required. Kentucky may also request a Best and Final Offer (BAFO).

| Evaluation Components | Possible Points |
|---|---|
| **Technical Proposal** | **1,650** |
| Executive Summary | 25 |
| Company Background - 1. Corporate Experience | 40 |
| Company Background - 2. Corporate Information | 30 |
| Company Background - 3. Staffing | 90 |
| Technical Approach | 1,270 |
| Use Cases | 105 |
| Implementation Plan | 30 |
| Emergency Response and Disaster Recovery Plan | 35 |
| Turnover Plan | 25 |
| **Oral Demonstrations/Presentations, if required** | **200** |
| **Total Maximum Points Possible** | **1,850** |

MCOs may also submit a proposal for Kentucky SKY. The proposal will only be scored if the MCO is selected for a managed care contract.

| Evaluation Components | Possible Points |
|---|---|
| **Technical Proposal** | **1,150** |
| Executive Summary | 30 |
| Company Background | 100 |
| Kentucky SKY Implementation | 60 |
| Kentucky SKY Contractor Educational and Training Requirements | 60 |
| Kentucky SKY Enrollee Services | 92 |
| Provider Network | 60 |
| Provider Services | 50 |
| Covered Services | 83 |
| Health Outcomes | 30 |
| Population Health Management and Care Coordination | 95 |
| Utilization Management | 60 |
| Aging Out Services | 30 |
| Use Cases Executive Summary | 400 |
| **Oral Demonstrations/Presentations, if required** | **200** |
| **Total Maximum Points Possible** | **1,350** |

## Timeline

Proposals are due July 5, 2019. Contracts will be effective July 1, 2020, through December 31, 2025, and may be renewed for five additional two-year periods through December 31, 2035.

| RFP Activity | Date |
|---|---|
| RFP Issued | May 16, 2019 |
| Proposals Due | July 5, 2019 |
| Implementation | July 1, 2020 |

## Current Market

Current Medicaid incumbents are Aetna, Anthem, Humana, Passport, and WellCare, with a total of 1.2 million lives as of April 2019. WellCare has the largest market share, with 35.6 percent of enrollment.

Kentucky Managed Medicaid Enrollment by Plan, 2016-18, April 2019

| | 2016 | 2017 | 2018 | Apr-19 |
|---|---|---|---|---|
| **WellCare** | **433,298** | **439,642** | **435,991** | **435,981** |
| *% of total* | *35.2%* | *35.0%* | *35.5%* | *35.6%* |
| **Passport** | **291,176** | **307,726** | **305,397** | **305,051** |
| *% of total* | *23.7%* | *24.5%* | *24.8%* | *24.9%* |
| **Aetna** | **262,913** | **240,079** | **218,178** | **213,996** |
| *% of total* | *21.4%* | *19.1%* | *17.8%* | *17.5%* |
| **Humana** | **132,682** | **143,987** | **143,149** | **143,051** |
| *% of total* | *10.8%* | *11.5%* | *11.6%* | *11.7%* |
| **Anthem** | **110,595** | **124,467** | **126,308** | **127,620** |
| *% of total* | *9.0%* | *9.9%* | *10.3%* | *10.4%* |
| **Total Enrollment** | **1,230,664** | **1,255,901** | **1,229,023** | **1,225,699** |
| *+/- between reporting periods* | | *25,237* | *(26,878)* | *(3,324)* |
| *% chg. between reporting periods* | | *2.1%* | *-2.1%* | *-0.3%* |

*Source: KY Cabinet for Health and Family Services, HMA*

Link to RFP. Please click Guest Access and select RFP # 758 – 1900000093.

# HMA Analysis of Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses Final Rule

On May 16, 2019, the Centers for Medicare & Medicaid Services (CMS) issued its final rule, Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses (Final Rule). The proposed rule, which was issued in November 2018, included a number of provisions intended to improve drug price transparency and expand use of utilization management tools to further Medicare Advantage and Part D cost-cutting efforts. However, in response to significant pushback from beneficiary advocates, physician groups, insurers, and pharmaceutical stakeholders, CMS elected not to implement key provisions. These include proposals to allow Part D plans to exclude protected class drugs from formularies as a result of price increases or if the drug is a new formulation of an existing single-source drug as well as proposed reforms to pharmacy price concessions that would require discounts be passed on to beneficiaries at the point of sale. Commenters in opposition to the pharmacy price concession proposal contend that these reforms would result in higher Part D premiums. While CMS has postponed addressing this provision in this Final Rule, the recently issued Department of Health and Human Services (HHS) Office of Inspector General (OIG) proposed rule, if finalized, may include fundamental changes to these pricing arrangements and other federal safe harbors to the antikickback statute.

Key changes between the proposed rule and Final Rule are highlighted below.

| Program Element | Proposed Rule Provision | Final Rule |
|---|---|---|
| **Protected Drug Classes** | CMS proposed to permit Part D sponsors to:<br><br>1) implement broader use of prior authorization (PA) and step therapy (ST) for protected-covered drugs;<br>2) exclude a protected class drug from a formulary if it is only a new formulation of an existing single-source drug or biological without a unique route of administration; and<br>3) exclude a protected class drug from a formulary if the drug's price has increased over a set threshold | CMS did not make final its proposals to allow plans to exclude protected class drugs from formulary if the drug's price increased above a certain threshold or to exclude protected class drugs that are new formulations of an existing single-source drug.<br><br>CMS did make final an exception permitting the use of PA and ST for new starts (i.e., enrollees initiating therapy) for all protected classes except antiretrovirals, which are typically used to treat HIV. |
| **Pharmacy Price Concessions** | CMS proposed a new definition of "negotiated price" as the lowest possible payment to a pharmacy, including the application of any performance-based pharmacy payment adjustments. The current definition excludes those adjustments that "cannot reasonably be determined" at the point of sale. CMS intended this change to ensure price concessions would be passed on to enrollees at the point of sale. | CMS opted not to address the price concessions proposal in the Final Rule and indicated the Agency will continue to review comments received for future rule making |

| Program Element | Proposed Rule Provision | Final Rule |
|---|---|---|
| **E-Prescribing** | CMS proposed to require Part D sponsors to adopt a Real Time Benefit Tool (RTBT) capable of integrating with at least one prescriber's ePrescribing system or electronic health record (EHR) to inform prescribers when lower-cost alternative therapies are available at the point-of-prescribing | Finalized as proposed, effective January 1, 2021 |
| **Step Therapy and Part B Drugs** | CMS proposed to codify Part D current plans' ability to implement step therapy for Part B drugs, but requiring certain beneficiary protections such as limiting step therapy to new starts of medication, providing beneficiary and provider education, requiring Pharmacy & Therapeutic Committee review, and aligning organization determination and appeals process timelines with those of Part D | Finalized as proposed, effective January 1, 2020 |
| **Part D Explanation of Benefits** | CMS proposed to require inclusion of negotiated price increases and lower cost therapeutic alternatives in the monthly Part D Explanation of Benefits to members | Finalized as proposed, effective January 1, 2021 |
| **Pharmacy Contract Gag Clauses** | CMS proposed to restrict Part D sponsors from prohibiting or penalizing a pharmacy from disclosing the availability of a lower cash price to beneficiaries | Finalized as proposed, effective January 1, 2020 |

HMA continues to analyze these provisions and the impact of Medicare prescription drug reforms. For more information or questions about HMA's Medicare Practice, please contact Mary Hsieh or Jon Blum.

HMA Medicaid Roundup

## Alaska

**Alaska Issues RFP for Help Evaluating Block Grant, Other Medicaid Redesign Options.** *The Lexington Herald Leader/Associated Press* reported on May 21, 2019, that the Alaska Department of Health and Social Services issued an informal request for proposals (IRFP) for an outside consultant to help evaluate potential options for redesigning the state's Medicaid program, including potential use of a block grant and shifting healthy members to subsidized private market plans. The RFP calls for a "proof of concept" paper to be delivered by the end of June. Proposals are due May 21. Read More

## California

**Senate Committee Approves Exchange Auto-Enrollment Bill.** *CQ Health* reported on May 20, 2019, that the California Senate Appropriations Committee advanced a bill that would automatically enroll individuals no longer eligible for Medicaid in the lowest-cost silver Exchange plan by July 1, 2020. Individuals would have the option of choosing another plan or not enrolling. The legislation, sponsored by Senate Human Services Committee Chairwoman Melissa Hurtado (D-Sanger), aims to reduce coverage gaps as people cycle in and out of different types of eligibility. The bill now heads to the Senate floor. Read More

## Connecticut

**Governor Announces Support of Nursing Home Rate Increases.** *The CT Mirror* reported on May 20, 2019, that Connecticut Governor Ned Lamont's administration announced that it will support a rate increase for nursing homes that serve Medicaid patients. The announcement follows the threat of strike from over 2,000 members of the state's largest health care workers' union. The proposed rate increase would be phased in over the next two years and include a two percent increase in July 2019, a one percent increase in October, and a one percent increase in January 2021. Read More

## Indiana

**Indiana Seeks Financial Bridge for Individuals Leaving Medicaid Expansion.** *The Indianapolis Star* reported on May 16, 2019, that Indiana will seek a federal waiver allowing the state to provide a financial bridge to individuals transitioning off of Medicaid expansion. The proposal, called The HIP (Healthy Indiana Plan) Workforce Bridge, would provide access to $1,000 dollars in health savings account (HSA) funds for one year for individuals no longer eligible for Medicaid because they found employment. About 27,000 former expansion members are expected to be eligible. Indiana's HIP expansion program already incorporates HSAs, which the state refers to as HIP Power accounts. Read More

## Louisiana

**Louisiana Medicaid MCOs Address Issue Resulting in Improper Behavioral Claims Payments.** *The Advocate* reported on May 20, 2019, that Louisiana Medicaid managed care plans say they have addressed technical issues that resulted in $10 million in improper payments for behavioral health claims. The claims did not adhere to a new state law, which went into effect January 1, requiring identification numbers for individual service providers. MCOs have sent the corrected claims to the Louisiana Department of Health. Read More

**House Passes Bill to Cover HCBS for Children with Disabilities Not Currently Eligible for Medicaid.** *The Associated Press/WAFB 9* reported on May 20, 2019, that the Louisiana House unanimously passed a bill to expand coverage of home and community-based services to children with disabilities whose parents currently earn too much to qualify for Medicaid. The bill, sponsored by Representative Dodie Horton (R-Haughton), would require the state to seek federal approval for the program. About 1,600 additional children would be eligible. The legislation now heads to the Senate. Read More

## Maine

**Lawmakers Propose Task Force to Review Mental Health System.** *The Portland Press Herald* reported on May 15, 2019, that Maine Democratic lawmakers have proposed a bill to create a task force that would conduct a comprehensive review of the state's mental health system. The legislation, sponsored by Senator Cathy Breen (D-Falmouth), also calls for a plan to improve access to community services for individuals suffering from mental illness. The task force would meet over the summer to begin recommending changes in 2020. Read More

## Michigan

**Michigan Appoints Kate Massey as Medicaid Director.** The Michigan Department of Health and Human Services (MDHHS) announced on May 17, 2019, that it has appointed Kate Massey as Medicaid director. Current acting Medicaid director Kathy Stiffler will resume her previous position as director of the MDHHS Bureau of Medicaid Care Management and Customer Service and deputy Medicaid director. Massey will oversee several health care programs, including MIChild and the Healthy Michigan Plan. Most recently, Massey served as chief executive officer for Magellan Complete Care of Virginia. Read More

## Minnesota

**Legislature Renews Provider Tax at 1.8 Percent.** *The Twin Cities Pioneer Press* reported on May 19, 2019, that the Minnesota legislature renewed the state's health care provider tax for fiscal 2020; however, the rate was reduced from 2 percent to 1.8 percent. The tax is used to help fund MinnesotaCare and other medical assistance programs. Read More

## New Hampshire

**Governor Calls for Federal Legislation Easing Medicaid Disability Services Restrictions.** *New Hampshire Public Radio* reported on May 20, 2019, that New Hampshire Governor Chris Sununu has asked the state's congressional delegation to introduce federal legislation that would allow Medicaid providers to offer both case management and direct services to individuals with developmental disabilities. Federal rules aimed at reducing conflicts of interest would prohibit providers from offering both types of service. New Hampshire wants to pursue a waiver that would allow families to work with one provider. Read More

## New Jersey

### HMA Roundup – Karen Brodsky (Email Karen)

**New Jersey Senate Committee Advances Bill to Establish LGBT Protections in Long-Term Care Facilities.** On May 13, 2019, the New Jersey Senate Health, Human Services and Senior Citizens Committee advanced a bill to establish certain protections for lesbian, gay, bisexual, transgender (LBGT), and HIV-positive residents of long term care facilities. The bill requires access to knowledgeable providers, training in the care of LGBT seniors, and posting of notices on discrimination. The bill has been referred to the Senate Budget and Appropriations Committee. Read More

**New Jersey Releases Medicaid Managed Care, MLTSS Quality Technical Report for 2018.** The New Jersey Division of Medical Assistance and Health Services (DMAHS) released an updated report on quality at its five contracted Medicaid managed care plans for 2018. The *Core Medicaid and MLTSS Quality Report* covers Aetna Better Health of New Jersey, Amerigroup New Jersey, Inc., Horizon NJ Health, UnitedHealthcare Community Plan, and WellCare Health Plans of New Jersey, Inc. The report includes an annual assessment of MCO operations, performance measure validation, performance improvement projects, DMAHS encounter data validation, a focused quality study, Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Core Medicaid care management (CM) audits, and MLTSS CM Audits. Read More

# *New Mexico*

**New Mexico Proposes to Increase Medicaid Reimbursement Rates.** *The State/Associated Press* reported on May 15, 2019, that New Mexico has proposed increasing Medicaid reimbursement rates to health care providers, in some cases by 30 percent, starting on July 1. The proposed rate changes, which are being implemented as part of an effort to improve recruitment and retention of providers, will increase state and federal annual spending by $60 million. The state is accepting public comments through June 17. Read More

# *New York*

## HMA Roundup – Denise Soffel (Email Denise)

**New York OASAS Releases Youth Development Survey RFP.** On May 15, 2019, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) released a request for proposal (RFP) seeking an organization to conduct its statewide Youth Development Survey. OASAS is the New York State agency principally responsible for the prevention and treatment of alcohol, substance use, and gambling problems. OASAS intends to enter into a contract with an organization that is qualified to conduct two bi-annual statewide Youth Development Surveys (YDS) during a four-year contract term. OASAS has plans to conduct the surveys in the fall of 2020 and the fall of 2022 and will assess alcohol, substance use, and gambling prevalence as well as risk and protective factors among students in grades 7 through 12. Data from the YDS will support State, county and community planners in targeting resources to areas of highest risk for alcohol, substance use, gambling, and or other problem behaviors. Proposals are due July 17, 2019. Read More

# *Oregon*

**Governor Nixes Proposed Health Tax on Employers.** *The Portland Business Journal* reported on May 15, 2019, that Oregon Governor Kate Brown has decided not to go forward with a proposed tax on employers with workers on Medicaid. Lawmakers will still decide whether to approve a proposed tax increase on tobacco. Read More

## Texas

**House Passes Bill to Expand Telehealth Services for Medicaid Recipients.** *The State of Reform* reported on May 15, 2019, that the Texas House amended and passed a Senate bill to expand telehealth and telemedicine services to Medicaid recipients. The bill, sponsored by Senator Dawn Buckingham (R-Lakeway), also directs the state Health and Human Services Commission to ensure that managed care organizations don't deny reimbursements for services provided virtually. The bill now returns to the Senate. Read More

## National

**Proposed Federal Rule Is Already Discouraging Immigrants from Using Medicaid.** *Modern Healthcare* reported on May 22, 2019, that the Trump administration's proposed "public charge" rule is already discouraging families from participating in Medicaid and other public health benefit programs, a study shows. The rule, which isn't yet finalized, would allow immigration officials to consider use of public health benefits by an immigrant as a negative factor in determining permanent residency applications. The study, from the Urban Institute, found that 13.7 percent of adults in immigrant families reported not participating in public benefit programs out of fear of being penalized. Read More

**Medicaid Expansion States Have Lower Maternal Death Rates, Study Finds.** *Modern Healthcare* reported on May 22, 2019, that states that expanded Medicaid under the Affordable Care Act (ACA) saw a 50 percent decrease in infant mortality and had 1.6 fewer maternal deaths per 100,000 women than in the 17 non-expansion states, according to a report from the Georgetown University Center for Children and Families. Researchers also found expansion states had fewer racial health care disparities, compared to non-expansion states. Read More

**GAO Calls for Transparency in Medicaid Waiver Amendment Process.** *Modern Healthcare* reported on May 17, 2019, that the Government Accountability Office (GAO) is calling for standard transparency requirements in the federal approval process for amendments to existing Section 1115 waivers. A study by GAO found, for example, that the Centers for Medicare & Medicaid (CMS) has allowed states to implement Medicaid work requirements without meeting requirements like projecting the impact on enrollment or seeking public comment. CMS has also been inconsistent in the criteria it uses to approve or deny requirements, the study found. Read More

**Chris Traylor to Step Down as Director of Center for Medicaid and CHIP Services.** *Modern Healthcare* reported on May 17, 2019, that Chris Traylor will step down as director of the Center for Medicaid and Children's Health Insurance Program Services (CHIP) on May 31 after five months on the job. Calder Lynch, senior counselor to Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma, will replace Traylor. Read More

**Trump Administration Appeals Ruling on Medicaid Work Requirements.** *Modern Healthcare* reported on May 15, 2019, that the U.S. Department of Health and Human Services and the Department of Justice appealed a federal judge's ruling that struck down Medicaid work requirements in Arkansas and Kentucky. The appeal was filed in the U.S. Court of Appeals for the District of Columbia Circuit. Read More

**Ohio, Texas Efforts to Curb Pharmacy Spread Pricing Informs New Federal Guidance.** *The Columbus Dispatch* reported on May 18, 2019, that efforts in Ohio and Texas to curb pharmacy spread pricing helped inform federal regulators when creating recently released guidance aimed at addressing the practice, according to the Centers for Medicare & Medicaid Services (CMS). Ohio, for example, implemented a "pass-through" model to address spread pricing, in which pharmacy benefit management (PBM) companies receive a fixed administrative fee and are required to bill the state the same price they pay pharmacies. As previously reported, the new federal guidance directs Medicaid plans how to account for spread pricing when calculating medical loss ratios. Read More


## Industry News

**Health Insurance CPI Rises 10.7 Percent in April, BLS Says.** *Modern Healthcare* reported on May 17, 2019, that the Consumer Price Index for health insurance rose 10.7 percent in April, according to the U.S. Bureau of Labor Statistics. The figure refers to the increase in health insurance "retained earnings", which represents premiums minus funds paid out in claims. According to a report from the Kaiser Family Foundation, health plans are expected to pay $800 million in rebates to Exchange members for not meeting medical loss ratio requirements. Read More

**OxyContin Maker Purdue Pharma Is Hit with Five More State Lawsuits.** *The New York Times* reported on May 16, 2019, that five more states have filed lawsuits against OxyContin maker Purdue Pharma for its role in the opioid crisis. With the new fillings in Iowa, Kansas, Maryland, West Virginia, and Wisconsin, a total of 45 states have filed lawsuits against the company. While Purdue settled claims in Oklahoma for $270 million in March, the company received a favorable ruling last week when a North Dakota judge dismissed the state's claims against the company. Read More

**Clear Spring Health Acquires Illinois Medicare Advantage MCO CCAI.** Clear Spring Health announced on May 16, 2019, that it has completed its acquisition of not-for-profit Community Care Alliance of Illinois, which offers two Medicare Advantage plans in the state. Clear Spring has Medicare Advantage plans in Colorado, Georgia, Illinois, North Carolina, South Carolina and Virginia. Read More

**Advent International Acquires AccentCare from Oak Hill Capital.** *The PE Hub Network* reported on May 16, 2019, that Advent International announced it has signed a definitive agreement to buy AccentCare Inc, a Texas-based post-acute care service provider, from private equity firm Oak Hill Capital. AccentCare offers the full continuum of post-acute care services, including personal, non-medical care, skilled nursing, rehabilitation, hospice care, and case management, in 16 states. AccentCare is the sixth largest health home platform and the third largest personal care platform in the country. Financial terms of the transaction 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 |
| 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 5, 2019 | Kentucky | Proposals Due | 1,200,000 |
| 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 | 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 |

# HMA WELCOMES

**Julie Faulhaber – Principal**

A nationally recognized leader in Medicaid, Medicare, dual eligible and special needs plan (SNP) programs and policies, Julie Faulhaber is an experienced and strategic leader with more than 25 years of healthcare policy experience.

Julie has a sustained pattern of managing profitable product portfolios and a demonstrated expertise in business and product development, product implementation and management, change management and compliance. Her work has included leadership and oversight of multi-state Medicaid and SNP business, care coordination, government relations and overseeing the Centers for Medicare and Medicaid Services (CMS) bidding process for SNP and dual eligible products.

Before joining HMA, Julie served more than 15 years, in increasingly senior positions, with Health Care Service Corporation (HCSC) where she was vice president of Enterprise Medicaid and interim vice president of Illinois Medicaid and Medica Health Plans in Minnesota. She is also an experienced consultant and a mission-driven executive with proven communication and collaboration skills.

Julie knows how to strategically identify and execute growth initiatives and has an impressive track record of winning awards for nearly every product proposal submitted. She led efforts at HCSC to convert business to common operating platforms and built staffing models to centralize functions and consolidate contracts and costs. Julie also directed the successful 2017 Illinois Medicaid reprocurement and rebuilt the Medicaid team within the first month of her tenure.

While serving at Medica Health Plan, she received an innovation award from the state Medicaid agency for developing and implementing a program to integrate physical and behavioral healthcare. Julie also led successful CMS audits, increased enrollment, exceeded budget and program goals and engaged stakeholders to retool programs to include those with disabilities.

**Kevin Moore – Principal**

Kevin Moore is a public service leader with more than 30 years of experience with criminal justice, mental health and addiction services systems at the state and community levels.

With a deep understanding of how mental health, addiction, and criminal justice intersect, he is an expert in public health financing and has worked extensively in institutional management and the strategic delivery of community-based programs.

Before joining HMA, Kevin served the State of Indiana for more than three decades, most recently as the director of the Division of Mental Health and Addiction. In this capacity, he provided oversight of state psychiatric hospitals and implemented strategic plans and programs to provide access to quality mental health and addiction care.

His collaborative work style and strong leadership have allowed him to expand community services while reducing institutional capacity and engage partners to implement and achieve short- and long-term goals.

In addition to his work with mental health and addiction, Kevin also served in the Family and Social Services Administration. There, he managed statewide grants and collaborated with agencies and partners to ensure proper placement and treatment for children, adults and forensic patients. He also held various positions in the Department of Corrections, including executive director of juvenile services where he oversaw all operations including development of case management processes for all facilities.

A long-time civil servant with several professional memberships, including the National Association of State Mental Health Program Directors, National Association of State Alcohol and Drug Addiction Directors, and American Correctional Association, he has a bachelor's degree from Indiana State University and has completed graduate coursework in public and environmental services at Indiana University – Purdue University Indianapolis.

**Caitlin Thomas-Henkel – Senior Consultant**

Caitlin Thomas-Henkel is a health policy leader with extensive experience working in clinical, government, and non-profit settings. She has collaborated with states, providers, law enforcement and health systems to advance behavioral health integration, prepare for value-based payment, redesign delivery models, and implement alternative workforce strategies for people with complex health and social needs.

Prior to joining HMA, Caitlin was a senior program officer at the Center for Health Care Strategies (CHCS) where she spearheaded several national initiatives supporting providers, pharmacies and health systems to create effective care models and develop sustainable financing. At CHCS, she collaborated with New Jersey state agencies to design and implement an Office-Based Addiction Treatment Model for Medicaid members with substance use disorders. Caitlin also provided technical assistance to states participating in the Center for Medicare and Medicaid Innovation State Innovation Models initiative and led a learning collaborative for Rhode Island's Medicaid Accountable Entities.

She previously served as deputy director of policy at the Rhode Island Senate, staffing the Health and Human Services Committee. During her tenure, Caitlin helped strengthen mental health parity law, oversaw a study which advanced legislation for emergency department diversion and oversaw hearings focused on reforming the child welfare system.

As director of the Mayor's Substance Abuse Prevention Council in Providence, Rhode Island, Caitlin led a nationally recognized community substance abuse prevention coalition. She worked closely with the Providence Police Department to provide crisis intervention training to officers and partnered with Lifespan Health System and Brown University to adopt policies that increased awareness of addiction as a chronic disease.

Caitlin earned her master's degree in clinical social work from Boston University, with a macro (policy) certificate and a bachelor's degree in child development and education from the University of New Hampshire.

# HMA News

**Upcoming Webinars:**
Advancing and Codifying Health Equity and Wellness for Medicaid Populations - June 4, 2019, 1-2 pm EDT

Creating Effective Health and Law Enforcement Partnerships to Combat the Opioid Epidemic - June 5, 2019, 1-2 pm EDT

## New this week on HMA Information Services (HMAIS):

**Medicaid Data**

- Connecticut Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Delaware Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- New Jersey Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Oklahoma Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Rhode Island Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Texas Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- West Virginia Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Wyoming Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Arizona Medicaid Managed Care Enrollment is Flat, May-19 Data
- California Medicaid Managed Care Enrollment is Down 0.9%, Apr-19 Data
- Colorado RAE Enrollment is Down 2.4%, Apr-19 Data
- Florida Medicaid Managed Care Enrollment is Down 1.8%, Apr-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 3.2%, Apr-19 Data
- Ohio Medicaid Managed Care Enrollment is Down 2.3%, Apr-19 Data
- Utah Medicaid Managed Care Enrollment is Down 0.5%, May-19 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 0.9%, Apr-19 Data

**Public Documents:**
*Medicaid RFPs, RFIs, and Contracts:*

- Alaska Behavioral Health Administrative Service Organization (ASO) RFP, Proposals, Scoring, and Award, 2018-19
- Alaska Medicaid Provider Compliance Audits RFP, May-19
- Alaska Proof of Concept Analysis Informal Request for Proposals (IRFP), May-19
- Delaware Medicaid Dental Benefit RFI, May-19
- Kentucky Medicaid Managed Care Organization (MCO) RFP, May-19
- North Carolina Medicaid External Quality Review Organization Services RFP, May-19
- Virginia Medicaid Behavioral Health Services Administrator RFP, Response, and Contract, 2012-18

*Medicaid Program Reports, Data and Updates:*

- Colorado Children's Health Plan Plus Caseload by County, May-19
- Connecticut People Served Report, CY 2012-18
- Florida Medicaid Eligibility by County, Age, Sex, Apr-19 Data
- Hawaii QUEST Integration Section 1115 CMS Quarterly Report, 1Q19
- Kentucky MCO Annual EQRO Compliance Reviews, 2017-18
- Maryland Medicaid Advisory Committee Meeting Materials, Apr-19
- New Jersey Medicaid and MLTSS Quality Technical Report, 2018
- New York Medicaid, CHIP Compliance with the Mental Health Parity and Addiction Equity Act Report, Apr-19
- North Carolina Medical Care Advisory Committee Meeting Materials, May-19
- Oklahoma Provider Fast Facts by County, Apr-19
- Pennsylvania Medical Assistance Advisory Committee Meeting Materials, Apr-19
- South Carolina External Quality Review Comprehensive and Plan-Specific Reports, 2018
- South Dakota Individuals Eligible for Medicaid by Age and County, Apr-19
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-18, Apr-19
- Tennessee TennCare Budget Presentation, FY 2020
- Wisconsin Medicaid Family Care Rate Certification Report, CY 2019

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