HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

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THE HMA WEEKLY ROUNDUP WILL NOT PUBLISH ON JULY 3, 2019, AND WILL RESUME JULY 10, 2019.

IN FOCUS

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT UPDATE

This week, our *In Focus* section reviews publicly available data on enrollment in capitated financial and administrative alignment demonstrations ("Duals Demonstrations") for beneficiaries dually eligible for Medicare and Medicaid

(duals) in nine states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas. Each of these states has begun either voluntary or passive enrollment of duals into fully integrated plans providing both Medicaid and Medicare benefits ("Medicare-Medicaid Plans," or "MMPs") under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP. As of May 2019, approximately 372,600 duals were enrolled in an MMP. Enrollment was flat from May of the previous year.

Note on Enrollment Data

Seven of the nine states (California, Illinois, Massachusetts, Michigan, New York, Ohio, and South Carolina) report monthly on enrollment in their Dual Demonstration plans, although there is occasionally a lag in the published data. The other states publish intermittent enrollment reports.

Duals Demonstration plan enrollment is also provided in the CMS Medicare Advantage monthly enrollment reports, which are published around the middle of each month. In the table below, we provide the most current state-reported data, with CMS data supplementing where needed. Historically, we have seen minor inconsistencies between state-reported data and the CMS enrollment report, likely due to discrepancies in the timing of reports. For Ohio, CMS data was used over the self-reported state data.

Dual Demonstration Enrollment Overview

As of May 2019, approximately 372,600 dual eligibles were enrolled in a demonstration plan across the nine states below. Since May 2018, enrollment in Dual Demonstrations across all states was up 1,151, a 0.3 percent year-over-year increase. The New York Fully Integrated Duals Advantage (FIDA) demonstration is slated to end December 31, 2019 and FIDA-IDD December 31, 2020. Four plans have already pulled out this year.

Dual Eligible Financial Alignment Demonstration Enrollment by State, December 2018 to May 2019

State	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
California	111,330	109,799	109,315	108,657	107,284	107,320
Illinois	52,552	50,374	51,684	52,870	51,531	53,073
Massachusetts	22,468	23,809	23,735	23,184	24,485	24,210
Michigan	34,655	34,367	34,444	33,672	33,145	33,095
New York	3,489	3,135	3,027	2,941	2,890	2,845
New York - IDD	1,179	1,191	1,193	1,219	1,236	1,267
Ohio	76,895	77,784	79,992	79,752	80,368	80,850
Rhode Island	15,554	15,478	15,382	15,250	15,101	14,916
South Carolina	12,400	16,043	15,281	14,978	14,706	15,033
Texas	37,675	42,455	41,653	40,537	40,887	39,982
Total Duals Demo Enrollment	**368,197**	**374,435**	**375,706**	**373,060**	**371,633**	**372,591**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

So far, enrollment in these nine states represents 30 percent of the potential enrollment of more than 1.2 million dual eligible beneficiaries across all ten capitated demonstrations. Participation rates range from a low of about 2 percent in New York to nearly 59 percent in Rhode Island.

Dual Eligible Financial Alignment Demonstration Enrollment Timing; Current and Potential Enrollment - As of May 2019					
	Opt-In Enrollment Date	First Passive Enrollment Date	Current Enrollment	Potential Enrollment	% Enrolled (Full Potential)
California	4/1/2014	5/1/2014	107,320	350,000	30.7%
Illinois	4/1/2014	6/1/2014	53,073	136,000	39.0%
Massachusetts	10/1/2013	1/1/2014	24,210	112,500	21.5%
Michigan	3/1/2015	5/1/2015	33,095	100,000	33.1%
New York	1/1/2015	4/1/2015	2,845	124,000	2.3%
New York - IDD	4/1/2016	No Passive	1,267	20,000	6.3%
Ohio	5/1/2014	1/1/2015	80,850	140,800	57.4%
Rhode Island	7/1/2016	10/1/2016	14,916	25,400	58.7%
South Carolina	2/1/2015	4/1/2016	15,033	56,600	26.6%
Texas	3/1/2015	4/1/2015	39,982	168,000	23.8%
Total (All States)			**372,591**	**1,233,300**	**30.2%**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Dual Demonstration Enrollment by Health Plan

As of May 2019, nearly half (48 percent) of all duals in the demonstrations are enrolled in a publicly traded MMP. In May 2018, publicly traded plans represented 48.3 percent of all duals. Molina and Centene are the largest in terms of enrollment with more than 55,000 and 35,000 demonstration enrollees, respectively.

Dual Eligible Financial Alignment Demonstration Enrollment by Publicly Traded Health Plan, December 2018 to May 2019						
Health Plan	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Molina	51,610	53,318	53,649	54,938	54,517	55,136
Centene	33,910	35,761	35,919	35,539	35,307	35,244
Aetna	30,073	29,445	30,551	30,271	30,088	30,347
United	19,278	20,480	20,559	19,880	20,071	19,959
Anthem	17,843	19,139	18,809	18,445	18,399	18,069
Health Net	11,746	11,371	11,141	10,771	10,255	10,044
Humana	7,763	7,359	7,728	7,567	7,389	7,904
Cigna/HealthSpring	1,870	2,136	2,138	2,076	2,068	2,017
Total Publicly Traded Plans	**174,093**	**179,009**	**180,494**	**179,487**	**178,094**	**178,720**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Among non-publicly traded health plans, Inland Empire in California is the largest, with about 26,500 members, making it the fourth largest MMP nationwide. Commonwealth Care Alliance (Massachusetts), CareSource (Ohio), Blue Cross Blue Shield of Illinois (Illinois), LA Care (California), Neighborhood Health Plan (Rhode Island), CalOptima (California), and Meridian (Illinois and Michigan) all have more than 10,000 enrolled members as of May 2019. Enrollment by non-publicly traded health plans for the past six months is detailed below.

Dual Eligible Financial Alignment Demonstration Enrollment by Local/Other Plans, December 2018 to May 2019						
Health Plan	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Inland Empire (CA)	25,963	25,893	26,025	26,263	26,174	26,451
Commonwealth Care Alliance (MA)	19,497	20,881	20,832	20,390	21,709	21,472
CareSource (OH)	19,302	19,576	19,835	19,706	19,849	19,943
BCBS of Illinois (HCSC) (IL)	19,092	18,824	18,614	18,358	18,234	18,159
LA Care (CA)	15,940	15,739	15,639	15,488	15,300	15,184
Neighborhood Health Plan (RI)	15,554	15,478	15,382	15,250	15,101	14,916
CalOptima (CA)	14,248	13,988	14,000	13,971	13,868	13,886
Meridian Health Plan (IL, MI)	12,468	12,075	12,423	12,195	11,904	11,927
AmeriHealth Caritas (MI, SC)	8,773	10,324	9,971	9,782	9,589	9,986
Health Plan of San Mateo (CA)	8,919	8,823	8,761	8,731	8,673	8,694
Santa Clara Family Health Plan (CA)	7,379	7,448	7,492	7,501	7,482	7,603
Community Health Group (CA)	5,973	5,952	5,974	5,982	5,990	6,066
Care 1st (CA)	5,027	4,952	4,937	4,879	4,772	4,773
HAP Midwest Health Plan (MI)	4,375	4,321	4,333	4,281	4,214	4,182
Upper Peninsula Health Plan (MI)	3,955	3,898	3,871	3,842	3,778	3,779
Tufts (MA)	2,971	2,928	2,903	2,794	2,776	2,738
Partners Health Plan - IDD (NY)	1,179	1,191	1,193	1,219	1,236	1,267
VNS Choice (NY)	1,249	1,230	1,204	1,175	1,160	1,140
HealthFirst (NY)	975	1,223	1,171	1,138	1,108	1,099
Elderplan (NY)	452	459	444	442	438	430
Senior Whole Health (NY)	134	150	144	134	132	128
Centers Plan for Healthy Living (NY)	28	29	31	28	27	26
Elderserve Health (NY)	28	36	30	23	24	22
AgeWell New York (NY)	172	2	1	1	1	0
GuildNet (NY)	306	4	2	0	0	0
MetroPlus Health Plan (NY)	134	2	0	0	0	0
Village Senior Services Corp. (NY)	11	0	0	0	0	0
Total Local/Other Plans	**194,104**	**195,426**	**195,212**	**193,573**	**193,539**	**193,871**

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

HMA Medicaid Roundup

Arizona

Nursing Home to Lose Medicaid Contract. *The Arizona Republic* reported on June 20,2019, that the Centers for Medicare & Medicaid Services (CMS) will terminate the Medicaid contract of Arizona intermediate-term care facility Hacienda HealthCare, effective July 3. The facility has been under scrutiny over patient safety issues since the beginning of the year. Read More

Arkansas

Medicaid Work Requirements Raised Uninsured Rate, Study Finds. *Kaiser Health News* reported on June 19, 2019, that Medicaid work requirements in Arkansas caused the uninsured rate among 30 to 49 year-olds in the state to increase from 10.5 percent in 2016 to 14.5 percent in 2018, according to a Harvard study published by The New England Journal of Medicine. The study also found no evidence that these Medicaid members found jobs. The study concluded that the main reason people lost coverage was lack of awareness and confusion over the specifics of the policy. Read More

Florida

Governor Extends 30-Day Retroactive Medicaid Eligibility. *New4Jax/The News Service of Florida* reported on June 21, 2019, that Florida Governor Ron DeSantis extended legislation reducing retroactive Medicaid eligibility from 90 to 30 days for another year. The bill also mandates the state Agency for Health Care Administration to submit a report to the legislature about the impact of the change on patients and health care providers by January 10. Read More

Georgia

Consumer Advocates Blame Restrictive Processes, Eligibility System for Medicaid Enrollment Declines. *Georgia Health News* reported on June 24, 2019, that Georgia consumer advocates blame restrictive processes and barriers, in part from a new electronic eligibility determination system, for recent declines in state Medicaid and Children's Health Insurance Program (CHIP) enrollment. The electronic system, known as Gateway, was implemented by the Georgia Department of Human Services in 2017. Read More

Georgia to Reinstate Medicaid Benefits to 17,000 Elderly, Disabled Medicaid Members After Disenrollment Backlash. *The Atlanta Journal-Constitution* reported on June 21, 2019, that the Georgia Department of Community Health (DCH) will reinstate Medicaid benefits to 17,000 elderly and disabled individuals who were recently cut from the program for failing to respond to renewal notices. The backlash began when the state began disenrolling individuals even though renewal notices may not have been sent out. DCH will resend renewal notices to these 17,000 individuals, plus 13,000 in line to lose coverage, who must respond or face losing benefits. Read More

Louisiana

Louisiana Receives CMS Approval for Hepatitis C Subscription Drug Model. On June 26, 2019, Louisiana won approval from federal regulators to implement a modified subscription model for for Hepatitis C drugs covered by Medicaid. The program, which has been approved by the Centers for Medicare & Medicaid Services (CMS), will allow the state to pay a fixed amount for an unlimited amount of Hepatitis C treatments. Read More

Maine

Maine Enrolls 26,000 Medicaid Expansion Members, Far Fewer than Expected. *The Portland Press Herald/Associated Press* reported on June 23, 2019, that Maine has enrolled 26,000 Medicaid expansion members in the first six months of the program, compared to projections ranging from 50,000 to 70,000. Maine has opened a temporary call center and hired additional eligibility specialists to help boost enrollment. Read More

Minnesota

Health Systems Hennepin Healthcare, North Memorial Discontinue Merger Talks. *The Star Tribune* reported on June 21, 2019, that Hennepin Healthcare and North Memorial have discontinued talks of forming a partnership and possible merger. The two Twin Cities health systems began preliminary negotiations earlier this year. Read More

Nebraska

Officials Defend October 2020 Medicaid Expansion Start Date. *The Charlotte Observer* reported on June 23, 2019, that the Nebraska Department of Health and Human Services has defended the state's planned October 2020 launch date for Medicaid expansion, noting that the initiative represents a massive undertaking that shouldn't be rushed. Advocates have questioned the slow pace of the rollout, which will impact 90,000 individuals. Read More

New Hampshire

New Hampshire to Allow State Regulators to Waive Medicaid Work Requirements. *The Eagle-Tribune* reported on June 20, 2019, that New Hampshire lawmakers agreed to allow the Health and Human Services Commission to waive Medicaid work requirements for about 20,000 beneficiaries until July 1, 2021. The leeway is being provided to allow the state more time to contact participants impacted by the requirements. Read More

New Jersey

New Jersey Personal Care Reimbursement Rates on Track for Another Increase. On June 21, 2019, both New Jersey houses passed legislation (A5098/S3491) that would raise Medicaid reimbursement for personal care services to $25.00 an hour. Enactment is pending the Governor's signature. New Jersey is addressing personal care assistant (PCA) reimbursement in tandem with its managed long-term services and supports program (MLTSS) which aims to shift more long-term care from nursing home to community-based settings, and in recognition of the rapidly growing number of residents over age 65. These factors are placing greater demands on the unstable personal care workforce. Hourly PCA reimbursement would rise incrementally each year beginning at $20 per hour on January 1, 2019, and increasing to $25 through 2024.

Legislature Passes $38.7 Billion Budget. *NJ Spotlight* reported on June 21, 2019, that New Jersey's Assembly and Senate each approved the proposed fiscal 2020 budget (A5600/S2020) of $38.7 billion in state funds and $16.7 billion in federal funds for signature by the Governor. Governor Murphy may exercise line-item vetoes or conditional vetoes to correct several revenue assumptions. The Governor's proposed budget included a millionaire's tax and other tax and fee increases that were omitted from the budget bill. The bill also removed health-related spending to fund family planning for Planned Parenthood, placing it into a separate bill, and removed fees on opioid manufacturers and some large corporations that do not offer comprehensive health care benefits. The bill retained language to impose a new tax on HMOs. Read More

Governor Names New Health Commissioner. On June 25, 2019, New Jersey Governor Murphy announced that Judith Persichilli will replace Dr. Shereef Elnahal as Commissioner for the Department of Health beginning July 29, pending Senate approval. The appointment is welcomed by the healthcare sector. Persichilli will be the first registered nurse to hold the position. She brings extensive experience to the position as a New Jersey healthcare leader, hospital executive, and clinician.

New Jersey Proposes Legislation to Increase HMO Annual Assessment. On June 17, 2019, New Jersey legislators introduced identical bills (S3957/A5603) that would raise the current two percent annual assessment on HMOs to three percent to supplement the costs of hospital charity care. The Senate Budget and Appropriations Committee and the Assembly Budget Committee both voted unanimously in favor of the bill. If signed into law this change will go into effect on July 1, 2019. These bills support the Governor's fiscal 2020 budget recommendations. The Department of the Treasury estimates that this legislation would increase revenue by $66 million.

New York

HMA Roundup – Denise Soffel (Email Denise)

Senate Confirms Commissioner for the Office for People with Developmental Disabilities. On June 21, 2019, the New York State Senate announced it has unanimously confirmed Dr. Theodore Kastner as the new commissioner for the Office for People with Developmental Disabilities. Dr. Kastner previously served as the founder and President of Developmental Disabilities Health Alliance, Inc., an integrated primary care mental health practice for persons with intellectual and developmental disabilities. He was also the Director of the Rose F. Kennedy Children's Evaluation and Rehabilitation Center (RFK CERC) at Montefiore Medical Center. He replaced Kerry Delaney, who served as acting Commissioner from 2014 until early in 2019. Delaney left the agency to become CEO of Partners Health Plan, a Medicaid managed care plan serving individuals with developmental/intellectual disabilities. Read More

VNS Choice to Expand HIV Special Needs Plan. VNS Choice has applied to the New York Department of Health to expand its HIV Special Needs Plan (SNP) to Nassau and Westchester counties. Up to now, New York's three HIV SNPs, Amida Care, Metro Plus SNP and VNS Choice, have only provided coverage in New York City. In addition to covering all Medicaid benefits, HIV SNPs also provide care coordination, treatment adherence, and HIV prevention and risk reduction education. HIV SNPs began in 2001; 14,000 individuals are enrolled in an HIV SNP. In addition, since New York established its Health and Recovery Plans in 2016, the HIV SNPs have been allowed to enroll HARP-eligible individuals into their plans. VNS Choice's plans for expansion were reported during the June meeting of the Medicaid Managed Care Advisory Review Panel.

New York Provides Updates on Medicaid Managed Care Plan Transactions. The New York Medicaid Managed Care Advisory Review Panel, the legislatively mandated oversight body for New York's Medicaid managed care program, held its quarterly meeting on June 20, 2019. Jonathan Bick, Director of the Division of Health Plan Contracting and Oversight for the New York State Department of Health, provided an update on Medicaid managed care plan activity.

- The state is in the early stages of reviewing a proposal by Centene to acquire Wellcare. Wellcare has just over 100,000 Medicaid managed care enrollees in New York.
- HealthFirst has submitted an asset purchase agreement to acquire Medicaid and Essential Plan members from Crystal Run. Crystal Run Healthcare is a large multispecialty group practice in Sullivan and Orange Counties that began operating a Medicaid managed care plan in 2016. They currently have 1,600 Medicaid enrollees. HealthFirst, with a membership of over 930,000, does not currently operate in Sullivan or Orange counties.
- YourCare has applied to expand to an additional five counties: Genesee, Livingston, Orleans, Seneca and Wayne. Their application is awaiting approval from the Department of Financial Services. YourCare, with 37,000 members, is based in Rochester and currently operates in seven counties in the western part of the state.

- Three entities have applied to become certified as full mainstream Medicaid managed care plans. They are all currently operating managed long-term care plans and are interested in expanding into the mainstream Medicaid managed care market so they can participate in the state's Specialized I/DD plan offering, likely to begin in 2019. One plan, Partners Health Plan, has been conditionally certified as a mainstream plan. It is awaiting the Centers for Medicare & Medicaid Services approval before it can begin enrollment. The other two plans, Hamaspik and ICircle Prime, are undergoing program and financial review.
  - Partners Health Plan –operates the plan participating in the duals demonstration program for individuals with intellectual/developmental disabilities (FIDA-IDD). It has applied to become a mainstream Medicaid managed care plan. Partners operates in New York City, Long Island, Westchester, and Rockland Counties. The FIDA-IDD plan, which began operations in April 2016, currently has 1,267 members.
  - Hamaspik Choice – currently a managed long-term care plan operating in six counties, serving 2,300 members, has applied to become a mainstream Medicaid managed care plan. The Hamaspik Association is a statewide non-profit organization representing a network of member agencies that provide health and human services primarily serving families in the Orthodox Jewish community.
  - iCircle Care – currently a managed long-term care plan operating in 22 counties in Central New York, serving 3,600 members, has applied to become a mainstream Medicaid managed care plan. Their roots are in the I/DD provider community.

North Carolina

Medicaid Expansion Would Cover 634,000, Report Says. *The Winston-Salem Journal* reported on June 26, 2019, that Medicaid expansion in North Carolina would cover about 634,000 individuals over three years, according to a report from George Washington University. The report also projects that expansion would create more than 37,000 jobs by 2022. Budget plans from the North Carolina House and Senate budget do not include Medicaid expansion. Read More

Oklahoma

Judge Approves $85 Million Opioid Settlement. *The Washington Post* reported on June 24, 2019, that an Oklahoma judge approved an $85 million settlement between opioid maker Teva Pharmaceuticals and the state. The Teva settlement was reached in May but was delayed over concerns that the money would be misused. State officials agreed to use the funds solely to battle the opioid crisis. Read More

Supreme Court Rules in Favor of Medicaid Expansion Ballot Initiative. *The Hill* reported on June 19, 2019, that the Oklahoma Supreme Court ruled against a challenge to the Oklahoma Medicaid expansion ballot initiative. The court found that the petition was not misleading and will allow supporters to continue pursuing the necessary 178,000 signatures to bring the issue to the state ballot in 2020. Read More

Pennsylvania

Lawmakers Propose Bill Package to Combat Opioid Crisis. *NorthcentralPA.com* reported on June 20, 2019, that the Pennsylvania Senate passed a package of bills to combat the state's heroin and opioid epidemic. These seven bills are now in the state House. Lawmakers are scheduled to be in session next week for the final legislative push to get the state budget passed by June 30th. While it may be possible for the House to vote on these bills before the summer break, it is more likely they will be addressed in the fall. The package includes:

- Senate Bill 112 limits the prescription for a controlled substance containing an opioid to seven days unless there is a medical emergency that puts the patients' health or safety at risk.
- Senate Bill 93 creates a new statute establishing a second-degree felony for the delivery or distribution of an illicit drug that results in "serious bodily injury" to the user.
- Senate Bill 118 creates a Recovery-to-Work pilot program to connect individuals in recovery with occupations through local workforce development boards.
- Senate Bill 223 allows providers to leave a dose package of naloxone with an on-scene caregiver of a patient who overdosed on opioids.
- Senate Bill 432 allows Medicaid managed care organizations to have access to the information in the Prescription Drug Monitoring Program.
- Senate Bill 572 requires new patients who need a prescribed opioid regimen to enter into treatment agreements with a prescriber.
- Senate Bill 675 requires certification of office-based prescribers and limits its use. Read More

Health System Geisinger Names CEO. *Modern Healthcare* reported on June 20, 2019, that Geisinger named Jaewon Ryu, MD, president and chief executive. Ryu has been interim president since November, and has served as executive vice president and chief medical officer since 2016. Read More

West Virginia

University Health System to Provide Management Services for Wheeling Hospital. *The Intelligencer* reported June 20, 2019, that West Virginia University Health System will provide management services to Wheeling Hospital under a new agreement. The organizations also announced that Douglass Harrison will serve as chief executive officer of Wheeling Hospital. Read More

National

Senate Leaders In Talks to Limit Medicare Drug Price Increases, Force Drug Companies to Pay Back Rebates. *The Hill* reported on June 26, 2019, that Senator Ron Wyden (D-OR) and Finance Committee Chairman Chuck Grassley (R-IA) are in talks on a proposed package that would limit drug price increases in Medicare Part D. Proposed measures would force drug companies to pay back rebates to Medicare if prices rise faster than inflation or if they launch a new high-priced drug. Read More

Trump Signs Executive Order On Hospital, Insurer Price Transparency. *Modern Healthcare* reported on June 24, 2019, that President Trump signed an executive order directing federal regulators to require that hospitals and insurers disclose contracted prices for services. The order gives the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) leeway to decide how specific the rate disclosures need to be. Read More

Supreme Court to Decide Whether Health Plans Are Owed $12 Billion in ACA Risk Corridor Payments. *Modern Healthcare* reported on June 24, 2019, that the U.S. Supreme Court agreed to consider whether the Centers for Medicare & Medicaid Services (CMS) must pay $12 billion to health insurers under the Affordable Care Act risk corridor program. The Supreme Court will begin to hear cases in October. Read More

CMS Issues Renewed Guidance to Ensure Medicaid Program Integrity. The Centers for Medicare & Medicaid Services (CMS) released on June 20, 2019, renewed guidance aimed at reducing improper Medicaid payments and helping ensure states make accurate eligibility determinations, especially for expansion populations. Other steps include addressing an impermissible claims backlog, audits of managed care financial reporting, and achieving milestones for enhanced state data reporting. Read More

Senators Unveil Bipartisan Legislation to End Surprise Medical Bills. *The Hill* reported on June 19, 2019, that Senators Lamar Alexander (R-TN) and Patty Murray (D-WA) released bipartisan legislation to protect patients against surprise medical bills and out-of-pocket deductibles in emergencies. The legislation also includes other ideas aimed at lowering health care costs by improving transparency and reducing the prices of prescription drugs. Read More

INDUSTRY NEWS

LogistiCare CEO Jeff Felton Resigns. The Providence Service Corporation and its subsidiary, LogistiCare Solutions, announced on June 24, 2019, the resignation of Jeff Felton as chief executive of LogistiCare, effective immediately. Providence interim chief executive R. Carter Pate will also serve as interim chief executive of LogistiCare. Read More

CityMD, Summit Medical Group to Merge. CityMD and Summit Medical Group announced on June 20, 2019, a definitive agreement to merge. CityMD is an urgent care provider in the New York metro area, and Summit is a multispecialty practice in New Jersey. The combined organization will provide primary, specialty, and urgent care. Read More

UPMC, Highmark Reach 10-year Agreement for Access. *The Pennsylvania Real-Time News* reported on June 24, 2019, that UPMC and Highmark have agreed to enter into a 10-year contract. Highmark members will have in-network access to all UPMC doctors and hospitals. UPMC Health Plan will get access to some but not all of the Highmark-owned Allegheny Health Network. The new agreement is set to go into effect on July 1. Read More

Intermountain Healthcare to Acquire HealthCare Partners NV from UnitedHealth. *The Deseret News* reported on June 20, 2019, that Intermountain Healthcare will acquire HealthCare Partners Nevada from UnitedHealth Group. The sale is among the conditions set by the Federal Trade Commission in approving UnitedHealth's acquisition of DaVita Medical Group. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Hawaii	RFP Release	360,000
June 28, 2019	Texas STAR+PLUS	Awards	530,000
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 8, 2019	Louisiana	Awards	1,500,000
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 2019	Ohio	RFI #2 Release	2,360,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
September 1, 2019	New Hampshire	Implementation	181,380
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 - March 2020	Ohio	RFP Release	2,360,000
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
September 1, 2021	Texas STAR Health (Foster Care)	Operational Start Date	34,000
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 NEWSTHIS WEEK

Medicaid Plan Executives, Providers, State Officials to Discuss Breakthroughs in Addressing Social Determinants of Health at HMA Conference in Chicago

Top executives from the Medicaid managed care plans, providers, and states will discuss some of the breakthroughs being made in addressing social determinants of health at HMA's annual conference on publicly sponsored health care, September 9-10 in Chicago.

Speakers will include Brad Lucas, MD, Senior Medical Director, Centene/Buckeye Health Plan; Kevin Moore, VP, Policy - Health & Human Services, UnitedHealthcare Community & State; Sharon Raggio, President, CEO, Mind Springs Health; and Betsey Tilson, MD, State Health Director, Chief Medical Officer, North Carolina Department of Health and Human Services.

The title of the conference, which will be held at the Chicago Marriott Downtown Magnificent Mile, is *The Next Wave of Medicaid Growth and Opportunity: How Payers, Providers, and States Are Positioning Themselves for Success*. More than 40 industry-leading speakers are confirmed.

Registration now at conference.healthmanagement.com/ or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arkansas SNP Membership at 58,660, Mar-19 Data
- Colorado SNP Membership at 17,724, Mar-19 Data
- Delaware SNP Membership at 2,363, Mar-19 Data
- Georgia SNP Membership at 201,064, Mar-19 Data
- Idaho SNP Membership at 4,854, Mar-19 Data
- Illinois SNP Membership at 7,011, Mar-19 Data
- Kentucky SNP Membership at 20,281, Mar-19 Data
- North Carolina SNP Membership at 39,067, Mar-19 Data
- New Jersey SNP Membership at 45,486, Mar-19 Data
- Oklahoma SNP Membership at 4,484, Mar-19 Data
- Rhode Island SNP Membership at 4,988, Mar-19 Data
- South Dakota SNP Membership at 302, Mar-19 Data
- Tennessee SNP Membership at 107,850, Mar-19 Data
- MLRs at Missouri Medicare Advantage MCOs Average 80.2%, 2018 Data
- MLRs at Mississippi Medicare Advantage MCOs Average 80.5%, 2018 Data
- MLRs at Nebraska Medicare Advantage MCOs Average 84.7%, 2018 Data
- MLRs at New York Medicare Advantage MCOs Average 91%, 2018 Data
- MLRs at Pennsylvania Medicare Advantage MCOs Average 84.8%, 2018 Data
- MLRs at Vermont Medicare Advantage MCOs Average 86.8%, 2018 Data
- MLRs at Washington Medicare Advantage MCOs Average 90.9%, 2018 Data

- California Dual Demo Enrollment is Down 3.6%, May-19 Data
- Massachusetts Dual Demo Enrollment is Up 7.8%, May-19 Data
- South Carolina Dual Demo Enrollment is Up 21.2%, May-19 Data
- California Medicaid Managed Care Enrollment is Down 0.9%, May-19 Data
- Hawaii Medicaid Managed Care Enrollment is Down 4.0%, 2018 Data
- Idaho Average Medicaid Enrollment Down 3.0%, 2018 Data
- Maryland Medicaid Managed Care Enrollment is Flat, Apr-19 Data
- West Virginia Medicaid Managed Care Enrollment is Down 1.7%, May-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Maryland Medicaid MCO Model Contracts, CY 2018-19
- Nevada Quality Assessment and Performance Improvement Strategy (QAPIS) Reports, FY 2014-21
- Oregon Care Coordination, Integration, and Evaluation Services RFP and Model Contract, Jun-19
- Vermont All-Payer ACO Model and ACO Oversight Technical Assistance RFP, Jun-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.6 Million, Mar-19 Data
- Colorado Rural Medicaid Demographics Report, May-18
- New York Network Adequacy 2.0 for Consumers Report, Jun-19
- Ohio Joint Medicaid Oversight Committee Meeting Materials, Dec-18
- Ohio Medicaid Biennium Growth Rate Projections, SFY 2020-21
- Oregon Biennial Prioritization of Health Services Report, May-19
- Oregon Medicaid Dental Health Service Delivery by Plan and by Select Demographics, May-19
- Oregon Medicaid Mental Health Service Delivery by Plan and by Select Demographics, May-19
- Oregon Medicaid Physical Health Service Delivery by Plan and by Select Demographics, May-19
- Virginia Medicaid Expansion Enrollment Dashboard, Jun-19
- West Virginia Medicaid Mountain Health Trust Annual Reports, SFY 2011-17
- Wyoming Medicaid County Reports, SFY 2016-18
- Wyoming Medicaid PMPM Expenditures and Utilization Reports, SFY 2015-18

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

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

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

Health Management Associates (HMA) is an independent health care research and consulting

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