HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

August 21, 2019

RFP CALENDAR

HMA News

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THE HMA WEEKLY ROUNDUP WILL NOT PUBLISH ON AUGUST 28, 2019 AND WILL RESUME SEPTEMBER 4, 2019.

IN FOCUS

STRATEGIES TO SUPPORT POSTPARTUM VISITS FOR WOMEN IN MEDICAID

This week, our *In Focus* section comes from HMA Community Strategies (HMACS) Senior Associate Diana Rodin and HMA Managing Principal Sharon Silow-Carroll who authored a recent article in the *Journal of Women's Health* drawing on data from the recently completed five-year evaluation of

the Strong Start for Mothers and Newborns II Initiative to identify promising approaches to support women in Medicaid to attend postpartum visits. Nationally, less than 60 percent of women enrolled in Medicaid or the State Children's Health Insurance Program attend a scheduled postpartum medical visit, and some states have much lower rates.[i,ii]

Growing Attention to Postpartum Care

Postpartum care, the care provided to women in the months immediately after they give birth, is important for promoting maternal and infant health and well-being. A majority of women report at least one health issue within the year after birth,[iii] and postpartum care may be particularly essential when complications such as depression, obesity, hypertension, diabetes, and substance use disorders are present during pregnancy.[iv,v,vi,vii] High-quality postpartum care can aid in detection of cardiac or hypertensive complications or suicidal ideation that can lead to maternal mortality, which is particularly high in the United States.[viii,ix] Postpartum visits also offer opportunities for treating ongoing or chronic conditions, addressing complications related to pregnancy or birth, facilitating healthy pregnancy spacing,[x] addressing breastfeeding concerns,[xi] and answering health and parenting questions. Timely postpartum care can reduce emergency department visits and hospitalizations.[xii]

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[i] Measure Applications Partnership. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP. National Quality Forum, 2017.

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[iii] Haran C, van Driel M, Mitchell BL, Brodribb WE. Clinical guidelines for postpartum women and infants in primary care–a systematic review. BMC Pregnancy and Childbirth 2014;14(1):51.

[iv] American College of Obstetricians and Gynecologists. Optimizing postpartum care. Obstet Gynecol 2018;131(5):e140-e150.

[v] Accortt EE, Cheadle AC, Schetter CD. Prenatal depression and adverse birth outcomes: an updated systematic review. Matern Child Health J 2015;19(6):1306.1337.

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[vii] Rosenbloom JI, Blanchard MH. Compliance with Postpartum diabetes screening recommendations for patients with gestational diabetes. J Womens Health 2018;27(4), 498-502.

[viii] Bodnar-Deren S, Klipstein K, Fersh M, Shemesh E, Howel EA. Suicidal ideation during the postpartum period. J Womens Health 2016;25(12):1219-1224.

[ix] Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention 2018.

[x] Cross-Barnet C, Courtot B, Hill I, Benatar S, Cheeks M, Markell J. facilitators and barriers to healthy pregnancy spacing among Medicaid beneficiaries: findings from the national Strong Start Initiative. Women's Health Issues 2018;28(2):152-157.

[xi] Wilcox A, Levi EE, Garrett JM. Predictors of non-attendance to the postpartum follow-up visit. Matern Child Health J 2016;20(1):22-27.

[xii] Brousseau EC, Danilack V, Cai F, Matteson KA. Emergency department visits for postpartum complications. J Womens Health 2018;27(3):253-257.

Strong Start Examined Enhanced Models of Prenatal Care and Identified Promising Postpartum Strategies

Strong Start provided enhanced prenatal care with the goals of reducing rates of preterm birth and low birthweight among Medicaid-enrolled women. It tested three different models of care: Group Prenatal Care (GPC: almost always CenteringPregnancy [Centering] or a close variant);[xiii] Maternity Care Homes (MCH), similar to a medical home; and Birth Centers, following the midwifery model of care[xiv] supplemented by support from peer counselors. All models typically focused on relationship-based care and psychosocial support along with referrals and health education. Strong Start offered patient services from 2013 to 2017, with 27 federal grant awardees operating more than 200 sites in 32 states, the District of Columbia, and Puerto Rico. Awardees included health systems, national organizations, community clinics, and private medical practices. As of the end of Strong Start in early 2017, 45,599 women had participated in the program.[xv]

Findings: Increasing Care Continuity and Tailoring Strategies to Needs Can Increase Postpartum Visits

Recognizing the importance of providing support after birth, Strong Start awardees emphasized making resources and referrals available postpartum, sharing information about the importance of postpartum care, promoting awareness of and screening for common postpartum issues, and continuing contact with participants after birth—which was often a challenge when Medicaid ended for women after 60 days postpartum. Provider sites generally struggled with postpartum attendance prior to Strong Start, and attendance remained a challenge despite some reported improvements. Both awardees and program participants described a variety of barriers to postpartum visit attendance, but also identified aspects of Strong Start enhancements and other strategies that they perceived to increase access to postpartum care. These barriers and strategies are summarized in Table 1 below:

[xiii] Strong Start awardees implementing Group Prenatal Care predominantly used the CenteringPregnancy approach, an evidence-based model of Group Prenatal Care formalized in 1998 through the Centering Healthcare Institute (CHI), a 501(c) 3 nonprofit organization that assists health care providers in making the changes needed to implement Group Prenatal Care. For more information about CHI or CenteringPregnancy, see https://www.centeringhealthcare.org.

[xiv] The Midwives Model of Care. Midwives Alliance North America, n.d.

[xv] Hill I, Benatar S, Courtot B, et al. Strong Start for Mothers and Newborns evaluation: Year 4 annual report, 2 vols. Centers for Medicare & Medicaid Services 2018;1-110.

Table 1: Postpartum Visit Barriers and Strategies

	Barriers	Strategies
Care Continuity	• Lack of provider continuity over the course of prenatal care • Discontinuity with delivery and postpartum care providers	• Increase provider continuity across prenatal, delivery, and postpartum visits; build relationships and trust (e.g., Birth Centers typically provide opportunity to form relationships with all midwives; group prenatal care has facilitator continuity; maternity care homes may assign a consistent care coordinator)
Postpartum Information and Linkages	• Insufficient patient information on coverage duration and availability of postpartum services/programs • Inadequate referrals and enrollment assistance for post-Strong Start programs and services • Inadequate community-based services to meet population needs	• Address information gaps through care coordinators • Strengthen referral relationships with community-based organizations • Improve referral processes to identify and link women to appropriate resources and provide enrollment assistance/navigation • Enhance services to meet needs (e.g., screening and treatment for depression, postpartum classes and support groups)
Participant-Level/Logistical	• Lack of transportation and child care • Out-of-date patient contact information for postpartum visit scheduling and reminders • Lack of effective processes for ensuring postpartum visits are scheduled	• Assist with transportation scheduling, address challenges with Medicaid transportation vendors or provide vouchers • Offer postpartum home visits • Welcome newborns and other children at postpartum visits or offer childcare • Address communication barriers (e.g., use texting and social media, proactively update contact information) • Enhance outreach (e.g., schedule postpartum visit while woman is still at birth facility, use postpartum check-in calls and visit reminders)
Provider, Payer, and Patient Incentives	• Lack of incentives for payers, providers, and women to prioritize postpartum visits	• Offer postpartum "baby shower," baby gifts or coupons, or other activities that encourage women to return • For State Medicaid: use Value-Based Payment, quality measures to encourage health plans and providers to increase postpartum visit rates

Continuity of care was the most common factor identified as affecting postpartum visit attendance. Having separate clinicians for prenatal, delivery, and postpartum care services, as well as lack of insurance coverage soon after delivery and lack of transportation were barriers to returning for postpartum care. However, Strong Start programs' increased emphasis on postpartum visits often prodded awardees to examine how they could improve access. Awardees found success with strategies that were tailored to the causes of attrition in the postpartum period, such as prenatal emphasis on the importance of postpartum visits, scheduling the postpartum visit before a woman left her birth facility, conducting home visits, and linking women to ongoing health care programs or services. Awardees also found success when they were able to target their efforts to meet women's specific needs (e.g., support for postpartum depression, substance use disorder treatment, or access to desired family planning options), and when they were able to provide a visit with a familiar provider, group of peers, or care coordinator. These findings add to other evidence supporting the effectiveness of continuity of care through consistent providers, care coordinators, home visits, group-based prenatal care, and enhanced education and support. The results of Strong Start identify many strategies that appear effective and are immediately replicable.

For more information, please contact Diana Rodin at drodin@healthmanagement.com or Sharon Silow-Carroll at ssilowcarroll@healthmanagement.com. This study was supported by a team from the Center for Medicare and Medicaid Innovation at CMS and the Urban Institute.

HMA Medicaid Roundup

Alaska

Governor Vetoes Bill to Restore Millions of Dollars in Medicaid Funds. *Modern Healthcare* reported on August 20, 2019, that Alaska Governor Mike Dunleavy vetoed a bipartisan bill that aimed to restore $50 million in state Medicaid funding. The spending cuts mean that the state will receive at least $127 million less in federal matching funds. Dunleavy also vetoed $27 million from adult preventative dental services from next year's budget. Read More

Alaska Advocates Remain Wary of Managed Care for Expansion Members. *KTUU* reported on August 16, 2019, that Alaska healthcare advocates remained wary of a proposal to shift a large number of Medicaid expansion members into managed care, questioning the findings of a state report on the subject. The report, commissioned by the Alaska Department of Health and Social Services, isn't a clear endorsement of the proposal, advocates say. Read More

Group Launches Recall Effort After Governor Announces Budget Cuts, Including Medicaid. *NBC News* reported on August 12, 2019, that an Alaska grassroots group has launched an effort to recall Governor Michael Dunleavy over $444 million in fiscal 2020 budget cuts, including tens of millions of dollars from Medicaid. The group, Recall Dunleavy, is collecting signatures for a recall ballot measure. Read More

Arizona

Arizona Cancels Medicaid Foster Care RFP, To Reissue in September. Arizona announced on August 16, 2019, that the state Department of Child Safety, Office of Procurement had cancelled its Medicaid Foster Care Administrative Service Organization – Integrated Healthcare request for proposals (RFP). The state, which cited a need for further review, plans to re-issue the RFP by September 30, 2019.

Arkansas

Governor Isn't Hopeful CMS Will Approve Waiver Limiting Medicaid Expansion Enrollment. *The Arkansas Democrat Gazette* reported on August 8, 2019, that Arkansas Governor Asa Hutchinson isn't hopeful federal regulators will approve a state waiver request to limit Medicaid expansion enrollment to 100 percent of poverty, down from 138 percent. The state hasn't yet received a formal rejection from the Centers for Medicare & Medicaid Services (CMS). Read More

California

Hospitals Have Seen Expenses from Charity Care Fall by Half Since ACA Implementation. *Kaiser Health News* reported on August 13, 2019, that California hospitals have seen operating expenses for charity care provided to low-income patients fall by more than half since the Affordable Care Act (ACA) was implemented, according to data reported to the state Office of Statewide Health Planning and Development. From 2013 to 2015 alone, charity care fell from two percent of hospital operating expenses to one percent. Read More

Delaware

Delaware Diamond State Health Plan Medicaid Waiver Is Extended. *Delaware Business Now* reported on August 12, 2019, that Delaware received federal approval to extend the state's Diamond State Health Plan Medicaid waiver for another four years from August 1, 2019, through December 2023. Diamond State Health Plan is the Section 1115 Medicaid demonstration project. Read More

Delaware Wins Approval to Use Medicaid Funds for Addiction Treatment in Mental Health Facilities. *Delaware Business Now* reported on August 12, 2019, that Delaware received approval from federal regulators to use Medicaid funds for addiction treatment in mental health facilities. The Centers for Medicare & Medicaid Services (CMS) has approved similar waivers in 24 other states. Read More

Florida

Florida Is Hit With Class Action Lawsuit Over Medicaid Eligibility Terminations. *WUSF News* reported on August 20, 2019, that several legal aid organizations have filed a federal class action lawsuit claiming that the Florida Department of Children and Families and the Agency for Health Care Administration have wrongfully ended Medicaid coverage to certain beneficiaries. The claims concern beneficiaries who lost Medicaid coverage after becoming ineligible under one category while remaining eligible under another. Legal aid organizations filing the suit include Jacksonville Area Legal Aid, Disability Rights Florida, the Florida Health Justice Project and the National Center for Law and Economic Justice. Read More

Florida CHIP Costs to Rise as Enrollment Increases. *Florida Politics/News Service of Florida* reported on August 19, 2019, that rising costs in Florida KidCare, the State Children Health Insurance Program, will require tens of millions of dollars in extra state funding over the next five years. Cost increases for the state are driven by rising enrollment and a projected reduction in federal matching funds. State legislators have fully funded the program through fiscal 2020. Read More

Florida Advocates Delay Medicaid Ballot Measure Until 2022. *Health News Florida* reported on August 12, 2019, that a Florida political committee has delayed its plan for a 2020 Medicaid expansion ballot measure after obtaining just 79,708 of the necessary 766,200 signatures. Florida Decides Healthcare is now targeting 2022. Read More

Florida Appeals Court Order to Expand Hepatitis C Treatment for Inmates. *Health News Florida* reported on August 8, 2019, that the Florida Department of Corrections appealed a federal court order requiring the state to expand treatment to inmates in the early stages of hepatitis C. Chief U.S. District Judge Mark Walker issued the ruling. The appeal was filed in the 11th U.S. Circuit Court of Appeals. Read More

Georgia

Georgia Is Still Failing on Mental Health, Disability Care, Report Says. *Georgia Health News* reported on August 20, 2019, that Georgia is still failing to provide adequate care to individuals with mental illness and developmental disabilities, an independent report says. The state had agreed to make substantial improvements in quality as part of a 2010 agreement with the U.S. Justice Department. Changes were to include providing supported housing to individuals with mental illness and ending admissions of individuals with developmental disabilities to state psychiatric hospitals. Read More

Georgia Exchange Is On Track to Add Insurers. *The Atlanta Journal-Constitution* reported on August 12, 2019, that Oscar Health and CareSource have filed preliminary plans to enter the Georgia Exchange market, given two years of relatively stable premium rates. The two companies would increase the number of health plans on the Georgia Exchange to six, including Alliant, Ambetter, Anthem, and Kaiser. Read More

Idaho

Lawmakers Eye Proposals for Funding Medicaid Expansion. *The Associated Press/KIVI Boise* reported on August 12, 2019, that an Idaho legislative committee is considering several proposals for funding a voter-approved Medicaid expansion. These include eliminating county-paid catastrophic health care funds, using money collected from court fees, and using funds from a tobacco settlement. Read More

Kansas

Kansas Asks Aetna to Submit New Corrective Action Plan. *The Wichita Eagle* reported on August 13, 2019, that Kansas Department of Health and Environment (KDHE) has asked Aetna to submit another corrective action plan, after rejecting the first plan as inadequate. Aetna has been notified by the state to address certain non-compliance concerns, including claims problems and delays in credentialing medical providers. Read More

Kentucky

Evolent Helped Shore Up Passport Health Plan Financials Ahead of Medicaid Bid. *Insider Louisville* reported on August 7, 2019, that publicly-traded Evolent Health loaned $40 million to not-for-profit Passport Health Plan so that it could muster enough capital to reapply for the Kentucky Medicaid managed care program. Passport's current contract with the state generates nearly $2 billion in revenues. Evolent acquired a controlling stake in Passport last year. Read More

Medicaid Beneficiaries Already Met Work Requirements in Most Cases, Study Says. The Medical Bag reported on August 8, 2019, that in almost all cases, Kentucky Medicaid beneficiaries subject to work requirements already met the requirements or were eligible for a medical frailty exemption, according to a study released by JAMA Network Open. Read More

Louisiana

Centene, Aetna Protest Louisiana Medicaid Managed Care Awards. *The Advocate* reported on August 19, 2019, that Centene/Louisiana Healthcare Connections and Aetna have filed formal protests against the Louisiana Department of Health for not including them among the winners in the state's recently announced Medicaid managed care contract awards. The companies, which currently serve the state Medicaid managed care program, claimed bias by state officials and inconsistency in the state's scoring methods. The state indicated it could move to keep the existing contracts in place if the dispute isn't resolved before new contracts take effect in January. Read More

Louisiana Defends Medicaid Managed Care Contract Awards Despite Concerns of Patient Disruption. *The Associated Press* reported on August 13, 2019, that the Louisiana Department of Health is defending its recently announced Medicaid managed care contract awards, including the decision not to award a contract to the state's largest plan Centene/Louisiana Healthcare Connections. Health Secretary Rebekah Gee reassured Louisiana lawmakers that the change won't disrupt patient access to services. Centene is expected to file a protest. Read More

Louisiana Faces Pushback Over Medicaid Managed Care Awards. *The Shreveport Times/Associated Press* reported on August 10, 2019, that U.S. Rep. Cedric Richmond (D-LA) is pushing back against the state's recently announced Medicaid managed care awards, including the decision not to award a contract to Centene/Louisiana Healthcare Connections (LHC). In a letter to Governor John Bel Edwards, Richmond said he was concerned about the potential impact on jobs, coverage, and access to providers. Read More

Centene to File Protest Against Louisiana Medicaid Managed Care Awards. *The Associated Press/Shreveport Times* reported on August 8, 2019, that Centene will file a formal protest after failing to win a contract in Louisiana's recently announced Medicaid managed care procurement awards. Centene, which operates in the state as Louisiana Healthcare Connections, said it was surprised it scored lowest in the bid review process, despite having gotten positive evaluations from the state Department of Health. Centene is the largest Medicaid plan in Louisiana, with about 443,000 members in the state. Read More

Minnesota

Minnesota Indian Band Rejects Allegations It Overbilled Medicaid. *The Star Tribune* reported on August 7, 2019, that a Minnesota Indian band rejected accusations that it overbilled the state's Medicaid program for addiction treatment programs. Instead, the band says the state expressly allowed for billing of in-clinic treatment even though the patients could administer anti-addiction medications at home. The state is seeking millions of dollars in repayments from the Leech Lake Band of Ojibwe as well as White Earth Nation. Read More

Missouri

Lawmaker Says Medicaid Eligibility System Correctly Disenrolled Ineligible Individuals. *The St. Louis Public Radio* reported on August 20, 2019, that a new computer eligibility system drove a recent decline in Missouri Medicaid enrollment by disenrolling individuals over the income limit, according to Missouri House Speaker Elijah Haahr (R-Springfield). Last month, House Minority Leader Crystal Quade (D-Springfield) called on Haahr to investigate why more than 100,000 Medicaid beneficiaries had lost eligibility over the last year. Read More

Montana

Montana Reinsurance Program for ACA Exchange Is Approved by CMS. *Fierce Healthcare* reported on August 16, 2019, that Montana has become the 10th state to establish a reinsurance program for its Affordable Care Act (ACA) Exchange, following approval from the Centers for Medicare & Medicaid Services (CMS). The reinsurance program will run from 2020 through 2024. CMS approved the program under a 1332 waiver and expects the program to lower premiums by 8 percent. Read More

Nebraska

Nebraska Moves Juvenile Inmates Out of Unsafe State-run Facility. *The Washington Post* reported on August 19, 2019, that the Nebraska Department of Health and Human Services announced its decision to move 24 teenage girls out of the Youth Rehabilitation and Treatment Center, a state-run juvenile facility, after state lawmakers expressed concern over decrepit building conditions and a lack of staff and programming. Many of the inmates were confined to rooms with mold and water damage, fire hazards, and faulty electrical work. State officials pledged to fix the problems and launch an investigation into the conditions at the facility. Read More

New Hampshire

New Hampshire Medicaid to Cover Telehealth for Primary Care, Pediatrics Effective 2020. *Health Intelligence* reported on August 13, 2019, that New Hampshire Medicaid will cover use of remote patient monitoring and telehealth for primary care and pediatric patient visits, effective 2020. The law requires patients to first establish a face-to-face contact with a provider before seeking virtual care. Previously, telehealth was restricted to specialist visits. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Releases Readoption of Managed Care Rule with Amendments. On August 19, 2019, the New Jersey Department of Human Services announced the readoption of the state's Managed Health Care Services for Medicaid/New Jersey FamilyCare beneficiaries rule with adopted amendments and repeals.

Medicaid to Expand Coverage for Maternal Health Care. *NJBIZ* reported on August 9, 2019, that New Jersey Governor Murphy signed into law Senate Bill 3405/Assembly Bill 5021 that will expand prenatal care services to cover group care based on the CenteringPregnancy model. CenteringPregnancy is an evidence-based framework for bringing women who are at similar stages of pregnancy into comfortable group settings for 90 minutes to two-hour long visits. Women are offered information on timely health topics from nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care in a support group setting. The law aims to reduce racial disparities in New Jersey in maternal morbidity and mortality rates, and rates of premature birth and infant mortality. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York City Launches Health Initiative to Help Those Involved In the Criminal Justice System. *The Wall Street Journal* reported on August 6, 2019, that the New York City Department of Health and Mental Hygiene (DOHMH) is launching an initiative to educate healthcare providers on how to better serve patients who have been involved in the criminal justice system. Health Department staff will visit individual healthcare providers and staff at more than 150 primary care and family medicine practices across the city. The campaign will encourage healthcare providers to screen more comprehensively for chronic diseases and behavioral health conditions, while working to connect patients with local organizations focused on helping this population. According to DOHMH, patients who have been involved with the criminal justice system exhibit higher rates of chronic conditions such as cardiovascular disease, diabetes, substance abuse and mental health issues, when compared with the general population, and those who reported being incarcerated, on probation or on parole were twice as likely to have poor mental health or poor physical health as people who had never been incarcerated, on probation, or on parole. Read More

New York Nursing Facility Ownership Conversions Face Increased Scrutiny. *Managed Health Care Executive* reported on July 26, 2019, on a recent analysis of trends in not-for-profit nursing homes in New York transitioning to for-profit status. The analysis notes that a not-for-profit corporation uses its assets to further its charitable corporate purposes, elevating patient care over the provider's bottom line. Not-for-profit nursing facilities face several other challenges, including tightening reimbursement, strict regulatory oversight and related audits and the increasing cost of patient care. In response, many of these providers are changing their ownership status. The report notes that in 2010, 40 percent of the 635 nursing facilities in New York were not-for-profit. From 2011-14, 18 facilities transitioned to for-profit status; between 2015 and 2018, 48 additional facilities transitioned to for-profit status. The accelerating rate of ownership transfer has raised concerns within the Charities Bureau of the office of the New York Attorney General since fewer New York skilled nursing facilities are now operating with a charitable mission. The Attorney General's office has started to review these transactions with increased scrutiny, including conducting diligence on the proposed operator. The Attorney General has also revised its formal guidance document regarding the sale of not-for-profit nursing homes, and recommends "best practices" for not-for-profit boards and their advisors in considering the sale of a not-for-profit skilled nursing facility.

In a follow-up story in Crain's HealthPulse, leaders of two not-for-profit nursing home associations, the Continuing Care Leadership Coalition and LeadingAge New York, indicated that they believe the state must do more to protect not-for-profit facilities. They argue that the state should increase Medicaid reimbursement for nursing facilities and return to fee-for-service reimbursement. Read More

New York Expands Benefits, Coverage for Prognostic Gene Testing. Effective July 1, 2019, for Medicaid fee-for-service (FFS), and November 1, 2019, for Medicaid Managed Care (MMC), New York Medicaid will begin covering testing of CYP2C9 gene analysis to determine eligibility for siponimod drug therapy and testing of the Duchenne Muscular Dystrophy gene in individuals who are being considered for treatment with Exondys 51 (eteplirsen). In addition, New York will begin covering prognostic breast cancer assays tests for breast cancer treatment in certain cases. Coverage of prognostic gene expression tests are meant to assist practitioners in making determinations regarding the effective and appropriate use of chemotherapy in female or male patients with malignant neoplasms of the breast. Read More

New York Releases Request for Applications for Behavioral Health Care Collaboratives. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) released on August 1, 2019, a Request for Applications (RFA) for Behavioral Health Care Collaboratives Program Innovation and Fiscal Sustainability. OASAS is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant aims to provide funding for provider networks to assess current clinical and program workflows and practices that impact access, engagement, retention, medication access and ongoing management to improve and adapt practices to improve performance. OASAS will issue up to seven awards with a maximum amount $250,000 for each Behavioral Health Care Collaborative (BHCC). The funding will support BHCCs in developing standards, implementing metric dashboards, analyzing

performance to support continuous quality improvement and fiscal modeling to increase knowledge about cost of services, cost of episodes of care, shared cost for the coordination of care and services to support improvement in care. Applications are due August 30, 2019, and awards are anticipated September 13, 2019. Read More

New York Seeks to Extend Medicaid Services to Incarcerated Individuals Leaving Prisons, Jails. The New York Department of Health announced on August 9, 2019, that it is preparing to request an amendment to its Section 1115 Medicaid waiver that would allow the state to cover targeted Medicaid services to inmates about to be released from county jails and state prisons. These Medicaid services are to be provided in the 30-day period immediately prior to release for Medicaid-enrolled incarcerated individuals who have two or more chronic physical/behavioral health conditions, a serious mental illness, or HIV/AIDS, or opioid use disorder. The intent of the demonstration is to bridge relationships between community-based Medicaid providers and justice-involved populations prior to release, thereby improving the chances that they will receive stable and continuous care. New York believes it will be able to demonstrate a reduction in emergency department use, hospitalizations and other medical expenses associated with relapse, as well as improvements in health outcomes, including a reduction in overdose rates and deaths. The covered Medicaid services to be made available in the 30 days prior to release from the correctional facility include: care management provided through Health Homes working closely with the individual's managed care organizations; clinical consultation services provided by community-based medical and behavioral health practitioners to facilitate continuity of care post release; and a medication management plan and certain higher priority medications. The amendment has been posted on the Department of Health website for public comment prior to submission to the Centers for Medicare & Medicaid Services (CMS). Public comment is open through September 14, 2019. Read More

New York Overpaid Medicaid Managed Care Plans by $100 Million Over Four Years, Audit Shows. The Office of the New York State Comptroller announced on August 15, 2019, that New York overpaid Medicaid managed care plans by $102.1 million between 2014 and 2018, according to an audit by state Comptroller Tom DiNapoli. The error involved duplicated payments for nearly 66,000 members with multiple identification numbers. Read More

New York Is Cleared for New Medicaid Model of Care Serving Children with Complex Health Needs. *Crain's New York* reported on August 7, 2019, that the New York Department of Health has received approval from federal regulators for a new Medicaid model of care serving children with complex health needs. The expanded home and community-based services waiver, which will add six behavioral health services covered by Medicaid, is expected to improve access and expand services for more than 6,000 children who are medically fragile, have a behavioral health diagnosis or developmental disability, or are in foster care. Read More

Oklahoma

Oklahoma Advocates Continue to Gather Signatures for Medicaid Expansion Ballot Initiative. *KFOR* reported on August 11, 2019, that supporters of Medicaid expansion in Oklahoma held events across the state to continue gathering signatures needed for a ballot initiative. A total of 178,000 signatures are needed by October 28 for Medicaid expansion to get on the ballot in 2020. Read More

Oregon

CareOregon to Become Subsidiary of Providence Health Under Proposed Partnership. *The Lund Report* reported on August 20, 2019, that Medicaid plan CareOregon has signed a letter of intent to become a subsidiary of Providence Health & Services under a partnership proposal announced on August 20, 2019, by the two organizations. Under the arrangement, CareOregon chief executive Eric Hunter will report to a manager at Providence. CareOregon will retain its board or directors. The deal, which requires regulatory approval, is expected to be completed by January 2020. Read More

Official Encourages Portland Hospitals to Contract with Centene-Trillium. *The Portland Business Journal* reported on August 19, 2019, that Oregon Health Authority director Patrick Allen issued "sternly worded" letters stating that it is "unreasonable" for Portland hospitals to refuse to sign Coordinated Care Organization (CCO) network contracts with Centene-owned Trillium Community Health Plan. The letters went to the leaders of Adventist Health, Legacy Health, OHSU Health System, Providence Health & Services and Tuality Healthcare, which operate a competing COO in Portland. Trillium had complained to the state about its inability to land CCO network contracts in the market. Read More

Pennsylania

HMA Roundup – Julie George (Email Julie)

Pennsylvania Renewal of HCBS Community HealthChoices Waiver Open for Comment. The Pennsylvania Department of Human Services (DHS) is making available for public review and comment the Office of Long-Term Living's proposed Community HealthChoices (CHC) Home and Community-Based waiver renewal. DHS proposes to renew the CHC waiver with an effective date of January 1, 2020, to align the waiver with the calendar year. Comments are due by September 16. Read More

Pennsylvania MCOs Found Non-Compliant with Provider-Preventable Conditions Payment Procedures. According to a Department of Health and Human Services, Office of Inspector General (OIG) report published in August 2019, Pennsylvania did not ensure that its managed care organizations (MCOs) complied with federal and state requirements prohibiting Medicaid payments to providers for inpatient hospital services related to treating certain provider-preventable conditions (PPC). OIG identified approximately $43.5 million for 576 claims that contained PPC that were inappropriately paid by MCOs. Report recommendations include: (1) Review potential impact of unallowable PPC claims on capitation payment rates; (2) Make changes to MCO contracts to allow recoupment of funds when requirements are not met; and (3) Impose sanctions or penalties for noncompliance. Read More

Tennessee

Tennessee Medicaid Incentivizes Mental Health Providers to Help Coordinate Physical Care. *NPR* reported on August 7, 2019, that Tennessee's Medicaid program, TennCare, is incentivizing mental health providers to coordinate member physical health. Providers are eligible for bonuses up to 25 percent of savings to the Medicaid program from coordination efforts. The program, known as Tennessee Health Link, paid out an estimated $7 million in bonuses in 2017. Read More

Texas

Pediatric Hospitals to Lose Millions Under New DSH Payment Formula. *The Houston Chronicle* reported on August 14, 2019, that Texas Children's and other pediatric hospitals in the state will lose tens of millions of dollars a year in Medicaid funding after a federal appellate court ruled in favor of changes made to the Medicaid Disproportionate Share Hospital (DSH) payment cap formula. Texas Children's and the Children's Hospital Association of Texas may appeal the decision to the U.S. Supreme Court or ask for a rehearing. Read More

Texas Delays STAR, CHIP Implementation. On August 12, 2019, the Texas Health and Human Services Commission released an addendum to the STAR and CHIP Managed Care Services request for proposals (RFP), delaying implementation until December 1, 2020, from September 1, 2020. Awards are expected around December 1, 2019. The RFP was released in October 2018.

West Virginia

West Virginia Receives Three Bids For Managed Foster Care RFP. *MetroNews* reported on August 20, 2019, that West Virginia received bids from UniCare (Anthem), The Health Plan, and Aetna to manage the state's foster care system. The contract is expected to start on January 1, 2020, and run 3.5 years generating about $200 million annually for the winner. Read More

National

CMS to Propose New Hospital Star Ratings Rules. *Modern Healthcare* reported on August 19, 2019, that the Centers for Medicare & Medicaid Services (CMS) will propose new rules to alter the methodology for hospital star ratings in 2021. CMS received 800 comments after issuing a request for feedback on how to improve the rating system. The star ratings were last updated in February. Read More

OIG to Review Telehealth Usage for Behavioral Health Services in Medicaid Managed Care. *Health Data Management* reported on August 16, 2019, that the U.S. Office of Inspector General (OIG) will conduct an audit of how selected states and Medicaid managed care plans leverage telehealth in the provision of behavioral health care. The audit will include a look at the use of telehealth in Medication Assisted Treatment for substance abuse. Read More

Medicaid Expansion Positively Impacts Access, Outcomes, State Budgets, Research Shows. On August 15, 2019, the Kaiser Family Foundation released a summary of results from 324 studies, showing that Medicaid expansion under the Affordable Care Act has had a positive impact on coverage, access to care, health outcomes, and state budgets. The studies were from January 2014 through June 2019. Read More

National Uninsured Rate Increases Despite Rise in Employer-Sponsored Coverage, Study Shows. *Health Leaders* reported on August 15, 2019, that the national uninsured rate increased from 10 percent in 2016 to 10.2 percent in 2017, the first time since the Affordable Care Act was implemented that the rate has risen, according to a study from the Urban Institute. Non-expansion states saw an increase from 13.7 percent to 14.3 percent, while expansion states remained at 7.6 percent. The report noted that coverage loss in Medicaid, CHIP, and the Exchanges offset gains in employer-sponsored coverage. Read More

CMS to Require Exchange Plans to Display Quality Ratings for 2020 Open Enrollment. The Centers for Medicare & Medicaid Services (CMS) announced on August 15, 2019, that it will require all Exchange plans to display the Quality Rating System (or star ratings) beginning with the 2020 open enrollment period. The rating is based on three categories: medical care, member experience, and plan administration. Read More

More Than 500,000 Medicaid Children Receiving ADHD Medication Lack Proper Follow-Up, OIG Finds. *NPR* reported on August 15, 2019, that more than 500,000 children on Medicaid who were treated with drugs for attention deficit hyperactivity disorder (ADHD) lacked proper follow-up care, according to a report by the Office of Inspector General. The report, which analyzed Medicaid data from 2014 and 2015, also found that of the 10,521 children hospitalized for ADHD, 35 percent did not receive follow-up care within 30 days. OIG recommends that federal regulators collaborate with partners and states to ensure children receive timely follow-up care. The Centers for Medicare & Medicaid Services (CMS) agreed with the recommendations. Read More

CA Jurisdictions File Federal Lawsuit Challenging Trump Rule That Targets Legal Immigrants on Medicaid. *The Washington Post* reported on August 13, 2019, that the California governments of Santa Clara County and San Francisco filed a lawsuit to block a Trump administration rule that allows immigration officials to deny permanent residency status to legal immigrants based on their use of Medicaid and other safety net programs. The rule, which takes effect October 15, was finalized this week. Read More

Health Insurers Return to ACA Exchanges. *Kaiser Health News* reported on August 14, 2019, that health insurers are returning to the Affordable Care Act (ACA) Exchanges, driven in part by state efforts to stabilize premiums. In California, Anthem Blue Cross is returning to the Exchange after leaving in 2018, and Blue Shield of California will expand its Exchange offerings. Centene plans to enter additional Exchange markets in 2020, and Oscar is planning to enter Colorado, Pennsylvania and Virginia, as well as new areas of New York and Texas. Read More

Appellate Court Sides with CMS on Medicaid DSH Payment Changes. *Becker's Healthcare* reported on August 14, 2019, that the U.S. District Court of Appeals for the D.C. Circuit found the Centers for Medicare & Medicaid Services (CMS) didn't overstep its authority by changing how Medicaid Disproportionate Share Hospital (DSH) payments are made. In 2017, CMS finalized changes to the DSH payment cap formula that included deducting third-party payments made to hospitals from private insurers and Medicare. Read More

Trump Rule Targets Legal Immigrants on Medicaid; Exempts Pregnant Women, Children. *Modern Healthcare* reported on August 12, 2019, that immigration officials will consider the use of Medicaid and other safety net programs as a strongly negative factor in determining whether legal immigrants should be granted permanent residency, according to a newly finalized Trump administration rule. The rule, which takes effect October 15, excludes pregnant women and children. Read More

CMS Says Exchange Enrollment Is Down Among Unsubsidized. The Centers for Medicare & Medicaid Services (CMS) announced on August 12, 2019, that Exchange enrollment was down substantially in 2017 and 2018 among individuals who don't receive federal subsidies, with increases of 21 percent and 26 percent in average monthly premiums in 2017 and 2018, respectively. Overall, Exchange enrollment rose one percent in 2018, while premiums declined about one percent in 2019. Read More

Hospitals Seek National Rules on Medicare Advantage Prior Authorization. *Modern Healthcare* reported on August 13, 2019, that hospitals want the Centers for Medicare & Medicaid Services (CMS) to implement national rules on how Medicare Advantage plans handle prior authorization. The demand was in response to a Trump administration request for information on its Patients Over Paperwork initiative. Read More

Trump Administration Delays Implementation of Prior Authorization Law for Medicare Diagnostic Tests. *Kaiser Health News* reported on August 14, 2019, that the Centers for Medicare & Medicaid Services (CMS) has delayed the implementation of a prior authorization law for Medicare diagnostic imaging tests such as MRIs and CT scans until January 2020. The law, which was passed in 2014, requires doctors treating Medicare patients to get prior approval from Medicare for certain diagnostic imaging tests. Read More

U.S. Employers Favor Medicare Expansion, Survey Shows. *Forbes* reported on August 13, 2019, that more than half of U.S. employers favor expanding Medicare to individuals under 65 years old, according to a survey by the National Business Group on Health. The survey said 23 percent of employers support expanding Medicare for individuals 60 to 64, while 23 percent favored expansion for those 50 to 64. However, the vast majority do not favor a Medicare for All system that eliminates private health insurance. Read More

Medicaid Innovation Accelerator Program to Host National Webinar: Data Analytics in Support of Long-Term Services and Supports. On August 22, 2019, from 3:00 pm – 4:30 pm EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is hosting a national webinar for state Medicaid agencies interested in learning about data analytics for long-term services and supports (LTSS). During the webinar, presenters will provide an overview of approaches for states when conducting LTSS-focused data analyses. During this webinar, speakers from the Massachusetts' and Virginia's state Medicaid agency, will describe their experiences and current approaches. HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). *HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register here.

Medicaid Innovation Accelerator Program to Host National Webinar: Strategies to Reduce the Reliance on Opioids for Pain Management Treatment. On August 29, 2019, from 2:00 pm – 3:00 pm EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is hosting a national webinar on strategies for increasing access to non-opioid pain management options for Medicaid beneficiaries with chronic pain and other co-morbidities. During this webinar, participants will learn about barriers to adoption of non-opioid pain treatment and potential changes needed at the physicians' office-level to implement changes. The webinar will also provide an overview of Oregon Health Authority's work with its coordinated care organizations to implement a toolkit with providers to reduce opioid overdose, misuse, and dependency. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register here.

Medicaid Innovation Accelerator Program to Host National Webinar: VBP for HCBS: Strategies, Progress, and Accomplishments of Participating IAP States. On September 4, 2019, from 3:00 pm – 4:30 pm EDT, the Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is hosting a national learning webinar to provide an overview, as well as the lessons learned, of three state Medicaid agencies (Louisiana, Minnesota, and Missouri) that participated in the Value-Based Payment for Home and Community Based Services Technical Support track and made progress towards implementing value-based payment (VBP) for home and community-based services (HCBS). During this webinar, participants will also learn about VBP for HCBS programs serving Medicaid beneficiaries with intellectual or developmental disabilities, and examples of quality measures that can be used in VBP for HCBS programs. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register here.

INDUSTRY NEWS

Endo, Allergan In Talks to Settle Opioid Lawsuits. *The Wall Street Journal* reported on August 19, 2019, that pharmaceutical companies Endo International PLC and Allergan PLC are in talks to settle litigation over their responsibility in the opioid crisis impacting states, municipalities, and Native American tribes. The federal trial against Endo, Allergan, and other larger opioid manufacturers and distributors is set for October in Cleveland. Read More

Harvard Pilgrim Health Care, Tufts Health Plan to Merge. *The Boston Globe* reported on August 14, 2019, that Massachusetts-based Harvard Pilgrim Health Care and Tufts Health Plan announced their intent to merge. Tufts Health Plan chief executive Tom Croswell would become chief executive of the merged organization, while Harvard Pilgrim chief executive Michael Carson would serve as president. The combined not-for-profit organization would have 2.4 million members in Massachusetts, Maine, Connecticut, New Hampshire, and Rhode Island. The deal is subject to state and federal review. Read More

Medicaid Adults Face Barriers to Meeting Work Requirements, Kaiser Reports. The Kaiser Family Foundation issued a brief on August 8, 2019, noting many Medicaid beneficiaries encounter barriers to complying with work requirements. Non-working beneficiaries face barriers to work including functional disabilities, medical conditions, attending school, and care-taking responsibilities. Working beneficiaries may not use computers, the internet, or email, which could impact their ability to comply with reporting requirements. Read More

Humana Appoints New Regional President, East Central Medicare Operations. On August 7, 2019, Humana Inc. named Kathie Mancini as regional president for Humana's east central Medicare operations, overseeing the firm's Medicare business in the three-state region of Indiana, Michigan and Ohio. She was most recently with New Health Horizons LLC. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
2019	Hawaii	RFP Release	360,000
August 2019	Ohio	RFI #2 Release	2,360,000
August 30, 2019	Texas STAR+PLUS	Awards	530,000
Fall 2019	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
Fall 2019	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
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
December 1, 2019	Texas STAR and CHIP	Awards	3,400,000
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
July 1, 2020	Kentucky	Implementation	1,200,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	85,000
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 News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 1.2%, Aug-19 Data
- DC Medicaid Managed Care Enrollment is Flat, Mar-19 Data
- Florida Medicaid Managed Care Enrollment is Down 1.8%, Jul-19 Data
- Florida Medicaid Managed Care Enrollment is Flat, Jun-19 Data
- Iowa Medicaid Managed Care Enrollment is Up 4.1%, Aug-19 Data
- Illinois Dual Demo Enrollment is Up 2.8%, Jun-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 2.9%, Jun-19 Data
- Kentucky Medicaid Managed Care Enrollment is Flat, Aug-19 Data
- Kentucky Medicaid Managed Care Enrollment is Down 0.5%, Jul-19 Data
- Kentucky Medicaid Managed Care Enrollment is Flat, Jun-19 Data
- Louisiana Medicaid Managed Care Enrollment is Down 5.6%, Jul-19 Data
- Michigan Dual Demo Enrollment is Up 2.8%, Jun-19 Data
- Michigan Medicaid Managed Care Enrollment is Down 1.2%, Jun-19 Data
- Minnesota Medicaid Managed Care Enrollment is Down 1.7%, Aug-19 Data
- Missouri Medicaid Managed Care Enrollment is Down 7.3%, Jul-19 Data
- Mississippi SNP Membership at 22,198, Mar-19 Data
- North Carolina Medicaid Enrollment by Aid Category, Aug-19 Data
- New Hampshire Medicaid Fee for Service vs. Managed Care Penetration, 2014-18
- Bed Days per 1000 Average 644 for New Hampshire Medicaid MCOs, 2018 Data
- MLRs Average 90.3% Among New Hampshire Medicaid MCOs, 2018 Data
- New Mexico Medicaid Managed Care Enrollment is Flat, Jul-19 Data
- Nevada Medicaid Managed Care Enrollment is Down 1.2%, Aug-19 Data
- Oregon Medicaid Managed Care Enrollment is Flat, Jul-19 Data
- South Carolina Dual Demo Enrollment is Up 27.9%, Jul-19 Data
- South Carolina Medicaid Managed Care Enrollment is Up 2.0%, Aug-19 Data
- Tennessee Medicaid Managed Care Enrollment is Up 4.9%, Jun-19 Data
- Texas Medicaid Managed Care Enrollment is Down 4.5%, May-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Recovery Audit Contractor Services RFP, Aug-19
- Arizona Medicaid Foster Care Administrative Service Organization – Integrated Healthcare RFP and Cancellation Notice, 2019
- Arkansas Independent Verification and Validation Services for the Integrated Eligibility and Benefit Management Solution (IV&V for IEBM) RFP, Aug-19
- California Medicaid Dental Managed Care Contract RFI, Aug-19
- Delaware Medicaid Accountable Care Organization RFI, Mar-19
- Iowa Health Link RFP for Additional MCOs, Proposals, and Award, 2017-18

- Indiana Healthy Indiana Plan (HIP) MCO Contract Amendments, CY 2019
- Indiana Hoosier Healthwise MCO Contracts, CY 2019
- New Mexico HHS 2020 Medicaid Enterprise Financial Services RFP, Q&A, Updated Timeline, and Related Documents, 2019
- New York Behavioral Health Care Collaboratives RFA, Aug-19
- Ohio Statewide Financial Management Services for the Department of Aging and Department of Medicaid Programs RFP, Aug-19
- Oregon Care Coordination, Integration, and Evaluation Services RFP and Model Contract, Aug-19
- Rhode Island Medicaid RIte Smiles Program Contracts and Amendments, 2014-17
- Texas STAR and CHIP RFP Reissue and Related Documents, 2018-19
- Washington External Quality Review Organization (EQRO) RFP, Aug-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.3 Million, May-19 Data
- Alaska Medicaid Proof of Concept Analysis, Aug-19
- Arkansas Monthly Enrollment and Expenditures Report, Jun-19
- Arizona AHCCCS Population Demographics, Aug-19
- Colorado Medicaid Managed Care Rate Books, FY 2020
- Hawaii Quest Integration 1115 Waiver Renewal Approval, Application and Other Related Documents, Jul-19
- Idaho Medicaid Expansion Financial Impacts Report, Jul-18
- Idaho Medicaid Expansion Updates, Jul-19
- Illinois Medicaid Managed Care Data Books, CY 2018
- Indiana Medicaid Managed Care Ratebooks, CY 2019
- Maine Demonstration for Individuals with HIV/AIDS 1115 Waiver Documents, 2014-19
- North Carolina Medical Care Advisory Committee Meeting Materials, Aug-19
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-18, Jul-19
- New York Medicaid Redesign Team (MRT) 1115 Waiver, Proposed Amendments, Approval, and Related Documents, 2015-19
- Oklahoma Health Care Authority Strategic Plan, FY 2018-22
- Pennsylvania HealthChoices Performance Trending Reports, 2017-18
- Pennsylvania MCO Consumer Guide Rate Chart by Performance Area, 2018
- Pennsylvania OIG Audit of Medicaid Managed Care Organizations' Payments for Provider-Preventable Conditions, Aug-19
- South Carolina Medicaid Enrollment by County and Plan, Jul-19
- South Carolina Revised Home and Community-Based Services (HCBS) Statewide Transition Plan, Aug-19
- Tennessee TennCare Annual Reports, FY 2010-17
- Texas Long-term Care Regulatory Annual Reports, FY 2018-19
- Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation 1115 Waiver Documents, 2016-18

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