HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

September 25, 2019

RFP CALENDAR

HMA News

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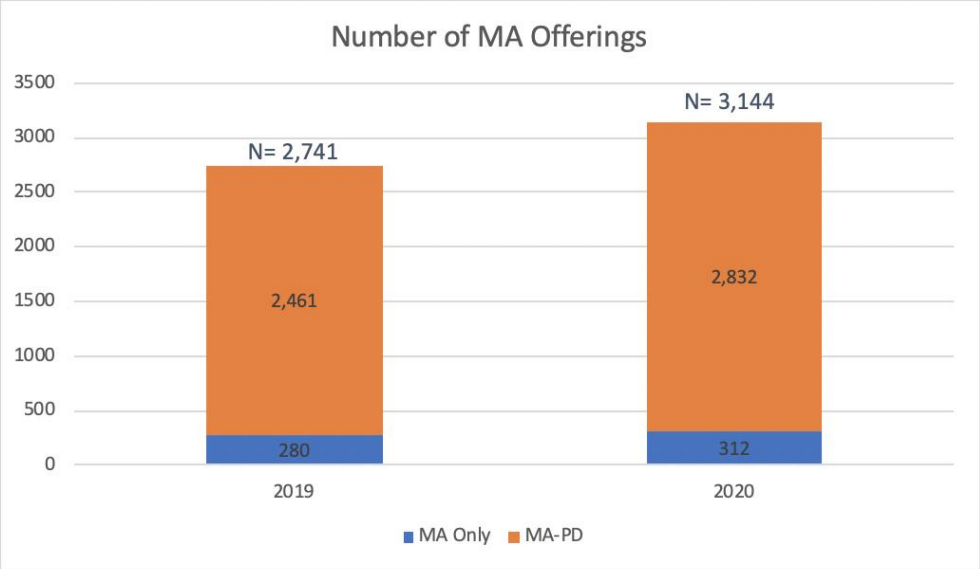
THIS WEEK

IN FOCUS

PRELIMINARY INSIGHTS ON 2020 MEDICARE ADVANTAGE AND PART D PLAN OFFERINGS

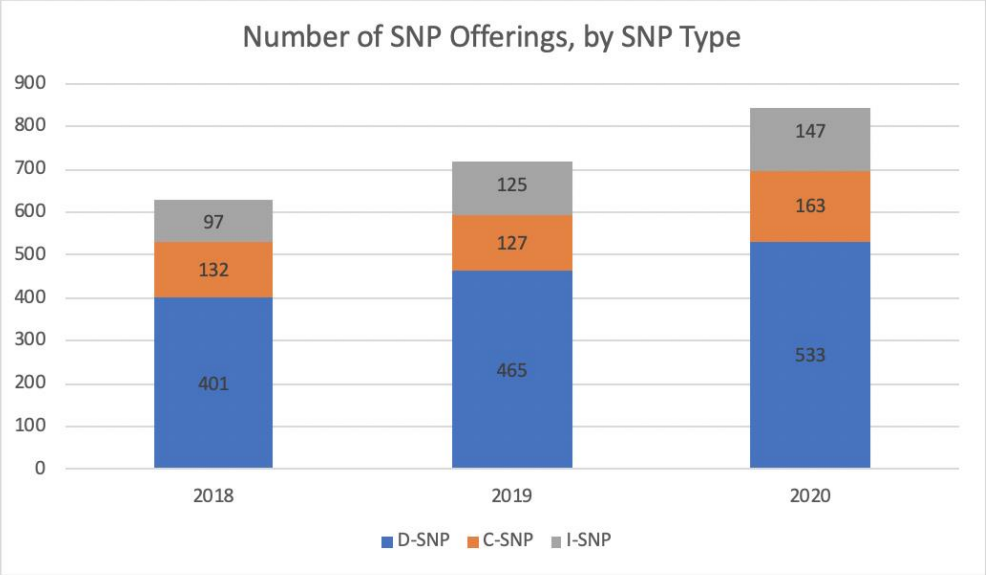
This week, our *In Focus* section reviews the Medicare Advantage (MA) and Part D landscape files for the 2020 plan year released by the Centers for Medicare & Medicaid Services (CMS) on September 24, 2019. These files include information on MA and Part D offerings, including premiums and benefit design. This year's release signals continued growth for the MA program in 2020. Nationwide, the number of MA plans continues to increase, with 3,144 offerings, up from 2,741 in 2019. Among these plans, 2,832 will offer Part D coverage. CMS states that the average monthly plan premium is

expected to decrease 14 percent to $23.00 in 2020 down from $26.87 in 2019. According to CMS, this is the lowest average monthly premium since 2007.



Source: HMA analysis of 2019 and 2020 CMS landscape files.

Notable growth occurred among all three types of Special Needs Plan (SNP) offerings (Institutional SNP (I-SNP), Chronic Condition SNP (C-SNP), and Dual Eligible SNP (D-SNP)), particularly D-SNPs. This significant growth in D-SNP plan offerings may be attributed to MA Organizations responding to CMS and state efforts to promote greater alignment of Medicare and Medicaid benefits for dual eligible beneficiaries. With the Financial Alignment Initiative (FAI) scheduled to end in 2020, some states and plans that have been participating in that demonstration may turn to D-SNPs as their primary strategy to continue care coordination and integration efforts for dual eligible beneficiaries.



Source: HMA analysis of 2019 and 2020 CMS landscape files.

HMA continues to analyze the 2020 MA and Part D landscape files and will also evaluate the new supplemental benefits for non-traditional medical services as soon as the 2020 data is available. For more information or questions about 2020 Medicare Advantage and Part D plan offerings, or about HMA's Medicare Practice, please contact Mary Hsieh or Jon Blum.

HMA Medicaid Roundup

Arkansas

Arkansas PASSE Families, Providers Say Program Is Still Falling Short. *KNWA* reported on September 22, 2019, that the Provider-owned Arkansas Shared Savings Entities (PASSEs) program is continuing to fall short of its promises to individuals with significant behavioral, intellectual, or developmental disabilities, according to families and providers. Complaints have included improper care denials and poorly trained care coordinators. The state has worked to address these issues since April, when legislators grilled representatives of the state Department of Services (DHS) at a public hearing. Lawmakers plan to discuss the problems again this year. Read More

California

California Foundation Urge Legislators to Improve Quality of Medi-Cal Managed Care Plans. *The Sacramento Bee* reported on September 25, 2019, that the California Health Care Foundation released a report urging state legislators to pursue specific, measurable quality improvements for Medicaid managed care plans and for the Medi-Cal managed care system at large. The report, prepared by researchers at the University of California, found that quality had declined or was unchanged at 59 percent of the Medicaid plans in the state. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

Florida Disability Advocates Seek Additional Funding for HCBS. *Sayfie Review* reported on September 24, 2019, that Florida disability advocates released a report calling for additional funding for the state's home- and community-based services (HCBS) waiver program, which serves individuals with disabilities. The report, from the Florida Developmental Disabilities Council, recommends increased payments to providers as well as funds to address the lengthy waiting list for the program, known as iBudget. The report comes days before the state Agency for Persons with Disabilities is set to submit to the legislature a plan to redesign iBudget. Read More

Florida Advocates Oppose Cuts to HCBS Program for Individuals with Disabilities. *Health News Florida* reported on September 20, 2019, that disability advocates in Florida oppose cuts to the state's iBudget waiver program, which provides home and community-based services to about 35,000 individuals with disabilities. The Agency for Persons with Disabilities, which oversees the program, is considering cuts to provider payments and services. The agency has until September 30 to submit a final plan to the legislature. Read More

Lawsuit Claiming Florida Violated Disabilities Act to Move Forward. *News Service of Florida* reported on September 19, 2019, that a federal appeals court overturned a lower-court ruling, allowing the U.S. Department of Justice to pursue a lawsuit against Florida over alleged violations of the Americans with Disabilities Act. The lawsuit involves claims that Florida is unnecessarily placing children with disabilities in nursing homes. Read More

Hawaii

Medicaid Enrollment Falls 7 Percent After State Institutes Wage Verification Process. *Honolulu Civil Beat* reported on September 25, 2019, that Medicaid enrollment in Hawaii fell 7 percent from 365,000 in spring 2018 to about 341,000 in August 2019, in part from the implementation of an automatic wage verification system. The system crosschecks Medicaid data with information from other state departments to verify whether members meet income requirements. Read More

Indiana

Indiana Advocates File Lawsuit to Block Medicaid Work Requirements. *Modern Healthcare* reported on September 23, 2019, that two advocacy groups filed a federal lawsuit against the U.S. government to block Medicaid work requirements from taking effect in Indiana. The lawsuit, filed by Indiana Legal Services and the National Health Law Program on behalf of four Medicaid expansion enrollees, argues that work requirements are inconsistent with Medicaid's goal of providing coverage. The lawsuit, which names as plaintiffs the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), also seeks to remove other provisions in the Indiana work requirements waiver, including premiums, lock-outs, and the elimination of retroactive coverage. Read More

Louisiana

Republican Gubernatorial Candidates Are Not Pledging to Repeal Medicaid Expansion. *The New York Times/Associated Press* reported on September 19, 2019, that Louisiana's two main Republican gubernatorial challengers aren't pledging to repeal the state's Medicaid expansion program. Instead, U.S. Representative Ralph Abraham (R-LA) and businessman Eddie Rispone want tighter controls on what they believe is wasteful spending. Read More

Michigan

Lawmakers Approve Fiscal 2020 State Health Budget Increase. *Crain's Detroit Business* reported on September 24, 2019, that state legislators have approved a budget that will increase funding for the Michigan Department of Health and Human Services by 3.7 percent to $26.5 billion in fiscal 2020. Hospitals and Medicaid managed care plans saw gains. However, health plans are seeking additional funds to cover costs associated with the state's Medicaid work requirements program. Read More

Michigan Eases Member Reporting Rules for Medicaid Work Requirements. *The Detroit Free Press/Associated Press* reported on September 23, 2019, that Michigan enacted bipartisan legislation that makes it easier on working adults who need to show they are meeting state Medicaid work requirements. The law, signed by Gov. Gretchen Whitmer, exempts beneficiaries from reporting if the state can verify compliance through other data. The law will also grant beneficiaries a grace period for missed reporting deadlines and up to a month to demonstrate compliance. Read More

Health Alliance Plan Completes Acquisition of Trusted HP-Michigan. Health Alliance Plan announced on September 19, 2019, that it had completed the acquisition of Trusted Health Plan – Michigan (formerly Harbor Health Plan) effective September 13. Trusted serves 9,000 Medicaid members in Wayne, Oakland, and Macomb counties. Health Alliance Plan is part of Henry Ford Health System. Read More

New Hampshire

New Hampshire Blocks Proposed Partners-Exeter Health Merger Over Antitrust Concerns. *The Boston Business Journal* reported on September 20, 2019, that New Hampshire attorney general Gordon MacDonald has blocked the proposed acquisition of Exeter Health Resources by Partners HealthCare/Massachusetts General Hospital, citing antitrust concerns. The plan had called for Exeter to merge with MGH-owned Wentworth-Douglass Hospital. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Proposed Medicaid Eligibility Determination System Improvements Signed Into Law. On August 23, 2019, New Jersey Governor Murphy enacted legislation to make significant improvements to the state's eligibility determination system for Medicaid and NJ FamilyCare. The improvements aim to reduce the application time period, simplify the applications and eligibility determination process for both applicants and eligibility determination staff, standardize application policy across various agencies responsible for eligibility determination, allow rapid data exchange among state and county agencies, and provide an expandable platform to encompass other social service program applications and eligibility determinations. The system's performance will be evaluated and shared with the public in an annual report. The improvements are to become effective in February 2020 and are being implemented by the Department of Human

Services, in consultation with the Office of Information Technology and will connect to New Jersey's new Health Exchange. Read More

New Jersey Receives Federal Approval of 1115 Waiver Amendments to Expedite Certain Eligibility Requests, Expand Evidence-Based Home Visiting Pilot. On July 25, 2019, the Centers for Medicare & Medicaid Services (CMS) approved New Jersey Division of Medical Assistance and Health Service's (DMAHS) request to amend its 1115(a) demonstration waiver to expedite financial eligibility determinations and more rapid enrollment onto Medicaid for individuals applying for Medicaid coverage who are placed under the guardianship of the New Jersey Office of the Public Guardian. Without this change determinations for enrollment can take three to five months. It also approved expenditure authority for the state to further address complex needs for 500 additional families with high-risk pregnant and postpartum women, and infants and children up to age three under the New Jersey Home Visiting Pilot Program. This program currently operates under a HRSA grant; the CMS approval will expand the pilot program to serve qualified individuals in an additional 11 counties.

DMAHS also requested approval for food pantry and clothing allowances to assist individuals transitioning to the community from an institutional setting under the MLTSS benefit. This policy change remains under review and was not approved. Read More

New Jersey Independent Developmental Disability Fee-for-Service Oversight Board Releases Initial Status Report. On September 9, 2019, the New Jersey Independent Developmental Disability Fee for Service Oversight Board, established to monitor the shift from a contracted cost reimbursement payment system to a Medicaid fee-for-service (FFS) model for Division of Developmental Disabilities (DDD) providers, released an initial status report on the progress and impact of the transition to FFS. This is the first of three reports to be prepared by the Board. Here are highlights from the Initial Status Report:

1. The DDD system is very close to completing the major system shift to FFS. As of June 30, 2019, 91 percent of individuals served by DDD were enrolled in FFS programs.
2. There has been a delay in appointing a consultant to evaluate the FFS transition.
3. Providers continue to struggle to recruit and retain Direct Support Professionals despite rate increases in FY19 and FY20.
4. The state's rate study for support coordination proposed inadequate rates to recruit and hire qualified support coordinators.
5. Door-to-door transportation to and from home to Day Habilitation locations is no longer billable, creating insufficient reimbursement for the time aids spend to safely accompany clients during transport.
6. There have been numerous barriers to accessing Goods and Services outside of the DDD provider community.
7. Acuity tiers that define an individual's support needs and budget as established by the New Jersey Comprehensive Assessment Tool (NJCAT) has led to tier assignments that have not adequately captured support needs for individuals with behavioral and mental health challenges.

A copy of the Initial Status Report can be found here

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Holds Quarterly Medicaid Managed Care Advisory Review Panel Meeting. 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 September 19, 2019. Jonathan Bick, Director of the Division of Health Plan Contracting and Oversight for the NYS Department of Health, provided a program update. The meeting also included a behavioral health update that addressed both the children's behavioral health transition, the adult behavioral health program, and mental health parity, as well as a status report on Managed Long Term Care.

Program Update – Plan Information

- The state is continuing to review a proposal by Centene to acquire Wellcare. Wellcare has just over 100,000 Medicaid managed care enrollees in New York.
- HealthFirst's asset purchase agreement to acquire Medicaid and Essential Plan members from Crystal Run was approved in June. Crystal Run Healthcare is a large multispecialty group practice in Sullivan and Orange Counties that began operating a Medicaid managed care plan in 2016. Crystal Run exited the Medicaid program as of August 31, 2019. Their 1,600 Medicaid enrollees were transferred to HealthFirst. HealthFirst, with a membership of over 930,000, has been approved to operate in Sullivan and Orange counties as part of the asset purchase agreement.
- 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.
- VNS Choice has applied to expand its HIV Special Needs Plan to Nassau and Westchester. Currently HIV SNPs only operate in NYC.
- MVP has applied to expand its Medicaid presence in two additional counties – Chemung and Schuyler.
- As part of its plan for the transition to managed care serving the I/DD population, in July 2018 NY established Care Coordination Organization/Health Homes (CCO/HHs) to provide Health Home Care Management services to people with developmental disabilities. CCO/HHs are meant to provide a person–centered approach to service planning and coordination designed to better support people with complex needs. Creating CCO/HHs is the first phase for the transition to managed care serving the I/DD population. It is anticipated that CCO/HHs will pursue one of two paths as part of the transition to managed care: that CCO/HHs expand and transition from the provision of health home care management to become specialized managed care organizations, or that they enter agreements with existing plans to provide Health Home care management to the I/DD population. Four entities have begun the process for becoming a managed care plan designed specifically to meet the needs of the I/DD population.
  - Partners Health Plan, the managed care plan that is participating in the FIDA/IDD demonstration program, has been conditionally certified as a mainstream plan. They have been issued a Certificate of Authority that

includes conditions regarding their behavioral health network; they are not yet enrolling members.
  - Two additional entities, Hamaspik and ICircle Prime, have applied to become certified as full mainstream Medicaid managed care plans. They are 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. They are undergoing program and financial review.
  - TriaDD NY, LLC submitted an application to become a mainstream Medicaid managed care plan. TriaDD is a provider-sponsored plan that was formed by three New CCO/HHs in January 2019 to jointly pursue the creation of a statewide specialized Medicaid Managed Care Plan for Individuals with Intellectual and Developmental Disabilities. The three CCO/HHs are Advance Care Alliance, LIFEPlan and Person Centered Services.

Program Update – Benefits and Populations

- Children's Home and Community-Based Services, formerly available through waiver programs, will be carved into the Medicaid managed care benefit effective October 1, 2019. Medicaid managed care plans will now cover children's HCBS services for members participating in the Children's Waiver, which includes 6,832 children. These services include:
  - Community Habilitation
  - Day Habilitation
  - Caregiver/Family Support and Services
  - Community Self Advocacy Training and Support
  - Prevocational Services
  - Supported Employment
  - Respite Services
  - Palliative Care
  - Environmental Modifications
  - Vehicle Modifications
  - Adaptive and Assistive Equipment
  - Youth Peer Support Services and Training
  - Crisis Intervention
- The foster care carve-in has been delayed until February 1, 2020. Children residing in a voluntary foster care agency will be required to enroll in a Medicaid managed care plan; voluntary foster care agency services will be carved into the managed care benefit.

North Carolina

North Carolina Foster Care Enrollment Is Up 20 Percent in 5 Years. *North Carolina Health News* reported on September 24, 2019, that the number of children in the North Carolina foster care system has increased 20 percent in five years, largely driven by the opioid epidemic, according to data from the state Department of Health and Human Services. Other drivers include poverty, mental illness, and domestic violence. Read More

North Carolina Faces Renewed Legal Challenge to Medicaid Managed Care Contract Awards. *The Winston-Salem Journal* reported on September 19, 2019, that North Carolina faces a renewed legal challenge over its recently announced Medicaid managed care awards. Three plans that didn't win contracts – Aetna Better Health of North Carolina, MyHealth by Health Providers, and Optima Family Care of North Carolina Inc. – filed an amended petition questioning the results of the procurement after a budget dispute forced the state to delay implementation of the program until February 2020. An administrative law judge had previously denied a request from the three plans to stay the rollout. Contract winners are AmeriHealth Caritas N.C., Blue Cross and Blue Shield of North Carolina, UnitedHealthcare of North Carolina, and WellCare of North Carolina. Read More

North Carolina House Passes Medicaid Expansion Bill With Work Requirements, Premiums. *North Carolina Health News* reported on September 19, 2019, that the North Carolina House passed a Medicaid expansion bill that includes work requirements and premiums equal to about 2 percent of beneficiary incomes. The Health Care for Working Families Act, which now heads to the state Senate, would reach about 600,000 individuals up to 138 percent of poverty by the third year of the program. The state's 10 percent share of the cost would be funded by a tax on managed care plans and hospitals. Read More

Pennsylania

HMA Roundup – Julie George (Email Julie)

Pennsylvania DHS Secretary Participates in Panel Highlighting Social Determinants of Health Efforts. On September 24, 2019, The Pennsylvania Department of Human Services (DHS) Secretary Teresa Miller discussed statewide efforts at *Politico's* panel, "Health Care Innovators: Addressing Social Determinants of Health". DHS is working with managed care organizations (MCOs), health care providers, and community organizations throughout the state to incorporate social determinants of health (SDOH), whole-person care, and barrier remediation efforts across DHS' programs. Efforts include developing a unified system to better connect health care providers and social services organizations, as well as developing an assessment tool to establish a uniform way to evaluate risks and opportunities. Read More

Puerto Rico

Puerto Rice Awaits House Vote on Stopgap Medicaid Funding. *Politico* reported on September 19, 2019, that the U.S. House is set to vote on a stopgap resolution to extend Medicaid funding for Puerto Rico and other territories. The measure would also extend funding for a community health centers, a Medicaid pilot program addressing behavioral health and addiction issues, and delay a $4 billion cut in reimbursements to hospitals that treat a majority of Medicaid and uninsured patients. Read More

National

Medicaid Health Plans of America Names Craig Kennedy as CEO. Medicaid Health Plans of America announced on September 24, 2019, that it has named Craig Kennedy as chief executive officer. He was most recently executive director of the Association of Clinicians for the Underserved. MHPA's CEO position has been vacant since 2018.

NCQA Releases 2019-20 Quality Rankings of Medicaid Health Plans. *Becker's Hospital Review* reported on September 23, 2019, that the National Committee for Quality Assurance (NCQA) has published its 2019-20 quality rankings for more than 1,000 Medicaid health plans. The rankings are based on clinical quality, member satisfaction, and the results of the NCQA Accreditation Survey. Achieving the highest score of 5.0 were Jai Medical Systems Managed Care Organization and Kaiser Foundation Health Plan of the Mid-Atlantic States. Read More

CMS Finalizes Formula for Medicaid DSH Cuts. *Modern Healthcare* reported on September 24, 2019, that the Centers for Medicare & Medicaid Services (CMS) has finalized a formula for how looming cuts to Medicaid disproportionate share hospital payments will be divvied up among the states. The new formula takes into consideration each state's uninsured rate, Medicaid inpatient population, and amount of uncompensated care, among other factors. The final rule, which takes effect in 60 days, will impact $4 billion in cuts in fiscal 2020 and $8 billion annually from fiscal 2021 through 2025. Read More

MACPAC Schedules Public Meeting for September 26-27. The Medicaid and CHIP (Children's Health Insurance Program) Payment and Access Commission (MACPAC) announced its next public meeting will be September 26-27 in Washington, DC. Topics will include state oversight of institutions for mental diseases; oversight of directed payments in Medicaid managed care; implementation of the home- and community-based services settings rule; national and state trends in Medicaid and CHIP enrollment; proposed rules impacting the confidentiality of substance use disorder patient records; effects of drug formularies on utilization and spending in Medicaid; and issues related to nursing facility payment. Read More

House Delays Medicaid DSH Cuts Through November 21. *Modern Healthcare* reported on September 19, 2019, that the U.S. House passed a budget resolution that will temporarily delay $4 billion in Medicaid disproportionate share hospital (DSH) cuts through November 21. The resolution, which is headed to the Senate, also extends through November 21 Medicaid block grant funding for U.S. territories, funding for community health centers, and money for the community behavioral health clinic demonstration program. Read More

House Democrats Introduce Bill to Lower Prescription Drug Prices. *Kaiser Health News* reported on September 20, 2019, that House Democrats introduced a bill aimed at lowering prescription drug costs by allowing federal health officials to negotiate prices with makers of up to 250 of the most expensive drugs. The bill includes penalties for drug makers that refuse to negotiate, limits on Medicare drug price increases, and a $2,000 out-of-pocket drug cap for Medicare members. The Energy and Commerce Committee has scheduled a hearing on the bill next week. Read More

Medicare Advantage Plans Remain Reluctant to Cover Social Determinants of Health, Study Shows. *Modern Healthcare* reported on September 19, 2019, that Medicare Advantage plans remain reluctant to provide benefits that address social determinants of health, according to research by the Urban Institute and the Robert Wood Johnson Foundation. Federal regulators gave plans leeway to cover meal deliveries, transportation and home cleaning services, but didn't provide funding. Read More

INDUSTRY NEWS

BCBS-NC, Cambia Merger Is Postponed. *The Wall Street Journal* reported on September 24, 2019, that the proposed $16 billion merger of Blue Cross Blue Shield of North Carolina and Cambia Health Solutions has been postponed. The announcement follows reports that BCBS-NC chief executive Patrick Conway, MD, was arrested in June on a charge of drinking and driving. State regulators have criticized the company's decision not to disclose the situation earlier. Read More

The Stepping Stones Group Announces Acquisition of New England ABA, Inc. The Stepping Stones Group, a behavioral health provider to children with special needs and autism, announced on September 23, 2019, its acquisition of New England ABA, Inc., a Massachusetts-based provider of in-home and community-based Applied Behavioral Analysis (ABA) therapy. Tim Sullivan, New England ABA's co-founder and chief executive, will lead the subsidiary as executive director and will report to Mike McGreal, chief corporate development officer of Stepping Stones. New England ABA's co-founder and chief financial officer Ben Sullivan will assume the role of director of finance and operations of Stepping Stones. Read More

Walmart, Amedisys Partner on Home Health. *Home Health Care News* reported on September 18, 2019, that home health care provider Amedisys could benefit from a partnership to offer services to individuals visiting Walmart Health centers, according to investment firm William Blair. Amedisys will include a kiosk in the centers, providing information on its home health services. Amedisys will also be a care coordination partner and preferred provider for Walmart Health, according to William Blair. Walmart opened its first health center in Georgia this month, offering primary care, counseling, home care, eye and hearing exams, and dental services. Separately, Walmart operates 19 smaller "Care Clinics" in Georgia, South Carolina and Texas. Read More

Centene's Acquisition of WellCare Receives Regulatory Approval from 17 States; 10 Still Pending. Centene Corp. announced on September 19, 2019, that to date it has received approval from 17 states to acquire WellCare Health Plans. Approvals came from Alabama, Arkansas, Florida, Kansas, Kentucky, Maine, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, and Washington. States outstanding are Arizona, California, Connecticut, Georgia, Illinois, New Jersey, New York, Ohio, Texas, and Wisconsin. The merger is expected to be completed by the first half of 2020. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
August 30, 2019 - PENDING	Texas STAR+PLUS	Awards	530,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
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
Spring 2020	Washington DC	Awards	276,000
January 1, 2020	Louisiana - Protests May Delay Implementation Date	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	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	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
January 6, 2020	Hawaii	Awards	340,000
February 1, 2020	North Carolina - Phase 1 (delayed) & 2	Implementation	1,500,000
July 1, 2020	Hawaii	Implementation	340,000
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
January 1, 2021	Massachusetts One Care (Duals Demo)	Implementation	150,000
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

COMPANY ANNOUNCEMENTS

ConsejoSano's first annual conference on **Best Practices to Meet the Health Needs of Low Income and Multicultural Healthcare Consumers** is the go-to event for healthcare plans and providers to gain insight about serving low-income, multicultural healthcare consumers. The conference will be held on October 10, 2019 in Los Angeles, California. HMA will be a sponsor at this year's event. **Register here**

HMA WELCOMES

Iliana Gilman – Principal

Iliana Gilman is an executive with more than a decade of experience leading transformational change in publicly funded and non-profit healthcare settings.

She has a strong track record of creating innovative initiatives in health equity, social determinants of health, public health, community-based care and population health. During her career, she has launched unconventional healthcare approaches, leveraged opportunities for organizational transformation, and established program and operational integration.

Before joining HMA, Iliana served as chief executive officer for El Buen Samaritano where she developed culturally responsive and trauma-informed healthcare services and supports to meet the changing needs of Latinos living in poverty. Her work included overseeing the strategic direction of medical, education, spiritual and basic needs services while strengthening long-term sustainability.

While she has held leadership positions in non-profit organizations, her approach is decidedly bold and business-centered. Iliana's work includes increasing patient access, fortifying strategic partnerships, and developing effective care delivery models to address individual client needs.

Iliana brings experience and expertise in integrated community-based models, value-based care, disease management and preventative care to the HMA Community Strategies team.

She earned a master's degree in media studies from The New School in New York and a bachelor's degree in public relations and journalism from the University of Texas.

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- DC Medicaid Managed Care Enrollment is Up 0.6%, Apr-19
- Georgia Medicaid Management Care Enrollment is Up 3.6%, Sep-19
- Indiana Medicaid Managed Care Enrollment is Flat, Aug-19 Data
- Michigan Dual Demo Enrollment is Up 5.7%, Aug-19 Data
- Michigan Medicaid Managed Care Enrollment is Down 1.7%, Aug-19 Data
- Oklahoma Medicaid Enrollment is Up 0.6%, Aug-19 Data
- Rhode Island Dual Demo Enrollment is 14,361, Sep-19 Data
- South Carolina Dual Demo Enrollment is Up 22.7%, Aug-19 Data
- South Carolina Medicaid Managed Care Enrollment is Up 3.0%, Sep-19 Data
- Utah Medicaid Managed Care Enrollment is Down 3%, Sep-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Agency Accounting, Auditing, and Consulting Services RFP, Sep-19
- California Medicaid Pharmacy Services (Medi-Cal Rx) Final RFP and Attachments, Sep-19
- Colorado Medicaid Information Technology Architecture (MITA) Documented Quote (DQ), Sep-19
- Hawaii Medicaid Provider Enrollment and Revalidation RFP, Sep-19
- Idaho Behavioral Health Plan Contracts and Winning RFP Response, 2013-19
- Indiana Pharmacy Benefit Management Services RFP, Proposals and Award, 2018-19
- Kentucky Electronic Visit Verification (EVV) RFP, Sep-19
- Minnesota Qualified Responders to Improve Quality of Services for People Receiving Customized Living Services Through Elderly Waiver RFP, Sep-19
- Minnesota Utilization Management for 1115 Substance Use Disorder Demonstration Project RFI, Sep-19
- North Carolina Prepaid Health Plan Services RFP, Proposals, Scoring, Protests, and Related Documents, 2018-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 72.2 Million, Jun-19 Data
- CMS Medicaid State Disproportionate Share Hospital Allotment Reductions Final Rule, Sep-19
- Florida Medicaid Eligibility by County, Age, Sex, Aug-19 Data
- Idaho Behavioral Health Plan Quality Management and Utilization Management Annual Evaluation, 2018
- Indiana Medicaid HEDIS Measures, CY 2017
- Indiana Medicaid Work Requirements Lawsuit, Sep-19
- New York Medicaid Managed Care Advisory Review Panel Meeting Materials, Sep-19

- North Carolina Medicaid Transformation EBCI Tribal Option Fact Sheet, Sep-19
- Ohio Joint Medicaid Oversight Committee Meeting Materials, Sep-19
- Ohio Medicaid Enrollment by Eligibility Category, Aug-19
- Ohio Medicaid Managed Care CAHPS Report, 2018
- Oklahoma Health Care Authority Diabetes Prevention Report, CY 2019
- Oklahoma CAHPS Medicaid Survey Executive Summary, 2018-19
- South Carolina Medicaid Enrollment by County and Plan, Aug-19
- South Dakota Medicaid State General Fund Savings Reports, SFY 2019-20
- Virginia Medicaid Expansion Enrollment Dashboard, Sep-19
- Washington Medicaid Managed Care Preventive Services and Vaccinations Report, Sep-19

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