

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... October 2, 2019



In Focus



HMA Roundup



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THIS WEEK

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- FOSTER CARE NEWS: ILLINOIS, WEST VIRGINIA
- MICHIGAN LAWMAKERS HOPE TO MOVE AHEAD WITH MEDICAID MANAGED CARE PHYSICAL, BEHAVIORAL INTEGRATION
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- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q2 2019

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 29 states.¹ Many state Medicaid agencies post monthly enrollment figures by health plan for their Medicaid managed care population to their websites. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. All 29 states highlighted in this review have released monthly Medicaid managed care enrollment data into the second quarter (Q2) of 2019. This report reflects the

¹ Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin.

most recent data posted. HMA has made the following observations related to the enrollment data shown on Table 1 (below):

- The 29 states in this report account for an estimated 49.1 million Medicaid managed care enrollees as of June 2019. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment is likely over 54 million in 2019. As such, the enrollment data across these 29 states represents approximately 91 percent of all Medicaid MCO enrollment.
- States with managed care that do not publish monthly enrollment reports are Delaware, District of Columbia, Massachusetts, New Hampshire, New Jersey, Nevada, Rhode Island, and Virginia.
- Across the 29 states tracked in this report, Medicaid managed care enrollment is down 2.1 percent year-over-year as of June 2019.
- A majority of the states saw decreases in enrollment in June 2019, compared to previous year.
- Eighteen of the 29 states – Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and West Virginia – expanded Medicaid under the Affordable Care Act and have seen increased Medicaid managed care enrollment since expansion.
- The 18 expansion states listed above have seen net Medicaid managed care enrollment decrease by 1 million members, or 2.9 percent, in the past year, to 35.6 million members at the end of Q2 2019.
- The 11 states that have not yet expanded Medicaid – Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, South Carolina, Tennessee, Texas, Utah, and Wisconsin – have seen Medicaid managed care enrollment stay flat at 13.5 million members at the end of Q2 2019.

Table 1 - Monthly MCO Enrollment by State – January 2019 through June 2019

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Arizona	1,578,210	1,578,668	1,578,770	1,580,286	1,578,523	1,575,796
+/- m/m	4,475	458	102	1,516	(1,763)	(2,727)
% y/y	-1.0%	0.9%	1.8%	1.4%	1.4%	1.3%
California	10,596,915	10,485,340	10,481,494	10,458,574	10,454,292	10,447,222
+/- m/m	41,519	(111,575)	(3,846)	(22,920)	(4,282)	(7,070)
% y/y	-1.1%	-2.6%	-2.6%	-2.7%	-2.7%	-2.5%
Florida	3,201,630	3,195,876	3,180,101	3,179,606		3,171,631
+/- m/m	(35,712)	(5,754)	(15,775)	(495)	N/A	N/A
% y/y	-2.4%	-2.5%	-2.4%	-2.2%		-0.9%
Georgia	1,362,168	1,365,057	1,360,916	1,367,066	1,366,493	1,385,707
+/- m/m	15,232	2,889	(4,141)	6,150	(573)	19,214
% y/y	-1.7%	0.1%	-0.7%	-0.7%	-1.1%	-0.2%
Hawaii	345,399	343,193	344,499	343,465	341,512	336,202

+/- m/m	(580)	(2,206)	1,306	(1,034)	(1,953)	(5,310)
% y/y	-4.1%	-4.9%	-4.4%	-4.7%	-4.7%	-5.0%
Illinois	2,204,240	2,171,389	2,144,696	2,149,482	2,151,383	2,156,975
+/- m/m	(16,403)	(32,851)	(26,693)	4,786	1,901	5,592
% y/y	12.5%	17.7%	20.5%	-6.7%	-5.7%	-4.6%
Indiana	1,104,042	1,107,372	1,110,550	1,114,125	1,110,024	1,103,966
+/- m/m	(5,166)	3,330	3,178	3,575	(4,101)	(6,058)
% y/y	-5.1%	-4.5%	-3.8%	-3.1%	-2.6%	-2.6%
Iowa	613,026	614,220	614,869	615,262	637,554	636,515
+/- m/m	76	1,194	649	393	22,292	(1,039)
% y/y	4.0%	3.4%	0.9%	0.1%	3.6%	3.3%
Kansas			392,304			369,754
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y			-0.7%			-4.7%
Kentucky	1,231,883	1,237,359	1,233,360	1,225,699	1,233,724	1,227,108
+/- m/m	2,860	5,476	(3,999)	(7,661)	8,025	(6,616)
% y/y	-1.7%	-1.8%	-3.2%	-3.2%	-3.2%	-3.0%
Louisiana	1,530,626	1,533,075				
+/- m/m	22,253	2,449	N/A	N/A	N/A	N/A
% y/y	3.5%	3.4%				
Maryland	1,181,757	1,189,656	1,197,480	1,198,257	1,202,101	1,193,706
+/- m/m	(9,212)	7,899	7,824	777	3,844	(8,395)
% y/y	-0.3%	-0.1%	-0.3%	-0.1%	1.4%	0.8%
Michigan	1,785,796	1,799,633	1,793,794	1,794,178	1,757,225	1,763,473
+/- m/m	473	13,837	(5,839)	384	(36,953)	6,248
% y/y	-1.9%	0.5%	2.4%	2.0%	-3.4%	-3.1%
Minnesota	890,567	906,201	907,283	920,757	925,638	929,986
+/- m/m	(54,503)	15,634	1,082	13,474	4,881	4,348
% y/y	-3.6%	-3.4%	-4.5%	-4.7%	-4.8%	-5.3%
Mississippi	437,875	437,329	437,194	437,150	436,689	438,658
+/- m/m	0	(546)	(135)	(44)	(461)	1,969
% y/y	-7.0%	-6.0%	-4.5%	-3.8%	-3.4%	-1.9%
Missouri	631,254	637,695	630,254	615,725	609,318	596,646
+/- m/m	(15,499)	6,441	(7,441)	(14,529)	(6,407)	(12,672)
% y/y	-12.0%	-10.9%	-11.2%	-13.4%	-14.7%	-16.2%

Nebraska	229,536	232,134	233,431	230,904	229,563	229,874
+/- m/m	(1,665)	2,598	1,297	(2,527)	(1,341)	311
% y/y	-0.4%	-0.5%	-0.4%	-1.6%	-1.8%	-1.7%
New Mexico	660,483	660,433	660,646	662,708	662,460	660,830
+/- m/m	540	(50)	213	2,062	(248)	(1,630)
% y/y	-1.2%	-1.2%	-1.4%	-1.1%	-0.5%	0.0%
New York	4,721,832	4,723,921	4,733,247	4,710,679	4,717,215	4,715,683
+/- m/m	(10,249)	2,089	9,326	(22,568)	6,536	(1,532)
% y/y	0.7%	0.1%	-0.7%	-1.1%	-1.0%	-1.0%
Ohio	2,355,945	2,358,776	2,344,097	2,307,611	2,306,389	2,277,478
+/- m/m	(6,061)	2,831	(14,679)	(36,486)	(1,222)	(28,911)
% y/y	-5.4%	-5.3%	-5.8%	-3.8%	-6.8%	-7.0%
Oregon	851,025	853,875	901,117	868,193	867,350	864,765
+/- m/m	(39,453)	2,850	47,242	(32,924)	(843)	(2,585)
% y/y	-4.3%	-3.9%	0.6%	-2.8%	-3.6%	-3.5%
Pennsylvania	2,271,124	2,272,119	2,274,092	2,275,640	2,275,144	2,267,546
+/- m/m	(9,690)	995	1,973	1,548	(496)	(7,598)
% y/y	-2.2%	-2.5%	-2.6%	-2.4%	-2.6%	-2.6%
South Carolina	798,927	799,407	802,918	809,565	809,473	812,439
+/- m/m	10,372	480	3,511	6,647	(92)	2,966
% y/y	0.0%	0.0%	0.0%	0.0%	2.9%	9.2%
Tennessee	1,352,502	1,275,559	1,389,600	1,395,679	1,406,580	1,412,249
+/- m/m	5,717	(76,943)	114,041	6,079	10,901	5,669
% y/y	-8.4%	-12.2%	-3.9%	-2.5%	-0.6%	-0.4%
Texas		4,097,568			4,028,377	
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y		N/A			N/A	
Utah	231,477	233,397	232,372	231,731	233,337	231,472
+/- m/m	(2,941)	1,920	(1,025)	(641)	1,606	(1,865)
% y/y	N/A	N/A	N/A	N/A	N/A	N/A
Washington		1,527,901	1,524,233	1,521,617	1,518,670	1,514,851
+/- m/m	N/A	N/A	(3,668)	(2,616)	(2,947)	(3,819)
% y/y		-4.7%	-4.8%	-4.2%	-4.4%	-2.0%
West Virginia	391,566	395,392	390,546	390,382	389,277	388,299
+/- m/m	(4,253)	3,826	(4,846)	(164)	(1,105)	(978)

% y/y	-4.6%	-4.6%	-4.8%	-5.0%	-5.3%	-5.3%
Wisconsin	794,977	804,397	802,921	803,529	809,487	809,814
+/- m/m	(1,634)	9,420	(1,476)	608	5,958	327
% y/y	1.5%	0.2%	-0.3%	0.0%	-0.4%	-0.5%

Note: In Table 1 above and the state tables below, “+/- m/m” refers to the enrollment change from the previous month. “% y/y” refers to the percentage change in enrollment from the same month in the previous year.

Below, we provide a state-specific analysis of recent enrollment trends in the states where HMA tracks data.

It is important to note the limitations of the data presented. First, not all states report the data at the same time during the month. Some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-the-month snapshot. Second, in some cases the data is comprehensive in that it covers all state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is the key limiting factor in comparing the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in Table 1 and throughout the *In Focus* section should be viewed as a sampling of enrollment trends across these states rather than a comprehensive comparison, which cannot be developed based on publicly available monthly enrollment data.

State-Specific Analysis

Arizona

Medicaid Expansion Status: Expanded January 1, 2014

Enrollment in Arizona’s two Medicaid managed care programs has grown through June 2019, up nearly 20,000 members since June 2018. As of June 2019, Arizona’s MCO enrollment stands at 1.6 million, up 1.3 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Acute Care	1,514,227	1,514,489	1,514,431	1,515,683	1,513,576	1,510,724
ALTCS	63,983	64,179	64,339	64,603	64,947	65,072
Total Arizona	1,578,210	1,578,668	1,578,770	1,580,286	1,578,523	1,575,796
+/- m/m	4,475	458	102	1,516	(1,763)	(2,727)
% y/y	-1.0%	0.9%	1.8%	1.4%	1.4%	1.3%

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data shows a decrease of 2.5 percent in June 2019, with managed care enrollment down roughly 268,000 since June 2018. As of June 2019, enrollment in managed care is approximately 10.4 million.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Two-Plan Counties	6,846,730	6,780,120	6,772,333	6,756,607	6,754,792	6,756,379
Imperial/San Benito	84,893	84,320	84,125	83,976	83,749	83,763
Regional Model	295,879	293,322	293,452	292,232	291,597	291,771
GMC Counties	1,132,929	1,118,492	1,121,441	1,119,474	1,118,989	1,118,395
COHS Counties	2,125,837	2,099,771	2,101,486	2,099,001	2,097,845	2,089,684
Duals Demonstration	110,647	109,315	108,657	107,284	107,320	107,230
Total California	10,596,915	10,485,340	10,481,494	10,458,574	10,454,292	10,447,222
+/- m/m	41,519	(111,575)	(3,846)	(22,920)	(4,282)	(7,070)
% y/y	-1.1%	-2.6%	-2.6%	-2.7%	-2.7%	-2.5%

Florida

Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program has seen a 0.9 percent net decline in total covered lives over the last year to 3.2 million beneficiaries as of June 2019. (Note that the managed LTC enrollment figures listed below are a subset of the Managed Medical Assistance (MMA) enrollments and are included in the MMA number; they are not separately added to the total to avoid double counting).

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MMA	2,815,657	2,788,128	2,776,661	2,774,223		2,764,492
LTC (Subset of MMA)	107,401	107,622	108,808	109,215		106,889
SMMC Specialty Plan	186,936	203,075	198,767	198,056		198,786
FL Healthy Kids	199,037	204,673	204,673	207,327		208,353
Total Florida	3,201,630	3,195,876	3,180,101	3,179,606		3,171,631
+/- m/m	(35,712)	(5,754)	(15,775)	(495)		
% y/y	-2.4%	-2.5%	-2.4%	-2.2%		-0.9%

Georgia

Medicaid Expansion Status: Not Expanded

As of June 2019, Georgia's Medicaid managed care program covered nearly 1.4 million members.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Georgia	1,362,168	1,365,057	1,360,916	1,367,066	1,366,493	1,385,707
+/- m/m	15,232	2,889	(4,141)	6,150	(573)	19,214
% y/y	-1.7%	0.1%	-0.7%	-0.7%	-1.1%	-0.2%

Hawaii

Medicaid Expansion Status: Expanded January 1, 2014

Through June 2019, enrollment in the Hawaii Medicaid managed care program stands at 336,000, down 5 percent from June 2018.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Hawaii	345,399	343,193	344,499	343,465	341,512	336,202
+/- m/m	(580)	(2,206)	1,306	(1,034)	(1,953)	(5,310)
% y/y	-4.1%	-4.9%	-4.4%	-4.7%	-4.7%	-5.0%

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's managed care programs sits at 2.2 million as of June 2019, down 4.6 percent from June 2018.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
HealthChoice	2,153,866	2,119,705	2,091,826	2,097,951	2,098,310	2,102,960
Duals Demonstration	50,374	51,684	52,870	51,531	53,073	54,015
Total Illinois	2,204,240	2,171,389	2,144,696	2,149,482	2,151,383	2,156,975
+/- m/m	(16,403)	(32,851)	(26,693)	4,786	1,901	5,592
% y/y	12.5%	17.7%	20.5%	-6.7%	-5.7%	-4.6%

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of June 2019, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is over 1.1 million, down 2.6 percent from the same period the previous year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Hoosier Healthwise	597,753	600,966	602,072	603,599	599,802	596,304
Hoosier Care Connect	90,366	90,499	90,559	90,523	90,377	90,488
HIP	415,923	415,907	417,919	420,003	419,845	417,174
Indiana Total	1,104,042	1,107,372	1,110,550	1,114,125	1,110,024	1,103,966
+/- m/m	(5,166)	3,330	3,178	3,575	(4,101)	(6,058)
% y/y	-5.1%	-4.5%	-3.8%	-3.1%	-2.6%	-2.6%

Iowa

Medicaid Expansion Status: Expanded January 1, 2014

Iowa launched its statewide Medicaid managed care program in April of 2016. Enrollment across all populations sits at 637,000 as of June 2019. Enrollment is up 3.3 percent from the previous year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Traditional Medicaid	414,021	414,020	414,018	414,016	421,285	420,723
Iowa Wellness Plan	148,426	148,421	148,414	148,412	159,042	159,400
hawk-i	50,579	51,779	52,437	52,834	57,227	56,392
Total Iowa	613,026	614,220	614,869	615,262	637,554	636,515
+/- m/m	76	1,194	649	393	22,292	(1,039)
% y/y	4.0%	3.4%	0.9%	0.1%	3.6%	3.3%

Kansas

Medicaid Expansion Status: Not Expanded

Kansas Medicaid managed care enrollment was nearly 370,000 as of June 2019, down 4.7 percent from June 2018.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Kansas			392,304			369,754
+/- m/m						
% y/y			-0.7%			-4.7%

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, Kentucky covered 1.2 million beneficiaries in risk-based managed care. Total enrollment is down 3 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Kentucky	1,231,883	1,237,359	1,233,360	1,225,699	1,233,724	1,227,108
+/- m/m	2,860	5,476	(3,999)	(7,661)	8,025	(6,616)
% y/y	-1.7%	-1.8%	-3.2%	-3.2%	-3.2%	-3.0%

Louisiana

Medicaid Expansion Status: Expanded July 1, 2016

Medicaid managed care enrollment stands at 1.5 million as of February 2019, up 3.4 percent from the previous year. Louisiana's Medicaid expansion, which began on July 1, 2016, has been a major driver of MCO enrollment growth over the past five quarters.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Louisiana	1,530,626	1,533,075				
+/- m/m	22,253	2,449				
% y/y	3.5%	3.4%				

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

Maryland's Medicaid managed care program covered nearly 1.2 million lives as of June 2019, up 0.8 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Maryland	1,181,757	1,189,656	1,197,480	1,198,257	1,202,101	1,193,706
+/- m/m	(9,212)	7,899	7,824	777	3,844	(8,395)
% y/y	-0.3%	-0.1%	-0.3%	-0.1%	1.4%	0.8%

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

As of June 2019, Michigan's Medicaid managed care sits at roughly 1.8 million, down 3.1 percent from the previous year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Medicaid	1,751,429	1,765,189	1,760,122	1,761,033	1,724,130	1,727,861
MI Health Link (Duals)	34,367	34,444	33,672	33,145	33,095	35,612
Total Michigan	1,785,796	1,799,633	1,793,794	1,794,178	1,757,225	1,763,473
+/- m/m	473	13,837	(5,839)	384	(36,953)	6,248
% y/y	-1.9%	0.5%	2.4%	2.0%	-3.4%	-3.1%

Minnesota

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, enrollment across Minnesota's multiple managed Medicaid programs sits at 930,000, down 5.3 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Parents/Kids	561,975	564,334	560,941	567,569	569,363	572,236
Expansion Adults	164,985	166,267	165,370	167,445	167,006	166,523
Senior Care Plus	16,832	16,967	16,799	16,801	16,899	16,882
Senior Health Options	38,885	39,051	38,847	39,136	39,355	39,625
Special Needs BasicCare	53,527	53,991	53,561	53,876	54,348	54,583
Moving Home Minnesota	13	12	10	9	9	3
Minnesota Care	54,350	65,579	71,755	75,921	78,658	80,134
Total Minnesota	890,567	906,201	907,283	920,757	925,638	929,986
+/- m/m	(54,503)	15,634	1,082	13,474	4,881	4,348
% y/y	-3.6%	-3.4%	-4.5%	-4.7%	-4.8%	-5.3%

Mississippi

Medicaid Expansion Status: Not Expanded

MississippiCAN, the state's Medicaid managed care program, grew significantly in 2015. However, net enrollment declines over the past three years have reversed some of this growth. Medicaid managed care membership stands at 439,000 as of June 2019, down 1.9 percent from last year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Mississippi	437,875	437,329	437,194	437,150	436,689	438,658
+/- m/m	0	(546)	(135)	(44)	(461)	1,969
% y/y	-7.0%	-6.0%	-4.5%	-3.8%	-3.4%	-1.9%

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care enrollment in the Medicaid and CHIP programs sits at 597,000 as of June 2019. In May 2017, the first month of the state's geographic managed care expansion, roughly 240,000 new members were added in the new region. However, enrollment is now down 16.2 percent in June, compared to the prior year. In September 2019, it was reported that nearly 130,000 beneficiaries, about 100,000 of them children, were dropped from the state's program.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Medicaid	605,219	611,088	602,914	588,961	581,699	569,085
Total CHIP	26,035	26,607	27,340	26,764	27,619	27,561
Total Missouri	631,254	637,695	630,254	615,725	609,318	596,646
+/- m/m	(15,499)	6,441	(7,441)	(14,529)	(6,407)	(12,672)
% y/y	-12.0%	-10.9%	-11.2%	-13.4%	-14.7%	-16.2%

Nebraska

Medicaid Expansion Status: Not Expanded

As of June 2019, the program enrolled 230,000 members, down 1.7 percent from the previous year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Nebraska	229,536	232,134	233,431	230,904	229,563	229,874
+/- m/m	(1,665)	2,598	1,297	(2,527)	(1,341)	311
% y/y	-0.4%	-0.5%	-0.4%	-1.6%	-1.8%	-1.7%

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, New Mexico's Centennial Care program covers nearly 661,000 members.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total New Mexico	660,483	660,433	660,646	662,708	662,460	660,830
+/- m/m	540	(50)	213	2,062	(248)	(1,630)
% y/y	-1.2%	-1.2%	-1.4%	-1.1%	-0.5%	0.0%

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively covered more than 4.7 million beneficiaries as of June 2019, a 1 percent decrease from the previous year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Mainstream MCOs	4,334,957	4,334,299	4,343,375	4,315,107	4,320,982	4,315,739
Managed LTC	230,658	232,161	233,531	235,513	238,222	241,721
Medicaid Advantage	5,674	5,502	5,395	5,293	5,261	5,175
Medicaid Advantage Plus	13,904	14,473	14,838	15,345	15,687	15,977
HARP	132,313	133,266	131,948	135,295	132,951	132,959
FIDA/FIDA-IDD (Duals)	4,326	4,220	4,160	4,126	4,112	4,112
Total New York	4,721,832	4,723,921	4,733,247	4,710,679	4,717,215	4,715,683
+/- m/m	(10,249)	2,089	9,326	(22,568)	6,536	(1,532)
% y/y	0.7%	0.1%	-0.7%	-1.1%	-1.0%	-1.0%

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, enrollment across all four Ohio Medicaid managed care programs was nearly 2.3 million, down 7 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
CFC Program	1,499,081	1,499,539	1,489,002	1,464,184	1,462,409	1,440,804
ABD Program	199,770	199,107	196,796	192,154	188,572	193,417
Group 8 (Expansion)	538,268	539,641	536,825	529,232	533,008	520,183
MyCare Ohio (Duals)	118,826	120,489	121,474	122,041	122,400	123,074
Total Ohio	2,355,945	2,358,776	2,344,097	2,307,611	2,306,389	2,277,478
+/- m/m	(6,061)	2,831	(14,679)	(36,486)	(1,222)	(28,911)
% y/y	-5.4%	-5.3%	-5.8%	-3.8%	-6.8%	-7.0%

Oregon

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, enrollment in the Oregon Coordinated Care Organization (CCO) Medicaid managed care program is 865,000. (This figure includes roughly 1,500 enrolled in managed care other than CCO).

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Oregon	851,025	853,875	901,117	868,193	867,350	864,765
+/- m/m	(39,453)	2,850	47,242	(32,924)	(843)	(2,585)
% y/y	-4.3%	-3.9%	0.6%	-2.8%	-3.6%	-3.5%

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of June 2019, Pennsylvania's Medicaid managed care enrollment sits at nearly 2.3 million, down 2.6 percent in the past year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Pennsylvania	2,271,124	2,272,119	2,274,092	2,275,640	2,275,144	2,267,546
+/- m/m	(9,690)	995	1,973	1,548	(496)	(7,598)
% y/y	-2.2%	-2.5%	-2.6%	-2.4%	-2.6%	-2.6%

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care programs collectively enroll nearly 812,000 members as of June 2019, which represents an increase of 9.2 percent in the past year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Medicaid	782,884	784,126	787,940	794,859	794,440	797,584
Total Duals Demo	16,043	15,281	14,978	14,706	15,033	14,855
Total South Carolina	798,927	799,407	802,918	809,565	809,473	812,439
+/- m/m	10,372	480	3,511	6,647	(92)	2,966
% y/y					2.9%	9.2%

Tennessee

Medicaid Expansion Status: Not Expanded

As of June 2019, TennCare managed care enrollment totaled 1.4 million, down 0.4 percent from the prior year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Tennessee	1,352,502	1,275,559	1,389,600	1,395,679	1,406,580	1,412,249
+/- m/m	5,717	(76,943)	114,041	6,079	10,901	5,669
% y/y	-8.4%	-12.2%	-3.9%	-2.5%	-0.6%	-0.4%

Texas

Medicaid Expansion Status: Not Expanded

Enrollment reporting out of Texas has been limited in the past year. As of May 2019, Texas managed care enrollment stood at 4 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
STAR		2,928,189			2,865,628	
STAR+PLUS		526,333			525,779	
STAR HEALTH		33,069			33,042	
Duals Demo		40,585			39,471	
CHIP		409,421			406,102	
STAR KIDS		159,971			158,355	
Total Texas		4,097,568			4,028,377	
+/- m/m						
% y/y						

Utah

Medicaid Expansion Status: Not Expanded

As of June 2019, Utah's Medicaid managed care enrollment was over 231,000. Previous years' enrollment was unavailable.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Utah	231,477	233,397	232,372	231,731	233,337	231,472
+/- m/m	(2,941)	1,920	(1,025)	(641)	1,606	(1,865)
% y/y						

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment dropped 2 percent to 1.5 million as of June 2019, compared to June 2018.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Washington		1,527,901	1,524,233	1,521,617	1,518,670	1,514,851
+/- m/m			(3,668)	(2,616)	(2,947)	(3,819)
% y/y		-4.7%	-4.8%	-4.2%	-4.4%	-2.0%

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2019, West Virginia's managed care program covers 388,000 members, down 5.3 percent year-over-year.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total West Virginia	391,566	395,392	390,546	390,382	389,277	388,299
+/- m/m	(4,253)	3,826	(4,846)	(164)	(1,105)	(978)
% y/y	-4.6%	-4.6%	-4.8%	-5.0%	-5.3%	-5.3%

Wisconsin

Medicaid Expansion Status: Not Expanded

Across Wisconsin's three managed care programs, June 2019 enrollment totals nearly 810,000, up 0.5 percent from the year before.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
BadgerCare+	691,806	701,034	699,383	699,773	705,688	705,818
SSI	53,796	53,848	53,876	53,899	53,831	53,887
LTC	49,375	49,515	49,662	49,857	49,968	50,109
Total Wisconsin	794,977	804,397	802,921	803,529	809,487	809,814
+/- m/m	(1,634)	9,420	(1,476)	608	5,958	327
% y/y	1.5%	0.2%	-0.3%	0.0%	-0.4%	-0.5%

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which collects Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, ABD populations, long-term care, accountable care organizations, and patient-centered medical homes. HMAIS also includes a public documents library with copies of Medicaid RFPs, responses, model contracts, and scoring sheets.

HMA enhances this publicly available information with an overview of the structure of Medicaid in each state, as well as a proprietary HMA Medicaid Managed Care Opportunity Assessment.

For additional information on how to subscribe to HMA Information Services, contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com.



HMA MEDICAID ROUNDUP

Florida

HMA Roundup – Elaine Peters ([Email Elaine](#))

Florida Report to Legislature Recommends Redesign of HCBS Program, Doesn't Call for Transition to Managed Care. *News Service Of Florida* reported on September 30, 2019, that the administration of Florida Governor Ron DeSantis is recommending a redesign of the state's iBudget program, which serves individuals with disabilities. The recommendations, which came in a report compiled by the Agency for Persons with Disabilities and the Agency for Health Care Administration, doesn't call for eliminating the program and enrolling individuals in Medicaid managed care plans. Instead, it recommends a \$205,000 individual cap on services and limitations on "life services," including companion, employment, and adult day training services. [Read More](#)

Idaho

Idaho Seeks Medicaid Expansion Work Requirement Waiver. *The Associated Press* reported on September 27, 2019, that the Idaho Department of Health and Welfare has submitted a Medicaid expansion work requirements waiver proposal to the U.S. Department of Health and Human Services. If approved, the waiver would require expansion enrollees age 19 to 59 to complete 20 hours of work per week. Coverage is scheduled to begin January 1, 2020, for 90,000 beneficiaries at a cost of \$400 million, including state and federal funds. [Read More](#)

Illinois

Illinois Delays Medicaid Managed Care Transition for Foster Kids. *Capitol Fax* reported on September 30, 2019, that Illinois will delay the transition to managed care for foster children from November 1, 2019 to February 1, 2020. The state Department of Healthcare and Family Services (HFS) and Department of Children and Family Services (DCFS) made the announcement in a letter to the Illinois Child Welfare Medicaid Managed Care Implementation Advisory Workgroup. The transition to the managed care program, called YouthCare, will impact 36,000 foster children. [Read More](#)

Michigan

Lawmakers Hope to Move Ahead With Medicaid Managed Care Physical, Behavioral Integration. *MLive.com* reported on September 28, 2019, that Michigan lawmakers passed a fiscal 2020 budget including a provision authorizing additional pilot projects aimed at integrating physical Medicaid managed care with the mental health system served by 10 Prepaid Inpatient Health Plans. In 2018, the state authorized three pilot projects for community mental health agencies serving Genesee, Saginaw, Muskegon, Lake, Mason and Oceana counties. However, the pilots were delayed until October 2020 in the face of opposition. Opponents of integration are calling on Michigan Governor Gretchen Whitmer to eliminate the provision in the 2020 budget by using a line-item veto. [Read More](#)

New Jersey

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

New Jersey Survey Findings Released on Assessing Access to Facility-based Opioid Use Disorder Treatment. On September 18, 2019, the Urban Institute, in collaboration with the Rutgers Center for State Health Policy, released their findings from a telephone survey on Monitoring Patient Access to Facility-Based Opioid Use Disorder Treatment in New Jersey. In a summer 2018 survey of over 100 facilities across the state, researchers reported that:

- Less than half (49 percent) of substance use treatment facilities in New Jersey offered any form of opioid use disorder (OUD) pharmacotherapy (buprenorphine, methadone or naltrexone) to treat OUD
- Only five out of the 21 counties in the state had facilities that offered hospital inpatient services. In addition, many counties lacked outpatient or inpatient detox or residential services at facilities offering OUD pharmacotherapy
- While on average patients waited one or two days to receive care, median wait times for all services at the facilities with OUD pharmacotherapy was 35 days in Sussex county and 21 days in Burlington county. Atlantic County had the highest wait time at 60 days.
- Of the treatment facilities offering medication-assisted treatment, 77 percent accepted Medicaid and 61 percent accepted New Jersey Marketplace coverage.

A complete copy of the report can be found [here](#).

New York

HMA Roundup - Denise Soffel ([Email Denise](#))

New York Releases Fully Integrated Dual Advantage (FIDA) Phase-Out Plan. The New York Fully Integrated Dual Advantage (FIDA) will be phased out as of the end of 2019. FIDA represents New York's participation in the Center for Medicare & Medicaid Services (CMS) Strategies duals demonstration initiative under the Affordable Care Act. The FIDA Memorandum of Understanding (MOU) with the CMS requires that prior to terminating the demonstration, the Department of Health (DOH) must submit a draft phase-out plan to CMS for approval. The formal written phase-out plan documents the various operational and policy aspects of the transition. CMS and DOH have been engaged in regular discussions regarding the termination of the FIDA demonstration since 2018. The state plans to transition FIDA enrollees to Medicaid Advantage Plus (MAP) plans fully aligned with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs). All FIDA plans currently offer a D-SNP aligned with a MAP plan owned by the same Medicare Advantage (MA) parent, which offers an opportunity for participants to continue receiving integrated care and care coordination for their Medicare and Medicaid benefits. As of the date of this phase-out document there are 2,706 FIDA participants. [Read More](#)

New York Uninsured Rate Continues to Fall. *Politico* reported on findings from the U.S. Census Bureau's American Community Survey, showing that slightly more than 5 percent of New Yorkers went without health insurance in 2018, well below the national average of 8.9 percent. More than two-thirds of New Yorkers, about 67 percent, had private health insurance in 2018, while about 40 percent had public health insurance. Some people had both, accounting for a percentage of more than 100. The state had an uninsured rate of 5.4 percent, down from 5.7 percent in 2017. [Read More](#)

New York Value Based Payment Roadmap Update Released. In September 2019, the New York Department of Health posted a red-lined draft of its update to the state's value-based payment (VBP) roadmap, *A Path Toward Value Based Payment: Annual Update*. As part of its DSRIP waiver, New York was required to develop a multi-year roadmap for comprehensive payment reform. The first roadmap was submitted to the Centers for Medicare & Medicaid Services (CMS) in July 2015. Each year, updates to the VBP roadmap must be submitted and approved by CMS. The draft of the 2019 update has been submitted to CMS for approval. The update includes new language addressing several special needs subpopulations: children, individuals with intellectual/developmental disabilities, and individuals enrolled in managed long term care. The update also addresses the unique situation of Federally Qualified Health Centers, whose rates are statutorily mandated, and discusses the types of value-based arrangements that may be pursued. The updated VBP Roadmap can be found [here](#).

New York Releases Report on First 1,000 Days on Medicaid Initiative. New York established the First 1,000 Days on Medicaid Initiative as a recognition that the earliest years of life have a significant influence on long-term health and well-being. As part of the initiative, the state set up a Pediatric Care Clinical Advisory Group (CAG) to inform its work. On October 1, 2019, the CAG released its final report, which reflects its vision of clinical practice transformation that addresses systemic disparities, fosters trust between families and medical providers, promotes community linkages, and provides two-generational, trauma-informed, culturally competent, and integrated primary and behavioral health care for all. The report describes a New York State Model of Pediatric Population Health, which is already operational in select primary care practices across the state, and outlines steps for how New York can build on the model. [Read More](#)

North Carolina

North Carolina Rural Republicans Urge State Senate Leader to Support Medicaid Expansion. *The News & Observer* reported on October 2, 2019, that rural Republicans in North Carolina are urging state Senate leader Phil Berger (R-Rockingham) to support Medicaid expansion. Dale Wiggins, chairman of the Graham County commissioners, asked Berger in a letter to consider the hardships of the poverty-stricken county. The North Carolina House is considering expansion legislation, which Berger opposes. [Read More](#)

Ohio

Pharmacies See 1Q19 Medicaid PBM Payments Rise 5.74 Percent, Report Finds. *The Dayton Daily News* reported on October 2, 2019, that the five pharmacy benefit managers (PBMs) serving the Ohio Medicaid program increased payments to pharmacies in the state by 5.74 percent in the first quarter of 2019, a state-sponsored report shows. The state overhauled its prescription drug program effective January 1, eliminating PBM spread pricing. [Read More](#)

Counties Reach \$20 Million Opioid Settlement with Johnson & Johnson. *The Associated Press* reported on October 1, 2019, that Johnson & Johnson has reached a \$20 million opioid settlement with Cuyahoga and Summit counties in Ohio. The company and its Janssen Pharmaceutical subsidiary will pay \$10 million without admitting liability, \$5 million for legal expenses, and \$5.4 million to not-for-profit organizations addressing the opioid crisis in northeastern Ohio. Johnson & Johnson still faces some 2,000 other lawsuits related to the opioid epidemic. [Read More](#)

Ohio Substance Use Disorder Demonstration Waiver Approved. *The Highland County Press* reported on September 24, 2019, that the Centers for Medicare & Medicaid Services (CMS) approved Ohio's substance use disorder (SUD) demonstration waiver to improve patient care for Medicaid-enrolled individuals with an opioid use disorder (OUD) or other SUD. The five-year demonstration will seek to expand efforts to implement models of care based on the nationally recognized American Society of Addiction Medicine (ASAM) criteria. The demonstration allows Ohio to enhance residential treatment services and receive federal funding for Medicaid services for individuals with an opioid and/or substance use disorder who temporarily live in inpatient or residential treatment facilities. [Read More](#)

Ohio Health Plan Expands Medicare Advantage Plans. Anthem announced on October 1st, 2019, that its Blue Cross Blue Shield plan in Ohio is planning on enhancing the wellness services offered in the 2020 Medicare Advantage plans. Anthem will now provide 10 wellness services, adding four new services compared to the 2019 plans. The new wellness services include nutritional support, a fitness device and member engagement programs, service animal support, and pest control, and will be provided to consumers enrolled in Anthem MediBlue Essential (HMO), Anthem MediBlue Dual Advantage (HMO D-SNP), Anthem MediBlue Prime Select (HMO), Anthem MediBlue Preferred (HMO), and Anthem MediBlue Extra (HMO). [Read More](#)

CareSource CEO Says Company is 'Well Positioned' for Ohio Medicaid Procurement. *Dayton Daily News* reported on September 29, 2019, that CareSource chief executive Erhardt Preitauer believes the company is "well positioned" for the state's Medicaid managed care procurement, which is tentatively scheduled for next year. Preitauer joined CareSource in 2018. [Read More](#)

Pennsylvania

HMA Roundup - Julie George ([Email Julie](#))

Pennsylvania Medical Assistance Advisory Committee (MAAC) Holds September Meeting. The Pennsylvania Medical Assistance Advisory Committee (MAAC) held its September meeting and provided multiple updates from the Office of Medical Assistance Programs (OMAP).

- Amendments to legislation that will enact changes to the Medical Assistance Transportation Program (MATP) required the Department of Human Services (DHS) to collect information from stakeholders about the potential impact of implementing a broker MATP and the costs that come with it. Stakeholders include county commissioners and the Department of Transportation. An extension was granted for the implementation of the changes. The preliminary report should be completed by the end of October, with the final analysis being sent to the legislature in December.
- The Statewide Preferred Drug List (PDL) will replace the existing system of individual PDLs for transitioning managed care organizations (MCOs) as of January 1, 2020.
- Deputy Secretary Sally Kozak described DHS's priorities for the 2019-2020 year. She stated that the priorities include: to continue the value-based purchasing strategy, to continue to use integrated whole-person-centered care, to continue supporting the Centers of Excellence (COE) combating

the opioid crisis, to continue providing options for Medicaid funding for the evidence-based home visiting program, and to continue working on the Medicaid management information system.

- Kozak concluded by saying that OMAP had no update on when the physical health HealthChoices procurement might be issued.

Pennsylvania Expands LIFE Program to 14 Additional Counties. On October 1, 2019, the Pennsylvania Department of Human Services announced that the implementation of the Program of All-Inclusive Care for the Elderly (PACE), Living Independence for the Elderly (LIFE), is being expanded to 14 additional counties. LIFE is a long-term care program that helps seniors live in their home and coordinates their health and personal needs. [Read More](#)

Tennessee

Tennessee Providers Express Concerns About Medicaid Block Grant Proposal. *The Chattanooga Times Free Press* reported on September 30, 2019, that Tennessee health care providers are expressing concerns about the state's proposed Medicaid block grant waiver. The Tennessee Health Care Association and Tennessee Center for Assisted Living noted during a 30-day public comment period that the proposal, which would provide the state with \$8 billion in federal funds in a lump sum payment, could impact health care access and care quality. Providers also noted positives, including potential shared savings benefiting hospital and rural health providers. The final proposal is expected to be submitted to federal regulators in November. [Read More](#)

Texas

Texas to Receive Increase in Federal Funds for Uncompensated Care. The Texas Health and Human Services Commission announced on October 1, 2019, that the state will receive \$3.87 billion in federal funds annually for the next three years, up from around \$3.1 billion in previous years, to help reimburse health care providers for uncompensated care. The increase will benefit hospitals, clinics, public ambulance and dental providers. The additional funding, which is a result of negotiations between the state and the Centers for Medicare & Medicaid Services (CMS), begins October 1. [Read More](#)

Texas to Announce STAR+PLUS Awards in October. The Texas Health and Human Services announced on September 27, 2019, that it plans to award Medicaid managed care contracts for its STAR+ PLUS and Dental programs in October. Awards were originally expected in July. STAR+PLUS contracts will be effective September 2020. Awards for CHIP are still expected in December. [Read More](#)

Utah

Utah Releases Full Medicaid Expansion Waiver Proposal for Public Comment. *KSL* reported on September 30, 2019, that the Utah Department of Health will hear public comments on October 7 and October 10 regarding a full Medicaid expansion waiver proposal covering individuals up to 138 percent of poverty. The so-called “fallback” waiver must be submitted to the Centers for Medicare & Medicaid Services (CMS) by March 15, 2020. State lawmaker hopes of implementing a partial expansion faced a setback when the Trump administration signaled that it wouldn’t approve the partial expansion waiver proposal. If the partial waiver isn’t approved by July 1, 2020, the state will be required to implement full expansion as called for by voters in a ballot measure. [Read More](#)

Virginia

Virginia Could Drop Medicaid Expansion Coverage for 300,000 Without Additional CMS Funding for Work Requirements. *CQ* reported on September 27, 2019, that Virginia secretary of health and human resources Daniel Carey said in a letter to federal regulators that the state will be forced to drop coverage for more than 300,000 Medicaid expansion members without additional funding for work requirements. However, the Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma has stated that the agency has only agreed to provide additional funds for a small, needs-based subset of the population that Virginia is requesting. Medicaid expansion in Virginia is contingent on the implementation of work requirements.

Virginia expanded Medicaid in January, but the law is contingent on implementation of work requirements – a provision that was necessary to win Republican support.

Optima Health to Become Majority Owner of Virginia Premier Health Plan. *Virginia Business* reported on September 26, 2019, that Sentara Healthcare subsidiary Optima Health Plan will become the majority owner of Richmond-based, not-for-profit managed care organization Virginia Premier. Virginia Premier will retain a 20 percent ownership stake. The companies, which will continue to operate as separate entities, will serve a total of nearly 800,000 members. [Read More](#)

West Virginia

West Virginia Is Hit With Class Action Lawsuit Over Foster Care Allegations. *The Associated Press* reported on October 1, 2019, that a federal class action lawsuit has been filed against West Virginia, claiming that children in the foster care system have been abused, neglected, and put in inadequate and dangerous placements. The lawsuit names Governor Jim Justice, the state Department of Health and Human Resources, and other state officials. Not-for-profit advocacy groups A Better Childhood and Disability Rights West Virginia, and a Charleston law firm, filed the suit on behalf of a dozen children. [Read More](#)

National

Medicare ACOs Achieve Savings for Second Consecutive Year. *Modern Healthcare* reported on October 1, 2019, that accountable care organizations (ACOs) in the Medicare shared savings program achieved total savings of \$1.7 billion in 2018, according to data from the Centers for Medicare & Medicaid Services (CMS). About \$739 million of the savings went to CMS. This marks the second consecutive year CMS the program reported savings. [Read More](#)

Skilled Nursing Facilities Transition to New Payment Model Leads to Layoffs. *Modern Healthcare* reported on October 2, 2019, that skilled nursing facilities have laid off thousands of physical, occupational, and speech therapists following the transition to a new payment model that took effect October 1. The new model, which is similar to bundled payments, limits group and concurrent therapy to no more than 25 percent of the total services provided to a patient. [Read More](#)

Senate Democrats Hope to Force Vote on Rule that Would Make it Easier to Obtain Waivers from ACA Regulations. *The Hill* reported on September 26, 2019, that Senate Democrats, led by U.S. Senator Mark Warner (D-VA), hope to force a vote on a Trump rule that would make it easier for health plans to qualify for waivers from Affordable Care Act requirements. The resolution needs four Republican votes to pass by a simple majority. [Read More](#)

State Lawmakers Look to Uber, Lyft for Medicaid NEMT. *Kaiser Health News* reported on September 26, 2019, that lawmakers in many states are allowing ride-sharing companies like Uber and Lyft to provide non-emergency medical transportation (NEMT) services to Medicaid members. According to one tally, 35 state Medicaid programs work with at least one rideshare company. Arizona was the first state to allow Medicaid members to access rideshare companies. [Read More](#)

Hospital DSH Formula Doesn't Reflect Rising Bad Debt. *Modern Healthcare* reported on September 21, 2019, that rising hospital bad debt won't be reflected in fiscal 2020 Medicaid disproportionate share (DSH) payments to hospitals. The payment formula will use 2015 bad debt data, a year when not-for-profit hospital bad debt was historically low at 5 percent. Bad debt at not-for-profit hospitals has since increased to an estimated 7 percent in fiscal 2018, according to Franklin Trust Ratings, and is projected to hit 8 percent in fiscal 2019, according to Moody's Investors Service. CMS hopes to have audited 2017 uncompensated care data for fiscal 2021. [Read More](#)

CMS to Focus on Medicaid Managed Care Program Integrity Among Other Initiatives to Control Costs, Official Says. *Modern Healthcare* reported on September 25, 2019, that the Centers for Medicare & Medicaid Services (CMS) hopes to focus on Medicaid managed care program integrity among various initiatives to help control rising costs, according to acting deputy administrator Calder Lynch. Lynch, who made the comments during an annual Medicaid conference sponsored by America's Health Insurance Plans, also pointed to the need to give states more flexibility in their Medicaid programs, support value-based payment initiatives, reduce regulatory burdens for state, improve quality accountability measures, and improve data collection and sharing. [Read More](#)

CMS Issues Final 'Patients Over Paperwork' Rule. On September 26, 2019, the Centers for Medicare & Medicaid Services (CMS) issued The Omnibus Burden Reduction (Conditions of Participation) Final Rule, which advances the Patients Over Paperwork initiative aimed at reducing administrative costs in healthcare. Savings are projected at \$8 billion over 10 years, according to CMS. The rule strives to increase access to organ transplants, allows multi-hospital systems to unify Quality Assessment and Performance Improvement programs, and simplifies the ordering process for x-rays among other changes. [Read More](#)



INDUSTRY NEWS

Centene Names David Thomas EVP, Markets. The Centene Corporation announced on September 30, 2019, that it named David Thomas executive vice president of markets, effective October 13. Thomas will replace Christopher Bowers, who is retiring. Thomas was most recently chief executive of Centene's New York subsidiary Fidelis Care. Thomas Halloran, chief financial officer of Fidelis Care, will serve as interim CEO of the New York plan. [Read More](#)

Columbus Organization Completes Acquisition of Habilitation Management Services' Support Coordination Assets. The Columbus Organization announced on October 1, 2019, that it completed the acquisition of the support coordination assets of Habilitation Management Services of Florida. The Columbus Organization provides support coordination to individuals with intellectual and developmental disabilities. [Read More](#)

Addus Homecare Completes \$130 Million Acquisition of Hospice Partners of America. Addus Homecare announced on October 1, 2019, that it completed the acquisition of Alabama-based hospice provider Hospice Partners of America for \$130 million in cash. Hospice Partners of America serves about 1,000 patients in 21 locations in Idaho, Kansas, Missouri, Oregon, Texas and Virginia. [Read More](#)

Towerbrook, Ascension Health to Acquire Compassus. *Hospice News* reported on October 1, 2019, that Towerbrook Capital Partners and Ascension Health have agreed to acquire Nashville-based hospice provider Compassus for \$1 billion. Towerbrook and Ascension will own equal shares in Compassus, which has more than 125 community-based hospice and home health care locations in 30 states. [Read More](#)

Webster Capital Seeks Buyer for BayMark Health Services. *The PE Hub Network* reported on September 27, 2019, that Webster Equity Partners is seeking a buyer for opioid addiction treatment company BayMark Health Services. Webster formed BayMark through the acquisitions of BAART Programs and MedMark Services in 2015. Goldman Sachs is advising on the transaction, with bids from potential buyers due October 18. [Read More](#)

WellCare to Sell Missouri, Nebraska Medicaid Plans to Anthem Following Merger With Centene. WellCare Health Plans, Inc., announced on September 26, 2019, an agreement to sell Medicaid health plans in Missouri and Nebraska to Anthem Inc. The sale is contingent upon the completion of WellCare's merger with Centene, which is expected to close by the first half of 2020. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
October 2019	Texas STAR+PLUS	Awards	530,000
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California Dual Demo Enrollment is Down 3.5%, Aug-19 Data
- California Medicaid Managed Care Enrollment is Down 1.5%, Aug-19 Data
- Iowa Medicaid Managed Care Enrollment is Up 4.0%, Sep-19 Data
- Massachusetts Dual Demo Enrollment is Up 4.6%, Sep-19 Data
- Mississippi Medicaid Managed Care Enrollment is Down 0.9%, Sep-19 Data
- New Mexico Medicaid Managed Care Enrollment is Up 0.9%, Sep-19 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 1.6%, Aug-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Pharmacy Average Acquisition Cost Program RFP, Sep-19
- Arizona Medicaid Foster Care Administrative Service Organization - Integrated Healthcare RFP, Sep-19
- Colorado Medicaid Information Technology Architecture (MITA) Documented Quote (DQ) and Related Documents, Sep-19
- Louisiana Dental Benefit Program Management RFP and Related Documents, Jun-19
- Maryland Quality of Life Surveys for Medicaid Long Term Services and Supports Participants RFP and Related Documents, Sep-19
- Michigan State Medicaid Agency Contract (SMAC) D-SNP Model Contract, 2019
- Nebraska Department of Health and Human Services (DHHS) Consulting Services RFP, Proposals, Award, and Scoring, Jul-19
- New Mexico HHS 2020 Medicaid Enterprise Benefit Management Services RFP, Sep-19
- Wisconsin Department of Health Services Actuarial Services RFP, Aug-19
- West Virginia Managed Care for Children and Youth in Foster Care RFP and Related Documents, 2019

Medicaid Program Reports, Data and Updates:

- CMS 2020 Plan and Premium Information for Medicare Plans Offering Part D Coverage, Sep-19
- Arizona Medicaid Annual Reports, 2014-18
- Arizona, Hawaii Electronic Visit Verification (EVV) System Model Design and Timeline, 2018-19
- Florida 1915(c) iBudget Waiver Renewal Documents, 2018-19
- Florida SMMC Managed Care Plan Report Guide, Sep-19
- Georgia Budget Update and Amended FY 2020 and FY 2021 Requests Presentation, Aug-19
- Georgia DCH Fact Sheet, Feb-19
- Hawaii DHS Financial Audit Reports, FY 2017-18

- Idaho Behavioral Health Plan Quality Management and Utilization Management Quarterly Reports, 2017-19
- Idaho Medicaid Drug Utilization Review Program Meeting Materials, Jul-19
- Illinois DCFS and HFS Foster Care Transfer Delay Letter, Sep-19
- Louisiana Combined Behavioral Health Assessment and Plan Reports, FY 2018-21
- Mississippi FY 2021 Initial Budget Request Presentation, Sep-19
- Mississippi Medicaid Annual Reports, 2013-19
- North Carolina Medical Care Advisory Committee Meeting Materials, Sep-19
- Oklahoma Medicaid Enrollment by Age, Race, and County, Aug-19 Data
- Oregon Medicaid Advisory Committee Meeting Materials, Sep-19
- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-18, Aug-19
- Utah 1115 Primary Care Network Demonstration Waiver Documents, 2016-19

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

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

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