

# HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in State Health Policy

..... October 30, 2019 .....



RFP CALENDAR

HMA News

**Edited by:**

Greg Nersessian, CFA  
[Email](#)

Carl Mercurio  
[Email](#)

Alona Nenko  
[Email](#)

## THIS WEEK

- **IN FOCUS: 2020 MEDICARE ADVANTAGE (MA), PART D LANDSCAPE FILES AND QUALITY PERFORMANCE DATA**
- CALIFORNIA MEDICAID DELIVERY SYSTEM PROPOSAL INCLUDES FOCUS ON SOCIAL DETERMINANTS, OTHER POLICY PRIORITIES
- MEDICAID EXPANSION NEWS: KANSAS, NEBRASKA
- MASSACHUSETTS ANNOUNCES UPDATED TIMELINE FOR ONE CARE
- NORTH CAROLINA MAY FURTHER DELAY MEDICAID MANAGED CARE TRANSITION TO SUMMER 2020
- OHIO MEDICAID PLAN TO DROP WALGREENS FROM NETWORK
- TEXAS ANNOUNCES STAR+PLUS AWARDS
- FIVE ADDITIONAL STATES TAP LYFT FOR MEDICAID NEMT SERVICES
- **NEW THIS WEEK ON HMAIS**

## IN FOCUS

### 2020 MEDICARE ADVANTAGE, PART D LANDSCAPE FILES AND QUALITY PERFORMANCE DATA

This week, our *In Focus* reviews the Medicare Advantage (MA) and Part D landscape files and quality performance data for the 2020 plan year from the Centers for Medicare & Medicaid Services (CMS). Data on MA and Part D offerings include premiums and benefit design, as well as Star Ratings for each MA contract. This year's release signals continued growth for the MA program in 2020. The total number of MA plans increased by 403 offerings to 3,144, up from 2,741 in 2019, the highest number since the inception of the program. Notably, growth appears to be occurring in parts of the country with existing market saturation, as many MA organizations are offering new plans in states with MA enrollment levels of 30 percent or higher. There is also significant growth in the number of Dual Eligible Special Needs Plans (D-SNPs) offered by MA organizations, particularly among top MA sponsors Humana and CVS (Aetna). [View the Analysis of the 2020 MA and Part D landscape here.](#)

# Make Your New Model Pay

How New York Healthcare  
Providers are Making Population  
Health Sustainable

REGISTER NOW

## STILL TIME TO REGISTER FOR HMA CONFERENCE ON HELPING NEW YORK PROVIDERS MAKE NEW RISK MODELS PAY

Wednesday, November 13  
Albany Capital Center

Space is still available for HMA's New York provider conference, **Make Your New Risk Model Pay: How New York Healthcare Providers are Making Population Health Sustainable**, November 13 at the Albany Capital Center in Albany, NY

Don't miss out on this one-day event featuring 21 leaders from health systems, PPSs, community-based organizations, FQHCs, health plans, IPAs, behavioral health agencies, substance use treatment centers, and other organizations serving Medicaid and other vulnerable populations.

Visit the conference website for more details:

<https://www.connect.space/hma-conference-for-new-york-medicaid-providers/details>



## HMA MEDICAID ROUNDUP

### Arizona

**Arizona FQHCs File Lawsuit Seeking Payment from Medicaid for Services to Uninsured.** *The Arizona Capitol Times* reported on October 28, 2019, that a group of federally qualified health centers (FQHCs) filed a federal lawsuit seeking payment from Arizona Medicaid for certain services provided to uninsured, low-income individuals. The lawsuit says the state is required to reimburse FQHCs for care in “medically underserved areas,” including services provided by doctors, dentists, podiatrists, optometrists and chiropractors. [Read More](#)

### Arkansas

**Arkansas MCO Owes \$12.3 Million in Minimum MLR Refunds.** *The Arkansas Democrat Gazette* reported on October 27, 2019, that Centene’s Ambetter subsidiary owes \$12.3 million in rebates for falling short of minimum medical loss ratio requirements under the Arkansas Works program, according to the Centers for Medicare & Medicaid Services. Centene’s MLR of 77 percent fell short of the federally mandated 80 percent minimum. [Read More](#)

### California

**California Health Plan Drops Some Medicaid LTC Members After Eligibility Review.** *California Healthline* reported on October 29, 2019, that California Medicaid plan CenCal Health notified some Medi-Cal patients that they are no longer eligible for long-term care (LTC). The notifications, which the state called isolated, raised concerns among advocates that coverage denials will increase if the proposed statewide transition of LTC to managed care occurs in January 2021. [Read More](#)

**California Medicaid Delivery System Waiver Proposal Includes Focus on Social Determinants of Health, Other Policy Priorities.** On October 28, 2019, the California Department of Health Care Services (DHCS), released a Medicaid delivery system waiver proposal that includes efforts to address social determinants of health and other policy priorities such as homelessness, lack of access to behavioral health care, children with complex medical conditions, justice-involved populations, and aging individuals. The California Advancing and Innovating Medi-Cal (CalAIM) Proposal, which would replace the state’s Section 1115 and 1915(b) waivers set to expire in 2020, aims to leverage Medi-Cal to improve the service array for vulnerable populations in the state.

## Florida

**Florida Issues Recommendations on Medicaid Auto-Assignment Methodology.** *News4jax* reported on October 25, 2019, that the Florida Agency for Health Care Administration (AHCA) recommended to the state legislature two possible changes to the automatic assignment methodology for Medicaid managed care. 1. A round-robin automatic assignment process; 2. Guaranteed minimum enrollment. Under the current system, members who don't choose a plan are auto-assigned based on an algorithm. [Read More](#)

## Kansas

**Medicaid Expansion Proposal Clears Senate Committee.** *The Connecticut Post* reported on October 24, 2019, that a Republican-led Kansas Senate committee has approved a Medicaid expansion proposal introduced by Senate Majority Leader Jim Denning (R-Overland Park). Denning's proposal would fund Medicaid expansion by increasing tobacco and vaping taxes by \$50 million, levying a \$31 million surcharge on hospitals, and adding \$63 million in fees for Medicaid managed care organizations. The proposal would first require the state to request federal approval to further subsidize premiums on the Affordable Care Act Exchange. The proposal does not include work requirements. [Read More](#)

## Louisiana

**Gubernatorial Challenger Vows to Freeze Medicaid Expansion Enrollment.** *The Advocate* reported on October 25, 2019, that Republican Louisiana gubernatorial candidate Eddie Rispone has pledged to freeze Medicaid expansion enrollment in the state. The freeze would bar newly eligible individuals and those previously enrolled who are attempting to regain coverage. [Read More](#)

## Maine

**Maine Exchange Enrollment Is Expected to Decline In Part From Medicaid Expansion.** *The Portland Press Herald* reported on October 30, 2019, that Exchange enrollment in Maine is expected to decline in part because the state implemented Medicaid expansion last year. Expansion enrollment is about 40,000, with thousands more expected to sign up in the coming months. About 5,000 to 9,000 individuals are expected to move from an Exchange plan to Medicaid during this year's open enrollment, according to data from the Kaiser Family Foundation. [Read More](#)

## Massachusetts

**Massachusetts Announces Updated Timeline for One Care Procurement.** On October 30, 2019, the Massachusetts Executive Office of Health and Human Services (EOHHS) updated the timeline for announcing the winners of the One Care Dual Demonstration 2.0 request for responses (RFR). Key dates are as follows:

- Anticipated award date: November 2019
- Deadline for submitting a Notice of Intent to Apply (NOIA) for CY 2021 to ensure Health Plan Management System (HPMS) access: November 11, 2019
- Anticipated contract execution date: Late Spring/Summer 2020
- Anticipated service start date: January 1, 2021

The next meeting of the Implementation Council will be:

Tuesday, November 12, 2019  
10:00 a.m. – 12:00 p.m. EST  
Boston Society of Architects (BSA)  
290 Congress Street, Suite 200 – Pearl Street Room  
Boston, MA 02210

**Massachusetts Says Medicaid Spending Rose 0.4 Percent in 2018.** The Massachusetts Center for Health Information and Analysis reiterated during an annual hearing on October 22, 2019, that Medicaid spending rose just 0.4 percent in 2018. As previously reported, spending was impacted by a decline in enrollment and the cost control efforts of newly created Accountable Care Organizations. [Read More](#)

## Minnesota

**Minnesota Medicaid Drops 1,300 Individuals for Failing to Submit Asset-Verification Form.** *The Star Tribune* reported on October 23, 2019, that Minnesota Medicaid dropped 1,300 individuals, including some who are aged, blind, or disabled, for failing to fill out a new, two-page asset-verification form. The state Department of Human Services mailed the form to 28,000 enrollees in late August, but many were unable to meet the tight deadline. [Read More](#)

## Nebraska

**Nebraska Expects Two-Tiered Medicaid Expansion to Leave Many Without Full Coverage.** *The Omaha World-Herald* reported on October 25, 2019, that one in three Medicaid expansion eligibles in Nebraska would not qualify for full coverage under a proposed two-tiered system called Heritage Health Adult, according to state officials. A draft plan reveals that beneficiaries would start with basic coverage that does not include dental, vision, or over-the-counter medications. For full coverage, beneficiaries must meet wellness, personal responsibility, community engagement, and other requirements. Compliance would be monitored every six months, and non-compliance would bar members from the full coverage for twelve months. [Read More](#)

## New York

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

**New York Issues Request for Information to Inform Electronic Visit Verification Process.** On October 17, 2019, the New York State Department of Health released a request for information (RFI) to solicit input on its Electronic Visit Verification (EVV) process. New York recently concluded statewide EVV Listening Sessions. The purpose of the Listening Sessions was to receive input from stakeholders on the implementation of EVV requirements as required by the 21st Century Cures Act. The Cures Act is federal legislation that, in part, requires all states to use an EVV solution for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS).

The RFI is intended to:

- Identify the options or different types of EVV solutions available in the market;
- Distinguish what EVV solutions are available that accommodate the newly released CMS guidance;
- Understand how the available EVV solutions can address the needs and concerns of New York's diverse stakeholders; and
- Identify challenges and timelines related to different types of EVV solutions.

Input from all interested parties is welcome. New York is particularly interested in receiving feedback from entities that have EVV solutions that meet all requirements in the 21st Century Cures Act. Responses to the RFI are due November 7. [Read More](#)

**New York Office of Mental Health Soliciting Feedback on Clinical Review Criteria.** The New York Office of Mental Health published and is soliciting public comment on proposed guidelines that will allow them to assess the adequacy of an insurer's clinical review criteria for the treatment of mental health conditions. New York requires that insurers use evidence-based and peer reviewed clinical review criteria when making coverage determinations for mental health treatment. The guiding principles can be found on the OMH website. Comments can be submitted to [OMH.Parity@omh.ny.gov](mailto:OMH.Parity@omh.ny.gov) by November 8, 2019. [Read More](#)

## North Carolina

**North Carolina May Further Delay Medicaid Managed Care Transition to Summer 2020.** *WFAE/The Associated Press* reported on October 23, 2019, that an ongoing budget stalemate in North Carolina could lead the state to further delay the launch of Medicaid managed care to July 1, 2020. Rep. Donny Lambeth (R-Forsyth County) and Rep. Verla Insko (D-Orange County) have both suggested that a further delay is appropriate. The launch was previously scheduled for November 1, but has already been delayed once to February 1. [Read More](#)



## Ohio

**Medicaid Plan to Drop Walgreens from Pharmacy Network for 2020.** *The Columbus Dispatch* reported on October 25, 2019, that health plan CareSource will drop Walgreens from its Ohio Medicaid pharmacy network for 2020. Walgreens remains in the Medicaid pharmacy networks of UnitedHealthcare Community Plan and Paramount Advantage. [Read More](#)

## Oklahoma

**Oklahoma Issues RFP for Help Finalizing Governor's Health Care Proposal.** *The Oklahoman* reported on October 23, 2019, that the Oklahoma Health Care Authority issued a request for proposals to help finalize a health plan spearheaded by Governor Kevin Stitt. While details of the plan aren't available, Stitt has said he hopes the plan will serve as an alternative to a Medicaid expansion ballot initiative. [Read More](#)

## Oregon

**Oregon Health Plan Files Antitrust Lawsuit Against Portland Hospitals.** *The Portland Business Journal* reported on October 24, 2019, that Trillium Community Health Plan has filed an antitrust lawsuit against three Oregon hospitals for allegedly colluding to block the plan from signing up providers for a Coordinated Care Organization (CCO) network. The antitrust suit targets Legacy Health, Providence Health & Services, and Oregon Health & Science University. Trillium, which is owned by Centene, had previously complained about Portland hospitals refusing to sign CCO network contracts. Trillium serves about 90,000 Medicaid members in Lane County. [Read More](#)

## Pennsylvania

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

**Pennsylvania Medical Assistance Advisory Committee (MAAC) Holds October Meeting.** The Pennsylvania Medical Assistance Advisory Committee (MAAC) held its October meeting and provided updates from the Office of Medical Assistance Programs (OMAP). The physical health managed care program, HealthChoices, released a request for applications (RFA) with a pre-proposal conference scheduled November 5, 2019, and a solicitation deadline of December 17, 2019. The 2019 HealthChoices agreement is available at [healthchoices.pa.gov](http://healthchoices.pa.gov), but the 2020 agreement has not been signed yet and will be available online upon completion. Additionally, the Pennsylvania Department of Human Services hired a new dental director. The position is shared with the Pennsylvania Department of Health.

## Tennessee

**Tennessee to Submit Revised Medicaid Block Grant Proposal for Federal Approval Before Making it Public.** *The Tennessean* reported on October 28, 2019, that Tennessee will submit a revised Medicaid block grant proposal to federal regulators before making it public. The state will not provide an opportunity to submit comments on the new version. The original waiver proposal faced heavy criticism during public hearings. [Read More](#)

**House Holds Public Hearings on Medicaid Block Grant Proposal.** *The Tennessean* reported on October 24, 2019, that the Tennessee House held public hearings on the state's proposal for a block grant of \$7.9 billion in Medicaid funding. Lawmakers heard from the Tennessee Medical Association, Tennessee Hospital Association, Tennessee Disability Coalition, and Pharmaceutical Research & Manufacturers of America, and the state is sorting through 1,700 public comments. The state has until November 20 to submit a federal block grant waiver request. [Read More](#)

## Texas

**Texas Announces STAR+PLUS Awards.** On October 29, 2019, the Texas Health and Human Services Commission announced STAR+PLUS procurement awards for the following Medicaid managed care organizations:

- Aetna: Harris, Hidalgo, Dallas, Bexar service areas
- Anthem/Amerigroup: Harris, Dallas, Bexar, Tarrant, Jefferson service areas
- Centene/Superior: Hidalgo, Dallas, Bexar, West, Central, Travis, El Paso, Nueces, Lubbock service areas
- El Paso Health: El Paso service area
- Molina: Hidalgo, North East service areas
- UnitedHealthcare: Harris, North East, Tarrant, West, Central, Travis, Nueces, Jefferson, Lubbock service areas

Implementation will begin September 1, 2020, with contracts running for three years, with possible extension periods not to exceed a total of eight years. The STAR+PLUS programs integrates acute care with long-term services and supports (LTSS) for the aged, blind, or disabled (ABD) population. Current incumbent plans are Anthem, Cigna, Centene, Molina, and UnitedHealthcare, serving approximately 525,000 individuals. [Read More](#)

## National

**Number of Uninsured Children Tops 4 Million.** *The Hill* reported on October 30, 2019, that the number of uninsured children topped 4 million in 2018, an increase of 400,000 since 2016, according to a report from the Georgetown University Center for Children and Families. Fifteen states saw the biggest increases: Alabama, Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Missouri, Montana, North Carolina, Ohio, Tennessee, Texas, Utah, and West Virginia. [Read More](#)



**Louisiana, Montana, Pennsylvania Turn to Job Training As Alternative to Medicaid Work Requirements.** *Kaiser Health News* reported on October 28, 2019, that states including Montana, Pennsylvania, and Louisiana are turning to job training programs for Medicaid beneficiaries as an alternative to work requirements. Montana reported that the training helped drive a 6 percent increase in the number of Medicaid expansion adults who joined the workforce from 2016 to 2018. [Read More](#)

**MACPAC Meeting Is Scheduled for October 31 to November 1.** The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on October 28, 2019, that its next meeting will be held October 31 to November 1. Topics to be discussed are:

- Integrating Care for Dually Eligible Beneficiaries
- Mandatory Core Set Measures
- Effects of New Buprenorphine Prescribing Authority for Nurse Practitioners and Physician Assistants
- Transformed Medicaid Statistical Information System (T-MSIS)
- Disproportionate Share Hospital Allotments
- Improving Medicaid Policies Related to Third-Party Liability
- Medicaid and Maternal Health [Read More](#)

**Judge Orders Federal Government to Pay Millions in Subsidies Owed to Health Plans.** *Modern Healthcare* reported on October 24, 2019, that a U.S. District Court judge ordered the federal government to pay \$1.6 billion in cost-sharing reduction subsidies owed to 100 Exchange plans. The largest unpaid subsidies are owed to Kaiser Foundation (\$220.3 million), Blue Shield of California (\$159 million), and Blue Cross and Blue Shield of South Carolina (\$132 million). An appeal is expected. [Read More](#)

**Future of Medicaid Expansion in Three States Depends on Gubernatorial Races.** *CQ News* reported on October 24, 2019, that the results of the November 2019 gubernatorial races in Mississippi, Kentucky, and Louisiana could impact the future of Medicaid expansion in each state. Republican candidates want to scale back expansion coverage (Kentucky), freeze enrollment (Louisiana), or reject expansion entirely (Mississippi). [Read More](#)

**Foster Care Population Declines.** *The New York Times* reported on October 24, 2019, that the number of children in foster care dropped to approximately 437,000 as of September 2018, down from about 441,000 a year earlier, according to the U.S. Department of Health and Human Services. It is the first decline since 2012, with recent increases driven by substance abuse among parents. [Read More](#)

**States Prepare Contingency Plans in Case ACA Is Overturned.** *The Wall Street Journal* reported on October 21, 2019, that lawmakers in states, including Louisiana, Nevada, New Mexico, and California, are pursuing legislation to address coverage gaps and affordability issues that could occur if the Fifth U.S. Circuit Court of Appeals overturns the Affordable Care Act (ACA). At risk are subsidies for Exchange coverage, federal funds for Medicaid expansion, and protections for individual with pre-existing conditions. [Read More](#)

**Evidence that Utilization Management Poses Barrier to Addiction Medication Is Unclear, Report Says.** On October 24, 2019, the Medicaid and CHIP Payment and Access Commission (MACPAC) released a report to Congress stating that it's unclear whether utilization management (UM) policies pose barriers to accessing medication-assisted treatment (MAT). However, the report did note a trend among states to reduce the use of prior authorization for MAT. The report looked at UM policies in eight states: Arkansas, Illinois, Maine, Missouri, Tennessee, Utah, Washington, and West Virginia. Policies included preferred status, prior authorization, step therapy, prescription limits, quantity or dose limits, and lifetime limits. [Read More](#)

**Addiction Experts Question Emphasis on Suboxone in Opioid Settlement.** *Stateline/The Associated Press* reported on October 23, 2019, that experts question the emphasis placed on opioid addiction treatment Suboxone in settlement talks among pharmaceutical companies, states, and local communities. Instead, addiction experts stress the need for willing prescribers and access to treatment programs. A recent settlement between leading drug distributors and two Ohio counties includes \$25 million worth of Suboxone. A proposed national settlement could include up to \$26 billion of Suboxone over 10 years. [Read More](#)

**CMS Defends Healthcare Efforts During House Committee Hearing.** *Modern Healthcare* reported on October 23, 2019, that Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma defended initiatives by the Trump administration on a range of healthcare issues, including Medicaid work requirements and short-term insurance. Verma, who made the remarks during a House Energy and Commerce Committee hearing, said that short-term health plans are "better than no insurance at all." Committee members expressed concerns over an increase in the number of uninsured, access to care, and the lack of a plan from the administration in the event that the Affordable Care Act is invalidated. [Read More](#)



## INDUSTRY NEWS

**Five Additional States Tap Lyft for Medicaid NEMT Services.** *Fierce Healthcare* reported on October 24, 2019, that Georgia, Michigan, Missouri, Tennessee, and Virginia have chosen Lyft for their Medicaid non-emergency medical transportation (NEMT) services. Lyft also provides Medicaid NEMT services in Arizona. [Read More](#)

**Community Health Systems to Sell Three Virginia Hospitals to Bon Secours.** Community Health Systems announced on October 28, 2019, that its affiliates have signed a definitive agreement to sell three Virginia hospitals and associated assets to subsidiaries of Bon Secours Mercy Health, Inc. The hospitals are the 300-bed Southside Regional Medical Center in Petersburg, 105-bed Southampton Memorial Hospital in Franklin, and 80-bed Southern Virginia Regional Medical Center in Emporia. The deal is subject to regulatory approvals and expected to close by the end of 2019. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
November 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
December 1, 2019	Texas STAR and CHIP	Awards	3,400,000
December 17, 2019	Pennsylvania HealthChoices Physical Health	Proposals Due	2,260,000
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
January 6, 2020	Indiana Hoosier Care Connect ABD	Proposals Due	90,000
February 1, 2020	North Carolina - Phase 1 (delayed) & 2	Implementation	1,500,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
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
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
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

---

[Delaware Valley Accountable Care Wins 2019 Doyle Award for Innovative Post-Acute Care Strategy](#)

---

## HMA NEWS

---

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

#### Medicaid Data

- Indiana Medicaid Managed Care Enrollment is Flat, Sep-19 Data
- New York CHIP Managed Care Enrollment is Up 7.3%, Sep-19 Data
- New York Dual Demo Enrollment is Down 27.8%, Sep-19 Data
- New York Medicaid Managed Care Enrollment is Down 0.9%, Sep-19 Data
- Oklahoma Medicaid Enrollment is Flat, Sep-19 Data
- Pennsylvania Medicaid Managed Care Enrollment is Down 1.5%, Sep-19 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Alabama Medicaid Pharmacy Average Acquisition Cost Program RFP and Related Documents, 2019
- Colorado Medicaid Enterprise Systems Services Integrator RFI and Amendments, Oct-19
- Idaho Medicaid Non-Emergent Medical Transportation (NEMT) Services RFI, Oct-19
- Indiana Prior Authorization & Utilization Management Services RFP, Proposals, & Awards, 2018-19
- Indiana Hoosier Care Connect Managed Care RFP and Related Documents, Oct-19
- Louisiana Medicaid MCO Contract Amendments, 2019
- Maryland Quality of Life Surveys for Medicaid Long Term Services and Supports Participants RFP and Related Documents, 2019
- New York Electronic Visit Verification (EVV) Solutions RFI, Oct-19
- New York Electronic Visit Verification (EVV) Stakeholder Convening Report, 2019

##### *Medicaid Program Reports, Data and Updates:*

- MACPAC Utilization Management of Medication-Assisted Treatment in Medicaid Report, Oct-19
- Arizona Financial and Program Accountability Report for Children in CMDP FY 2018, Oct-19
- Arizona Report on Uncompensated Hospital Costs and Hospital Profitability, Oct-19
- California Advancing and Innovating Medi-Cal (CalAIM) Initiative Proposal and Presentations, Oct-19
- Florida Medicaid Eligibility by County, Age, Sex, Sep-19 Data
- Florida Medicaid Managed Care Auto-Assignment Methodology Report, Oct-19
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-18, Sep-19
- Nevada Medical Care Advisory Committee Meeting Materials, Oct-19
- New Jersey Medical Assistance Advisory Council Meeting Materials, Oct-19
- Oregon Medicaid Advisory Committee Meeting Materials, Oct-19



- Texas OIG Quarterly Reports, 2019
- Utah Medical Care Advisory Committee Meeting Materials, Sep-19

Virginia Medallion 4.0 and CCC Plus Medicaid Operations Analysis, 2017-19A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

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

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at [cmercurio@healthmanagement.com](mailto:cmercurio@healthmanagement.com).

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With 23 offices and over 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.