

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... November 20, 2019



In Focus



HMA Roundup



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Edited by:

Greg Nersessian, CFA

[Email](#)

Carl Mercurio

[Email](#)

Alona Nenko

[Email](#)

THIS WEEK

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IN FOCUS

CALIFORNIA RELEASES MEDICAID DELIVERY SYSTEM WAIVER PROPOSAL

This week, our *In Focus* section reviews the California Advancing and Innovating Medi-Cal (CalAIM) proposal, issued by the California Department of Health Care Services (DHCS) on October 28, 2019. CalAIM would implement broad delivery system, program, and payment reform for the state's Medicaid program. The proposal 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. According to DHCS, the three key goals of the proposal are to:

1. Identify and manage member risk and need through whole person care approaches and address social determinants of health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Under the proposal, Medi-Cal managed care, Whole Person Care pilots, and the Health Homes Program will be transitioned to new 1915(b) waivers. The state will also require mandatory enrollment of individuals who are dually eligible for Medicaid and Medicare into Medi-Cal managed care organizations (MCOs) in all 58 California counties. Medi-Cal MCOs will also be required to operate Dual Eligible Special Needs Plans (DSNPs) in their Medi-Cal service areas.

We have included some highlights from the CalAIM proposal below. For all the details, please see the [proposal](#).

Identifying and Managing Member Risk and Need through Whole Person Care Approaches and Addressing Social Determinants of Health

CalAIM includes reforms to better identify and manage member risk through whole person care approaches. To achieve this, DHCS would implement a population health management program requiring plans to focus on preventative and wellness services, assess member risks and needs, manage member outcomes through care coordination, and mitigate social determinants of health and health disparities. A statewide enhanced care management benefit would build on the current Health Homes Program and Whole Person Care pilots and transition those pilots to this new benefit to address clinical and non-clinical needs of high-need beneficiaries. DHCS is also proposing flexible wrap-around services that an MCO would integrate into its population health strategy. These voluntary services try to prevent hospital or skilled nursing facility admissions. Along with enhanced care management, these services would allow for integration opportunities, including an incentive for building an integrated, managed long-term services and supports (MLTSS) managed care program by 2026.

Under the CalAIM proposal, California will also begin developing a request for proposals (RFP) for Full Integration Plans, which would provide physical health, behavioral health, and oral health. Medi-Cal managed care, mental health managed care, substance use disorder managed care, and dental would all be consolidated under one contract. An RFP is expected sometime between January through July 2022. Awards would be announced July 2022 with implementation beginning January 2024.

By January 2022, DHCS proposes to mandate the county inmate prerelease Medi-Cal application process to ensure inmates receive timely access to Medi-Cal services upon release from incarceration. The state may also pursue an Institutions for Mental Disease (IMD) expenditure waiver.

DHCS will also consider developing a different model of care for children and youth in foster care. In 2020, the state would hold workshops for interested stakeholders, including: the Department of Social Services; the Department of Education; child welfare county representatives and state level associations; Medi-Cal managed care plans; behavioral health managed care plans; juvenile justice and probation; foster care consumer advocates; regional centers; and judicial entities.

Moving Medi-Cal to a More Consistent and Seamless System by Reducing Complexity and Increasing Flexibility

To reduce complexity and increase flexibility, DHCS is proposing a number of reforms pertaining to managed care, behavioral health, dental, and county-based services. Once such reform would be to standardize the managed care plan benefits, so that all MCOs provide the same benefit package. To eliminate enrollment practices that vary by geographical location and population, by January 2021 non-dual eligible Medi-Cal beneficiaries, and by January 2023 dual beneficiaries, would be required to be enrolled mandatorily in an MCO.

By the end of 2022, the state plans to discontinue the Cal MediConnect pilot program and transition dual eligibles from the Coordinated Care Initiative into Medi-Cal plans. By 2026, California hopes to implement MLTSS statewide in Medi-Cal plans.

By 2022, DHCS would implement an annual health plan open enrollment process. Beneficiaries would only be able to switch plans during this time, beginning November 2021.

Medi-Cal plans would also be required to be accredited by the National Committee for Quality Assurance (NCQA) by 2025.

DHCS is also proposing the administrative integration of specialty mental health and substance use disorder services into one behavioral health managed care program.

Timeline

Key activities are included in the table below. For a comprehensive timeline of all activity, please see the [proposal](#).

Date	Implementation Activity
November 2019 - February 2020	Stakeholder engagement process
December 31, 2020	Medi-Cal 2020 1115 waiver expires
January 1, 2021	Managed Care Authority: Shifts to 1915(b) authority
	Implementation of the following CalAIM proposals:

	<ul style="list-style-type: none"> • Population health management • Enhanced care management/In lieu of services • Shared savings and incentive payments • PRIME transitions to Quality Improvement Program • Dental benefits and pay for performance • Managed care benefit standardization • Non-dual managed care enrollment standardization • Long-term care integration • Regional rates Phase I • Behavioral health payment reform (at the earliest for HCPCS Level I code implementation) • Substance use disorder managed care renewal and policy improvements • Changes to behavioral health medical necessity
	Behavioral Health Administrative Integration
	Begin technical assistance of the County Inmate Pre-Release Application Process
	Begin building managed care contract and RFP
	Begin assessing County Performance Standards
	Policy work for Long-Term Plan for Foster Care based on workgroup recommendations
November 2021	Medi-Cal managed care plan open enrollment begins
January 1, 2022	County Inmate Pre-Release Application Process Implementation
	Annual Open Enrollment: Effective date of enrollment into Medi-Cal plans selected during first open enrollment period
January – July 2022	Full Integration Plans RFP
July 2022	Full Integration Plans Awards
December 31, 2022	Cal MediConnect program ends
January 2023	Require statewide mandatory enrollment of dual eligibles in a Medi-Cal managed care plan
	All Medi-Cal health plans required to operate Dual Eligible Special Needs plans in all service areas for which they operate as an Medi-Cal managed care plan
January 2024	Full Integration Plan Implementation
January 2025	All Medi-Cal managed care plans required to be NCQA accredited
January 2026	Managed Long-Term Services and Supports, Long-Term Care, Dual Eligible Special Needs Plans Full Implementation
	Behavioral Health Managed Care: Submit for a single, integrated behavioral health managed care plan in each county or region responsible for providing, or arranging for the provision of, specialty mental health and substance use disorder services under the 1915(b) waiver

Source: California Department of Health Care Services

[Link to California Advancing and Innovating Medi-Cal \(CalAIM\) Proposal](#)



HMA MEDICAID ROUNDUP

Colorado

Colorado Issues Recommendation for Public Option. On November 15, 2019, Colorado regulators issued the final recommendation for development of a public Exchange option. The proposal, released by the Division of Insurance and the Department of Health Care Policy & Financing, is expected to reduce insurance premiums up to 10 percent. The report also recommends the creation of a public option Advisory Board. The public option, which was approved by the state legislature in 2019, would be available January 1, 2022. [Read More](#)

Florida

Florida Budget Proposal Includes \$94.8 Million in New IDD Funding. *CBS Miami* reported on November 18, 2019, that a budget proposal from Florida Governor Ron DeSantis includes \$94.8 million in new Medicaid funding for individuals with intellectual and developmental disabilities (IDD) as well as \$239 million to offset accumulated deficits in the Agency for Persons with Disabilities. The proposed budget also includes \$20 million for a contractor to help implement the state's prescription-drug importation program. [Read More](#)

Idaho

Idaho Wins Approval to Proceed With Medicaid Expansion. *The Idaho Press-Tribune* reported on November 14, 2019, that Idaho received federal regulatory approval to proceed with Medicaid expansion on schedule on January 1, 2020. The approval does not affect the status of the state's federal waiver applications for work requirements and a family planning clause. [Read More](#)

BYU-Idaho No Longer Accepts Medicaid for Full-Time Students. *Modern Healthcare/The Associated Press* reported on November 14, 2019, that Brigham Young University-Idaho will no longer accept Medicaid as health insurance for full-time students. Instead, students without private insurance will be required to purchase a BYU-backed health plan, which can cost from \$81 per month for single coverage to \$678 per month for family. The BYU-backed plan, which has an annual coverage cap, is administered by Deseret Mutual Benefit Administrators, an organization established by the Church of Jesus Christ of Latter-day Saints. [Read More](#)

Illinois

Addus Homecare Announces CMS Approval for Illinois In-Home Care Rate Increases. Addus Homecare announced on November 18, 2019, that the Centers for Medicare & Medicaid Services (CMS) has approved two Medicaid in-home care rate increases in Illinois. The rates will increase by 10.9 percent and 7.7 percent on December 1, 2019 and January 1, 2020, respectively. [Read More](#)

Kansas

Kansas Health Official Says Medicaid Work Requirements Would Be Burdensome. *The Wichita Eagle* reported on November 19, 2019, that Medicaid work requirements for expansion members would result in “huge amounts” of churn, increased costs, and additional administrative burden, according to Lee Norman, secretary of the Kansas Department of Health and Environment. Norman made the remarks to lawmakers during an update of the state Medicaid program. While Senate Majority Leader Jim Denning (R-Overland Park) introduced Medicaid expansion legislation without work requirements, other Republicans are still pursuing the idea. [Read More](#)

Kansas Says Medicaid MCO Is Making Progress on Hospital Payments. *KBIA* reported on November 19, 2019, that Aetna is making progress in improving the timeliness of payments to hospitals serving Medicaid members, according to Kansas Department of Health and Environment. The state, which approved a corrective action plan in September, says that the response from Aetna has been good. [Read More](#)

Kentucky

Kentucky Lawmakers Abandon Push for Medicaid Work Requirements. *89.3 WFPL* reported on November 18, 2019, that a Kentucky legislative task force declined to recommend that lawmakers write Medicaid work requirements into state law. Rep. David Meade (R-Stanford), co-chair of the Public Assistance Reform Task Force, said the issue is no longer top of mind for Republican lawmakers. The news comes after Governor-elect Andy Beshear vowed to rescind the Medicaid waiver proposal that called for work requirements. [Read More](#)

Louisiana

Louisiana Governor Is Reelected in Part on Support of Medicaid Expansion. *Vox* reported on November 16, 2019, that Louisiana Governor John Bel Edwards won a second term by casting himself as a conservative Democrat who supports Medicaid expansion. Edwards defeated Republican businessman Eddie Rispone. Edwards remains the only Democratic governor in the Deep South. [Read More](#)

Louisiana to Pay \$13.4 Million to Settle Allegations of Falsified Medicaid Claims. *McKnight's Long-Term Care News* reported on November 14, 2019, that the Louisiana Department of Health (LDH) has agreed to pay the Department of Justice (DOJ) \$13.4 million to settle allegations that the agency submitted and paid fraudulent Medicaid claims for nursing home and hospice services. DOJ alleged that the state falsified the claims to receive a higher federal share of Medicaid payments. [Read More](#)

Maine

Maine Boosts Substance Use Treatment through Medicaid Expansion. *Beacon* reported on November 18, 2019, that 5,752 Medicaid expansion beneficiaries in Maine are now receiving treatment for substance use disorder (SUD). More than half of Medicaid expansion beneficiaries in the state are being treated for mental health or substance use issues. [Read More](#)

Missouri

Missouri University Contributes \$250,000 to Medicaid Expansion Ballot Initiative. *The St. Louis Post-Dispatch* reported on November 18, 2019, that Washington University has contributed \$250,000 to support a 2020 Missouri Medicaid expansion ballot initiative. The initiative needs about 172,000 signatures by May 2020 to appear on the November ballot. [Read More](#)

Nebraska

Nebraska Advocates, Legislators Blame Medicaid Reimbursement Rates for Rural Nursing Home Closures. *The Omaha World-Herald* reported on November 16, 2019, that healthcare advocates, providers, and some lawmakers in Nebraska say low Medicaid payment rates are the reason for rising rural nursing home closures. Senate Appropriations Committee chairman John Stinner (R-Gering) said that higher payment rates would be one way to ensure revenues cover costs for rural nursing homes. [Read More](#)

New Jersey

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

New Jersey Proposed Bill to Establish Regional Health Hub Program to Replace Medicaid ACO Demonstration. On November 18, 2019, New Jersey Assemblyman Louis Greenwald (D-Camden, Burlington) introduced a bill (A5977) to replace the Medicaid Accountable Care Organization (ACO) demonstration project with a Regional Health Hub Program, which would designate existing Medicaid ACOs and look-alike organizations as Regional Health Hubs. The three-year ACO demonstration began in July 2015 and was given a one year extension. The bill would require the New Jersey Department of Human Services to establish the Program, designate and certify Regional Health Hubs in appropriate areas of the State. It has been referred to the Assembly Health and Senior Services Committee. A workgroup formed by the New Jersey Health Care Quality Institute first proposed the transition of the Medicaid ACOs to Regional Health Hubs in 2016 following recommendations from its Medicaid 2.0 project which created a Blueprint to redesign and modernize the New Jersey Medicaid program. [Read More](#)

North Carolina

North Carolina Suspends Medicaid Managed Care Transition Amid Budget Dispute. *The News & Observer* reported on November 19, 2019, that the North Carolina Department of Health and Human Services suspended the state's transition to Medicaid managed care amid a budget disagreement. The transition was scheduled to start February 1, 2020. Approximately 70,000 Medicaid members have already enrolled in one of the five Medicaid managed care plans contracted by the state: Blue Cross Blue Shield of North Carolina, AmeriHealth Caritas, UnitedHealthcare, WellCare, and Carolina Complete Health (Centene). [Read More](#)

Ohio

Ohio Medicaid Work Requirements to Launch in 2021. *WOSU* reported on November 13, 2019, that Ohio is set to implement work requirements for its Medicaid expansion population in January 2021. The program, which would impact about 60,000 individuals, would require beneficiaries to report 80 hours per month of work or risk losing coverage. [Read More](#)

Oklahoma

Oklahoma Ruling Cuts \$100 Million From Opioid Damages Owed by Johnson & Johnson. *The Hill* reported on November 15, 2019, that Cleveland County District Court Judge Thad Balkman is now ordering drug maker Johnson & Johnson to pay \$465 million for its role in the state's opioid crisis, down from the \$572 million originally. The reduction stems from a calculation error. Johnson & Johnson said it would continue its appeal. [Read More](#)

Pennsylvania

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

Pennsylvania to Request Delay in Implementation of EVV. On November 13, 2019, Pennsylvania announced it will formally request a Good Faith Effort Exemption from the Centers for Medicare & Medicaid Services (CMS) to delay the implementation of the Electronic Visit Verification (EVV) mandate to allow for necessary time for providers of Personal Care Services to fully prepare for EVV. The state is seeking an extension to allow additional time for providers using Alternate EVV systems to go through the necessary testing and become integrated to feed EVV data to the DHS Aggregator. If approved by CMS, the extension will allow the Department of Human Services (DHS) to extend the soft launch period and implement a tiered compliance structure before the denial of payments. If the Good Faith Effort Exemption is denied, EVV will be mandated as of January 1, 2020. DHS will update stakeholders on the Good Faith Effort Exemption request response from CMS. [Read More](#)

Pennsylvania Releases Three-Year Strategic Plan for DHS. On November 13, 2019, the Pennsylvania Department of Human Services released a three-year strategic plan that outlines the agency's guiding principles and establishes four overarching goals. [Read More](#)

Pennsylvania Issues RFI for Statewide Resource and Referral Tool. On November 15, 2019, the Pennsylvania Department of Human Services (DHS) released a request for information (RFI) to get input for a Statewide Resource and Referral Tool (R&RT). DHS believes a statewide R&RT would decrease fragmentation across stakeholders and improve care and service coordination of Pennsylvania families. [Read More](#)

Pennsylvania to Host Open Forum Discussion on Upcoming MMIS Procurement. On November 14, 2019, the Pennsylvania Department of Human Services (DHS) will host an open forum discussion on the Medicaid Management Information System (MMIS) Platform Project - Outpatient Drug Module procurement. Topics for discussion include Medical Assistance Pharmacy industry standards, supplier community insight and expertise, best practices, and current and future technology enhancements relative to the MMIS 2020 Platform Project. The event will be on December 6, 2019. [Read More](#)

Wisconsin

Wisconsin Delays Medicaid Work Requirements Until Early 2020. *The Wisconsin State Journal* reported on November 18, 2019, that Wisconsin has delayed the implementation of Medicaid work requirements until January 2020. Implementation was originally set for November. Other changes to take effect in February include monthly premiums of up to \$8, copays for non-emergency ER visits of \$8, and incentives for healthy behaviors. [Read More](#)

Wyoming

Wyoming Legislative Committee Clears Medicaid Expansion Bill. *U.S. News/The Associated Press* reported on November 13, 2019, that the Wyoming Joint Revenue Committee advanced a Medicaid expansion bill to the full legislature. The bill would require Governor Mark Gordon to direct the departments of health and insurance to explore options for expanding Medicaid eligibility. Expansion would cover a projected 19,000 individuals. [Read More](#)

National

CMS Backtracks on Guidance for Medicaid Block Grants, Per Capita Caps. *McKnight's Long-Term Care News* reported on November 18, 2019, that the Centers for Medicare & Medicaid Services (CMS) has withdrawn proposed guidance for states considering Medicaid block grants and per capita caps. The guidance was under consideration by the Office of Management and Budget. Earlier this month, Medicaid Administrator Seema Verma said that the guidance was forthcoming. [Read More](#)

CMS Reports Decline in Improper Medicare Payments in Fiscal 2019. *Modern Healthcare* reported on November 19, 2019, that the rate of improper Medicare fee-for-service payments fell to 7.25 percent of claims in fiscal 2019, ended September 30, compared to 8.12 percent in fiscal 2018. The improper payment rate for Medicaid was 14.9 percent, and for the Children's Health Insurance Program (CHIP) it was 15.8 percent. Comparable fiscal 2018 rates for Medicaid and CHIP weren't available. [Read More](#)

Medicaid Recipients Struggle to Win Approval for Out-of-State Care for Rare Conditions. *The Chicago Tribune* reported on November 18, 2019, that Medicaid members with rare diseases can have a difficult time getting health plans to approve out-of-state care. The Office of Inspector General is planning to review the extent to which Medicaid managed care organizations have denied services or payments. [Read More](#)

CMS Releases Rules Aimed at Increasing Hospital, Health Plan Price Transparency. *Health Payer Intelligence* reported on November 15, 2019, that the Centers for Medicare & Medicaid Services (CMS) released a proposed rule that would require health plans to release health care prices and cost-sharing information to members, including negotiated rates paid by plans to providers for services. CMS is accepting public comments on the Transparency in Coverage rule, which would take effect one year after being finalized. CMS also issued a final rule requiring health systems to post standard fees online. The 2020 Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) Price Transparency Requirements for Hospitals to Make Standard Charges Public Final Rule would take effect in January 2021. [Read More](#)

Warren Proposes Gradual Implementation of Medicare for All. *The New York Times* reported on November 15, 2019, that Senator Elizabeth Warren (D-MA) has released a three-year timeline for the transition to Medicare for All. The first phase of her proposal calls for lowering Medicare eligibility to age 50 and implementing a public option. [Read More](#)

Trump Administration Is Revising Drug Pricing Proposal. *The Hill* reported on November 13, 2019, that the Trump administration is revising its proposal to lower prices for physician-administered Medicare drugs and is now seeking parity with prices in other nations. Under the original proposal, drug prices would have been reduced, but still higher than in other nations. [Read More](#)

Congress to Further Delay \$4 Billion in Medicaid DSH Cuts. *Modern Healthcare* reported on November 14, 2019, that Congress will likely further delay \$4 billion in Medicaid disproportionate-share (DSH) cuts and will not reform the DSH formula this year. In September, the House passed a budget resolution that temporarily delayed the cuts through November 21. Senate Finance Chairman Chuck Grassley (R-Iowa) wants hospitals to agree to disclose all public funding they receive, including non-DSH supplemental payments, in return for extending the delay. [Read More](#)

CMS Releases Sample Language for State Medicaid, D-SNP Contracts. On November 14, 2019, the Centers for Medicare & Medicaid Services (CMS) released sample language for contracts between Dual Eligible Special Needs Plans (D-SNPs) and state Medicaid agencies. The language, which was released by the CMS Medicare-Medicaid Coordination Office's Integrated Care Resource Center, complies with requirements issued by CMS in April 2019 to increase the level of Medicare and Medicaid coordination and integration provided by D-SNPs. [Read More](#)

Medicaid IAP Hosting Value-Based Payment for Fee-for-Service Home and Community-Based Services Informational Webinar. The Medicaid Innovator Accelerator Project's (IAP's) Community Integration through Long-Term Services and Supports (CI-LTSS) Program Area is launching a seven-month technical assistance opportunity for Medicaid agencies and their team partners seeking to design value-based payment (VBP) strategies for fee-for-service (FFS) home and community-based services (HCBS). An informational webinar will be held on Thursday, November 21, 2019, 3:30 pm to 4:30 pm ET. During the webinar, participants will learn about the goals, structure, and technical support approach for working with states on VBP for FFS HCBS. Selected states will have the opportunity to work with HCBS industry experts through their individualized technical support and state-to-state learning activities including shared savings and non-financial incentives. This technical support opportunity is open to states at all levels of experience and progress in developing a VBP strategy for FFS HCBS. States that have previously participated in the Medicaid IAP CI-LTSS tracks are welcome to submit an expression of interest for this technical assistance opportunity. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register [here](#).



INDUSTRY NEWS

Sutter Health, Physicians Settle Lawsuit Alleging Stark Law Violations. *Modern Healthcare* reported on November 18, 2019, that Sutter Health and a physicians' group agreed to pay the federal government \$46.1 million to settle alleged Stark Law violations. The allegations included improper Medicare billing and improper financial relationships between Sutter and Sacramento Cardiovascular Surgeons Medical Group. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
November/December 2019	Kentucky	Awards	1,200,000
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 (DELAYED)	North Carolina - Phase 1 & 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

HMA WELCOMES

Suzanne Rabideau – Senior Consultant

A transformational health and human services leader, Suzanne Rabideau has more than 25 years of experience working with, and inspiring individuals, youth, families, organizations, and communities to reach their health and health system goals. Her career has included working as a mental health and family therapist, a state Medicaid leader, as chief executive officer for a behavioral health provider organization specializing in crisis services, and as a health and human services consultant.

Suzanne's focus of work at HMA covers delivery system design including integrated approaches, system collaborations, learning communities, clinical practice, and operational transformation within and between health and human service providers. Suzanne is skilled at working with others to design approaches that deploy high touch, high tech and high support approaches. She delights in helping others align clinical, operational and financial strategies to achieve goals.

Before joining HMA, Suzanne was a successful independent consultant and business owner. Her client work included supporting Medicaid agencies, national managed care organizations, and provider organizations to develop and implement programs in line with new value-based approaches. She also helped clients write and win proposals for Medicaid, facilitated tech-enabled innovative client services, facilitated community coalitions and provided interim leadership during times of transition.

In addition, she served as president and chief executive officer for the Crisis Response Network, a startup that became a national leader in crisis response services including call center, community response, crisis urgent care, and in-patient programs. Suzanne led the implementation of tech-enabled solutions to support evidence-based practices and meet and exceed operational and clinical outcomes.

She previously served the state of Arizona as a senior policy advisor for Medicaid programs where she led state agency projects, including implementing the largest behavioral health managed care Medicaid contract in the country. She also designed and directed the restructuring of the state's behavioral health regularizing documents. Also, she was part of a team charged with implementing a redesign of the state Medicaid behavioral health delivery system. The work allowed providers such as the Boys and Girls Club and homes health providers to add services including peer and family support services and living skills.

She has a Master of Business Administration in healthcare management from Western International University, a Master of Arts in family therapy from Ottawa University and a bachelor's degree in psychology from Arizona State University.

HMA NEWS

Our Team Provides Comprehensive Insights for What's Ahead. HMA's expanding team of Medicare consultants are among the nation's most sought-after advisors who use their expertise to help clients navigate and succeed in the ever-changing Medicare landscape.

With unmatched experience and diverse backgrounds in policy, data analytics, business and clinical operations, our HMA Medicare experts provide unparalleled insights and knowledge to help clients solve their greatest Medicare challenges.

From harnessing data to developing new business and policy insights or innovative Medicare Advantage strategies, our HMA experts are ready to help your organization succeed. [Meet our experts](#)

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

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 1.4%, Nov-19 Data
- California Dual Demo Enrollment is Down 3.2%, Oct-19 Data
- California Medicaid Managed Care Enrollment is Down 1.7%, Oct-19 Data
- Colorado RAE Enrollment is Down 3.5%, Oct-19 Data
- Florida Medicaid Managed Care Enrollment is Down 2.2%, Oct-19 Data
- Illinois Dual Demo Enrollment is Up 6.7%, Oct-19 Data
- Illinois Medicaid Managed Care Enrollment is Down 1.4%, Oct-19 Data
- Indiana Medicaid Managed Care Enrollment is Flat, Oct-19 Data
- Iowa Medicaid Managed Care Enrollment is Up 3.8%, Nov-19 Data
- Mississippi Medicaid Managed Care Enrollment is Down 0.5%, Nov-19
- Tennessee Medicaid Managed Care Enrollment is Up 5.3%, Oct-19 Data
- Utah Medicaid Managed Care Enrollment is Down 4%, Nov-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Medicaid Pharmacy Services (Medi-Cal Rx) Final RFP, Attachments, and Award, Nov-19
- Delaware Non-Emergency Medical Transportation Services RFP, Contract, and Renewal Notice, 2010-19
- Michigan Medicaid Non-Emergency Medical Transportation (NEMT) Broker for Wayne, Oakland and Macomb Counties RFP and Contract, 2018-19
- New Jersey Fee-For-Service Transition Consultant RFQ, Nov-19
- North Carolina DHB Healthy Opportunities Lead Pilot Entity RFP and Fact Sheet, Nov-19
- Ohio Medicaid QI Capacity Building RFP, Nov-19
- Pennsylvania DHS Statewide Resource and Referral Tool RFI, Nov-19
- Wisconsin DMS Program Integrity Module Services RFP and Related Documents, Oct-19

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 71.9 Million, Aug-19 Data
- HMA New York Provider Conference Slides – Make Your New Risk Model Pay

- Alabama Coordinated Health Network (ACHN) Materials, 2018-19
- California DHCS Comprehensive Quality Strategy Draft Report, Nov-19
- California Medi-Cal 2020 Demonstration 1115 Waiver and Documents, 2015-19
- Colorado Children's Health Plan Plus Caseload by County, Oct-19
- Illinois Medicaid Eligibility Backlog Quarterly Report, Nov-19
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- North Carolina Medical Care Advisory Committee Meeting Materials, Nov-19
- Ohio Medicaid Enrollment by Eligibility Category, Oct-19
- Oklahoma Medicaid Enrollment by Age, Race, and County, Oct-19 Data
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- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-18, Sep-19
- Texas Medicaid EVV Draft Rules, Nov-19
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- Virginia Medicaid Expansion Enrollment Dashboard, Nov-19

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