

HEALTH MANAGEMENT ASSOCIATES  
**HMA Weekly Roundup**

Trends in State Health Policy

..... December 11, 2019 .....



[RFP CALENDAR](#)

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## THIS WEEK

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- CONNECTICUT REACHES AGREEMENT ON HOSPITAL PROVIDER TAX
- KENTUCKY LEGISLATIVE COMMITTEE REJECTS MEDICAID MANAGED CARE AWARDS, GOVERNOR-ELECT PLEDGES TO REVIEW
- NORTH CAROLINA OFFICIAL SAYS TRANSITION TO MANAGED CARE WILL EVENTUALLY HAPPEN
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## IN FOCUS

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### D-SNP 2021 INTEGRATION REQUIREMENTS: OPPORTUNITIES FOR PLANS, STATES TO PARTNER ON MEDICARE-MEDICAID INTEGRATION

This week, our *In Focus* section provides a high-level overview of the new Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP) integration requirements in the Centers for Medicare & Medicaid Services (CMS) April 16, 2019, [final rule](#)<sup>i</sup> for calendar year (CY) 2021. CMS recently released two publications providing guidance and technical assistance to assist with the

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<sup>i</sup> Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021.

implementation of these new opportunities: the November 14, 2019, CMCS Informational Bulletin<sup>ii</sup> and Integrated Care Resource Center technical assistance tool Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans.<sup>iii</sup> Both identify steps to ensure that states' Medicaid agency contracts (SMACs) with D-SNPs comply with the new 2021 requirements, and further encourage states and D-SNPs to work together to address the often fragmented care provided to the Medicare-Medicaid dually eligible population.

CMS outlined three ways D-SNPs may meet CY 2021 integration requirements which must be reflected in D-SNP SMACs. D-SNPs must do at least one of the following:

1. Meet CMS requirements to *be designated as a fully integrated D-SNP (FIDE SNP)* by providing coverage of Medicaid long-term services and supports (LTSS)<sup>iv</sup> and behavioral health, consistent with state policy, under a single entity (Note: Complete carve-out of behavioral health coverage by the state Medicaid agency is permitted.);
2. Meet CMS requirements to *be designated as a highly integrated D-SNP (HIDE SNP)* by providing coverage of Medicaid LTSS and/or behavioral health services, consistent with state policy, under a capitated contract with the Medicare Advantage organization, or its parent company, or another entity owned by the Medicare Advantage organization/parent organization; or
3. Notify the state, or its designee, of hospital or SNF admissions for at least one group of high-risk, full benefit dually eligible individuals.<sup>v</sup>

*See Appendix A – CMS Attributes of FIDE SNPs and HIDE SNPs for further detail.*

For CY 2021, D-SNPs and affiliated Medicaid managed care plans with exclusively aligned enrollment,<sup>vi</sup> referred to by CMS as “applicable integrated plans,” must also implement unified appeals and grievance procedures outlined in 42 CFR 422.629-634.

CMS further clarified that states and D-SNPs have opportunities to work together to identify D-SNP designation tailored to individual state readiness and capacity to coordinate and integrate Medicare and Medicaid benefits. D-SNPs may partner with states to:

- *Establish data sharing for D-SNPs without HIDE or FIDE SNP designation* – States and health plans may work together to develop the process for sharing information with the state, or its designee, on hospital and SNF

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<sup>ii</sup> *Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021*, CMCS Informational Bulletin, November 14, 2019.

<sup>iii</sup> *Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans*, Technical Assistance Tool, Integrated Care Resource Center, November 14, 2019.

<sup>iv</sup> Including nursing facility services for at least 180 days per plan year.

<sup>v</sup> *Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021*, CMCS Informational Bulletin, November 14, 2019.

<sup>vi</sup> Exclusively aligned enrollment is when a state limits FIDE SNP or HIDE SNP enrollment to membership in a Medicaid managed care plan offered by the same organization.

admissions of one or more groups of high-risk individuals enrolled in the D-SNP. This data sharing includes the notification process, timeframe and methods by which notice is provided, and criteria for identifying the one or more groups of high-risk full-benefit dually eligible individuals for whom the notice is provided.<sup>vii</sup> States and D-SNPs can identify entities well-positioned to effectively use the data to support coordination of transition planning to ensure needed services and supports are in place for individuals upon hospital or SNF discharge. (e.g. Medicaid managed care organizations, Medicaid home and community-based waiver care managers)

- *Identify and execute SMAC provisions reflecting new requirements, as well as additional policies to support the most integrated care possible for dually eligible individuals* – States and health plans can look to CMS sample SMAC contract language Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans to identify provisions that implement policies required of all D-SNPs and those applicable to HIDE SNPs and FIDE SNPs, including those that are applicable integrated plans. CMS permits states the flexibility to adopt additional contract language options that go beyond 2021 minimum integration obligations. For example, optional language may:

For all D-SNPs

- Require coordination with unaffiliated Medicaid managed care plans, the state Medicaid agency, and/or specialized Medicaid benefit contractors
- Describe coordination in D-SNPs with integrated benefits and exclusively aligned enrollment
- Require D-SNP to inform providers of verified enrollee eligibility and plan enrollment
- Require D-SNP to report changes in enrollee status that may impact enrollee eligibility
- Establish “evergreen”<sup>viii</sup> contracts with D-SNPs beginning January 1, 2021

For different types of D-SNPs (i.e. those without and with HIDE SNP or FIDE SNP designation, and those with exclusively aligned enrollment)

- Require enhanced D-SNP coordination and discharge planning
- Require D-SNPs to operate affiliated Medicaid managed care plans in the same service area(s) as their D-SNPs
- Require Medicaid managed care organizations to operate affiliated D-SNPs in the same service area(s) as their Medicaid managed care plan(s)
- Require integrated approach to beneficiary marketing materials and including of State Medicaid Agency in review of marketing materials with Medicaid information

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<sup>vii</sup> *Information Sharing to Improve Coordination for High-Risk Dual Eligible Special Needs Plan Enrollees: Key Questions for State Implementation*, Technical Assistance Tool, Integrated Care Resource Center, September 2019.

<sup>viii</sup> An “evergreen” contract is a contract that remains in effect continuously, rather than solely for a single year. *Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans*, Technical Assistance Tool, Integrated Care Resource Center, November 14, 2019.

- Require use of a single enrollee ID care for Medicare and Medicaid benefits<sup>ix</sup>

States have started to request information from stakeholders for planning for more integrated programs. For example, in October 2019, the District of Columbia released a Request for Information - Highly Integrated Dual Eligible Special Needs Plans and Enhanced Coordination for Care for Enrolled Dually and Eligible Beneficiaries and Maine release an RFI - Related to Managed Care Service Delivery for Dually Eligible Members.

Submission of SMACs for CY 2021 are due to CMS July 6, 2020. D-SNPs and states can plan for required contract updates and additional policies to support coordinated and integrated care now.

For more information, please contact [Sarah Barth](#), Principal, HMA

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<sup>ix</sup> Ibid.

## Appendix A – CMS Attributes of FIDE SNPs and HIDE SNPs

Attributes of FIDE SNPs and HIDE SNPs		
	FIDE SNP	HIDE SNP
Must have a contract with the state Medicaid agency that meets the requirements of a managed care organization as defined in section 1903(m) of the Act.	Yes	No
May provide coverage of Medicaid services via a prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP).	No	Yes
Must provide coverage of applicable Medicaid benefits through the same entity that contracts with CMS to operate an MA plan.	Yes	No. The state Medicaid contract may be with: (1) the MA organization offering the D-SNP; (2) the MA organization's parent organization; or (3) another entity owned and controlled by the MA organization's parent organization.
Must have a capitated contract with the state Medicaid agency to provide coverage of LTSS, consistent with state policy.	Yes	No, if the capitated contract otherwise covers behavioral health services.
Must have a capitated contract with the state Medicaid agency to provide coverage of behavioral health services, consistent with state policy.	No. Complete carve-out of behavioral health coverage by the state Medicaid agency is permitted.	No, if the capitated contract otherwise covers LTSS.
Must have a capitated contract with the state Medicaid agency to provide coverage of a minimum of 180 days of nursing facility services during the plan year.	Yes	No

Source: *Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021*, CMCS Informational Bulletin, November 14, 2019.



## HMA MEDICAID ROUNDUP

### *Arkansas*

**Medicaid Rate Cuts Are Blamed for Mental Health Provider Closures, Consolidation.** *The Arkansas Democrat-Gazette* reported on December 9, 2019, that several mental health providers in Arkansas have shut down or consolidated, driven by Medicaid reimbursement rate cuts and changes to payment rules. The turmoil follows the state's shift to a new Outpatient Behavioral Health Services program, which lowered rates for certain providers. [Read More](#)

### *Connecticut*

**Connecticut to Raise Medicaid, Supplemental Payments as Part of Broader Agreement on Hospital Provider Tax.** *Modern Healthcare* reported on December 10, 2019, that Connecticut will raise Medicaid and supplemental payments to hospitals as part of a broader agreement aimed at resolving a longstanding dispute over funds generated by the state's hospital provider tax. The seven-year agreement, proposed for fiscal years 2020 through 2026 by Connecticut Governor Ned Lamont, Attorney General William Tong, and the Connecticut Hospital Association, would reduce the provider tax on hospitals, settle potential hospital claims against the state, and reduce projected hospital losses. The state Legislature will vote on the agreement next week. [Read More](#)

### *Florida*

**Lawmaker Proposes Extension of 30-Day Retroactive Medicaid Eligibility.** *Health News Florida* reported on December 6, 2019, that Florida Senate Health and Human Services Appropriations chairman Aaron Bean (R-Fernandina Beach) filed a bill to extend 30-day retroactive Medicaid eligibility indefinitely. The current law expires July 1, 2020. Previously, the state allowed 90-day retroactive eligibility. [Read More](#)

## Kentucky

**Legislative Committee Rejects Medicaid Managed Care Awards, Governor-Elect Pledges to Review.** *The Louisville Courier Journal* reported on December 9, 2019, that the Kentucky General Assembly's Government Contract Review Committee voted unanimously to reject the state's recently announced Medicaid managed care contract awards. Lawmakers on the committee, which only has advisory power, said that regulators were required to submit the awards to the committee for approval. Governor-elect Andy Beshear pledged that his administration will conduct a review of the contract awards. [Read More](#)

## Maine

**Governor to Allow Increase in Nursing Homes Funds.** *The Portland Press Herald* reported on December 9, 2019, that Maine Governor Janet Mills will allow a bill increasing Medicaid payment rates to nursing homes to become law. The rate increase, which is set to begin in July, would be retroactive. Mills has been holding the bill since June over concerns that it could impact federal Medicaid funding to the state. [Read More](#)

## Michigan

**Michigan Official Proposes 'Specialty Integrated Medicaid Plans' for Individuals with Significant Behavioral Health Problems.** *Crain's Detroit Business* reported on December 5, 2019, that Michigan Department of Health and Human Services director Robert Gordon called for the creation of "specialty integrated plans" for individuals with significant behavioral health problems. The new plans would integrate both physical and behavioral health. Currently, individuals with significant behavioral needs are served by prepaid inpatient health plans for behavioral health and Medicaid managed care plans for physical health. Medicaid beneficiaries with mild to moderate behavioral health needs would continue to receive both behavioral and physician coverage from their Medicaid managed care plan. [Read More](#)

## New Hampshire

**New Hampshire to Expedite Licensing of Providers for Medicaid to Schools Program.** *The New Hampshire Union Leader* reported on December 4, 2019, that New Hampshire Governor Chris Sununu has signed an executive order to expedite the licensing of providers for the state's Medicaid to Schools program, which uses Medicaid funds for healthcare services provided in schools. Federal regulators had warned the state last year that the program would lose federal funding if professionals providing services weren't licensed providers. [Read More](#)

## New Jersey

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

**New Jersey 2020 MAAC Meeting Schedule.** The New Jersey Department of Human Services, Division of Medical Assistance and Health Services, announced that the state Medical Assistance Advisory Council will meet from 10:00 am to 1:00 pm EST at the New Jersey State Police Headquarters Complex Public Health, Environmental and Agricultural Laboratory Building in Ewing Township on the following dates:

- January 29, 2020
- April 22, 2020
- July 22, 2020
- October 21, 2020

**New Jersey 2020 Drug Utilization Review Board Meeting Schedule.** The New Jersey Department of Human Services, Division of Medical Assistance and Health Services released a public notice of the 2020 meeting schedule for the Drug Utilization Review Board (DURB). The DURB will meet from 11:00 am – 12:00 pm EST at the Division of Medical Assistance and Health Services in Quakerbridge Plaza on the following dates:

- January 22, 2020
- April 22, 2020
- July 15, 2020
- October 21, 2020

## New York

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

**New York Seeks Public Comment on Proposed Quality Measures.** The New York State Department of Health (NYSDOH) is seeking public comment on draft technical specifications for newly proposed quality measures for both the 2020 Value Based Payment (VBP) Quality Measure Set and the 2020 Quality Assurance Reporting Requirements (QARR). This includes one new measure for the Health and Recovery Plan product: the percentage of members enrolled in a HARP with a complete Home and Community Based Services needs assessment. The state also proposes changes to three of the current Community Mental Health measures:

- Employed, Seeking Employment or Enrolled in a Formal Education Program
- Stable Housing Status
- No Arrests in the Past Year

The state notes that low rates of assessment among HARP members is a concern with implementation of these three measures, as just over 30,000 of the approximately 137,000 HARP members have ever been assessed. In 2017, 39 percent of HARP members were enrolled in a Health Home and 10 percent of these enrollees were assessed.

NYSDOH seeks feedback on these measures, the technical specifications, and responses to the following questions:



1. Considering the low rates of assessment, is implementation of these three measures feasible?
2. Is measure data usable?
3. What actions can NYS take to increase the screening rate?
4. What alternatives exist for collecting information related to employment, housing, and criminal justice for the HARP population?

All comments should be submitted by Friday, December 20, 2019. The draft technical specifications, the New York State Value Sets, and the Public Comment Submission Form can be found [here](#).

**New York Receives ‘Credit Negative’ Warning from Moody’s.** *Newsday* reported on December 4, 2019, that Moody’s Investors Service issued a “credit negative” warning to New York concerning the state’s \$6.1 billion budget deficit, driven in part by a \$4 billion increase in Medicaid spending. The warning isn’t a credit downgrade. The Cuomo administration is expected to deliver a budget proposal to the legislature in January 2020. [Read More](#)

## North Carolina

**Official Says Transition to Managed Care Will Eventually Happen.** *North Carolina Health News* reported on December 5, 2019, that North Carolina’s delayed transition to Medicaid managed care will eventually move forward, according to Dave Richard, deputy secretary for Medicaid. However, Richard declined to set a revised timeline for the transition, which was indefinitely suspended in November. [Read More](#)

## North Dakota

**North Dakota Releases RFP for Medicaid Expansion Consultant.** On December 5, 2019, the North Dakota Department of Human Services released a request for proposals (RFP) for a consultant to provide expertise and guidance on the procurement of Medicaid managed care organizations (MCOs) for the state’s expansion population. The current incumbent MCO is Sanford Health Plan, serving approximately 19,500 beneficiaries. Proposals are due February 7, 2020. A winner is expected to be announced by February 28, 2020, and the anticipated contract effective date is March 16, 2020.

## Ohio

**Ohio Pharmacies Seek Further Increases in Medicaid Reimbursements.** *The Columbus Dispatch* reported on December 10, 2019, that Ohio pharmacies are calling for further increases in drug reimbursements, maintaining that the state’s recent pharmacy payment reform efforts did not go far enough. The National Association of Chain Drug Stores, which includes 1,600 Ohio pharmacies, urged the state to require that drug reimbursements from pharmacy benefit managers (PBMs) are at least equal to the price shown in the National Drug Acquisition Cost data base. Five states already use this model: Kentucky, Pennsylvania, Kansas, Louisiana, and North Carolina. [Read More](#)

## Oregon

**Oregon Says Three More CCOs Have Qualified for Five-Year Medicaid Contracts.** On December 6, 2019, the Oregon Health Authority announced that three more Medicaid coordinated care organizations have qualified for five-year contracts in the state's CCO 2.0 program: AllCare CCO, Cascade Health Alliance, and Umpqua Health Alliance. The new contracts are effective January 1, 2020. The three had originally been awarded one-year contracts. A fourth CCO, Yamhill Community Care, is making progress toward five-year approval, the state says. All told, Oregon has awarded five-year contracts to 14 CCOs. [Read More](#)

## Pennsylvania

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

**Pennsylvania Receives Federal Approval for OBRA Waiver Amendment.** On December 10, 2019, Pennsylvania announced that it received the Centers for Medicare & Medicaid Services (CMS) approval of an amendment to the Office of Long-Term Living's Omnibus Budget Reconciliation Act (OBRA) waiver. OBRA waivers are a home and community based service coordination program for individuals with developmental disabilities. Changes in the approved amendment include:

- Revise the Residential Habilitation service definition by modifying the number of hours that are defined as a day unit from a minimum of 12 hours to 8 hours.
- Revise the service definitions of Job Finding, Job Coaching, Employment Skills Development, Career Assessment and Benefits Counseling to address when employment services can be provided through the OBRA waiver
- Update Abuse Registry Screening information to reflect use of IDEMIA as the data system to process fingerprint-based FBI criminal record checks
- Revise cost neutrality estimates to reflect rate changes to the Personal Assistance Services (PAS) and Residential Habilitation waiver services.

The amendment is effective January 1, 2020. [Read More](#)

## Virginia

**Governor Seeks Additional Medicaid Funds for Maternal Health.** *WHSV* reported on December 9, 2019, that Virginia Governor Ralph Northam announced a budget proposal that includes \$22 million aimed at improving maternal health outcomes. Funding would also go toward expanding Medicaid coverage for new moms, funding home visits from providers, and addressing the racial disparity in the state's maternal mortality rate. Northam will reveal details of his budget proposal next week. [Read More](#)

**Medicaid Beneficiaries Turn to ER for Dental Care.** *The Washington Post/The Associated Press* reported on December 11, 2019, that 16,000 Virginia Medicaid beneficiaries visited the emergency room in 2018 for dental care, with more than half seeking treatment for “non-traumatic dental issues” like tooth aches and loose teeth, according to the state Department of Medical Assistance Services. Most of the visits were by adults, who aren’t covered under Medicaid for preventive dental care. [Read More](#)

**Virginia Delays Push for Medicaid Work Requirements.** *The Richmond Times-Dispatch* reported on December 4 2019, that Virginia Governor Ralph Northam delayed the state’s push for Medicaid work requirements after Democrats won full control of the state legislature. Work requirements were a key part of a bipartisan Medicaid expansion compromise, which covers 342,000 beneficiaries. [Read More](#)

## West Virginia

**West Virginia Medicaid Plan Cancels Proposed Merger with WVU Medicine.** *West Virginia MetroNews* reported on December 4, 2019, that West Virginia Medicaid managed care organization The Health Plan has cancelled its proposed merger with WVU Medicine. The two organizations had agreed in May to form an integrated managed care organization like Kaiser or Geisinger. [Read More](#)

## Wyoming

**Governor to Give ‘Fair Hearing’ to Any Medicaid Expansion Bills Passed by Legislature.** *The San Francisco Chronicle* reported on December 4, 2019, that Wyoming Governor Mark Gordon promised to give a “fair hearing” to any Medicaid expansion bill passed by the legislature. The Joint Revenue Committee has endorsed a bill to expand Medicaid up to 138 percent poverty. A projected 19,000 individuals would be covered in the first two years. [Read More](#)

## National

**Supreme Court Justices Appear to Side with Insurers in \$12 Billion ACA Risk Corridor Lawsuit.** *Reuters* reported on December 10, 2019, that a majority of U.S. Supreme Court justices appeared to side with insurers during arguments over whether the federal government is required to pay \$12 billion to health Exchange plans as part of the Affordable Care Act’s risk corridor program. The payments would cover the period from 2014-16. [Read More](#)

**Supreme Court to Hear Arguments in \$12 Billion ACA Risk Corridor Lawsuit.** *Kaiser Health News* reported on December 9, 2019, that the U.S. Supreme Court will hear arguments in a lawsuit over whether the federal government is required to pay \$12 billion to health insurance exchange plans as part of the Affordable Care Act’s risk corridor program. The payments, designed to offset health plan losses from high-risk exchange plan members, would cover the period between 2014 and 2016. Republican lawmakers led efforts to strip funding for the program in 2014. [Read More](#)

**Lawmakers Announce Bipartisan Deal to Address Surprise Medical Billing.** *Modern Healthcare* reported on December 8, 2019, that Senate health committee chairman Lamar Alexander (R-TN), House Energy & Commerce chairman Frank Pallone (D-NJ), and Energy & Commerce ranking Republican Greg Walden (OR) have announced bipartisan agreement on legislation to address surprise billing. The measure includes an arbitration process, with other details to be ironed out. Lawmakers hope the bill can be included in an end-of-the-year spending deal. [Read More](#)

**MACPAC to Meet December 12-13 in Washington, DC.** The Medicaid and CHIP Payment and Access Commission (MACPAC) will meet on December 12-13, 2019, at the Ronald Reagan Building and International Trade Center's Horizon Ballroom in Washington, DC. Day one highlights will include the forthcoming issue of *MACStats: Medicaid and CHIP Data Book*, a proposed rule on Medicaid supplemental payments, Medicaid payment errors, high-cost prescription drugs, Section 1115 waivers, Medicaid estate recovery policies, and Medicaid financing structure reforms. Day two highlights will include the Medicare Savings Program, care integration for dual eligibles, Medicaid financing in maternity care, and disproportionate share hospital payments. For the full agenda and meeting information, please click [here](#).

**Hospitals File Federal Lawsuit Over Price Transparency Rule.** *The New York Times* reported on December 4, 2019, that several hospital groups joined in filing a federal lawsuit to block a new price transparency rule released by the Trump administration. The rule would require hospitals to publicly list prices negotiated with insurers. [Read More](#)

**Senate Lawmakers Hope to Fund DSH with Savings From Drug Pricing Bill.** *Modern Healthcare* reported on December 6, 2019, that Senate Finance Committee Chair Chuck Grassley (R-IA) and ranking member Ron Wyden (D-OR) made several changes to the proposed Prescription Drug Pricing Reduction Act in an effort to garner support for the bill. The plan is to use savings from the legislation to delay cuts to disproportionate share hospital (DSH) payments for another two years. The changes, which mostly are scheduled to take effect in 2022, would reduce out-of-pocket costs for beneficiaries in Medicare Part D, allow Medicare beneficiaries to spread drug costs over time, allocate discounts more evenly across drug makers, and pass price concessions negotiated by pharmacies to consumers. The proposal would still require drug companies that raise prices faster than inflation to pay back Medicare. [Read More](#)

**MedPAC Considers Base Rate Increase, Incentive Program in Revamp of Acute Hospital Payments.** *CQ Health* reported on December 5, 2019, that the Medicare Payment Advisory Commission (MedPAC) has drafted a recommendation urging Congress to revamp acute care hospital payments, increasing base payment rates by 2 percent in 2021 and instituting an 0.8 percent incentive bonus. MedPAC is expected to vote on the recommendations in January before sending them to Congress in March. [Read More](#)

**Medicaid Innovation Accelerator Program (IAP) Hosting Reducing Substance Use Disorder Informational Webinar for New Technical Assistance Opportunities.** The Medicaid IAP Reducing Substance Use Disorders (SUD) program area is launching two new technical assistance opportunities for Medicaid agencies. All interested states are encouraged to attend an information session on **Tuesday, December 17, 2019 from 2:00 pm to 3:00 pm EST**. During the information session, states will learn about the two technical assistance opportunities and state selection process and have an opportunity to ask questions. These collaborative learning opportunities are:

- Medication-Assisted Treatment (MAT): Participating states will focus on methods to improve and expand MAT delivery services.
- SUD Data Dashboards: Participating states will design and/or update SUD data dashboards for internal and/or external audiences.

These opportunities are open to states at all levels of expertise and experience. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar. *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 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

**Financial Outlook for Not-For-Profit Hospitals Is Now ‘Stable,’ Moody’s Says.** *Modern Healthcare* reported on December 9, 2019, that Moody’s Investors Service has changed its financial outlook for not-for-profit hospitals from “negative” to “stable,” citing a Medicare pay raise and a delay in Medicaid disproportionate share payment cuts. Moody’s projects not-for-profit hospital revenues to increase four to five percent in 2020, while operating cash flow grows two to three percent. Moody’s says the increase in cash flow may drive merger and acquisition activity. [Read More](#)

**Acorn Health Acquires IL-based Behavioral Therapy Specialist.** Acorn Health announced on December 9, 2019, that it has completed the acquisition of Illinois-based Behavioral Therapy Specialist, which serves children and adults diagnosed with autism. Acorn Health now has operations in Michigan, Florida, Virginia, and Illinois. [Read More](#)

**InSight Telepsychiatry, Regroup Telehealth Announce Merger.** InSight Telepsychiatry and Regroup Telehealth announced on December 10, 2019, the merger of the two organizations. Geoffrey Boyce, chief executive of New Jersey-based InSight, has been named chief executive of the combined company. David Cohn, founder and chief executive of Chicago-based Regroup, will serve as chief growth officer. The combined organization has received investments from Harbor Point Capital, HLM Venture Partners, OCA Ventures, OSF Ventures, and Impact Engine. [Read More](#)

**NMS Capital Announces Recapitalization of Center for Social Dynamics.** NMS announced on December 4, 2019, a “substantial capital commitment” toward the recapitalization of Center for Social Dynamics (CSD), Inc., which specializes in home-based applied behavioral analysis (ABA) treatment. Under the deal, NMS founder Pete Pallares will remain chief executive of the company and retain a significant ownership stake. [Read More](#)

**Quorum Health Considers KKR Offer to Take Company Private.** *Modern Healthcare* reported on December 4, 2019, that Tennessee-based hospital operator Quorum is considering private equity firm KKR’s offer to take the company private, buying out shareholders of its common stock for \$1 per share. Quorum reported more than \$300 million in net losses in 2017 and 2018. KKR currently owns more than 9 percent of Quorum’s common stock. [Read More](#)

**Centene, WellCare Win Approval of Pending Merger from Additional States.** Centene Corp. announced on December 5, 2019, that its proposed acquisition of WellCare has been approved by state regulators in Illinois and New Jersey. A total of 27 states have now approved the deal, which is expected to be completed in the first half of 2020. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2019	Washington DC	RFP Release	276,000
2019	Massachusetts One Care (Duals Demo)	Awards	150,000
December 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

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## HMA NEWS

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**Don't Miss Out on HMA Arizona Provider Conference.** Be sure to register soon for HMA's Arizona provider conference, *Excelling at Value-Based Care: Helping Arizona Providers Through Transformation and Integration*. [Read more](#)

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

#### Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 1.3%, 2019 Data
- Georgia Medicaid Management Care Enrollment is Up 1.3%, 2019 Data
- Idaho Average Medicaid Enrollment Down 3.8%, 2019 Data
- Idaho Medicaid Spending Is Up 6.5%, 2019 Data
- Kentucky Medicaid Managed Care Enrollment is Down 3.4%, 2019 Data
- Oregon Medicaid Managed Care Enrollment is Down 0.5%, Nov-19 Data
- Pennsylvania Medicaid Managed Care Enrollment is Down 1.6%, Oct-19 Data

#### Public Documents:

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

- California ACEs Aware Draft RFP, Dec-19
- California Medicaid Pharmacy Services (Medi-Cal Rx) Final RFP, Proposals, Scoring, and Award, Nov-19
- Kentucky Medicaid Managed Care Organization (MCO) RFP, Award Notice, Contracts, and Scoring, 2019
- North Dakota Medicaid Expansion Consultant RFP, Dec-19
- Oregon Policy Development and Analysis to Expand Health Coverage and Access RFP, Nov-19

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

- Behavioral Health Organization Activity Map and Flowchart, Jul-19 Data
- Medicaid Managed Care Procurement Tracking Report, Dec-19
- Medicaid Managed Care SUD Treatment Activity Map and Flowchart, Jul-19 Data
- PWSMI Activity Map and Flowchart, Jul-19 Data
- California Medicaid Managed Care Plans Generate \$42.6 Billion in Premiums Across 25 Plans, 2018 Data
- Delaware DHSS Budget Hearing Presentation, FY 2021
- Idaho Medicaid Expansion Updates, Dec-19
- Idaho Medicaid Facts, Figures, and Trends Reports, 2013-20
- Idaho Medicaid Waivers, SPAs Timeline, Nov-19
- Illinois Continuity of Care and Administrative Simplification 1115 Waiver Presentation, Dec-19
- Kentucky Medicaid Oversight and Advisory Committee Meeting Materials, Dec-19
- Louisiana Medicaid Financial Forecast Reports, SFY 2018-19, Nov-19
- Maine IMD Exclusion for Section 1115 SUD Waiver Application, Nov-19



- Michigan Department of Health and Human Services Annual Report of Key Program Statistics, FY 2013-19
- Michigan DHHS Green Book Report of Key Program Statistics, 2017-19
- Mississippi Home and Community Based Services and Long-Term Care Waivers, 2015-19
- New Hampshire SUD 1115 Waiver Annual Report, Sep-19
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-18, Nov-19
- Nevada External Quality Review Technical Reports, SFY 2014-19
- New York Medicaid Redesign Team (MRT) 1115 Waiver, Proposed Amendments, Approval, and Related Documents, 2015-19
- Oregon Medicaid Advisory Committee Meeting Materials, Dec-19
- Rhode Island Medical Care Advisory Committee Meeting Materials, Dec-19
- Texas Quarterly Reports from the HHS Ombudsman Managed Care Assistance Team, FY 2019
- Texas Section 1115 Waiver Update to the Senate Health and Human Services Committee, Dec-19
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, Dec-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:

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- Excel data packages
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