HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

January 22, 2020

Edited by:
Greg Nersessian, CFA
Email

Carl Mercurio
Email

Alona Nenko
Email

THIS WEEK

IN FOCUS

DC, KENTUCKY MEDICAID MANAGED CARE RFPS

This week, our *In Focus* section reviews two Medicaid managed care requests for proposals (RFPs) released on January 10, 2020. The District of Columbia Department of Health Care Finance (DHCF) issued an RFP for the DC Healthy Families Program (DCHFP); the District of Columbia Healthcare Alliance Program (Alliance); and the Immigrant Children's Program (ICP) as part of a broader effort to fully transition Medicaid to managed care over the next five years. The new contracts will cover approximately 224,000 lives. Meanwhile,

the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) released a statewide Medicaid managed care RFP to serve approximately 1.2 million lives. In December 2019, Kentucky announced that it will cancel and rebid the current Medicaid managed care contracts.

DC Medicaid Managed Care RFP

In April 2019, the District of Columbia awarded contracts for the Medicaid program, DCHFP; the Alliance program, covering low-income adults not eligible for Medicaid; and the ICP, covering low-income immigrant children not eligible for Medicaid to incumbents AmeriHealth Caritas, Trusted Health Plan, and Anthem/Amerigroup. The three plans will continue to serve members through fiscal 2020, however, in September 2019, DC, announced that it would rebid the Medicaid contracts. The new contracts will cover approximately 224,000 lives, including 22,000 additional adults with Special Health Care Needs, formerly enrolled in Medicaid fee-for-service, effective October 1, 2020. DC intends to award contracts to up to three managed care organizations (MCOs).

The previous RFP, released in August 2018, came after an administrative law judge ruled in December 2017, that the District failed to treat all bidder's equally and "undermined the integrity of the procurement process," ordering DC to reevaluate the bids of the previous procurement.

Evaluation

Proposals will be scored out of a total of 112 points, consisting of technical criteria, price, and preference points. The price evaluation is objective, with the lowest price receiving the maximum score.

Evaluation Criteria	Points
Technical Criteria	**90**
Technical Approach and Methodology	**45**
Offeror's comprehensive explanation about the processes, resources, and activities it will employ to successfully implement the Medicaid managed care contract (operations and scope of work) in the District of Columbia, including the organizational description listing Offeror's proposed key personnel.	20
Offeror's detailed explanation and description of its processes for improving access and utilization of perinatal visits and birth outcomes within the eligible populations, as defined in Section B.1, including how the Offeror proposes to enhance Enrollee engagement to increase prenatal visits and Provider engagement to achieve timely access to perinatal services and improved birth outcomes.	15
Offeror's detailed explanation of its approach and methodology to ensure all of its Network Providers are enrolled as Medicaid providers with the District as of the Start Date and prior to the Offeror rendering services to Enrollees.	10
Technical Expertise	**25**
The adequacy of proposed case management and care coordination program for assessment, planning, risk stratification and staffing model for enrollees with special health care needs. The Offeror will also be evaluated based on their experience engaging and retaining Enrollees in case management and care coordination with proven increase in enrollees' health outcomes.	10
The effectiveness of methodologies in administering services and supports, including value added services, to address the social factors that may impact the health and overall wellbeing of enrollees.	15
Past Performance	**20**
Price Criterion	**10**
Preference Points	**12**
Total	**112**

Timeline

Proposals are due January 31, 2020. Contracts will run from October 1, 2020, through September 30, 2021, with four one-year renewal options.

RFP Activity	Date
RFP Issued	January 10, 2020
Proposals Due	January 31, 2020
Implementation	October 1, 2020

Current Market

Current incumbents are AmeriHealth Caritas, Anthem, and Trusted Health Plan, serving 196,000 individuals as of May 2019. During this same period, there were also nearly 15,600 Alliance members, for which a breakout is unavailable.

DCHFP Managed Medicaid Enrollment by Plan, 2016-18, May 2019

	2016	2017	2018	May-19
AmeriHealth Caritas	**95,283**	**109,886**	**114,434**	**116,934**
% of total	*52.5%*	*55.3%*	*58.9%*	*59.6%*
Anthem	**0**	**48,733**	**43,662**	**42,996**
% of total	*0.0%*	*24.5%*	*22.5%*	*21.9%*
Trusted Health Plan	**30,483**	**34,727**	**31,036**	**31,044**
% of total	*16.8%*	*17.5%*	*16.0%*	*15.8%*
MedStar	**50,216**	**0**	**0**	**0**
% of total	*27.7%*	*0.0%*	*0.0%*	*0.0%*
Health Services for Children with Special Needs	**5,482**	**5,372**	**5,072**	**5,074**
% of total	*3.0%*	*2.7%*	*2.6%*	*2.6%*
Total Enrollment	**181,464**	**198,718**	**194,204**	**196,048**
+/- between reporting periods		*17,254*	*(4,514)*	*1,844*
% chg. between reporting periods		*9.5%*	*-2.3%*	*0.9%*

Source: DC Department of Health Care Finance, HMA

Link to DC Medicaid Managed Care RFP. Please click "Electronic Opportunities" and select "Managed Care Organization (MCO)."

Kentucky Medicaid Managed Care RFP

In November 2019, Kentucky awarded Medicaid managed care contracts to Aetna, Humana, Molina, UnitedHealthcare, and WellCare. The following month, the state announced it will cancel and rebid those contracts. Governor Beshear stated that the original RFP included a now cancelled section 1115 waiver, Kentucky HEALTH, that mandated Medicaid work requirements for certain individuals. The $8 billion contracts were awarded in the last 11 days of the former administration, with members of the General Assembly's Government Contract Review Committee unanimously voting to reject the contracts in the last day. In a filed protest, one MCO called the award process "irretrievably defective."

Under the new procurement, the state plans to contract with up to five Medicaid MCOs, effective January 2021. One of the selected MCOs will also contract to provide services for enrollees in foster care, Adoption Assistance, and Juvenile Justice under the Kentucky SKY (Supporting Kentucky Youth) program.

The state's Medicaid managed care program has been enacted since November 2011 and has been statewide since January 2013. Newly selected MCOs will provide statewide Medicaid and Kentucky Children's Health Insurance Program (KCHIP) coverage for:

- Families and Children
- SSI Adults without Medicare
- SSI Children
- Foster Care Children
- Dual Eligibles (Medicaid and Medicare eligible)
- ACA MAGI Adults
- ACA Former Foster Care Children

Aged, Blind, or Disabled (ABD) individuals will remain in Medicaid fee-for-service. They primarily reside in long term care facilities or are served by a home and community-based waiver program.

Two different rates will be developed for MCOs – one for plans in Region 3 and one for plans in Regions 1, 2, 4-8. Region 3 includes Bullitt, Carroll, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, and Washington counties.

Kentucky SKY (Supporting Kentucky Youth) Program

One of the winning MCOs will also be contracted to provide covered services, population health management, and care management services to foster care, adoption assistance, and juvenile justice enrollees under the Kentucky SKY (Supporting Kentucky Youth) program. The MCO will oversee and coordinate both physical and behavioral health, dental care, social services, and wraparound services in order to meet the intensive health care needs of the children.

Evaluation

Medicaid managed care proposals will be scored out of a total 1,950 possible points. The technical proposal consists of 1,750 points and a possible oral demonstrations/presentation, worth 200 points, may be required.

Evaluation Components	Possible Points
Technical Proposal	**1,750**
Executive Summary	25
Company Background - 1. Corporate Experience	60
Company Background - 2. Corporate Information	100
Company Background - 3. Staffing	100
Technical Approach	1,270
Use Cases	105
Implementation Plan	30
Emergency Response and Disaster Recovery Plan	35
Turnover Plan	25
Oral Demonstrations/Presentations, if required	**200**
Total Maximum Points Possible	**1,950**

MCOs may also submit a proposal for Kentucky SKY. The proposal will only be scored if the MCO is selected for a managed care contract.

Evaluation Components	Possible Points
Technical Proposal	**1,150**
Executive Summary	30
Company Background	100
Kentucky SKY Implementation	60
Kentucky SKY Contractor Educational and Training Requirements	60
Kentucky SKY Enrollee Services	92
Provider Network	60
Provider Services	50
Covered Services	83
Health Outcomes	30
Population Health Management and Care Coordination	95
Utilization Management	60
Aging Out Services	30
Use Cases Executive Summary	400
Oral Demonstrations/Presentations, if required	**200**
Total Maximum Points Possible	**1,350**

Timeline

Proposals are due February 7, 2020. Contracts will run from January 1, 2021, through December 31, 2024, with six additional two-year renewal options.

RFP Activity	Date
RFP Issued	January 10, 2020
Proposals Due	February 7, 2020
Implementation	January 1, 2021

Current Market

Current Medicaid incumbents are Aetna, Anthem, Humana, Passport, and WellCare, with a total of 1.2 million lives as of December 2019. WellCare has the largest market share, with 35.6 percent of enrollment.

Kentucky Managed Medicaid Enrollment by Plan, 2016-19				
	2016	2017	2018	2019
WellCare	**433,298**	**439,642**	**435,991**	**422,251**
% of total	*35.2%*	*35.0%*	*35.5%*	*35.6%*
Passport	**291,176**	**307,726**	**305,397**	**293,318**
% of total	*23.7%*	*24.5%*	*24.8%*	*24.7%*
Aetna	**262,913**	**240,079**	**218,178**	**206,031**
% of total	*21.4%*	*19.1%*	*17.8%*	*17.3%*
Humana	**132,682**	**143,987**	**143,149**	**139,542**
% of total	*10.8%*	*11.5%*	*11.6%*	*11.8%*
Anthem	**110,595**	**124,467**	**126,308**	**126,412**
% of total	*9.0%*	*9.9%*	*10.3%*	*10.6%*
Total Enrollment	**1,230,664**	**1,255,901**	**1,229,023**	**1,187,554**
+/- between reporting periods		*25,237*	*(26,878)*	*(41,469)*
% chg. between reporting periods		*2.1%*	*-2.1%*	*-3.4%*
Source: KY Cabinet for Health and Family Services, HMA				

Link to Kentucky Medicaid Managed Care RFP. Please click "Guest Access" and select "Medicaid Managed Care Organization (MCO) - All Regions."

HMA Medicaid Roundup

Arizona

Nursing Home to Keep Medicaid Contract, Must Address Quality Issues. *The Arizona Republic* reported on January 15, 2020, that long-term care nursing facility Hacienda HealthCare will be allowed to keep its Medicaid contract but must address quality concerns, according to a settlement with the Centers for Medicare & Medicaid Services (CMS). Under the agreement, the facility must hire a quality improvement consultant, conduct an analysis of prior deficiencies, and institute an action plan for improvement. The facility has been under scrutiny over patient safety issues since 2019. Read More

California

California Names Jacey Cooper as Medicaid Director. On January 17, 2020, California Governor Gavin Newsom named Jacey Cooper as Medicaid director and chief deputy director of health care programs at the state Department of Health Care Services (DHCS). The appointment is pending state Senate confirmation. Cooper has been with DHCS since 2016 and previously served stints at Meridian Healthcare Partners and Kern Medical Center. Read More

Florida

Senate Committee Advances Bill to Permanently Eliminate 90-Day Retroactive Medicaid Eligibility. *Health News Florida/News Service of Florida* reported on January 22, 2020, that the Florida Senate Health Policy Committee advanced a bill to permanently abandon 90-day retroactive Medicaid eligibility and instead continue with the revised 30-day time period. The bill is sponsored by Aaron Bean (R-Fernandina Beach). Read More

Florida Senate Committee Approves Bill to Revamp iBudget Program. *The Gainesville Sun* reported on January 15, 2020, that the Florida Senate Children, Families and Elder Affairs Committee advanced a bill to overhaul the state's iBudget Medicaid program, which serves about 34,000 individuals with disabilities under a home and community-based services waiver. The bill, sponsored by Senator Aaron Bean, (R-Fernandina Beach), would have the state competitively bid iBudget services. The competitive procurement would have to be initiated by October 1. Read More

Illinois

Illinois Again Delays Medicaid Managed Care Transition for Foster Kids. *The Chicago Tribune* reported on January 16, 2020, that Illinois has again delayed the transition to managed care for foster children from February 1, 2020, to April 1, 2020. The new date is a result of negotiations between the state Department of Healthcare and Family Services (HFS), Department of Children and Family Services (DCFS), and American Civil Liberties Union (ACLU). The transition to the managed care program, called YouthCare, will impact 36,000 foster children. IlliniCare Health (Centene) was awarded the contract. Read More

Illinois Submits 1115 Waiver to Extend Postpartum Coverage, Address Medicaid Managed Care Churn. On December 31, 2019, Illinois submitted a five-year Section 1115 waiver demonstration application to the Centers for Medicare & Medicaid Services (CMS) to extend postpartum coverage, reinstate managed care coverage for beneficiaries who submit late redetermination paperwork, and waive hospital presumptive eligibility. The federal comment period runs through February 13, 2020. Read More

Kansas

Kansas Governor Includes Medicaid Expansion Among 2020 Legislative Priorities. *The Salina Journal* reported on January 15, 2020, that Kansas Governor Laura Kelly included Medicaid expansion among the legislative priorities outlined in her state of the state address. Kelly praised bipartisan efforts concerning a possible Medicaid expansion program announced last week. Kelly also threatened to veto any legislation that delivers steep tax cuts. Read More

Louisiana

Louisiana to Rebid Medicaid Managed Care Contracts. *The Associated Press/The News & Observer* reported on January 18, 2020, that Louisiana will rebid its Medicaid managed care business after the state found flaws in the latest procurement. The state has issued emergency contracts to keep existing Medicaid plans in place for up to one year. Contracts awarded under last year's flawed procurement have been scrapped. Read More

Minnesota

Minnesota Appoints Matt Anderson to Oversee Medicaid, MinnesotaCare. *The Star Tribune* reported on January 16, 2020, that the Minnesota Department of Human Services (DHS) announced the appointment of Matt Anderson as assistant commissioner for health care, overseeing Medicaid and MinnesotaCare. DHS also named Karen McKinney chief equity officer. Read More

Missouri

Missouri Medicaid Expansion Ballot Initiative Could Conflict With Work Requirements Initiative. *The St. Louis Post-Dispatch* reported on January 17, 2020, that Missouri voters may face two conflicting Medicaid ballot initiatives in November. One would expand Medicaid without work requirements. The other would require work requirements for all able-bodied Medicaid beneficiaries. Approximately, 3,500 current Medicaid recipients would be affected by the proposed work requirements. Read More

Nebraska

Medicaid Expansion Plan Could Open Door to Work Requirements. *Modern Healthcare* reported on January 16, 2020, that Nebraska's two-tier Medicaid expansion proposal could open the door to court approval of work requirements by ensuring a basic level of coverage for eligible beneficiaries. Basic coverage (excluding dental, vision, and over-the-counter medications) would not come with work requirements. For full coverage, beneficiaries would have to meet wellness, personal responsibility, community engagement, and other requirements. Courts have blocked federal approval of Medicaid work requirements over concerns the requirements don't further the core objectives of Medicaid. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Releases Recently Approved Medicaid Managed Care Contract Revisions. The New Jersey Department of Human Services, Division of Medical Assistance and Health Services, released several Medicaid managed care contract amendments, which recently received federal regulatory approval. Among the revisions, which can be found here, is a requirement that Medicaid plans have a process for identifying and securing community-based housing for MLTSS members and a requirement that plans review their entire provider network every two years. Other revisions involve language on gender identity and coverage, mobile dental services, telehealth, Office Based Addiction Treatment (OBAT) services, and performance measures.

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Governor Announces Medicaid Redesign Team to Grapple with Medicaid Budget Shortfall. On January 21, 2020, New York Governor Andrew Cuomo gave a budget address introducing his fiscal 2021 budget proposal. Cuomo opened his remarks with a discussion of the state's Medicaid budget, projected to have a $2 billion budget shortfall. He announced that he will be re-establishing the Medicaid Redesign Team (MRT II), an initiative that was part of his first year in office in 2011. As in MRT I, MRT II will be headed by Michael Dowling, President and CEO of Northwell Health, and Dennis Rivera, Chair of SEIU Healthcare, the healthcare division of the Service Employees International Union (SEIU), and former head of the New York-based 1199 SEIU

United Healthcare Workers East. Northwell is the largest health care provider in New York, with a network of 23 hospitals as well as nearly 800 outpatient facilities. MRT II will consist of a stakeholder group tasked with identifying $2.5 billion in savings prior to the start of the state fiscal year on April 1, 1010. MRT II will operate under the following conditions:

- Zero impact on local government spending
- Zero impact on beneficiaries
- Industry efficiencies and/or additional industry revenue
- Root out waste, fraud and abuse

Since the Medicaid budget shortfall was identified late last year, Governor Cuomo has argued that reducing county responsibility for the local share of Medicaid spending has led to counties not acting responsibly when it comes to Medicaid spending. Historically New York's localities had a significant responsibility for Medicaid spending, shouldering 25 percent of Medicaid spending to match the state's 25 percent share and the 50 percent federal share. Since 2015 the state has taken over full financial responsibility for spending growth in Medicaid, and the state share has gradually risen. In this budget the Governor proposes re-introducing local accountability for Medicaid spending through financial incentives. Should Medicaid spending rise above three percent, localities would be responsible for that additional spending. Should Medicaid spending rise less than three percent, localities would keep 25 percent of the savings. Read More

Ohio

Medicaid Director is Informed of Pharmacy Network Feud. *The Columbus Dispatch* reported on January 20, 2020, that Ohio Medicaid director Maureen Corcoran acknowledged that she had been informed of efforts by two major pharmacy chains to have the other dropped from a leading Medicaid managed care plan's network. Corcoran described the information as hearsay. Read More

Ohio Issues Corrective Action Plan to Address Medicaid Applications Backlog. *The Canton Repository/The Columbus Dispatch* reported on January 20, 2020, that Ohio Medicaid director Maureen Corcoran has issued a corrective action plan to address the state's backlog of Medicaid applications and eligibility redeterminations. The plan is in response to a federal audit that found high error rates in eligibility determinations and Medicaid payments in the state. Read More

Medicaid Director Reveals Years of Technical Challenges with Enrollment System. *The Dayton Daily News* reported on January 14, 2020, that a 13-page memo from Ohio Medicaid director Maureen Corcoran revealed how the state has battled years of technical challenges with the state's enrollment system and other issues, including incorrectly dropped applications, delays in coverage, incorrect data, and payment errors. Corcoran said the problems were inherited from the prior administration. Read More

Oklahoma

Oklahoma Medicaid to Cover Diabetes Self-Management Training, Expand Network for ABA Treatment. On January 15, 2020, the Oklahoma Health Care Authority announced two Medicaid policy changes. The first establishes diabetes self-management training as a covered benefit. The second establishes registered behavior technicians as Medicaid providers for the provision of applied behavior analysis services. Governor Kevin Stitt enacted the changes earlier this month. Read More

Pennsylania

HMA Roundup – Julie George (Email Julie)

Pennsylvania-based Thomas Jefferson Hospital Considering Buying Health Partners Plans. *The Philadelphia Inquirer* reported on January 19, 2020, that Pennsylvania-based Thomas Jefferson Hospital is in discussion to acquire Health Partners Plans. While Jefferson chief executive Stephen K. Klasko believes there are benefits to health care from having hospitals align with insurers, experts say there is a lack of evidence supporting higher quality of care at a lower cost. Health Partners Plans serves 245,000 adults and 11,000 children in Southeastern Pennsylvania. Read More

Tennessee

Medicaid Director Gabe Roberts to Leave Position. *The Tennessean* reported on January 17, 2020, that Tennessee Medicaid director Gabe Roberts is leaving his position, effective March 2, 2020. Roberts, who spearheaded Tennessee's efforts to secure a Medicaid block grant, is planning to work in the private sector. Governor Bill Lee has yet to announce a successor. Read More

Texas

Texas Wins Federal Approval of Medicaid Demonstration Waiver for Women's Health Services. On January 22, 2020, the Texas Health and Human Services Commission announced that the Centers for Medicare & Medicaid Services (CMS) has approved the state's Healthy Texas Women Medicaid demonstration waiver, which allows the use of federal funding for women's health services. Services include family planning, breast and cervical cancer screenings, well-women exams, and screening and treatment for postpartum depression, hypertension, cholesterol and diabetes. Texas will receive approximately $350 million in federal funding over the next five years.

Wyoming

Wyoming Fails to Win Approval of Medicaid Air Ambulance Waiver. *Modern Healthcare* reported on January 16, 2020, that the Centers for Medicare & Medicaid Services (CMS) rejected a Wyoming Medicaid waiver proposal designed to turn air ambulances into a public utility in an effort to lower costs. Read More

National

States May Take Lead on Policies to Control Hospital Costs. *Modern Healthcare* reported on January 18, 2020, that states may end up taking the lead on regulating hospital costs. Recent efforts include a hospital rate-setting formula as part of Colorado's public option proposal and a plan in California to create cost targets for healthcare sectors. Late last year, the National Academy for State Health Policy also founded a center to assist states in developing legislation to address healthcare costs. Read More

CMS to Again Issue Guidance on Medicaid Block Grant Waivers. *The Wall Street Journal* reported on January 19, 2020, that the Trump administration is expected to once again issue guidance on Medicaid block grant waivers, after a previous proposal was withdrawn by the Centers for Medicare & Medicaid Services (CMS). The new guidance is expected as early as this month. Tennessee, Alaska, and Oklahoma have expressed an interest in block grants. Read More

CMS Issues Additional Guidance on D-SNP Integration Requirements. On January 17, 2020, the Centers for Medicare & Medicaid Services (CMS) issued a memorandum providing additional guidance clarifying Medicare-Medicaid integration requirements for Dual Eligible Special Needs Plans (D-SNPs). The memorandum sought to clarify distinctions between fully integrated D-SNPs (FIDE SNPs) and highly integrated (HIDE SNPs); permissibility of carve-outs of behavioral health services and long term services and supports (LTSS) for FIDE SNPs and HIDE SNPs; alignment of D-SNP and companion Medicaid plan service areas; and compliance with integration requirements for D-SNPs that only enroll partial-benefit dual-eligible individuals.

Supreme Court Refuses to Hear Affordable Care Act Case on Expedited Schedule. *Modern Healthcare* reported on January 21, 2020, that the U.S. Supreme Court has refused to hear a case concerning the constitutionality of the Affordable Care Act (ACA) on an expedited schedule. The request, brought by a coalition of Democratic attorneys general and the U.S. House of Representatives, had asked that the high court immediately hear the case, rather than let a lower court rule first. Read More

MACPAC Schedules Meeting for January 23-24. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on January 17, 2020, that its next meeting will be held January 23-24. Topics to be discussed are:

- Pregnant Women with Substance Use Disorder and Infants with Neonatal Abstinence Syndrome
- Integrating Care for Dually Eligible Beneficiaries
- March Report on State Readiness for Mandatory Core Set Reporting
- March Report on Evaluating Section 1115 Demonstrations. Read More

CMS Seeks Best Practices on Use of Out-of-State Providers for Medically Complex Children. *Modern Healthcare* reported on January 16, 2020, that the Centers for Medicare & Medicaid Services (CMS) released a request for information (RFI) on best practices for coordinating care of medically complex children receive care from out-of-state Medicaid providers. The Medicaid Services Investment and Accountability Act of 2019 allows state Medicaid agencies to use out-of-state providers for medically complex children but requires tracking to ensure access to care is "prompt and timely." Read More

AHIP Urges Supreme Court to Hear ACA Case. *The Hill* reported on January 15, 2020, that trade association America's Health Insurance Plans (AHIP) has filed a brief urging the Supreme Court not to delay in hearing a case concerning the constitutionality of the Affordable Care Act. AHIP warned that prolonging the case would cast "a long shadow of uncertainty." Read More

Progress in Black, Hispanic Uninsured Rate Stalls, Report Shows. *Modern Healthcare* reported on January 16, 2020, that the Affordable Care Act's impact on improving the insured rate for black and Hispanic adults has stalled, according to a report from the Commonwealth Fund. The continued reluctance of certain states to implement Medicaid expansion is a factor, the report said. Read More

Medicaid IAP Open Application Period for Data Analytic Technical Assistance. The Medicaid Innovation Accelerator Program (IAP) is offering data analytic technical assistance for up to 10 Medicaid agencies for a six-month period beginning in March 2020 to assist in their Medicaid delivery system reform goals. Selected states and territories are assigned a dedicated IAP data analytics team that provides customized, one-on-one data analytics support in areas such as: designing an analytic strategy, improving programmatic decision-making, building and executing statistical models, and developing transfer protocols for sharing data. Review the Technical Assistance Program Overview and Information Session Slides. Interested states are asked to complete and email the Expression of Interest form to MedicaidIAP@cms.hhs.gov with the subject line "data analytics" by midnight (ET) on January 31, 2020.

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 assistance to participating states, resource papers, and bi-weekly program updates. Read More

Industry News

Centene, WellCare Satisfy Regulatory Requirements for Merger. Centene Corp. and WellCare announced on January 21, 2020, that they have satisfied all regulatory approvals to complete their pending merger. The transaction along with divestitures of WellCare's Medicaid and Medicare Advantage plans in Missouri, WellCare's Medicaid plan in Nebraska, and Centene's Medicaid and Medicare Advantage plans in Illinois are expected to close on or about January 23, 2020. Read More

CMS Chief Medical Officer Kate Goodrich to Join Humana. *Politico* reported on January 15, 2020, that Kate Goodrich, chief medical officer for the Centers for Medicare & Medicaid Services (CMS), has resigned, effective February 2020. Goodrich will join Humana as a senior vice president. Jean Moody-Williams will serve as acting head of the CMS clinical and quality center. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
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
2020	Louisiana	RFP Rebid Release	1,500,000
January 2020	Texas STAR and CHIP	Awards	3,400,000
January - March 2020	Ohio	RFP Release	2,360,000
January 6, 2020 (DELAYED)	Hawaii	Awards	340,000
January 31, 2020	Washington DC	Proposals Due	224,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
February 7, 2020	Kentucky Rebid	Proposals Due	1,200,000
Ferbruary 12, 2020	West Virginia Mountain Health Trust	Proposals Due	400,000
April 30, 2020	Indiana Hoosier Care Connect ABD	Awards	90,000
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
September 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
December 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000
2021	Nevada	RFP Release	465,000
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
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 WELCOMES

Michelle Parra – Principal

Michelle Parra is a dedicated and experienced researcher with a diverse background in the field of public health, health protection across the lifespan, and child and adolescent mental health. She also has expertise in the area of health policy and government funded programs for disease and risk prevention.

As an evidence-based and prevention researcher, Michelle also holds the title of adjunct associate professor within the University of Southern California School of Social Work, where she has taught courses on research methods, the science of social work, and evaluation practice for the past 13 years.

Before joining HMA, Michelle served as director of the Vaccine Preventable Disease Control program for the Los Angeles County Department of Public Health (LACDPH) where she led planning, outbreak control efforts, training, intervention and evaluation programs, and services to increase immunization coverage and reduce vaccine preventable diseases throughout Los Angeles County (LAC).

Michelle earned her doctorate and master's degrees at UCLA in psychological studies in education where she also received a bachelor's degree in Italian language and literature and political science.

Shannon Robinson – Principal

Dr. Shannon Robinson is board certified in psychiatry and addiction medicine and has delivered addiction and psychiatric care in hospital emergency departments, psychiatric units, inpatient and outpatient addiction programs and other settings. Her work focuses on the interface between addiction and mental health as well as the integration between primary and mental healthcare.

She joins HMA after serving as director of the alcohol and drug treatment program at the San Diego, Veterans Administration (VA) where she initiated the medication assisted treatment (MAT) program, expanded access to evidenced based psychotherapies, and helped develop the VA's national educational materials for alcohol use disorders, opioid use disorders, pain management, and the treatment of insomnia.

Shannon also served as the chief of addiction services for California Correctional Healthcare Services where she initiated MAT within primary care and assisted with the development of enhanced substance use disorder treatment throughout California Department of Corrections and Rehabilitation.

She earned her medical degree from the University of Louisville School of Medicine and received a bachelor's degree from the University of Kentucky in psychology. She completed her residency and psychosomatic psychiatry fellowship at University of California, San Diego, where she remained a faculty member for over 15 years.

Shawnalynn Smith Thomas - Senior Consultant

An experienced healthcare operations and managed care professional, Shawnalynn Smith Thomas has deep expertise in program compliance, policy development, support for safety net providers, community engagement, and strategic planning to improve the access to and quality of programs and services available to underserved and vulnerable populations.

Before joining HMA, she led an accountable community for health project in San Gabriel Valley as a consultant helping to assess the collaborative's future direction, governance structure, and strategic priorities ranging from health access and mental health to homelessness and socio-economic issues.

In addition, she spent nearly 20 years in multiple management roles with L.A. Care, the largest publicly operated health plan in the nation. She managed the Healthy Kids Program fostering a 10-year public-private partnership with more than 50 community-based organizations, county agencies, foundations, and other stakeholders comprising the Children's Health Initiative (CHI) Coalition of Greater Los Angeles. She led CHI and Healthy Kids grant management, request for proposal (RFP) development and selection process, policy change, contractual and regulatory compliance, product management, and contingency planning activities.

She earned a master's degree from the University of Pittsburgh in management and planning and completed the Leadership L.A. Fellowship as well as certificate programs in project management and health business development. She earned bachelor's degrees from San Francisco State University in journalism and international relations.

Shelly Virva – Senior Consultant

With a passion for social justice and caring for vulnerable patients and more than 20 years working as a licensed clinical social worker, Shelly Virva is a thoughtful and experienced healthcare leader. Her work has focused on helping those who suffer from addiction and co-occurring mental health disorders, chronic medical and early life trauma.

Before joining HMA, she served as the associate clinical director and subject matter expert for the National Center for Complex Health and Social Needs, an initiative of the Camden Coalition of Healthcare Providers. As the expert on addiction and co-occurring disorders, she was part of an interprofessional group working with patients with complex health and social needs. She regularly provided coaching, training, and model co-design for vulnerable populations in health systems and Federally Qualified Health Centers around the country.

Additionally, she was part of an interprofessional team that started an ambulatory intensive care unit for high frequency emergency department users and pregnant women with substance use disorders.

She earned a Master of Social Work and a bachelor's degree from Western Michigan University.

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- DC SNP Membership at 16,857, Nov-19 Data
- Florida SNP Membership at 434,475, Nov-19 Data
- Idaho SNP Membership at 7,503, Nov-19 Data
- Kansas SNP Membership at 5,167, Nov-19 Data
- Louisiana SNP Membership at 67,254, Nov-19 Data
- Mississippi SNP Membership at 23,873, Nov-19 Data
- Montana SNP Membership at 932, Nov-19 Data
- Iowa Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Kentucky Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Michigan Dual Demo Enrollment is Up 7.7%, 2019 Data
- Michigan Medicaid Managed Care Enrollment is Flat, 2019 Data
- New York Medicaid Managed Care Enrollment is Down 2.0%, Nov-19 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 1.2%, Oct-19 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Health-e-Arizona Plus Maintenance and Operations RFP, Jan-20
- MississippiCAN Contracts and Amendments, 2017-19
- North Carolina DHB Healthy Opportunities Lead Pilot Entity RFP Documents and Fact Sheet, Dec-19
- Virginia Smiles for Children Medicaid Dental RFI, Jan-20

Medicaid Program Reports, Data and Updates:

- CMS Coordinating Care from Out-of-State Providers for Medicaid-eligible Children with Medically Complex Conditions RFI, Jan-20
- Delaware Enacted Budget, FY 2020
- Georgia Department of Community Health Annual Reports, 2014-19
- Georgia Governor's Budget Report, FY 2020
- Illinois Continuity of Care and Administrative Simplification 1115 Waiver Proposal, Dec-19
- Maryland Audit of Pharmacy Benefits Managers that Contract with Managed Care Organizations, Jan-20
- Montana Section 1115 Waiver for Additional Services and Populations Demonstration Annual Report, 2018
- North Carolina Approved Medicaid Reform Section 1115 Demonstration Waiver Documents, Jan-20
- Nebraska Medicaid Section 1115 Heritage Health Adult Expansion Demonstration Waiver, Dec-19
- New Mexico Medicaid Advisory Committee and Subcommittee Meeting Materials, Dec-19
- New York Governor's Proposed Budget, FY 2021
- Texas OIG Quarterly Reports, 2019-20

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

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

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at 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.