

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... January 29, 2020



In Focus



HMA Roundup



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IN FOCUS

LIFE PLAN COMMUNITIES AND VALUE-BASED PAYMENTS

This week, our *In Focus* section reviews value-based payment (VBP) opportunities for long-term care providers. HMA Principal Dana McHugh authored the article, "Life Plan Communities and Value-Based Payments: Aligning Incentives So Everyone Benefits", for *LeadingAge* national magazine, discussing how life plan communities can establish value-based payment arrangements with managed care organizations (MCOs) to maximize value and add additional revenue streams.

Life plan communities, also known as continuing care retirement communities, offer independent living, assisted living care, and skilled nursing care to seniors. These communities have existing infrastructures and services in place that are attractive to MCOs. Through care management, home health, hospice, nursing, and access to primary care, the communities and MCOs can apply value-based payment to these services that address social determinants of health.

Fee-for-Service	Value-based Payment
<ul style="list-style-type: none"> • Total payment based on volume of services provided. 	<ul style="list-style-type: none"> • Total payment based on quality and outcomes.
<ul style="list-style-type: none"> • Emphasis on treating acute events. 	<ul style="list-style-type: none"> • Emphasis on wellness and preventative care.
<ul style="list-style-type: none"> • Limited opportunity for continuous care management. 	<ul style="list-style-type: none"> • Encourages providers to manage entire episode of care.

Payment models that facilitate the shift to value-based payment can include Medicare Advantage, Accountable Care Organizations, Bundled and Episodic Payments, and Primary Care First. Medicare Advantage plans have had value-based payment arrangements with nursing home providers for years. On average, 35 percent of older Americans choose enrollment in a Medicare Advantage plan. Many of these arrangements offer incentives or financial bonuses in return for improved quality outcomes and quality indicator collection. States with Medicaid managed long-term care are also encouraging MCOs to establish value-based payment arrangements.

Incentives

Value-based payment arrangements can provide life plan community, managed care organization, and residents a variety of benefits. One example is for life plan communities to offer full-service primary care. MCOs can provide high-quality care, which can then positively affect the Medicare Advantage plan star rating and improve quality outcomes. Life plan communities will gain an additional revenue stream, increased resident satisfaction, and the opportunity to market the community to clinic patrons who do not live on site.

Also, life plan communities with an affordable housing component can adopt a housing plus services model with the goal of improving the health of their members through services addressing the social determinants of health. Through this model, residents will participate in regularly scheduled quality care and real-time care management that improves quality outcomes and member satisfaction. They can gain services such as a scheduled on-site nurse, therapies, hospice, palliative care, Meals-on-Wheels, home health, care management, and skilled nursing. MCOs would receive added value and quality indicators and the community would receive added value and an additional revenue stream.

For more information, please contact Dana McHugh at dmchugh@healthmanagement.com.

[Link to Article](#)



HMA MEDICAID ROUNDUP

Arizona

Arizona Contracts With Medicaid Plans to Create Long-Term Care Workforce. *Tucson.com* reported on January 26, 2020, that the Arizona Health Care Cost Containment System (AHCCCS) has contracted with three Medicaid plans to create a long-term care workforce to help address an expected shortage of in-home caregivers. Southwest Catholic Health Network Corp., Banner-University Family Care, and United Healthcare Community Plan will work to recruit, train, and improve the retention of in-home and direct-care workers. The state Department of Economic Security's Division of Developmental Disabilities has partnered with AHCCCS on the initiative. [Read More](#)

California

California Medicaid Restores Coverage for Adult Podiatry, Eyeglasses, Speech Therapy, Other Services. *Kaiser Health News* reported on January 27, 2020, that California Medicaid (Medi-Cal) has restored coverage of adult podiatry, speech therapy, eyeglasses, hearing devices, and other services that had been eliminated in 2009. The state's fiscal 2020 budget allocates \$17.4 million for the additional coverage. [Read More](#)

Florida

House Fiscal 2021 Budget Proposal Increases Rates for Nursing Homes. *News4Jax* reported on January 29, 2020, that a proposed fiscal 2021 budget plan introduced by Florida House Health Care Appropriations chairwoman MaryLynn Magar (R-Tequesta) would increase rates for nursing homes by an additional \$44.8 million. The House proposal would also keep Medicaid funding for hospitals at current-year spending levels, appropriate \$10 million to implement a Canadian drug-importation program, and increase spending on the iBudget program by \$56.6 million. The proposal includes \$38.7 billion in state and federal funding across six health-related agencies. [Read More](#)

Senator Issues Revised iBudget Proposal. *WFSU* reported on January 28, 2020, that Florida Senator Aaron Bean (R-Fernandina Beach) has issued changes to a redesign bill that aims 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 new version of the bill removes a section requiring the state to contract with outside organizations to provide support-coordination services to determine if iBudgets need to be increased for certain individuals. Bean's proposal will still cap personal care assistance and residential habilitation services. [Read More](#)

Florida House Subcommittee Seeks to Increase PBM Transparency. *Florida Politics* reported on January 27, 2020, that the Florida House Health Market Reform Subcommittee has proposed a bill that aims to bring transparency to prescription drug prices, contracts, and pharmacy benefit managers' (PBM) roles. The bill, sponsored by Representative Alex Andrade (R-Pensacola), proposes conducting pharmacy audits and requiring pharmaceutical manufacturers to notify PBMs of any price hikes at least 60 days in advance. In addition, manufacturers would have to submit annual reports to the Florida Department of Business and Professional Regulation and the Office of Insurance Regulation. The bill would be effective July 1. [Read More](#)

Hawaii

Hawaii Announces Medicaid QUEST Integration Awards. On January 22, 2020, the Hawaii Department of Human Services (DHS) awarded QUEST Integration (QI) managed care contracts to incumbents AlohaCare, Hawaii Medical Service Association (HMSA), United, and Ohana Health Plan/WellCare. AlohaCare and WellCare will serve Oahu, while HMSA and United will serve statewide. The new contracts begin July 1, 2020, and run through December 31, 2025, with four optional renewal years. The total value of the contracts for all years is \$17 billion. The fifth incumbent was Kaiser. [Read More](#)

Idaho

Idaho Medicaid Expansion Enrollment Tops 60,000. *The Idaho Press/The Associated Press* reported on January 26, 2020, that more than 60,000 individuals have enrolled in Idaho's Medicaid expansion program. Enrollment continues even as the state awaits federal approval of five waivers that would add restrictions. Some 91,000 individuals are eligible for the program, which was approved through a 2018 ballot initiative. [Read More](#)

Illinois

Illinois Safety Net Hospitals Serving Chicago's South Side to Merge. *Modern Healthcare* reported on January 23, 2020 that financially struggling Illinois safety net hospitals Advocate Trinity Hospital, Mercy Hospital & Medical Center, South Shore Hospital, and St. Bernard Hospital have agreed to merge. The facilities serve the south side of Chicago. [Read More](#)

Kansas

Kansas Conservative Republican Lawmakers Want Work Requirements Added to Bipartisan Medicaid Expansion Plan. *The Associated Press* reported on January 22, 2020, that conservative Kansas Republican lawmakers want work requirements added to a bipartisan Medicaid expansion plan unveiled this month by Governor Laura Kelly and Senate Majority Leader Jim Denning (R-Overland Park). The lawmakers also want to include a "right of conscience" provision, which would allow healthcare workers to refuse services such as abortion, birth control, and gender reassignment care. Medicaid expansion would cover approximately 150,000 individuals. [Read More](#)

Louisiana

Louisiana Health Department, Medicaid Plans Appeal Decision to Throw Out Contracts. *The Arkansas Democrat-Gazette/The Associated Press* reported on January 26, 2020, that the Louisiana Department of Health and four health plans have appealed a decision to rescind the state's recently awarded Medicaid managed care contracts. The appeal said that the decision, which was issued by state chief procurement officer Paula Tregre, contains "multiple factual and legal errors." The appeal would be decided by Louisiana Commissioner of Administration Jay Dardenne. AmeriHealth Caritas, Community Care Health Plan of Louisiana, Humana, and UnitedHealthcare were the winning bidders in the state Medicaid managed care procurement; Centene and Aetna protested the awards, leading to Tregre's decision. [Read More](#)

Maine

Maine to Hire Consultant to Review Medicaid Reimbursement Rates for Behavioral Services. *The Portland Press Herald* reported on January 21, 2020, that the Maine Department of Health and Human Services (DHHS) will hire a consultant to review Medicaid provider reimbursement rates for mental health, substance use disorder, and individuals with intellectual and developmental disabilities. State Medicaid director Michelle Probert confirmed that many Medicaid programs have not seen a rate increase in years and told the legislature's Health and Human Services Committee that DHHS may increase rates before the study is done to prevent a reduction in services. Target date for completion of the study is November 2020. [Read More](#)

Mississippi

Mississippi Denies Medicaid Renewals for Disabled Children. *Mississippi Today* reported on January 27, 2020, that many disabled children in Mississippi seeking to renew their Medicaid coverage are being denied due to a recent crackdown on Medicaid eligibility. The state recently contracted with Alliant Health Solutions, which has more stringently verified beneficiaries receiving benefits through the Disabled Child Living at Home waiver than the previous vendor, eQHealth Solutions. Alliant's eligibility verification process and a new state law to track and verify applicants have contributed to the disenrollments. State Senator Chad McMahan (R-Guntown) plans to file a bill to restore Medicaid waiver coverage to the affected members. [Read More](#)

Missouri

Missouri, Oklahoma Advocacy Groups Seek Ballot Initiatives for Medicaid Expansion. *CQ News* reported on January 27, 2020, that advocates in Missouri and Oklahoma are seeking to put Medicaid expansion on the ballot in 2020. Missouri will need to gather 172,000 signatures by May 3 to include the question on the ballot, while in Oklahoma advocates have already gathered the required number of signatures. Missouri Governor Michael L. Parson said he would proceed with expansion if the voters approve the ballot measure while Oklahoma Governor Kevin Stitt, who plans to release his own health plan alternative, has the power to decide when the measure will be voted on. Neither of the proposed initiatives would include work requirements. [Read More](#)

Nevada

Nevada Intends to Issue Medicaid Managed Care RFP in January 2021. On January 6, 2020, the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), announced that it intends to issue the next Medicaid managed care request for proposals (RFP) in January 2021. Contracts are expected to run from January 1, 2022 to December 31, 2025. Additionally, DHCFP issued a request for public engagement on considerations to enhance the managed care program and RFP design process. There are approximately 480,000 people enrolled in Nevada's Medicaid managed care.

New Jersey

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

New Jersey Temporarily Freezes Enrollment in UnitedHealth Medicaid Plan. *Bloomberg Law* reported on January 23, 2020, that the New Jersey Division of Medical Assistance and Health Services has put a temporary freeze on Medicaid enrollment in UnitedHealthcare Community Plan of New Jersey, effective November 15, 2019. The freeze does not affect enrollment in United's Dual Complete One Special Needs Plan. [Read More](#)

New York

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

New York Releases Medicaid Global Spending Cap Report. The New York Department of Health has posted a Medicaid Global Spending Cap report covering the April through December 2019 period. Although the Global Spending Cap report had been issued on a monthly basis since the cap was instituted in 2012, this was the first report issued since the fiscal year began on April 1. The global cap limits the growth in Medicaid spending to the ten-year average of the medical care consumer price index, about three percent. This year spending under the global cap will increase by 7.4 percent, which is necessary due to a structural imbalance within the Global Cap, driven by the fact that expense growth is growing faster than is allowed under the global cap. The report describes four factors that are placing upward pressure on

Medicaid spending: reimbursement for the increase in the minimum wage; the phase-out of enhanced federal funding; increased enrollment and costs in managed long-term care; and payments to financially distressed hospitals.

The report notes that the state has, at times, taken actions to manage the timing of Medicaid payments to ensure that spending remained below the cap. Specifically, in 2019 the state deferred payment to Medicaid providers for three days, pushing those payments into the current fiscal year. After a state review of Medicaid expenditures they concluded that a structural gap had formed within the Medicaid Global Cap of \$4.0 billion in FY 2020 and \$3.1 billion in FY 2021. Consequently, the state has instituted a plan that is expected to reduce Medicaid costs by \$599 million in FY 2020, growing to \$851 million in FY 2021. Stronger tax receipts and savings elsewhere in the General Fund close the remaining FY 2020 Medicaid gap of \$1.2 billion. [Read More](#)

Legislature Raises Questions on Medicaid Redesign Team. The New York legislature held a legislative budget hearing on the Governor's proposed health budget. Several members of the legislature raised questions about the state's plans for a new Medicaid Redesign Team (MRT) to identify \$2.5 billion in Medicaid cuts to be included in next year's Medicaid budget. The state's fiscal year begins April 1, 2020, and any proposals identified by the MRT will have to be approved as part of the budget process. As of the hearing, the Commissioner of Health, Dr. Howard Zucker, indicated that the state has not finalized membership for the MRT, which is described as a stakeholder group, beyond the two individuals co-chairing the process. The co-chairs were identified by Governor Cuomo during his State of the State address as Michael Dowling, President and CEO of Northwell Health, and Dennis Rivera, former head of the New York-based 1199 SEIU United Healthcare Workers East. Nor would Commissioner Zucker commit to a time frame for the MRT's deliberation. Several legislators raised concerns about their ability to review and approve proposed cuts to the Medicaid budget in the time frame available. A recording of the budget hearing can be found on the New York Assembly web site [here](#).

New York City to Establish Neighborhood Support Networks. The New York City Department of Health and Mental Hygiene has released an application for community-based organizations to participate in a planning process to develop two Neighborhood Support Networks (NSN). The networks are meant to provide post-crisis stabilization support to people leaving hospitals after a behavioral health 911 crisis call, including crisis counseling, peer support, coordinated social services, treatment services, and support for basic needs (e.g. food, clothing). The goal is to reduce future behavioral health 911 crisis calls, unnecessary emergency department care, and/or re-hospitalization. Two NSNs will be created, one in the 25th precinct in East Harlem and one in the 47th precinct in the northern Bronx. The NSNs will be developed through a participatory, community-informed process. DOHMH will award up to \$10,000 per organization to participate in the planning process of the NSNs. The application is open to organizations that demonstrate experience supporting community members, coordinating care, connecting community members to local resources; providing case management for individuals and families; providing and following up on referrals, and navigating systems of care. Applications are due to DOHMH on February 6. For more information contact Laquisha Grant, lgrant@healthmanagement.com.

North Carolina

Judge Hears Arguments on Protests of Medicaid Managed Care Awards. *North Carolina Health News* reported on January 24, 2020, that North Carolina administrative law judge Tenisha Jacobs heard arguments this week from health plans protesting the state's recent Medicaid managed care contract awards. A ruling on whether to throw out the awards is expected in the coming weeks. Aetna, Optima Health, and My Health by Health Providers filed protests, arguing that the procurement process was flawed. Others, including the state Department of Health and Human Services, argued that the awards should stand. [Read More](#)

Ohio

Lawmakers Introduce Bipartisan Legislation to Regulate PBM Practices. *The Columbus Dispatch* reported on January 28, 2020, that Ohio House and Senate lawmakers have introduced bipartisan legislation that would further regulate the activities of pharmacy benefit managers (PBMs). The bill would prohibit PBMs from capturing savings under the discount drug programs. [Read More](#)

Pennsylvania

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

Pennsylvania Partnership Focuses on Improving Health Outcomes in North Philadelphia. The Pennsylvania Department of Human Services (DHS) announced on January 24, 2020, that DHS Secretary Teresa Miller, Project HOME, Independence Blue Cross, and AmeriHealth Caritas launched a partnership called Keystone Connection to Wellness. Keystone Connection to Wellness will work to address social determinants of health and health disparities that impact the lives of individuals in North Philadelphia. The partnership will offer financial and operational support to help grow the program. Project HOME expects to serve approximately 1,250 people in the first year. [Read More](#)

Pennsylvania Medical Assistance Advisory Committee (MAAC) Holds January Meeting. The Pennsylvania Medical Assistance Advisory Committee (MAAC) held its January 2020 meeting and provided updates from the Office of Medical Assistance Programs (OMAP), Office of Long Term Living (OLTL), Office of Mental Health and Substance Abuse Services (OMHSAS), and Office of Developmental Programs (ODP). OMAP transmitted the Act 40 Report to the legislature at the end of the year. The implementation of the Preferred Drug List (PDL) was successful, and the department will be issuing new guidelines surrounding prior authorization. OLTL highlighted that the Independent Enrollment Broker (IEB) procurement will now be expected sometime in early February. Legislation to put a moratorium on closures of state centers, SB 906 PN 1447, passed both the House and Senate. There is a current lawsuit expected to be filed against the Wolf Administration to block these closures.

Texas

WellCare Withdraws Protest Against Texas STAR+PLUS Awards. On January 27, 2020, WellCare of Texas formally withdrew its protest against the Texas Health and Human Services Commission's STAR+PLUS Medicaid managed care awards. Contracts were awarded to Aetna, Anthem/Amerigroup, Centene/Superior, El Paso Health, Molina, and UnitedHealthcare. Centene completed its acquisition of WellCare earlier this month. Implementation is scheduled to begin September 1, 2020.

Wyoming

Medicaid Expansion Bill Filed for 2020 Legislative Session. *KGAB* reported on January 28, 2020, that a bill to expand Medicaid in Wyoming has been filed for the upcoming 2020 session of the state legislature. Expansion would cover a projected 19,000 individuals. [Read More](#)

National

Supreme Court Allows Trump Administration to Enforce Public Charge Rule. *Modern Healthcare* reported on January 27, 2020, that the U.S. Supreme Court ruled to lift a temporary injunction on the "public charge" rule, allowing immigration officials to consider legal immigrants' use of Medicaid and other public benefits in determining eligibility for green cards. The ruling does not apply to a more limited injunction in effect in Illinois. [Read More](#)

Medicaid Improvements Could Reduce Maternal Mortality, Morbidity, Study Says. *Modern Healthcare* reported on January 24, 2020, that certain improvements to Medicaid could help reduce maternal mortality and morbidity, especially among black, indigenous, and rural women, according to a study from the Rural Health Research Center. Recommended changes include increased reimbursement rates, bundled or blended payments, and expanded eligibility. [Read More](#)

CMS to Announce Medicaid Block Grant Proposal on January 30. *Politico* reported on January 25, 2020, that the Centers for Medicare & Medicaid Services (CMS) is expected to announce a Medicaid block grant proposal on January 30. The proposal would encourage states to pursue block grants for Medicaid expansion members through a Section 1115 waiver. [Read More](#)

Trump to Consider Cuts to Safety Net Programs like Medicare if Re-Elected. *The New York Times* reported on January 22, 2020, that President Trump has suggested the possibility of cuts to safety net programs like Medicare to reduce the federal deficit if he wins a second term. Trump, who previously promised to protect safety net programs, last year proposed a fiscal 2020 budget with nearly \$2 trillion in cost savings from Medicare, Medicaid, and Social Security. [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

EHR Vendor to Pay \$145 Million to Settle Opioid Kickback Case. *Modern Healthcare* reported on January 27, 2020, that electronic health records (EHR) vendor Practice Fusion has agreed to pay \$145 million – \$26 million in criminal fines and \$118.6 million in civil settlements – to settle investigations alleging a scheme to increase opioid prescriptions. Allscripts Healthcare Solutions-owned Practice Fusion admitted to soliciting and receiving \$1 million in kickbacks from a major opioid company in exchange for clinical decision support alerts that would cause doctors to prescribe more extended release opioids, according to the U.S. Department of Justice. [Read More](#)

Long-Term Care Facilities Implement Coaching, Education Programs to Address Caregiver Turnover. *Modern Healthcare* reported on January 25, 2020, that long-term care and nursing facilities have begun to implement coaching and education programs aimed at addressing caregiver turnover rates, which can exceed 80 percent in the first year. The shortage of long-term caregivers is expected to increase over the next decade. [Read More](#)

Centene Completes WellCare Acquisition. Centene Corp. announced on January 23, 2020, that it has completed the acquisition of WellCare Health Plans, Inc. In conjunction with the transaction, WellCare sold Medicaid plans in Missouri and Nebraska to Anthem, and also divested a Medicare Advantage plan in Missouri. Centene divested Medicaid and Medicare Advantage plans in Illinois. [Read more](#)

Anthem Completes Acquisition of Missouri, Nebraska Medicaid Plans. Anthem Inc. announced on January 23, 2020, that it had completed the acquisition of Medicaid plans in Missouri and Nebraska, which were divested in conjunction with Centene Corp.'s acquisition of WellCare Health Plans. [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
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
February 7, 2020	Kentucky Rebid	Proposals Due	1,200,000
February 10, 2020	Washington DC	Proposals Due	224,000
February 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
January 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

HMA NEWS

New NCQA Scoring- What Health Plans Should Know. Starting in 2020, a systemic shift will change the way health plans prepare for, and are scored, during NCQA accreditation. With the focus on quality of care, this transition means keeping up with new requirements is important now more than ever. Our team of NCQA experts is ready to help your team with the NCQA scoring transition, adopting a Survey Ready business approach, and any other challenges you may be facing. [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Down 0.5%, Jan-20 Data
- California Medicaid Managed Care Enrollment is Down 2.1%, Nov-19 Data
- Colorado RAE Enrollment is Down 11.5%, 2019 Data
- Colorado SNP Membership at 19,414, Nov-19 Data
- Delaware SNP Membership at 3,227, Nov-19 Data
- Georgia SNP Membership at 210,757, Nov-19 Data
- Indiana Medicaid Managed Care Enrollment Is Flat, 2019 Data
- Indiana Membership at 33,545, Nov-19 Data
- New Jersey Medicaid Managed Care Enrollment is Down 2.5%, 2019 Data
- New York CHIP Managed Care Enrollment is Up 8.9%, Nov-19 Data
- New York Dual Demo Enrollment is Down 32.1%, Nov-19 Data
- New York Medicaid Managed Care Financials, 2018
- Ohio Dual Demo Enrollment is Down 2.6%, Jan-20 Data
- Oregon Medicaid Managed Care Enrollment is Flat, 2019 Data
- Rhode Island Dual Demo Enrollment is 13,620, Jan-20 Data
- Washington Medicaid Managed Care Enrollment is Up 1.9%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Medicare D-SNP Contracts, 2020
- DC Medicaid Managed Care RFP and Amendments, Jan-20
- Maryland Behavioral Administrative Services Organization (ASO) RFP and Contract, 2018-19
- Maryland Medicaid Enterprise Systems Modular Transformation RFP and Related Documents, 2019-20
- Michigan MDHHS Billing Services RFP, Jan-20
- Minnesota Medicaid Managed Care Contracts, Jan-20
- Minnesota Medicaid Managed Care Model Contracts, 2020
- Nevada Medicaid Managed Care Request for Public Engagement, Jan-20
- Rhode Island Medicaid Dual Eligible Strategy RFI & Addendums, Jan-20
- Virginia DMAS Substance Use Disorder Policy Landscape Review and Support RFP, Jan-20

Medicaid Program Reports, Data and Updates:

- Colorado State Public Option Final Report and Related Materials, 2019-20
- Connecticut Medical Assistance Program Oversight Council Meeting Materials, Jan-20

- Hawaii Department of Human Services Annual Reports, 2013-18
- Hawaii QUEST Integration Section 1115 CMS Quarterly Report, 4Q19
- Louisiana Medicaid Financial Forecast Reports, SFY 2018-19, Dec-19
- Maryland Medicaid Advisory Committee Meeting Materials, Jan-20
- Nebraska Long Term Care Redesign Committee Minutes, May-19
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Jan-20
- Texas Healthy Texas Women 1115 Waiver, Jan-20
- Wyoming Medicaid Annual Reports, SFY 2015-19

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