

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... February 5, 2020



[RFP CALENDAR](#)
[HMA News](#)

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IN FOCUS

CMS UNVEILS HEALTHY ADULT OPPORTUNITY

This week, our *In Focus* section comes from HMA Medicaid Market Solutions (MMS) Managing Director [Matt Powers](#) and Senior Consultant [Desmond Banks](#). On January 30, 2020, the Centers for Medicare & Medicaid Services (CMS) convened an event titled, *Transforming Medicaid: A New Opportunity for Better Health*, in Washington, DC, during which CMS Administrator Seema Verma announced the Healthy Adult Opportunity (HAO), an optional Section 1115 Medicaid Demonstration initiative. Commonly referred to as, "block

grant” or “spending cap” model, the HAO seeks to provide states with enhanced flexibility to design and administer parts of their Medicaid program. Administrator Verma articulated the HAO to be an important step to support the fiscal sustainability of Medicaid and invited state Medicaid directors to submit waiver applications.

Background

Medicaid block grant and spending cap models have been debated and proposed for nearly 40 years:

- **In 1981**, President Ronald Reagan’s proposal for Medicaid block grants was rejected by Congress.
- **In 1995**, a Republican-controlled Congress advanced Medicaid block grants, but the measure was vetoed by President Bill Clinton.
- **In 2004**, Congress did not act upon President George W. Bush’s proposal for Medicaid block grants.
- **In 2011 and 2012**, Medicaid block grants were approved by a Republican-controlled House, however, a Democrat-controlled Senate did not act on the House budget plan, and it died in 2013.
- **In 2017**, Multiple Congressional bills that attempted to change provisions in the Affordable Care Act (i.e. Repeal and Replace bills) were debated and had block grant-like provisions for Medicaid. They included proposed global waivers and per capita spending caps for different Medicaid eligibility categories. None of these bills became law.

Despite not gaining traction for four decades, several significant steps related to a block grant model were displayed in 2019:

- **On March 11, 2019**, the Trump Administration endorsed Medicaid block grants within its **FY 2020 budget**. “The Administration recognizes that the only way to reform Medicaid and set it on a sound fiscal path is by putting states on equal footing with the Federal Government to implement comprehensive Medicaid financing reform through a per capita cap or block grant.” (p 43)
- **On June 16, 2019**, Alaska awarded a \$100,000 contract for researchers to assess the feasibility of converting its Medicaid program to a block grant program; the paper was reportedly due to the state by June 30, 2019 but has not been publicly released.
- **On September 17, 2019**, Tennessee submitted a Medicaid block grant waiver. Tennessee’s proposal is the most comprehensive to date to request capped spending for a Medicaid program.

Key Questions & Answers

What are key HAO provisions?

Much of the flexibility proposed under the HAO is already available through Section 1115 demonstration authority. HAO and current Section 1115 waivers include ability for states to do the following:

- Adopt elements of a closed pharmacy formulary
- Share in savings achieved under the demonstration if the state agrees to reinvest the savings into the Medicaid program
- Support more independent state Medicaid authority to make administrative changes

- Reimburse federally qualified health centers (FQHCs) via value-based payment methodologies
- Propose alternatives to processes required under Medicaid managed care regulations

Who is covered?

The HAO applies almost exclusively to Affordable Care Act (ACA) Medicaid Expansion adults who:

- Are ages 19-64
- Do not qualify for Medicaid on the basis of disability or need for long-term services and supports
- Are not Medicare eligible

States may limit program eligibility to a targeted subset of the ACA Medicaid Expansion population including the following:

- Populations with income +/-133 percent federal poverty level (FPL) with specified clinical conditions
- Populations within geographic boundaries which may open the door for certain counties or municipalities to explore a Medicaid Expansion coverage waiver covered by local resources

Of note, 90 percent federal match is only available if full Medicaid expansion is implemented.

What services are covered?

Benefits offered under the HAO must align with the individual health insurance market, including coverage of essential health benefits (EHBs), at minimum. States may vary benefits offered to populations covered under a HAO waiver from those provided under the Medicaid State Plan and are not required to meet wraparound service requirements such as transportation. States may also opt to provide coverage for additional services which would enhance coverage, improve health outcomes, and address “determinants to promote independence.”

How is state funding calculated?

As illustrated in Table 1, states may select an **aggregate** or **per capita** funding model. Under both models, the base payment rate is determined by the last eight quarters of expenditures attributable to the proposed HAO waiver population, with the exception of: disproportionate share hospital (DSH) payments, administrative expenses, public health emergency expenditures, services available at the 100% federal match, and certain supplemental and pool payments.

Table 1. Comparison of HAO Funding Options

| Aggregate Cap | Per Capita Cap |
|--|---|
| <p><u>Annual trend rate lower of:</u></p> <ul style="list-style-type: none"> • State growth rate over previous 5 years • Medical care component of the consumer price index (CPI-M) + 0.5 percent <p><u>Eligible for shared savings</u></p> <ul style="list-style-type: none"> • Between 25-50 percent of federal savings based on quality outcomes • Available for Medicaid reinvestment expenditures or to offset expenditures over aggregate cap in next 3 years <p><u>Maintenance of effort (MOE) imposed</u></p> <ul style="list-style-type: none"> • State must spend ≥80 percent of aggregate cap annually or be subject to future reduction in aggregate cap <p><u>State at risk if increased enrollment</u></p> <ul style="list-style-type: none"> • There is opportunity to request a “special circumstances adjustment” to account for unexpected changes (public health crisis or economic downturn) | <p>Per capita base amount for each Medicaid eligibility group included in the waiver based on total prior expenditures divided by actual enrollment</p> <p><u>Annual trend rate lower of:</u></p> <ul style="list-style-type: none"> • Growth rate in state over prior 5 years • CPI-M <p>States are not at risk if there are increases in enrollment, but ineligible for shared savings</p> |

How many states have expressed interest in pursuing the HAO?

Four states have expressed at least some interest in pursuing the HAO or general block grant principles. Oklahoma announced interest in the HAO opportunity. Arkansas is reviewing the opportunity and has state legislation requiring pursuit of a block grant. Alaska has previously expressed interest in a block grant model. Alabama has expressed concerns regarding how to fund expansion and has indicated they “will certainly look at the [HAO].”ⁱ Notably, Tennessee already had a broad block grant proposal submitted to CMS which differs significantly from the policies announced in the HAO guidance.

Is the HAO susceptible to legal challenges?

Although the HAO affords states greater flexibility for their Medicaid programs, it is not what has been historically presented as a block grant. Perhaps in anticipation of legal challenges, HAO has:

- Prohibited inclusion of State Plan populations
- Required states to provide baseline performance on “Adult Core Set”
- Incorporated financial components already available through 1115 waiver authority

ⁱ ABC News. What could President Trump's new Medicaid funding model mean for Alabama? Available at <https://abc3340.com/news/local/what-could-president-trumps-new-medicare-funding-model-mean-for-alabama>. Accessed February 4, 2020.

HAO will likely be challenged under the overarching premise of whether HAO furthers Medicaid goals and objectives.

Conclusion

Similar to other recently approved 1115 waiver policies, the HAO represents an additional attempt to give states authority over their Medicaid programs. The ultimate impact of the HAO will likely be shaped by the willingness among states to accept some financial risk in exchange for greater autonomy over the operation of their Medicaid programs and by potential litigation.

For more information please contact [Matt Powers](#) and [Desmond Banks](#).

[Link to Healthy Adult Opportunity](#)



HMA MEDICAID ROUNDUP

California

California Health Plan Tax Is Blocked by Trump Administration. *KTLA/The Associated Press* reported on January 31, 2020, that the Trump administration has blocked a California tax on managed care organizations, a decision that could cost the state \$1.2 billion in fiscal 2022 and upwards of \$1.9 billion annually in subsequent years. According to Calder Lynch, director of the Centers for Medicaid & CHIP Services, the tax is against federal rules because it only applied to health plans with Medicaid offerings. [Read More](#)

Governor Appoints Brad Gilbert as Health Care Services Director. On January 30, 2020, California Governor Gavin Newsom named Bradley Gilbert as director of the California Department of Health Care Services (DHCS), pending state Senate confirmation. Gilbert was previously chief executive of Inland Empire Health Plan and also served as director of public health at the County of Riverside Health Services Agency Department of Public Health. [Read More](#)

California Medicaid Would Cover Telehealth in FQHCs, Rural Health Clinics Under Proposed Bill. *mHealth Intelligence* reported on January 30, 2020, that California Assemblyman Rudy Salas (D-Bakersfield) submitted a bill that would allow the state's Medi-Cal program to extend coverage to telehealth services delivered by federally qualified health centers (FQHCs) and rural health clinics (RHCs). The bill would allow Medi-Cal to reimburse providers for delivering telehealth services without the requirement that patient and provider first meet in-person. [Read More](#)

Florida

Florida Bill Would Require 'Essential' Providers to Contract with Medicaid Plans or Lose Supplemental Payments. *News4Jax* reported on February 4, 2020, that Florida House Republicans have included language in a budget bill that would require "essential" providers to contract with all Medicaid managed care plans in their region or face the loss of supplemental payments. Another provision in the budget bill is aimed at helping newer Medicaid plans in the state to increase enrollment. [Read More](#)

Florida PBMs Pay Higher Drug Reimbursement Rates to Their Own Pharmacies, Report Finds. *STAT News* reported on January 31, 2020, that some Florida pharmacy benefit managers (PBMs) pay higher drug reimbursement rates to pharmacies they control, compared to other drug stores, according to a report from the Florida Pharmacy Association and American Pharmacy Cooperative Inc. The report is based on data from 350 million state Medicaid pharmacy claims from 2012 through 2019. [Read More](#)

House Budget Provision Directs AHCA to Review Certain Medicaid Plan Mergers. *Health News Florida* reported on February 4, 2020, that the Florida House included a provision in its proposed fiscal 2021 budget that would require the Agency for Health Care Administration (AHCA) to review any merger, sale, or acquisition that would result in a Medicaid managed care organization controlling more than 30 percent of plan enrollment in a region or statewide. Under the provision, the AHCA would submit quarterly reports to the state legislature and the governor beginning October 1, 2020. [Read More](#)

House Speaker Seeks Health Reforms, Not Medicaid Expansion. *The Ocala Star-Banner* reported on February 1, 2020, that Florida House Speaker Jose Oliva (R-Miami Lakes) is seeking changes to the state's healthcare sector, including expanding scope-of-practice rules, eliminating a ban on specialty hospitals, removing some certificate of need requirements for construction of mid-level care facilities, and allowing the state to import prescription drugs from Canada. However, Oliva still remains opposed to Medicaid expansion. [Read More](#)

Idaho

Idaho Releases Behavioral Health Plan RFI. On January 6, 2020, the Idaho Department of Health & Welfare released a request for information (RFI) for the development of a new Idaho Behavioral Health Plan (IBHP) program, which would integrate inpatient and outpatient behavioral health services into a single comprehensive behavioral plan, offer statewide coverage, and target improvements in quality and utilization. The existing IBHP program contracts with one pre-paid ambulatory health plan (PAHP) responsible for provider credentialing, service authorization, and oversight of Medicaid outpatient behavioral health services. The program provides outpatient behavioral health services, including mental health and substance use disorder services, to Idaho Medicaid beneficiaries. Responses to the RFI are due February 6.

Illinois

Illinois Blames 'Glitch' for Disenrollment of 2,500 Former Foster Children from Medicaid. *The Daily Herald/Capitol News Illinois* reported on February 4, 2020, that an estimated 2,500 former foster children in Illinois were disenrolled from Medicaid because of a computer glitch, according to an official of the Illinois Department of Healthcare and Family Services. The glitch occurred when the state shifted 19,000 former foster children into Medicaid managed care on February 1. The state plans to shift another 17,000 current foster children into Medicaid managed care on April 1. [Read More](#)

Illinois Integrated Health Homes Implementation Slated for April 1, 2020. On January 21, 2020, the Illinois Department of Healthcare and Family Services (HFS) announced it will begin coverage for Integrated Health Home services for Medicaid individuals with chronic conditions on April 1, 2020, pending federal regulatory approval. The Health Homes program will integrate and coordinate all services for physical health, behavioral health, and social care needs for this population, accounting for \$390 million in additional capitated payments to Medicaid managed care organizations. HFS will also hold public meetings on February 5 and 6 to discuss the new program. The program was initially introduced by the state in 2018. [Read More](#)

Indiana

Medicaid Plan MDWise Names Jessica Cromer President, CEO. *Inside Indiana Business* reported on February 3, 2020, that Jessica Cromer has been named president and chief executive of Indiana-based health plan MDWise. Previously, Cromer served as executive director for Gateway Health Plan and worked 18 years for Amerigroup. [Read More](#)

Maryland

Maryland Owes Millions of Dollars to Mental, Behavioral Health Providers. *The Baltimore Sun* reported on February 4, 2020, that mental and behavioral health providers in Maryland are owed millions of dollars for services that have gone unpaid because of a malfunctioning state payment system. The Maryland Health Department has begun sending providers estimated payments totaling about \$32 million per week until the system is fixed. Optum Behavioral Health is the contractor for the payment system. [Read More](#)

Michigan

Michigan Employment Rate Increases Among Medicaid Expansion Members, Study Says. *Modern Healthcare* reported on January 31, 2020, that 60 percent of Michigan Medicaid expansion members had a job or were in school in 2017, compared to 54 percent in 2016, according to a study published in JAMA Network Open. The rate of employment or school enrollment for the rest of the state was flat. [Read More](#)

Missouri

Missouri Medicaid Sees Opioid Prescriptions Decline. *KY3/The Associated Press* reported on January 29, 2020, that opioid prescriptions are down significantly in Missouri's Medicaid program. Opioid prescriptions fell 12 percent in 2019, the quantity of pills prescribed was down 25 percent, and the overall potency of those prescriptions was down 30 percent from 2018. Missouri Medicaid director Todd Richardson credited increased public awareness about the severity of the opioid crisis. [Read More](#)

Montana

Montana Hopes to Invest \$80 Million in Community-Based Mental Health Programs. *Montana Public Radio* reported on February 3, 2020, that Montana hopes to invest \$80 million in state and federal funds to double the number of patients receiving community-based mental health services over the next five years. The proposal requires approval from the Centers for Medicare & Medicaid Services (CMS). [Read More](#)

New Hampshire

Senate Approves Bill to Continue Funding for Medicaid to Schools. *U.S. News/The Associated Press* reported on January 30, 2020, that the New Hampshire Senate approved a bill that will continue to provide schools with Medicaid funds for children with disabilities. The bill now moves to the House. Currently, there are 11,000 children in the state on the program. [Read More](#)

New York

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

Budget Director Discusses Medicaid Budget Cuts. On February 4, 2020, New York State Budget Director Robert Mujica appeared on *WNYC* radio to discuss Governor Cuomo's proposed Medicaid cuts. Mujica reiterated the Governor's belief that local county governments have disengaged from overseeing spending in the Medicaid program since their financial contribution was capped. He noted that the over-65 population grew by 20 percent while spending on managed long-term care has risen by 400 percent, and said that localities need a financial incentive to more effectively police the program and monitor spending. In response to a question about the role of private insurance companies, he said that they had already received a rate cut, and that more money was going to be pulled out of the system as the rate of growth in spending will be limited to three percent, less than half the seven percent growth currently projected. Mujica did not offer any specific spending cuts, saying that would be determined by the Governor's Medicaid Redesign Team (MRT). He added that private insurance plans will be part of the MRT. [Read More](#)

New York Commissioner Testifies at Mental Health Budget Hearing. On February 3, 2020, Dr. Ann Sullivan, Commissioner of the New York State Office of Mental Health (OMH), testified before the New York State (NYS) Assembly & NYS Senate Fiscal Committees. She noted that the fiscal 2021 executive budget recommends significant investments for the OMH not-for-profit workforce, including resources to leverage over \$40 million in new annual funding to provide targeted compensation increases to direct care, support and clinical staff, and to support provider costs for minimum wage increases. The proposed budget increases support for OMH housing initiatives by an additional \$20 million for existing residential programs and includes \$60 million in capital to maintain and preserve community-based residences. The budget also provides an additional \$12.5 million for certain individuals living in transitional adult homes in New York City who wish to transition to more integrated settings in the community. [Read More](#)

New York Office for People with Developmental Disabilities Posts Plan for 2020. On February 3, 2020, New York State Commissioner of the Office for People with Developmental Disabilities (OPWDD), Dr. Thomas Kastner, posted an outline of 2019 achievements and 2020 deliverables for OPWDD. The post notes significant growth in the number of individuals qualifying for services, which increases fiscal pressure on OPWDD. During the first 12 months of Care Coordination Organizations (CCOs) operation, 7,000 new individuals qualified for Health Home Care Management services, an annual increase of 7 percent over the prior Medicaid Service Coordination program. In addition, participation in self-direction increased by 30 percent to more than 17,000 individuals. He then describes several OPWDD initiatives including organizational restructuring, improved communications, workforce development and recruitment strategies, improved data management, establishing the individuals with intellectual and/or developmental disabilities (I/DD) health home program, and preliminary implementation of a statewide electronic health record for all services delivered directly through OPWDD. In discussing the move to managed care for the I/DD population, he notes that 28,000 OPWDD-eligible individuals have voluntarily enrolled in mainstream Medicaid managed care plans, and that the state does not have a specific timeline for rolling out its specialized managed care plans, Specialized I/DD Plans – Provider Led (SIPs-PL). [Read More](#)

Governor Announces Medicaid Redesign Team Members. On February 4, 2020, New York Governor Andrew Cuomo announced the members of the Medicaid Redesign Team (MRT II), an initiative that was started as MRT I his first year in office in 2011. MRT II will be headed by MRT I co-chairs Michael Dowling, President and CEO of Northwell Health, and Dennis Rivera, former head of the New York-based 1199 SEIU United Healthcare Workers East. The group includes six individuals who work for the executive branch, including the Commissioners of Health, Mental Health, Addiction Services and Supports, and Office for People with Developmental Disabilities. In addition, five appointees represent hospitals or health systems, and three appointees represent health plans. The members of the legislature have been named to MRT II, but unlike MRT I for which the legislative appointees were the chairs of the Health Committees in their respective chambers, MRT II legislative appointees represent finance. No one representing NYC or the city's public hospital system, NYC Health + Hospitals, was appointed. [Read More](#)

Ohio

Ohio Releases Second Medicaid Managed Care RFI. On February 4, 2020, the Ohio Department of Medicaid (ODM) released a second request for information (RFI) to solicit feedback from health plans and other interested parties concerning development of a Medicaid managed care procurement this year. The first RFI, released in June 2019, solicited information from individuals, providers and advocacy groups to recommend improvements to the state's managed care program. Responses to the RFI are due March 3. [Read More](#)

Oklahoma

Governor Announces Medicaid Plan, Including Alternative Expansion, Managed Care, Block Grants. On January 30, 2020, Oklahoma Governor Kevin Stitt announced SoonerCare 2.0, a plan to revamp the state's Medicaid program by implementing an alternative Medicaid expansion, taking advantage of new federal block grant waiver authority, and transitioning to Medicaid managed care beginning with the new expansion population. Stitt made the announcement in Washington in conjunction with the Trump Administration's release of guidance allowing states to implement Medicaid expansion using block grant funding under a new Health Adult Opportunity (HAO) waiver. Stitt's proposal would use the flexibility offered under the new waiver to establish premiums and work requirements for expansion beneficiaries, and to address rural healthcare access and substance abuse treatment programs. The state seeks to "enhance provider reimbursement, authorize telehealth services, manage non-emergency medical transportation, and redefine 'hospitals' to expand care options in areas with limited populations." [Read More](#)

Oregon

Health Plan Drops Lawsuit Against Portland Hospitals. *The Portland Business Journal* reported on February 3, 2020, that Trillium Community Health Plan has dropped its antitrust lawsuit against three Oregon hospital systems for allegedly colluding to block the plan from signing up providers for a Coordinated Care Organization (CCO) network. The suit had named Legacy Health, Providence Health & Services, and Oregon Health & Science University. Trillium, which is owned by Centene, filed the lawsuit in October 2019. [Read More](#)

Pennsylvania

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

Pennsylvania Will Not Participate in Healthy Adult Opportunity. On January 30, 2020, Pennsylvania Governor Tom Wolf said that the state will not apply for a Medicaid block grant under the Trump administration's recently announced Healthy Adult Opportunity (HAO) guidance. HAO, which applies mainly to Medicaid expansion, is "no more than another attempt by the Trump Administration to dismantle the single most important health insurance program in the country," Wolf stated. [Read More](#)

Pennsylvania Partners with Medicaid Plans on Jobs, Training Programs. On January 30, 2020, Pennsylvania announced the Medicaid Work Support Initiative, a partnership with seven Medicaid managed care plans to connect members with employment, training, and educational programs. The program involves the state Department of Human Services, Department of Labor & Industry, and Workforce Board Lehigh Valley. Individuals newly enrolled in Medicaid plans will be asked if they are interested in help finding employment and training services. [Read More](#)

Tennessee

Governor Hopes to Extend Medicaid Postpartum Coverage to Full Year. *The Tennessean* reported on February 3, 2020, that Tennessee Governor Bill Lee revealed plans to launch a three-year pilot program to extend TennCare Medicaid postpartum coverage from two months to a year. The plan, announced during Lee's State of the State speech, is a response to the deaths of dozens of uninsured Tennessee mothers. Lee also intends to expand dental care services to mothers on TennCare. [Read More](#)

Texas

Texas Further Delays STAR, CHIP Medicaid Managed Care Contract Awards. The Texas Health and Human Services Commission announced on February 1, 2020, that Medicaid managed care awards for the state's STAR (traditional Medicaid) and Children's Health Insurance Program (CHIP) have been further delayed to February 2020. Implementation is still scheduled for December 1, 2020. There are approximately 3.3 million members in the Texas Medicaid program. [Read More](#)

Wisconsin

Wisconsin Moves to Further Delay Medicaid Work Requirements Until April 2020. *U.S. News/The Associated Press* reported on January 29, 2020, that Wisconsin Governor Tony Evers's administration is seeking to further delay Medicaid work requirements until April 29, 2020. In November 2019, the state delayed the implementation of the requirements until January. Implementation was originally set for November. Other policies to take effect in February include monthly premiums of up to \$8, copays for non-emergency ER visits of \$8, and incentives for healthy behaviors. [Read More](#)

National

Provider Comments on Proposed Medicaid Fiscal Accountability Rule Reveal Concerns. *Modern Healthcare* reported on January 31, 2020, that many hospitals, providers and state officials submitted comments in opposition to a proposed Trump administration rule that would restrict how states finance their Medicaid programs. The proposed Medicaid Fiscal Accountability Regulation would restrict supplemental and disproportionate share hospital payments to Medicaid providers and limit use of provider taxes, intergovernmental transfers, certified public expenditures and provider donations. [Read More](#)

CMS Seeks Feedback on Ending Automatic Exchange Enrollment for \$0 Premium Plans. *Modern Healthcare* reported on January 31, 2020, that the Centers for Medicare & Medicaid Services (CMS) is seeking feedback on a proposal that would end automatic enrollment for Exchange members in zero-premium plans. The proposal also seeks feedback on certain changes to eligibility re-determination requirements. [Read More](#)



INDUSTRY NEWS

Grant Avenue Capital Acquires Heartland Rehabilitation, MileStone from HCR ManorCare. Grant Avenue Capital, LLC, announced on February 4, 2020, the acquisition of Heartland Rehabilitation and MileStone from HCR ManorCare. The two companies will operate under the name H2 Health. Heartland is an outpatient physical rehabilitation provider with more than 60 facilities across seven states. MileStone provides clinical staffing to healthcare providers throughout the country. [Read More](#)

Humana Forms Medicare Primary Care Joint Venture with Welsh, Carson, Anderson & Stowe. Humana Inc., announced on February 3, 2020, the formation of a joint venture with private equity firm Welsh, Carson, Anderson & Stowe (WCAS) to develop Medicare primary care centers. Humana, which will hold a minority stake in the venture, will manage the centers through its Partners in Primary Care subsidiary. WCAS will have majority ownership in the venture. The initial investment by the two organizations is \$600 million. The deal doesn't include Humana's Conviva primary care centers for seniors in south Florida and Texas. [Read More](#)

Aveanna Healthcare, Maxim Healthcare Services Call Off Proposed Merger. *Modern Healthcare* reported on January 31, 2020, that home health companies Aveanna Healthcare and Maxim Healthcare have called off their plans to merge. The deal was under scrutiny from the Federal Trade Commission over its potential impact on competition. [Read More](#)

Acorn Health Acquires Autism University. Applied Behavior Analysis (ABA) therapy provider Acorn Health announced on January 30, 2020, its acquisition of Macomb, MI-based Autism University. Through this acquisition, Acorn will operate 11 centers in Michigan under the Autism Centers of Michigan brand. Acorn currently provides ABA services in Florida, Illinois, Michigan and Virginia. [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 |
| 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 this week on HMA Information Services (HMAIS):

Medicaid Data

- California Dual Demo Enrollment is Down 2.9%, Nov-19 Data
- Florida Medicaid Managed Care Enrollment is Down 2.9%, 2019 Data
- Hawaii SNP Membership at 23,832, Nov-19 Data
- Iowa SNP Membership at 13,838, Nov-19 Data
- Maine SNP Membership at 12,426, Nov-19 Data
- Michigan SNP Membership at 26,594, Nov-19 Data
- Minnesota SNP Membership at 45,643, Nov-19 Data
- Missouri SNP Membership at 23,035, Nov-19 Data
- New York SNP Membership at 353,428, Nov-19 Data
- North Carolina SNP Membership at 84,487, Nov-19 Data
- Oregon SNP Membership at 23,805, Nov-19 Data
- Illinois Dual Demo Enrollment is Up 6.6%, 2019 Data
- Illinois Medicaid Managed Care Enrollment is Down 1.7%, 2019 Data
- Louisiana Medicaid Managed Care Enrollment is Down 2.0%, 2019 Data
- Maryland Medicaid Managed Care Enrollment Is Flat, 2019 Data
- New York CHIP Managed Care Enrollment is Up 9.4%, 2019 Data
- New York Dual Demo Enrollment is Down 33.5%, 2019 Data
- New York Medicaid Managed Care Enrollment is Down 2.4%, 2019 Data
- Ohio Medicaid Managed Care Enrollment is Down 0.6%, Jan-20 Data
- Oklahoma Medicaid Enrollment is Down 1.2%, 2019 Data
- West Virginia Medicaid Managed Care Enrollment is Down 2.7%, 2019 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Idaho Medicaid Behavioral Health Plan (IBHP) RFI, Jan-20
- Illinois HFS Medicaid Healthcare Data Exchange System RFP, Jan-20
- Nevada Coordination of Benefits and TPL Management Services RFI, Feb-20
- New York Recommended Approaches to System Takeover, Enhancement, and Operations RFI, Jan-20
- Ohio Medicaid Managed Care Program Feedback from Managed Care Organizations RFI #2, Feb-20
- Pennsylvania MMIS 2020 Platform Project: Program Integrity Management Systems (PIMS) and Third-Party Liability (TPL) RFI, Jan-20
- Virginia SUD Experts on Justice-Involved Medicaid Population RFP, Jan-20
- Vermont Medicaid Enterprise System Technical Assistance Consultant RFP, Jan-20
- Wisconsin BadgerCare Plus and Medicaid SSI HMO Contract, 2020-21

Medicaid Program Reports, Data and Updates:

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- Arizona AHCCCS Annual Audited Financial Reports, FY 2008-19
- Florida Governor's Proposed Budget, FY 2020-21

- Georgia Department of Community Health Board Meeting Materials, Jan-20
- Idaho Aged and Disabled 1915(c) Waiver, Jan-20
- Idaho Health Quality Planning Commission Annual Report, 2019
- Kansas KanCare Final Evaluation Report, 2013-18
- Michigan Health Link Medicaid Capitation Rate Certification Report, CY 2019
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