

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... February 19, 2020



In Focus



HMA Roundup



Industry News

[RFP CALENDAR](#)

[HMA News](#)

Edited by:

Greg Nersessian, CFA
[Email](#)

Carl Mercurio
[Email](#)

Alona Nenko
[Email](#)

THIS WEEK

- **IN FOCUS: SUMMARY OF MEDICARE PROVISIONS IN TRUMP BUDGET**
- WASHINGTON MEDICAID RATE INCREASE BILL PASSES STATE SENATE
- TEXAS HEALTH PLANS POINT TO SCORING INCONSISTENCIES IN STAR+PLUS CONTRACT AWARDS
- MEDICAID WORK REQUIREMENTS NEWS: ARKANSAS, IOWA
- CALIFORNIA EXCHANGE SEES BIG INCREASE IN NEW ENROLLEES
- DISTRICT OF COLUMBIA FURTHER EXTENDS MEDICAID MANAGED CARE RFP DEADLINE
- EXPANSION NEWS: KANSAS, WYOMING
- MISSOURI LAWMAKERS SEEK HALT TO MEDICAID DISENROLLMENTS
- SOUTH DAKOTA ISSUES MEDICAID JOB TRAINING RFP
- CHARITY CARE IS LESS PREVALENT AT FINANCIALLY SOUND NOT-FOR-PROFIT HOSPITALS
- **FORMER ILLINOIS MEDICAID DIRECTOR IS NAMED COO OF HMA**
- **NEW THIS WEEK ON HMAIS**

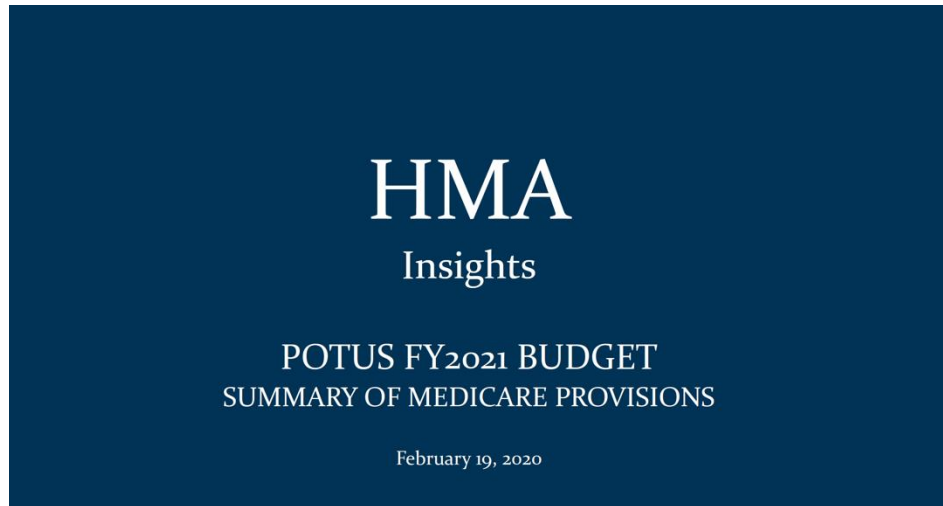
IN FOCUS

POTUS FY 2021 BUDGET: SUMMARY OF MEDICARE PROVISIONS

This week, our *In Focus* section examines President Trump's budget for fiscal year (FY) 2021. The budget includes a number of legislative and administrative proposals related to Medicare that are estimated to reduce net Medicare spending by \$872 billion over the next ten years. It is important to note that the legislative proposals included in the President's budget are non-binding and serve as recommendations to Congress where they may or may not be advanced. Under a Democratic-majority House of Representatives, many of

the legislative proposals outlined in the FY 2021 budget are unlikely to advance. Administrative proposals are more likely to move forward, as the administration can implement these policies through its regulatory channels.

Please click on the image below to review the HMA Insights for additional details and key questions that HMA has identified and continues to monitor.





HMA MEDICAID ROUNDUP

Arkansas

Medicaid Work Requirements Struck Down by Federal Appellate Court. *Modern Healthcare* reported on February 14, 2020, that a federal appellate court unanimously ruled to uphold a lower court decision that Medicaid work requirements in Arkansas were not consistent with the primary objective of the Medicaid statute. The ruling deals a significant blow to the Trump administration's push to expand work requirements through Medicaid waivers. It is not known whether the Centers for Medicare & Medicaid Services (CMS) or Arkansas officials will appeal the ruling to the Supreme Court. [Read More](#)

California

California Health Exchange Sees 41 Percent Increase in New Enrollees. *California Healthline* reported on February 18, 2020, that the number of new California Exchange enrollees reached about 418,000 in 2020, up 41 percent over last year. Another 1.1 million existing enrollees renewed coverage. California is one of six states to require people to buy health insurance or face a penalty, which the state projects could raise \$317 million to help fund state insurance subsidies. [Read More](#)

District of Columbia

District of Columbia Further Extends Medicaid Managed Care RFP Deadline. The District of Columbia Department of Health Care Finance has for the third time extended the deadline for health plans responding to the district's Medicaid Managed Care request for proposals (RFP), with bids now due February 20, 2020. The previous deadline was February 14.

Florida

Senate Panel Advances Bill to Allow Independent Practices for Nurses. *Health News Florida* reported on February 19, 2020, that the Florida Senate Health and Human Services Appropriations Subcommittee cleared a bill that would allow advanced practice registered nurses to provide certain types of care and establish practices without protocols or agreements with supervising physicians. The bill would authorize the independent practices on a 10-year trial basis and would require a study on the effectiveness of the change. The bill is more narrow than one passed by the House. [Read More](#)

Medicaid Director Criticizes Proposed Medicaid Fiscal Accountability Rule.

The Orlando Sentinel/The News Service of Florida reported on February 12, 2020, that Florida Medicaid director Beth Kidder criticized the Trump administration's proposed rule for the Medicaid Fiscal Accountability Regulation, stating it would be crippling to Florida's Medicaid program. The Florida Health Care Association, a provider advocacy organization, estimated the proposed rule could put at risk \$660 million in Medicaid funding for the state's nursing homes. The proposed rule would also cut \$250 million from medical faculty teaching programs and \$631 million from hospitals, according to Safety Net Hospital Alliance of Florida chief executive Justin Senior. [Read More](#)

Indiana

Indiana Made \$1.1 Million In Medicaid Capitated Payments to Cover Deceased Enrollees, Audit Says. *Kokomo Perspective* reported on February 16, 2020, that Indiana made \$1.1 million in capitated payments to Medicaid managed care organizations to cover deceased Medicaid beneficiaries, according to a federal audit of 2016 and 2017. The state agreed with the findings and will attempt to recoup the funds as well as ensure death notifications are recorded in the Medicaid enrollment system. [Read More](#)

Iowa

Iowa Senate Advances Medicaid Work Requirements Bill. *The Des Moines Register* reported on February 18, 2020, that the Iowa Senate advanced a Medicaid work requirements bill. Able-bodied adults would need 20 hours of work, community engagement, or job training per week to maintain coverage. Pregnant women, caretakers, recipients under 18 and over 64 years old, I/DD individuals, and those participating in a drug addiction or alcoholic treatment and rehabilitation program would be exempt. [Read More](#)

Kansas

Medicaid Expansion Bill Is Held Up by Senate Republican. *KCTV* reported on February 17, 2020, that Kansas Senate President Susan Wagle (R-Wichita) is holding up bipartisan Medicaid expansion legislation until lawmakers take action on a separate health care bill. Wagle said she won't allow a vote on the bill until the House passes a constitutional amendment ensuring the legislature's ability to restrict abortions. The expansion bill, which would cover approximately 150,000 individuals, is sponsored by 22 legislators, half of whom are Republicans. [Read More](#)

Massachusetts

Massachusetts Could Lose Upwards of \$2.4 Billion from Proposed Medicaid Transparency Rule. *The Boston Globe/State House News* reported on February 13, 2020, that the Massachusetts Executive Office of Health and Human Services estimated that the state could lose between \$365 million to \$2.4 billion per year in federal funds if a proposed federal Medicaid fiscal accountability regulation were to take effect. Assistant Secretary for MassHealth Daniel Tsai warned that restrictions on intergovernmental transfers would prohibit the state from using legitimate sources of funding to cover Medicaid expenses. Boston Medical Center president Kate Walsh said the rule's limitations on existing revenue streams would place a "disproportionate financial burden on safety net providers". [Read More](#)

Missouri

Missouri Lawmakers Call for Temporary Halt to Medicaid Disenrollments. *KCUR* reported on February 17, 2020, that Missouri House Democrats have asked Governor Mike Parson to halt Medicaid disenrollments until the state can better understand why 60,000 eligible children have improperly lost coverage. Lawmakers have also introduced legislation to address the problem, including one bill to streamline Medicaid applications and another to extend coverage of children up to a year without eligibility checks. House Minority Leader Crystal Quade (D-Springfield) also filed a bill to ensure children would not lose coverage when their parents lost Medicaid eligibility. [Read More](#)

New Jersey

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

New Jersey Issues Public Notice on Proposed Rule Re-Adoptions with Amendments. On January 31, 2020, the New Jersey Division of Medical Assistance and Health Services (DMAHS) issued a public notice to readopt N.J.A.C. 10:50 (Transportation Services) and N.J.A.C. 10:60 (Home Care Services) with amendments. Comments are due March 2. [Read More](#)

New Jersey Medicaid Agency Announces Managed Care Contract Revisions. On February 5, 2020, New Jersey Medicaid announced proposed changes to the Medicaid managed care contract, effective January 1, 2020, pending approval from the Centers for Medicare & Medicaid Services (CMS). Proposed changes include:

- **New definitions.** Division of Medical Assistance and Health Services (DMAHS) plans to add definitions for: Community Based Care Management, Comprehensive Orthodontic Treatment, Dental Home, Emergency Dental Condition, and Long-Acting Reversible Contraceptives (LARC).
- **Utilization review.** A provision will add language to cover new inpatient utilization review which now extends to managed care.
- **Dental coverage.** A provision will be updated regarding the transitions from Medicaid fee-for-service (FFS) to managed care for dental services that were authorized while the enrollee was in FFS. Also, the contract will replace the Orthodontic Treatment Services section in the Appendix.

- **Autism benefits.** Applied Behavioral Analysis will begin on April 1, 2020, and medically necessary rehabilitative services are targeted to begin on July 1, 2020.
- **Maternity.**
 - The contract will now require completion of a Peri-natal Risk Assessment and associated forms.
 - Providers will be penalized for non-medically indicated early elective deliveries (EED) using a reimbursement withhold.
 - Centering will be added as a covered benefit to reimburse for prenatal group services.
- **Utilization Management.** Managed care organizations (MCOs) will be required to use nationally recognized standard criteria for inpatient hospital admissions that substantially conform to the Milliman Care Guidelines.
- **Drugs.** Several contract changes are for provisions associated with prescriptions:
 - **Opioids.** Adds a provision for the “Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act” to the Provider Lock-in and Drug Utilization Review programs.
 - **Drug Utilization Review (DUR) program.** Adds Maximum Daily Morphine Milligram Equivalent (MME) safety edit requirements to the DUR program.
 - **Non-rebated legend drugs.** Prohibits reimbursement for non-rebated legend drugs except those that are exempt from federal Medicaid Drug Rebate requirements.
 - **Monitoring.** Requires MCOs to monitor automatic prescription drug refills.
- **Measures.** MCOs must update their HEDIS® reporting to all measures in the complete HEDIS Workbook. In addition, changes will be made to the benchmarks for the Performance-Based Incentive program performance payment pool to the NCQA 75th Percentile for HEDIS 2020.

New York

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

New York Medicaid Redesign Team II Holds Public Comment Forum. *Crain's Health Pulse* reported on February 18, 2020, that in response to a \$2.5 billion budget gap in next year's Medicaid budget, New York Governor Andrew Cuomo has reconvened a Medicaid Redesign Team, a stakeholder group, to identify potential savings strategies. The panel held its first public comment session on Friday, February 14, with less than 24 hours' notice. Protesters briefly interrupted the meeting to call attention to the last-minute notification and raise concerns that the Cuomo administration already knows how it plans to reduce Medicaid spending and is not interested in receiving input from the public. Protesters urged leaders to balance the state budget by taxing the rich, not by cutting Medicaid. A second public forum was held in Rochester on February 18; the final public forum is scheduled for February 21 in Albany. [Read More](#)

The New York Department of Health has posted a [Medicaid Redesign Public Proposal Intake Form](#) on the New York State Medicaid Redesign II website. Suggestions must fall within one of the MRT II goals:

- Improves quality of care
- Reforms reimbursement
- Improves or expands coverage
- Enhances program integrity
- Improves care management and care delivery
- Modernizes regulations, laws, policies, and programs
- Ensures a stable and appropriately skilled workforce
- Advances the State's successful healthcare reform strategy
- Reassesses Medicaid global cap metrics

Proposal descriptions are limited to 350 words. All proposals must be submitted by February 21.

NY Updates Quality Measures for Medicaid Managed Care Organizations in the Value Based Payment Program. The New York Department of Health continues to refine the measures it is using to assure quality under its value-based payment (VBP) program. They have released the 2020 VBP Reporting Requirements Technical Specifications Manual for Measurement Year (MY) 2019. It includes an overview of the specific quality measure reporting requirements for each VBP arrangement, as well as a description of the changes to the measure sets from 2018 to 2019. Six types of VBP arrangements are recognized by the state's Medicaid program, and each has quality measures specific to the population being served.

- Total Care for the General Population (TCGP) Arrangement: Includes all costs and outcomes for care (34 measures)
- Total Care for Special Needs Population Arrangements: Includes costs and outcomes of total care for all members within a special needs population exclusive of TCGP
 - Health and Recovery Plans (HARP): For those with Serious Mental Illness or Substance Use Disorders (9 measures)
 - HIV/AIDS (3 measures)
 - Managed Long-Term Care (MLTC) (10 measures)
- Episodic Care Arrangements:
 - Integrated Primary Care (IPC): Includes all costs and outcomes associated with primary care, sick care, and a set of chronic conditions selected due to high volume and/or costs (34 measures)
 - Maternity Care: Includes episodes associated with a pregnancy, including prenatal care, delivery and postpartum care through 60 days post-discharge for the mother, and care provided to the newborn from birth through the first 30 days post-discharge (6 measures)

Details on the revised measures can be found [here](#).

New York State Comptroller Thomas DiNapoli Releases Analysis of Governor's Executive Budget. On February 14, 2020, New York State Comptroller Thomas DiNapoli released an analysis of Governor Andrew Cuomo's executive budget. His analysis highlights fiscal challenges that the state faces, as well as concerns about transparency and accountability. DiNapoli identifies significant fiscal challenges related, in part, to higher than expected spending in the Medicaid program. The report notes that the April 1 budget deadline is soon approaching, and more than a third of the Executive's proposed nearly \$7 billion gap-closing plan remains to be identified by the Medicaid Redesign Team (MRT), creating uncertainty for Medicaid beneficiaries, providers, local governments and the state budget. In a press release DiNapoli said, "It's imperative the Medicaid Redesign Team seek broad input on the root causes and options for addressing rising Medicaid costs. There is limited time for deliberations before the budget deadline... Failure to effectively solve the Medicaid problem may result in harmful impacts in other areas of the budget this year and going forward."

DiNapoli's analysis also raised concerns about the Medicaid Global Cap. The cap was established in 2011 to promote cost containment efforts, but actions since then have moved various elements of Medicaid spending into or out of the cap. A deferral of \$1.7 billion in Medicaid spending into fiscal 2020, an effort to avoid exceeding the cap, contributed to the ongoing delay in addressing the program's increasing fiscal challenges. The Executive Budget assumes a second consecutive deferral of funds into the next fiscal year. [Read More](#)

New York Committee Leaders Push for Extended Maternal Medicaid Coverage. *Politico* reported on February 12, 2020, that New York State Senate Health chairman Gustavo Rivera (D-Bronx) and Assembly Health chairman Richard Gottfried (D-Manhattan) joined women's health advocates in supporting a bill that would extend maternal Medicaid coverage to one year post-partum. Currently, women who are eligible for Medicaid while pregnant lose coverage 60 days after giving birth. [Read More](#)

Oregon

Oregon House Passes Universal Healthcare Referendum Proposal. *The Oregonian* reported on February 17, 2020, that the Oregon House passed a universal healthcare referendum proposal, which would be put before voters in November if cleared by the Senate. The proposal, which passed on party lines, would amend the state constitution to establish an individual right "to cost-effective, clinically appropriate and affordable health care." [Read More](#)

Pennsylvania

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

Pennsylvania Bills Introduced to Combat Medicaid Fraud. *The National Law Review* reported on February 14, 2020, that six new bills are being introduced in the Pennsylvania House and Senate following a Grand Jury report, issued in March 2019, detailing misspending and fraud in the Pennsylvania Medicaid program. The bills are being introduced by a group of bipartisan lawmakers and will follow the recommendations made by the report. [Read More](#)

South Dakota

South Dakota RFP Seeks Organization to Provide Job Training to Medicaid Beneficiaries. On February 11, 2020, the South Dakota Department of Social Services released a request for proposals (RFP) for an organization to provide job training to individuals under the state's proposed Medicaid work requirements program. Proposals are due March 31, and awards are expected to be announced May 15.

Texas

Texas Health Plans Point to Scoring Inconsistencies in STAR+PLUS Contract Awards. *The Texas Tribune* reported on February 13, 2020, that more than half a dozen health plans are criticizing Texas's recently awarded Medicaid managed care contracts for the state's STAR+PLUS program. Plans say the evaluation process was riddled with errors and inconsistencies. Publicly posted documents show that the state scoring team arrived at conflicting scores from the same questions and disagreed about whether a health plan submitted the necessary paperwork. The \$10 billion program covers about 530,000 aged, blind, and disabled members. Implementation is still scheduled for December 1, 2020. [Read More](#)

Virginia

Virginia Opioid Treatment Program Reduces ED Visits, Analysis Shows. *HealthPayer Intelligence* reported on February 17, 2020, that a Virginia Medicaid program designed to increase access to medication-assisted treatment resulted in a 21 percent reduction in emergency department visits among individuals with opioid use disorder, according to a *Health Affairs* analysis. The program, called Addiction and Recovery Treatment Services, also included behavioral health services, peer recovery support, and prescribing guidelines. [Read More](#)

Washington

Washington Medicaid Rate Increase Bill Is Passed by State Senate. *The Washington State Wire* reported on February 18, 2020, that the Washington Senate passed a bill to raise rates by 15 percent for "for primary care services that are reimbursed solely at the existing medical assistance rates, furnished by a nurse practitioner, naturopath, physician assistant, osteopathic physician assistant, physician, or osteopathic physician, on a fee-for-service basis as well as through managed health care systems." The increase would be at least 21 percent for pediatric critical care, neonatal critical care and neonatal intensive care. The increase is relative to medical assistance rates that took effect January 1, 2019. The bill also requires the state to direct Medicaid managed care plans to adopt a uniform rate increase for primary care providers. [Read More](#)

Wyoming

Wyoming Constitutional Amendment to Expand Medicaid Is Filed in State Legislature. *KGAB* reported on February 14, 2020, that the Wyoming legislature filed a constitutional amendment, sponsored by state Representative Pat Sweeney (R-Casper), to expand Medicaid. Supported by a bipartisan group of co-sponsors, the measure would need a two-thirds majority in both the Wyoming House and Senate before voters could approve it in the November elections. A Medicaid expansion bill was defeated in the Wyoming House in early February. [Read More](#)

National

Opioid Settlement to Fall Short of Expectations. *The New York Times* reported on February 17, 2020, that pharmaceutical companies named in opioid litigation will pay far less than what lawyers for the suing cities, counties, and states had once expected. One estimate put the likely settlement at \$75 billion to \$85 billion, or less than half the landmark tobacco settlement. [Read More](#)

Rural Hospitals Fear Closures From Proposed Medicaid Transparency Rule. *NBC News* reported on February 15, 2020, that rural hospitals are concerned that a proposed federal transparency rule would negatively impact financially vulnerable facilities, resulting in some closures. The proposal from Centers for Medicare & Medicaid Services proposal would force hospitals to reveal prices they charge for supplies, tests, and procedures, including rates negotiated with insurance companies. Hospitals stand to lose \$23 billion to \$31 billion in annual Medicaid payments, according to the American Hospital Association. [Read More](#)

HHS Secretary Defends Drug Pricing Bill. *CQ News* reported on February 13, 2020, that Health and Human Services (HHS) Secretary Alex Azar addressed a Senate Finance Committee hearing on the fiscal 2021 budget request, where he promoted the prescription drug pricing bill, defended the Trump administration's proposal to reduce Medicaid spending growth, and addressed concerns over the Medicaid Fiscal Accountability Regulation proposed rule. Azar pushed back on claims raised by Senate Republicans that the drug pricing bill would stifle pharmaceutical innovation, countering that "there would be no material impact in any way" to pharmaceutical research and development. [Read More](#)

CMS to Make Changes to Prior Authorization Rules This Year. *Modern Healthcare* reported on February 11, 2020, that the Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma announced the agency's intent to reform prior authorization regulations later this year. Verma stated at the American Medical Association's National Advocacy Conference in Washington, D.C. that CMS and the Trump administration "will reduce administrative waste, increase patient safety and free physicians to spend time caring for their patients." Verma did not give many details, but mentioned automation as a way to improve efficiencies. [Read More](#)



INDUSTRY NEWS

Charity Care is Less Prevalent at Financially Sound Not-For-Profit Hospitals.

Modern Healthcare reported on February 18, 2020, that top earning not-for-profit hospitals provide less charity care than those with less healthy financials, according to a study published in JAMA. The study showed that for every \$100 of net income, hospitals in the top earnings quartile provided \$11.50 of charity care to uninsured patients and \$5.10 to insured patients, compared to the hospitals in the third earnings quartile, which provided \$72.30 of charity care to the uninsured and \$40.90 to the insured. [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 - March 2020	Ohio	RFP Release	2,360,000
February 1, 2020 (DELAYED)	North Carolina - Phase 1 & 2	Implementation	1,500,000
February 2020	Texas STAR and CHIP	Awards	3,400,000
February 20, 2020	Washington DC	Proposals Due	224,000
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

COMPANY ANNOUNCEMENTS

[UnitedHealthcare Global's Isapre Banmédica Receives Award for Improving Care Management in Latin America](#)

HMA NEWS

Former Illinois Medicaid Director Is Named COO of Health Management Associates. Health Management Associates (HMA) announced today that Douglas (Doug) L. Elwell, who most recently served as Medicaid director for the State of Illinois in the Department of Healthcare and Family Services, has joined the firm as chief operating officer (COO). [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California Dual Demo Enrollment is Down 2.5%, 2019 Data
- Colorado RAE Enrollment is Down 0.6%, Jan-20 Data
- Florida Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Oklahoma Medicaid Enrollment is Flat, Jan-20 Data
- Puerto Rico SNP Membership at 293,361 Nov-19 Data
- Washington Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 1.1%, 2019 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 1.5%, Nov-19 Data
- West Virginia Medicaid Managed Care Enrollment is Up 0.6%, Feb-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Waiver Services RFP, Feb-20
- DC Medicaid Managed Care RFP and Amendments, Jan-20
- Pennsylvania Medicare Advantage Dual Special Needs Plan Contract, 2020
- South Dakota Career Connector Community Engagement Services RFP, Feb-20
- Texas Medicare Advantage Dual Special Needs Plan Contract, 2020
- Vermont Medicaid Enterprise System Technical Assistance Consultant RFP and Related Documents, 2020

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 71.2 Million, Nov-19 Data
- Alaska Department of Health & Social Services Annual Reports, 2013-19
- California Healthier California for All (Formerly CalAIM) Initiative Proposal and Presentations, Jan-20
- California LAO Analysis of the Medi-Cal Budget, FY 2020-21
- Colorado Children's Health Plan Plus Caseload by County, Jan-20
- Iowa Medicaid Managed Care Rate Certification and Appendices, FY 2019
- Kansas KanCare Executive Summary Presentation, Apr-19
- Mississippi CHIP State Plan Amendment (SPA) Mental Health Parity and Addiction Equity Act, Feb-20
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, Jan-20
- Virginia Medicaid Expansion Enrollment Dashboard, Feb-20
- Washington Medicaid Managed Care Capitation Rate Development, CY 2015-20
- OH Medicaid Enrollment by Eligibility Category, 2016-19

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

- 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.