HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

········· *February 26, 2020* ·········

In Focus

HMA Roundup

Industry News

THIS WEEK

- ◘ SAVE THE DATE: HMA'S 2020 CONFERENCE ON TRENDS IN PUBLICLY SPONSORED HEALTHCARE

- ◘ IN FOCUS: MEDICAID MANAGED CARE ENROLLMENT UPDATE, Q4 2019

- ◘ COLORADO RELEASES PROPOSED PUBLIC OPTION HOSPITAL RATES

- ◘ ILLINOIS LAWMAKER INTRODUCES BILL TO STUDY MEDICAID BUY-IN

- ◘ KENTUCKY SENATE PASSES REVISED BILL TO ESTABLISH SINGLE PBM, FORMULARY FOR MEDICAID MANAGED CARE

- ◘ LOUISIANA TO DECIDE ON MEDICAID MANAGED CARE CONTRACT AWARDS PROTEST BY MARCH 17 AT EARLIEST

- ◘ NEW YORK MEDICAID DSRIP WAIVER EXTENSION IS DENIED BY CMS

- ◘ VERMONT ONECARE ACO SPENDS MORE THAN EXPECTED

- ◘ WEST VIRGINIA SENATE PASSES MEDICAID TRUST FUND BILL

- ◘ CMS TO INCREASE OVERSIGHT OF ACCREDITING ORGANIZATIONS

- ◘ HOME HEALTH PROVIDERS TO STRUGGLE UNDER CMS PATIENT-DRIVEN GROUPINGS MODEL, REPORT SAYS

- ◘ NEW THIS WEEK ON HMAIS

IN FOCUS

SAVE THE DATE: HMA'S 2020 CONFERENCE ON *TRENDS IN PUBLICLY SPONSORED HEALTHCARE*

What's Next for Medicaid, Medicare and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty

Monday, October 26 to Tuesday, October 27
Pre-conference workshop: Sunday, October 25

Fairmont Chicago, Millennium Park

Confirmed Keynote Speakers to Date
(in alphabetical order; others to be announced)

What's Next: State Medicaid Issues and Priorities Now and in the Future
Melisa Byrd, *Senior Deputy Director/*Medicaid *Director, District of Columbia Dept. of Health Care Finance*
Carter Kimble, *Deputy Secretary of Health and Human Services, State of Oklahoma*
Stephanie Muth, *Deputy Executive Commissioner, Medicaid & CHIP, Texas Health & Human Services*

Key Strategies, Priorities, and Concerns for Medicaid Managed Care Plans
Heidi Chan, *Market President, AmeriHealth Caritas North Carolina*
Alec Cunningham, *EVP, Government Services at Aetna, a CVS Health Company*
Keith Payet, *CEO, UnitedHealthcare Community Plan of Tennessee*

Additional planned sessions to focus on the 2020 Presidential election, social determinants of health, Medicare-Medicaid Dual Eligibles, disruptive care delivery models, payment reform, individuals with intellectual or developmental disabilities, enrollment and eligibility issues, primary care capitation, drug spending, value-based payments, healthcare investing, and the future of publicly sponsored healthcare.

HMA will also host a pre-conference workshop on Sunday, October 25, on important trends and developments in Medicare, Medicare Advantage and dual eligibles.

HMA's 2020 Conference on Trends in Publicly Sponsored Healthcare to Focus
on How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty

Health Management Associates (HMA) is proud to announce its 2020 annual conference on *Trends in Publicly Sponsored Healthcare*, October 26-27, in Chicago. The theme of this year's event is *What's Next for Medicaid, Medicare and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty* and features keynote speakers who are some of the nation's most innovative healthcare leaders.

This is the fifth conference HMA has presented on trends in publicly sponsored healthcare. Last year's event brought together 500 executives from health plans, providers, state and federal government, community-based organizations and others serving Medicaid and other vulnerable populations. It was a collaborative, high-level event featuring more than 40 speakers and representing the interests of a broad-based constituency of healthcare leaders.

This year's meeting promises to be even better, with a sharp focus on the challenges and opportunities for organizations serving Medicaid and other vulnerable populations in the months and years ahead. Additional details, including a complete agenda, will be available in the weeks ahead.

Sponsorships and group discounts are available. For additional information, contact Carl Mercurio, cmercurio@healthmanagement.com, (212) 575-5929.

MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q4 2019

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 29 states.[i] Many state Medicaid agencies post monthly enrollment figures by health plan for their Medicaid managed care population to their websites. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. All 29 states highlighted in this review have released monthly Medicaid managed care enrollment data into the fourth quarter (Q4) of 2019. This report reflects the most recent data posted. HMA has made the following observations related to the enrollment data shown on Table 1 (below):

- The 29 states in this report account for an estimated 48.5 million Medicaid managed care enrollees as of December 2019. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment is likely over 54 million in 2019. As such, the enrollment data across these 29 states represents approximately 90 percent of all Medicaid MCO enrollment.
- States with managed care that do not publish monthly enrollment reports are Delaware, District of Columbia, Massachusetts, New Hampshire, Nevada, Rhode Island, and Virginia. New Jersey will be included in the next Enrollment Update.
- Across the 29 states tracked in this report, Medicaid managed care enrollment is down 2.0 percent year-over-year as of December 2019.
- Approximately half of the states saw decreases in enrollment in December 2019, compared to previous year.
- Eighteen of the 29 states – Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Pennsylvania, Washington, and West Virginia – expanded Medicaid under the Affordable Care Act and have seen increased Medicaid managed care enrollment since expansion.
- The 18 expansion states listed above have seen net Medicaid managed care enrollment decrease by 795,000 members, or 2.2 percent, in the past year, to 35.1 million members at the end of Q4 2019.
- The 11 states that have not yet expanded Medicaid – Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, South Carolina, Tennessee, Texas, Utah, and Wisconsin – have seen Medicaid managed care enrollment decrease 1.5 percent to 13.4 million members at the end of Q4 2019. Nebraska is expected to begin implementing its voter-approved Medicaid by October 2020.

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[i] Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin.

Table 1 - Monthly MCO Enrollment by State – July 2019 through December 2019

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Arizona	1,583,328	1,592,643	1,598,830	1,601,434	1,595,745	1,593,746
+/- m/m	7,532	9,315	6,187	2,604	(5,689)	(1,999)
% y/y	1.3%	1.6%	1.8%	1.6%	1.6%	1.3%
California	10,418,534	10,395,297	10,368,377	10,374,962	10,330,371	10,273,597
+/- m/m	(28,688)	(23,237)	(26,920)	6,585	(44,591)	(56,774)
% y/y	-2.6%	-2.6%	-2.5%	-2.2%	-2.5%	-2.7%
Florida	3,178,803	3,176,478	3,166,639	3,165,795	3,150,638	3,143,345
+/- m/m	7,172	(2,325)	(9,839)	(844)	(15,157)	(7,293)
% y/y	-2.7%	-2.9%	-3.1%	-3.1%	-2.7%	-2.9%
Georgia	1,389,408	1,386,995	1,394,857	1,393,740	1,390,845	1,364,639
+/- m/m	3,701	(2,413)	7,862	(1,117)	(2,895)	(26,206)
% y/y	0.0%	4.3%	4.3%	4.1%	3.4%	1.3%
Hawaii	340,451	335,124				
+/- m/m	4,249	(5,327)	*N/A*	*N/A*	*N/A*	*N/A*
% y/y	-3.2%	-3.3%				
Illinois	2,185,274	2,191,542	2,182,804	2,190,603	2,181,747	2,182,119
+/- m/m	28,299	6,268	(8,738)	7,799	(8,856)	372
% y/y	-3.0%	-4.3%	-4.2%	-3.2%	-2.8%	-1.7%
Indiana	1,104,362	1,105,590	1,107,888	1,110,778	1,108,306	1,109,932
+/- m/m	396	1,228	2,298	2,890	(2,472)	1,626
% y/y	-2.2%	-2.2%	-0.7%	-0.9%	-0.6%	0.1%
Iowa	645,627	638,261	637,373	637,487	636,274	637,767
+/- m/m	9,112	(7,366)	(888)	114	(1,213)	1,493
% y/y	4.3%	4.3%	4.1%	4.1%	3.8%	4.0%
Kansas	366,872					
+/- m/m	(2,882)	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
% y/y	-4.4%					
Kentucky	1,222,353	1,227,612	1,218,327	1,215,493	1,202,126	1,187,554
+/- m/m	(4,755)	5,259	(9,285)	(2,834)	(13,367)	(14,572)
% y/y	-2.9%	-2.5%	-2.0%	-2.1%	-3.2%	-3.4%
Louisiana	1,424,486					1,478,206
+/- m/m	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
% y/y	-3.2%					-2.0%
Maryland	1,200,220	1,202,803	1,203,545	1,205,680	1,203,206	1,191,840
+/- m/m	6,514	2,583	742	2,135	(2,474)	(11,366)
% y/y	1.7%	1.5%	1.4%	2.3%	1.2%	0.1%
Michigan	1,760,726	1,755,570	1,768,966	1,771,342	1,773,974	1,789,151
+/- m/m	(2,747)	(5,156)	13,396	2,376	2,632	15,177
% y/y	-3.3%	-3.1%	-3.1%	-2.3%	-0.9%	0.2%
Minnesota	929,444	929,003	929,936	932,161	927,813	918,816
+/- m/m	(542)	(441)	933	2,225	(4,348)	(8,997)

% y/y	-5.1%	-4.5%	-4.5%	-3.6%	-3.5%	-2.8%
Mississippi	**436,028**	**432,943**	**433,998**	**433,022**	**435,586**	**438,029**
+/- m/m	(2,630)	(3,085)	1,055	(976)	2,564	2,443
% y/y	-1.3%	0.0%	0.4%	1.2%	0.4%	0.0%
Missouri	**599,414**	**574,613**	**579,657**	**571,920**	**582,847**	**581,483**
+/- m/m	2,768	(24,801)	5,044	(7,737)	10,927	(1,364)
% y/y	-14.7%	-17.2%	-14.5%	-13.8%	-11.1%	-10.1%
Nebraska	**228,745**	**229,333**	**230,882**	**229,946**	**231,429**	**230,384**
+/- m/m	(1,129)	588	1,549	(936)	1,483	(1,045)
% y/y	-1.3%	-0.8%	-0.7%	-0.7%	0.0%	-0.4%
New Mexico	**661,742**	**663,930**	**665,969**	**667,115**	**668,062**	**670,697**
+/- m/m	912	2,188	2,039	1,146	947	2,635
% y/y	0.8%	1.2%	1.7%	1.3%	1.3%	1.6%
New York	**4,705,678**	**4,690,573**	**4,689,134**	**4,664,472**	**4,636,690**	**4,618,222**
+/- m/m	(10,005)	(15,105)	(1,439)	(24,662)	(27,782)	(18,468)
% y/y	-1.2%	-1.0%	-0.9%	-1.1%	-2.0%	-2.4%
Ohio	**2,255,248**	**2,231,886**	**2,209,399**	**2,195,610**	**2,166,234**	**2,068,877**
+/- m/m	(22,230)	(23,362)	(22,487)	(13,789)	(29,376)	(97,357)
% y/y	-7.6%	-8.0%	-8.6%	-8.8%	-9.4%	-12.4%
Oregon	**889,304**	**881,771**	**883,836**	**892,026**	**885,719**	**888,100**
+/- m/m	24,539	(7,533)	2,065	8,190	(6,307)	2,381
% y/y	-0.1%	-1.3%	-0.8%	-0.7%	-1.0%	-0.3%
Pennsylvania	**2,261,779**	**2,254,482**	**2,247,301**	**2,244,613**	**2,236,594**	**2,228,564**
+/- m/m	(5,767)	(7,297)	(7,181)	(2,688)	(8,019)	(8,030)
% y/y	-2.4%	-2.4%	-2.2%	-2.1%	-2.1%	-2.3%
South Carolina	**811,651**	**807,329**	**814,465**	**813,452**	**810,852**	**810,718**
+/- m/m	(788)	(4,322)	7,136	(1,013)	(2,600)	(134)
% y/y	5.8%	5.9%	5.2%	4.8%	4.4%	2.8%
Tennessee	**1,419,723**	**1,418,755**	**1,422,857**	**1,418,404**	**1,415,546**	**1,413,540**
+/- m/m	7,474	(968)	4,102	(4,453)	(2,858)	(2,006)
% y/y	2.3%	6.9%	6.6%	5.5%	5.9%	5.0%
Texas		**4,033,244**			**4,027,315**	
+/- m/m	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
% y/y		*N/A*			*N/A*	
Utah	**229,526**	**229,095**	**227,322**	**225,621**	**225,149**	**223,854**
+/- m/m	(1,946)	(431)	(1,773)	(1,701)	(472)	(1,295)
% y/y	*-5.3%*	*-5.1%*	*-5.0%*	*-5.2%*	*-5.1%*	*-4.5%*
Washington	**1,532,302**	**1,532,108**	**1,528,862**	**1,530,061**	**1,531,658**	**1,539,312**
+/- m/m	17,451	(194)	(3,246)	1,199	1,597	7,654
% y/y	-3.0%	0.0%	0.0%	0.0%	0.0%	3.1%
West Virginia	**387,376**	**387,376**	**385,238**	**385,523**	**385,863**	**385,062**
+/- m/m	(923)	0	(2,138)	285	340	(801)

% y/y	-4.9%	-4.4%	-4.5%	-3.5%	-3.2%	-2.7%
Wisconsin	**806,308**	**809,006**	**809,595**	**809,511**	**811,824**	**809,082**
+/- m/m	(3,506)	2,698	589	(84)	2,313	(2,742)
% y/y	0.0%	0.6%	0.6%	1.5%	1.6%	1.6%

Note: In Table 1 above and the state tables below, "+/- m/m" refers to the enrollment change from the previous month. "% y/y" refers to the percentage change in enrollment from the same month in the previous year.

Below, we provide a state-specific analysis of recent enrollment trends in the states where HMA tracks data.

It is important to note the limitations of the data presented. First, not all states report the data at the same time during the month. Some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-the-month snapshot. Second, in some cases the data is comprehensive in that it covers all state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is the key limiting factor in comparing the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in Table 1 and throughout the *In Focus* section should be viewed as a sampling of enrollment trends across these states rather than a comprehensive comparison, which cannot be developed based on publicly available monthly enrollment data.

State-Specific Analysis

Arizona

Medicaid Expansion Status: Expanded January 1, 2014

Enrollment in Arizona's two Medicaid managed care programs has grown through December 2019, up 20,000 members since December 2018. As of December 2019, Arizona's MCO enrollment stands at 1.6 million, up 1.3 percent from the prior year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Acute Care	1,517,845	1,526,887	1,532,843	1,535,252	1,529,285	1,527,078
ALTCS	65,483	65,756	65,987	66,182	66,460	66,668
Total Arizona	**1,583,328**	**1,592,643**	**1,598,830**	**1,601,434**	**1,595,745**	**1,593,746**
+/- m/m	*7,532*	*9,315*	*6,187*	*2,604*	*(5,689)*	*(1,999)*
% y/y	*1.3%*	*1.6%*	*1.8%*	*1.6%*	*1.6%*	*1.3%*

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data shows a decrease of 2.7 percent in December 2019, with managed care enrollment down roughly 282,000 since December 2018. As of December 2019, enrollment in managed care is approximately 10.3 million.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Two-Plan Counties	6,739,724	6,725,398	6,711,887	6,717,793	6,698,176	6,669,039
Imperial/San Benito	83,616	82,963	82,615	82,616	82,516	82,304
Regional Model	291,364	290,119	288,874	288,283	287,136	285,862
GMC Counties	1,115,713	1,114,267	1,108,021	1,108,366	1,100,640	1,090,853
COHS Counties	2,080,759	2,075,072	2,069,658	2,070,082	2,053,802	2,036,941
Duals Demonstration	107,358	107,478	107,322	107,822	108,101	108,598
Total California	**10,418,534**	**10,395,297**	**10,368,377**	**10,374,962**	**10,330,371**	**10,273,597**
+/- m/m	*(28,688)*	*(23,237)*	*(26,920)*	*6,585*	*(44,591)*	*(56,774)*
% y/y	*-2.6%*	*-2.6%*	*-2.5%*	*-2.2%*	*-2.5%*	*-2.7%*

Florida

Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program has seen a 2.9 percent net decline in total covered lives over the last year to 3.1 million beneficiaries as of December 2019. (*Note that the managed LTC enrollment figures listed below are a subset of the Managed Medical Assistance (MMA) enrollments and are included in the MMA number; they are not separately added to the total to avoid double counting*).

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MMA	2,767,248	2,762,586	2,751,311	2,746,976	2,731,974	2,722,610
LTC (Subset of MMA)	111,856	108,593	114,168	114,800	115,923	116,507
SMMC Specialty Plan	200,341	202,823	204,118	207,609	209,048	211,119
FL Healthy Kids	211,214	211,069	211,210	211,210	209,616	209,616
Total Florida	**3,178,803**	**3,176,478**	**3,166,639**	**3,165,795**	**3,150,638**	**3,143,345**
+/- m/m	*7,172*	*(2,325)*	*(9,839)*	*(844)*	*(15,157)*	*(7,293)*
% y/y	*-2.7%*	*-2.9%*	*-3.1%*	*-3.1%*	*-2.7%*	*-2.9%*

Georgia

Medicaid Expansion Status: Not Expanded

As of December 2019, Georgia's Medicaid managed care program covered nearly 1.4 million members, up 1.3 percent from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Georgia	**1,389,408**	**1,386,995**	**1,394,857**	**1,393,740**	**1,390,845**	**1,364,639**
+/- m/m	*3,701*	*(2,413)*	*7,862*	*(1,117)*	*(2,895)*	*(26,206)*
% y/y		*4.3%*	*4.3%*	*4.1%*	*3.4%*	*1.3%*

Hawaii

Medicaid Expansion Status: Expanded January 1, 2014

Through August 2019, enrollment in the Hawaii Medicaid managed care program stands at 335,000, down 3.3 percent from August 2018.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Hawaii	**340,451**	**335,124**				
+/- m/m	*4,249*	*(5,327)*				
% y/y	*-3.2%*	*-3.3%*				

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's managed care programs sits at 2.2 million as of December 2019, down 1.7 percent from December 2018.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
HealthChoice	2,129,400	2,135,572	2,126,454	2,134,535	2,126,493	2,126,104
Duals Demonstration	55,874	55,970	56,350	56,068	55,254	56,015
Total Illinois	**2,185,274**	**2,191,542**	**2,182,804**	**2,190,603**	**2,181,747**	**2,182,119**
+/- m/m	*28,299*	*6,268*	*(8,738)*	*7,799*	*(8,856)*	*372*
% y/y	*-3.0%*	*-4.3%*	*-4.2%*	*-3.2%*	*-2.8%*	*-1.7%*

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of December 2019, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is over 1.1 million.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Hoosier Healthwise	596,393	598,437	599,063	601,446	599,141	599,226
Hoosier Care Connect	90,186	90,220	90,348	90,399	90,556	90,631
HIP	417,783	416,933	418,477	418,933	418,609	420,075
Indiana Total	**1,104,362**	**1,105,590**	**1,107,888**	**1,110,778**	**1,108,306**	**1,109,932**
+/- m/m	*396*	*1,228*	*2,298*	*2,890*	*(2,472)*	*1,626*
% y/y	*-2.2%*	*-2.2%*	*-0.7%*	*-0.9%*	*-0.6%*	*0.1%*

Iowa

Medicaid Expansion Status: Expanded January 1, 2014

Iowa launched its statewide Medicaid managed care program in April of 2016. Enrollment across all populations sits at 638,000 as of December 2019. Enrollment is up 4 percent from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Traditional Medicaid	426,344	419,985	418,948	418,353	415,682	415,927
Iowa Wellness Plan	164,943	163,466	163,451	163,958	164,387	165,518
hawk-i	54,340	54,810	54,974	55,176	56,205	56,322
Total Iowa	**645,627**	**638,261**	**637,373**	**637,487**	**636,274**	**637,767**
+/- m/m	*9,112*	*(7,366)*	*(888)*	*114*	*(1,213)*	*1,493*
% y/y	*4.3%*	*4.3%*	*4.1%*	*4.1%*	*3.8%*	*4.0%*

Kansas

Medicaid Expansion Status: Not Expanded

Kansas Medicaid managed care enrollment was nearly 367,000 as of July 2019, down 4.4 percent from July 2018.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Kansas	**366,872**					
+/- m/m	*(2,882)*					
% y/y	*-4.4%*					

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, Kentucky covered 1.2 million beneficiaries in risk-based managed care. Total enrollment is down 3.4 percent from the prior year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Kentucky	**1,222,353**	**1,227,612**	**1,218,327**	**1,215,493**	**1,202,126**	**1,187,554**
+/- m/m	*(4,755)*	*5,259*	*(9,285)*	*(2,834)*	*(13,367)*	*(14,572)*
% y/y	*-2.9%*	*-2.5%*	*-2.0%*	*-2.1%*	*-3.2%*	*-3.4%*

Louisiana

Medicaid Expansion Status: Expanded July 1, 2016

Medicaid managed care enrollment is nearly 1.5 million as of December 2019, down 2 percent from the previous year. Louisiana's Medicaid expansion, which began on July 1, 2016, has been a major driver of MCO enrollment growth over the past seven quarters.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Louisiana	**1,424,486**					**1,478,206**
+/- m/m						
% y/y	*-3.2%*					*-2.0%*

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

Maryland's Medicaid managed care program covered nearly 1.2 million lives as of December 2019.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Maryland	**1,200,220**	**1,202,803**	**1,203,545**	**1,205,680**	**1,203,206**	**1,191,840**
+/- m/m	*6,514*	*2,583*	*742*	*2,135*	*(2,474)*	*(11,366)*
% y/y	*1.7%*	*1.5%*	*1.4%*	*2.3%*	*1.2%*	*0.1%*

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

As of December 2019, Michigan's Medicaid managed care sits at roughly 1.8 million, a flat showing compared to the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Medicaid	1,725,955	1,718,949	1,731,671	1,734,324	1,736,597	1,751,830
MI Health Link (Duals)	34,771	36,621	37,295	37,018	37,377	37,321
Total Michigan	**1,760,726**	**1,755,570**	**1,768,966**	**1,771,342**	**1,773,974**	**1,789,151**
+/- m/m	*(2,747)*	*(5,156)*	*13,396*	*2,376*	*2,632*	*15,177*
% y/y	*-3.3%*	*-3.1%*	*-3.1%*	*-2.3%*	*-0.9%*	*0.2%*

Minnesota

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, enrollment across Minnesota's multiple managed Medicaid programs sits at 919,000, down 2.8 percent from the prior year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Parents/Kids	572,874	571,634	571,999	574,732	569,925	565,389
Expansion Adults	166,096	165,275	165,128	165,750	162,853	160,117
Senior Care Plus	16,784	16,812	16,917	16,572	16,909	16,803
Senior Health Options	39,609	39,987	40,187	39,700	39,784	39,297
Special Needs BasicCare	54,244	54,499	54,703	53,346	53,798	52,915
Moving Home Minnesota	4	2	2	1	0	0
Minnesota Care	79,833	80,794	81,000	82,060	84,544	84,295
Total Minnesota	**929,444**	**929,003**	**929,936**	**932,161**	**927,813**	**918,816**
+/- m/m	*(542)*	*(441)*	*933*	*2,225*	*(4,348)*	*(8,997)*
% y/y	*-5.1%*	*-4.5%*	*-4.5%*	*-3.6%*	*-3.5%*	*-2.8%*

Mississippi

Medicaid Expansion Status: Not Expanded

MississippiCAN, the state's Medicaid managed care program, grew significantly in 2015. However, net enrollment declines over the past three years have reversed some of this growth. Medicaid managed care membership stands at 438,000 as of December 2019.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Mississippi	**436,028**	**432,943**	**433,998**	**433,022**	**435,586**	**438,029**
+/- m/m	*(2,630)*	*(3,085)*	*1,055*	*(976)*	*2,564*	*2,443*
% y/y	*-1.3%*	*0.0%*	*0.4%*	*1.2%*	*0.4%*	*0.0%*

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care enrollment in the Medicaid and CHIP programs sits at 581,000 as of December 2019. In May 2017, the first month of the state's geographic managed care expansion, roughly 240,000 new members were added in the new region. However, enrollment is now down 10.1 percent in December, compared to the prior year. In September 2019, it was reported that nearly 130,000 beneficiaries, about 100,000 of them children, were dropped from the state's program.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Medicaid	571,866	546,289	550,709	542,782	553,617	552,162
Total CHIP	27,548	28,324	28,948	29,138	29,230	29,321
Total Missouri	**599,414**	**574,613**	**579,657**	**571,920**	**582,847**	**581,483**
+/- m/m	*2,768*	*(24,801)*	*5,044*	*(7,737)*	*10,927*	*(1,364)*
% y/y	*-14.7%*	*-17.2%*	*-14.5%*	*-13.8%*	*-11.1%*	*-10.1%*

Nebraska

Medicaid Expansion Status: Expected October 2020

As of December 2019, the program enrolled 230,000 members, down 0.4 percent from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Nebraska	**228,745**	**229,333**	**230,882**	**229,946**	**231,429**	**230,384**
+/- m/m	*(1,129)*	*588*	*1,549*	*(936)*	*1,483*	*(1,045)*
% y/y	*-1.3%*	*-0.8%*	*-0.7%*	*-0.7%*	*0.0%*	*-0.4%*

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, New Mexico's Centennial Care program covers nearly 671,000 members, up 1.6 percent from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total New Mexico	**661,742**	**663,930**	**665,969**	**667,115**	**668,062**	**670,697**
+/- m/m	*912*	*2,188*	*2,039*	*1,146*	*947*	*2,635*
% y/y	*0.8%*	*1.2%*	*1.7%*	*1.3%*	*1.3%*	*1.6%*

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively covered more than 4.6 million beneficiaries as of December 2019, a 2.4 percent decrease from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Mainstream MCOs	4,299,897	4,281,404	4,278,548	4,255,238	4,227,550	4,206,715
Managed LTC	244,750	247,327	249,910	246,100	248,448	250,743
Medicaid Advantage	5,085	5,040	4,952	4,889	4,833	4,495
Medicaid Advantage Plus	16,442	16,900	17,391	17,778	17,700	17,620
HARP	135,475	135,943	134,428	136,609	134,295	134,800
FIDA/FIDA-IDD (Duals)	4,029	3,959	3,905	3,858	3,864	3,849
Total New York	**4,705,678**	**4,690,573**	**4,689,134**	**4,664,472**	**4,636,690**	**4,618,222**
+/- m/m	*(10,005)*	*(15,105)*	*(1,439)*	*(24,662)*	*(27,782)*	*(18,468)*
% y/y	*-1.2%*	*-1.0%*	*-0.9%*	*-1.1%*	*-2.0%*	*-2.4%*

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, enrollment across all four Ohio Medicaid managed care programs was nearly 2.1 million, down 12.4 percent from the prior year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CFC Program	1,426,133	1,412,723	1,399,102	1,389,821	1,365,722	1,303,954
ABD Program	190,070	188,126	185,841	185,982	185,265	177,260
Group 8 (Expansion)	516,991	510,008	504,473	500,589	497,093	473,220
MyCare Ohio (Duals)	122,054	121,029	119,983	119,218	118,154	114,443
Total Ohio	**2,255,248**	**2,231,886**	**2,209,399**	**2,195,610**	**2,166,234**	**2,068,877**
+/- m/m	*(22,230)*	*(23,362)*	*(22,487)*	*(13,789)*	*(29,376)*	*(97,357)*
% y/y	*-7.6%*	*-8.0%*	*-8.6%*	*-8.8%*	*-9.4%*	*-12.4%*

Oregon

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, enrollment in the Oregon Coordinated Care Organization (CCO) Medicaid managed care program is 888,000. (This figure includes roughly 1,600 enrolled in managed care other than CCO).

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Oregon	**889,304**	**881,771**	**883,836**	**892,026**	**885,719**	**888,100**
+/- m/m	*24,539*	*(7,533)*	*2,065*	*8,190*	*(6,307)*	*2,381*
% y/y	*-0.1%*	*-1.3%*	*-0.8%*	*-0.7%*	*-1.0%*	*-0.3%*

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of December 2019, Pennsylvania's Medicaid managed care enrollment sits at 2.2 million, down 2.3 percent in the past year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Pennsylvania	**2,261,779**	**2,254,482**	**2,247,301**	**2,244,613**	**2,236,594**	**2,228,564**
+/- m/m	*(5,767)*	*(7,297)*	*(7,181)*	*(2,688)*	*(8,019)*	*(8,030)*
% y/y	*-2.4%*	*-2.4%*	*-2.2%*	*-2.1%*	*-2.1%*	*-2.3%*

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care programs collectively enrolled nearly 811,000 members as of December 2019, which represents an increase of 2.8 percent in the past year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Medicaid	795,794	792,118	799,629	798,919	796,623	796,543
Total Duals Demo	15,857	15,211	14,836	14,533	14,229	14,175
Total South Carolina	**811,651**	**807,329**	**814,465**	**813,452**	**810,852**	**810,718**
+/- m/m	*(788)*	*(4,322)*	*7,136*	*(1,013)*	*(2,600)*	*(134)*
% y/y	*5.8%*	*5.9%*	*5.2%*	*4.8%*	*4.4%*	*2.8%*

Tennessee

Medicaid Expansion Status: Not Expanded

As of December 2019, TennCare managed care enrollment totaled 1.4 million, up 5 percent from the prior year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Tennessee	**1,419,723**	**1,418,755**	**1,422,857**	**1,418,404**	**1,415,546**	**1,413,540**
+/- m/m	*7,474*	*(968)*	*4,102*	*(4,453)*	*(2,858)*	*(2,006)*
% y/y	*2.3%*	*6.9%*	*6.6%*	*5.5%*	*5.9%*	*5.0%*

Texas

Medicaid Expansion Status: Not Expanded

Enrollment reporting out of Texas has been limited in the past year. As of November 2019, Texas managed care enrollment stood at 4 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
STAR		2,882,474			2,881,522	
STAR+PLUS		526,608			530,468	
STAR HEALTH		32,801			32,351	
Duals Demo		39,262			37,709	
CHIP		394,234			387,952	
STAR KIDS		157,865			157,313	
Total Texas		**4,033,244**			**4,027,315**	
+/- m/m						
% y/y						

Utah

Medicaid Expansion Status: Not Expanded

As of December 2019, Utah's Medicaid managed care enrollment was nearly 224,000, down 4.5 percent from the previous year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Utah	**229,526**	**229,095**	**227,322**	**225,621**	**225,149**	**223,854**
+/- m/m	*(1,946)*	*(431)*	*(1,773)*	*(1,701)*	*(472)*	*(1,295)*
% y/y	*-5.3%*	*-5.1%*	*-5.0%*	*-5.2%*	*-5.1%*	*-4.5%*

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment increased 3.1 percent to 1.5 million as of December 2019, compared to December 2018.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Washington	**1,532,302**	**1,532,108**	**1,528,862**	**1,530,061**	**1,531,658**	**1,539,312**
+/- m/m	*17,451*	*(194)*	*(3,246)*	*1,199*	*1,597*	*7,654*
% y/y	*-3.0%*					*3.1%*

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of December 2019, West Virginia's managed care program covers 385,000 members, down 2.7 percent year-over-year.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total West Virginia	**387,376**	**387,376**	**385,238**	**385,523**	**385,863**	**385,062**
+/- m/m	*(923)*	*0*	*(2,138)*	*285*	*340*	*(801)*
% y/y	*-4.9%*	*-4.4%*	*-4.5%*	*-3.5%*	*-3.2%*	*-2.7%*

Wisconsin

Medicaid Expansion Status: Not Expanded

Across Wisconsin's three managed care programs, December 2019 enrollment totals 809,000, up 1.6 percent from the year before.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
BadgerCare+	702,351	704,739	704,961	700,902	702,940	700,061
SSI	53,805	53,842	54,059	54,163	54,317	54,380
LTC	50,152	50,425	50,575	54,446	54,567	54,641
Total Wisconsin	**806,308**	**809,006**	**809,595**	**809,511**	**811,824**	**809,082**
+/- m/m	*(3,506)*	*2,698*	*589*	*(84)*	*2,313*	*(2,742)*
% y/y	*0.0%*	*0.6%*	*0.6%*	*1.5%*	*1.6%*	*1.6%*

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which collects Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, ABD populations, long-term care, accountable care organizations, and patient-centered medical homes. HMAIS also includes a public documents library with copies of Medicaid RFPs, responses, model contracts, and scoring sheets.

HMA enhances this publicly available information with an overview of the structure of Medicaid in each state, as well as a proprietary HMA Medicaid Managed Care Opportunity Assessment.

For additional information on how to subscribe to HMA Information Services, contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagaement.com.

Colorado

Colorado Releases Proposed Public Option Hospital Reimbursement Rates. *Modern Healthcare* reported on February 25, 2020, that Colorado released a reimbursement formula for hospitals under the state's proposed public option health insurance plan. Under the formula, hospitals would receive a base rate of 155 percent of Medicare. The rate would vary by hospital type, payer mix, and efficiency. Read More

Idaho

Idaho Joint Budget Committee Cuts Behavioral Health Spending. *The Lewiston Tribune* reported on February 22, 2020, that the Idaho joint budget committee unanimously voted to decrease state spending on behavioral health by 5.3 percent. Cuts would include $1 million in community crisis centers, $1 million for contract physicians, and $2.2 million for community-based services for justice-involved individuals. The state hopes additional federal funds for Medicaid expansion, which took effect in January, will help offset the cuts. Read More

Illinois

Lawmaker Introduces Legislation to Study Medicaid Buy-In Program. Illinois state Representative Aaron Ortiz (D-Chicago) introduced a bill on February 14, 2020, to study the feasibility of allowing individuals to buy into Medicaid via the state's insurance Exchange. The bill would create a Medicaid Buy-In Task Force to study the program. Read More

Kentucky

House Passes Bill to Tighten Medicaid Oversight. *Courier Journal* reported on February 22, 2020, that the Kentucky House passed a bill that seeks to implement tighter controls and increase oversight of public assistance programs, including Medicaid. The bill creates a new state insurance plan for low-income residents who earn too much for Medicaid and subsidizes their premiums and co-pays. The measure now heads to the Senate. Read More

Senate Passes Revised Bill to Establish Single PBM, Formulary for Medicaid Managed Care. *The Courier Journal* reported on February 20, 2020, that the Kentucky Senate unanimously passed a bill that would require the state Medicaid agency to hire a single pharmacy benefit manager (PBM) to process all prescription drug claims for the state's five contracted Medicaid managed care organizations (MCOs). The bill also would establish a single formulary to be used by each of the five MCOs. An earlier version of the legislation would have eliminated PBMs entirely. The bill now heads to a House vote. Read More

Louisiana

Louisiana to Decide on Medicaid Managed Care Contract Awards Protest by March 17 at Earliest. *Shreveport Times* reported on February 24, 2020, that Louisiana Commissioner of Administration Jay Dardenne is expected to make a decision regarding protests to the state's recently awarded Medicaid managed care contracts by March 17 at the earliest. Louisiana lawmakers expressed growing frustration over the process during a hearing of the Joint Legislative Committee on the Budget. Read More

Louisiana to Drop 24,000 Medicaid Beneficiaries Unless They Prove Eligibility. *The Advocate* reported on February 19, 2020, that nearly 24,000 Medicaid beneficiaries in Louisiana are at risk of losing health coverage if they fail to provide additional information to prove their eligibility. The state's new eligibility system includes wage checks and a recently reinstated auto-disenrollment process for members who don't submit renewal paperwork on time. Read More

Minnesota

Minnesota Medicaid Made $28.9 Million in Overpayments to Plans, Providers. *The Star Tribune* reported on February 25, 2020, that the Minnesota Department of Human Services (DHS) overpaid Medicaid managed care plans and providers by $28.9 million between 2016 and 2019. The state blamed problems with an electronic system for tracking eligibility and enrollment. Read More

Missouri

Missouri Medicaid Expansion Ballot Initiative Wins Support from Nurses. *The St. Louis American* reported on February 20, 2020, that a Missouri Medicaid expansion ballot initiative has won the endorsement of the Missouri Nurses Association. Medicaid expansion would cover more than 230,000 individuals. Read More

New Hampshire

Joint Legislative Committee Approves New Rules for Medicaid to Schools Program. *The New Hampshire Union Leader* reported on February 24, 2020, that the New Hampshire Joint Legislative Committee on Administrative Rules unanimously voted to approve changes to the state's Medicaid to Schools program, which allows school districts to receive Medicaid reimbursements for providing health services to children. The changes follow an advisory from the Centers for Medicare & Medicaid Services (CMS) that all professionals providing services in schools need to be licensed health providers. Legislation now awaits final agreement between the House and the Senate. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Lawmaker Introduces Home Health, Home Care Value-Based Payment Pilot Program. New Jersey Assemblyman Gary Schaer (D-Passaic) introduced on February 20, 2020, legislation that would establish a two-year pilot program for an incentive-based value payment system for home health agencies and health care service firms by the Division of Medical Assistance and Health Services (DMAHS). The program would be administered by Medicaid managed care organizations and focus on achieving quality improvements for private duty nursing and personal care assistant services. The Rutgers Center for State Health Policy would evaluate the program with regard to patient outcomes, quality of care, cost savings and other metrics. The Department of Human Services would also be required to establish a Home Health Services Value Payment System Advisory Board to provide DMAHS with recommendations on regulations for the pilot. Read More

New Jersey Health Plan Narrows Medicaid Network. *Kaiser Health News* reported on February 25, 2020, that UnitedHealthcare narrowed its Medicaid provider network in New Jersey as a way to help control costs, according to a company spokesperson. Last year, the health plan was hit with a court order to temporarily halt further provider terminations. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Medicaid DSRIP Waiver Extension Is Denied by CMS. *Crain's New York* reported on February 24, 2020, that the New York Delivery System Reform Incentive Payment (DSRIP) waiver extension request for four additional years was denied by the Centers for Medicare & Medicaid Services (CMS). In a letter to the state, CMS stated that the program was "intended to be a one-time investment in system transformation that could be sustained through ongoing reimbursement mechanisms and/or state and local initiatives." The waiver is scheduled to end in March. Read More

New York Medicaid Managed Care Advisory Review Panel Holds Quarterly Meeting. The New York Medicaid Managed Care Advisory Review Panel, the legislatively mandated oversight body for New York's Medicaid managed care program, held its quarterly meeting on February 20, 2020. Jonathan Bick, Director of the Division of Health Plan Contracting and Oversight for the NYS Department of Health, provided a program update.

The meeting included a behavioral health update that addressed the adult behavioral health program and challenges that Health and Recovery Plans (HARPs) have experienced in linking individuals enrolled in the plans to the home and community-based services that are offered through the program. HARPs are available to individuals with serious mental illness and/or substance use disorders, and provide enhanced benefits designed to meet the behavioral health and care management needs of their members.

Officials provided a brief update on managed long-term care. The Department of Health indicated that there would be a delay of the planned disenrollment of individuals considered permanently placed in nursing facilities from managed long-term care. This was originally scheduled to begin on March 1, 2020, in counties outside New York City. The nursing home carve-out from managed long-term care was included as a budget savings initiative in the fiscal 2019 budget; it was approved by CMS in December 2019.

Program Update – Plan Expansion Applications

• Centene's acquisition of WellCare was finalized in January, and WellCare members will be transitioned into Fidelis Care, Centene's Medicaid managed care plan, by June 1, 2020. Wellcare has 103,000 mainstream Medicaid managed care enrollees in New York and an additional 55,774 enrollees in its managed long-term care plan. Fidelis Care currently has 1,242,000 mainstream members and 23,000 managed long-term care members; it is the largest Medicaid managed care plan in New York.

• Molina HealthCare has submitted an asset purchase agreement to acquire the assets of YourCare. Molina HealthCare of NY, with 27,000 members, currently operates in three counties in Western New York. YourCare, with 37,000 members, is based in Rochester and currently operates in seven counties in the western part of the state. They recently applied to expand to an additional five counties: Genesee, Livingston, Orleans, Seneca and Wayne. That application is awaiting approval from the Department of Financial Services.

• CDPHP has applied to expand to Richmond County (Staten Island), which is not contiguous to its current footprint, based around the Capital District.

• AmidaCare, an HIV Special Needs Plan operating in NYC, has submitted an application to expand to Nassau and Suffolk counties on Long Island. This comes shortly after VNSNY applied to expand its HIV Special Needs Plan, VNS Choice, to Nassau county and Westchester county in the Hudson Valley. Up until this point HIV SNPs have only operated in NYC.

• HealthPlus has applied for an expansion to 21 additional counties in the Hudson Valley, the Capital District and the Northeast. HealthPlus, an Empire Blue Cross-Blue Shield plan with 307,000 members, currently operates only in NYC.

• MVP Health Care has submitted an application to expand to two additional counties, Fulton and Montgomery. With a total enrollment of 158,000, they currently operate in 22 counties.

• EmblemHealth has submitted an application to extend its HIP plan to five additional counties in the Hudson Valley and Capital regions. HIP, with 121,000 members, currently operates in NYC and three adjoining suburban counties.

• Independent Health Association (IHA) currently has 55,000 members, all in Erie County. The plan has applied to expand into neighboring Chautauqua county, a rural county with 26,000 Medicaid enrollees.

Pennsylvania

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

Pennsylvania Auditor General Announces New Audits. Pennsylvania Auditor General Eugene DePasquale announced on February 18, 2020, that he is launching ten audits into vendors that were hired by the Department of Human Services. These vendors provide an array of medical and human service services with a focus on older adults and people with intellectual disabilities, paid by the Pennsylvania Medicaid program. [Read More](#)

Tennessee

House Subcommittee to Hold Hearing on Medicaid Expansion Bill. *WKU* reported on February 24, 2020, that the Tennessee House subcommittee on TennCare, the state's Medicaid program, will hold a hearing on a Medicaid expansion bill. The proposal, which failed to advance in the Senate, was revived by state Representative Ron Travis (R-Dayton) and Senator Richard Briggs (R-Knoxville). [Read More](#)

Vermont

Vermont OneCare ACO Spent $12.4 Million More Than Expected Through 9 Months of 2019. *VT Digger* reported on February 23, 2020, that OneCare Vermont, an accountable care organization, spent $12.4 million or eight percent more than expected on Medicaid patients through nine months of 2019, according to a preliminary report from the Department of Vermont Health Access. OneCare budgeted spending of $154 million for 86,000 members for 2019. The report comes as One Care seeks to add an additional 28,000 Medicaid members to the program in 2020. [Read More](#)

West Virginia

West Virginia Senate Passes Medicaid Trust Fund Bill. *West Virginia MetroNews* reported on February 25, 2020, that the West Virginia Senate overwhelmingly passed Governor Jim Justice's proposal to create a Medicaid Families First Reserve Fund using $150 million in surplus Medicaid dollars. The bill now heads to the House. [Read More](#)

Senate Committee Advances Medicaid Trust Fund Bill. *West Virginia MetroNews* reported on February 20, 2020, that the West Virginia Senate Finance Committee cleared a bill that would create a Medicaid Families First Reserve Fund, initially financed with $150 million in surplus Medicaid dollars. Another $50 million in surplus Medicaid funds would go toward child health and welfare initiatives, and more than $100 million would help plug a general revenues gap. Read More

National

CMS to Increase Oversight of Accrediting Organizations. *Modern Healthcare* reported on February 25, 2020, that the Centers for Medicare & Medicaid Services (CMS) plans to increase oversight of accrediting organizations, driven by concerns over organizations that offer both accrediting and consulting services to the same providers. Speaking at a conference, CMS administrator Seema Verma also said the agency is close to launching Meaningful Measurement 2.0, which will focus on quality measurement done electronically. Read More

Medicaid Plans Control Prescription Drug Costs Better than Fee-For-Service, Study Says. America's Health Insurance Plans (AHIP) released a study on February 24, 2020, stating that Medicaid managed care plans controlled prescription drug costs better than traditional fee-for-service (FFS) Medicaid. The study, which is based on data from the Centers for Medicare & Medicaid Services and other sources, said that net costs per prescription after rebates were 27 percent lower for Medicaid managed care plans than FFS Medicaid. Read More

HHS Issues Report on Reducing Administrative Burden Related to the Use of Health IT. On February 21, 2020, the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology in conjunction with the Centers for Medicare & Medicaid Services (CMS) issued a report highlighting strategies the federal government can pursue to improve patient care by reducing clinician burden when using health information technology (IT). Focusing on issue areas concerning clinical documentation, health IT usability, federal health IT reporting requirements, and public health reporting, the report recommends to:

1. Reduce the effort and time required to record information in electronic health records (EHRs) for providers when seeing patients.
2. Reduce the effort and time required for providers to meet regulatory reporting requirements.
3. Improve the ease of use of EHRs. Read More

MACPAC Schedules Meeting for February 27-28. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on February 24, 2020, that its next meeting will be held February 27-28. Topics to be discussed are:

- State Medicaid Initiatives to Improve Maternal Health
- Improving Enrollment in the Medicare Savings Programs
- State Strategies to Promote the Use of Value-Based Payments in Medicaid Managed Care
- Third-Party Liability Coordination
- Analysis and Comments on Proposed Rule
- Improving Integration of Care for Dually Eligible Beneficiaries
- Forthcoming Rule on Program Integrity and Eligibility Determination Processes

Federal Public Charge Rule to Take Effect. *The Washington Post* reported on February 21, 2020, that the U.S. Supreme Court ruled to allow the Trump administration's "public charge" rule to take effect nationwide. Under the policy, immigration officials will consider a legal immigrant's use of Medicaid and other public benefits in determining eligibility for permanent residency. Read More

Lawmakers Urge Withdrawal of Proposed Medicaid Transparency Rule. *The Hill* reported on February 19, 2020 that hospitals, insurers, patient advocates and both Democratic and Republican members of Congress are urging the Trump administration to withdraw a proposed federal Medicaid transparency rule. During a Department of Health and Human Service hearing, Senators John Cornyn (R-TX) and Mark Warner (D-VA) warned that the proposed rule could lead to hospital closures and impact Medicaid eligibility and services. Read More

States Aim to Increase Medicaid Enrollment for Justice-Involved Individuals. *Health Affairs* reported on February 20, 2020, that many states are implementing programs to increase Medicaid coverage to justice-involved individuals post-release by suspending instead of terminating Medicaid coverage upon incarceration, allowing inmates to apply for Medicaid prior to release, allowing use of alternative identification to enroll, or allowing coverage through presumptive eligibility. Read More

INDUSTRY NEWS

Home Health Providers to Struggle Under CMS Patient-Driven Groupings Model, Report Says. *Modern Healthcare* reported on February 25, 2020, that many small home health providers may be forced to close or be acquired following implementation this year of the Patient-Driven Groupings Model, according to a report from S&P Global. The new payment model from the Centers for Medicare & Medicaid Services bases home health reimbursement on the characteristics of patients instead of the number of therapy hours delivered. Another change would eliminate requests for advance payments by 2021. Read More

CHS Trims Losses After Selling Poorly Performing Hospitals. *Modern Healthcare* reported on February 21, 2020, that Tennessee-based hospital chain Community Health Systems trimmed net losses to $675 million in 2019, compared to $788 million in 2018, following the sale of 50 poorly performing hospitals between 2017 and 2019. About 80 percent of the divested hospitals were operating at a loss, bankrupt or closed. Read More

Guardian to Pay $15.4 Million to Settle Allegations of Medicare Overbilling. *Modern Healthcare* reported on February 19, 2020, that Pennsylvania-based nursing home company Guardian has agreed to pay federal fines topping $15.4 million to settle allegations that the company over-billed Medicare and the Federal Employees Health Benefits Program from 2011 through 2017. The Department of Justice alleged that Guardian facilities in Pennsylvania, West Virginia, and Ohio billed for unnecessary rehabilitation therapy services. Read More

Horizon BCBS-New Jersey Appoints Gary St. Hilaire President, CEO. *Fierce Healthcare* reported on February 20, 2020, that Horizon Blue Cross Blue Shield of New Jersey appointed Gary St. Hilaire president and chief executive, replacing Kevin P. Conlin, who will remain chairman. St. Hilaire, who also joins the company's board, was most recently president and chief executive of Capital Blue Cross. 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
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
- Georgia Medicaid Management Care Enrollment is Up 0.9%, Feb-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 0.6%, Jan-20 Data
- North Carolina Medicaid Enrollment by Aid Category, Jan-20 Data
- Ohio Dual Demo Enrollment is Flat, Feb-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Flat, Jan-20 Data
- Rhode Island Dual Demo Enrollment is Down 14.2%, Feb-20 Data
- South Carolina Dual Demo Enrollment is Up 25.3%, Jan-20 Data
- South Carolina Medicaid Managed Care Enrollment is Flat, Feb-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:
- Colorado Medicare Advantage Dual Special Needs Plan Contracts, FY 2020
- Illinois Medicaid Managed Care Model Contract and YouthCare Addenda, Dec-19
- Texas STAR Kids Medicaid Managed Care – Dallas Service Area RFP and Related Documents, Feb-20
- Vermont Needs Assessments for Adults with I/DD RFP, Feb-20

Medicaid Program Reports, Data and Updates:
- Delaware Joint Finance Committee Budget Presentations FY 2021, Feb-20
- Florida Medicaid Eligibility by County, Age, Sex, Jan-20 Data
- Georgia 'Pathways to Coverage' Section 1115 Demonstration Waiver Application, Dec-19
- Georgia Department of Community Health Board Meeting Materials, Feb-20
- Illinois External Quality Review Organization RFP, Contract, and Renewals, Jun-18
- New York DOH Value-Based Payment Quality Measure Sets, 2020
- New York Medicaid Redesign Team (MRT) 1115 Waiver, Proposed Amendments, Approval, Denial, and Related Documents, 2015-20
- Oklahoma Medicaid Enrollment by Age, Race, and County, Jan-20 Data
- South Carolina Medicaid Enrollment by County and Plan, Jan-20
- Tennessee Self-Determination Section 1915(c) HCBS Waiver, Jan-20
- Vermont DVHA Budget Recommendations, SFY 2019-20
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, Jan-20
- Washington Medicaid Title XIX Advisory Committee Meeting Materials, 2017-20

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