

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... June 17, 2020 .....



RFP CALENDAR  
HMA News

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## THIS WEEK

- **IN FOCUS: IMPACT OF COVID-19 FEDERAL POLICY ON MEDICARE ADVANTAGE**
- CALIFORNIA NAMES LIGHTBOURNE HEALTH CARE SERVICES DIRECTOR
- KANSAS NAMES CHRISTIANE SWARTZ INTERIM MEDICAID DIRECTOR
- MISSOURI CHAMBER OF COMMERCE SUPPORTS MEDICAID EXPANSION
- NORTH CAROLINA SENATE COMMITTEE CLEARS BILL DELAYING TRANSITION TO MEDICAID MANAGED CARE UNTIL JULY 2021
- WEST VIRGINIA AWARDS MEDICAID MANAGED CARE CONTRACTS
- MEDICARE WOULD PERMANENTLY COVER TELEMEDICINE AT FQHCs, RURAL CLINICS UNDER HOUSE BILL
- MEDPAC CALLS FOR ACCELERATED TRANSITION TO MEDICARE VALUE-BASED PAYMENTS
- PA-BASED HIGHMARK TO ACQUIRE HEALTHNOW BCBS LICENSE IN WESTERN NY IN AFFILIATION AGREEMENT
- **TOP MEDICAID PLAN EXECUTIVES TO DISCUSS STRATEGIES, PRIORITIES AT 2020 HMA CONFERENCE**
- **NEW THIS WEEK ON HMAIS**

## IN FOCUS

### IMPACT OF COVID-19 FEDERAL POLICY ON MEDICARE ADVANTAGE

This week, our *In Focus* section examines the operational impacts of federal Medicare Advantage policy changes in response to the COVID-19 pandemic. On January 31, 2020, the Secretary of Health and Human Services declared a public health emergency. This was followed by a national emergency declared

by President Trump on March 13, 2020. These declarations provide the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) authority to waive certain Medicare and Medicaid regulatory requirements to help health plans, providers, and other stakeholders respond to immediate needs of their members and communities. These waiver flexibilities, when combined with other legislative and regulatory changes issued by Congress and CMS have resulted in over 200 policy changes to Medicare alone. Many of these affect Medicare Advantage sponsors and have direct implications to current and future operations of plan responsibilities. We examine eight categories of requirements and flexibilities that have significant business relevance and exposure for Medicare Advantage plan sponsors:

- Cost sharing
- Telehealth
- Star Ratings
- D-SNP
- Part-D
- Audits
- Appeals
- Fee-For-Service

The detailed analysis can be found [here](#). HMA will continue to monitor for new policy changes impacting Medicare. For more information, please email [medicare@healthmanagement.com](mailto:medicare@healthmanagement.com).



## HMA MEDICAID ROUNDUP

### *Alabama*

**Alabama Medicaid Enrollment Increased by 2 Percent as of September 2019.** *WBRC* reported on June 14, 2020, that Medicaid enrollment in Alabama increased by about 20,000 members to more than 1 million in September 2019, a two percent increase from September 2018. The state attributed the increase, which occurred prior to the COVID-19 pandemic, to an increase in eligible children and enrollment system improvements, which allows individuals to apply for Medicaid online and lets the state automatically check and renew eligibles. [Read More](#)

### *California*

**Governor Appoints William Lightbourne as Health Care Services Director.** On June 15, 2020, California Governor Gavin Newsom named William Lightbourne as director of the California Department of Health Care Services, pending state Senate confirmation. Lightbourne previously served stints at the California Department of Social Services and Santa Clara County Social Services Agency. [Read More](#)

### *Colorado*

**Colorado Expects to Add 500,000 Members to Medicaid, Other Publicly Funded Health Plans.** *The Denver Post* reported on June 10, 2020, that Colorado expects more than 500,000 individuals to join the state's Medicaid program and other publicly funded health plans, driven by rising unemployment tied to COVID-19, according to state officials. The additional members are expected to raise state Medicaid spending from general funds by \$47 million and put further financial pressure on hospitals. However, the state projects about 300,000 individuals will lose eligibility at the end of the public health emergency. [Read More](#)

## Florida

**Florida Awaits Governor's Signature on Bill to Draw Medicaid Matching Funds for School Health Services.** *Florida Politics* reported on June 17, 2020, that a bill allowing Florida to begin drawing federal Medicaid matching funds to cover certain school health services is awaiting Governor Ron DeSantis' signature. The bill, which passed the legislature, would help fund services through the state's existing Florida Medicaid Certified School Match Program for mental health, speech pathology, and physical therapy in public schools. DeSantis has until June 30 to sign the bill. [Read More](#)

**Florida Medicaid Enrollment Swells by 156,000 in April.** *The Center Square* reported on June 15, 2020, that Medicaid enrollment in Florida grew by nearly 156,000 in April, exceeding expectations. The Florida Agency for Health Care Administration (AHCA) projects that if enrollment continues to grow at the same pace in May and June, Medicaid spending would be \$250 million over-budget in fiscal 2020, ending June 30. [Read More](#)

## Idaho

**Idaho Medicaid Expansion Enrollment Surpasses 80,000.** *U.S. News/The Associated Press* reported on June 12, 2020, that more than 80,000 individuals have enrolled in Idaho's Medicaid expansion program. Some 91,000 individuals are eligible for the program, which was approved through a 2018 ballot initiative. Idaho has a total of 345,000 Medicaid members, compared to about 286,000 as of last September. [Read More](#)

## Kansas

**Kansas Names Christiane Swartz Interim Medicaid Director.** *WIBW* reported on June 10, 2020, that Christiane Swartz has been appointed interim Medicaid director for the Kansas Department of Health and Environment, replacing Adam Proffitt, who left the post June 5. Swartz was most recently chief operations officer for Kansas. [Read More](#)

## Massachusetts

**Massachusetts Physician Practices Eye M&A Options, Closure Given Financial Strains Due to COVID-19.** *Modern Healthcare* reported on June 10, 2020, that 30 percent of Massachusetts physician practices are considering closing down, with medical and procedural specialist groups the most likely to consider closing shop, according to a survey of more than 400 practices by the Massachusetts Health Policy Commission and the Massachusetts Chapter of the American College of Physicians. About 20 percent are considering consolidating with other practices, joining a health system, or selling their practice. [Read More](#)

## Mississippi

**Mississippi Medicaid Director Drew Snyder Confirmed Again.** *WJTV/The Associated Press* reported on June 14, 2020, that the Mississippi Senate again confirmed Drew Snyder as director of the state Medicaid program, a post he has held for the past two years. [Read More](#)

## Missouri

**Missouri Chamber of Commerce Announces Support for Medicaid Expansion.** *U.S. News/The Associated Press* reported on June 12, 2020, that the Missouri Chamber of Commerce announced its support for a Medicaid expansion ballot measure covering adults up to 138 percent of poverty. Missouri Chamber chief executive Daniel Mehan cited a study that Medicaid expansion would create thousands of jobs annually. [Read More](#)

## New Jersey

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

**New Jersey Proposes Bill to Establish 2020 New Jersey COVID-19 Medical Assistance Program.** On June 15, 2020, New Jersey Assemblyman William Moen, Jr. (D-Camden) introduced a bill ([A4266](#)) that would appropriate \$10 million to establish a Medical Assistance Program to provide financial assistance to individuals to cover unreimbursed medical expenses related to the medical treatment of COVID-19. The bill outlines a plan for the Commissioner of Human Services to determine eligible medical expenses, establish a maximum amount of assistance per applicant, and devise eligibility criteria to distribute program funds to applicants based on household income and need. The bill has been referred to the Assembly Human Services Committee.

**New Jersey Auditor Releases Annual Compliance Audit, Cites DHS Findings.** On June 11, 2020, the New Jersey Legislature, Office of the State Auditor issued a Compliance Review report with findings and recommendations based on an audit of state agency compliance for the period July 1, 2018, through June 30, 2019. The report includes citations of noncompliance by state agencies for not remedying recommendations from the previous annual audit. Among the findings, the Department of Human Services, Division of Medical Assistance and Health Services was found to be noncompliant in the:

- administration of Medicaid redeterminations;
- verification of income for Medicaid eligibility;
- enforcement of transportation broker performance standards; and
- overpayments to the contracted transportation broker.

The Division of Mental Health and Addiction Services was found to be noncompliant in the monitoring of mobile medication units providing medication-assisted treatment and counseling to residents with an opiate addiction, and in the implementation of a Service Capacity Management System to allow Medicaid providers to update their licensed levels of care. The report includes responses by each state agency. [Read More](#)

## New York

### HMA Roundup – Cara Henley ([Email Cara](#))

**New York Safety-Net Hospitals Face Financial Uncertainty.** *The Wall Street Journal* reported on June 11, 2020, that New York safety-net hospitals are struggling with the financial impact of COVID-19 and uncertainty regarding federal relief funds. New York has 27 hospitals with at least 50 percent of Medicaid or self-pay patient discharges. [Read More](#)

**New York Medicaid Enrollment Could Grow by Up to 1.2 Million, Study Says.** *Modern Healthcare* reported on June 10, 2020, that Medicaid enrollment in New York could increase by 1.2 million if unemployment reaches 25 percent, according to the Urban Institute. Enrollment would increase by 641,000 people if unemployment reaches 15 percent. New York Governor Andrew Cuomo said that the state might need to cut spending by an additional 20 percent without additional federal support. [Read More](#)

## North Carolina

**Senate Committee Clears Bill Delaying Transition to Medicaid Managed Care Until July 2021.** *The Winston-Salem Journal* reported on June 11, 2020, that the North Carolina Senate Finance committee cleared a Republican-sponsored bill, providing startup funding for the state's transition to Medicaid managed care and delaying implementation from January 1 to July 1, 2021. Under the bill, which now moves to the Rules and Operations committee, participating statewide health plans would receive a \$4 million monthly payment if capitated payments do not begin on July 1. Regional plans would receive a prorated amount. The participating plans are AmeriHealth Caritas of North Carolina, Blue Cross Blue Shield of North Carolina, Centene, and UnitedHealthcare. [Read More](#)

## Oregon

**Oregon Medicaid Enrollment Surges Since State Declared COVID-19 Emergency.** *The Lund Report* reported on June 16, 2020, that Medicaid enrollment in Oregon has risen by about 70,000 to nearly 1.2 million since March 8, when the state declared a state of emergency because of COVID-19. Even as enrollment continues to increase, the state is preparing for budget cuts driven by a steep projected decline in revenues. [Read More](#)

## Pennsylvania

**Health Partners Plans, Children's Hospital of Philadelphia Announce Agreement.** *The Delco Times* reported on June 15, 2020, that Health Partners Plans (HPP) announced it has signed a contract with Children's Hospital of Philadelphia (CHOP) to grant all Pennsylvania-based CHOP facilities and physicians in-network privileges for HPP's Pennsylvania member families. This agreement will allow HPP's members enrolled in Health Partners Medicaid or KidzPartners (CHIP) to visit any of CHOP's primary care, specialty care, urgent care, and community hospital locations in Pennsylvania. [Read More](#)



**Pennsylvania Releases Request for Applications for Regional Response Health Collaboration Program.** The Pennsylvania Department of Human Services on June 11, 2020, released an RFA for its new Regional Response Health Collaboration Program (RRHCP). The RRHCP will directly support COVID-19 preparedness and response in long-term residential care facilities. The program will help improve infection prevention, help mitigate risk of spreading COVID-19 to staff or residents, and provide operational, management, and administrative support in long-term care facilities. The RRHCP will operate under grant agreements. Selected grantees will be awarded \$175 million collectively. [Read More](#)

**Governor Announces \$260 Million in CARES Act Funding to Help Individuals with ID, Autism.** Pennsylvania Governor Wolf announced on June 15, 2020, that individuals with intellectual disabilities and autism and the providers of support services for these populations will receive \$260 million in CARES Act funding. Funding will help more than 40,000 Pennsylvanians who receive assistance through the department. The funds will be allocated to providers of residential, respite, and shift nursing services; providers of Community Participation Support services; and providers of in-home and community services. [Read More](#)

## Wisconsin

**Wisconsin Direct Caregivers, Individuals with Disabilities Hit Hard by COVID-19.** *Kaiser Health News* reported on June 16, 2020, that the COVID-19 pandemic has upended the lives of individuals with disabilities in Wisconsin and the direct caregivers they rely on to dress, shower, eat, use the bathroom, and live and work independently. The pandemic has compounded existing shortages in direct caregivers in both long-term care and residential settings. [Read More](#)

## West Virginia

**West Virginia Awards Medicaid Managed Care Contracts to 3 Incumbents.** West Virginia awarded Medicaid managed care contracts for the state's Mountain Health Trust program to three incumbent bidders, Anthem/UniCare, CVS/Aetna, and The Health Plan. New contracts will run July 1, 2020, through June 30, 2021, and serve more than 426,000 members. There were no other bidders. Mountain Health Trust serves Temporary Assistance for Needy Families (TANF), pregnant women, Children with Special Health Care Needs, Supplemental Security Income (SSI), Medicaid expansion, and beginning in early 2021 CHIP populations.

## National

**21 States Opt Into Federal Program to Pay for COVID-19 Tests for Uninsured.** *Modern Healthcare* reported on June 17, 2020, that 21 states have taken steps to adopt a Medicaid eligibility pathway created by Congress to pay for 100 percent of the cost of COVID-19 testing for the uninsured. States include California, Illinois, Louisiana, Washington, Connecticut, Utah and Texas. The effort is representative of broader state efforts to cobble together funding streams for the testing and treatment of COVID-19. [Read More](#)

**Medicare Would Permanently Cover Telemedicine at FQHCs, Rural Clinics Under House Bill.** Modern Healthcare reported on June 12, 2020, that Medicare would permanently cover telemedicine at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics under a House bill introduced by Representatives Glenn Thompson (R-PA) and G.K. Butterfield (D-NC). Medicare is currently covering certain telehealth services under temporary flexibilities aimed at ensuring access to care during the COVID-19 pandemic. A separate House bill would establish a \$50 million grant program for remote patient monitoring pilots in rural areas. [Read More](#)

**MACPAC Releases June 2020 Report to Congress.** The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2020 *Report to Congress on Medicaid and CHIP*, which focused on improving integration of care for dual eligibles; Medicaid's role as payer of last resort, especially related to costs that are the responsibility of the Department of Defense; recommendations aimed at increasing enrollment in Medicare Savings Programs; and examining the increase in maternal morbidity and mortality rates. [Read More](#)

**House to Vote on Bill to Strengthen, Expand ACA Before July 4.** *Modern Healthcare* reported on June 11, 2020, that the U.S. House is expected to vote before July 4 on legislation that would lower Exchange premiums and copays as well as strengthen and expand the Affordable Care Act (ACA). Exact details of the bill, which is currently being developed, have not yet been released. [Read More](#)

**MedPAC Calls for Accelerated Transition to Medicare Value-based Payments.** *Modern Healthcare* reported on June 15, 2020, that the Medicare Payment Advisory Commission (MedPAC) is expected to begin researching ways to accelerate the transition to Medicare value-based payments, using lessons learned from Medicare Advantage and accountable care organizations as a likely starting point. In its annual report to Congress, MedPAC warned of potential financial problems unless Medicare changes how it pays for services, structures benefits, and delivers care. MedPAC also called for a "value incentive program" to replace the existing Medicare Advantage quality bonus program, using a small set of population-based measures, evaluating quality in local markets, and accounting for social risk factors. [Read More](#)





## INDUSTRY NEWS

### **Home Health Care Employment, Spending Falls Amid COVID-19 Pandemic.**

*Home Health Care News* reported on June 16, 2020, that the home health care sector saw a 12 percent decline in spending from February to March, driven by COVID-19, according to an analysis by the Kaiser Family Foundation in partnership with the Peterson Center on Healthcare. Employment fell seven percent from February to April; however, employment was unchanged in May, the study said. [Read More](#)

### **PA-based Highmark to Acquire HealthNow BCBS License in Western NY.**

*Modern Healthcare* reported on June 16, 2020, that Pennsylvania-based Highmark Health has agreed to acquire the Blue Cross Blue Shield license of New York-based HealthNow in an affiliation agreement that also includes HealthNow's administrative services only business. Under the terms of the deal, Highmark would become the primary Blue Cross Blue Shield licensee for HealthNow's eight-county service in western New York. [Read More](#)

### **Tenet Healthcare Admissions, Liquidity Improve in June.**

*Modern Healthcare* reported on June 16, 2020, that admissions at Tenet Healthcare facilities bounced back to 90 percent of pre-pandemic levels in the first half of June. Among other measures, inpatient surgeries were at 95 percent of pre-pandemic levels, ambulatory surgeries were at 85 percent, emergency room visits were at 75 percent, and outpatient visits were at 70 percent. Tenet also boosted liquidity to nearly \$2.7 billion in excess cash as of June 15. [Read More](#)

### **Healthcare Providers Are Likely to Cut Equipment, Supply Costs Amid Financial Uncertainty.**

*Modern Healthcare* reported on June 12, 2020, that finance administrators at healthcare providers are eyeing cost-saving initiatives in response to COVID-19, with equipment and supplies purchases among the primary targets, according to a Bain & Co. survey. Independent physician practices, meanwhile, are increasingly open to merger and acquisition options, the survey said. [Read More](#)

**Centene Raises Earnings Guidance for 2020.** On June 12, 2020, Centene Corp. raised 2020 adjusted diluted earnings per share guidance by \$0.20 to between \$4.76 and \$4.96, reflecting "current estimates around membership, revenue and medical utilization trends." Revenues are expected to be \$109.5 billion to \$111.9 billion, reflecting contract startup delays in North Carolina. [Read More](#)

**SCAN Health Plan Names Sachin Jain as CEO.** *Modern Healthcare* reported on June 11, 2020, that Sachin Jain, MD will replace Chris Wing as chief executive of SCAN Health Plan, a not-for-profit Medicare Advantage plan, effective July 1. Most recently, Jain served as chief executive of integrated health plan CareMore, an Anthem subsidiary, where he oversaw the acquisition of Aspire Health and the expansion of the organization across 32 states. [Read More](#)

**Home Health Agencies Are Poised for Greater Participation in ACO Contracts.** *Home Health Care News* reported on June 11, 2020, that home health agencies are poised for greater participation in accountable care organizations (ACOs) as COVID-19 demonstrates the cost benefits of sending patients home rather than to a skilled nursing facility. The pandemic has buoyed interest in alternative payment models and partnerships between ACOs and home health agencies in order better serve patients and reduce costs. [Read More](#)

**Direct Support Caregivers Struggle With Low Pay.** *The Wall Street Journal* reported on June 11, 2020, that direct support caregivers serving special-needs individuals in residential homes and centers are struggling with low pay, lack of recognition, and a high risk of exposure to COVID-19. The profession weathered a 51 percent turnover rate in 2018 and an average pay rate of \$11 an hour. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
July 1, 2020	Hawaii	Implementation	340,000
July 1, 2020	West Virginia Mountain Health Trust	Implementation	400,000
July 1, 2020	Washington Integrated Managed Care (Expanded Access)	Proposals Due	NA
July 24, 2020	Washington Integrated Managed Care (Expanded Access)	Awards	NA
September 1, 2020	Texas STAR Kids - Dallas Service Area	Implementation	21,000
October 1, 2020	Washington DC	Implementation	224,000
1Q2021	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	RFP Release	1,640,000
1Q2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
1Q2021	California Imperial	RFP Release	75,000
1Q2021	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	286,000
1Q2021	California San Benito	RFP Release	7,600
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
January 1, 2021	Washington Integrated Managed Care (Expanded Access)	Implementation	NA
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
January 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600

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## HMA NEWS

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### **Top Medicaid Plan Executives to Discuss Strategies, Priorities at 2020 HMA Conference**

Pre-Conference Workshop: October 25

Conference: October 26-27

Location: Fairmont Chicago, Millennium Park

Top executives from the nation's largest managed care organizations will address key strategies, priorities, and opportunities facing Medicaid plans at HMA's annual conference on publicly sponsored health care, October 26-27 in Chicago.

Speakers to date include representatives from Aetna, AmeriHealth Caritas, Centene, Dean Health Plan, Texas Children's Health Plan, and UnitedHealthcare.

This year's conference, *What's Next for Medicaid, Medicare, and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty*, will take place at the Fairmont Chicago, Millennium Park.

**Early Bird registration is now open.** Visit the conference website for complete details: <https://conference.healthmanagement.com/> or contact Carl Mercurio at 212-575-5929 or [cmercurio@healthmanagement.com](mailto:cmercurio@healthmanagement.com). Group rates and sponsorships are available. A complete list of confirmed speakers to date appears below.

#### Medicaid Managed Care Speakers to Date (In alphabetical order)

- Heidi Chan, Market President, AmeriHealth Caritas North Carolina
- Alec Cunningham, EVP, Government Services, Aetna, a CVS Health Company
- David Fields, President, Dean Health Plan
- Lisa Hollier, MD, Chief Medical Officer, Texas Children's Health Plan
- Jesse Hunter, EVP, Mergers & Acquisitions, Chief Strategy Officer, Centene Corp.
- Andy McMahon, Vice President, Health and Human Services Policy, UnitedHealthcare Community & State
- Keith Payet, CEO, UnitedHealthcare Community Plan of Tennessee

#### State Medicaid Speakers to Date (In alphabetical order)

- Melisa Byrd, Senior Deputy Director/Medicaid Director, Department of Health Care Finance, District of Columbia
- Beth Kidder, Deputy Secretary, Division of Medicaid, Florida Agency for Health Care Administration
- Carter Kimble, Deputy Secretary, Health and Human Services, State of Oklahoma
- Kate Massey, Senior Deputy Director, Medical Services Administration, Michigan Department of Health and Human Services

- Stephanie Muth, Former Deputy Executive Commissioner, Medicaid & CHIP, Texas Health & Human Services
- Melodie Pazolt, Acting Deputy Director, Division of Behavioral Health, Washington State Health Care Authority

Key Industry and Thought Leadership Speakers to Date (In alphabetical order)

- Bryan Adams, Chief Commercial Officer, Best Buy Health
- Drew Altman, President, CEO, Henry J. Kaiser Family Foundation
- Liz Baker-Ray, Director, Health and Wellness, Walmart
- Nora Belcher, Executive Director, Texas eHealth Alliance
- Elizabeth (Libby) Boyce, Director of Access, Referral, and Engagement, Housing for Health
- Harold Carter, VP, Pharma Strategy & Contracting, Express Scripts
- Kathy Carmody, CEO, Institute on Public Policy for People with Disabilities
- Alan Eisenberg, VP, Global Government Relations and Public Policy, Alnylam
- Vytas Kiselius, CEO, Referwell
- Christine Aguiar Lynch, VP for Medicare and MLTSS Policy, Association for Community Affiliated Health Plans
- William McKinney, CEO, The MENTOR Network
- Greg Moody, Executive in Residence, John Glenn College of Public Affairs, The Ohio State University
- Mary Kay Rizzolo, President and CEO, Council on Quality and Leadership
- Linda Timmons, President and CEO, Mosaic
- Angie Truesdale, CEO, Centering Healthcare Institute

**New this week on HMA Information Services (HMAIS):**

**Medicaid Data**

- Mississippi Medicaid Fee for Service vs. Managed Care Penetration, 2014-19
- Mississippi SNP Membership at 28,609, Mar-20 Data
- MLRs at Mississippi Medicaid MCOs Average 90.0%, 2019 Data
- MLRs at Wisconsin Medicaid MCOs Average 84.6%, 2019 Data
- MLRs Average 86.6% at Utah Medicaid MCOs, 2019 Data
- MLRs Average 89.6% at South Carolina Medicaid MCOs, 2019 Data
- Nevada Medicaid Managed Care Enrollment is Down 2.5%, 2019 Data
- Nevada SNP Membership at 11,985, Mar-20 Data
- New Mexico SNP Membership at 28,707, Mar-20 Data
- New York SNP Membership at 369,815, Mar-20 Data
- North Carolina SNP Membership at 93,544, Mar-20 Data
- North Dakota Medicaid Enrollment Up 5.0%, 2019 Data
- Oklahoma Medicaid Enrollment is Up 5.5%, Apr-20 Data
- Oregon SNP Membership at 24,139, Mar-20 Data
- South Carolina Dual Demo Enrollment is Up 10.1%, Apr-20 Data
- South Carolina SNP Membership at 14,716, Mar-20 Data
- Texas SNP Membership at 292,482, Mar-20 Data
- Utah SNP Membership at 7,406, Mar-20 Data
- Virginia Medicaid Managed Care Enrollment is Up 10.5%, May-20 Data
- Virginia SNP Membership at 27,387, Mar-20 Data
- West Virginia Medicaid Managed Care Enrollment is Up 10.7%, Jun-20 Data

- Wisconsin SNP Membership at 49,191, Mar-20 Data

**Public Documents:***Medicaid RFPs, RFIs, and Contracts:*

- Alaska CMS 1115 Demonstration Waiver Actuarial Analysis Support RFP, Jun-20
- DC Non-Emergency Transportation Contract and Extension, 2007-15
- Kentucky Medicaid Managed Care RFP, Responses, Scoring Documents, Contracts, and Related Documents, 2020
- North Dakota Medicaid Managed Care Contract and Amendments, 2014-19
- West Virginia Mountain Health Trust Medicaid Managed Care RFP and Proposals, 2019-20

*Medicaid Program Reports, Data and Updates:*

- U.S. Medicaid, CHIP Enrollment at 70.6 Million, Feb-20 Data
- MACPAC Reports to Congress on Medicaid and CHIP, 2017-20
- MedPAC Annual Report to Congress, Jun-20
- Alabama Medicaid Eligibility by Eligibility Group, Age, Gender, Race, Sept-19 Data
- Kansas Medical Assistance Reports, FY 2014-20
- Kentucky Section 1915(c) Appendix K Proposal, Jun-20
- New Jersey Section 1115 Appendix K Approval, May-20

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