

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... July 15, 2020 .....



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## THIS WEEK

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## IN FOCUS

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### MEDICAID AND EXCHANGE ENROLLMENT UPDATE – MARCH 2020

This week, our *In Focus* section reviews updated information issued by the Department of Health & Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) on Medicaid expansion enrollment from the “*March 2020 Medicaid and CHIP Applications, Eligibility Determination, and Enrollment Report*,” published on June 22, 2020. Additionally, we review 2020 Exchange

enrollment data from the “Health Insurance Exchanges 2020 Open Enrollment Period: Final State-Level Public Use File,” published by CMS on April 2, 2020. Combined, these reports present a picture of Medicaid and Exchange enrollment in early 2020, leading up to the COVID-19 pandemic and representing 70.9 million Medicaid and CHIP enrollees and 11.4 million Exchange enrollees. Medicaid/CHIP and Exchange enrollment is expected to rise in 2020 according to a team of HMA Medicaid experts, health economists, and data analysts. A previous *In Focus* on HMA’s forecast model can be found [here](#).

### Key Takeaways from Medicaid Enrollment Report

- Across all 50 states and DC, Medicaid and CHIP enrolled nearly 70.9 million individuals as of March 2020.
- Medicaid and CHIP enrollment is down more than 1.7 million members since March 2019, a 2.4 percent decrease in enrollment.
- Since March 2019, 17 states saw positive percentage growth in Medicaid and CHIP. Only Idaho saw double digit growth (20.3 percent) after it expanded Medicaid in January 2020. The highest growth among the remaining states was seen in Utah (9.8 percent), which also expanded in January 2020; Alaska (3.5 percent); Indiana (3.2 percent); Alabama (2.8 percent); and Arizona (2.6 percent). Nebraska and Oklahoma have passed ballot measures but have yet to implement expansion. Nebraska is expected to implement expansion in October 2020.
- Over that same period, 33 states and DC saw a net decline in Medicaid and CHIP enrollment.
- As of March 2020, national Medicaid and CHIP enrollment is up 13.2 million (22.9 percent) from the “Pre-Open Enrollment” period, defined as July 2013 through September 2013.
- The top five states in percentage growth of Medicaid and CHIP enrollment since the Pre-Open Enrollment period are Kentucky (97.5 percent), Nevada (88.6 percent), Alaska (83 percent), Montana (65.8 percent) and New Mexico (62.9 percent). All five are Medicaid expansion states.
- The top five states in percentage growth of Medicaid and CHIP among states that did not expand Medicaid are Georgia (16.7 percent), Alabama (16.1 percent), Tennessee (14.7 percent), South Carolina (13.7 percent), and North Carolina (11 percent).
- The top five states in total enrollment growth of Medicaid and CHIP are California (3.7 million), Washington (602,346), Kentucky (591,556), Pennsylvania (547,919), and Arizona (544,974).

**Table 1 – Overall U.S. Medicaid/CHIP Enrollment Growth – Pre-Open Enrollment Monthly Average through March 2020**

	Pre-Open Enrollment Monthly Avg. (Jul13-Sep13)	Medicaid/CHIP Enrollment (March 2020)	March 2020 % Change	March 2020 # Change
<b>Expanded Medicaid</b>	39,422,628	52,166,199	32.3%	12,743,571
<b>Have Not Expanded</b>	18,266,063	18,721,751	2.5%	455,688
<b>Total - All States</b>	<b>57,688,691</b>	<b>70,887,950</b>	<b>22.9%</b>	<b>13,199,259</b>

### Key Takeaways from 2020 Exchange Enrollment Report

- Final Exchange enrollments for the 2020 plan year, published in April 2020, showed that Qualified Health Plan (QHP) plans have been selected by 11.4 million individuals across all 50 states and DC.
- 2020 QHP selections are down approximately 35,000 from 2019 QHP selections, a decline of 0.3 percent across all 50 states and DC.
- Only two states saw double-digit percentage growth in QHP selections – Mississippi (11.7 percent), a State-Based Marketplace, and Iowa (10.9 percent), a State Partnership Exchange. Fifteen states saw increases between 0 percent to 10 percent.
- A total of 22 states saw declines in QHP selections between 0 percent and 5 percent. Another eight states saw declines of 5 percent to 10 percent. A total of four states saw double-digit percentage declines in QHP selections from 2018 to 2019.
- Overall, Federally-Based administration models saw a decline in enrollment, while State-Based Marketplaces saw an increase of 3 percent.

**Table 2 – Overall U.S. Exchange QHP Selection Growth – 2019 through 2020**

Marketplace Model	Number of States (2020)	Selected Exchange QHP (2019)	Selected Exchange QHP (2020)	QHP % Change
State-Based Marketplace (SBM)	13	3,032,527	3,122,576	3.0%
Federally Facilitated Marketplace (FFM)	18	7,257,661	5,695,847	-21.5%
State-Based, Federal Platform (SBM-FP)	6	428,663	913,728	113.2%
Partnership	14	725,290	1,677,296	131.3%
<b>Total</b>		<b>11,444,141</b>	<b>11,409,447</b>	<b>-0.3%</b>

The table on the following page (Table 3) provides state-level data on Medicaid and Exchange enrollment.

### Medicaid and Exchange Enrollment Data Sources

#### Link to CMS Medicaid Expansion Enrollment Report:

["March 2020 Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report" \(June 22, 2020\)](#)

#### Link to CMS Marketplace Open Enrollment Period Public Use Files:

["2020 Marketplace Open Enrollment Period Public Use Files" \(April 2020\)](#)

State	Expanded Medicaid	Exchange Model	Pre-Open Enrollment Monthly Avg. (Jul13-Sep13)	Medicaid/CHIP Enrollment (March 2020)	March 2020 % Change	March 2020 # Change	Selected Exchange QHP (2019)	Selected Exchange QHP (2020)	QHP % Change	QHP # Change
<b>US Total</b>			<b>57,688,691</b>	<b>70,887,950</b>	<b>22.9%</b>	<b>13,199,259</b>	<b>11,444,141</b>	<b>11,409,447</b>	<b>-0.3%</b>	<b>(34,694)</b>
Alabama	No	FFM	799,176	928,013	16.1%	128,837	166,128	160,429	-3.4%	(5,699)
Alaska	Yes	FFM	122,334	223,820	83.0%	101,486	17,805	17,696	-0.6%	(109)
Arizona	Yes	FFM	1,201,770	1,746,744	45.3%	544,974	160,456	153,020	-4.6%	(7,436)
Arkansas	Yes	SBM-FP	556,851	791,488	42.1%	234,637	67,413	64,360	-4.5%	(3,053)
California	Yes	SBM	7,755,381	11,450,896	47.7%	3,695,515	1,513,883	1,538,819	1.6%	24,936
Colorado	Yes	SBM	783,420	1,242,927	58.7%	459,507	170,325	166,852	-2.0%	(3,473)
Connecticut	Yes	SBM	618,700	845,434	36.6%	226,734	111,066	107,833	-2.9%	(3,233)
Delaware	Yes	Partnership	223,324	229,697	2.9%	6,373	22,562	23,961	6.2%	1,399
District of Columbia	Yes	SBM	235,786	226,260	-4.0%	(9,526)	18,035	17,538	-2.8%	(497)
Florida	No	FFM	3,695,306	3,605,857	-2.4%	(89,449)	1,783,304	1,913,975	7.3%	130,671
Georgia	No	FFM	1,535,090	1,790,732	16.7%	255,642	458,437	463,910	1.2%	5,473
Hawaii	Yes	FFM	288,357	327,668	13.6%	39,311	20,193	20,073	-0.6%	(120)
Idaho	Yes	SBM	238,150	324,506	36.3%	86,356	94,430	78,431	-16.9%	(15,999)
Illinois	Yes	Partnership	2,626,943	2,814,049	7.1%	187,106	312,280	292,945	-6.2%	(19,335)
Indiana	Yes	FFM	1,120,674	1,500,984	33.9%	380,310	148,404	140,931	-5.0%	(7,473)
Iowa	Yes	Partnership	493,515	686,193	39.0%	192,678	49,210	54,586	10.9%	5,376
Kansas	No	Partnership	378,160	380,750	0.7%	2,590	89,993	85,837	-4.6%	(4,156)
Kentucky	Yes	SBM-FP	606,805	1,198,361	97.5%	591,556	84,620	83,139	-1.8%	(1,481)
Louisiana	Yes	FFM	1,019,787	1,511,000	48.2%	491,213	92,948	87,748	-5.6%	(5,200)
Maine	Yes	Partnership	266,900	222,971	-16.5%	(43,929)	70,987	62,031	-12.6%	(8,956)
Maryland	Yes	SBM	856,297	1,328,169	55.1%	471,872	156,963	158,934	1.3%	1,971
Massachusetts	Yes	SBM	1,296,359	1,556,751	20.1%	260,392	301,879	319,612	5.9%	17,733
Michigan	Yes	Partnership	1,912,009	2,317,725	21.2%	405,716	274,058	262,919	-4.1%	(11,139)
Minnesota	Yes	SBM	873,040	1,031,434	18.1%	158,394	113,552	110,042	-3.1%	(3,510)
Mississippi	No	FFM	637,229	604,447	-5.1%	(32,782)	88,542	98,892	11.7%	10,350
Missouri	No	FFM	846,084	842,739	-0.4%	(3,345)	220,461	202,750	-8.0%	(17,711)
Montana	Yes	Partnership	148,974	247,058	65.8%	98,084	45,374	43,822	-3.4%	(1,552)
Nebraska	No	Partnership	244,600	244,762	0.1%	162	87,416	90,845	3.9%	3,429
Nevada	Yes	SBM	332,560	627,200	88.6%	294,640	83,449	77,410	-7.2%	(6,039)
New Hampshire	Yes	Partnership	127,082	179,494	41.2%	52,412	44,581	44,412	-0.4%	(169)
New Jersey	Yes	SBM-FP	1,283,851	1,669,158	30.0%	385,307	255,246	246,426	-3.5%	(8,820)
New Mexico	Yes	SBM-FP	457,678	745,641	62.9%	287,963	45,001	42,714	-5.1%	(2,287)
New York	Yes	SBM	5,678,417	6,081,606	7.1%	403,189	271,873	272,948	0.4%	1,075
North Carolina	No	FFM	1,595,952	1,770,709	11.0%	174,757	501,271	505,275	0.8%	4,004
North Dakota	Yes	FFM	69,980	91,884	31.3%	21,904	21,820	21,666	-0.7%	(154)
Ohio	Yes	Partnership	2,161,785	2,611,799	20.8%	450,014	206,871	196,806	-4.9%	(10,065)
Oklahoma	No	FFM	790,051	734,583	-7.0%	(55,468)	150,759	158,642	5.2%	7,883
Oregon	Yes	SBM-FP	626,356	1,001,783	59.9%	375,427	148,180	145,264	-2.0%	(2,916)
Pennsylvania	Yes	SBM-FP	2,386,046	2,933,965	23.0%	547,919	365,888	331,825	-9.3%	(34,063)
Rhode Island	Yes	SBM	190,833	291,565	52.8%	100,732	34,533	34,634	0.3%	101
South Carolina	No	FFM	889,744	1,011,762	13.7%	122,018	214,956	214,030	-0.4%	(926)
South Dakota	No	Partnership	115,501	109,178	-5.5%	(6,323)	29,069	29,331	0.9%	262
Tennessee	No	FFM	1,244,516	1,427,119	14.7%	182,603	221,533	200,445	-9.5%	(21,088)
Texas	No	FFM	4,441,605	4,174,195	-6.0%	(267,410)	1,087,240	1,116,293	2.7%	29,053
Utah	Yes	Partnership	294,029	312,266	6.2%	18,237	194,570	200,261	2.9%	5,691
Vermont	Yes	SBM	161,081	152,616	-5.3%	(8,465)	25,223	27,335	8.4%	2,112
Virginia	Yes	Partnership	935,434	1,419,069	51.7%	483,635	328,020	269,474	-17.8%	(58,546)
Washington	Yes	SBM	1,117,576	1,719,922	53.9%	602,346	220,765	212,188	-3.9%	(8,577)
West Virginia	Yes	Partnership	354,544	504,096	42.2%	149,552	22,599	20,066	-11.2%	(2,533)
Wisconsin	No	FFM	985,531	1,042,139	5.7%	56,608	205,118	195,498	-4.7%	(9,620)
Wyoming	No	FFM	67,518	54,766	-18.9%	(12,752)	24,852	24,574	-1.1%	(278)

## EARLY BIRD REGISTRATION DISCOUNT EXPIRES JULY 29 FOR HMA CONFERENCE ON WHAT'S NEXT FOR MEDICAID, MEDICARE, AND PUBLICLY SPONSORED HEALTHCARE, OCTOBER 26-27 IN CHICAGO

Be sure to register soon for HMA's conference on What's Next for Medicaid, Medicare, and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty, October 26-27, at the Fairmont Chicago, Millennium Park. The Early Bird registration rate of \$1595 per person expires on July 29. After that, the rate is \$1795. (Streaming access is available for \$595).

A high-level list of more than 30 industry speakers are already confirmed, including health plan executives, state Medicaid directors, and providers. They will address the challenges and opportunities for organizations serving Medicaid and other vulnerable populations.

Visit our 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.

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

- Mary Jane Beeson, VP, Medicaid-Duals Strategy & Business Development, Humana
- 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.
- Cynthia MacDonald, VP, Dual Eligibles & Special Needs Plans; Former Market President, Minnesota and Iowa
- 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
- Ned Carlson, CEO, Trumpet Behavioral Health
- Harold Carter, VP, Pharma Strategy & Contracting, Express Scripts
- Kathy Carmody, CEO, Institute on Public Policy for People with Disabilities
- Fred Cerise, President, CEO, Parkland Health & Hospital System
- Alan Eisenberg, VP, Global Government Relations and Public Policy, Alnylam
- Vytas Kiselius, CEO, Referwell
- Dan Knecht, MD, VP, Transformation, Clinical Product, CVS Health
- 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
- Melodie Pazolt, Acting Deputy Director, Division of Behavioral Health, Washington State Health Care Authority
- Mary Kay Rizzolo, President and CEO, Council on Quality and Leadership
- Linda Timmons, President and CEO, Mosaic
- Angie Truesdale, CEO, Centering Healthcare Institute



## HMA MEDICAID ROUNDUP

### *Alabama*

**Governor, Religious Leaders Discuss Medicaid Expansion.** *The Montgomery Advertiser* reported on July 2, 2020, that Alabama Governor Kay Ivey met with leaders of religious organizations advocating for Medicaid expansion. Advocacy group Alabama Arise has projected that Medicaid expansion would cover an additional 340,000 individuals. [Read More](#)

### *Arizona*

**Arizona Medicaid Enrollment Tops 2 Million.** *The Arizona Republic* reported on July 14, 2020, that Medicaid enrollment in Arizona topped 2 million as of July 1, an increase of about 140,000 since March. Job losses related to COVID-19 accounted for the spike. [Read More](#)

### *Arkansas*

**Arkansas, Trump Administration Ask U.S. Supreme Court to Review Medicaid Work Requirements Case.** *The Hill* reported on July 14, 2020, that Arkansas and the Trump administration filed separate petitions asking the U.S. Supreme Court to review a federal appeals court ruling that struck down Medicaid work requirements. More than 18,000 Arkansas Medicaid members lost coverage in the five months before work requirements were struck down. [Read More](#)

### *Colorado*

**Colorado Cuts Mental Health Funding Amid COVID-19 Budget Shortfall.** *Kaiser Health News* reported on July 10, 2020, that Colorado has issued spending cuts on a number of mental health and substance use treatment programs to fill a \$3.3 billion budget shortfall due to the COVID-19 pandemic. In addition to a one percent cut to Medicaid community providers, lawmakers were forced to cut funding for new preventative mental health programs, reduce substance abuse treatment funding in county jails, and eliminate \$5 million earmarked for addiction treatment programs in underserved communities. [Read More](#)

## Florida

**Medicaid Enrollment Increases 2 Percent to More Than 4.1 Million.** *Health News Florida* reported on July 15, 2020, that Medicaid enrollment in Florida increased two percent to more than 4.1 million between April 1 and June 30. The state attributed the increase to the COVID-19 pandemic. [Read More](#)

**Florida Medicaid to Waive Prior Authorization for Hospitals Transferring Patients to Long-Term Care.** *Health News Florida* reported on July 14, 2020, that the Florida Agency for Health Care Administration (AHCA) is waving prior authorization requirements for hospitals seeking to transfer patients to long-term care facilities. The agency is making the change to free up hospital capacity during the COVID-19 crisis. [Read More](#)

**Hospitals Are Seeking to Waive Medicaid Prior Authorization.** *Health News Florida* reported on July 9, 2020, that Florida hospitals are asking Governor Ron DeSantis to waive Medicaid prior authorization rules amid rising COVID-19 cases. Previously, the Florida Agency for Health Care Administration had waived the requirements. However, beginning June 19, the prior authorization requirements were reinstated, with the exception of behavioral health. [Read More](#)

## Georgia

**Georgia Delays Transition from Federal Exchange to Individual Health Plans, Brokers.** *Georgia Health News* reported on July 13, 2020, that Georgia is delaying its transition from the federal Healthcare.gov Exchange to a process in which Affordable Care Act (ACA) plans are sold by online brokers or directly by insurers until January 2022, a year later than originally planned. The transition is part of a larger waiver proposal, which requires federal approval. The waiver proposal also includes a reinsurance program; however, the state has dropped a request for federal subsidies for plans that do not offer ACA mandated benefits. [Read More](#)

## Kansas

**Kansas Appoints Sarah Fertig as Medicaid Director.** *KSN News* reported on July 10, 2020, that Kansas appointed Sarah Fertig as Medicaid director. Fertig most recently served as Medicaid Inspector General, and previous to that as an assistant Attorney General and Inspector General of the Kansas Juvenile Justice Authority. [Read More](#)

## Michigan

**Michigan Plans to Cut Medicaid Rates by 3.3 Percent.** *Crain's Detroit* reported on July 9, 2020, that director of the Michigan Department of Health and Human Services (DHHS) Robert Gordon announced plans to cut Medicaid rates paid to 13 health plans by nearly \$176.6 million, or 3.3 percent, in order to shore up a \$2.2 billion budget deficit for fiscal 2020 ending September 30. DHHS alone has a \$490 million shortfall. The cuts will be taken out of monthly fees paid to the health plans in August and September. [Read More](#)



## Missouri

**Medicaid Expansion Ballot Proposal Gains Momentum.** *Forbes* reported on July 5, 2020, that Missouri's ballot initiative to expand Medicaid is gaining momentum after Oklahoma voters narrowly approved Medicaid expansion last week. Missouri, which is scheduled to vote on a similar constitutional amendment on August 4, has garnered the support of the business community, most recently the Chamber of Commerce. More than 200,000 would be eligible for Medicaid if voters approve the expansion measure. [Read More](#)

## Nebraska

**Nebraska Medicaid Expansion Enrollment to Begin August 1.** *Live Well Nebraska* reported on July 13, 2020, that enrollment for Nebraska's Medicaid expansion program will begin August 1, nearly two years after voters approved the program in a ballot measure. Coverage will be effective October 1, with a projected 120,000 adults earning below 138 percent of the federal poverty level eligible. [Read More](#)

## Nevada

**Nevada Considers Medicaid Reimbursement, Program Cuts.** *8 News Now* reported on July 9, 2020, that the Nevada Department of Health and Human Service (DHHS) and state lawmakers are considering implementing cuts to Medicaid in an effort to relieve the state's \$1.2 billion budget shortfall. One option is to cut reimbursement rates by six percent, which could save the state \$53 million. The second option would eliminate "optional" services such as dental care, hospice care, and physical therapy. DHHS also added that it plans to put a cap on caseloads for services such as autism treatment and home services for the elderly. [Read More](#)

## New Jersey

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

**Quality Institute Projects COVID-19 Pandemic Impact on New Jersey Medicaid Enrollment.** In July 2020, the New Jersey Health Care Quality Institute's Medicaid Policy Center released an issue brief, *Projections for New Jersey Medicaid Eligibility Trends During COVID-19*. The brief examines three scenarios that policy makers can use to assess the potential effect on the state's Medicaid enrollment over the next 18 months. Prior to COVID-19 Medicaid enrollment was flat or in slight decline. As a Medicaid expansion state, New Jersey is likely to experience significant Medicaid enrollment growth. The scenarios project that the state's Medicaid program enrollment will increase by between 20 to 60 percent, depending on circumstances. [Read More](#)

**New Jersey DSRIP Program Makes Progress in Data-driven Population Health Management for Low-income Patients.** On July 2, 2020, the American Journal of Accountable Care published a study that found that New Jersey's "DSRIP [program] was successful in catalyzing many aspects of hospital industry transformation toward data-driven population health management." The findings may help to inform future initiatives in value-based provider care in the Medicaid delivery system. [Read More](#)

**New Jersey Extends Duration of Telemedicine and Telehealth Access.** On July 1, 2020, New Jersey Governor Murphy signed into law (P.L.2020, c.47, [A4215/S2467](#)) that extends the time period for which individuals can receive coverage and providers can bill for services using telemedicine and telehealth for 90 days following the end of the COVID-19 public health emergency and the state of emergency. This includes telemedicine and telehealth delivered under the Medicaid and NJ FamilyCare programs.

## New York

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

**New York Provider Advocacy Groups Urge Lawmakers to Keep Telehealth Flexibilities After COVID-19.** *Crain's New York* reported on July 9, 2020, that New York provider advocacy groups are calling on state lawmakers to make permanent changes to telehealth flexibilities that have been implemented due to COVID-19. The Community Health Care Association of New York State and the New York State Council for Community Behavioral Healthcare are asking for the state to continue reimbursement for telephone visits, expand the list of licensed practitioners allowed to provide telehealth services, allow remote visits without prerequisite in-person visits, and consider reimbursing telehealth visits on par with in-person visits. The provider associations recommended the creation of a capitated payment model alternative to address the variety in visit type and care delivery modality. [Read More](#)

**Nursing Home COVID-19 Infections Driven by Staff, Report Finds.** *Crain's New York* reported on July 7, 2020, that the spread of COVID-19 infections in New York nursing homes was mainly driven by infected staff members, according to an analysis by the state Department of Health. The report found that between March and early June, 37,500, or about 25 percent of, nursing home workers were infected with COVID-19, and more than one-third of patients. About 6,400 New York nursing home residents have died due to COVID-19. [Read More](#)

**New York Disability Advocates Oppose Funding Cuts.** *The Journal News* reported on July 1, 2020, that New York healthcare advocates are opposing funding cuts for care coordination and other services for individuals with intellectual and developmental disabilities. The cuts will come through the state Office for People with Developmental Disabilities, which serves about 110,000 individuals. [Read More](#)

**NY to Host Webinar on Medicaid Pharmacy Transition to Fee-For-Service.** The New York State Department of Health (DOH) will host a webinar on July 13, 2020, regarding the state Medicaid Redesign Team II fiscal 2021 budget initiative to transition Medicaid pharmacy benefits from managed care to fee-for-service. This will be the first of a series of recurring monthly webinars regarding the transition. To register click [here](#).

## North Carolina

**North Carolina Governor Signs Medicaid Managed Care Bill.** *The News & Observer* reported on July 2, 2020, that North Carolina Governor Roy Cooper signed bipartisan legislation to appropriate funds for the implementation of Medicaid managed care. The legislation does not include Medicaid expansion, requires that capitated contracts with Prepaid Health Plans (PHPs) begin no later than July 1, 2021, and does not include self-imposed penalties related to the deadline that were in earlier versions of the bill. Contract terms will be four years instead of three to compensate for the year lost to legislative delays. The legislation also enables the Department of Health and Human Services to contract with an Indian managed care entity or an Indian health care provider for Medicaid and NC Health Choice benefits for members of federally recognized tribes. [Read More](#)

## Ohio

**Ohio Medicaid Fails to Transition to Single PBM by July 1.** *The Columbus Dispatch* reported on July 6, 2020, that Ohio lawmakers expressed outrage over the state Medicaid program's failure to transition to a single pharmacy benefit manager (PBM) by July 1, 2020. In addition, lawmakers charged that Ohio Medicaid failed to distribute \$100 million to struggling pharmacies by January 1 and failed to establish a payment system for independent pharmacies to provide medical services alongside filling prescriptions. Medicaid Director Maureen Corcoran shifted blame onto federal regulatory requirements and said that selection of a single PBM could come later this year. [Read More](#)

## Oklahoma

**Oklahoma to Decide on Medicaid Expansion Funding Sources in 2021 Legislative Session.** *The Oklahoman* reported on July 5, 2020, that lawmakers in Oklahoma will decide in the 2021 legislative session how the state will pay for Medicaid expansion. The Oklahoma Health Care Authority estimated that Medicaid expansion under Governor Kevin Stitt's SoonerCare 2.0 plan would have covered just over 200,000 individuals and cost \$164 million annually. In November, the state will vote on a ballot measure to allow the legislature to reduce the amount of settlement funds going to the Tobacco Settlement Endowment Trust from 75 percent to 25 percent to help fund expansion. In addition, the legislature is considering increasing the hospital provider fee from 2.5 percent to 4 percent. [Read More](#)

## Pennsylvania

**Pennsylvania Announces HealthChoices Awards.** On July 8, 2020, Pennsylvania announced the awards for the HealthChoices Physical Health procurement. Contracts were awarded to:

- **AmeriHealth Caritas/Vista Health Plan:** Southeast, Lehigh/Capital, Northeast, Northwest, Southwest zones
- **Gateway Health Plan:** Lehigh/Capital, Southwest zones
- **Geisinger Health Plan:** Southeast, Lehigh/Capital, Northeast, Northwest, Southwest zones
- **Health Partners Plans:** Southeast, Lehigh/Capital, Northeast, Northwest, Southwest zones
- **UnitedHealthcare:** Southeast zone
- **UPMC for You:** Southeast, Lehigh/Capital, Northeast, Northwest, Southwest zones

Contracts will begin January 2021 and run for five years, with an option to extend for an additional period of three years. Current incumbents CVS/Aetna, UnitedHealthcare, AmeriHealth Caritas, UPMC Health Plan, Gateway Health Plan, Health Partners Plans, and Geisinger Health Plan serve 2.3 million members. Two plans that did not win awards have filed protests. Two prior attempts to reprocure the business were negated amid plan protests. [Read More](#)

**Pennsylvania Holds Medical Assistance Advisory Committee Meeting.** On June 25, 2020, the Pennsylvania Medical Assistance Advisory Committee held its regular monthly meeting. The Office of Medicaid Programs (OMAP) updated the group on the state budget and CARES Act funding. OMAP stated that Medical Assistance (MA) capitation was funded at \$2.6 billion, FFS was funded at \$152.1 million, Medicare Drug Program was funded at \$338.8 million, MA Hospital Payments were funded at \$26.3 million and other payments were funded at \$104 million. The total Medicaid program funding for the interim budget is \$3.3 billion. The CARES Act funding for critical access hospitals was \$10 million. The Office of Long-Term Living (OLTL) announced House Bill 2510, which appropriates \$632 million in CARES Act funding to long-term living programs. Of the total funds, \$175 million will be distributed to regional response health collaboratives, \$245 million will go to nursing facilities, of which \$196 million is to be allocated based on MA days of care for the third quarter of Calendar Year (CY) 2019, \$49 million is to be allocated based on licensed beds for all facilities as of March 31, 2020, and \$8 million will be allocated to ventilator service facilities.

**DHS Seeks Vendors to Implement Resource and Referral Tool.** On July 8, 2020, the Pennsylvania Department of Human Services (DHS) announced a Request for Expression of Interest (RFEI) for the state to establish a resource and referral tool. The tool is expected to serve as a care coordination system for health care and social service providers to improve health outcomes and quality of life. It will include a closed-loop referral system and serve as an access point to search and obtain information. [Read More](#)

**Pennsylvania Announces Applicants Selected for Regional Response Health Collaboration Program.** The Pennsylvania Department of Human Services announced on July 14, 2020, the health systems and academic medical centers that were selected to participate in the Regional Response Health Collaboration Program (RRHCP). The RRHCP will support COVID-19 readiness and response planning for long-term residential care facilities, improve quality of care, facilitate continuity of care, and provide clinical, operational, and administrative support. Selected grantees will be awarded \$175 million collectively through funding approved by the General Assembly. [Read More](#)

**Pennsylvania Announces Medicaid Providers Cannot Charge Patients for PPE.** The Pennsylvania Department of Human Services (DHS) announced on June 25, 2020, that Medicaid providers cannot charge patients for Personal Protective Equipment (PPE) used in connection with medical or dental services. DHS has determined that PPE is considered part of the providers overhead and cost of doing business. [Read More](#)

**Pennsylvania Announces Strategies to Ease Long-Term Care Facility Restrictions through Three-Step Process.** On June 29, 2020, the Pennsylvania departments of Health and Human Services issued updated guidance directed towards nursing homes, personal care homes, assisted living residences, and private intermediate care facilities. Facilities will now be required to meet several prerequisites before proceeding into a three-step process of reopening. Each step on the plan includes specific criteria for dining, activities, non-essential personnel, volunteers, visitors, and outings. If any individual is tested positive for COVID-19, the facility will cease reopening and will wait until no new cases are reported for 14 consecutive days. [Read More](#)

## Texas

**Walmart Intends to Begin Selling Medicare Health Insurance in Texas.** *Fierce Healthcare* reported on July 8, 2020, that Walmart has launched a health insurance agency, Walmart Insurance Service, LLC., that plans on selling Medicare plans to individuals in the Dallas/Fort-Worth region in Texas, expanding its footprint in the health care market. Over the past year, Walmart also began operating 18 care clinics across Georgia, South Carolina, and Texas, where patients can receive treatment for chronic and acute illnesses. Walmart has not released detailed information on its Medicare plan offerings. [Read More](#)

## Wisconsin

**Wisconsin Supreme Court Sides with Nurses in Repayment Case.** *The Wisconsin State Journal* reported on July 14, 2020, that Wisconsin independent private-duty nurses are not required to return Medicaid payments because of improper paperwork as long as the care provided can be verified, according to a Wisconsin Supreme Court ruling. The state Supreme Court sided with the nurses after an appeals court reversed the decision of a Waukesha County Circuit Court judge, who ruled in favor of the nurses in 2016. [Read More](#)

## National

**Supreme Court Is Unlikely to Hear Affordable Care Act Case Before November Elections.** *Politico* reported on July 13, 2020, that the U.S. Supreme Court is unlikely to hear a case concerning the constitutionality of the Affordable Care Act (ACA) before the November elections. However, the court will likely hear a case on whether states can regulate pharmacy benefit managers. [Read More](#)

**HHS Approves Rule to Increase Information Sharing for Substance Use Disorder Care Coordination.** *Modern Healthcare* reported on July 13, 2020, that the U.S. Department of Health and Human Services approved a [final rule](#) designed to increase information sharing among providers involved in care coordination for individuals with substance use disorder. The final rule, which requires patient consent before information can be shared, goes into effect August 14, 2020. [Read More](#)

**Number of Uninsured Adults Rises by 5.4 Million, Study Shows.** *The New York Times* reported on July 13, 2020, that the number of adults without health insurance in America rose by 5.4 million between February and May, according to a consumer advocacy group Families USA study. The study shows that about 16 percent or nearly 30.8 million adults are now uninsured. Job loss related to COVID-19 accounted for the spike in the number of uninsured adults, the study says. Not included in the count are family members of the newly uninsured, who may have also lost coverage. Nearly half the coverage losses were in five states: California, Texas, Florida, New York, and North Carolina. [Read More](#)

**HHS to Distribute Another \$3 Billion to Safety-Net Providers, \$1 Billion to Rural, Smaller Hospitals.** *Modern Healthcare* reported on July 10, 2020, that the U.S. Department of Health and Human Services (HHS) expects to distribute another \$3 billion in previously allocated provider relief funds to safety-net providers struggling from the impact of COVID-19. The new round of funding will be directed towards providers that did not meet the eligibility criteria of a prior funding tranche. An additional \$1 billion will go to specialty rural hospitals, urban hospitals with certain rural Medicare designations, and hospitals in small metropolitan areas. The funds were authorized by the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act. [Read More](#)

**Democratic Party Task Force Recommends Public Option, Health Reforms.** *Modern Healthcare* reported on July 8, 2020, that a task force chosen by presumptive Democratic presidential candidate Joe Biden and Senator Bernie Sanders (I-VT) [recommended](#) that the party adopt a public option plan. The option would be open to all Americans, and low-income individuals ineligible for Medicaid would be auto-enrolled. The task force also recommended reducing the Medicare eligibility age from 65 to 60; lowering healthcare costs by encouraging anti-trust litigation against hospitals, insurers and pharmaceutical companies; and allowing Medicare the ability to negotiate drug prices charged internationally. In addition, the task force's plan to combat COVID-19 includes boosts to federal Medicaid funds tied to automatic triggers based on unemployment rates. [Read More](#)

**States Move to Make Telehealth Access Coverage Permanent.** *Modern Healthcare* reported on July 8, 2020, that states are moving to make expanded access and coverage to telehealth permanent after the COVID-19 pandemic. Colorado Governor Jared Polis passed a bill that expands coverage of telehealth services and relaxes restrictions that previously required patients to have a pre-established relationship with virtual providers. The law was modeled off of the state's emergency order expanding telehealth on April 1. Idaho Governor Brad Little issued an executive order to make permanent the waivers of telehealth rules and other regulations that were issued during the COVID-19 crisis. Telehealth visits grew 14 percent nationwide between February and April, according to a study by Harvard. [Read More](#)

**Bipartisan Policy Center Calls on Congress to Make Primary Care a Top Priority for Medicaid.** *Modern Healthcare* reported on July 7, 2020, that the Bipartisan Policy Center (BPC), a Washington, D.C.-based think tank, has released a [report](#) that calls on Congress to make primary care a top Medicaid priority. The report makes recommendations for Congressional action including directing states to measure and report on primary care spending; providing more flexibility for expanding Medicaid; allowing automatic enrollment of eligible people in Medicaid, CHIP, or marketplace subsidies; and mandating that fee-for-service Medicaid cover preventive care services. Health Management Associates (HMA) contributed to the report through an evaluation of the potential federal costs and savings of the proposed legislative options. [Read More](#)

**Senator McConnell Expects to Introduce New COVID-19 Relief Bill.** *The Hill* reported on July 6, 2020, that Senate Majority Leader Mitch McConnell (R-KY) announced that he expects to introduce a fifth COVID-19 relief bill, focusing on schools, jobs, and health care, once lawmakers return to Washington on July 20. Lawmakers remain divided on issues related to sending additional stimulus checks to households, strengthening unemployment insurance, and providing additional help to states and local governments. [Read More](#)

**CMS Issues Proposed Rule to Increase Payments for Home Dialysis Machines.** *Modern Healthcare* reported on July 6, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to expand a transitional add-on payment to providers to cover home dialysis machines to treat end-stage renal disease (ESRD) patients. CMS increased payments from \$239.33 to \$255.59 and plans to spend \$10.3 billion in 2021 for renal dialysis services. The proposed rule also revised payments for acute kidney injury dialysis and made changes to the ESRD Quality Incentive Program. [Read More](#)

**Medicaid IAP to Host National Data Analytics Informational Webinar.** The Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) Data Analytics technical assistance team is hosting a national webinar, *Resourceful Data Analytics: Leveraging Accessible Tools and Techniques to Translated Results Into Action*, on Wednesday, August 5, 2020, from 2:30-4:00 PM ET to demonstrate states' efforts to use accessible analytic tools, such as Excel, Tableau, R, and Python, to:

1. Conduct data analytics with Medicaid and other relevant data, and
2. Communicate analytic results to key stakeholders to inform Medicaid policy decisions.

During this webinar, state Medicaid staff from Oklahoma and Iowa will present detailed case studies focused on their use of identified tools as part of their Medicaid IAP Data Analytics technical assistance projects. This webinar is designed to encourage active participation with a portion of the webinar reserved for a facilitated question-and-answer (Q&A) session. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (CMCS) contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates. Register [here](#).*





## INDUSTRY NEWS

**Oak Street Health to Go Public.** *Modern Healthcare* reported on July 11, 2020, that Oak Street Health, a Medicare-focused primary care provider, filed a registration statement to go public. The company, which operates more than 50 primary care centers in Illinois, Indiana, and Michigan, seeks to expand into additional states. Terms of the offering have not been set. [Read More](#)

**BrightView Acquires KY-based Rebound Recovery Centers.** BrightView, a comprehensive outpatient addiction treatment provider based in Ohio, announced on July 8, 2020, that it has acquired Rebound Recovery Centers, which operates facilities in Kentucky. Rebound's facilities in Lexington and Paris officially began operating under BrightView on July 7. [Read More](#)

**Quorum Health Completes Financial Restructuring, Emerges from Chapter 11 Bankruptcy.** *Modern Healthcare* reported on July 7, 2020, that Tennessee-based hospital operator Quorum Health has reduced its debt by about \$500 million and achieved the plan outlined in its April restructuring agreement, emerging from Chapter 11 bankruptcy. As a result, Quorum's 22 affiliated hospitals in rural and mid-sized markets will be allowed to continue to deliver care. Additionally, Quorum appointed former Acadia Healthcare chief executive officer Joey Jacobs as CEO and promoted Martin Smith to president and chief operating officer. [Read More](#)

**Flacks Group Acquires Correctional Healthcare Company Corizon Health.** Global investment firm Flacks Group announced on June 30, 2020, that it has acquired Corizon Health, one of the largest privately-owned correctional healthcare companies. Corizon provides primary medical services, behavioral health services, dental care, pharmacy programs, and re-entry services for inmates and detainees under contract to state, city, and county government agencies. Terms of the transaction were not disclosed. [Read More](#)

**Addus HomeCare Completes Acquisition of MT-based A Plus Health Care.** Home care provider Addus HomeCare Corporation announced on July 1, 2020, that it has completed the acquisition of Montana-based A Plus Health Care. A Plus Health Care serves approximately 1,200 clients in seven office locations and had revenues of \$10.4 million in 2019. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
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
Fall 2020	Oklahoma	RFP Release	800,000
3Q2021	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
3Q2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
3Q2021	California Imperial	RFP Release	75,000
3Q2021	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
3Q2021	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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### New this week on HMA Information Services (HMAIS):

#### Medicaid Data

- Alabama Medicaid Enrollment is Flat, 2018 Data
- Idaho Dual Eligible Enrollment at 22,430, Jul-20 Data
- Illinois Dual Demo Enrollment is Down 3.0%, May-20 Data
- Illinois Medicaid Managed Care Enrollment is Up 2.7%, May-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 11.6%, May-20 Data
- Kentucky Medicaid Managed Care Enrollment is Up 6.6%, Jun-20 Data
- Kentucky Medicaid Managed Care Enrollment is Up 7.8%, Jul-20 Data
- Louisiana Medicaid Managed Care Enrollment is Up 4.9%, May-20 Data
- Maryland Medicaid Managed Care Enrollment Is Up 2.6%, Apr-20 Data
- Maryland Medicaid Managed Care Enrollment Is Up 3.7%, May-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 7.6%, May-20 Data
- Mississippi Medicaid Managed Care Enrollment is Down 0.4%, May-20 Data
- Missouri Medicaid Managed Care Enrollment is Up 13.1%, Jun-20 Data
- MLRs at North Carolina Medicare Advantage MCOs Average 84%, 2019 Data
- MLRs at Oregon Medicare Advantage MCOs Average 88.2%, 2019 Data
- MLRs at Pennsylvania Medicare Advantage MCOs Average 83.3%, 2019 Data
- MLRs at South Carolina Medicare Advantage MCOs Average 82.3%, 2019 Data
- MLRs at Tennessee Medicare Advantage MCOs Average 82.1%, 2019 Data
- MLRs at Texas Medicare Advantage MCOs Average 87.3%, 2019 Data
- New Jersey Medicaid Managed Care Enrollment is Up 4.8%, May-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 0.5%, Mar-20 Data
- Tennessee Medicaid Managed Care Enrollment is Up 1.3%, May-20 Data
- Tennessee Medicaid Managed Care Enrollment is Up 2.5%, Jun-20 Data
- Utah Medicaid Managed Care Enrollment is Up 28.9%, Jul-20 Data
- Washington Medicaid Managed Care Enrollment is Up 2.9%, May-20 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 9.4%, May-20 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Alabama Medicaid and Medicare Cost Reports RFP, Jun-20
- California Medicaid Dental Managed Care Contract RFI and Responses, Aug-19
- Colorado Medicaid Dental Services RFI and Related Documents, 2018-20
- Florida D-SNP Medicaid Agency Contract (SMAC), 2021
- Hawaii Ombudsman Services for Med-QUEST Division (MQD) Beneficiaries and Providers RFP, Jul-20
- Idaho Medicaid Plus, MMCP Model Contract, 2020
- Iowa hawk-i Dental Contracts, SFY 2016-20
- Iowa Medicaid Dental Wellness Plan Contracts, SFY 2014-20

- Iowa PBM Contract Amendment, 2018
- Louisiana Dental Benefit Program Management RFP and Related Documents, 2019
- Louisiana Medicaid Innovation Challenge RFI, Jul-20
- Mississippi Medicaid Utilization Management Program for Imaging Services IFB and Notice of Intent to Award, Apr-20
- Ohio D-SNP Medicaid Agency Contract (SMAC), 2021
- Ohio D-SNP Medicaid Agency Contract (SMAC), 2021
- Texas Dental Services for Children’s Medicaid and CHIP RFP Reissue, Evaluation, and Award, Oct-19

*Medicaid Program Reports, Data and Updates:*

- U.S. Medicaid, CHIP Enrollment at 70.9 Million, Mar-20 Data
- National Medicaid Dental Benefits Management RFP Calendar
- Alaska Enacted Budget, FY 2021
- AR 1915c Appendix K Approval, Jun-20
- Arizona AHCCCS Population Demographics, Jul-20
- Arizona Enacted Budget, FY 2021
- CMS Medicaid Managed Care Rate Development Guides, 2018-21
- Colorado Medicaid Managed Care Rate Books, FY 2021
- Connecticut 1915c Appendix K Approval, Mar-20
- DC 1915c Appendix K Approval, Apr-20
- Delaware 1915c Appendix K Approval, Apr-20
- Delaware Enacted Budget, FY 2021
- Florida Enacted Budget, FY 2020-21
- Florida Medicaid Eligibility by County, Age, Sex, May-20 Data
- Missouri HealthNet Managed Care Rates, SFY 2020
- Missouri HealthNet NEMT Capitation Rate Development and Certification, SFY 2020
- Nebraska Section 1915c Appendix K and Approval, Apr-20
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, May-20
- Ohio Medicaid Managed Care Capitation Rate Certification and Amendment, CY 2020
- Ohio MyCare Ohio Capitation Rate Certifications and Amendments, CY 2017-20
- Ohio Section 1915c Appendix K and Approval, May-20
- Oklahoma Medical Advisory Meeting Materials, Jul-20
- Oklahoma Section 1915c Appendix K and Approval, Jun-20
- South Carolina Medical Care Advisory Committee Meeting Materials, Jun-20
- Tennessee Governor’s Proposed Budget Documents, FY 2020-21
- Tennessee Medicaid Advisory Committee Meeting Materials, Mar-20
- UT Medical Care Advisory Committee Meeting Materials, Jun-20
- Utah 1115 Primary Care Network Demonstration Waiver Documents, 2016-20
- VT Medicaid and Exchange Advisory Board Meeting Materials, Jun-20
- West Virginia Enacted Budget, SFY 2019-20
- West Virginia Enacted Budget, SFY 2020-21
- Wisconsin Medicaid MCO Actuarial Rate Certifications and Capitation Rates, 2018-20

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