

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... September 2, 2020



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

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THIS WEEK

- **IN FOCUS: CALIFORNIA RELEASES MEDI-CAL MANAGED CARE RFI**
- CALIFORNIA MEDICAID DROPS PROPOSED LTC AT HOME BENEFIT
- MEDICAID MANAGED CARE RFP NEWS: DISTRICT OF COLUMBIA, INDIANA, LOUISIANA, NORTH CAROLINA
- MEDICAID BUDGET NEWS: GEORGIA, NEW JERSEY, WYOMING
- ILLINOIS TO TRANSITION FOSTER KIDS TO MEDICAID MANAGED CARE
- KENTUCKY RELEASES RFP FOR SINGLE PBM
- MISSISSIPPI ADVOCATES RENEW MEDICAID EXPANSION PUSH
- NEVADA RELEASES MEDICAID NEMT RFP
- HOUSING SUPPORTS NEWS: NEW YORK, UTAH
- OHIO PROPOSES RULES TO LOCK IN MEDICAID TELEHEALTH CHANGES
- STATES TAKE EMERGENCY ACTION ON MEDICAID LONG-TERM CARE
- QUALIFACTS, CREDIBLE BEHAVIORAL HEALTH TO MERGE
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

CALIFORNIA RELEASES MEDI-CAL MANAGED CARE RFI

This week, our *In Focus* section reviews the California request for information (RFI) regarding the Medi-Cal Managed Care Plan (MCP) contract and the upcoming Medi-Cal MCP procurement. The California Department of Health Care Services (DHCS) is seeking information to update boilerplate contracts and develop the request for proposals (RFP) scheduled for release in 2021.

RFP Schedule

California expects to release the Medi-Cal RFP in the third quarter of 2021 for implementation in January 2024. A draft RFP is anticipated to be shared publicly during the first quarter of 2021. The current schedule is delayed from previous RFP calendars, which had anticipated implementation as early as July 2021. Of the more than 8.1 million Medi-Cal managed care members residing in the counties covered by the RFP, only 3.1 million members enrolled in the Two-Plan, Geographic Managed Care (GMC), Imperial, Regional, and San Benito model markets will be affected. According to the RFI, total enrollment in California Medi-Cal enrollment is nearly 11 million people.

California Medi-Cal RFP Calendar		
Plan Type	Key Dates	# of Beneficiaries
Two Plan Commercial	RFP Release: Third Quarter of 2021 Targeted Implementation: January 2024	1.64 million
GMC	RFP Release: Third Quarter of 2021 Targeted Implementation: January 2024	1.09 million
Regional	RFP Release: Third Quarter of 2021 Targeted Implementation: January 2024	286,000
Imperial	RFP Release: Third Quarter of 2021 Targeted Implementation: January 2024	75,000
San Benito	RFP Release: Third Quarter of 2021 Targeted Implementation: January 2024	7,600
<i>Source: CA Dept. of Health Care Services, HMA</i>		

Background

Medi-Cal, the state's Medicaid program, uses six distinct models:

- 1. Two-Plan Model** counties contract with a commercial plan and a local, county-organized plan called the Local Initiative (a prepaid health plan). The model operates in 14 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare.
- 2. County Organized Health Systems (COHS)**, in which the state contracts with a plan created by the County Board of Supervisors. Only one managed care plan is operated by each county. COHS contracts may be on a non-bid basis. The model operates in 22 counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo.
- 3. Regional Model** counties contract with two commercial plans. Rural counties that elected not to participate as a COHS model or as the Local Initiative of a Two-Plan Model participate. The model operates in 18

counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba.

4. **Geographic Managed Care (GMC)** has several commercial plans per county. The model operates in two counties: Sacramento and San Diego.
5. **Imperial County** has two commercial plans to serve rural expansion needs.
6. **San Benito County** has one commercial plan to serve rural expansion needs.

Again, the planned RFP will not be used to procure the COHS plans or Local Initiative plans.

RFI

The RFI is seeking input from plans on eight different questions:

1. What MCP contract changes or actions do you recommend DHCS consider to address health disparities and inequities, as well as, identify and address social determinants of health?
 - a. In July 2020, Will Lightbourne, director of the California DHCS, announced that Medi-Cal is planning to amend certain contracts and use performance reviews to help address racial disparities in healthcare.
2. What MCP contract changes or actions do you recommend DHCS consider to increase MCP's community engagement?
3. What MCP contract changes or actions do you recommend DHCS consider for emergency preparedness and response for disasters?
4. What MCP contract changes or actions do you recommend DHCS consider to achieve the other MCP goals listed?
5. What, if any, of the listed MCP goals provide significant challenges and what should be done to address those challenges?
6. What additional MCP goals should DHCS consider?
7. What additional changes or actions do you recommend DHCS consider for the planned structural updates to the MCP contract?
8. What additional changes or actions do you recommend DHCS consider for the planned content updates to the MCP contract?

Additionally, the RFI outlines planned updates to the boilerplate MCP contract that will be included in the RFP. This includes structural updates and content updates, such as incorporating California Advancing and Innovating Medical (CalAIM) initiative policy updates into the contract, as well as budget-related policy updates, incorporation of new statutes and regulation requirements, California State Auditor (CSA) report recommendations, medical audit findings, inclusion of All Plan Letter (APL) language, and terminology updates.

There will be a DHCS hosted Medi-Cal MCP RFI webinar on September 10, 2020, from 10 a.m. PT to 11:30 a.m. PT. [Click here to register for the webinar:](#)

<https://dhcs.webex.com/dhcs/onstage/g.php?MTID=e39fd3a7e3f2f9d53bbb989081ee116bd>

Current Market

Overall, the California managed Medicaid market is huge. As of July 2020, California had nearly 10.6 million Medi-Cal members.

California Medicaid Managed Care Enrollment by Plan, 2017-19, July 2020

Plan Name	2017	2018	2019	Jul-20
L.A. Care Health Plan	2,057,191	2,049,452	2,004,346	2,065,395
<i>% of total</i>	19.2%	19.6%	19.7%	19.6%
Centene Total	1,682,981	1,606,095	1,553,801	1,570,512
<i>% of total</i>	15.7%	15.4%	15.3%	14.9%
Health Net ¹	1,489,664	1,409,913	1,358,618	1,370,375
<i>% of total</i>	13.9%	13.5%	13.4%	13.0%
CA Health & Wellness	193,317	196,182	195,183	200,137
<i>% of total</i>	1.8%	1.9%	1.9%	1.9%
Inland Empire Health Plan	1,224,903	1,219,492	1,215,001	1,263,086
<i>% of total</i>	11.4%	11.7%	12.0%	12.0%
CalOptima	767,433	742,386	708,682	750,127
<i>% of total</i>	7.2%	7.1%	7.0%	7.1%
Anthem Blue Cross	778,801	745,085	720,393	760,821
<i>% of total</i>	7.3%	7.1%	7.1%	7.2%
Partnership Health Plan of CA	567,861	551,778	533,504	556,240
<i>% of total</i>	5.3%	5.3%	5.2%	5.3%
Molina Healthcare	467,896	440,100	414,706	425,086
<i>% of total</i>	4.4%	4.2%	4.1%	4.0%
Central CA Alliance for Health	350,278	339,666	331,477	349,196
<i>% of total</i>	3.3%	3.3%	3.3%	3.3%
CalViva	363,363	359,286	351,063	361,207
<i>% of total</i>	3.4%	3.4%	3.5%	3.4%
Health Plan of San Joaquin	349,007	342,105	334,128	346,422
<i>% of total</i>	3.3%	3.3%	3.3%	3.3%
Community Health Group Partner	280,920	263,897	246,431	256,722
<i>% of total</i>	2.6%	2.5%	2.4%	2.4%
Alameda Alliance For Health	264,480	258,288	242,656	254,092
<i>% of total</i>	2.5%	2.5%	2.4%	2.4%

Santa Clara Family H.P.	259,440	244,388	235,619	248,217
<i>% of total</i>	2.4%	2.3%	2.3%	2.3%
Kern Family Health Care	248,244	252,167	258,401	270,488
<i>% of total</i>	2.3%	2.4%	2.5%	2.6%
Gold Coast Health Plan	202,817	196,535	191,472	202,553
<i>% of total</i>	1.9%	1.9%	1.9%	1.9%
CenCal	179,637	175,497	172,501	183,921
<i>% of total</i>	1.7%	1.7%	1.7%	1.7%
Contra Costa Health Plan	182,985	178,101	170,604	180,569
<i>% of total</i>	1.7%	1.7%	1.7%	1.7%
San Francisco Health Plan	133,936	127,900	125,367	131,228
<i>% of total</i>	1.3%	1.2%	1.2%	1.2%
Kaiser	145,264	145,864	144,951	152,382
<i>% of total</i>	1.4%	1.4%	1.4%	1.4%
Health Plan of San Mateo	109,842	103,970	99,305	106,617
<i>% of total</i>	1.0%	1.0%	1.0%	1.0%
Promise Health Plan/Care 1st	85,131	83,114	78,982	87,783
<i>% of total</i>	0.8%	0.8%	0.8%	0.8%
UnitedHealthcare	1,547	7,843	12,048	16,096
<i>% of total</i>	0.0%	0.1%	0.1%	0.2%
CVS/Aetna Better Health		11,057	19,561	24,769
<i>% of total</i>		0.1%	0.2%	0.2%
Total California	10,702,410	10,444,066	10,164,999	10,563,529
<i>% chg. between reporting periods</i>	0.8%	-2.4%	-2.7%	3.9%

Source: CA Dept. of Health Care Services, HMA
(1) Centene acquired Health Net in 2016.

[Link to RFI](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Receives \$21 Million SAMHSA Grant to Increase Access to Opioid Prevention, Treatment Services. The Arkansas Department of Human Services (DHS) announced on August 31, 2020, that it has been awarded \$21 million in federal grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase access to medication-assisted treatment (MAT) for opioid abuse, expand treatment options, and reduce overdose deaths. The grant will fund 10 different projects over two years.

Arkansas Jury Awards \$9.4 Million to TeamHealth for Exchange Plan Underpayments. *Healthcare Dive* reported on August 21, 2020, that an Arkansas jury awarded \$9.4 million in damages to physician staffing firm TeamHealth. The jury found that Centene Corp.'s Armbetter Exchange plan underpaid TeamHealth's Southeast Emergency Physicians affiliate. The lawsuit is one of many TeamHealth has filed against various insurers alleging underpayment of emergency physicians. [Read More](#)

California

Legislature Approves Measure Allowing for State-Developed Generic Drugs. *California Healthline* reported on September 1, 2020, that California lawmakers approved a measure directing the state Department of Health and Human Services to partner with one or more pharmaceutical companies by January to make or distribute a broad range of generic drugs, including insulin. Governor Gavin Newsom has until September 30 to sign the measure. [Read More](#)

California Lawmakers Pass Bill Allowing Nurses to Practice Without Physician Supervision. *California Healthline* reported on September 1, 2020, that California lawmakers approved legislation that grants nurse practitioners (NPs) the ability to practice without doctor physician supervision. To qualify, nurses would need certification from a pre-approved national nursing board, three years of experience working under physician supervision, and other requirements. The bill, if signed by Gov. Gavin Newsom, would take effect in 2023. [Read More](#)

California Medicaid Will Not Proceed with Proposed Long-Term Care At Home Benefit. California announced on August 24, 2020, that the state will no longer proceed with a proposed long-term care at home benefit for Medi-Cal beneficiaries. An email from the California Department of Health Care Services and California Department of Aging stated that the state legislature and administration of Governor Gavin Newsom were “unable to agree to a process for developing and implementing this proposal.” The benefit would have provided a bundled set of medical and home and community services to help adults vulnerable to COVID-19 stay at home.

California Bill Would Require State Attorney General Approval of Healthcare Provider Mergers, Acquisitions. *Modern Healthcare* reported on August 20, 2020, that California Senator Bill Monning (D-CA) introduced a bill that would require state attorney general approval of any healthcare provider merger or acquisition with a value exceeding \$1 million. The bill, which would go into effect January 1, 2021, would give the attorney general 60 days to review deals involving providers, private equity groups, and hedge funds seeking to acquire or affiliate with a healthcare facility or provider. [Read More](#)

Colorado

Colorado Now Projects 427,000 Additional Medicaid Members by June 2021. *The Fort Morgan Times* reported on August 30, 2020, that the Colorado Department of Health Care Policy and Financing (HCPF) projects Medicaid enrollment to increase by 427,000 by the end of June 2021, driven by COVID-19. The new projection is below prior forecasts, which called for more than 500,000 additional members by December. From February to mid-August, Medicaid enrollment in Colorado has increased by about 100,000. [Read More](#)

District of Columbia

District of Columbia Council Questions Timing of Plan to Transition 19,000 Individuals With Complex Care Needs to Medicaid Managed Care. *The Washington Post* reported on August 27, 2020, that the D.C. Council is questioning whether to transition current fee-for-service members with complex care needs to Medicaid managed care during the pandemic. The transition is scheduled for October 1. These enrollees would be distributed to the recently awarded health plans of AmeriHealth Caritas, CareFirst BlueCross BlueShield, and MedStar Family Choice. The Council has until September 3 to vote on whether to block the transition of these complex populations at this time. [Read More](#)

Florida

Florida Health Systems, Oscar to Form Medicare Advantage Health Plan. *Modern Healthcare* reported on August 21, 2020, that health insurer Oscar is partnering with Holy Cross Health hospital in Fort Lauderdale and Memorial Healthcare System in Hollywood to create a co-branded Medicare Advantage plan in south Florida. The plan’s network will include six hospitals and independent providers aligned with the two institutions. The plan is expected to begin marketing in October 2020. [Read More](#)

Georgia

Georgia Medicaid Agency Requests Additional Funding in Fiscal 2022 Budget. *The Atlanta Journal-Constitution* reported on August 27, 2020, that the Georgia Department of Community Health (DCH), which oversees the state's Medicaid and CHIP programs, requested an additional \$400 million in state funding for fiscal 2022. DCH says it needs the money to pay for an expected increase in spending for Medicaid beneficiaries who delayed care during the pandemic and to replace emergency federal funding slated to end later this year. The state's fiscal 2021 budget, approved by lawmakers in June, included \$2.2 billion in spending cuts. [Read More](#)

Hawaii

Hawaii Medicaid Enrollment Approaches 368,000. *State of Reform* reported on September 1, 2020, that Medicaid enrollment in Hawaii increased by 11.3 percent to 367,994 individuals as of August 17, compared to a year earlier, driven by the COVID-19 pandemic. Kaiser Permanente saw the largest percentage jump at 20.1 percent, followed by UnitedHealthcare Community at 14.1 percent. [Read More](#)

Illinois

Illinois to Transition Foster Children to Medicaid Managed Care September 1. *The Chicago Tribune* reported on August 31, 2020, that Illinois will transition 18,000 foster children to Medicaid managed care on September 1. Families have a six-month "grace period" to continue seeing an out-of-network provider after the transition, with many concerned about the adequacy of the program's provider network. [Read More](#)

Indiana

Indiana to Implement Hoosier Care Connect Contract with Anthem, Centene, UnitedHealthcare. Centene/Managed Health Services and [Anthem](#) separately announced on August 24, 2020, that they will continue to serve Indiana Hoosier Care Connect aged, blind, and disabled members in a new contract. The awards, which were originally [announced](#) in May, also went to UnitedHealthcare. Contracts are expected to start April 1, 2021 and run four years, with two optional one-year renewals. [Read More](#)

Kentucky

Kentucky Releases RFP for Single Pharmacy Benefit Management Company. On August 14, 2020, Kentucky released a request for proposals (RFP) for a single pharmacy benefit management (PBM) company for the state's Medicaid managed care beneficiaries, effective no later than July 1, 2021. The contract is for three years from the award date, with three optional, one-year renewals. Proposals are due October 6, 2020, with awards expected to be announced by December 31, 2020. Currently, the state's Medicaid managed care organizations contract PBM services separately.

Louisiana

Louisiana to Withdraw Medicaid Managed Care Awards, Issue New RFP. The Louisiana Department of Health (LDH) on August 19, 2020, announced its intent to withdraw Medicaid managed care contract awards announced last year and to issue a new request for proposals (RFP) in 2021. The withdrawal requires the approval of state Commissioner of Administration Jay Dardenne. Contracts awarded to AmeriHealth Caritas, Anthem/Healthy Blue, Humana, and UnitedHealthcare had not yet been implemented. Instead, beneficiaries continue to be served by current plans CVS/Aetna Better Health, AmeriHealth Caritas, Anthem/Healthy Blue, Centene/Louisiana Healthcare Connections, and UnitedHealthcare under emergency contract extensions, which will be extended until new contracts are awarded and implemented. The state's chief procurement officer first announced the plan to rescind the awards in January 2020, which was appealed by the Louisiana Department of Health and four health plans. [Read More](#)

Louisiana Audits Reveal Potential Fraudulent Medicaid Billing for Behavioral Health Services. *The Franklin Sun* reported on August 19, 2020, that the Louisiana Legislative Auditor uncovered more than \$1 million in possible fraudulent Medicaid billing for behavioral health services. Potential fraudulent billing includes more than \$200,000 for services that do not appear to have been delivered and \$657,000 for services provided under questionable circumstances in a single firm. In a separate audit, 315 individual providers billed for more than 12 hours of treatment services in a single day, totaling nearly \$300,000 in improper excess billing. [Read More](#)

Mississippi

Mississippi Health Care Advocates Renew Push to Expand Medicaid, Seek Ballot Initiative. *The Associated Press* reported on August 30, 2020, that Mississippi health care advocates are seeking to put Medicaid expansion on the ballot after voters in Missouri and Oklahoma voted to expand Medicaid. Advocates will need to gather 106,190 certified signatures. The earliest a proposal is likely to be on the ballot is November 2022. Currently, there are 750,000 individuals enrolled in Mississippi Medicaid. [Read More](#)

Missouri

Missouri Medicaid Enrollment Increases by 100,000 Since Start of COVID-19 Pandemic. *The St. Louis Post-Dispatch* reported on August 31, 2020, that Medicaid enrollment in Missouri hit 957,000 in July, an increase of about 100,000 since the start of the COVID-19 pandemic. Further growth is expected when the state implements a voter-approved Medicaid expansion, with a projected 230,000 eligible for coverage. [Read More](#)

Nevada

Nevada Releases Medicaid NEMT RFP. Nevada released a request for proposals (RFP) on August 19, 2020, for a single vendor to provide non-emergency medical transportation (NEMT) brokerage services to Medicaid recipients. The contract start date is contingent upon approval of the state Board of Examiners, which is anticipated for January 12, 2021. The contract would be for four years, with one optional, two-year renewal. Proposals are due September 25, 2020. Medical Transportation Management (MTM) currently holds Nevada's NEMT contract.

New Jersey

New Jersey Fiscal 2021 Revised Budget Includes \$336 Million Cuts to Medicaid. New Jersey Governor Phil Murphy released a revised fiscal 2021 budget proposal on August 25, 2020, including \$336 million in cuts to Medicaid and a \$19 million cut to charity care and graduate medical education. Medicaid savings would come from the managed care risk corridor, extension of enhanced federal match, MLTSS blended rate recalculation, and reduced Medicaid transportation utilization. Murphy is proposing a total \$40.1 billion budget for the state, covering the nine-month period from October 1, 2020 through June 30, 2021.

New York

Medicaid Plans With Low Spending, No Member Cost Sharing Struggle to Achieve Savings Without Sacrificing Care. *Healthcare Dive* reported on September 1, 2020, that Medicaid managed care plans with low spending and no member cost-sharing struggled to achieve savings without sacrificing care, according to a National Bureau of Economic Research study of 70,000 randomly assigned members in 10 New York City plans. The study found that these members used fewer high-value services such as diabetes and cancer screenings; fewer high-value drugs to treat diabetes, asthma and severe mental illnesses; and more low-value services. The study attempts to quantify whether narrow provider networks, low reimbursement rates, and other cost-control methods excluding cost-sharing can help drive utilization of low-cost, high-value care. The study notes, however, "similar to what happens when consumers face a high deductible, supply-side managed care tools appear to constrain virtually all types of care." [Read More](#)

New York Announces \$158 Million for Homeless Housing, Support Services. *Crain's New York* reported on September 1, 2020, that New York has released two requests for proposals (RFPs) totaling \$158 million for homeless housing and support services. The state's Homeless Housing and Assistance (HHA) Program is providing up to \$128 million in capital funding for projects to build supportive housing or emergency shelters. HHA will begin to accept applications on October 9, 2020. In addition, the Empire State Supportive Housing Initiative (ESSHI) is accepting proposals for up to \$30 million for supportive housing for individuals experiencing homelessness with special needs and other conditions. [Read More](#)

New York Exempts Children's HCBS From September 1 Medicaid Cuts. *Crain's New York* reported on August 28, 2020, that New York has exempted children's home and community-based services (HCBS) from a 1.5 percent Medicaid cut scheduled to take effect September 1. About 6,700 children receive behavioral health services from the program. [Read More](#)

North Carolina

North Carolina Is Hit With Another Lawsuit Over Medicaid Managed Care Procurement Process. *The Triangle Business Journal* reported on August 31, 2020, that Aetna filed another lawsuit against the North Carolina Department of Health and Human Services over the state's Medicaid managed care procurement process. The suit, filed in Wake County Superior Court, argues that the process was unfairly biased. Aetna, which was among three plans not awarded a contract, had initially filed a lawsuit with the state Office of Administrative Hearings. [Read More](#)

Judge Upholds Medicaid Managed Care Contract Award to BCBS-NC. *WRAL* reported on August 27, 2020, that North Carolina administrative law judge Tenisha Jacobs ruled that the state acted properly when it awarded a Medicaid managed care contract to Blue Cross Blue Shield of North Carolina. Jacobs dismissed claims by three losing bidders that the procurement process was flawed by conflicts of interest. The case has been appealed to Superior Court. [Read More](#)

Governor Calls for Medicaid Expansion, Medicaid Funding for Mental Health Treatment. *Eyewitness News 11* reported on August 26, 2020, that North Carolina Governor Roy Cooper issued a plea to expand Medicaid, with federal government covering 90 percent of costs and the rest paid by provider contributions, according to the proposed state fiscal 2021 budget. Expansion would cover a projected 600,000 individuals. Cooper also proposed funding mental health treatment with Medicaid funds. [Read More](#)

Ohio

Ohio Proposes Rules to Lock In Medicaid Telehealth Changes. *Cleveland.com* reported on September 1, 2020, that the Ohio Department of Medicaid (ODM) has proposed rules that would lock in recent changes to Medicaid telehealth regulations. The changes, which were put into place in response to COVID-19, have resulted in at least 200,000 Medicaid members using telehealth for mental health services. Another 395,000 members used telehealth for medical services. ODM filed the [request](#) with the Ohio Joint Committee on Agency Rule Review. [Read More](#)

Ohio Pharmacists Are Paid as Providers by Medicaid Plans for Patient Care Services. *APhA* reported on August 27, 2020, that Ohio pharmacists are beginning to get reimbursed as providers by Medicaid managed care plans for patient care services. Pharmacists use existing CPT codes to receive payment for services like evaluation and management, virtual check-ins, and transitional care management. Participating Medicaid plans include CareSource, Centene/Buckeye Health Plan, and UnitedHealthcare Community Plan of Ohio. A 2019 law recognizes pharmacists in the state as providers. [Read More](#)

Oregon

Oregon Medicaid Enrollment Has Grown 9.3 Percent Since March. *State of Reform* reported on August 25, 2020, that Oregon Medicaid enrollment increased by 9.3 percent since the start of the state's COVID-19 emergency declaration in March. Most of the increase can be attributed to federal restrictions on dis-enrollments during the pandemic. About 25 percent came from new enrollees. [Read More](#)

Pennsylvania

Pennsylvania Awards \$10 Million to 23 Entities to Develop Effective COVID-19 Vaccines, Treatments, and Therapies. Pennsylvania Governor Wolf announced on August 27, 2020, the 23 awardees who will receive \$10 million in grant funding through the COVID-19 Vaccines, Treatments, and Therapies Program to support the advancement in treating COVID-19 by qualified biotechnology entities in response to the pandemic. Of the 23 projects, \$6.8 million was awarded to 12 vaccine projects, \$1.2 million was awarded to five therapy projects, \$1.6 million was awarded to five treatment projects, and \$430,000 was awarded to a project that will support the build out of physical infrastructure. [Read More](#)

Pennsylvania Makes Progress on Baseline Universal Testing for Long-Term Care Facilities. The Pennsylvania Department of Human Services (DHS) announced on August 25, 2020, that 85 percent of personal care homes, assisted living residences, and private intermediate care facilities have completed universal baseline testing ahead of the August 31 deadline. The Regional Response Health Collaborative (RRHC) Program, a partnership to help facilities better assess the presence of COVID-19, supported nearly 2,000 facilities in Pennsylvania so far. Launched in July, the RRHC program was established to provide clinical support, technical assistance, and education to long-term care facilities as they work to prevent and mitigate the spread of COVID-19. The RRHC will continue to work with facilities. [Read More](#)

Pennsylvania Signs Renewal of Opioid Disaster Declaration and Naloxone Standing Order. Pennsylvania Governor Tom Wolf announced on August 18, 2020, that Secretary of Health Rachel Levine signed an updated naloxone standing order which permits community-based organizations to provide naloxone by mail. Separately, on August 19, Governor Wolf signed the 11th renewal of his January 2018 opioid disaster declaration. The opioid declaration allows for redirection and reorganization of commonwealth resources to align programs from multiple agencies to fight the opioid epidemic by loosening regulations and typical procedures. Pennsylvania is working to address the opioid crises through three areas: prevention, rescue, and treatment.

South Carolina

South Carolina Medicaid Enrollment Rises 4.9 Percent as of July. *Statehouse Report* reported on August 24, 2020, that Medicaid enrollment for South Carolina's Healthy Connections program rose nearly five percent to 1.09 million as of July 1, compared to March. The state attributes the increase to the COVID-19 pandemic. Separately, Democratic lawmakers are calling for Medicaid expansion. [Read More](#)

Utah

Utah Considers Medicaid Waiver to Provide Respite Care for Homeless Individuals. *The Standard-Examiner* reported on August 27, 2020, that Utah is considering a 1115 waiver for a Medicaid pilot program covering respite care for homeless individuals, including coverage of acute and sub-acute medical services. The pilot would start in Salt Lake County at a cost of \$1 million. [Read More](#)

Wisconsin

Wisconsin Rural Hospitals Face Financial Pressure Amid COVID-19 Crisis. *WisBusiness* reported on August 19, 2020, that rural hospitals in Wisconsin face continuing financial pressures related to COVID-19 even as most return to pre-pandemic service levels. Hospitals are also concerned over potential reductions in Medicare reimbursements for uninsured and underinsured patients. [Read More](#)

Wyoming

Wyoming to Cut Medicaid Provider Reimbursements by 2.5 Percent. *The Cowboy State Daily* reported on August 31, 2020, that Wyoming has finalized a 2.5 percent reduction in Medicaid provider reimbursements in fiscal 2021 as well as cuts to beneficiary benefits, a move state regulators warn could impact enrollment and access to care in the program. The provider cuts alone amount to about \$28.2 million in state funds plus another \$28.2 million in federal matching funds. The state also plans to transition 3,300 Children's Health Insurance Program (CHIP) beneficiaries to fee-for-service starting October 1 after receiving no responses to its request for proposals (RFP). Total cuts to the state Department of Health will be \$89.1 million, including \$3.7 million in cuts to the CHIP program. [Read More](#)

National

HHS Distributes \$2.5 Billion in Provider Relief Funds to Nursing Homes. The U.S. Department of Health and Human Services (HHS) announced on August 27, 2020, the distribution of nearly \$2.5 billion in provider relief funds to more than 15,000 nursing homes to support increased COVID-19 testing, staffing and personal protective equipment needs. The funds were authorized by the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act. An additional \$2.5 billion in distributions is planned. [Read More](#)

States Take Emergency Actions to Sustain Medicaid Long-Term Care. The Kaiser Family Foundation reported on August 26, 2020, that states are taking a number of emergency actions to sustain Medicaid long-term services and supports (LTSS) and address the impact of COVID-19 on seniors and individuals with disabilities. Nearly all states have streamlined enrollment processes, increased provider payment rates, and modified provider qualifications. Over half of states have expanded eligibility criteria and added a new LTSS benefit. Many state actions were adopted through temporary authorities that will expire after the public health emergency declarations end. [Read More](#)

CMS Issues Interim Rule to Strengthen COVID-19 Testing, Reporting Requirements at Nursing Homes, Hospitals. *Modern Healthcare* reported on August 25, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued an interim rule requiring nursing homes to routinely test staff and residents whenever there is a COVID-19 outbreak. Facilities and providers that do not comply could face fines of \$400 per day or more than \$8,000 per case. The rule also requires hospitals to report COVID-19 related data daily. There will be a 60-day comment period for the interim rule. [Read More](#)

Supreme Court to Hear Affordable Care Act Case After November Elections. *The Hill* reported on August 19, 2020, that the U.S. Supreme Court will hear a case concerning the constitutionality of the Affordable Care Act (ACA) on November 10, one week after the presidential election. A federal district judge in Texas struck down the law in 2018, but the ruling was put on hold while the case moved through the courts. [Read More](#)

State Medicaid Programs Look to Cut Costs to Ensure Adequate COVID-19 Vaccine Distribution. *Bloomberg Law* reported on August 20, 2020, that without additional federal funding, state Medicaid programs will likely look for ways to cut costs to ensure adequate COVID-19 vaccine distribution to beneficiaries when the public health emergency ends. States received a 6.2 percent increase in federal assistance to Medicaid programs in March and are considering cuts to provider rates and Medicaid benefits. [Read More](#)



INDUSTRY NEWS

Caregiver Acquires Pine Ridge-Pine Village, Inc. Caregiver, Inc., a provider of long-term care services and supports to individuals with intellectual and developmental disabilities, announced on September 1, 2020, the acquisition of Ohio-based provider Pine Ridge-Pine Village Inc. The acquisition marks Caregiver's expansion into southern Ohio. The company now operates in Georgia, Indiana, Ohio, Tennessee and Texas. [Read More](#)

The Columbus Organization Acquires Advocates in Action. The Columbus Organization, a provider of support coordination services for individuals with intellectual and developmental disabilities, announced on September 1, 2020, the acquisition of the support coordination assets of New Jersey-based provider Advocates in Action. [Read More](#)

Molina Completes Acquisition of Passport Health Medicaid, DSNP Lines of Business. Molina Healthcare announced on September 1, 2020, that it has completed its acquisition of Passport Health's Kentucky Medicaid and DSNP lines of business. Molina Healthcare of Kentucky, Inc. will cover Medicaid managed care benefits for 315,000 Medicaid members previously being served by Passport, effective September 1. Molina will continue to use the Passport name and has agreed to hire approximately 500 Kentucky-based employees. [Read More](#)

Averhealth Acquires Drug Testing Services Business of Treatment Assessment Screening Center. Averhealth announced on August 31, 2020, the acquisition of the drug testing services business of Arizona-based Treatment Assessment Screening Center. Averhealth, which is a portfolio company of private equity firm Five Arrows Capital Partners, provides substance use monitoring services. [Read More](#)

Caregiver Inc. Completes Acquisition of Georgia-based Soto ALG. Caregiver Inc. announced on August 31, 2020, that it has completed the acquisition of Georgia-based Soto ALG, a provider of support and health services to adults with special needs. The acquisition helps Caregiver expand into a fifth state. Caregiver currently serves more than 2,500 individuals in Texas, Indiana, Tennessee, and Ohio. [Read More](#)

Qualifacts, Credible Behavioral Health to Merge. Behavioral health technology companies Qualifacts and Credible Behavioral Health are merging, according to an August 25, 2020, announcement from private equity investors Warburg Pincus and Martis Capital. The combined company will be headed by David Klements, chief executive of Qualifacts, a Warburg portfolio company. Matthew Dorman, chief executive of Credible, a Martis portfolio company, will serve as strategic advisor. [Read More](#)

Hospital Margins Begin to Bounce Back, Report Finds. *Modern Healthcare* reported on August 24, 2020, that hospital operating margins increased by 24 percent in July, compared to June, according to an analysis of 800 hospitals by Kaufman Hall. Year-over-year margins were down 2 percent. The report attributed the month-over-month improvement to a backlog in demand for services that were shut down in the early months of the COVID-19 pandemic. [Read More](#)

Acorn Health Acquires ABA Assets of Concord Foundations Network. Applied Behavior Analysis (ABA) therapy provider Acorn Health announced on August 20, 2020, its acquisition of ABA therapy assets affiliated with Concord Foundations Network in Maryland, Michigan, Pennsylvania, Tennessee, and Virginia. Acorn now serves 1,200 families in seven states through a network of 35 clinics. [Read More](#)

Lyft Reports Positive Results from NEMT Program With Medicaid Plans. *Healthcare Dive* reported on August 19, 2020, that the results of a non-emergency medical transportation (NEMT) arrangement involving Lyft and AmeriHealth Caritas showed a 40 percent decrease in emergency room utilization and a 12 percent drop in ambulance use for 11,400 Medicaid members in Washington, DC, between April 2018 and April 2019, according to data from Lyft. Other arrangements with Centene and Amerigroup also improved access to care, Lyft reported. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
2020	Ohio	RFP Release	2,360,000
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

COMPANY ANNOUNCEMENTS

U.S. Infant Mortality Rate and Social Determinants of Health

HMA NEWS

Health Management Associates Acquires Health Policy Consulting Firm Burns & Associates. Today, Jay Rosen, founder and president of Health Management Associates (HMA), announced the firm's acquisition of Burns & Associates, Inc., an Arizona-based health policy consulting firm that specializes in innovative approaches to the financing and delivery of health care and human services. Burns & Associates, founded in 2006, works with states on policy analysis, financial modeling, rate setting, and program design, implementation, and evaluation. The Burns team has been on the cutting edge of service delivery and payment reform, and possesses robust analytics expertise. [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arkansas PASSE Medicaid Managed Care Enrollment is 45,806, Jul-19 Data
- California Dual Demo Enrollment is Up 1.6%, Jul-20 Data
- California Medicaid Managed Care Enrollment is Up 3.9%, Jul-20 Data
- Colorado RAE Enrollment is Up 16.9%, Jul-20 Data
- Illinois Dual Demo Enrollment is Down 4.5%, Jul-20 Data
- Illinois Medicaid Managed Care Enrollment is Up 12.4%, Jul-20 Data
- Massachusetts Dual Demo Enrollment is Up 12.3%, 2019 Data
- Maryland Medicaid Managed Care Enrollment Is Up 6.5%, Jul-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 13.7%, Aug-20 Data
- Mississippi Medicaid Managed Care Enrollment is Up 1.6%, Jun-20 Data
- Mississippi Medicaid Managed Care Enrollment is Up 2.9%, Jul-20 Data
- MLRs at Colorado Medicare Advantage MCOs Average 85.2%, 2019 Data
- MLRs at Washington Medicare Advantage MCOs Average 90.7%, 2019 Data
- MLRs at Wisconsin Medicare Advantage MCOs Average 83.6%, 2019 Data
- MLRs at Wisconsin Medicare Advantage MCOs Average 84.2%, 2018 Data
- Nevada Medicaid Managed Care Enrollment is Up 14.8%, Jul-20 Data
- Ohio Dual Demo Enrollment is Up 11.5%, Aug-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 9.7%, Jul-20 Data
- Oregon Medicaid Managed Care Enrollment is Up 9.6%, Jul-20 Data
- Oregon Medicaid Managed Care Enrollment is Up 9.6%, Jul-20 Data
- Rhode Island Dual Demo Enrollment is Down 8.0%, Aug-20 Data
- South Dakota HCBS Waiver Enrollment and Expenditures, 2012-19
- Utah Medicaid Managed Care Enrollment is Up 32.3%, Aug-20 Data
- Washington Medicaid Managed Care Enrollment is Up 5.7%, Jul-20 Data
- West Virginia Medicaid Managed Care Enrollment is Up 12.8%, Aug-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Modular Electronic Visit Verification RFB and Related Documents, 2020

- Arizona, Hawaii Electronic Visit Verification (EVV) System RFP, Proposals, Evaluation, and Award, 2019
- Arizona, Hawaii IV&V Contractor for Electronic Visit Verification Project RFP, Proposals, and Award, 2018
- Arizona, Hawaii Provider Management System RFP, Proposals, and Award, 2018
- Arkansas Medicaid Transformation Savings Scorecard and Quarterly Reports, 2018-20
- California Medi-Cal Managed Care RFI, Sep-20
- Connecticut Medical Assistance Program Oversight Council Meeting Materials, Jul-20
- DC Medicaid MCO Proposed Contracts, 2020
- DC Program for All-Inclusive Care of the Elderly (PACE) RFP, Aug-20
- Delaware Pre-Admission Screening and Resident Review (PASRR) RFP and Award, 2018-20
- Florida D-SNP Medicaid Agency Contract (SMAC), 2020-21
- Georgia Medical Management and Utilization Review Service RFP, 2015-16
- Iowa hawk-i Dental Contracts, SFY 2016-21
- Kansas Behavioral Administrative Services Organization RFP, Contract and Amendments, 2016-20
- Maine D-SNP Contracts, 2020-21
- Massachusetts Long Term Services and Supports Third-Party Administrator RFR, Proposals, Scoring, Contract and Other Related Documents, 2016
- Minnesota Health Care Services to Medical Assistance and MinnesotaCare Enrollees Through the Integrated Health Partnership Program RFP, Aug-20
- Missouri HealthNet Managed Care Contract Amendments and Renewals, 2020
- Montana Health Economic Livelihood Partnership (HELP) Third Party Claims ASO Contract, 2015-17
- Montana Medicaid Utilization Review and Management Services Contract, 2019-21
- Nevada Non-Emergency Medical Transportation (NEMT) RFP, Aug-20
- New Jersey D-SNP Contracts, 2016-19
- New Mexico Centennial Care 2.0 Waiver Renewal and Amendment Approvals and Other Related Documents, Jul-20
- North Dakota Medicaid Quality Improvement Organization (QIO) RFP and Model Contract, Aug-20
- Washington Medicaid Integrated Managed Care (IMC) - Expanded Access RFP, Model Contracts, and Awards, 2020
- Washington Medicaid Managed Care Model Contracts, 2020
- Wyoming Kid Care CHIP RFP (CANCELLED), May-20
- Wyoming Kid Care CHIP RFP and Contract, 2016-18

Medicaid Program Reports, Data and Updates:

- Arkansas Medicaid Transformation Savings Scorecard and Quarterly Reports, 2018-20
- Colorado Children's Health Plan Plus Caseload by County, Jul-20
- Colorado Medical Assistance & Advisory Council Meeting Materials, Aug-20

- Connecticut Medical Assistance Program Oversight Council Meeting Materials, Jul-20
- Louisiana COVID-19 Data Discrepancies Audit Report, Aug-20
- Louisiana Individual Behavioral Health Services Providers Billing More Than 12 Hours of Service Audit Report, Aug-20
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, FY 2020
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, Jul-20
- New Jersey Enacted Budget, SFY 2020
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, Jul-20
- New Jersey Governor's Revised Proposed Budget, FY 2021
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Oklahoma Medicaid Enrollment by Age, Race, and County, Jul-20 Data
- Pennsylvania HealthChoices HEDIS Performance Measures Rate Charts, 2015-19
- Pennsylvania HealthChoices Physical Health Rate Development and Certification, CY 2019-20
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Aug-20
- South Dakota Individuals Eligible for Medicaid by Age and County, 2015-19, Jun-20
- Washington Enacted Budget, SFY 2019-21
- Wyoming Enacted Budget, SFY 2020
- Wyoming Governor's Proposed Biennium Budget, FY 2020-22

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

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