HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

August 5, 2020

RFP CALENDAR

HMA News

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THIS WEEK

IN FOCUS

REGULATORY CHANGES TO MEDICARE IN RESPONSE TO COVID-19

This week, our *In Focus* section examines how the federal government implemented changes to the Medicare program in response to COVID-19. As the COVID-19 pandemic began in the United States, Congress and the Administration responded with a series of legislative, regulatory, and sub-regulatory changes to the Medicare program that were designed to provide relief from certain Medicare rules to assist health care providers, Medicare Advantage organizations, and Part D plans in responding to the pandemic. Some of these changes waived conditions of Medicare participation to enable patients to be treated in alternative care settings. Others permitted physicians

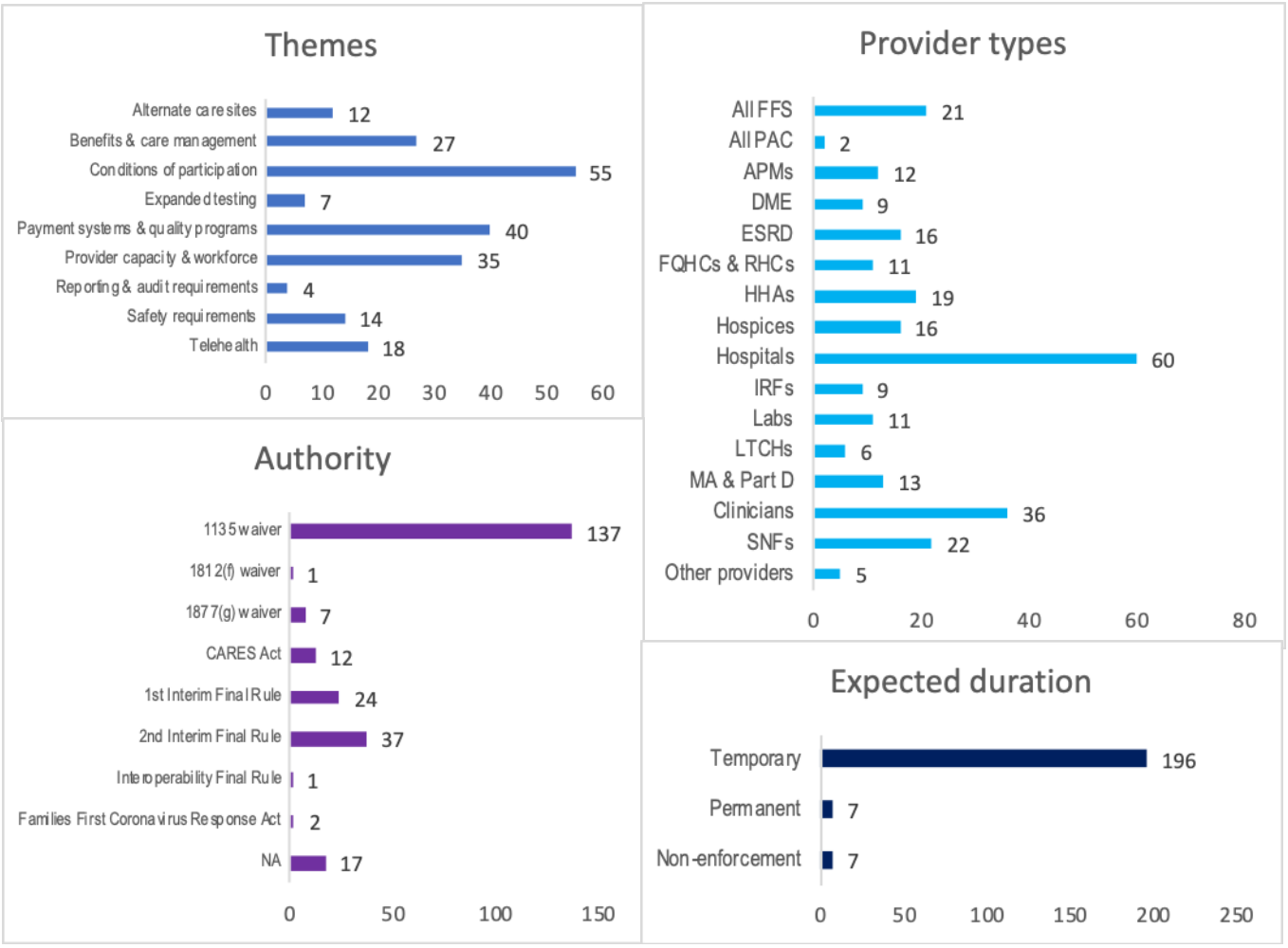
and other providers to receive Medicare reimbursements for telemedicine services.

Between January 1 and July 24, 2020, Congress and the administration modified more than 200 Medicare policies. The Centers for Medicare & Medicaid Services (CMS) issued sub-regulatory guidance on a near weekly basis during this time to provide flexibility to providers and Medicare plans.

Health Management Associates (HMA) cataloged the array of COVID-19-related regulatory changes during this time period and categorized them according to their characteristics, including types of providers and plans affected, effective date, and expected duration. This information is available in the companion policy tracker available here.

Our analysis found that actions taken by Congress and the Administration in response to the COVID-19 pandemic affected virtually all types of health care providers and health plans that participate in the Medicare program. We depict characteristics of COVID 19-related regulatory changes in Exhibit 1 and summarize findings in the paragraphs that follow.

Exhibit 1. Characteristics of COVID-19-related Regulatory Changes



Note: There were 212 total regulatory changes. The number of changes by provider type and authority are greater than the total number of regulatory changes as each change could affect more than one type of provider and be included in more than one change action. "Non-enforcement" changes are those where CMS indicated that the agency was not changing existing regulations but would temporarily cease to enforce the regulations.

*Abbreviations: Alternative payment model (APM), durable medical equipment (DME), end-stage renal disease (ESRD), federal qualified health centers (FQHCs), fee-for-service (FFS), home health agency (HHA), inpatient rehabilitation facility (IRF), long-term care hospital (LTCH), Medicare Advantage (MA), post-acute care (PAC), rural health clinic (RHC), skilled nursing facility (SNF).

Themes. We organized the policies into nine themes. According to our categorization, the actions of Congress and the Administration primarily addressed conditions of participation requirements for Medicare providers (55). The next most common themes were payment systems and quality programs (40) and provider capacity and workforce (35).

Provider Types. To date, efforts have focused on hospital providers, accounting for 60 of the 212 policy actions.

Authority. Most policies (145) were implemented through the Depart of Health and Human Services' various waiver authorities (Exhibit 1). CMS implemented 61 changes through two interim final rules with comment periods.

Expected Duration. Nearly all the policy actions (203) are currently expected to be temporary, absent further Congressional or administration action. Seven of the actions were not direct changes to or waivers of regulations; instead, CMS indicated that it would not enforce the existing regulations for a limited time. While most COVID-19-related regulatory changes were declared to be temporary when they were announced, the administration has indicated plans to make some permanent. Changes that have proven popular with providers and patients are likely candidates, such as expanded reimbursement for telemedicine services.

The full issue brief and companion policy tracker can be found here. For more information on the changes discussed here or other Medicare and COVID-19 policy questions, please contact Jennifer Podulka or Jonathan Blum.

HMA Information Services Adds Medicare Advantage Competitive Data, State Profiles

HMA Information Services (HMAIS) is pleased to announce the expansion of its industry-leading healthcare information website to include information and state-by-state profiles of the market for Medicare Advantage and Special Needs Plans (SNPs).

Nearly 2,000 industry executives already utilize HMAIS for the latest information on Medicaid managed care, including enrollment, plan financials, RFPs, waivers, and programs for various eligibility categories (e.g., TANF, CHIP, duals, ABD, long-term care, expansion, and behavioral health). HMAIS is also home to an unrivaled public documents library, containing Medicaid RFPs, responses, model contracts, scoring sheets, and a wide variety of federal and state Medicaid reports, notices, and databases.

New Medicare Advantage Features

"It's been gratifying to see how our current mix of information has become an integral part of the strategic planning, business development, and marketing efforts of HMA's many clients over the six years since we launched the service," said Carl Mercurio, principal and publisher. "The addition of Medicare-related resources will dramatically expand the breadth and depth of information on government-sponsored healthcare available through HMAIS." Among the new features HMAIS is announcing include:

1. Medicare Advantage and SNP Enrollment Tools, which allow users to obtain up-to-date Medicare Advantage and SNP enrollment by state and for leading plans.
2. State-by-state Medicare Advantage competitive profiles, which provide plan-by-plan market share, total Medicare vs. Medicare Advantage enrollment, and data on SNPs, dual demonstrations, and other programs aimed at seniors.
3. Duals Demonstration coverage, including updates on state-by-state initiatives, enrollment, and market share.

For more information about HMAIS, to see a demo, or to subscribe, contact Carl Mercurio at cmercurio@healthmanagement.com or (212) 575-5929.

HMA Medicaid Roundup

California

California Medi-Cal to Amend Certain Contracts to Address Racial Disparities. *Kaiser Health News* reported on July 30, 2020, that California's Medicaid program Medi-Cal is planning to amend certain contracts and use performance reviews to help address racial disparities in healthcare, according to Will Lightbourne, director of the California Department of Health Care Services. Lightbourne said racial disparities in COVID-19 deaths are "blindingly clear" and point to broader inequities in the healthcare system. Latinx individuals account for 45.6 percent of COVID-19 deaths but make up 38.9 percent of the population in California, while black individuals account for 8.5 percent of the deaths but make up 6 percent of the population. Read More

Florida

Florida Medicaid Plans Pay $2 Million in State Sanctions in Fiscal 2020. *News4Jax* reported on August 4, 2020, that 13 Florida Medicaid plans paid more than $2 million in state sanctions in fiscal 2020 for failing to adhere to certain contract requirements, according to data released by the state. Read More

Florida Medicaid Enrollment to Rise 14 Percent to Nearly 4.4 Million. *Health News Florida* reported on August 4, 2020, that Florida Medicaid enrollment will rise 14.3 percent to nearly 4.4 million members, according to economists attending a meeting of the state Medicaid Social Services Estimating Conference. The increase, which is the largest in recent history, is attributed to the COVID-19 pandemic. Read More

Kentucky

Kentucky Health Exchange Likely to Begin Enrollment in 2021. *Public News Service* reported on July 29, 2020, that Kentucky Governor Andy Beshear announced plans to bring back the state-based Kynet health insurance Exchange, with open enrollment likely to begin in fall 2021. The cost to revive Kynet is estimated to be $5 million plus operating costs, which is lower than the $10 million per year the state now pays to utilize the federal Healthcare.gov Exchange. Kentucky shifted from Kynet to Healthcare.gov in 2017. Read More

Maine

Maine Budget Committee Projects $524 Million Revenue Shortfall in Fiscal 2021. *The Bangor Daily News* reported on July 29, 2020, that the Maine legislature's budget committee projected a revenue shortfall of $524 million in fiscal 2021 and up to $1.4 billion over the next three years. However, the fiscal 2021 shortfall is likely to be partially offset by a $106 million surplus, according to Senator Cathy Breen (D-Falmouth), who is committee co-chair. The state also has $258 million in rainy day funds. Read More

Missouri

Missouri Voters Approve Medicaid Expansion Ballot Measure. *Politico* reported on August 5, 2020, that voters in Missouri approved a Medicaid expansion ballot measure, which requires the state to expand by July 2021. An estimated 230,000 individuals will be eligible for coverage. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Introduces Bills to Improve Long-term Care. *Insider NJ* reported on August 2, 2020, that New Jersey Senator Joseph Vitale (D-Middlesex) and Assemblywoman Valerie Vainieri Huttle (D-Bergen) announced the submission of several bills to address deficiencies in the state's long-term care delivery system, as exposed by COVID-19. Eight bills are a part of the package responding to the findings in a recent Manatt Health report which assessed New Jersey's long-term care facilities and their response to the pandemic. The bills include:

- **S-2790/A-4476**: Introduces requirements for the state's preparedness and response to public health emergencies affecting long-term care facilities and creates a Long Term Care Emergency Operations Center in the New Jersey Department of Health
- **S-2789/A-4477**: Revises licensure, operational, and reporting requirements for long-term care facilities
- **S-2786/A-4483**: Allows employees in long-term care to earn paid sick leave
- **S-2759/A-4478**: Establishes a system of actions and penalties for long-term care facilities that do not comply with state and federal requirements; creates reporting requirements; creates a Long-Term Care Facility Advisory Council to advise the Department of Health
- **S-2788/A-4479**: Establishes a one-time payment to long-term care staff who provide a higher volume of direct care services to residents during the pandemic
- **S-2758/A-4482**: Raises the minimum wage of direct care staff in long-term care facilities to exceed the state minimum wage by $3.00, with annual COL adjustments
- **S-2787/A4481**: Creates a New Jersey Task Force on Long Term Care Quality and Safety
- **S2791/A-4480**: Requires the Department of Human Services to assess state requirements for Medicaid MCOs. Read More

New York

HMA Roundup – Cara Henley (Email Cara)

New York Medicaid Enrollment Rises 4.3 Percent From February through May. *Crain's New York* reported on July 30, 2020, that Medicaid enrollment in New York rose 4.3 percent to 6.3 million beneficiaries from February to May, the fastest rate of growth in six years. New York Governor Andrew Cuomo projects a $14 billion revenue shortfall for fiscal 2021, and warns that if the state does not receive additional federal dollars to offset losses it would need to cut spending by 20 percent. Cuomo is urging Congress to include $500 billion in aid to state governments as part of an upcoming COVID-19 relief bill. Read More

Ohio

Ohio Releases Prior Version of Medicaid PBM Study. *The Columbus Dispatch* reported on August 2, 2020, that Ohio Medicaid officials have released a prior version of a study on the performance of the state's pharmacy benefit management "pass-through" pricing model. The prior version, released to the *Columbus Dispatch*, includes additional, detailed data on the performance of each of the state's five Medicaid managed care organizations excluded from the final version released publicly in September 2019. The additional information, which the state says was redacted "to protect proprietary information," reduced the size of the final report from 27 to 20 pages. Read More

Pennsylvania

Pennsylvania Holds Medical Assistance Advisory Committee Meeting. The Pennsylvania Medical Assistance Advisory Committee (MAAC) met on July 23, 2020. Their next meeting will be held September 24, 2020.

OMAP Update

Office of Medical Assistance Program (OMAP) Deputy Secretary Sally Kozak provided an update on the following items.

- HealthChoices procurement. MCOs have been notified of awards; however, given bid protests, the Department in unable to answer any questions or comment at this time.
- The Department of Human Services issued a Request for Expressions of Interest (RFEI) on July 7, 2020 for the development and implementation of a statewide Resource and Referral Tool. The Resource and Referral Tool is to be used to assist individuals with obtaining meaningful information and access to services they need to achieve overall wellbeing, positive health outcomes, and financial self-sufficiency.
- The Department of Health and Human Services (HHS) extended the deadline for the most recent round of funding for the Provider Relief Fund to August 3, 2020. Deputy Secretary Kozak encouraged providers to apply for the funding. The most recent communication from the Centers for Medicare & Medicaid Services (CMS) identified that as of July 15, 2020, there were 362 eligible Medicaid and Children's Health Insurance Program

providers in Pennsylvania who had applied for the funding out of a total of 83,879 eligible providers.

OLTL Update

Office of Long Term Living OLTL Deputy Secretary Jamie Buchenauer addressed these items.

- The 1915(c) Waiver Appendix K Transition Plan was issued by OLTL on June 26, 2020. As the COVID-19 response evolves, the guidance is subject to change.
- The Legislature approved $175 Million to establish the Regional Response Health Collaboration Program (RRHCP) through funds received via the CARES Act in May 2020. In June, the Department of Human Services announced an opportunity for health systems to participate in a Request for Application (RFA) to establish the RRHCP program. The Department began conducting orientation and training for the selected health systems on July 16, 2020.

ODP Update

Office of Developmental Programs (ODP) Deputy Secretary Kristin Ahrens made the following announcements.

- ODP has begun working on the Adult Autism Waiver (AAW) renewal application as the current waiver expires on June 30, 2021. This timetable will allow for public comment and information gathering to help finalize the waiver application.
- ODP received CMS approval for the second Appendix K submissions, which deals with the Intellectual Disability ID/A Waiver and with AAW. All Appendix K flexibilities for ODP will expire on March 10, 2021.
- Direct Support Professional coverage in hospital settings expanded for non-COVID related hospitalizations are effective July 1, 2020.

Texas

Texas Governor Announces Extension of Medicaid, CHIP Flexibilities Into October. *NBC DFW* reported on July 30, 2020, that Texas Governor Greg Abbott announced that the state will extend Medicaid and Children's Health Insurance Program (CHIP) flexibilities through October 23, 2020. The flexibilities, which were implemented in response to COVID-19, include telehealth services, suspension of certain provider requirements, and the extension of timelines for appeals and fair hearings. Read More

Virginia

Virginia Hospitals, Physicians File Federal Lawsuit Over Medicaid Rate Cuts For Emergency Room Visits. *The Richmond Times-Dispatch* reported on August 3, 2020, that a coalition of Virginia hospitals and physicians filed a federal lawsuit over state budget cuts they say will result in $55 million in reduced payments for emergency room visits. The Virginia Hospital & Healthcare Association, the Medical Society of Virginia, and the Virginia College of Emergency argue that the cuts will disproportionately impact low-income and minority communities. The General Assembly approved the cuts on April 22. Read More

Washington

Washington Announces IMC Expanded Access Awards. On July 29, 2020, Washington awarded Integrated Managed Care (IMC) Expanded Access contracts to Centene/Coordinated Care of Washington for the Southwest Regional Service Area (RSA) and to Community Health Plan of Washington for the North Central and Pierce RSAs. The state will not add any additional MCOs at this time to the Great Rivers, Salish, Spokane, or Thurston-Mason RSAs. The RFP, which was released in April 2020 to the five incumbent Medicaid managed care organizations (MCOs), sought to expand the number of MCOs operating in the seven RSAs that had less than five plans. The contracts will be effective from January 1, 2021, to December 31, 2021, with up to two optional one-year extensions. Incumbent plans for the state are Anthem/Amerigroup, Community Health Plan of Washington, Centene/Coordinated Care of Washington, Molina, and UnitedHealthcare.

National

Pause in Medicaid Eligibility Redeterminations Drives Enrollment Growth. *Modern Healthcare* reported on August 4, 2020, that recent increases in Medicaid enrollment are driven by states pausing Medicaid eligibility redeterminations, rather than by newly unemployed. Leading health plans attributing second quarter Medicaid enrollment growth to the pause in eligibility redeterminations include Anthem (7.4 percent), Centene (6 percent), and Molina (5.1 percent), and UnitedHealthcare (5.6 percent). "The biggest question is when and how big is Medicaid enrollment growth going to be as a result of job losses and the economic downturn?" said Lindsey Browning, program director of Medicaid operations at the National Association of Medicaid Directors. Read More

CMS Proposes Further Cut to 340B Hospital Reimbursements. *CQ Health* reported on August 4, 2020, that the Centers for Medicare & Medicaid Services (CMS) proposed cutting hospital 340B reimbursements by 34.7 percent in 2021, compared to an earlier proposed cut of 28.5 percent. The move follows a favorable federal appeals court ruling concerning CMS' authority to institute the cuts. Read More

Trump Administration Moves to Make Certain Medicare Telehealth and Scope of Practice Flexibilities Permanent. *Modern Healthcare* reported on August 3, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued a proposal to permanently allow Medicare providers to use telehealth for certain evaluation and management services and to temporarily continue telehealth services for emergency department visits until the year the public health emergency (PHE) ends. The proposal follows an executive order from President Trump to continue coverage of expanded telehealth services following the pandemic. In addition to telehealth changes, CMS also solicits feedback on proposals to make permanent certain scope of practice flexibilities implemented during the PHE. Other proposed changes would impact national coverage determinations, 2021 rate calculations under the physician fee schedule, and Medicare Shared Savings Program (MSSP) quality performance standard and quality reporting requirements for performance years beginning on January 1, 2021. Comments on the proposed rules are due October 5. Read More

CMS Finalizes 2.2 Percent Increase for Skilled Nursing Facilities in 2021. *Modern Healthcare* reported on July 31, 2020, that the Centers for Medicare & Medicaid Services (CMS) finalized a 2.2 percent increase for skilled nursing facilities (SNF) in 2021. The increase, which amounts to about $750 million, is less than the 2.7 percent recommendation in the proposed rule given the economic fallout of COVID-19. Others changes in the final rule include a 5 percent cap on wage index decreases, adjustments that will reduce annual payments to value-based purchasing programs, and changes to case-mix classification code mappings under the SNF prospective payment system. Read More

Part D Drug Premiums to Rise 1.7 Percent in 2021. *Modern Healthcare* reported on July 29, 2020, that average Medicare Part D premiums will increase 1.7 percent to $30.50 in 2021, according to the Centers for Medicare & Medicaid Services (CMS). Since 2017, Part D premiums have been down around 12 percent, CMS says. New initiatives for next year include a voluntary program in which more than 1,600 standalone prescription drug plans will offer Medicare beneficiaries insulin at a maximum copayment of $35 for a month's supply. Read More

Industry News

Teladoc, Livongo to Merge in $18.5 Billion Deal. *Fierce Healthcare* reported on August 5, 2020, that publicly-traded Teladoc Health and Livongo have announced a definitive merger agreement valued at $18.5 billion. Livongo shareholders will receive about 0.59 shares of Teladoc Health plus $11.33 in cash for each Livongo share. Teladoc shareholders will own approximately 58 percent of the combined company, which will retain the Teladoc name and continue to be led by current Teladoc chief executive Jason Gorevic. Livongo shareholders will own the remaining 42 percent. The combined company is expected to reach $1.3 billion in revenues and adjusted earnings before interest, taxes, depreciation, and amortization of $120 million in 2020. The transaction is expected to close by the end of 2020. Read More

RFP Calendar

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

COMPANY ANNOUNCEMENTS

MCG Health Launches Machine Learning Solution to Help Hospital Systems Prioritize Case Workload

HMA News

Health Management Associates, HealthEC Announce New Collaboration. Health Management Associates and HealthEC announced this week that the two firms have engaged in an effort designed to accelerate improvements in health care service delivery and outcomes. Read more

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Georgia Medicaid Management Care Enrollment is Up 14.1%, Jul-20 Data
- Illinois Dual Demo Enrollment is Down 4.2%, Jun-20 Data
- Illinois Medicaid Managed Care Enrollment is Up 5.8%, Jun-20 Data
- Iowa Medicaid Managed Care Enrollment is Up 6.4%, Jul-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 12.1%, Jul-20 Data
- MLRs at Arizona Medicaid MCOs Average 90%, 2019 Data
- Texas Medicaid Managed Care Enrollment is Up 3.5%, May-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Florida Statewide Medicaid Managed Care Dental Model Contract, Feb-20
- Florida Statewide Medicaid Managed Care Model Contract, Feb-20
- South Dakota Health Home Performance Analysis RFP, Jul-20
- Washington Medicaid Integrated Managed Care (IMC) – Expanded Access RFP, Model Contracts, and Awards, 2020

Medicaid Program Reports, Data and Updates:

- Alaska CAHPS Health Plan Survey RFP, July-20
- Alaska Medicaid Demographics, Jun-20
- Arizona AHCCCS 1115 Waiver Documents, 2015-19
- Arizona Hospital Assessment Report, SFY 2020OK Medicaid Enrollment by Age, Race, and County, Jun-20 Data
- Arizona LTC Home and Community Based Services Annual Reports, 2012-19
- Arizona Medicaid Health Plan Operations Dashboard RFI, Jul-20
- Arkansas Tax Equity and Fiscal Responsibility Act 1115 Waiver Documents, 2015-19
- Delaware Diamond State Health Plan 1115 Waiver Documents, 2014-19
- Florida Annual External Quality Review Reports, 2014-20
- Florida Medicaid Retroactive Eligibility Legislative Report, Jan-20
- Florida Medicaid MCO Administrative Subcontractors and Affiliates, 2019
- Georgia Medicaid and PeachCare Managed Care Program Integrity Audit Report, Jul-20
- Iowa Wellness Plan 1115 Waiver Documents, 2013-19
- Maine Medicaid Expansion Enrollment by County, Jul-20 Data
- New Hampshire Medicaid Managed Care Capitated Rate Certifications, 2013-21
- Pennsylvania 1332 Reinsurance Program Waiver Approval, 2020
- Pennsylvania 1915(c) Community HealthChoices Home and Community-Based Waiver & Related Documents, 2020
- Pennsylvania HealthChoices Medicaid Expansion Enrollment, Jul-20

- Pennsylvania HealthChoices Performance Trending Reports, 2017-19
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Jul-20
- Texas Medicaid Managed Care Financial Statistical Reports for STAR, STAR Kids, STAR+PLUS, CHIP, and MMP, FY 2020
- Texas Medicaid Managed Care Financial Statistical Reports for STAR, STAR Kids, STAR+PLUS, CHIP, and MMP, FY 2019
- Vermont EQRO Annual Technical Reports, 2015-20
- Washington Medicaid Title XIX Advisory Committee Meeting Materials, Jul-20
- West Virginia Children's Health Insurance Program (CHIP) Annual Report, 2018-19

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

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- RFP calendar

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