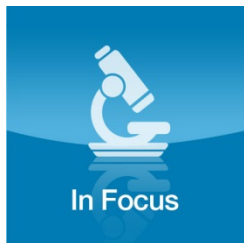


HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in State Health Policy

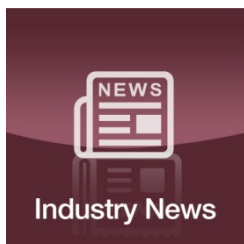
..... November 7, 2018



In Focus



HMA Roundup



Industry News

[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: FLORIDA STATEWIDE MEDICAID MANAGED CARE (SMMC) AWARDS**
- IDAHO, NEBRASKA, UTAH VOTERS APPROVE MEDICAID EXPANSION BALLOT MEASURES
- NEW YORK PUBLISHES INPATIENT AND NURSING HOME MEDICAID RATE INCREASE
- TEXAS-BASED SCOTT AND WHITE HEALTH PLAN TO ACQUIRE FIRSTCARE HEALTH PLANS
- CALIFORNIA FACES INVESTIGATION FOLLOWING REPORT OF INADEQUATE PRISON MENTAL HEALTH CARE
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- MIDTERM ELECTION RESULTS ARE BOOST FOR MEDICAID EXPANSION
- BAYMARK HEALTH SERVICES ACQUIRES SPECIALCARE HOSPITAL MANAGEMENT
- COMMUNITY HEALTH SYSTEMS COMPLETES DIVESTITURE OF SPARKS HEALTH SYSTEM
- **NEW THIS WEEK ON HMA INFORMATION SERVICES (HMAIS)**

IN FOCUS

FLORIDA STATEWIDE MEDICAID MANAGED CARE (SMMC) AWARDS

This week, our *In Focus* section comes to us from Principal Elaine Peters (HMA - Florida), who reviews the recent re-procurement by the Florida Agency for Health Care Administration (AHCA) of its Statewide Medicaid Managed Care (SMMC) health and dental plans. The SMMC program currently has two key program components: Long-Term Care (LTC) and Managed Medical Assistance (MMA). The new SMMC program changes the two components to: Integrated MMA and LTC and Dental. The 2016 Legislature “carved out”

dental services from MMA plans and new dental plans will be responsible for providing dental services to eligible members.

The SMMC program was fully implemented on August 1, 2014 under 5-year contracts ending December 2018. The Medicaid program currently serves 3.9 million beneficiaries of which approximately 3.1 million are enrolled in 16 Medicaid managed care plans. Estimated total Medicaid program spending is \$27.6 billion, of which \$17.7 billion is for services provided through managed care plans during FY 2018-19.

SMMC Health Plans

AHCA released the rebid Invitation to Negotiate (ITN) on July 14, 2017, for 5-year contracts (contract term through September 30, 2023). The ITN included separate and simultaneous regional procurements for each of the 11 regions for managed care health plans. The ITN described the following three goals:

- Reduce potentially preventable inpatient and outpatient hospital events, and unnecessary ancillary services
- Improve birth outcomes
- Rebalance long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of an institution

SMMC Health Plan	
Activity	Date/Time
ITN released	7/14/2017
Responses due	11/1/2017
Negotiations	1/16/2018 - 3/30/2018
Initial awards	4/24/2018
Additional awards	5/31/2018
Additional awards	6/12/2018
Additional awards	6/19/2018

The ITN included four types of plans and corresponding contracts. The initial SMMC program had separate MMA and LTC programs. Under the rebid ITN, enrollees with both LTC and MMA service needs will now receive all services through one health plan. The four types of contracts under the rebid ITN are Comprehensive plans, LTC Plus plans, MMA plans, and Specialty plans. See table below for services provided and populations served.

Type of Plan	Description
Comprehensive	MMA to all members, LTC to LTC eligible members
LTC Plus	Serves only LTC members providing all MMA and LTC services
MMA	Serves MMA eligible only members
Specialty	Serves MMA eligible only members within defined specialty populations

Source: Agency for Health Care Administration

Additionally, the SMMC program statutorily requires at least one plan in a region be a Provider Service Network (PSN) if any PSN submits a responsive bid as determined by AHCA.

There will be a wide range of expanded benefits available at no cost to the state, a commitment to higher performance by plans, and enhanced access to providers through expanded telemedicine services. Plans must also provide the following newly covered services that were previously fee-for-service:

- Early Intervention Services (EIS)/ Early Steps
- Medical Foster Care
- Targeted Case Management (TCM)
- Nursing Facility Services for Managed Medical Assistance

Responses from health plans were due November 2017 and were evaluated, scored and ranked. They were ranked by plan type with AHCA selecting a predetermined number of top-ranked respondents to enter into negotiation with the state. Negotiations occurred over a three-month period from January 16, 2018 through March 30, 2018. The negotiation team did not use the evaluation scores to determine best value. Negotiations resulted in contract terms and conditions determined to be the best value to the state, including but not limited to price/cost, quality, design, and service delivery. Initial contract awards were announced on April 24, 2018. Additional awards were made pursuant to settlement agreements on May 31, 2018, June 12, 2018, June 19, 2018 and September 7, 2018.

The following table reflects the awards by plan type and region. There are several new plans, Florida Community Care (LTC Plus), Lighthouse Health Plan (MMA), Miami Children's (MMA) and Vivida Health (MMA).

SMMC Health Plans											
Awards Included in Intents to Award Posted through 9/7/18											
Plan Type	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
Comprehensive Plans											
Aetna Better Health						X	X				X
Humana Medical Plan	X	X	X	X	X	X	X	X	X	X	X
Molina Health Care								X			X
Simply Health Care					X	X	X			X	X
Staywell	X	X	X	X	X	X	X	X	X		X
Sunshine Health	X	X	X	X	X	X	X	X	X	X	X
United Health Care			X	X		X					X
LTC Plus Plans											
Florida Community Care (PSN)	X	X	X	X	X	X	X	X	X	X	X
Managed Medical Assistance Plans											
Community Care Plan (PSN)										X	
Lighthouse Health Plan (PSN)	X	X									
Miami Children's (PSN)									X		X
Prestige									X		X
Vivida Health (PSN)								X			
Specialty Plans											
Children's Medical Services Plan	X	X	X	X	X	X	X	X	X	X	X
Clear Health Alliance (HIV/AIDS)	X	X	X	X	X	X	X	X	X	X	X
Magellan - Serious Mental Illness				X	X		X				
Staywell - Serious Mental Illness	X	X	X	X	X	X	X	X	X	X	X
Sunshine Health - Child Welfare	X	X	X	X	X	X	X	X	X	X	X
SMMC Enrollment (August 2018)	105,653	114,648	267,627	320,045	186,882	431,927	411,650	204,830	270,672	261,081	495,175

Source: Agency for Health Care Administration

Dental Health Plans

AHCA released the ITN on October 16, 2017, to provide services under the SMMC Dental Health Program. All dental services will be provided through managed care and there will no longer be fee-for-service dental services. All Medicaid beneficiaries (with very limited exceptions) will be required to enroll in a dental health plan with limited exceptions. Like SMMC health plans, dental health plans are 5-year contracts (contract term through September 30, 2023). Dental health plans will operate statewide with each dental plan operating in all eleven regions of the state. The ITN described the following two goals:

SMMC Dental Health Plan	
Activity	Date/Time
ITN released	10/16/2017
Responses due	2/9/2018
Negotiations	5/1/2018 - 5/31/2018
Intent to award	6/28/2018

- Reduce potentially preventable dental-related hospital events

- Improve access to preventive dental services

Proposals from dental plans were due January 12, 2018. The state used an evaluation process similar to the one used for health plans plan selection to evaluate, score and rank dental health plans. AHCA’s intent was to invite the top six ranking respondents to negotiation. A total of eight dental health plans submitted responses. Negotiations occurred over a one-month period from May 1 through May 31, 2018 resulting in the award of three statewide dental health plan contracts on June 28, 2018.

SMMC Dental Plans Awards Posted 6/28/18											
Plan	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
Denta Quest	X	X	X	X	X	X	X	X	X	X	X
Liberty	X	X	X	X	X	X	X	X	X	X	X
MCNA Dental	X	X	X	X	X	X	X	X	X	X	X

Source: Agency for Health Care Administration

Dental health plans will provide a minimum set of covered services to children and adults. Additionally, all dental plans are providing expanded benefits for adults that include preventive, diagnostic, restorative, periodontics, oral and maxillofacial surgery and other services. Enrollees will have enhanced access to providers through expanded teledentistry. Dental plans have also committed to higher performance targets.

Dental plans will coordinate service provision with health plans. Dental plans cover non-emergency (scheduled) dental services in a facility, dental services with sedation in an office setting and dental services without sedation in an office setting, County Health Department (CHD), or Federally Qualified Health Center (FQHC). Health plans cover emergency dental services in a facility, non-emergency anesthesiologist and ancillary services in a facility, anesthesiologist when required for sedation, dental services provided by a non-dental provider, pharmacy and transportation.

Implementation of Health and Dental Plans

Implementation of the new contracts will occur over a three-phased schedule: Phase 1- December 1, 2018; Phase 2 - January 1, 2019; and Phase 3 - February 1, 2019. See below schedule by region and county.

SMMC Health and Dental Plan Roll-out Schedule			
	Transition Date	Regions Included	Counties
Phase 1	December 1, 2018	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
		10	Broward
		11	Miami-Dade, Monroe
Phase 2	January 1, 2019	5	Pasco, Pinellas
		6	Hardee, Highlands, Hillsborough, Manatee, Polk
		7	Brevard, orange, Osceola, Seminole
		8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
Phase 3	February 1, 2019	1	Escambia, Okaloosa, Santa Rosa, Walton
		2	Bay, Calhoun, Franklin. Gadsden, Gulf, Holes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
		3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
		4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

Source: Agency for Health Care Administration

Transition

Medicaid recipients will be sent a letter approximately 45 days prior to the transition date for their region letting them know their plan assignment or they can contact Choice Counseling if they wish to make a different plan choice.

- Health Plans - Beneficiaries will be assigned to their current health plan if their current health plan was awarded a contract in their region. Beneficiaries will be assigned to a new health plan if their current contract was not awarded a contract. They may accept the assignment or choose a different plan and are given a 120-day change period from the start of the transition to change plans.
- Dental Plans - All beneficiaries will be assigned to a dental plan. If one of the three awarded dental plans was previously the dental subcontractor for a recipient’s MMA plan, they will be assigned to that dental plan. They may change plans if they choose and will have approximately 45 days to contact Choice Counseling if they wish to make a different plan choice. Beneficiaries are also given a 120-day change period from the start of the transition to change plans.

Continuity of Care

Health plans are required to honor any ongoing treatment authorized prior to a beneficiary’s enrollment into the plan for up to 60 days after SMMC contracts start in each region. The plans must pay providers for previously authorized services and allow beneficiaries to continue to receive prescriptions through their current provider. Dental plans must honor any ongoing treatments authorized prior to a beneficiary’s enrollment for at least 90 days after the dental program starts in each region and pay providers for those treatments.

Children’s Medical Services Managed Care Plan

AHCA has a statewide contract with the Department of Health, Children’s Medical Services, to serve children with chronic conditions through the Children’s Medical Services (CMS) Specialty managed care plan. This contract is statutorily exempt from the SMMC procurement requirements and requires the CMS managed care plan meet all other health plan requirements for the MMA program.

CMS developed a new model going forward and released an ITN on January 30, 2018 to provide services for SMMC and CHIP to serve approximately 62,000 children. The intent was to award one statewide contract with the ability to award more than one contract based on regional clusters. The contract term is for 5 years, January 1, 2019 through September 30, 2023. The ITN described the following goals:

- Reduce potentially preventable inpatient and outpatient hospital events, and unnecessary ancillary services
- Culturally competent, linguistically appropriate, family centered, and participant driven care
- Care that is evidence based, where possible and evidence-informed or based on promising practice when evidence-based approaches are not available

CMS Managed Care Plan	
Activity	Date/Time
ITN released	1/30/2018
Responses due	4/27/2018
Negotiations	6/4/2018
Intent to award	6/29/2018

Responses were due April 27, 2018. Three plans submitted responses: WellCare (dba Staywell Healthplan of Florida); Sunshine Health; and South Florida Community Care Network LLC (dba Community Care Plan). A similar evaluation process was used as for SMMC health plans. Negotiations occurred in June 2018. An award to WellCare was announced on June 29, 2018. There is currently a protest regarding this award which has not been resolved to date.

Provider Service Network Rebid

The SMMC program requires at least one plan in a region be a Provider Service Network (PSN) if any PSN submits a responsive bid. If AHCA determines that there was no PSN responsive bid, they are to reserve one less than the maximum number of eligible plans permitted in that region. Within 12 months after the initial ITN, the AHCA is required to attempt to procure a PSN.

SMMC PSN	
Activity	Date/Time
ITN released	9/25/2018
Binding Letter of Intent	10/19/2018
Responses due	12/17/2018
	2/25/2019 -
Negotiations	3/22/2019
Intent to award	3/26/2019

Because there were no responsive bids in regions 3, 4, 5, 6, and 7, AHCA recently released another ITN for MMA PSN services on September 25, 2018. Binding letters of intent were due October 19, 2018 with responses due December 17, 2018. Negotiations will occur over a one-month period in March 2019 with awards anticipated March 26, 2019.

For further information and presentations regarding SMMC MMA, LTC and dental program changes see:

http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml

Please contact Elaine Peters: epeters@healthmanagement.com



HMA MEDICAID ROUNDUP

California

California Faces Investigation Following Report of Inadequate Prison Mental Health Care. *The Los Angeles Times* reported on November 6, 2018, that California faces a federal court-order investigation into claims that the state misrepresented the condition of mental health services in correctional facilities. U.S. District Judge Kimberly Muller of the Eastern District of California said she will appoint an investigator to look into the allegations, which were made in a 161-page report written by the chief psychiatrist of the California Department of Corrections and Rehabilitation. Details concerning the scope of the investigation haven't been determined yet. [Read More](#)

California Officials Are Accused of Giving False Picture of Inmate Mental Health Care. *The Associated Press* reported on October 31, 2018, that California corrections officials are being accused of misleading a federal judge and inmate attorneys regarding the quality of mental health care being administered in California prisons. According to a report by Michael Golding, M.D., Chief Corrections Psychiatrist for the state, prison officials overruled psychiatrists and misrepresented the rate at which inmates were receiving proper care. [Read More](#)

Colorado

Medicaid Program To Tighten Limits on Opioid Prescriptions. The Colorado Medicaid program announced on November 1, 2018, new limits on opioid prescriptions in hopes of reducing addiction and preventing abuse. The policy will reduce the current daily opioid dosage limit from 250 morphine milligram equivalents to 200. The new policy also limits Medicaid dental prescriptions of opioids to three, four-day fills of 24 pills per fill. More complex dental procedures may be approved for a seven-day supply of 56 pills per fill. Both policies will be effective November 15. [Read More](#)

Florida

Medicaid Plans Post \$73 Million Operating Loss Through 6 Months of 2018. *Health News Florida* reported on November 2, 2018, that Florida Medicaid managed care plans posted a combined operating loss of \$73 million through six months of 2018, according to unaudited financial data from the Florida Agency for Health Care Administration (AHCA). Seven of the state's 14 Medicaid plans reported operating losses. AHCA Secretary Justin Senior said the agency "is confident in the financial viability of the Medicaid health plans, and when 2018 is complete and audited, we expect plans to show a positive margin once again." [Read More](#)

Florida-Based Medicaid Dental Benefits Administrator Hires Rose Naff as VP, Operations. *WLRN* reported on November 1, 2018, that former Florida Healthy Kids Corp. director Rose Naff has been appointed vice president of operations of MCNA Dental, a Fort Lauderdale-based dental benefits administrator for Medicaid, CHIP, and Medicare. Naff was previously director of the Division of Medical Services for the Arkansas Department of Human Services. MCNA Dental was recently awarded a five-year Medicaid contract in Florida. [Read More](#)

Idaho

Voters Approve Medicaid Expansion in Ballot Measure. *The Idaho Statesman* reported on November 6, 2018, that Idaho Proposition 2, the state's Medicaid expansion ballot measure, passed with the support of more than 60 percent of state voters. The measure was backed by stakeholders, including Idaho hospitals, as well as Republican Governor Butch Otter. The Idaho legislature will still need to approve the state's share of funding before the program is implemented. [Read More](#)

Maine

Voters Reject Universal Home Care Ballot Measure. *Modern Healthcare* reported on November 7, 2018, that voters in Maine rejected a referendum to provide universal home care for all seniors and individuals with disabilities in the state. The Universal Home Care Program, which would have covered 27,000 individuals, would have been funded through an additional 3.8 percent income tax on incomes above \$128,400 annually. The Maine Hospital Association and other long-term care providers had opposed the proposal. [Read More](#)

Massachusetts

Massachusetts Alerts Plans Newly Interested in One Care to File Federal Notice of Intent by November 12. Massachusetts notified health plans newly interested in participating in the One Care dual demonstration to submit a Notice of Intent to Apply (NOIA) to federal regulators by November 12. The Centers for Medicare & Medicaid Services (CMS) recently released its Contract Year 2020 NOIA web tool along with key dates for the 2020 Medicare-Medicaid Plan (MMP) application cycle. Plans that do not currently operate a One Care plan will need to submit NOIA, which is non-binding.

Michigan

Michigan Charges Former Centria Healthcare Employee With Medicaid Fraud. *The Detroit Free Press* reported on November 2, 2018, that Michigan has charged a former employee of autism therapy provider Centria Healthcare with Medicaid fraud. Christine Leonard faces up to four years if found guilty of filing false Medicaid claims. Centria is the subject of an ongoing investigation; however, Leonard is being charged as an individual. Centria said it served 2,300 autism therapy families this year in Michigan, Texas, Arizona, California, Washington, Oregon, New Mexico, and New Jersey. [Read More](#)

Nebraska

Voters Approve Medicaid Expansion in Ballot Measure. *The Lincoln Journal Star* reported on November 7, 2018, that voters in Nebraska approved a ballot measure to expand Medicaid in the state. An estimated 90,000 individuals will be eligible for Medicaid coverage, which is projected to cost the federal government \$1.3 billion and the state \$90.8 million over the first three years. Proponents of expansion say it will generate economic growth while reducing the cost of uncompensated care. [Read More](#)

New York

HMA Roundup – Denise Soffel ([Email Denise](#))

New York Publishes Inpatient and Nursing Home Medicaid Rate Increase. New York officials published on October 31, 2018, a public announcement of a 2 percent increase in Medicaid inpatient rates and 1.5 percent increase in nursing home rates. According to the Empire Center, “the rate increase is to be financed with funds that Governor Cuomo extracted from the sale of Fidelis in exchange for state approval of the transaction.” Institutions that have contracts with 1199 SEIU are due to receive supplemental funding. Additional detail is available in the Empire Center’s [blog post](#). [Read More](#).

Senate Health Chair Hannon Loses Election. *Crain's New York* reported on November 7, 2018, that longtime Senate Health Chair Kemp Hannon lost his seat to his Democratic challenger Kevin Thomas. Hannon's replacement will likely be Gustavo Rivera, the current ranking Democrat on the Senate Health Committee. Rivera has previously stated his intent to reintroduce the New York Health Act, a single payer bill, and the new Democratic majority may create a potential path for the bill's passage. [Read More](#)

Ohio

Behavioral Health Agency Blames Closure on State's Transition to Managed Care. *The Columbus Dispatch* reported on November 5, 2018, that Robin Tener, executive director of Northeast Ohio Behavioral Health, is blaming her agency's closure on the state's July transition to Medicaid managed care for mental health claims. Tener says the transition resulted in payment delays and denied claims at the agency, which had served 400 to 600 clients, including children in foster care. "We understand the significant learning curve with the new system; however, data suggests that month over month, significant improvement is being made in the area of claims payment," according to the Ohio Department of Medicaid. [Read More](#)

Office of Health Transformation Helps Medicaid Beneficiaries Maximize Benefits. *Governing* reported on November 5, 2018, that over the last eight years, the Ohio Office of Health Transformation has successfully helped Medicaid beneficiaries maximize their benefits, increased access to behavioral health, and furthered the transition to value-based payments. Key initiatives have included development of an integrated system allowing Medicaid recipients to determine if they qualify for other programs like food assistance, childcare, child welfare, and cash assistance. Efforts have also focused on expanding community-based services, increasing pay for behavioral health providers, and finding appropriate providers for members with costly behavioral health needs. [Read More](#)

Medicaid to Cover Early Hepatitis C Treatment. *Cleveland.com* reported on October 31, 2018, that the Ohio Department of Medicaid will cover early treatment of hepatitis C effective January 1, 2019. Hepatitis C prevalence has increased as a result of needle sharing tied to the opioid epidemic, with the number of cases in Ohio up 38 percent from 2014 to 2017. Previously, the state only covered treatment as the disease progressed into later stages of liver damage. [Read More](#)

Texas

Texas-Based Scott and White Health Plan to Acquire FirstCare Health Plans. Texas-based Scott and White Health Plan announced on October 23, 2018, that it has signed a definitive agreement to acquire FirstCare Health Plans from Covenant Health and Hendrick Health System. The two provider-owned health plans will cover an estimated 400,000 members collectively. The acquisition is expected to be finalized in early 2019. [Read More](#)

Utah

Voters Approve Medicaid Expansion in Ballot Measure. *The Salt Lake Tribune* reported on November 7, 2018, that voters in Utah approved a Medicaid expansion ballot measure, which will provide coverage to 150,000 uninsured individuals in the state. Utah lawmakers had already approved a partial Medicaid expansion in March. The ballot measure, called Proposition 3, will be funded by \$90 million in new state sales taxes combined with \$800 million in federal funds. [Read More](#)

Virginia

Virginia Is Hit With \$460 Million in Unexpected Medicaid Costs. *U.S. News/Associated Press* reported on November 2, 2018, that Virginia has about \$460 million in unexpected Medicaid costs, largely from overestimating the potential savings from managing certain high-cost members as well as higher than expected enrollment of children. The state's decision to expand Medicaid wasn't a factor in the unexpected costs. [Read More](#)

National

Midterm Election Results Are Boost for Medicaid Expansion. *Modern Healthcare* reported on November 7, 2018, that results from the 2018 midterm elections are a significant boost for Medicaid expansion, including successful ballot measures in Idaho, Nebraska and Utah, as well as the election of expansion-friendly governors in Kansas, Maine, and Wisconsin. However, Montana voters rejected a Medicaid expansion ballot initiative, and the future of Alaska's expansion is uncertain following the election of a Republican governor who has been critical of the program. Georgia's gubernatorial election, which remains too close to call, could also impact the future of expansion in the state. [Read More](#)

AHA to File Lawsuit Against CMS Over Medicare Site-Neutral Clinic Payment Rule. *Fierce Healthcare* reported on November 2, 2018, that the American Hospital Association plans to file a lawsuit against federal regulators over a new rule that caps Medicare payments to hospitals for outpatient clinic visits at the same rate paid to physician office clinics. The 2019 Outpatient Prospective Payment System, which was finalized by the Centers for Medicare & Medicaid Services (CMS) this month, has been supported by physician groups including American Association of Family Physicians and the American College of Physicians. [Read More](#)



INDUSTRY NEWS

Northwell to Provide Management Services to NUMC. *Newsday* reported on November 1, 2018, that Northwell has agreed to provide interim leadership for Nassau University Medical Center (NUMC) for six months in an effort to rebuild its senior leadership team. The agreement was approved by NuHealth, the public benefit corporation that runs NUMC. Starting Friday, Winne Mack, Senior Vice President of Health System Operations at Northwell, will run the public hospital and Northwell will develop a five-year strategic plan focused on improving patient care. [Read More](#)

BayMark Health Services Acquires SpecialCare Hospital Management. BayMark Health Services announced on November 5, 2018, that it has acquired St. Louis-based SpecialCare Hospital Management, which provides inpatient stabilization and withdrawal management services for those suffering with addiction. SpecialCare will retain its name and staff. BayMark operates MedMark Treatment Centers, which provide access to medications like methadone and buprenorphine, in conjunction with counseling and behavioral therapy for patients with opioid addiction. [Read More](#)

Ensign Group Acquires ID Skilled Nursing Facilities. The Ensign Group announced on November 1, 2018, the acquisition of two Idaho-based skilled nursing facilities: 139-bed Creekside Transitional Care and Rehabilitation in Meridian and 44-bed Bennett Hills Rehabilitation and Care Center in Gooding. In a separate transaction, Ensign also acquired through portfolio companies a post-acute care retirement community in Kansas and four assisted living and memory care communities in Texas. The Kansas and Texas acquisitions were also effective November 1, 2018. [Read More](#)

Conduent to Acquire Health Solutions Plus. *CRN* reported on October 31, 2018, that Conduent announced plans to acquire Health Solutions Plus, which provides software for health care payer administration. The deal is expected to close in the fourth quarter. Terms were not disclosed. [Read More](#)

Community Health Systems Completes Divestiture of Sparks Health System. Community Health Systems, Inc. announced on November 1, 2018, that it had completed the divestiture of the 42-bed Sparks Regional Medical Center in Ft. Smith, AR, and the 103-bed Sparks Medical Center in Van Buren, AR, as well as related services to Baptist Health in Little Rock, AR. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November - December 2018	Massachusetts One Care (Duals Demo)	RFP Release	150,000
December 1, 2018	Virginia Medallion 4.0 - Roanoke/Alleghany	Implementation	72,827
December 1, 2018	Virginia Medallion 4.0 - Southwest	Implementation	46,558
December 1, 2018	Florida Statewide Medicaid Managed Care (SMMC) Regions 9, 10, 11	Implementation	3,100,000 (all regions)
2019	Hawaii	RFP Release	360,000
2019	Minnesota MA Families and Children	RFP Release	589,000
2019	MinnesotaCare	RFP Release	90,000
2019	Minnesota Senior Health Options	RFP Release	39,000
2019	Minnesota Senior Care Plus	RFP Release	16,000
January 1, 2019	Kansas KanCare	Implementation	380,000
January 1, 2019	Wisconsin LTC (Milwaukee and Dane Counties)	Implementation	~1,600
January 1, 2019	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2019 Start	~1,600,000
January 1, 2019	Florida Children's Medical Services	Contract Start	50,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (SE Zone)	145,000
January 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 5, 6, 7, 8	Implementation	3,100,000 (all regions)
January 1, 2019	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	181,380
January 1, 2019	Minnesota Special Needs BasicCare	Contract Implementation	53,000 in Program; RFP Covers Subset
February 1, 2019	Florida Statewide Medicaid Managed Care (SMMC) Regions 1, 2, 3, 4	Implementation	3,100,000 (all regions)
February 4, 2019	North Carolina	Contract Awards	1,500,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Implementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000

HMA NEWS

HMA Principal Dana McHugh Urges Skilled Nursing Providers to Act Now to Participate in Medicare Advantage. *Skilled Nursing News* reported on November 4, 2018, that skilled nursing providers should act now to participate in Medicare Advantage plan networks, according to Dana McHugh, principal, Health Management Associates. "If you are a small provider and you want to be a player in your market, know that it will take you a minimum of six to 12 months to get a contract, get credentialed and then get into that network," McHugh said. "Then once you're on the directory, you have to go and educate your hospitals, and you have to remind them [that you're in the network], and that may take six months." She also urged providers who do participate in a Medicare Advantage network to take advantage of the various resources that payers make available, including education, billing, and other issues. [Read More](#)

[New this week on HMA Information Services \(HMAIS\):](#)

Medicaid Data and Updates:

- Arizona Medicaid Managed Care Enrollment is Down 1.8%, Oct-18 Data
- DC Medicaid Managed Care Enrollment is Flat, Jun-18 Data
- Michigan Medicaid Managed Care Enrollment is Flat, Oct-18 Data
- Michigan Dual Demo Enrollment is Down 7.4%, Oct-18 Data
- North Carolina Medicaid Enrollment by Aid Category, 2015-17, Nov-18
- New Mexico Medicaid Managed Care Enrollment is Down 1.0%, Oct-18 Data
- Tennessee Medicaid Managed Care Enrollment is Down 8.1%, Oct-18 Data
- Virginia Medicaid Managed Care and MLTSS Enrollment, Oct-18 Data
- West Virginia Medicaid Managed Care Enrollment is Down 4.3%, Nov-18 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Differential Adjusted Payment Strategies RFI, Oct-18
- Florida Statewide Medicaid Managed Care Dental Model Contract, Oct-18
- Idaho Project Management for Modular MMIS Reprocedurement & Certification RFI, Nov-18
- North Dakota Retrospective Drug Use Services RFP, Contract, Related Documents, 2015-17
- Nevada Pharmacy Benefits Manager Services RFP, Award, Scoring, and Responses, 2016
- Pennsylvania Health Information Organization Member Organization Onboarding Services RFA, Nov-18

Medicaid Program Reports, Data and Updates:

- Florida 1915(c) iBudget Waiver Renewal Request, Nov-18
- Florida SMMC Dental Program Overview Presentation, Oct-18
- Florida Statewide Medicaid Managed Care Financial Summaries, Jan - Jun-18

- Louisiana Medicaid Managed Care Enrollment by Plan, Region, and Subprogram, 2015-17, Sep-18
- Massachusetts A MassHealth Snapshot Enrollment Summary, Jul-12 – Sep-18
- NASBO Fiscal Survey of the States, 2017-18
- New Jersey Medical Assistance Advisory Council Meeting Materials, Oct-18
- Oklahoma Non-Emergency Transportation Utilization, Sep-18
- Oregon Medicaid Coordinated Care Organization Rate Certification and Rate Sheets, 2019
- South Carolina Preconception Care 1115 Waiver Demonstration Application, Aug-18
- U.S. Medicaid, CHIP Enrollment at 73.1 Million, Aug-18 Data
- Utah Health Coverage Improvement Program Report, Oct-18
- Wisconsin BadgerCare Reform 1115 Waiver Documents, 2017-18

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