

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... January 6, 2021



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[HMA News](#)

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IN FOCUS

HAWAII, MINNESOTA RERELEASE MEDICAID MANAGED CARE RFPs

This week, our *In Focus* section reviews the Hawaii Quest Integration (QI) Medicaid managed care request for proposals (RFP) released on December 8, 2020, and the Minnesota Families and Children Medical Assistance (MA) and MinnesotaCare programs RFP released on January 4, 2021.

Hawaii QI RFP

The Hawaii Department of Human Services (DHS) intends to contract with up to five health plans to provide integrated medical, behavioral, and long-term services and supports (LTSS) to more than 378,000 Medicaid and Children's Health Insurance Program (CHIP) members. DHS prefers that plans serve statewide, but plans may propose to serve one or more islands. Each island will need at least two plans. Contracts are estimated to be worth approximately \$2.5 billion annually.

Hawaii previously awarded contracts to UnitedHealthcare, Centene/WellCare, AlohaCare (in partnership with Kaiser), and Hawaii Medical Service Association (HMSA) on January 22, 2020; however, those contracts were rescinded because of the COVID-19 pandemic. Contracts with incumbent plans AlohaCare, HMSA, Kaiser, Centene/WellCare, and UnitedHealthcare were extended. For a write-up on the previous RFP, please click [here](#).

The QUEST program, which stands for Quality care, Universal access, Efficient utilization, Stabilizing costs, and Transforming the way health care is provided to QUEST members, first began in 1994. In 2009, the aged, blind, and disabled (ABD) population was transitioned to a managed care program called QUEST Expanded Access (QExA) and in January 2015, integrated into the program now known as Quest Integration. Medicaid covered populations include children; former foster care children; pregnant women; parents/caretakers; individuals receiving transition medical assistance; ABD; non-citizens/refugees; and individuals with breast or cervical cancer.

Similar to the previous RFP, the new procurement will include the Hawaii 'Ohana Nui Project Expansion (HOPE) Program, which focuses on health and wellness through four strategic areas:

1. Investing in primary care, prevention, and health promotion
2. Improving outcomes for individuals with special healthcare needs (SHCN)
3. Reforming and aligning payment to providers
4. Supporting community-driven initiatives to improve population health

Plans will also need to have a Dual-Eligible Special Needs Plan (D-SNP) for Medicare and Medicaid members in Hawaii no later than January 1, 2022, or provide DHS a quarterly report detailing progress made toward D-SNP approval in 2021 with the Centers for Medicare & Medicaid Services (CMS).

By no later than the end of the third contract year, DHS also intends to establish a specialized health pilot concept called the Hale Ola, an advanced health home for Expanded Health Care Needs (EHCN) members, which are members with complex, costly health care needs. Pilots will be established in at least three regions. Plans will be accountable for ensuring care is provided through the Hale Ola.

RFP Timeline

Proposals are due February 15, 2021, and awards will be made on March 15, 2021. Implementation is slated to begin July 1, 2021, with contracts running to December 31, 2026, with three additional optional years.

RFP Activity	Date
RFP Issued	December 8, 2020
Proposals Due	February 15, 2021
Awards	March 15, 2021
Implementation	July 1, 2021

Evaluation

Health plans' technical proposals will be scored out of a possible 1,000 points. DHS will then score plan proposals using rating methodology (ranging from 0 poor to 5 excellent) on how the proposal addresses the criteria and understanding of the subject matter. At a minimum, plans must receive a rating score of three and a minimum score of 750.

Evaluation Components	Possible Points
Approach to Care Delivery and Coordination	190
Approach to utilizing a multi-disciplinary team to provide primary care and behavioral health services	50
Experience/innovations to meet and monitor behavioral health needs of members	40
Experience with innovations for health coordination of LTSS	60
Experience with innovations in providing health coordination for people experiencing homelessness/at risk of homelessness	40
Covered Benefits and Services	175
Experience	75
Strategies/Comprehensive Approach	50
Value-Added Services	50
Quality, Utilization Management and Administrative Requirements	70
Experience and innovative approach to 1) supporting and evaluating Providers in conducting quality improvement activities; 2) increasing rates of high value care and reducing variation; and 3) leveraging PIPs to support widescale adoption of successful practices	50
Utilization Management	20
Health Plan Reporting and Encounter Data	50
Utilization of report and data to resolve issues	50
DHS and Health Plan Financial Responsibilities	125
Incentive strategies for health plans	50
Value-based Payment (VBP)	50
Investing and incentivizing in primary care	25
Requirements for Providers	130
Network Development Description for Individuals with Behavior Health and SUDs	40
Network Development Description for LTSS	40
Network Development Description on innovative methods to recruit and retain providers	50
Eligibility, Enrollment, Disenrollment, Continuity of Care, and Grievance and Appeals	60
Innovative methods for communicating, including education and outreach, 1) identifying, developing, and distributing materials that will be of most use to member populations; 2) innovative technologies the plan will use to ensure high levels of QI member engagement	60
Information Systems and Information Technology	50
Compliance with expected functionality; timeline for implementing any unmet systems and supports requirements	50
Health Plan Personnel	50
Approach to Staffing	50
Program Integrity	50
Health Plan Proposes Statewide	50
Total Possible Points	1,000

Current Market

As of September 2020, AlohaCare, HMSA, Kaiser, Centene, and United served 378,100 Quest Integration lives.

Hawaii Medicaid Managed Care Enrollment by Plan, September 2020

Plan	Total	% Market Share
AlohaCare	69,774	18.5%
HMSA	176,619	46.7%
Kaiser	37,675	10.0%
Centene/WellCare/Ohana	38,380	10.2%
UnitedHealthcare	55,652	14.7%
Total	378,100	

[Link to RFP](#)

Minnesota MA and MinnesotaCare RFP

In September 2019, the Minnesota Department of Human Services (DHS) cancelled a procurement for MA, the state's Medicaid managed care program, and MinnesotaCare, the Basic Health Program (BHP) across 80 greater Minnesota counties and renewed current contracts. The MA program provides Medicaid services for low income individuals, while MinnesotaCare provides health care services to individuals at 138 percent to 200 percent of the federal poverty level, funded by a provider tax, BHP funding, and enrollee premiums/cost sharing. The state explained that a court decision on the procurement "made it impossible to complete contracts in time to avoid disruption for enrollees and to meet timelines required by law." For a write-up on the previous RFP, please click [here](#).

The new RFP, released this year, will only be for seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington, which are all metro areas. Medicaid managed care organizations must respond for all counties. The state will award contracts, worth over \$3 billion annually, to at least two MCOs in each county for MA and MinnesotaCare.

RFP Timeline

Contracts will run for one year beginning January 1, 2022, with five option years. Proposals for the RFP are due March 19, 2021, with awards expected to be announced on May 10, 2021.

RFP Activity	Date
RFP Issued	January 4, 2021
Proposals Due	March 19, 2021
Awards	May 10, 2021
Implementation	January 1, 2022

Evaluation

The RFP evaluation will consist of three phases:

- Phase I Required Statements Review
- Phase II Evaluation of Proposal Requirements and Readiness Review
- Phase III Selection of the Successful Responders

In Phase I, required statements will be scored on a pass/fail basis.

Phase I: Required Statements and Forms	
Required Statement	Total Possible Points
Trade Secret Data Notification	P/F
Responder Information and Declarations	P/F
Disclosure of Ownership and Management Information	P/F
Exception to Model Contract and RFP Terms	P/F
Affidavit of Noncollusion	P/F
Disclosure of Funding	P/F
Human Rights Compliance <ul style="list-style-type: none"> • Workforce Certificate Information • Equal Pay Certificate 	P/F
Certification Regarding Lobbying	P/F
Documentation to Establish Fiscal Responsibility	P/F

In Phase II, technical requirements will be evaluated on both a pass/fail basis and point factors. The evaluation team will then rate the performance and service deliverables on a scale.

Phase II: Evaluation of Technical Requirements	
Component	Total Possible Points
Service Delivery Plan including Executive Summary and Description of the Applicant Organization	P/F
Readiness Review (qualifying Responders only)	P/F
Financial Solvency	P/F
Provider Network Adequacy Review	P/F
Component	Total Possible Points
Professional Responsibility and Data Privacy	5 points
Performance and Service Deliverables	100 points
<ul style="list-style-type: none"> • Enrollee Engagement and Communication 	(15 points)
<ul style="list-style-type: none"> • Improving Outcomes and Eliminating Disparities 	(30 points)
<ul style="list-style-type: none"> • Payment Policy and Innovation 	(14 points)
<ul style="list-style-type: none"> • Community and County Collaboration 	(12 points)
<ul style="list-style-type: none"> • Provider Networks 	(15 points)
<ul style="list-style-type: none"> • Administrative Responsibilities 	(14 points)
Other <ul style="list-style-type: none"> • Exceptions to Terms and Conditions • Formatting Requirements 	Possible Reduction of 5 points
Component Rating	Point Factor
Excellent	1
Very Good	0.875
Good	0.75
Satisfactory	0.625
Poor	0.5
Unacceptable	0

Current Market

Seven plans, Blue Plus/BCBS of Minnesota, Health Partners, Itasca, Metropolitan/Hennepin Health, PrimeWest Health, South Country Health Alliance, and UCare Minnesota serve approximately 971,000 MA Children and Families and MinnesotaCare members across the state, as of December 2020. Medica has Medicaid lives in the Minnesota Senior Care Plus (MSC+)/Minnesota Senior Health Options (MSHO) programs in the state but not in the two programs relevant to this RFP.

Minnesota Medicaid Managed Care Enrollment by Plan, 2020				
Plan	MA Families, Children	MinnesotaCare	Total	% Market Share
Blue Plus/BCBS-MN	351,997	32,032	384,029	39.6%
Health Partners	149,555	22,167	171,722	17.7%
Itasca Medical Care	7,885	572	8,457	0.9%
Metropolitan/Hennepin Health	27,133	1,868	29,001	3.0%
PrimeWest Health	38,326	3,020	41,346	4.3%
South Country Health Alliance	21,905	1,973	23,878	2.5%
UCare Minnesota	280,897	31,401	312,298	32.2%
Total	877,698	93,033	970,731	

Currently, in the seven counties eligible for this RFP, there are nearly 550,000 MA and MinnesotaCare lives:

MA, MinnesotaCare Enrollment by County				
County	MA Families with Kids	MA Adults No Kids	MinnesotaCare	Total
Anoka	39,861	11,037	6,430	57,328
Carver	6,296	1,852	1,026	9,174
Dakota	44,549	12,754	6,793	64,096
Hennepin	148,830	60,449	23,290	232,569
Ramsey	95,210	28,635	11,868	135,713
Scott	13,582	3,367	2,321	19,270
Washington	19,629	6,373	3,382	29,384
Total	367,957	124,467	55,110	547,534

[Link to RFP](#)



HMA MEDICAID ROUNDUP

Alaska

Governor to Issue Order Splitting Department of Health and Social Services. *The Anchorage Daily News* reported on December 22, 2020, that Alaska Governor Mike Dunleavy announced plans to issue an executive order that will split the Department of Health and Social Services into a Department of Health and a Department of Family and Community Services, effective July 1. The Department of Health will be in charge of Medicaid, public health and public assistance; the Department of Family and Community Services will be in charge of children's services, juvenile justice, Pioneer Homes and the Alaska Psychiatric Institute. The state legislature will have 60 days to disapprove the order. [Read More](#)

California

California Medicaid Funding to Be Cut by \$200 Million Over Abortion Coverage. *CNN* reported on December 17, 2020, that the Trump administration will withhold \$200 million in Medicaid funding from California in the first quarter of 2021 and every quarter thereafter unless the state drops its requirement that insurers provide abortion coverage. The measure is unlikely to be continued under a Biden administration. [Read More](#)

Colorado

Colorado Medicaid to Cover Certain Inpatient, Residential Services for Substance Use Disorder. The Colorado Department of Health Care Policy & Financing announced on December 31, 2020, that it has enhanced Medicaid substance use disorder (SUD) benefits to include inpatient and residential services like withdrawal management. Previously, only outpatient services were covered. [Read More](#)

Florida

Florida Medicaid Caseload Expected to Hit 4.4 Million in Fiscal 2021. *State of Reform* reported on December 29, 2020, that the Medicaid caseload in Florida is expected to hit an all-time high of 4.4 million in fiscal 2021. Medicaid expenditures are also expected to increase by 18.7 percent to about \$31.6 billion. [Read More](#)

Georgia

Georgia Reports Fraction of Requested Federal Core Set Medicaid Quality Data. *GBP* reported on December 16, 2020, that in the past two years Georgia reported only a fraction of the data requested by federal regulators for Core Set, which tracks healthcare quality measures in state Medicaid and CHIP programs. In its latest data submission, Georgia reported eight of the 33 performance measures requested for adult beneficiaries and 13 of 25 children's measures. Reporting to Core Set is currently voluntary but will be mandatory for all children's health measures and adult mental health measures in 2024. [Read More](#)

Hawaii

Hawaii Releases Medicaid Dental TPA RFI. On December 21, 2020, the Hawaii Department of Human Services (DHS), Med-QUEST Division (MQD), issued a request for information (RFI) for a dental third party administrator (TPA) and claims processing provider for the Medicaid program. Responses, which will assist in preparing the request for proposals (RFP), are due January 8, 2021. Delta Dental/Hawaii Dental Service (HDS) currently serves as the state's Medicaid dental TPA, with the contract ending June 30, 2021. [Read More](#)

Illinois

Illinois Health Plan Drops Walgreens from its Medicaid Pharmacy Network. *The Chicago Tribune* reported on December 30, 2020, that Aetna Better Health of Illinois has dropped Walgreens from its Illinois Medicaid plan network. An estimated 400,000 Illinois Medicaid members are affected by the move. [Read More](#)

Indiana

Governor Pledges Long-Term Care Program Reform a Priority. *South Bend Tribune* reported on December 27, 2020, that Indiana Governor Eric Holcomb has pledged to reform the state's long-term care program during the upcoming 2021 legislative session. Long-term care experts point to five potential program reforms. These include instituting more stringent minimum staffing requirements, limiting the redirection of federal funds away from nursing homes, increasing transparency related to the allocation of federal funds, expanding access and funding for at-home care, and hiring more ombudsmen to ensure long-term care residents have an advocate to provide education and assistance with resident-directed complaint investigations. [Read More](#)

Iowa

Iowa Facility for Individuals with Intellectual Disabilities Likely Violated Rights of Residents, DOJ Says. *The Associated Press* reported on December 23, 2020, that an Iowa-run facility for individuals with intellectual disabilities likely violated the constitutional rights of patients by providing them with insufficient medical care and exposing them to unethical experimentation, according to a report by the U.S. Department of Justice (DOJ). The DOJ is also investigating whether the state violated the rights of residents at Glenwood and another facility. [Read More](#)

Kentucky

Kentucky Awards Medicaid Managed Care PBM Contract to MedImpact Healthcare Systems. Kentucky announced on December 30, 2020, that MedImpact Healthcare Systems will serve as the pharmacy benefit manager (PBM) for the state's Medicaid managed care program, effective July 1, 2021. The contract, which was awarded by the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS), will run through December 31, 2024, with three additional one-year renewal options. Magellan Rx Management currently holds the fee-for-service (FFS) PBM contract, with options through December 31, 2021; it will continue to process FFS pharmacy claims unrelated to this procurement. Kentucky awarded statewide Medicaid managed care contracts in a recent procurement to Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene, effective January 1, 2021; however, the awards are being disputed. [Read More](#)

Kentucky Is Hit With Another Lawsuit Over Medicaid Managed Care Contracts. *The Louisville Business First* reported on January 4, 2021, that Humana has filed a new lawsuit alleging that Kentucky acted improperly when it allowed Molina Healthcare to acquire Passport Health Plan's Medicaid membership. Humana argues that the members should have been reassigned to winners of the state's recent Medicaid managed care procurement. The lawsuit also claims that the state violated the procurement and contract when it complied with a court order to grant Anthem a Medicaid managed care contract. [Read More](#)

Kentucky Mediation of Medicaid Managed Care Procurement Yet To Be Resolved. *Louisville Business First* reported on December 28, 2020, that mediation over the Kentucky Medicaid managed care procurement dispute has yet to reach a resolution, according to documents from the Franklin Circuit Court. Franklin Circuit Court Judge Phillip Shepherd ordered Aetna, Anthem, Centene, Humana, Molina, UnitedHealthcare and the two state agencies involved in the dispute to begin mediation by December 12. Shepherd rejected UnitedHealthcare's motion to undo his previous order that prevented members from other plans to be reassigned to United. Shepherd did not rule on whether Molina should be treated like an incumbent Medicaid plan following its acquisition of incumbent Passport Health Plan earlier this year. Medicaid beneficiaries will remain with their current plan after January 1 if the dispute is not settled in the next few days. [Read More](#)

Kentucky Announces Aetna Will Manage SKY Foster Care Program. On December 29, 2020, the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) announced that Aetna Better Health of Kentucky will manage the Kentucky SKY (Supporting Kentucky Youth) program, effective January 2021. Aetna will oversee and coordinate physical and behavioral health, dental care, social services, and wraparound services for enrollees in foster care (current and former), Adoption Assistance, and Juvenile Justice. The contract will run through December 31, 2024, with six additional two-year renewal options. The Medicaid managed care awards are still under dispute. [Read More](#)

Louisiana

Louisiana Medicaid Enrollment Represents 39 Percent of State Population. *WWL.com* reported on December 30, 2020, that Medicaid enrollment in Louisiana hit almost 1.8 million, an increase of about 208,000 in 2020. Approximately 39 percent of the state population receives Medicaid. However, 160,000 currently covered by Medicaid are projected to be ineligible once the public health emergency ends. [Read More](#)

Medicaid Enrollment Rose 13 Percent In 12 Months Ending November 2020. *The Advocate* reported on December 20, 2020, that Medicaid enrollment in Louisiana increased 13 percent to nearly 1.8 million from November 2019 to November 2020, driven by the impact of COVID-19 and subsequent federal regulation barring states from disenrolling beneficiaries. The state projects approximately 160,000 Medicaid beneficiaries are ineligible for coverage, and advocates are concerned about mass disenrollment when the public health emergency ends. [Read More](#)

Maine

Maine, Oklahoma Receive Federal Waiver Approval to Expand SUD Treatment. The Centers for Medicare & Medicaid Services (CMS) on December 22, 2020, announced the approval of Section 1115 demonstrations filed by Oklahoma and Maine to expand treatment for substance use disorder (SUD) to Medicaid beneficiaries. The Oklahoma demonstration is titled "Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder," and the Maine demonstration is titled "Maine Substance Use Disorder Care Initiative." Thirty-one states now have Medicaid SUD demonstration projects aimed at broadening treatment services, and seven, including Oklahoma, also include authorities to expand treatment for Medicaid beneficiaries with Serious Mental Illness and Serious Emotional Disturbance. [Read More](#)

Maryland

Maryland to Increase Behavioral Health, Long-term Care Medicaid Reimbursement Rates in January. *The State of Reform* reported on December 21, 2020, that Maryland will raise Medicaid behavioral health reimbursement rates by 3.5 percent and long-term care reimbursement rates by 4 percent effective January 1, 2021. The behavioral health rate increase affects behavioral analysis, substance use disorder treatment, mental health services, case management, 1915i community-based services, and therapeutic behavioral services. The long-term care rate increase affects nursing facilities, private duty nursing, and certain case management programs. The increases were initially expected to take effect in July 2020. [Read More](#)

Massachusetts

Massachusetts Reaches Settlement with Home Health Provider Over False Medicaid Billing. *The Eagle Tribune* reported on December 22, 2020, that Massachusetts has reached a \$10 million settlement agreement with home health provider Maestro-Connections Health Systems and its chief executive George Kiongera over allegations of false Medicaid billing from January 2014 to August 2018. As part of the settlement, Maestro may not serve MassHealth Medicaid members until it engages an independent compliance monitor to oversee a three-year compliance program. [Read More](#)

Minnesota

Minnesota Medicaid Managed Care Enrollment Grows 16.5 Percent, Report Finds. On January 6, 2021, health policy expert Allan Baumgarten released part two of the *Minnesota Managed Care Review 2020*, which found that Minnesota Medicaid managed care enrollment rose 16.5 percent through the first nine months of 2020. The report added that the average medical loss ratio for Medicaid plans dropped from 91.8 percent to 88.5 percent, while the average profit margin increased from 0.3 percent to 3.7 percent. [Read More](#)

Minnesota Releases Medicaid Managed Care RFP. The Minnesota Department of Human Services (DHS) released on January 4, 2021, a Medicaid managed care request for proposals (RFP) for the state's Families and Children Medical Assistance (MA) and MinnesotaCare Basic Health programs in seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Medicaid managed care organizations must respond for all counties. The state will award contracts to at least two MCOs in each county for MA and MinnesotaCare. Contracts will run for one year beginning January 1, 2022, with five option years. Proposals are due March 19, 2021. Incumbents are Blue Plus/BCBS of Minnesota, Health Partners, Itasca, Metropolitan/Hennepin Health, PrimeWest Health, South Country Health Alliance, and UCare Minnesota, serving nearly 1 million members statewide. [Read More](#)

Nevada

Nevada to Implement D-SNP Program in 2021. The Nevada Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP) announced on December 28, 2020, that Medicare Advantage plans Anthem, Centene, CVS/Aetna, and UnitedHealthcare will begin participating in Nevada's Dual Eligible Special Needs Plan (D-SNP) program, effective January 1, 2021. Each Medicare Advantage plan will offer seven mandatory services including dental, vision, hearing aids, non-emergency medical transportation, nursing hotline, telehealth, and post-acute care meal services. As of October 2020, Nevada had over 77,800 dual eligible recipients. [Read More](#)

New Jersey

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

New Jersey DHS Commissioner to Join Biden COVID-19 Response Team. *Insider NJ* reported on December 29, 2020, that Carole Johnson will leave her position as Commissioner of the New Jersey Department of Human Services (DHS) to join President-elect Biden's COVID-19 Response Team, effective January 15. DHS Deputy Commissioner Sarah Adelman will become Acting DHS Commissioner effective January 16, 2021. [Read More](#)

New York

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

1199SEIU Joins Call to Keep New York Medicaid Drug Benefits Carved In. *News 10* reported on December 17, 2020, that 1199SEIU United Healthcare Workers East has joined a coalition of organizations urging New York to reverse its plan to carve Medicaid drug benefits out of managed care. The carve-out, which would go into effect April 1, would make drugs a fee-for-service benefit. The Save New York's Safety Net: 340B Saves Lives coalition argues that the drug carve-out will impact vaccine distribution, disproportionately affect New York's more vulnerable populations, and cost over \$1 billion over the next five years. [Read More](#)

North Carolina

North Carolina Republican Leadership Opposes Medicaid Expansion Even With Work Requirements. *The Winston-Salem Journal* reported on December 20, 2020, that the North Carolina General Assembly has not advanced a bipartisan Medicaid expansion bill that includes work requirements because of continuing opposition from Republican state leadership. The bill, sponsored by Representative Donny Lambeth (R-Forsyth), has garnered Democratic support despite the work requirements. Medicaid expansion would cover between 450,000 and 650,000 individuals in the state. [Read More](#)

Oklahoma

Molina Names Brian Maddy as Oklahoma Plan President. Molina Healthcare announced on January 6, 2021, that it has named Brian Maddy as plan president of Molina Healthcare of Oklahoma. Maddy previously served as chief strategy officer for OU Health system and was formerly chief executive of OU Physicians. [Read More](#)

Oklahoma Receives Federal Approval of IMD Waiver. *The Ponca City News* reported on January 5, 2021, that Oklahoma has received federal approval for an institutions for mental disease (IMD) waiver, which allow states to use Medicaid funds to cover adult inpatient psychiatric services, including certain substance use disorder treatment. Oklahoma is one of seven states to receive an IMD waiver. [Read More](#)

Oregon

Oregon Medicaid Expansion Improves Health Outcomes for Pregnant Women, Study Finds. *Science Daily* reported on January 4, 2020, that prenatal care utilization and health outcomes for newborns have improved in Oregon in the three-year period following the state's Medicaid expansion in 2014, according to two studies from Oregon State University. Medicaid expansion was associated with a 2 percent increase in first trimester prenatal care utilization, a 23 percent reduction in preterm births, and a 29 percent reduction in low birthweight among babies born to women covered by Medicaid. [Read More](#)

Pennsylvania

HMA Roundup - Julie George ([Email Julie](#))

Pennsylvania Announces Four More Hospitals to Participate in Rural Health Model. *MyChesCo* reported on December 12, 2020, that four more hospitals have agreed to participate in the Pennsylvania Rural Health Model (PARHM), which aims to ensure the financial viability of hospitals in rural areas across Pennsylvania. The four hospitals are Clarion Hospital, Highlands Hospital, Indiana Regional Medical Center, and Meadville Medical Center. [Read More](#)

South Carolina

South Carolina Bills Propose Referendum On Medicaid Expansion in 2022. *The State* reported on December 18, 2020, that Democrats in the South Carolina House and Senate filed two separate bills proposing a referendum on Medicaid expansion in 2022. Governor Henry McMaster and Republicans in the legislature oppose Medicaid expansion, which could cover more than 214,000 individuals. [Read More](#)

Tennessee

Tennessee Suffers Privacy Breach Affecting 3,300 Medicaid Members. *WKRN* reported on December 21, 2020, that Tennessee suffered a privacy breach in which approximately 3,300 mailings may have been misaddressed and sent to the wrong Medicaid beneficiaries in 2019 and 2020. The breach was jointly announced by the state's TennCare Medicaid program; Gainwell Technologies, which runs the state's Medicaid Management Information System (MMIS); and Axis Direct, which was the contracted vendor that managed the mailings. Tennessee is offering free credit monitoring to impacted members. [Read More](#)

Texas

Texas Releases Medicaid Managed Care Procurement Timelines. The Texas Health and Human Services Commission announced Medicaid managed care procurement timelines for STAR Health, STAR+PLUS, STAR & CHIP, and STAR Kids. The request for proposals (RFP) for STAR Health is expected to be released in August 2021. Awards will be announced in February 2022, with implementation slated to begin in the fourth quarter of 2023. The STAR+PLUS RFP is expected drop in the second quarter of 2022. Awards are expected in the third quarter of 2022, with implementation slated to begin the first quarter of 2024. RFPs for STAR & CHIP and STAR Kids are expected to be released in 2023. [Read More](#)

Texas Section 1115 Waiver Extension For STAR, STAR+PLUS, STAR Kids Nears Federal Approval. *Modern Healthcare* reported on December 23, 2020, that the Texas Section 1115 waiver extension to continue the state's Medicaid managed care programs, including STAR, STAR+PLUS, and STAR Kids, is on a fast-track to be approved by the Centers for Medicare & Medicaid Services (CMS). CMS granted a request for exemption from the public comment process due to the public health emergency. The waiver, which serves over four million Texas Medicaid managed care beneficiaries, would extend the programs through September 2027. Currently, the waiver is slated to expire in September 2022. [Read More](#)

Washington

Governor Proposes Health Insurance Tax in Biennium Budget. *The Kitsap Sun/The Associated Press* reported on December 17, 2020, that Washington Governor Jay Inslee is proposing a new tax on health insurers as part of the state's \$57.6 billion fiscal 2021-23 biennium budget proposal. The new tax, which is expected to generate \$343 million for the 2023-25 biennium, would be levied on Medicaid health plans and other insurers starting March 2022. The additional revenues will go toward state public health departments, data infrastructure, and additional financial support for child care providers. [Read More](#)

National

Congress Gives Medicare Physicians 2021 Pay Boost. *Modern Healthcare* reported on January 5, 2021, that Congress is giving providers an across-the-board 3.75 percent pay increase for 2021 after recalibrating the Medicare Physician Fee Schedule. However, Congress delayed for three years a proposed add-on code for serving patients with multiple chronic conditions. [Read More](#)

Hospitals Continue to Benefit Financially from Medicaid Expansion, Study Finds. *Revcycle Intelligence* reported on January 6, 2021, that hospitals had lower uncompensated care costs, increased Medicaid revenues, and improved operating margins in the three to four years after their state implemented Medicaid expansion, according to an Urban Institute study published in *Health Affairs*. The study looked at data from 2011-17. [Read More](#)

Providers Urge Extension of Comment Period for Data Exchange, Prior Authorization Rule. *Modern Healthcare* reported on January 5, 2020, that healthcare industry groups including the Medicaid and CHIP Payment and Access Commission (MACPAC) are urging the Trump administration to extend the public comment period on a proposed rule aimed at streamlining prior authorization and improving data sharing between payers and providers across Medicaid, Children's Health Insurance Program (CHIP), and Exchange plans. The public comment period ended January 4, and the rule is slated to go into effect by January 1, 2023. [Read More](#)

Drug Makers Are 'Obligated' to Give Contract Pharmacies 340B Discounts, HHS Says. *Modern Healthcare* reported on January 4, 2021, that the U.S. Department of Health and Human Services said that drug makers are "obligated" to give contract pharmacies 340B program discounts, according to general counsel Robert Charrow. Prices can be "no more than the 340B ceiling price." Charrow issued the advisory opinion after learning that drug makers in the 340B program were declining to give the discounts. [Read More](#)

GAO Issues Request for MACPAC Nominations, Resumes. The Government Accountability Office (GAO) announced on January 4, 2021, that it is seeking nominations to the Medicaid and CHIP Payment and Access Commission (MACPAC), with appointments effective May 2021. Letters of nomination and resumes should be submitted no later than January 26, 2021. [Read More](#)

States Rely on Provider Taxes, Local Governments For Medicaid Payments, GAO Reports. *HealthPayerIntelligence* reported on December 29, 2020, that states are increasingly relying on provider taxes and local government funds for their share of Medicaid payments, according to a report by the Government Accountability Office (GAO). The report found that states relied on these sources for about 28 percent, or \$63 billion, of the estimated \$224 billion total state share of Medicaid payments in fiscal 2018. GAO recommends that the Centers for Medicare & Medicaid Services (CMS) collect and document complete and consistent information about the sources of funding and improve oversight by collecting data on state Medicaid payment arrangements. [Read More](#)

U.S. Appeals Court Dismisses Lawsuit Over Price Transparency Rule. *Modern Healthcare* reported on December 29, 2020, that the U.S. Court of Appeals for the District of Columbia rejected a federal lawsuit from the American Hospital Association (AHA) to block a new price transparency rule

released by the Trump administration. The rule, scheduled to take effect in January 2021, requires hospitals to publicly list prices negotiated with insurers. [Read More](#)

Hospitals Face Shortages of Staff, ICU Beds As COVID-19 Cases Surge. *Bloomberg* reported on December 22, 2020, that twenty-one states reported that their hospital intensive-care unit (ICU) beds are 80 percent full, with some counties 90 percent full, as COVID-19 cases surge, according to data from the Department of Health and Human Services (HHS). Meanwhile, almost one in five U.S. hospitals face critical staffing shortages. The number of hospitalized Americans with COVID-19 has nearly doubled since spring. [Read More](#)

U.S. Files Civil Lawsuit Against Walmart Over Opioid Crisis. *The New York Times* reported on December 22, 2020, that the U.S. Department of Justice (DOJ) has filed a lawsuit against Walmart, alleging that the company unlawfully dispensed controlled substances through its pharmacies, helping to fuel the opioid crisis. In a 160-page civil complaint, the DOJ argues that Walmart pharmacies used an inadequate system for detecting and reporting suspicious orders of opioids and other drugs. [Read More](#)

States, Localities See Revenues Decline While Spending Increases. *Governing* reported on December 22, 2020, that states and local governments are facing increases in expenditures in areas such as Medicaid, unemployment and public assistance programs despite declining revenues. Most states are projecting revenue declines in 2021, with shortfalls totaling \$224 billion through fiscal 2022. Localities are facing worse conditions, with revenues declining an average of 21 percent, while expenditures increased 17 percent. [Read More](#)

HHS Issues Final Rule Concerning Insulin, Epi-Pen Prices Charged by FQHCs in 340B Drug Program. *Modern Healthcare* reported on December 22, 2020, that the Department of Health and Human Services (HHS) issued a final rule requiring Federally Qualified Health Centers (FQHCs) to charge low-income patients the acquisition price plus an administration fee for insulin and Epi-Pens. FQHCs could lose grant funding for failing to do so. The rule goes into effect January 22. [Read More](#)

CMS Issues Guidance to Help States Restore Regular Medicaid, CHIP Operations After the Public Health Emergency Ends. The Centers for Medicare & Medicaid Services (CMS) issued guidance aimed at helping states restore regular Medicaid and Children's Health Insurance Program (CHIP) operations after the end of the COVID-19 public health emergency, when many of the Medicaid flexibilities and waivers granted to states end. The guidance also includes steps states can take to make temporary flexibilities permanent. [Read More](#)

COVID Relief Bill to End Surprise Medical Bills. *Modern Healthcare* reported on December 20, 2020, that Congress approved a COVID-19 relief package deal that includes a measure banning surprise medical bills for emergency and non-emergency care. The bill also boosts pay for Medicare physicians, delays Medicaid disproportionate-share hospital cuts until 2023, and provides funds for vaccine distribution, among other healthcare-related measures. [Read More](#)

CMS Issues Final Rule to Foster Value-Based Payments for Medicaid Drugs. *Fierce Healthcare* reported on December 21, 2020, that the Centers for Medicare & Medicaid Services (CMS) issued a final rule to encourage drug

manufacturers and payers to enter into value-based purchasing (VBP) arrangements for Medicaid prescription drugs. The rule, which goes into effect January 2022, codifies a broad definition of value-based arrangements so that prices and payments can be tied to outcomes in a targeted population. Currently, drug makers struggle to account for VBP arrangements under Medicaid's "best price" system, in which drug makers report their best price to CMS. [Read More](#)

ACA Exchange Enrollment Rises 6.6 Percent to 8.2 Million For 2021. *Healthpayer Intelligence* reported on December 21, 2020, that Affordable Care Act (ACA) Exchange enrollment rose 6.6 percent to 8.2 million for coverage in 2021, compared to 2020 coverage for states on the federal Healthcare.gov platform, according to preliminary data from the Centers for Medicare & Medicaid Services (CMS). Final enrollment data will be realized in January 2021. The number of participating health plans rose 11 percent for 2021 and benchmark premiums have declined for three straight years, CMS said. [Read More](#)

Congress Agrees to Reinstate Medicaid Coverage for Marshallese, Other Islanders After Nearly 25 Years. *Politico* reported on December 20, 2020, that Congress has agreed to reinstate Medicaid coverage for citizens of the Marshall Islands, Palau, and Micronesia who live in the United States as part of a larger COVID-19 relief package. Marshallese and other islanders have been barred from Medicaid since the passage of the 1996 welfare reform bill, which has contributed to high uninsured rates and poor health outcomes. The coverage provision will cost \$600 million over a decade. [Read More](#)

CMS Says Medicaid Plans Can Participate in New Direct Contracting Model for Dual Eligibles. *Modern Healthcare* reported on December 17, 2020, that for the first time Medicaid managed care plans will be able to coordinate and manage care for Medicare-Medicaid dual eligible beneficiaries through a new direct contracting model, according to the Centers for Medicare & Medicaid Services' (CMS) Center for Medicare and Medicaid Innovation (CMMI). Beneficiaries must be enrolled in a Medicaid managed care plan and traditional fee-for-service Medicare. The model offers payers 50 percent shared savings or losses, a global full risk option, and a geographic option in which payers assume full risk for a swath of communities within a particular region. Medicaid plans are expected to use waivers, engagement tools, and other flexibilities to connect members with primary care providers and better coordinate long-term services and supports. [Read More](#)

Medicaid Spending Grew 2.9 Percent in 2019; Enrollment Fell 1.5 Percent. *Modern Healthcare* reported on December 16, 2020, that Medicaid spending grew 2.9 percent to \$613.5 billion in 2019, driven by increased expenditures on most goods and services, according to an [analysis](#) by the Centers for Medicare & Medicaid Services' Office of the Actuary. Medicaid enrollment declined 1.5 percent in 2019, the report said. Medicaid accounted for 16 percent of total U.S. healthcare expenditures in 2019. Overall, healthcare spending in the U.S. increased 4.6 percent to \$3.8 trillion in 2019. Medicare spending grew 6.7 percent to \$799.4 billion. [Read More](#)

CMS Says Medicaid Plans Can Participate in New Direct Contracting Model for Dual Eligibles. *Modern Healthcare* reported on December 17, 2020, that for the first time Medicaid managed care plans will be able to coordinate and manage care for Medicare-Medicaid dual eligible beneficiaries through a new

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INDUSTRY NEWS

UnitedHealth Subsidiary Optum to Acquire Change Healthcare. UnitedHealth Group subsidiary Optum announced on January 6, 2021, that it has agreed to acquire Tennessee-based healthcare technology company Change Healthcare. The transaction is expected to close in the second half of 2021. Change Healthcare will become part of OptumInsight, which will be headed by Change chief executive Neil de Crescenzo. [Read More](#)

NewWave, Mathematica Launch T-MSIS Tool. Technology company NewWave has joined Mathematica to announce on January 6, 2021, the launch of Imersis, a cloud-based Transformed Medicaid Statistical Information System (T-MSIS) tool aimed at helping states to improve the quality of their T-MSIS data. [Read More](#)

Harvard Pilgrim Health Care, Tufts Health Plan Complete Merger. *Fierce Healthcare* reported on January 4, 2021, that Harvard Pilgrim Health Care and Tufts Health Plan formally merged on January 1, after clearing required regulatory approvals. Tufts Health Plan chief executive Tom Crosswell leads the combined organization, which serves 2.4 million members across Connecticut, Massachusetts, Maine, New Hampshire, and Rhode Island. In December 2020, Tufts sold its Tufts Health Freedom Plan subsidiary to UnitedHealthcare to resolve antitrust objections by the Department of Justice. [Read More](#)

Centene to Acquire Magellan Health for \$2.2 Billion. Centene announced on January 4, 2021, that it has entered into a definitive agreement to acquire behavioral health company Magellan Health for \$2.2 billion. The deal is expected to close in the second half of 2021. Magellan chief executive Ken Fasola and other company executives will join Centene. In addition to behavioral health, the transaction includes specialty and pharmacy benefit operations. Both Centene and Magellan are publicly traded companies. [Read More](#)

Molina Healthcare Acquires Magellan Complete Care. Molina announced on January 4, 2021, that it has completed the acquisition of Magellan Complete Care from Magellan Health Inc. Magellan Complete Care serves 200,000 Medicaid and dual eligible managed care and Managed Long-Term Services and Supports members in six states, including Arizona, Florida, Massachusetts, New York, Virginia, and Wisconsin.

HealthEdge Software Acquires Altruista. Private equity firm Martis Capital announced on December 30, 2020, that it has completed the sale of Virginia-based Altruista Health to HealthEdge Software, a portfolio company of the Blackstone Group. Altruista is a payor care management software company. Terms of the deal were not disclosed. [Read More](#)

Magellan Health Acquires 70 Percent Stake in Bayless Integrated Healthcare.

Magellan Health announced on December 22, 2020, the acquisition of a 70 percent stake in Bayless Integrated Healthcare, a behavioral health and primary care provider in Arizona. Bayless has 330 employees, including 175 providers, across eight locations in central Arizona. [Read More](#)

Gainwell Technologies to Acquire HMS for \$37 Per Share; Deal Values HMS at \$3.4 Billion.

Gainwell Technologies, a company backed by Veritas Capital, announced on December 21, 2020, a definitive agreement to acquire coordination of benefits company HMS for \$37 per share in cash, a transaction that values publicly-traded HMS at \$3.4 billion. Veritas-backed Cotiviti will subsequently acquire HMS' commercial and Medicare lines of business, while Gainwell will retain HMS' Medicaid lines. The deal is expected to close in the first half of 2021. [Read More](#)

Deerfield Healthcare to Merge With CareMax Medical Group, IMC Medical in \$614 Million Transaction.

Publicly traded Deerfield Healthcare Technology Acquisitions announced December 18, 2020, a definitive agreement to merge with senior care providers CareMax Medical Group and IMC Medical Group Holdings in a transaction valued at \$614 million. The combined company will be called CareMax and will trade on Nasdaq under a new ticker symbol. Current CareMax chief executive Carlos de Solo will head up the new company. Bill Lamoreaux, who is currently chief executive of IMC Health, will become executive vice president of CareMax. The combined company will operate 26 wholly owned medical centers in Florida, serving 36,000 Medicaid managed care and Exchange members as well as 16,000 Medicare Advantage members under value-based contracts. The company will also own healthcare technology company CareOptimize. The deal is expected to close in the first quarter of 2021. [Read More](#)

BayMark Acquires Pennsylvania-based Echo Treatment Center.

BayMark announced on December 18, 2020, that it has acquired Pennsylvania-based Echo Treatment Center, an outpatient medication-assisted treatment (MAT) provider. Echo will fall under BayMark's MedMark Treatment Centers brand. [Read More](#)

BayMark Acquires Louisiana-based Opioid Treatment Company.

BayMark announced on December 16, 2020, the acquisition of opioid treatment company Choices of Louisiana, consisting of an Opioid Treatment Program (OTP) in Alexandria and two in New Orleans that provide medication-assisted treatment (MAT) and substance abuse counseling. BayMark now operates four OTP clinics in Louisiana and eight outpatient, office-based opioid treatment facilities. [Read More](#)

UnitedHealthcare, Intermountain Healthcare Form Medicare Advantage ACO in Utah.

Health Payer Specialist reported on December 21, 2020, that UnitedHealthcare announced an agreement to create an accountable care organization (ACO) with Utah-based Intermountain Healthcare to serve approximately 136,000 Medicare Advantage members in the state. UnitedHealthcare controls about 80 percent of the Medicare Advantage market in Utah, where Intermountain operates 22 hospitals and 450 clinics statewide with more than 4,600 affiliated physicians. The ACO will be managed by Intermountain subsidiary Castell, which focuses on value-based care. [Read More](#)

Methodist Le Bonheur Calls Off Plan to Buy Two Tenet Memphis Hospitals.

Becker's Hospital Review reported on December 23, 2020, that Tennessee-based Methodist Le Bonheur Healthcare has called off its \$350 million deal to buy two of Tenet's Memphis hospitals. The Federal Trade Commission and Tennessee Attorney General were seeking an injunction to block the transaction pending an administrative trial. [Read More](#)

Ensign Group Acquires Three California-based Skilled Nursing Facilities.

The Ensign Group, Inc. announced on January 4, 2021, that it acquired the operations of three Southern California-based skilled nursing facilities: Golden Hill Post Acute in San Diego, St. Catherine Healthcare in Fullerton, and Camino Healthcare in Hawthorne. Ensign now operates 231 healthcare facilities. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 2021	Nevada	RFP Release	465,000
January 8, 2021	Hawaii Community Care Services	Proposals Due	4,500
January 25, 2021	Ohio	Awards	2,450,000
February 1, 2021	Oklahoma	Awards	742,000
February 2, 2021	North Carolina - BH IDD Tailored Plans	Proposals Due	NA
February 8, 2021	Hawaii Community Care Services	Awards	4,500
February 15, 2021	Hawaii Quest Integration	Proposals Due	378,000
March 15, 2021	Hawaii Quest Integration	Awards	378,000
Spring 2021	Louisiana	RFP Release	1,550,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
March 19, 2021	Minnesota MA Families and Children, MinnesotaCare	Proposals Due	548,000
May 10, 2021	Minnesota MA Families and Children, MinnesotaCare	Awards	548,000
May 21, 2021	North Dakota Expansion	Awards	19,800
June 11, 2021	North Carolina - BH IDD Tailored Plans	Awards	NA
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
July 1, 2021	Hawaii Quest Integration	Implementation	378,000
July 1, 2021	Hawaii Community Care Services	Implementation	4,500
August 2021	Texas STAR Health	RFP Release	36,500
October 1, 2021	Oklahoma	Implementation	742,000
Late 2021	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
Late 2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
Late 2021	California Imperial	RFP Release	75,000
Late 2021	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
Late 2021	California San Benito	RFP Release	7,600
January 1, 2022	Minnesota MA Families and Children, MinnesotaCare	Implementation	548,000
January 1, 2022	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2022	North Dakota Expansion	Implementation	19,800
January 5, 2022	Ohio	Implementation	2,450,000
February 2022	Texas STAR Health	Awards	36,500
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	NA
Q2 2022	Texas STAR+PLUS	RFP Release	538,000
Early 2022 – Mid 2022	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	Awards	1,640,000
Early 2022 – Mid 2022	California GMC - Sacramento, San Diego	Awards	1,091,000
Early 2022 – Mid 2022	California Imperial	Awards	75,000
Early 2022 – Mid 2022	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Awards	286,000
Early 2022 – Mid 2022	California San Benito	Awards	7,600
Q3 2022	Texas STAR+PLUS	Awards	538,000
Q1 2023	Texas STAR & CHIP	RFP Release	3,700,000
Q2 2023	Texas STAR & CHIP	Awards	3,700,000
Q3 2023	Texas STAR Kids	RFP Release	166,000
Q4 2023	Texas STAR Kids	Awards	166,000
Q4 2023	Texas STAR Health	Implementation	36,500
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
Q1 2024	Texas STAR+PLUS	Implementation	538,000
Q4 2024	Texas STAR & CHIP	Implementation	3,700,000
Q2 2025	Texas STAR Kids	Implementation	166,000

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California SNP Membership at 211,524, Nov-20 Data
- Connecticut SNP Membership at 51,750, Nov-20 Data
- DC SNP Membership at 15,942, Nov-20 Data
- Delaware SNP Membership at 5,482, Nov-20 Data
- Georgia SNP Membership at 234,140, Nov-20 Data
- Hawaii SNP Membership at 25,285, Nov-20 Data
- Iowa SNP Membership at 16,492, Nov-20 Data
- Illinois SNP Membership at 8,652, Nov-20 Data
- Indiana SNP Membership at 55,464, Nov-20 Data
- Kansas SNP Membership at 8,818, Nov-20 Data
- Louisiana SNP Membership at 82,810, Nov-20 Data
- Maryland SNP Membership at 11,225, Nov-20 Data
- Missouri SNP Membership at 36,220, Nov-20 Data
- Nebraska SNP Membership at 9,337, Nov-20 Data
- New Jersey SNP Membership at 57,964, Nov-20 Data
- Nevada SNP Membership at 11,852, Nov-20 Data
- Ohio SNP Membership at 87,141, Nov-20 Data
- Oklahoma SNP Membership at 10,976, Nov-20 Data
- Pennsylvania SNP Membership at 178,074, Nov-20 Data
- Rhode Island SNP Membership at 6,418, Nov-20 Data
- South Dakota SNP Membership at 282, Nov-20 Data
- Tennessee SNP Membership at 121,495, Nov-20 Data
- Washington SNP Membership at 65,250, Nov-20 Data
- West Virginia SNP Membership at 14,399, Nov-20 Data
- Colorado RAE Enrollment is Up 24.3%, Nov-20 Data
- DC Medicaid Managed Care Enrollment is Up 13.6%, Oct-20
- Indiana Medicaid Managed Care Enrollment Is Up 26.1%, Nov-20 Data
- Iowa Medicaid Managed Care Enrollment is Up 12%, 2020 Data
- Kansas Medicaid Managed Care Enrollment is Up 10.5%, 2020 Data
- Louisiana Medicaid Managed Care Enrollment is Up 12.5%, Nov-20 Data
- Maryland Medicaid Managed Care Enrollment Is Up 10.3%, Nov-20 Data
- Missouri Medicaid Managed Care Enrollment is Up 28.2%, Nov-20 Data
- New Mexico Medicaid Managed Care Enrollment is Up 10.2%, Nov-20 Data
- Oklahoma Medicaid Enrollment is Up 20.3%, Nov-20 Data
- Washington Medicaid Managed Care Enrollment is Up 10.2%, Nov-20 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 21%, Oct-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Substance Abuse Prevention Services RFP, Nov-20
- Hawaii Medicaid Dental TPA Services RFI, Dec-20

- Hawaii Med-QUEST Cost Allocation Plan Review and Recommendations IFB, Jan-21
- Indiana Medicaid Independent Program Evaluation EQR Services, Dec-20
- Minnesota Community First Services and Supports Program Consulting Services RFP, Jan-21
- Minnesota Medicaid Families, Children Medical Assistance and MinnesotaCare RFP, 2021
- Minnesota Qualified Contractor to Conduct Level of Service Assessments for Non-Emergency Medical Transportation RFP, Jan-21
- New Hampshire Medicaid Program Integrity Data Analytics and Case Tracking System RFI, Dec-20
- Oregon Third-Party Liability Insurance Identification Services RFP, Jan-21
- Texas Critical Incident Management System RFO, Dec-20
- Wyoming Care Management Entity (CME) for Medicaid Children RFP and Related Documents, 2019-20

Medicaid Program Reports, Data and Updates:

- U.S. Census Bureau Health Insurance Coverage in the United States: 2019 Report, Sep-20
- U.S. Medicaid, CHIP Enrollment at 76.5 Million, Aug-20 Data
- Arkansas Monthly Enrollment and Expenditures Reports, Nov-20
- Arizona AHCCCS Population Demographics, Dec-20
- Arizona AHCCCS Appropriation Status Reports, FY 2020-21
- California Managed Care Advisory Group Meeting Materials, Dec-20
- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, Dec-20
- DC Office of the Chief Financial Officer Approved Budget, FY 2020
- DC Office of the Chief Financial Officer Approved Budget, FY 2021
- Idaho Medicaid Expansion Budget Forecast, SFY 2021-22
- Idaho Medicaid Facts, Figures, and Trends Reports, 2013-21
- Iowa Managed Care Annual Performance Reports, 2016-20
- Iowa Medicaid MCO Quarterly Performance Data Reports, 2016-21
- Indiana End Stage Renal Disease 1115 Waiver Documents, 2014-20
- Indiana HIP 2.0 Waiver Extensions and Related Documents, 2017-20
- Maine Section 1115 Demonstration Substance Use Disorder (SUD) Care Initiative Approval, Dec-20
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, Nov-20
- Medicaid Managed Care Enrollment for 300 Plans in 39 States, Plus Ownership and For-Profit vs. Not-for-Profit Status, Updated Dec-20
- Minnesota MNSure Annual Reports, 2017-19
- New York Medicaid Pharmacy Managed Care to FFS Transition Presentations, Dec-20
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-20
- North Carolina Medical Care Advisory Committee Meeting Materials, Dec-20
- Ohio Medicaid Managed Care Capitation Rate Certification and Appendices, CY 2021
- Ohio Medical Care Advisory Committee Meeting Materials, 2019-20, Nov-20
- Ohio OBM Monthly Financial Reports, 2020

- Oklahoma Section 1115 Mental Diseases Waiver for SMI/SUD Approval, Dec-20
- Oregon Medicaid Advisory Committee Meeting Materials, Dec-20
- South Carolina Department of Health and Human Services (SCDHHS) Quality Strategy, 2019
- South Carolina Medical Care Advisory Committee Meeting Materials, Dec-20
- Texas HHS Medicaid & CHIP Reference Guides, 2018-20
- Texas HHS Quality Measures and Value-Based Payments Annual Reports, 2018-20
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Dec-20
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, Nov-20

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