

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... January 20, 2021



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[HMA News](#)

Edited by:
Alona Nenko
[Email](#)

Carl Mercurio
[Email](#)

Mary Goddeeris, MA
[Email](#)

Lisette Diaz
[Email](#)

Scott Silberberg
[Email](#)

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IN FOCUS

HEALTH MANAGEMENT ASSOCIATES LAUNCHES INSTITUTE ON ADDICTION

Health Management Associates (HMA) announced on January 14, 2021, the creation of the HMA Institute on Addiction (IOA), a division dedicated to supporting the national effort to build an evidence-based, patient-centered,

and sustainable addiction treatment ecosystem. HMA is home to some of the nation's foremost addiction experts. The IOA brings together HMA's vast and varied experience and expertise across all healthcare sectors into a one-stop shop for those in need of addiction consulting services.

"HMA is uniquely positioned to contribute to the addiction crises response in the United States, and we are committed to doing so," said Doug Elwell, chief executive officer of HMA. "Our expertise spans the healthcare spectrum, and the real-world experience of our experts has been decades in the making. The Institute on Addiction pulls all of these resources together to provide technical assistance, education, and strategy development for any entity engaged in the delivery of addiction treatment."

HMA's R. Corey Waller, MD, MS, will serve as managing director of the IOA. Waller is a board-certified and actively practicing addiction and emergency medicine specialist with extensive experience working at the local, state, and national levels. He currently serves as Editor in Chief of The American Society of Addiction Medicine (ASAM) Criteria.

"From the delivery of direct care to managing and paying for that care, our experts can help," Waller said. "The Institute on Addiction is home to 11 different specialty areas, covering everything from primary care and co-occurring disorders to hospitals, the justice-involved and the addiction treatment system. We have created a very deep bench of thought leaders focused on providing research and education, as well as quality and data metric utilization to improve and measure care delivery."

Those who engage with the IOA also have the opportunity to access a learning management system dedicated to providing education and training related to addiction, pain, and behavioral health.

Visit <https://hmaioa.com/>.



HMA MEDICAID ROUNDUP

Kentucky

Kentucky Hospitals to Receive Additional \$1 Billion in Medicaid Funding Through Directed Payments. *WDKY* reported on January 19, 2021, that Kentucky Governor Andy Beshear announced that the state received federal approval of a new directed payment initiative that increases inpatient Medicaid payments for hospitals in the state by \$800 million to \$1 billion annually. Hospitals will need to comply with quality standards in order to receive the payments, which could begin as early as March, subject to legislative approval. Over one-third of Kentuckians are covered by Medicaid. [Read More](#)

Maine

Maine Medicaid Expansion Enrollment Increases by Nearly 26,000 Since March. *Maine Beacon* reported on January 19, 2021, that Maine Medicaid expansion enrollment increased from 45,049 in March 2020 to 70,689 in January 2021. Rising unemployment because of COVID-19 drove the increase. [Read More](#)

Mississippi

Mississippi Hospital Association Proposes Medicaid Expansion Plan. *The Clarion-Ledger* reported on January 20, 2021, that the Mississippi Hospital Association has proposed a Medicaid expansion plan that would pay the state's share from a combination of hospital taxes and enrollee premiums and copays. Hospitals have indicated a willingness to pay a new tax rather than continuing to absorb the cost of treating uninsured or underinsured patients. Mississippi Governor Tate Reeves continues to oppose Medicaid expansion, which would cover approximately 170,000 individuals. [Read More](#)

New York

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

Governor Releases Fiscal 2022 Budget. *The New York Times* reported on January 19, 2021, that New York Governor Andrew Cuomo proposed a fiscal 2022 budget under two potential scenarios, including one that would result in a \$600 million cut to Medicaid funding. Under the proposal, the Medicaid cuts would occur if the state received \$6 billion in federal relief, as opposed to the requested \$15 billion in relief needed to bridge the state's projected budget gap. Medicaid spending is expected to be \$82.9 billion in fiscal 2022. The budget proposal would continue to implement recommendations brought forth by the state Medicaid Redesign Team, including a comprehensive telehealth reform, efforts to address rising prescription drug costs, and promoting the state's Essential Plan. [Read More](#)

Nevada

Nevada Governor Proposes Increase in Medicaid Funding, Cuts to Providers. *The Nevada Independent* reported on January 18, 2021, that Nevada Governor Steve Sisolak proposed an \$8.68 billion biennial budget that seeks to increase Medicaid funding but also restores a 6 percent across-the-board rate reduction. The fiscal 2021-23 budget proposal includes \$10.2 billion in combined state and federal Medicaid funds, a \$1.6 billion increase compared to the current biennium. The additional funding would help to cover an 18.7 percent increase in Medicaid caseload. As of November, nearly one-in-four Nevadans, or more than 761,000 individuals, are covered by Medicaid. The budget would also increase neonatal intensive care unit rates and provide additional funds for Autism Treatment Assistance, Home and Community Based Care Programs, and Assistance to Aged and Blind. [Read More](#)

North Carolina

North Carolina Transition to Medicaid Managed Care on Track for July 1 Launch. *The Winston-Salem Journal* reported on January 13, 2021, that North Carolina's transition to Medicaid managed care is on track to launch July 1, according to state deputy secretary for Medicaid Dave Richard. Open enrollment is slated to begin March 15 and end May 14. Medicaid members have the option to choose from five insurers: AmeriHealth Caritas; Blue Cross Blue Shield of North Carolina; Centene; United Healthcare; and Carolina Complete Health (serving regions 3, 4 and 5), a partnership between the North Carolina Medical Society and Centene. Contracts are valued at about \$6 billion in total in fiscal 2022. Currently, Medicaid provides coverage to 2.3 million individuals. [Read More](#)

Ohio

Ohio Delays Implementation of Medicaid Work Requirements. *Bloomberg Law* reported on January 19, 2021, that Ohio is delaying the implementation of Medicaid work requirements to see if President Biden rescinds or reverses waiver policies that limit coverage. Work requirements were scheduled to take effect this month. [Read More](#)

Pennsylvania

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

Pennsylvania Council Issues Health Care Reform Recommendations. The Pennsylvania Interagency Health Reform Council (IHRC), on January 15, 2020, issued recommendations aimed at addressing concerns over healthcare affordability, disparities, and social determinants of care. IHRC, which was created through an executive order from Governor Tom Wolf, is calling for health care cost benchmarking, efforts to address health equity, integrating social services into the delivery of health care, driving quality improvement, aligning value-based purchasing (VBP), leveraging state purchasing power, streamlining access to Medicaid to reduce recidivism, and leveraging data-sharing and health-information exchange. [Read More](#)

Pennsylvania Selects Aunt Bertha for Provider Referral, Care Coordination Platform. Care coordination software company Aunt Bertha announced on January 15, 2021, that it has won a contract to help build a provider and social services referral platform for the Pennsylvania Department of Human Services. The project, known as the Pennsylvania Resource Information and Services Enterprise (RISE PA), is slated to launch in the first quarter of 2021 in Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York counties. [Read More](#)

Pennsylvania Drops Out of Antitrust Lawsuit Against Jefferson-Einstein Merger. *The Philadelphia Inquirer* reported on January 12, 2021, that Pennsylvania has dropped out of an antitrust lawsuit opposing the merger of Jefferson Health and Albert Einstein Healthcare Network. The decision follows a federal judge's ruling dismissing the case and after Jefferson agreed to invest \$200 million over seven years in Einstein's North Philadelphia facilities. The Federal Trade Commission, which initiated the lawsuit, is considering next steps in the litigation. The merger will add three acute care hospitals and a rehab hospital to Jefferson's 14-hospital network. [Read More](#)

Tennessee

Governor Authorizes Medicaid Block Grant Waiver. *Public News Service* reported on January 18, 2021, that Tennessee Governor Bill Lee has signed a resolution authorizing the state's Medicaid block grant waiver, which would convert federal Medicaid funding to a lump sum and give the state more flexibility to alter its Medicaid program. The waiver has already received federal approval. [Read More](#)

Texas

Texas Receives Federal Approval of Uncompensated Care Waiver Extension. KXXV reported on January 16, 2021, that the Texas Health and Human Services Commission (HHSC) received federal approval for a 10-year extension to September 2030 of its Texas Healthcare Transformation and Quality Improvement Section 1115 demonstration waiver. The waiver includes reimbursement for safety-net hospitals with federal dollars for uncompensated care provided to uninsured patients. [Read More](#)

Washington

Washington Submits One-Year Extension of Medicaid Transformation Waiver. The State of Washington in December 2020 asked federal regulators for a one-year extension of its Medicaid Transformation Project (MTP) 1115 waiver, which is set to expire in December 2021. The extension, which would run through December 31, 2022, focuses on delivery system reform, long-term services and supports, and social determinants of health for many of the state's most vulnerable Medicaid beneficiaries. The public comments period is January 19 through February 20, 2021.

National

Health Plans Criticize Medicaid Prior Authorization Rule. *Fierce Healthcare* reported on January 19, 2021, that America's Health Insurance Plans (AHIP) criticized a new federal prior authorization rule, stating that the Centers for Medicare & Medicaid Services (CMS) rushed the process and provided payers with little guidance toward implementation. The final rule, which would require Medicaid, Children's Health Insurance Program (CHIP), and Exchange plans to streamline data sharing and prior authorization, is slated to go into effect January 1, 2024. [Read More](#)

CMS Reports 1.66 Million Individuals Received Home and Community-based Services in 2017. The Centers for Medicare & Medicaid Services (CMS) announced on January 19, 2021, that 1.66 million individuals received home and community-based services (HCBS) in 2017, down 1.4 percent from 2016, according to the Medicaid Section 1915c Waiver Programs Annual Expenditures and Beneficiaries Report. The report also showed that expenditures on these programs were \$48.6 billion in 2017 or an average of \$29,279 per participant. Data are from annual CMS Form 372 report submissions. [Read More](#)

CMS Releases Medicaid LTSS Annual Expenditures Report. The Centers for Medicare & Medicaid Services (CMS) released on January 19, 2021, the Medicaid Long Term Services and Supports (LTSS) Annual Expenditures Report for fiscal 2017 and 2018. The report found that Medicaid LTSS expenditures increased from \$124 billion in fiscal 2017 to \$129 billion in fiscal 2018, that managed LTSS program expenditures increased from \$6.7 billion in fiscal 2008 to \$30.1 billion in fiscal 2018, and that nursing facilities represented the largest share of institutional LTSS spending at 78.9 percent of total LTSS expenditures in fiscal 2017 and 2018. [Read More](#)

CMS Reports 4.6 Million Medicaid Beneficiaries Were Treated for Substance Use Disorder in 2018. The Centers for Medicare & Medicaid Services (CMS), on January 19, 2021, released the second annual Transformed Medicaid Statistical Information System (T-MSIS) based Medicaid Substance Use Disorder (SUD) Data Book, which found that of the 55.9 million Medicaid beneficiaries with full or comprehensive benefits ages 12 and older, about eight percent or 4.6 million were treated for SUD in 2018. The report analyzed 2018 data on Medicaid beneficiaries treated for SUD and the services they received by type and setting, delivery system, and progression of care. [Read More](#)

CMS Issues Guidance to Ensure Continuity of Medicaid Coverage for At-Risk, Justice-Involved Youth. The Centers for Medicare & Medicaid Services (CMS) on January 19, 2021, issued guidance to states on the implementation of requirements aimed at ensuring continuity of Medicaid coverage for at-risk youth prior to and after a stay in a correctional institution. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act prohibits states from terminating Medicaid eligibility for eligible juveniles under 21 years old. [Read More](#)

CMS Issues Tools for Medicaid, CHIP Return to Normal After Public Health Emergency Ends. The Centers for Medicare & Medicaid Services (CMS), on January 15, 2021, released two tools to help state Medicaid and Children's Health Insurance Program (CHIP) agencies plan for the eventual return to normal operations after the end of the COVID-19 Public Health Emergency: General Transition Planning tool and Eligibility and Enrollment Pending Actions Resolution Planning tool. [Read More](#)

CMS Releases Preliminary State Medicaid Expenditure Data for First Half of 2020. The Centers for Medicare & Medicaid Services (CMS), on January 15, 2021, released preliminary data on Medicaid expenditures reported by states for the first and second quarters of 2020. Data includes a breakout of expenditures associated with the Families First Coronavirus Response Act (FFCRA) and the temporary 6.2 percentage point increase to qualifying states' Federal Medical Assistance Percentage (FMAP). [Read More](#)

CMS Issues Final Rule Allowing States to Waive Some Exchange Requirements, Use Online Brokers. *Modern Healthcare* reported on January 14, 2021, that the Centers for Medicare & Medicaid Services (CMS) issued a final rule allowing states to use Section 1332 waivers to eliminate some federal insurance Exchange requirements and to utilize online brokers to enroll members in individual plans. The agency also dropped user fees for plans on the federal Exchange from 3 percent to 2.25 percent of the plan's premium and waived network adequacy requirements for certain plans. [Read More](#)

Biden's \$1.9 Trillion Stimulus Plan Expands COVID-19 Testing, Vaccination Efforts. *ABC15* reported on January 15, 2021, that President-elect Joe Biden unveiled a \$1.9 trillion stimulus plan that would rapidly expand COVID-19 testing and drive vaccination efforts. Biden also said that he would work with Congress to expand the Federal Medicaid Assistance Percentage (FMAP) to 100 percent for the administration of vaccines. [Read More](#)

CMS Issues Final Rule to Streamline Prior Authorization, Improve Data Exchange. The Centers for Medicare & Medicaid Services (CMS) issued on January 15, 2021, a final 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 rule, which will take effect on January 1, 2023, aims to improve data sharing and access by requiring payers to implement application programming interfaces for data exchange and prior authorization. CMS is also considering a similar proposal for Medicare Advantage plans. [Read More](#)

CMS Administrator Seema Verma Defends Tenure. *Business Insider* reported on January 15, 2021, that Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma has "no regrets" about her four-year tenure as head of the agency, despite criticisms over Medicaid work requirements, reduced funding for Exchange marketing and navigators, and the reported use of agency funds on outside contractors to boost her image. However, Verma received praise during COVID-19 for ramping up access to telehealth services, prioritizing nursing homes to receive COVID-19 testing, and ensuring Medicare and Medicaid beneficiaries receive COVID-19 vaccines for free. [Read More](#)

CMS Rule Change Lets Physicians Prescribe Buprenorphine for Opioid Use Disorder Without Waiver. New federal guidance announced on January 15, 2021, by the Trump administration will allow most physicians to prescribe buprenorphine for opioid use disorder without a waiver. The move by the U.S. Department of Health and Human Services (HHS) eliminates the eight-hour "X-waiver" course physicians were required to complete by the Drug Enforcement Agency before prescribing buprenorphine treatment.

According to R. Corey Waller, MD, Managing Director of the HMA Institute on Addiction, the change has the potential to dramatically improve access to medication assisted treatment and thus significantly impact the opioid overdose crisis in this country. Waller said, "Medication alone does not comprise the entirety of treatment. However, it has been shown to increase retention in treatment and decrease all-cause mortality dramatically."

According to Waller, the new guidance suggests that emergency department physicians along with hospital-based physicians and surgeons may prescribe medication such as buprenorphine for opioid use disorder treatment without an X-waiver, provided they meet certain other requirements. Jail and prison-based providers may prescribe medication assisted treatment for up to 30 patients at any given time, but require an X-waiver to provide ongoing care to over 30 patients using buprenorphine. Physician assistants, nurse practitioners, and other approved advanced practice nurses will still need to obtain an X waiver before prescribing buprenorphine for the treatment of opioid use disorder.

For additional information, visit HMA Institute on Addiction at <https://hmaioa.com/> or contact [Corey Waller](#).

HHS Awards \$8 Million to Fund Rural Telehealth Broadband Pilot Program. The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announced the award of \$8 million to fund the Telehealth Broadband Pilot (TBP) program. TBP is a three-year pilot to assess broadband capacity and improve access to telehealth services for rural health care providers and patient communities. [Read More](#)

HHS OIG Recommends Ways CMS Can Address Medicaid Specialty Drug Costs. Federal regulators recommended on December 22, 2020, ways in which the Centers for Medicare & Medicaid Services (CMS) could address Medicaid specialty drugs costs, including expanded use of alternative reimbursement models, providing states with additional specialty drug cost data, and greater oversight of how Medicaid plans manage specialty drug. The recommendations were released by the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), in a report titled *States Could Do More to Oversee Spending and Contain Medicaid Costs for Specialty Drugs*. Recommendations are based on a survey of 51 state Medicaid agencies. [Read More](#)

CMS Announces 2022 Medicare Advantage, Part D Rates; Expects 4 Percent Rise in Payments. The Centers for Medicare & Medicaid Services (CMS) released on January 15, 2021, Medicare Advantage and Medicare Part D plan capitated rates for 2022, noting that it expects average payments to plans to rise by 4.08 percent. Plans have until June 7, 2021, to submit bids for 2022. [Read More](#)

MedPAC to Recommend Medicare Payment Increases for 2022. *Modern Healthcare* reported on January 14, 2021, that the Medicare Payment Advisory Commission (MedPAC) voted to recommend to Congress a two percent increase in Medicare payments to acute-care and long-term care hospitals in 2022, while recommending that physician payments remain the same. Other recommendations include lowering Medicare payments for home health agencies and inpatient rehabilitation facilities by five percent. [Read More](#)

CMS Issues Final Rule Aimed at Lowering Cost-Sharing on Medicare Part D Drugs. The Centers for Medicare & Medicaid Services (CMS), on January 15, 2021, issued a final rule aimed at lowering Medicare enrollee drug cost sharing by allowing Part D plans to add a preferred tier for high-cost specialty drugs beginning next year. The rule also requires Part D plans to offer a cost-sharing comparison tool starting January 1, 2023. Finally, the rule requires Part D plans to disclose to CMS measures used to evaluate pharmacy performance in network agreements. [Read More](#)

CMS Releases Geographic Direct Contracting Model RFA. The Centers for Medicare & Medicaid Services (CMS) released on January 15, 2021, a request for applications (RFA) for its Geographic Direct Contracting Model, which “requires participants to take full risk with 100 percent Shared Savings/Shared Losses for Medicare Parts A and B services for Medicare fee-for-service (FFS) beneficiaries in a defined region.” According to CMS, the model will include two three-year Model Performance Periods, the first beginning January 1, 2022, and the second beginning January 1, 2025. Applications are due April 2, 2021. [Read More](#)



INDUSTRY NEWS

Former WellCare Medicaid Executives Are Pardoned By Trump. *WUSF* reported on January 20, 2021, that before leaving the White House, former President Trump pardoned five former WellCare executives who were convicted in a 2007 case of defrauding Florida's Medicaid program: former WellCare chief executive Todd Farha, former general counsel Thaddeus Bereday, former chief financial officer Paul Behrens, and former vice presidents William Kale and Peter Clay. [Read More](#)

Pennant Group Acquires Sacred Heart Home Health Care. Publicly traded Pennant Group, Inc. announced on January 19, 2021, that it acquired Arizona-based home health services provider Sacred Heart Home Health Care, with operations in Phoenix and Tucson. Pennant provides healthcare services through 80 home health and hospice agencies and 54 senior living communities in 14 states. [Read More](#)

Broadstep Behavioral Health Acquires Excalibur Youth Services. Broadstep Behavioral Health, a North Carolina-based provider of home and community-based services to individuals with intellectual and developmental disabilities, announced on January 19, 2021, the acquisition of Excalibur Youth Services, which operates six treatment facilities in South Carolina, including three group homes, two Psychiatric Residential Treatment Facilities, and one Intensive Services Facility. Excalibur chief executive John Short will join Broadstep as regional vice president for the southeast. Broadstep now has more than 90 facilities serving 1,300 individuals in Illinois, Nebraska, New Jersey, South Carolina, and Wisconsin. [Read More](#)

Help at Home Acquires Indiana-based Home Health Provider. *Home Health Care News* reported on January 14, 2021, that Illinois-based Help at Home acquired home health and hospice provider The Adaptive Group, which has 23 locations across in Indiana. Terms of the transactions were not disclosed. [Read More](#)

Traditions Health Acquires Home Health, Hospice Facilities in Oklahoma, Louisiana. *Home Health Care News* reported on January 14, 2021, that hospice and home health provider Traditions Health has acquired Oklahoma-based home health agencies Traditions Home Care and Secure Home Care. Traditions has also acquired Louisiana-based hospice facilities Grace Hospice & Palliative Care and Heritage Hospice. The hospice acquisitions mark the company's initial entry into the Louisiana market. Terms of the transactions were not disclosed. [Read More](#)

PBM Group Files Lawsuit to Block Rule That Would End Drug Rebates. *Health Payer Specialist* reported on January 13, 2021, that the Pharmaceutical Care Management Association (PCMA), which represents pharmacy benefit managers (PBMs), has filed a federal lawsuit to block a Trump administration rule that would end drug rebates. The rule also seeks to drop provisions that protect Medicare drug rebates from the federal anti-kickback statute. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 2021	Nevada	RFP Release	465,000
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

- Florida Medicaid Managed Care Enrollment is Up 18%, 2020 Data
- Illinois Dual Demo Enrollment is Up 7.5%, Nov-20 Data
- Illinois Medicaid Managed Care Enrollment is Up 19%, Nov-20 Data
- Indiana Medicaid Managed Care Enrollment Is Up 28.9%, 2020 Data
- Maine SNP Membership at 19,330, Nov-20 Data
- Michigan SNP Membership at 45,914, Nov-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 18.7%, 2020 Data
- Montana SNP Membership at 1,875, Nov-20 Data
- Ohio Dual Demo Enrollment is Up 10.5%, 2020 Data
- Rhode Island Dual Demo Enrollment is Down 8.7%, 2020 Data
- Utah Medicaid Managed Care Enrollment is Up 46.4%, Dec-20 Data
- Washington Medicaid Managed Care Enrollment is Up 11.8%, 2020 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Delaware Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) and Related Activities RFP, Jan-20
- Illinois Department of Corrections Medicaid Enrollment and Consultation Services RFQ, Jan-21
- Kentucky Medicaid MCO Pharmacy Benefit Manager (PBM) RFP, Proposals, Scoring and Contract, 2020-21
- Maine Integrated Eligibility System Solution or Configuration RFI, Jan-21
- Maryland Medicaid MCO Capitated Rate Development Procedures Reviews, Accounting, and Consulting Services and MCO, DSH Compliance Auditing RFP, Jan-21
- Utah Pharmacy Point of Sale System RFP, Jan-21

Medicaid Program Reports, Data and Updates:

- U.S. Medicaid, CHIP Enrollment at 77.3 Million, Sep-20 Data
- CMS Medicaid Long Term Services and Supports Annual Expenditures Report, FY 2017-18, Jan-21
- CMS Medicaid Section 1915c Waiver Programs Annual Expenditures and Beneficiaries Report, 2015-17, Jan-21
- HHS OIG Report on How States Could Do More To Oversee Spending and Contain Medicaid Costs for Specialty Drugs, Dec-20
- Alaska DHSS Annual Medicaid Reform Reports, FY 2016-19
- Iowa Wellness Plan 1115 Waiver Documents, 2013-21
- Kansas KanCare Annual 1115 Waiver Reports, 2013-19
- Pennsylvania Community HealthChoices Databooks, CY 2018-21
- Pennsylvania Interagency Health Reform Council (IHRC) Health Care Reform Recommendations, Dec-20
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Dec-20
- Texas 1115 Medicaid Transformation Waiver Documents, 2017-21

- Texas HHS Permanency Planning and Family-based Alternatives Reports, Dec-20
- Texas Medicaid Behavioral Health In Lieu of Services Annual Report, Nov-20
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Dec-20
- Wisconsin Medicaid MCO Actuarial Rate Certifications and Capitation Rates, 2018-21

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- Excel data packages
- RFP calendar

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