

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... February 17, 2021



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IN FOCUS

NEW REPORT SUPPORTS STATE MEDICAID PROGRAMS TO ADVANCE HEALTH JUSTICE

This week, our In Focus highlights the report, [Advancing Health Justice Using Medicaid Data: Key Lessons from Minnesota for the Nation](#). This report was produced by [AcademyHealth](#) in partnership with the [Disability Policy Consortium \(DPC\)](#), a Massachusetts-based cross-disability advocacy and action research organization.

The report was created in response to the disproportionate impact of COVID-19 sickness and deaths on Americans who are Black, African American, Latinx, Native American, Asian, and other people of color; people with disabilities; and people subsisting on poverty-level income. Along with many others, including state Medicaid directors and governors, the authors of this paper believe that state Medicaid programs must address health inequities stemming from racism and discrimination.

The report was authored by [Ellen Breslin, MPP](#), a DPC Board member and principal at Health Management Associates (HMA); DPC's lead researcher and health policy justice expert, [Dennis Heaphy, M.Div. MEd. MPH](#); Tony Dreyfus, MCP, an independent consultant; [Anissa Lambertino, PhD](#), HMA; and [Jeff Schiff, MD, MBA](#), AcademyHealth. Contributors included Susan Kennedy, MPP, MSW, AcademyHealth; Sunita Krishnan, MPH, AcademyHealth; and [Kelsi Jackson, MPH](#), HMA. The authors are grateful to AcademyHealth and DPC for their collaboration in producing this report. All work was performed pro bono.

State Medicaid programs play an essential role in providing health care coverage to millions of Americans who experience institutional and interpersonal discrimination and bias. COVID-19 has made it clear that Medicaid programs need data, new tools, methodologies, and strategies to identify and reduce preventable morbidity and mortality rates in under-resourced communities. This report provides resources to state Medicaid programs to measure health disparities as an initial step in the design and implementation of strategies to advance health justice. The authors highlight the importance of investment in Medicaid data analytics to measure and reduce health disparities and inequities resulting from injustice. Through a health equity lens, the report provides a comprehensive evidence base of health disparities among children and adults covered under Minnesota's Medicaid program.

This report:

1. Provides information to support state Medicaid programs to measure and address health disparities.
2. Highlights the essential contribution to the evidence base by one state's Medicaid program.
3. Urges state Medicaid programs to invest in data and analysis to measure health disparities.
4. Underscores racial injustice, discrimination, bias, and stigma in our health care system.
5. Emphasizes the importance of using an intersectional approach to disparity measurement.
6. Urges state Medicaid programs to invest in data and analysis to measure health disparities.

The authors wish to emphasize that the analytical work presented in this report, although important, should only be considered an initial step in a long process to prioritize health equity. State Medicaid programs must move beyond measurement and take action to reduce health disparities, which will require significant effort and commitment. The report contains several key findings and recommendations for consideration by state Medicaid agencies and federal partners.

For questions, please contact [Ellen Breslin](#).



HMA MEDICAID ROUNDUP

Florida

Florida Healthy Kids Suffers Data Breach Impacting 3.5 Million. *Modern Healthcare* reported on February 12, 2021, that Florida Healthy Kids suffered a data breach that exposed the personal information of approximately 3.5 million individuals who applied or enrolled for coverage between November 2013 and December 2020. Personal data that may have been exposed include name, date of birth, email address, telephone number, financial information, secondary insurance information, and Social Security number. Florida Healthy Kids, a Children's Health Insurance Program, serves children aged five through 18 who exceed the income eligibility for Medicaid. [Read More](#)

Georgia

House Passes Bill for Auto Medicaid Enrollment of Children Eligible for Food Stamps. *The Gwinnett Daily Post* reported on February 18, 2021, that the Georgia House approved a [bill](#) that would direct the state Department of Human Services, Division of Family and Children Services to automatically enroll children receiving food stamps into Medicaid. The bill, which would impact an estimated 60,000 children, now moves to the Georgia Senate. [Read More](#)

Georgia Panel Clears Bill for Auto Medicaid Enrollment of Children Eligible for Food Stamps. *Now Habersham* reported on February 12, 2021, that a Georgia House committee advanced a bill that would direct the state Department of Community Health to automatically enroll children receiving food stamps into Medicaid. The bill could impact tens of thousands of uninsured children in the state, but the new enrollment mechanism would also require federal approval. [Read More](#)

Hawaii

Hawaii Awards Community Care Services Contract to Centene/WellCare. The Hawaii Department of Human Services (DHS) announced on February 10, 2021, that it has awarded its contract to manage the state's Community Care Services (CCS) program to incumbent Centene/WellCare. The contract, which covers behavioral health services to more than 4,500 Medicaid-eligible adults with serious mental illness or serious and persistent mental illness, runs from July 1, 2021, through June 30, 2024, with two optional one-year extensions. Centene/WellCare/Ohana has held the contract since 2013. [Read More](#)

Illinois

Chicago's Oldest Hospital Files For Chapter 11 Bankruptcy. *wttw* reported on February 11, 2021, that Trinity Health-owned Mercy Hospital and Medical Centers in Chicago filed for Chapter 11 bankruptcy. In a statement, Mercy said it was losing staff and experiencing financial losses, challenging its ability to maintain a safe environment. The bankruptcy filing comes two months after the state review board rejected a plan to close Mercy. [Read More](#)

Indiana

Indiana House Passes Bill to Raise Payment Rates to Out-of-State Children's Hospitals. *The Shelbyville News* reported on February 14, 2021, that the Indiana House unanimously passed a bill that would increase Medicaid reimbursement rates to out-of-state children's hospitals treating children from Indiana. The bill is aimed at ensuring Indiana children have access to Chicago children's hospitals by raising rates to more closely match what Medicaid pays Riley Hospital for Children in Indianapolis. The bill now heads to the state Senate. [Read More](#)

Nevada

Nevada Issues PBM RFP For Medicaid FFS, Ryan White Populations. Nevada issued on February 10, 2021, a request for proposals (RFP) to provide pharmacy benefit management (PBM) services to the state's Medicaid fee-for-service (FFS) and the Ryan White AIDS Drug Assistance Program populations. Contracts will run for four years with a one year optional renewal. Contracts are slated to begin July 1, 2021, with implementation expected July 1, 2022. [Read More](#)

Nevada Boys and Girls Club to Bill Medicaid for Youth Behavioral Services. *My News 4* reported on February 11, 2021, that the Boys and Girls Club of Southern Nevada (BGCSN) will begin billing Medicaid for behavioral health services. BGCSN started providing youth behavioral health services two years ago after being awarded a \$200,000 grant to hire two therapists to address barriers to behavioral health. BGCSN is expected to hire three additional therapists. This is the first joint effort of its kind between BGCSN and the state. [Read More](#)

New York

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

New York Awards Medicaid Fiscal Intermediary CDPAP Contracts. The New York State Department of Health awarded on February 11, 2021, fiscal intermediary contracts for the Consumer Directed Personal Assistance Program (CDPAP) request for offers (RFO). The CDPAP is a Medicaid program providing services to chronically ill or physically disabled individuals who require at-home care. The contracts, subject to approval by the Office of the New York State Comptroller, will run for five years.

North Dakota

North Dakota Medicaid Director Calls for Right-Sizing Medicaid Expansion Program. *The Bismark Tribune* published on February 15, 2021, a letter from North Dakota Medicaid director Caprice Knapp, in which she proposes right-sizing the state's Medicaid expansion program to avoid cuts to traditional Medicaid. Knapp said that North Dakota spends \$309 million annually to cover 20,000 Medicaid expansion members, compared to \$300 million for 70,000 traditional Medicaid members. "This amounts to paying about \$14,000 annually per expansion member in North Dakota, compared with \$9,000 in the next highest state," Knapp wrote. "To balance the budget, programs for those traditional Medicaid groups will need to be cut disproportionately....That's unfair." [Read More](#)

Tennessee

Tennessee Republican Plans to Reintroduce Medicaid Expansion Bill. *WATE* reported on February 11, 2021, that Tennessee state Senator Richard Briggs (R-Knoxville) plans to reintroduce a Medicaid expansion bill which could cover about 300,000 adults with incomes up to 138 percent of poverty. The state most recently tried to expand Medicaid in 2015, but the proposal failed to clear the state Senate Commerce Committee. [Read More](#)

Texas

Texas Republican Files Medicaid Expansion Legislation. *The Houston Chronicle* reported on February 12, 2021, that Texas state Representative Lyle Larson (R-San Antonio) filed legislation to bring the question of Medicaid expansion directly to voters. The legislation seeks a state constitutional amendment, which would require a two-thirds majority in both the Texas House and Senate before voters could decide on it. The proposal could cover about 1.3 million adults with incomes up to 138 percent of poverty. [Read More](#)

Washington

Lawmakers Propose Bills to Increase Medicaid Funding During Pandemic. *Crosscut* reported on February 12, 2021, that Washington state lawmakers are proposing a number of bills to increase Medicaid funding during the COVID-19 pandemic. The bills include increasing Medicaid payment rates to primary care physicians, nursing homes, and assisted living facilities serving individuals with dementia as well as extending postpartum coverage from 60 days to one year. In 2020, Governor Jay Inslee vetoed rate increases for primary care physicians and nursing facilities serving individuals with dementia. [Read More](#)

Wisconsin

Governor Proposes Public Option With Medicaid Buy-in. *The Wisconsin State Journal* reported on February 17, 2021, that Wisconsin Governor Tony Evers has included funding in his proposed 2021-23 biennium budget to study a potential public option with a Medicaid buy-in by 2025. The budget also includes funding to transition to a state-based Exchange by 2024. Additionally, Evers is proposing Medicaid expansion, an initiative that was rejected in 2019 by the state legislature. [Read More](#)

National

Biden Has Opportunity to Convince Holdout States to Implement Medicaid Expansion. *Kaiser Health News* reported on February 17, 2021, that the COVID-19 pandemic presents President Biden with an opportunity convince 12 holdout states to implement Medicaid expansion because of strained state budgets and safety nets. Compromises could include limits on eligibility or enhanced federal funding. More than four million individuals could be eligible for Medicaid expansion in the holdout states, which include Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. [Read More](#)

HealthCare.gov Special Enrollment Period Runs February 15 Through May 15. *The Associated Press* reported on February 14, 2021, that the federal HealthCare.gov Exchange re-opened for a three-month special enrollment period from February 15 through May 15 in order to help Americans affected by COVID-19 sign up for health coverage. The Centers for Medicare & Medicaid Services (CMS), which operates a \$50 million advertising budget for the special enrollment period, is seeking to reach out to black and Latino communities that have disproportionately been impacted by the pandemic. The Democrat-led Congress is also pushing for a temporary increase in income-based premium subsidies. [Read More](#)

Conduent to Participate in NASPO Cooperative Purchasing Program for MMIS. Conduent announced on February 16, 2021, that it has been selected to participate in ValuePoint, the cooperative contracting program of the National Association of State Procurement Officials (NASPO). Using ValuePoint, states and U.S. territories can contract with Conduent for Medicaid management information system (MMIS) claims processing and management services business. [Read More](#)

Biden to Revoke Rules Allowing Medicaid Work Requirements. *Politico* reported on February 11, 2021, that the Biden administration plans to revoke federal rules allowing states to implement Medicaid work requirements; however, a draft of the proposal does not specify when the rules would be revoked. Ten states received federal approval to implement Medicaid work requirements. Arkansas is the only state to move forward before being blocked by a federal judge. The Supreme Court is slated to rule on work requirements on March 29. [Read More](#)

Coalition Urges Congress to Further Increase Medicaid FMAP. *American Dental Association* reported on February 11, 2021, that the Partnership for Medicaid issued a letter urging Congress to increase the Medicaid Federal Medical Assistance Percentage (FMAP) by another 5.8 percentage points on top of the 6.2 percent increase enacted as part of the federal COVID-19 relief package. The partnership includes organizations representing providers, hospitals, Medicaid health plans, and others. [Read More](#)

House Proposes 5 Percentage Point FMAP Increase for New Medicaid Expansion States. *The Pennsylvania Capital-Star* reported on February 11, 2021, that the base Medicaid Federal Medical Assistance Percentage (FMAP) would increase by five percentage points for new Medicaid expansion states, according to a House proposal included in the latest \$1.9 trillion COVID-19 relief bill. The higher rate would be available for two years and would apply on top of the existing temporary 6.2 percent increase authorized under the Families First Coronavirus Response Act. [Read More](#)

Congressmen Reintroduce Legislation to Provide Medicaid Coverage to Justice-Involved Populations Prior to Release. *WDTN* reported on February 10, 2021, that Representatives Mike Turner (R-OH) and Paul Tonko (D-NY) reintroduced legislation aimed at providing Medicaid coverage to justice-involved populations for the 30 days prior to their release. The bill, the Medicaid Reentry Act, was first introduced in 2017. [Read More](#)

Biden Administration Says ACA Mandate Is Constitutional In Letter to Supreme Court. *Modern Healthcare* reported on February 10, 2021, that the Biden administration showed its support for the Affordable Care Act (ACA), writing in a letter to the U.S. Supreme Court that it believes the ACA's individual mandate is constitutional. The administration added that the law should stand without the mandate, a reversal from the Trump administration's position. [Read More](#)

ACA Open Enrollment Could Help Millions Gain Medicaid Coverage. The Kaiser Family Foundation reported on February 11, 2021, that President Biden's executive order to reopen enrollment in Affordable Care Act (ACA) Exchanges from February 15 through May 15 could help millions of uninsured individuals gain Medicaid coverage. Nearly a million people who applied for ACA coverage through the federal marketplace during the 2020 open enrollment period were deemed eligible for Medicaid, while millions more who applied through state-based marketplaces were also deemed eligible. A total of 7.3 million uninsured individuals were eligible for Medicaid at the start of the pandemic. The Biden administration plans to spend \$50 million on outreach and education on ACA coverage options. [Read More](#)

CMS Faces Calls to Delay Geographic Direct Contracting Model. *Modern Healthcare* reported on February 10, 2021, that the Centers for Medicare & Medicaid Services (CMS) is facing calls to delay the rollout of its value-based Medicare Geographic Direct Contracting (Geo) model. Some stakeholders fear the Geo model from CMS' Center for Medicare & Medicaid Innovation (CMMI) could cause confusion among Medicare beneficiaries and create complexities for providers in areas where other models, such as accountable care organizations, operate. Geo will test whether a geographic-based approach to care delivery and value-based care can improve health and reduce costs for Medicare beneficiaries across an entire geographic region. CMS released the Geo RFA in January and will accept applications from March through April 2. [Read More](#)



INDUSTRY NEWS

CVS Health to Offer ACA Exchange Plans in 2022. *Modern Healthcare* reported on February 16, 2021, that CVS Health/Aetna will re-enter the Affordable Care Act Exchange market in January 2022, the company announced. Aetna exited the Exchange market in 2018. [Read More](#)

Merida Health Group CEO Is Sentenced to 15 Years in \$154 Million Medicare Fraud Scheme. *NJToday.net* reported on February 15, 2021, that a federal court sentenced Henry McInnis, chief executive of Texas-based Merida Health Group, to 15 years in prison after a jury found him guilty of a \$154 million Medicare fraud scheme involving false claims for hospice care. McInnis illegally enrolled thousands of patients into his company's hospice programs for which they were otherwise unqualified. Rodney Mesquias, the owner of the hospice and home health entities, was sentenced to 20 years in prison late last year. The Department of Health and Human Services, Office of Inspector General; the FBI; and the Texas Health and Human Services Commission conducted the investigation. [Read More](#)

CVS Health Appoints Kelly Munson to Head Aetna Medicaid. CVS Health announced on February 11, 2021, that it has named Kelly Munson as president of Aetna Medicaid. Munson was previously with Centene/WellCare Health Plans. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 2021 - Delayed	Nevada	RFP Release	465,000
January 26, 2021 - Delayed	Ohio	Awards	2,450,000
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, Children; MinnesotaCare (metro)	Proposals Due	548,000
May 10, 2021	Minnesota MA Families, Children; MinnesotaCare (metro)	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	Missouri	RFP Release	756,000
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 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
October 1, 2021	Oklahoma	Implementation	742,000
November 2021	Missouri	Awards	756,000
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 2022	Minnesota MA Families and Children, MinnesotaCare	RFP Release	543,000
January 1, 2022	Minnesota MA Families, Children; MinnesotaCare (metro)	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
July 1, 2022	Missouri	Implementation	756,000
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
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
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

COMPANY ANNOUNCEMENTS

MCG Health Launches New Solution to Improve Hospital Admission Decisions and Enhance Clinical Documentation

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Missouri Medicaid Managed Care Enrollment is Up 1.6%, Jan-21 Data
- Mississippi Medicaid Managed Care Enrollment is Up 1.8%, Jan-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 3.4%, Jan-21 Data
- North Carolina Medicaid Enrollment by Aid Category, 2020 Data
- New Mexico Medicaid Managed Care Enrollment is Up 11.6%, 2020 Data
- Nevada Medicaid Managed Care Enrollment is Up 25.8%, 2020 Data
- New York CHIP Managed Care Enrollment is Down 4.5%, 2020 Data
- New York Medicaid Managed Care Enrollment is Up 16.3%, 2020 Data
- South Carolina Dual Demo Enrollment is Up 11.4%, Oct-20 Data
- Tennessee Medicaid Managed Care Enrollment is Up 0.8%, Jan-21 Data
- Texas Medicaid Managed Care Enrollment is Up 13.1%, Nov-20 Data
- Virginia Medicaid Managed Care Enrollment is Up 22.9%, 2020 Data
- Virginia Medicaid MLTSS Enrollment is Over 266,000, 2020 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 22.7%, Nov-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Delaware Medicaid MCO Contract and Addendum, 2018-19
- Hawaii Community Care Services Program (CCS) RFP, Award, Appendices, Amendments, and Q&A, 2020
- Louisiana Medicaid MCO Contracts and Amendments, 2020
- Nevada Medicaid FFS Pharmacy Benefits Manager RFP, Feb-21
- Virginia Commonwealth Coordinated Care Plus MLTSS MCO Contracts, 2017-21

Medicaid Program Reports, Data and Updates:

- Preliminary CMS-64 Medicaid Financial Management Report, 2020
- Colorado Department of Health Care Policy & Financing Annual Reports, 2015-20
- Maryland Medicaid Analysis of HSCRC Programs on Dual Beneficiaries, Nov-20
- Montana Medicaid Expansion Dashboard, Jan-21
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Ohio OBM Monthly Financial Reports, 2021
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Feb-21
- South Carolina House Ways and Means HHS Subcommittee FY 2022 Budget Request, Feb-21
- Texas Foster Care Rate Methodology Report, Feb-21

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

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

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