

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... March 2, 2022



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

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- ARKANSAS ANNOUNCES HCBS WORKFORCE STABILIZATION PROGRAM
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- **HMA WELCOMES: JULIE WHITE (PHILADELPHIA, PA)**
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IN FOCUS

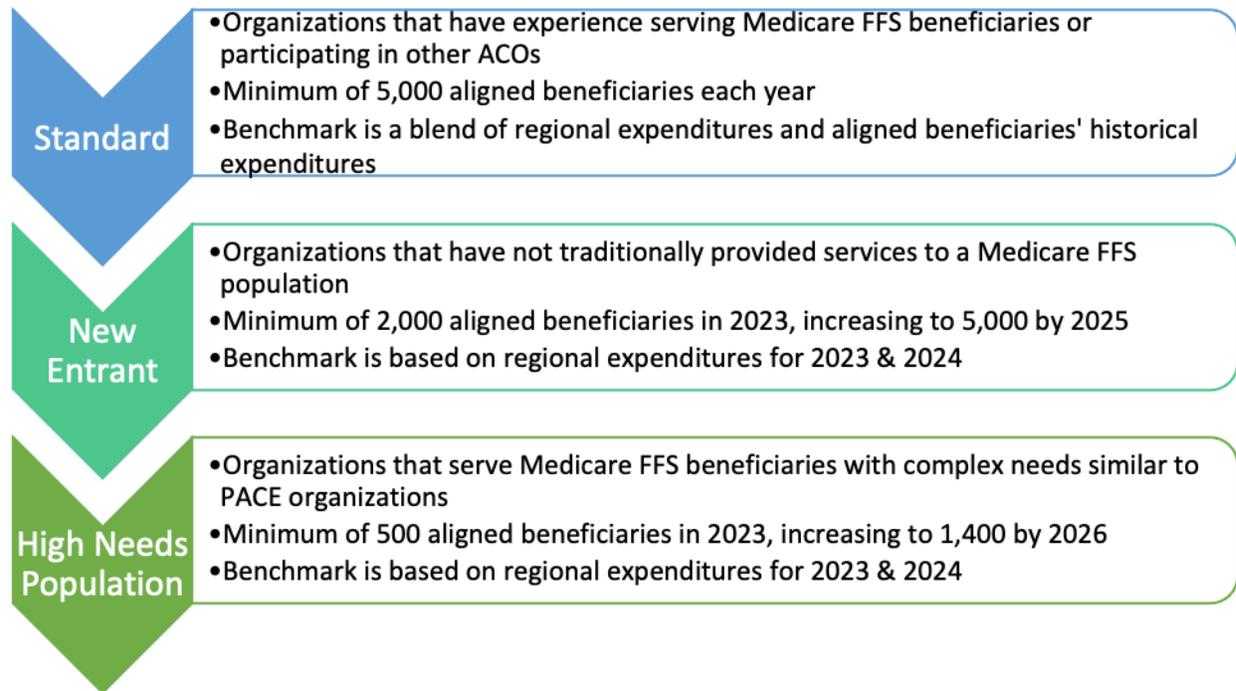
CMS WILL ACCEPT APPLICATIONS FOR NEW MEDICARE ACO REACH MODEL

This week our *In Focus* section reviews the Centers for Medicare & Medicaid Services' (CMS) Innovation Center's newly announced model - Accountable

Care Organization Realizing Equity, Access, and Community Health (ACO REACH). CMS will accept applications from organizations interested in participating and is particularly interested in partnering with provider-led organizations and similar groups with direct patient care experience and a strong track record serving underserved populations that focus on primary care to better manage Medicare beneficiaries’ health. Applications are due by April 22, 2022.

The ACO REACH model is a re-branding of the existing Global and Professional Direct Contracting (GPDC) model that began in 2021 and shares many of the same features of that model. It will continue to test a set of three voluntary payment model options aimed at reducing expenditures and preserving or enhancing quality of care for beneficiaries in traditional, fee-for-service (FFS) Medicare (Figure 1).

Figure 1. There are Three Options for Organizations to Participate in ACO REACH



Note: ACO (accountable care organization), FFS (fee-for-service), PACE (Program of All Inclusive Care for the Elderly). Benchmark methodology is determined in part by the method used to align beneficiaries with ACOs.

The new cohort will begin participation in the ACO REACH Model on January 1, 2023, and may continue through December 31, 2026. Current GPDC Model participants must agree to meet all ACO REACH Model requirements to continue participating. This includes developing a health equity plan and ensuring that participating providers hold at least 75 percent of the governing board voting rights by January 1, 2023.

ACOs must make arrangements with Medicare-enrolled providers or suppliers to participate in the model and contribute to the ACO’s goals. In the REACH model, ACOs can form relationships with two groups of providers:

- Participant Providers
 - Are used to align beneficiaries to the ACO
 - Are required to accept payment from the ACO through their negotiated payment arrangement with the ACO
 - Report quality
- Preferred Providers
 - Are not used to align beneficiaries to the ACO
 - Can elect to accept payment from the ACO through a negotiated payment arrangement with the ACO
- Both kinds of providers
 - Continue to submit claims to Medicare and accept reduced claims payments
 - Are eligible to receive shared savings
 - Have the option to participate in benefit enhancements or patient engagement incentives

ACOs will have the choice of two risk-sharing arrangements—the Global Option and the Professional Option (Figure 2). In either option, participating providers accept Medicare reduced claims payment amounts and agree to receive at least some compensation from their ACO.

Figure 2. There are Two ACO REACH Risk-Sharing Arrangements

Professional Option	Global Option
<ul style="list-style-type: none"> •The ACO assumes risk for 50% of savings and losses. •The benchmark is not discounted. •Must participate in Primary Care Capitation (PCC) (see Figure 3). 	<ul style="list-style-type: none"> •The ACO assumes risk for 100% of savings and losses. •A discount is applied to the benchmark before savings/losses are calculated: 3% in 2023, increasing to 3.5% in 2025 •May participate in either Total Care Capitation (TCC) or Primary Care Capitation (PCC) (see Figure 3).

ACO REACH offers two payment mechanisms which pay participating organizations a monthly capitated amount based on reduced claims amounts. All ACOs in the REACH model must participate in one of the capitation payment mechanisms (Figure 3). An ACO electing Primary Care Capitation (PCC) may also elect to accept claims reduction through the optional Advanced Payment Option (APO). The APO is available only to Preferred and Participant Providers of a DCE electing PCC. It is up to each individual provider to decide whether they want to pursue claims reduction via the APO, and each provider may choose the desired percent reduction for relevant FFS claims (1 percent - 100 percent). Because APO applies to non-primary care services (i.e., services for which PCC does not apply), APO is complementary to PCC in that APO and PCC will never apply to the same service.

Figure 3. There are two ACO REACH payment mechanisms

Total Care Capitation (TCC)	Primary Care Capitation (PCC)
<ul style="list-style-type: none">•The capitated payment to the ACO applies to all services covered by Medicare Parts A and B that are provided to aligned beneficiaries by Participant and Preferred providers participating in TCC.•Providers will receive fee-for-service (FFS) payments only for the portion of claims that are outside the scope of the TCC	<ul style="list-style-type: none">•The capitated payment to the ACO applies only to certain primary care services provided to aligned beneficiaries by Participant and Preferred providers participating in PCC•Providers will continue to receive FFS payment for non-primary care services that are outside the scope of the PCC payment.•An ACO electing PCC may also elect to receive reduced FFS payments for non-primary care services under the optional Advanced Payment Option (APO).

The impact of decisions made about TCC versus PCC vary depending on the performance year and whether providers have opted to be Participant or Preferred providers (Table 1).

The model design decisions potential ACO REACH participants make can have a substantial impact on their savings and loses. This includes decisions such as, type of DCE, selection of Participant and Preferred providers, risk-sharing arrangements, payment mechanisms, and other choices. More detail on these choices is included in a [white paper](#) available from actuaries [Ivy Dong](#) and [Dani Cronick](#) of Wakely, an HMA company. HMA staff and our family of companies have extensive experience in assessing the implications of these decisions for the ACO REACH model and other Innovation Center opportunities. If your organization is interested in assessing its ACO REACH opportunities, contact [Jennifer Podulka](#), [Amy Bassano](#), [Kelsey Stevens](#), or [Kate de Lisle](#) to learn how our expert team can assist with a data-based consultation.



HMA MEDICAID ROUNDUP

Arizona

Arizona Prioritizes Medicaid Eligibility Redetermination Process After PHE Ends. *State of Reform* reported on February 23, 2022, that the Arizona Health Care Cost Containment System included among its 2022 priorities the redetermination of Medicaid eligibility after the end of the public health emergency (PHE). The agency has identified approximately 500,000 individuals who could lose coverage and is working on a process to connect them with coverage. [Read More](#)

Arkansas

Arkansas Announces \$112 Million in Funding for HCBS Workforce Stabilization Incentive Program. The Arkansas Department of Human Services announced on February 25, 2022, the availability of \$112 million in funding for the Home and Community-Based Services (HCBS) Workforce Stabilization Incentive Program. The program targets HCBS providers serving individuals who are aging, have high mental health needs, or are physically or developmentally disabled. The funding is provided through a combination of state and federal funds from the American Rescue Plan Act. There are roughly 78,000 Arkansans who receive these services. [Read More](#)

California

California to Discontinue Child Health and Disability Prevention Program, Expand Presumptive Eligibility. California Governor Gavin Newsom released on January 10, 2022, a fiscal 2023 budget proposal that includes a provision to discontinue the Child Health and Disability Prevention program by July 1, 2023. The proposal also expands the Presumptive Eligibility Program to include all applicable Medi-Cal providers; thereby permitting more providers to make presumptive eligibility determinations and expanding access to Medi-Cal services for more children/youth. Under the proposal, the state's Childhood Lead Poisoning Prevention program will also move to managed care. [Read More](#)

California Takes Emergency Measures to Fill Prescriptions, Reduce Call Wait Time After Switch to Single PBM. *California Healthline* reported on February 24, 2022, that California has taken emergency action to fill prescriptions and address call waiting times after contracting with Magellan Health to be the state's single pharmacy benefit manager (PBM). Measures include removing prior authorization requirements for most medications, giving pharmacists codes to override prescription denials, and temporarily providing Magellan with additional staff to reduce call wait times. [Read More](#)

Colorado

Colorado Pauses Medicaid Prior Authorization Requirements Amid Provider Complaints. *The Colorado Sun* reported on February 28, 2022, that the Colorado Department of Health Care Policy and Financing (HCPF) has paused Medicaid prior authorization requirements amid complaints from providers of mental health, pediatric home health, speech pathology, physical and occupational therapy, and certified nursing assistants. Providers cited long delays and denials from Kepro, the state's prior authorization vendor, on a call with HCPF. [Read More](#)

Florida

Senate Committee Advances Scaled Back Plan to Merge Medicaid Managed Care Regions. *Florida Politics* reported on February 28, 2022, that the Florida Senate Committee on Appropriations advanced a scaled back version of the state's proposed merger of certain Medicaid managed care regions. Under the amended legislation, which now goes to the full Senate, the number of Medicaid regions would go from 11 to nine, with the merger of regions one and two, and three and four. Regions five and six would remain separate. A House version would also merge regions five and six to create eight regions. [Read More](#)

Florida Legislature Consider Bills to Set Floor for DME Rates Paid by Medicaid Plans. *HME Business* reported on February 24, 2022, that the Florida House and Senate are considering two bills (HB 1165 and SB 1540) that would require Medicaid managed care plans to set minimum reimbursement rates for durable medical equipment (DME). The minimum would mirror the state's current DME fee schedule. [Read More](#)

Georgia

Georgia House Committee Advance Bill to Carve-Out Medicaid Pharmacy Benefits. *Georgia Health News* reported on February 25, 2022, that the Georgia House Special Committee on Access to Quality Health Care approved a bill (House Bill 1351) that would carve out pharmacy benefits from the Medicaid managed care program. Under the bill, which now moves to the House Rules Committee, pharmacy benefits would be managed by the state Department of Community Health. [Read More](#)

Georgia House Passes Bill to Extend Medicaid Coverage to Childless Adults with HIV Below 138 Percent of Poverty. *Georgia Health News* reported on February 23, 2022, that the Georgia House passed a bill (House Bill 1192) that would extend Medicaid coverage to Georgians with HIV not previously eligible for Medicaid, including childless adults with income less than 138 percent of the federal poverty level. The coverage extension, which would be available through a federal waiver, would cover approximately 13,000 individuals. [Read More](#)

Hawaii

Hawaii Launches Program to Help Homeless Medicaid Beneficiaries Find Housing. *KITV4* reported on February 24, 2022, that Hawaii recently began a Community Integration Services program, which allows case workers to bill Medicaid for time spent helping homeless individuals find housing. [Read More](#)

Illinois

Illinois Bill Would Expand Medicaid Coverage to 150,000 Undocumented, Legal Residents. *WBEZ Chicago* reported on March 1, 2022, that the Illinois House is currently considering the Healthy Illinois For All bill (House Bill 4437), which would extend Medicaid coverage to nearly 150,000 undocumented residents and certain legal residents aged 19 to 54. Advocates estimate this expansion could cost \$270 million per year. [Read More](#)

Kentucky

House Considers Bill to Require Medicaid Reimbursement for Services Provided by Community Health Workers. *The Sentinel Echo* reported on March 1, 2022, that the Kentucky House is considering a bill (House Bill 525) that would require Medicaid reimbursement for some services provided by community health workers. The measure, which would require federal approval, would also simplify the certification process for community health workers. The bill was recently passed by the House Health and Family Services Committee. [Read More](#)

House Passes Bill to Extend Postpartum Medicaid Coverage to 12 Months. *Kentucky Health News* reported on February 23, 2022, that the Kentucky House passed a bill (House Bill 174) that would extend postpartum Medicaid coverage from 60 days to 12 months. The bill now moves to the Senate. [Read More](#)

Michigan

Michigan Enacts Law to Regulate PBMs, Create Transparency. *The Associated Press* reported on February 24, 2022, that Michigan enacted legislation aiming at reducing prescription drug costs by requiring pharmacy benefit managers (PBMs) to file transparency reports and be licensed by the state. The law, which was signed by Governor Gretchen Whitmer, also bans spread pricing and gag clauses that prevent pharmacists from informing patients of less expensive options. [Read More](#)

Minnesota

Minnesota Releases RFP for Systems Integrator to Lead MES Modernization.

The Minnesota Department of Human Services released on February 28, 2022, a request for proposals (RFP) for at least one systems integrator to lead the modernization of the state's Medicaid Enterprise Systems (MES), including the integration of new modules and functionality. Proposals are due on April 18, and awards are expected on May 9. The contract will begin on July 1, 2022 and run for three years with the option for one extension.

Mississippi

House Committee Considers Bill to Extend Medicaid Coverage to Medically Frail Parolees.

The Clarion Ledger reported on March 1, 2022, that the Mississippi House Medicaid Committee is considering a bill that would allow medically frail incarcerated individuals to be paroled to specially licensed nursing homes covered by Medicaid. Currently, only a small number of individuals are granted medical parole. The bill recently passed the state Senate. [Read More](#)

Missouri

Missouri Budget Includes Provision to Block Medicaid Beneficiaries from Receiving Health Care Services at Planned Parenthood. *KMA* reported on February 27, 2022, that the Missouri supplemental budget bill that was signed into law includes a provision that blocks Medicaid beneficiaries from accessing health care services from Planned Parenthood. Last year, the Missouri Supreme Court struck down a similar budget provision. While Medicaid cannot cover abortion, Planned Parenthood provides many other health care services. [Read More](#)

Missouri House Passes Measure to Block Medicaid Expansion Funding in Future. *The Fairfield Citizen/The Associated Press* reported on February 24, 2022, that the Missouri House passed a measure that would allow voters to decide in November whether to allow the legislature to block Medicaid expansion funding in the future. The measure now goes to the Senate. The state already enacted a fiscal 2023 budget bill including funding for expansion. [Read More](#)

Governor Signs Fiscal 2023 Budget With Medicaid Expansion Funding. *St. Louis Public Radio* reported on February 23, 2022, that Missouri Governor Parson signed the state's fiscal 2023 budget, including funding for Medicaid expansion. The budget prohibits funds from going to organizations that provide abortions. [Read More](#)

New Hampshire

New Hampshire Senate Passes Bill to Cover Adult Dental Benefits through Managed Care. *Foster's Daily Democrat* reported on March 1, 2022, that the New Hampshire Senate unanimously passed a bill requiring the state to cover adult Medicaid dental preventive care benefits by contracting with dental managed care plans. The bill now heads to the House for approval. [Read More](#)

New York

New York to Address Equity through Public Health Activities in Medicaid 1115 Waiver Application. *Politico* reported on March 1, 2022, that New York State will submit a 1115 waiver renewal application that incorporates public health activities to address disparities highlighted by the pandemic into the Medicaid program, according to state Medicaid director Brett Friedman. The state has set a goal of implementing the program by January 2023. [Read More](#)

New York 1199SEIU Home Care Workers to Receive \$30 Million in Back Pay. *Crain's New York Business* reported on March 1, 2022, that an arbitrator ordered 42 home care agencies to pay \$30 million in back wages and penalties to more than 100,000 home care workers represented by 1199SEIU. The union filed the grievance in 2019, arguing that the workers failed to receive pay for overtime and travel time, among other violations. [Read More](#)

New York eHealth Collaborative Announces David Horrocks as New CEO. New York eHealth Collaborative announced on February 22, 2022, the appointment of David Horrocks as chief executive. Previously, Horrocks was the president and CEO of CRISP, Maryland's Health Information Exchange. [Read More](#)

North Carolina

North Carolina Medicaid Expansion Is 'Good Deal,' Medicaid Director Says. *The Transylvania Times* reported on March 1, 2022, that Medicaid expansion is "a really good deal for North Carolina," according to state Medicaid director Dave Richard. Richard told a joint legislative committee that enhanced federal matching funds and the health needs of North Carolinians make now a good time for the state to expand. Governor Roy Cooper proposed funding the expansion through an existing tax on private Medicaid plans and additional hospital assessments. [Read More](#)

North Carolina Medicaid Plans Help Address Social Determinants of Health, Report Finds. North Carolina for Better Medicaid (NCBM) and Health Management Associates (HMA) reported on February 28, 2022, that North Carolina's transition to Medicaid managed care is helping beneficiaries by addressing social determinants of health, such as access to nutritious food, safe housing, and reliable transportation. The report also found that managed care provides greater accountability, coordination, flexibility, and choice. North Carolina switched to managed care on July 1, 2021. [Read More](#)

Oregon

Oregon Withdraws Request for Closed Medicaid Formulary. *STAT* reported on February 28, 2022, that the Oregon Health Authority (OHA) withdrew a request for a closed Medicaid formulary from the state's 1115 waiver renewal application. The formulary included only one drug for each therapeutic class. OHA is pursuing a separate request to exclude drugs with inadequate evidence of efficacy from the Medicaid program. [Read More](#)

Oregon Seeks Two Year Continuous Medicaid Eligibility. *Modern Healthcare* reported on February 23, 2022, that the Oregon Health Authority is seeking approval from the Centers for Medicare & Medicaid Services to allow Medicaid enrollees to receive two years of continuous eligibility without redeterminations. The request, which is included in the state's 1115 waiver renewal application, also seeks to allow children to remain enrolled in Medicaid until age six without redeterminations. [Read More](#)

Tennessee

Governor Proposes Expansion of Dental Benefits to All Medicaid Enrollees. *WPLN News* reported on March 1, 2022, that Tennessee Governor Bill Lee has proposed an expansion of the state's Medicaid dental coverage to all TennCare enrollees in his recommended fiscal 2023 budget. The budget also includes rate increases for dental providers and a \$94 million investment in the state's dental schools with loan forgiveness for providers who practice in underserved areas. [Read More](#)

Washington

Senate Passes Bill to Increase Well-Child Check-ups Covered by Medicaid FFS. *The Lynden Tribune* reported on February 23, 2022, that the Washington state Senate passed a bill to increase the number of well-child checkups covered by Medicaid fee-for-service programs to 31, an increase of nine check-ups. The change, which will be effective July 1, 2022, will impact 50,000 children through age 19. The state's Medicaid Medicaid managed care program already offers 31 well-child check-ups. [Read More](#)

Wisconsin

Wisconsin Lawmakers Introduce Bill to Create BadgerCare Public Option, Implement Medicaid Expansion. *The Chronotype* reported on February 28, 2022, that Democrats in the Wisconsin legislature introduced a bill that would create a Medicaid public option, implement Medicaid expansion, and create a state health insurance exchange to replace the federal Healthcare.gov platform. The public option would be available to certain individuals over the Medicaid income limit. It is unlikely the bill will pass the Republican-controlled legislature. [Read More](#)

Wyoming

Governor Names Stefan Johansson as Health Director. The Wyoming Department of Health (WDH) announced on February 28, 2022, the appointment of Stefan Johansson as director. Johansson has served as interim director since May 2021 and has been at WDH since 2013. [Read More](#)

Senate Rules Committee Deems Medicaid Expansion Budget Amendment Unconstitutional. *The Wyoming Tribune Eagle/Wyoming News Exchange* reported on February 24, 2022, that the Wyoming Senate Rules Committee voted that a proposed Medicaid expansion amendment to the budget bill (House Bill 20) was unconstitutional. The amendment was never introduced in the House. [Read More](#)

National

Biden Seeks Permanent Boost to Exchange Plan Subsidies, Nursing Home Staffing Requirements. *Fierce Healthcare* reported on March 1, 2022, that President Biden called for making enhanced Exchange plan subsidies permanent and establishing staffing requirements for nursing homes during his State of the Union address. Enhanced subsidies enacted by the American Rescue Plan Act expire after 2022. [Read More](#)

MACPAC Finds Low Staffing Rates Contribute to Health Disparities in Nursing Homes Serving High Share of Medicaid Members. The Medicaid and CHIP Payment and Access Commission (MACPAC) released an issue brief in March 2022, which found that low staffing rates contribute to health disparities in nursing homes serving a high share of Medicaid beneficiaries; these facilities also tend to have a higher proportion of Black and Hispanic residents. The brief found that state policies that encourage higher staffing levels like cost-based staffing payments can help address staffing shortages, as well as requiring minimum staffing standards beyond federal requirements. [Read More](#)

MACPAC Virtual Meeting Scheduled for March 3-4. The Medicaid and CHIP Payment and Access Commission (MACPAC) will hold its next virtual public meeting March 3-4. Registration is available on the MACPAC website, and public comments will be accepted during the meeting. Topics to be covered include:

- A discussion on directed payments in managed care and proposed recommendations for the June report to Congress;
- Improving the uptake of electronic health records by behavioral health providers and recommendations for the June report to Congress;
- Leveraging Medicaid policy levers to promote health equity;
- A review of a draft chapter for the June report to Congress on requiring states to develop an integrated care strategy for dually eligible beneficiaries and votes on a proposed recommendation;
- An examination of managed care rate setting, actuarial soundness, and implications for efficiency, access, and value in Medicaid;
- An update from a roundtable discussion about whether existing risk mitigation and rate setting tools are sufficient to deal with external shocks;
- Considerations in redesigning the home-and community-based services benefit; and
- Recommendations for the June report to Congress on access to vaccines for adults enrolled in Medicaid. [Read More](#)

Medicaid Enrollees Are Vaccinated at Lower Rates than General Population, Study Finds. *Kaiser Health News* reported on February 28, 2022, that states including Alabama, California, Ohio, Utah, Virginia, and Washington reported significantly lower rates of vaccination among Medicaid enrollees compared to the general population. Difficulties in contacting Medicaid enrollees and misconceptions about COVID-19 were among the potential reasons cited for the disparities. [Read More](#)

Behavioral Health Provider Payment Rates Are Central to Debate Over Proposed Legislation. *Modern Healthcare* reported on February 24, 2022, that providers, patient advocates, and lawmakers are pushing for higher reimbursement rates and fewer coverage restrictions in proposed federal behavioral health legislation. Key lawmakers have said that payment reform will be part of the legislation, which could be introduced this summer. [Read More](#)

Uninsured Rate of Black Americans Falls 40 Percent after ACA, Report Finds. The U.S. Department of Health and Human Services (HHS) released on February 23, 2022, a report showing that the uninsured rate among Black Americans under age 65 fell 40 percent from 7.1 million in 2011 to 4.4 million in 2019 after the implementation of the Affordable Care Act (ACA). The report added that states without Medicaid expansion had the highest percentage of Black Americans who are uninsured. [Read More](#)

CMS Releases Medicare ACO REACH Model RFA. The Centers for Medicare & Medicaid Services (CMS) released on February 24, 2022, a request for applications (RFA) for the Accountable Care Organizations (ACO) Realizing Equity, Access, and Community Health (REACH) Model. ACO REACH, an updated version of the Global and Professional Direct Contracting Model, will test two financial risk sharing options to improve the quality of Medicare services provided to beneficiaries, including those in underserved populations. Applications for the 2023 performance year are due by April 22. [Read More](#)

AHIP Official Warns of Potential Medicare Advantage, Medicaid Coverage Losses After End of PHE. *Healthcare Finance* reported on February 23, 2022, that millions of individuals enrolled in Medicaid and Medicare Advantage are at risk of losing coverage after the end of the public health emergency (PHE), according to Mark Hamelburg, senior vice president of federal programs for trade group America's Health Insurance Plans (AHIP). Hamelburg made the comments during AHIP's annual State of the Industry presentation. Other areas of focus for AHIP in the coming year include health equity, telehealth, and surprise medical bills. [Read More](#)



INDUSTRY NEWS

TPG's Rise Fund Acquires Blue Cloud Pediatric Surgery Centers. TPG's The Rise Fund announced on February 28, 2022, the acquisition of Blue Cloud Pediatric Surgery Centers, an operator of pediatric dental ambulatory surgery centers. Blue Cloud has 15 facilities in six states and primarily serves Medicaid and special needs patients. Terms were not disclosed. [Read More](#)

Centene CEO Michael Neidorff to Take Medical Leave. Centene Corporation announced on February 24, 2022, that chairman and chief executive Michael Neidorff will take medical leave for a treatable condition effective immediately. James Dallas has been named acting chairman, while day-to-day management will be led on an interim basis by an expanded office of the chairman consisting of vice chairwoman Sarah London, president and chief operating officer Brent Layton, chief financial officer Drew Asher, and chief administrative officer Shannon Bagley. Centene previously announced that Neidorff would retire this year, with the search for a new chief executive expected to be completed no later than the second quarter. [Read More](#)

SCAN, Commonwealth Care Alliance Launch myPlace Health PACE. SCAN Health Plan announced on February 22, 2022, a partnership with Commonwealth Care Alliance to launch myPlace Health, a Program for All-Inclusive Care for the Elderly (PACE). Robbie Pottharst, formerly of CareMore Health, Kaiser Permanente, and Cityblock Health, was named chief executive. [Read More](#)

RFP CALENDAR

RFP information and dates reflect publicly available state information.

Date	State/Program	Event	Beneficiaries
2022	Georgia	RFP Release	1,800,000
2022	Nebraska	RFP Release	331,000
March 4, 2022	MississippiCAN, CHIP	Proposals Due	480,000
March 15, 2022	Delaware	Proposals Due	280,000
March 29, 2022	Texas STAR+PLUS	RFP Release	538,000
April 1, 2022	Minnesota MA Families and Children, MinnesotaCare	Proposals Due	470,000
April 11, 2022	California Medi-Cal: Two-Plan, GMC, Regional	Proposals Due	3,100,000
May 2022	Indiana MLTSS	RFP Release	NA
May 9, 2022	Minnesota Senior Health Options, Senior Care Plus	Awards	64,000
May 9, 2022	Minnesota Special Needs BasicCare	Awards	63,000
May 11, 2022	Iowa	Proposals Due	780,000
May 31, 2022	Texas STAR+PLUS	Proposals Due	538,000
June 2022	Texas STAR Health	Awards	43,700
June 1, 2022	Delaware	Awards	280,000
July 2022	MississippiCAN, CHIP	Awards	480,000
July 1, 2022	Ohio	Implementation	2,450,000
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	NA
July 1, 2022	Missouri	Implementation	850,000
July 1, 2022	Louisiana	Implementation	1,600,000
July 24, 2022	Minnesota MA Families and Children, MinnesotaCare	Awards	470,000
August 2022	California Medi-Cal: Two-Plan, GMC, Regional	Awards	3,100,000
August 31, 2022	Iowa	Awards	780,000
Fall 2022	Florida	RFP Release	3,500,000
September 2, 2022	New Mexico	RFP Release	800,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
November 4, 2022	New Mexico	Proposals Due	800,000
First Quarter 2023	Indiana MLTSS	Awards	NA
January 2023	Texas STAR+PLUS	Awards	538,000
January 1, 2023	Delaware	Implementation	280,000
January 1, 2023	Tennessee	Implementation	1,500,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	470,000
January 1, 2023	Minnesota Senior Health Options, Senior Care Plus	Implementation	64,000
January 1, 2023	Minnesota Special Needs BasicCare	Implementation	63,000
Mar. 2023 - May 2023	Texas STAR & CHIP	Awards	3,700,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
July 1, 2023	Rhode Island	Implementation	303,500
July 1, 2023	Iowa	Implementation	780,000
Sep. 2023 - Nov. 2023	Texas STAR Kids	Awards	166,000
Sep. 2023 - Nov. 2023	Texas STAR Health	Implementation	43,700
September 2023	Texas STAR+PLUS	Implementation	538,000
2024	Indiana MLTSS	Implementation	NA
January 1, 2024	California Medi-Cal: Two-Plan, GMC, Regional	Implementation	3,100,000
Jun. 2024 - Aug. 2024	Texas STAR & CHIP	Implementation	3,700,000
Dec. 2024 - Feb. 2025	Texas STAR Kids	Implementation	166,000

COMPANY ANNOUNCEMENTS

The Food and Drug Administration and the Accelerated Approval Process

MCG Health Releases 26th Edition of Care Guidelines with Updates for Innovative Care Models and Health Equity

HMA WELCOMES

Julie White - Principal

With more than 25 years of experience in comprehensive healthcare and justice-related service delivery, Julie White has developed policy, strategic plans and utilized implementation science to improve complex care operations, behavioral health programs, and streamline processes to improve quality and overall care delivery.

She has worked alongside managed care organizations, large healthcare systems, community advocacy groups, and academic medical centers, most recently serving as chief operating officer for Rutgers University Correctional Health Care (UCHC). In that role she was responsible for statewide correctional healthcare contracts, annual budget management and oversight of staff and faculty.

While at UCHC, she led the response to the onset of the COVID-19 pandemic across the system's multiple congregate settings. The multi-pronged response included implementing ongoing weekly universal testing and vaccination, as well as safety protocols, supply chain management and workforce infrastructure plans to ensure continuity of care and adjustment throughout the pandemic.

During her career, Julie has focused on building and improving cross-functional relationships and developing collaborative programs. She served in various leadership positions at the University of Massachusetts Medical School where she directed health and criminal justice programs and served as the central point of contact for all client interactions with the Federal Bureau of Prisons. Additionally, she served as president of Veritas Correctional Services where she founded and led operations of the consulting business which provided client management and expertise across the correctional healthcare spectrum.

Julie's background, varied and deep in expertise, also includes serving as adjunct faculty at multiple universities and colleges where she developed and taught curriculum centered around sociology and criminal justice. She is a mental health clinician who has also provided direct oversight of offender services operations at the Suffolk County House of Correction.

She earned a Master of Social Work from Syracuse University and a bachelor's degree in psychology and criminal justice from the State University of New York, Geneseo.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Georgia Medicaid Management Care Enrollment is Up 1.9%, Feb-22 Data
- Georgia Medicaid Managed Care Enrollment is Up 2.6%, Mar-22 Data
- Mississippi Medicaid Managed Care Enrollment is Down 3.9%, Feb-22 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 19.8%, 2021 Data
- New Jersey Medicaid Managed Care Enrollment is Up 9.8%, 2021 Data
- Oklahoma Medicaid Enrollment is Up 22%, 2021 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 9.6%, 2021 Data
- West Virginia Medicaid Managed Care Enrollment is Up 0.8%, Jan-22 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Minnesota MES Modernization Systems Integrator RFP, Feb-22

Medicaid Program Reports, Data and Updates:

- Connecticut Department of Social Services Annual Reports, 2012-21
- Hawaii QUEST Integration Annual CMS Monitoring Report, FY 2019-21
- Iowa Managed Care Annual Performance Reports, 2016-21
- Iowa Medical Assistance Advisory Council Meeting Materials, 2016-22
- Massachusetts Annual Medicaid Audit Reports, 2019-22
- Nevada Medical Care Advisory Committee Meeting Materials, Oct-21
- North Carolina Plan for HCBS Implementation of the American Rescue Plan Act and Quarterly Report, Jan-22
- Ohio Medicaid Managed Care CAHPS Reports, 2018-19
- Ohio Medicaid Managed Care HEDIS Reports, 2018-19

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