

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... March 9, 2022



[RFP CALENDAR](#)

[HMA News](#)

Edited by:

Alona Nenko

[Email](#)

Carl Mercurio

[Email](#)

Mary Goddeeris, MA

[Email](#)

THIS WEEK

- [IN FOCUS: HMA EXPERTS LAY OUT SCENARIOS FOR TRANSITIONING FROM COVID-19 PUBLIC HEALTH EMERGENCY](#)
- [ALASKA RELEASES MMIS RFI](#)
- [CALIFORNIA MEDICAID TELEHEALTH VISITS SOAR](#)
- [GEORGIA HOUSE APPROVES MINIMUM MLR FOR MEDICAID PLANS](#)
- [UCARE TO BID ON IOWA MEDICAID MANAGED CARE CONTRACT](#)
- [KENTUCKY RELEASES PBM RFP FOR FEE-FOR-SERVICE MEDICAID](#)
- [NEBRASKA MEDICAID MANAGED CARE RFP IS EXPECTED IN APRIL 2022](#)
- [NORTH CAROLINA TO LAUNCH MEDICAID SDOH PILOT](#)
- [OHIO MEDICAID MANAGED CARE ENROLLMENT BEGINS](#)
- [OREGON BILL PASSES TO ADDRESS POST-PHE COVERAGE LOSSES](#)
- [ANTHEM ACQUIRES MINORITY STAKE IN LIBERTY DENTAL PLAN](#)
- [CENTENE IS REPORTEDLY EYEING SALE OF MAGELLAN RX, PANTHERX](#)
- [HMA WELCOMES NEW COLLEAGUES](#)
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

HMA EXPERTS LAY OUT SCENARIOS FOR TRANSITIONING FROM COVID-19 PUBLIC HEALTH EMERGENCY

This week our *In Focus* section reviews scenarios in which the federal Public Health Emergency (PHE) may expire. In the weeks ahead, the U.S. Secretary of Health and Human Services (HHS), Xavier Becerra, will be faced with the decision of whether to extend the PHE or to allow it to expire. Dozens of critical

waivers and coverage flexibilities are currently linked to the federal PHE and have enabled patients, providers, and payors to receive, deliver, and pay for health care for nearly two years. To date, the PHE has been extended eight times, each for the maximum allowed 90 days. However, declining COVID-19 infection rates and actions by state governors to relax COVID-19-related public health measures have renewed pressure on the Biden Administration to signal how they will choose to act on April 16, 2022 when the current federal PHE expires.

We anticipate the Administration will extend the PHE beyond April 16th. However, one of a handful of scenarios may occur beyond April 16th. It is critical that stakeholders understand these scenarios and the implications of each. In this piece we focus on the overarching implications of these scenarios on the major Medicare, Medicaid and CHIP flexibilities. Patients, providers, and payors are all certain to feel the impact of these changes. In future documents we will consider specific policy issues in these programs.

Background: Pathways for federal flexibilities

The HHS Secretary first issued the COVID-19 PHE on January 31, 2020. Following that, on March 13, 2020, the President declared a national emergency for COVID-19. For over two years, the HHS Secretary and the President have continued to renew these declarations. Based on these actions, policymakers at the Centers for Medicare & Medicaid Services (CMS) and Congress have created flexibilities for patients and providers during the COVID-19 pandemic through one of three pathways. The expiration of the PHE will interact with the three pathways differently.

1. **Public Health Emergency Authority:** HHS' primary emergency authority is provided by declaring a public health emergency under section 319 of the Public Health Services Act. PHEs are authorized for up to 90 days and can be renewed in 90-day increments.ⁱ Through a series of interim final rules, CMS has provided numerous flexibilities, most of which will expire once the PHE ends.ⁱⁱ Among these flexibilities are broader opportunities to utilize virtual care services, modified rules for Medicaid health home programs, and modifications to the calculations for Medicare Part C and D reimbursement.
2. **Section 1135 Authority:** Section 1135 of the Social Security Act provides the HHS Secretary with specific emergency authorities, including the ability to waive or delay requirements for federal health insurance programs. Two conditions are required for the HHS Secretary to utilize Section 1135 waiver authority:
 - The Secretary of HHS must have declared a PHE, and
 - The President must have declared a national emergency under the National Emergencies Act (NEA) or the Stafford Act.

When both of these declarations are in place, as they have been during the COVID-19 pandemic, the Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure Medicare and Medicaid enrollees have sufficient access

ⁱ HHS Office of the Assistant Secretary for Preparedness:
<https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

ⁱⁱ The CMS Interim Final Rules have effective dates: March 31, May 8, September 2 and November 2, 2020.

to health care items and services and to ensure providers who give such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).ⁱⁱⁱ

During the COVID-19 pandemic, CMS has used Sec. 1135 waiver authority extensively to issue blanket Medicare waivers and state-specific Medicaid waivers.^{iv} These waivers automatically expire when one or both of the emergency declarations expires. For example, under one current Section 1135 blanket waiver, providers are permitted to conduct certain health care services using audio-only communication technology and a broader array of health care providers are permitted to deliver telehealth services from a distant site.

3. **Statutory Authority.** Congress passed several COVID-19 related bills providing flexibilities as well as funding to manage the emergency. Many of these flexibilities are linked directly to the timeline of the PHE. For example, the Families First Coronavirus Response Act (FFCRA) provides coverage under Medicare (traditional and Medicare Advantage) for COVID-19 testing and waives beneficiary cost sharing.^v The FFCRA also increased the Medicaid matching rate (Federal Medical Assistance Percentage or FMAP) through the end of the quarter in which the PHE expires. In addition, the maintenance of Medicaid eligibility is required through the month in which the PHE expires.

PHE Scenario Planning

After more than two years living with COVID-19 and the related flexibilities, declining rates of infection and hospitalization have shifted policy debate towards identifying how and when to end the PHE and unwind the COVID-19 flexibilities. Secretary Becerra's most recent federal PHE will expire on April 16, 2022. In addition, the Secretary has stated on multiple occasions that "when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination."^{vi,vii} Given that the Secretary's 60-day window prior to April 16, 2022, has passed, we anticipate the Secretary will extend the federal PHE beyond April 16, 2022. However, several potential scenarios may occur after April 16, and stakeholders should be prepared for each.

In making their decision about when to end the PHE HHS and CMS must consider the sensitivities and logistical issues involved in ending the COVID-19 waivers and flexibilities. This includes consideration for:

- minimizing disruptions in access to coverage and services for patients

ⁱⁱⁱ HHS Office of the Assistant Secretary for Preparedness: <https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

^{iv} CMS COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, Last updated May 24, 2021: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf> (Accessed 2/21/2022)

^v Families First Coronavirus Response Act P.L. 116-127: [congress.gov/bill/116th-congress/house-bill/6201/text](https://www.congress.gov/bills/116/congress/house-bill/6201/text)

^{vi} As posted by Center for Children and Families: <https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf>

^{vii} Inside Health Policy, "Becerra Extends Public Health Emergency, COVID-19 Waivers," December 18, 2021 (Behind pay wall)

- allowing for appropriate unwinding of processes implemented by providers and payers
- ensuring the ongoing sufficiency of reimbursement and coverage policies afforded to providers and payers

We outline five different scenarios federal policymakers may consider for ending the PHE and unwinding COVID-19 flexibilities. These scenarios will have varying impacts on patients, providers, plans, and other stakeholders as policymakers hope to “return to normal.” Further, Congress could act to temporarily extend any or all of the PHE waivers and flexibilities for a period of time after the expiration of the PHE.

Scenario	Description	Impact	Likelihood
A	The Secretary extends the PHE on April 16 for another 90 days, with the intention of this being the last extension. In this case the new PHE end date becomes July 15, 2022, and the Secretary will be expected to confirm July 15 is the expiration date by May 15. However, he could inform states if his intentions earlier than May 15 to provide states more time to put final plans in place. Congress could choose to extend any or all waivers/flexibilities beyond this point for a duration of its choosing.	<ul style="list-style-type: none"> • <i>PHE authority flexibilities:</i> Many CMS coverage policies and flexibilities would end July 15, but some Medicare Physician Fee Schedule (PFS) coverage expansions would last through the end of 2022. • <i>1135 waiver flexibilities:</i> Would expire July 15 • <i>Statutory authority flexibilities:</i> Would expire July 15 • <i>States:</i> States could resume Medicaid renewals into August 2022, higher federal Medicaid matching (FMAP) rate to states would continue until third quarter of 2022. State-level PHEs may remain in effect. 	High
B	The Secretary extends the PHE every 90 days through the end of calendar year 2022. The Secretary would need to inform the public of the end of the PHE by November 2. This would be in line with the cautious language contained in the CY 2022 Medicare Physician Fee Schedule (PFS) Final Rule ^{viii} and keep policies in place through the mid-term elections.	<ul style="list-style-type: none"> • <i>PHE authority flexibilities:</i> CMS coverage policies and flexibilities would expire at end of 2022. • <i>1135 waiver flexibilities:</i> Expire at end of 2022 • <i>Statutory authority flexibilities:</i> Expire at end of 2022 • <i>States:</i> States could resume Medicaid renewals into January 2023, higher federal Medicaid matching (FMAP) rate to states would continue until second quarter of 2023. State-level PHEs may remain in effect. 	Medium

^{viii} Centers for Medicare & Medicaid Services, CY 2022 Medicare Physician Fee Schedule Final Rule (CMS-1751-F). November 19, 2021.
<https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>

C	<p>The Secretary ends the PHE during the month of January 2023.</p>	<ul style="list-style-type: none"> • <i>PHE authority flexibilities</i>: Many CMS coverage policies and flexibilities would end January 2023, but some PFS coverage expansions would last through the end of 2023. • <i>1135 waiver flexibilities</i>: Would expire January 2023 • <i>Statutory authority flexibilities</i>: Would expire January 2023 • <i>States</i>: States could resume Medicaid renewals into February 2023, higher federal Medicaid matching (FMAP) rate to states would continue until second quarter of 2023. State-level PHEs may remain in effect. 	Medium
D	<p>The Secretary extends the PHE on April 16, 2022, but decides to end the PHE prior to July 15. For example, if the Secretary decided to end the PHE on July 1, in line with some financial fiscal year calendars, the 60-day advanced notice would need to go to states by May 1.</p>	<ul style="list-style-type: none"> • <i>PHE authority flexibilities</i>: Many CMS coverage policies and flexibilities would expire July 1, but some PFS coverage expansions would last through the end of 2022. • <i>1135 waiver flexibilities</i>: Expire July 1 • <i>Statutory authority flexibilities</i>: Expire July 1 • <i>States</i>: States could resume Medicaid renewals into August 2022, higher federal Medicaid matching (FMAP) rate to states would continue until third quarter of 2022. State-level PHEs may remain in effect. 	Medium-to-low
E	<p>The Secretary continues to renew the PHE through this Administration’s first four years. In this case, the PHE could end in early 2025.</p>	<ul style="list-style-type: none"> • <i>PHE authority flexibilities</i>: Expire January 2025 • <i>1135 waiver flexibilities</i>: Expire January 2025 • <i>Statutory authority flexibilities</i>: Expire January 2025 • <i>States</i>: States could resume Medicaid renewals into February August 2025, higher federal Medicaid matching (FMAP) rate to states would continue until second quarter of 2025. State-level PHEs may remain in effect. 	Low

Conclusion

While we have generally described potential end dates for the PHE and identified three major implications, there are other important nuances to these scenarios.

- If either or both the PHE and the national emergency declaration end, the Section 1135 waivers would also end. By contrast, if both declarations remain in place, HHS and CMS could choose to proactively begin to phase out the blanket and state-specific waivers.
- HHS and CMS could extend some of the flexibilities not directly linked to the emergency authorities. For example, HHS and CMS could extend certain enforcement discretion policies for some period of time.
- Congress could approve temporary statutory changes to the expiration timelines of any of the COVID-19 related flexibilities. For example, there is strong bipartisan support for Congress to enact additional changes to Medicare's telehealth coverage and reimbursement policies. These telehealth policies are currently under consideration as Congress works to finalize the funding for federal fiscal year 2022. Similarly, stakeholders are also advocating for Congress to modify the statutory parameters for Medicaid's higher federal matching rate and continuous coverage policy.

The end of the COVID-19 PHE declaration will result in a major shift in health care coverage and services as well as operations for the health care industry writ large. HMA experts are working with providers, payors, and other stakeholders to help them understand the impact of these scenarios and assist them in planning for the end of the PHE. We possess the tools needed to support providers, payors and other stakeholders as they implement an array of policy, procedural and operational changes to effectively manage the changes ahead.

For inquiries about how the potential expiration of the Federal Public Health Emergency might impact you and your patients/members/constituents please contact [Zach Gaumer](#), [Amy Bassano](#), and [Andrea Maresca](#) at Health Management Associates.



HMA MEDICAID ROUNDUP

Alabama

Alabama to Extend Postpartum Medicaid Coverage to One Year. *AL.com* reported on March 8, 2022, Alabama is likely to extend postpartum Medicaid coverage to one year, up from 60 days, with funding expected to be included in a proposed fiscal 2023 budget. The coverage extension is expected to be a one-year pilot program. [Read More](#)

Alaska

Alaska Releases RFI for MMIS Technical Support Services, Module Replacement. The Alaska Department of Health and Social Services released on March 2, 2022, a request for information (RFI) for a new contract to provide technical support for the state's Medicaid Management Information System (MMIS). The state is looking to manage the existing claims processing system with supporting system modules for members, providers, service authorizations, third-party resources, electronic data interchange, and finance. The long-term goal is to replace specific MMIS modules to build efficiencies and produce operational cost savings for the state. Responses are due on March 23, 2022. The current MMIS contract is with Conduent.

Arkansas

Lawmakers Give Initial Approval to Fiscal 2023 Budget. *My Journal Courier* reported on March 7, 2022, that the Arkansas legislature gave initial approval to Governor Asa Hutchinson's proposed fiscal 2023 budget, which increases Medicaid spending and provides funding to reduce home and community-based services waiting lists. [Read More](#)

California

California Medicaid Providers Saw Telehealth Visits Increase 43 Percent During COVID-19, Survey Finds. Centene's Health Net released on March 8, 2022, a survey of Medi-Cal providers, which shows telehealth use increased from two percent of visits prior to the pandemic to 45 percent at the end of the first year of the pandemic. The survey also found that 31 percent of provider survey respondents were able to conduct routine check-ups or wellness checks for their patients using telehealth, and 16 percent provided counseling and other mental health services using telehealth. [Read More](#)

California Fines Health Plan \$55 Million for Operational Failures. California regulators announced on March 4, 2022, \$55 million in penalties against Medi-Cal plan Local Initiative Health Authority for Los Angeles County (L.A. Care). An investigation by the California Department of Managed Health Care and the Department of Health Care Services found operational failures regarding the handing of enrollees' grievances, timely processing of requests for prior authorization, and overseeing contracted entities. [Read More](#)

California Releases Policy Plan to Improve Health of Children on Medicaid. The California Department of Health Care Services released on March 2, 2022, *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families*, a policy agenda aimed at advancing health equity, stressing whole-health and preventive care, providing family and community-based care, promoting integrated care, and improving accountability and oversight for children on Medicaid. The initiatives are included in California Governor Gavin Newsom's proposed budget for fiscal 2023. [Read More](#)

Connecticut

House Committee Holds Hearing on Bill Requiring Nursing Homes to Spend 90 Percent of Medicaid Funds on Care. *Public News Service* reported on March 9, 2022, that the Connecticut House Aging Committee held a hearing on a bill (House Bill 5310) that would require nursing homes to spend at least 90 percent of Medicaid funding on direct patient care. In Connecticut, Medicaid funding covers about 74 percent of nursing home care. The state's Medicaid program spent more than \$1.3 billion dollars on institutional long-term care, including nursing homes, in 2021. [Read More](#)

District of Columbia

District of Columbia Council Committee Considers Bill Requiring Coverage of Infertility Treatments. *Axios* reported on March 8, 2022, that the DC Council health committee is considering a bill that would require Medicaid, DC Healthcare Alliance, and private insurance to cover the diagnosis and treatment of infertility, regardless of pre-existing conditions. [Read More](#)

Georgia

House Approves 85 Percent Minimum MLR Requirement for Medicaid Plans. *Georgia Health News* reported on March 8, 2022, that the Georgia House passed a bill that would institute an 85 percent minimum medical loss ratio (MLR) requirement for Medicaid plans in the state. The bill now heads to the state Senate. The House also passed a (House Bill 1013) requiring health plans to cover mental health and substance use treatment at parity with physical conditions. [Read More](#)

Georgia Contracts with CNSI for Medicaid Enterprise System Transformation Program. CNSI announced on March 7, 2022, a contract with the Georgia Department of Community Health to implement a new provider services module as part of the state's Medicaid Enterprise System Transformation program. The contract will run for 10 years and is worth \$116 million. [Read More](#)

Iowa

UCare to Bid on Iowa Medicaid Managed Care Contract. *The Star Tribune* reported on March 7, 2022, that Minneapolis-based UCare is planning to bid on the recently released Iowa Medicaid managed care request for proposals. UCare currently operates in Minnesota and Wisconsin. Iowa incumbent plans are Anthem/Amerigroup Iowa and Centene/Iowa Total Care. Proposals are due on May 11, with awards expected on August 31, and contract implementation beginning on July 1, 2023. [Read More](#)

Kentucky

Kentucky Releases PBM RFP for Fee-For-Service Medicaid Population. The Kentucky Cabinet for Health and Family Services re-released on March 3, 2022, a request for proposals (RFP) for a pharmacy benefit manager (PBM) for the state's fee-for-service Medicaid pharmacy program, serving about 110,000 members. An RFP from last year ended without an award. Proposals are due on May 2, 2022. [Read More](#)

Kentucky to Conduct Rate Study of HCBS Programs. The Kentucky Department for Medicaid Services (DMS) announced on March 2, 2022, that it is conducting a rate study of home and community-based services (HCBS) programs to develop a sound payment and rate setting methodology. States are required by the federal government to review HCBS waiver rates at least every five years. Guidehouse has been contracted to perform the rate study. [Read More](#)

Mississippi

Senate Committee Advances Medicaid Bill Without Amendment Impacting Top Health Plan. *The Daily Journal* reported on March 2, 2022, that the Mississippi Senate Medicaid Committee advanced a Medicaid bill but stripped an amendment that would effectively end the state's managed care contract with Centene/Magnolia Health. The broader Medicaid bill looks to delete a provision in the Mississippi code that freezes Medicaid provider rates of reimbursement at the levels from July 2021 and establish a procedure for review of proposed rate changes. The Mississippi House approved the amendment last month. The bill now goes to the full Senate. [Read More](#)

Missouri

Missouri Medicaid Director Expects Improvement in Medicaid Expansion Application Processing Times. *The St. Louis Post-Dispatch* reported on March 2, 2022, that long processing times for applications to the Missouri Medicaid expansion program could begin to improve in the next few weeks, according to Todd Richardson, director of MO HealthNet. Richardson made the remark during a Senate hearing on the state budget. Missouri, with an estimated 275,000 individuals eligible for expansion, has approved 64,000 applications and has nearly 74,000 pending. [Read More](#)

Nebraska

Nebraska Medicaid Managed Care RFP to be Released April 2022. Nebraska Medicaid director Kevin Bagley said in a LinkedIn post on March 3, 2022, that the state's Medicaid managed care request for proposals (RFP) will be released in April 2022. Bagley said the procurement will increase member access, improve provider experience, and improve accountability for managed care partners. [Read More](#)

New York

New York Releases Draft of Dual Eligible Integrated Care Roadmap for Public Comment. The New York State Department of Health released on March 3, 2022, a draft of the New York State Dual Eligible Integrated Care Roadmap, which outlines state initiatives to promote coordinated, integrated care for individuals who are dually eligible for Medicare and Medicaid. The public comment period is open until March 25. [Read More](#)

North Carolina

North Carolina to Launch Pilot to Address Social Determinants of Health for Medicaid Managed Care Members. *WFAE* reported on March 4, 2022, that North Carolina will launch a \$650 million program aimed at assisting certain Medicaid managed care enrollees with food, housing, transportation, and domestic violence. The program, called the Healthy Opportunities Pilot and part of the state's broader 1115 waiver, will begin addressing enrollees in 33 North Carolina counties on March 15. [Read More](#)

Ohio

Ohio Medicaid Managed Care Enrollment Begins. *Local 12 News/Associated Press* reported March 1, 2022, that Ohio Medicaid enrollees can begin selecting managed care plans as a part of the state's Medicaid Next Generation initiative, which goes live July 1. Individuals who do not select one of the six contracted plans will be assigned to one. [Read More](#)

Oregon

Legislature Passes Bills to Improve Behavioral Health Care Access, Address Nursing Shortage. *The Portland Business Journal* reported on March 7, 2022, that the Oregon legislature passed a bill (HB 5202) that provides \$100 million to increase the state's behavioral health treatment capacity and another (HB 4004) that requires the state to distribute grants to behavioral health providers. Other bills that passed would address the state's nursing shortage (HB 4003) and establish an opioid settlement prevention, treatment, and recovery board (HB 4098). [Read More](#)

Oregon Legislature Passes Bill Aimed at Minimizing Risk of Coverage Losses after PHE Ends. *The Chief News* reported on March 3, 2022, that the Oregon House and Senate passed a bill (House Bill 4035) that would require the state to develop a process for conducting Medicaid redeterminations following the end of the public health emergency (PHE), including ways of minimizing care disruptions for high-risk members. The bill is the first step in Governor Kate Brown's plan to create a bridge health plan in which the state would use Exchange subsidies to provide additional healthcare coverage. There are approximately 300,000 Oregonians who could lose Medicaid coverage when the PHE ends. [Read More](#)

Pennsylvania

House Republican Introduces Medicaid Work Requirements Bill. *The Times Observer* reported on March 5, 2022, that Pennsylvania House Representative Seth Grove (R-York County) has introduced a Medicaid work requirement bill (House Bill 2379) for enrollees who are 18 years or older and meet physical and mental qualifications. The bill requires 20 hours of work per week or 12 job training activities per month in order to receive reduced Medicaid premiums and cost sharing. [Read More](#)

South Carolina

South Carolina Cannot Remove Planned Parenthood from Medicaid Provider List, Appeals Court Rules. *Courthouse News Service* reported on March 8, 2022, that South Carolina cannot remove Planned Parenthood as a Medicaid provider for services other than abortion, according to a federal appeals court ruling. The ruling upheld a U.S. District Court's injunction preventing South Carolina Governor Henry McMaster from ordering the removal of Planning Parenthood. [Read More](#)

Texas

Texas Announces \$23.2 Million Public Awareness Campaign to Prevent Substance Use Disorder. The Texas Health and Human Services Commission announced on March 8, 2022, the launch of a \$23.2 million public awareness campaign to prevent substance use disorder and help Texans access necessary treatment and services. There are an estimated 11.3 million individuals in Texas living with substance use disorder, according to a 2020 survey. [Read More](#)

National

Nearly 1,000 Rural Hospitals Are at Risk of Closure, Report Finds. *Becker's Hospital Review* reported on March 8, 2022, that 892 rural hospitals are at risk of closure due to financial losses or a lack of reserves, according to a report from the Center for Healthcare Quality and Payment Reform. In 13 states, more than half of rural hospitals are at risk. [Read More](#)

Comment Period Ends on Proposed PBM Clawback Rule. *Modern Healthcare* reported on March 8, 2022, that the public comment period ended yesterday for a proposed federal rule that would stop pharmacy benefit managers (PBMs) from clawing back fees from pharmacies. Pharmacists support the proposed rule from the Centers for Medicare & Medicaid Services, while health plans and PBMs oppose it. [Read More](#)

NEMT Program Generates High Medicare Member Satisfaction But Not Cost Savings, Study Finds. *Health Affairs* reported on March 7, 2022, that members of the UNC Health Alliance Medicare Accountable Care Organization (ACO) reported high satisfaction with non-emergency medical transportation (NEMT), noting that the service eases financial burdens and makes them feel more in control of their health. However, the study said, “the program was not cost saving.” NEMT use was associated with higher use of outpatient visits and spending but no difference in inpatient admissions or emergency department visits. [Read More](#)

Federal, State Governments Spend \$116 Billion on HCBS in Fiscal 2020, KFF Analysis Finds. The Kaiser Family Foundation (KFF) reported on March 4, 2022, that federal and state governments spent a total of \$116 billion on Medicaid home and community-based services (HCBS) for millions of elderly adults and individuals with disabilities in fiscal 2020. Nationally, three million individuals receive HCBS through waivers and 2.5 million through a state plan benefit package, with some individuals receiving both, according to the analysis. [Read More](#)

CMS Extends Post-PHE Medicaid Eligibility Renewal Period to 14 Months. *Modern Healthcare* reported on March 3, 2022, that the Centers for Medicare & Medicaid Services (CMS) will now give states 14 months to complete Medicaid eligibility redeterminations after the end of the public health emergency (PHE), an increase of two months. States can start unwinding continuous Medicaid eligibility requirements up to two months before the end of the PHE and no later than the first of the month after the PHE ends. [Read More](#)

HHS Delays Sunset Rule Until September 2022. *Modern Healthcare* reported on March 3, 2022, that the U.S. Department of Health and Human Services (HHS) has postponed the start date of the sunset rule until September 22, 2022. The rule, which was originally set to take effect in March 2021, would require the review of nearly all federal regulations after 10 years and automatically eliminate those not reviewed within five years. [Read More](#)

US Senate Passes Resolution to End National Emergency for COVID-19. *Modern Healthcare* reported on March 3, 2022, that the U.S. Senate passed a resolution that would end the national emergency for COVID-19. The resolution is unlikely to pass the House. [Read More](#)

CMS Announces Guidance to Assist States in Continuing Coverage After PHE Ends. The Centers for Medicare & Medicaid Services (CMS) announced on March 3, 2022, guidance to assist states in keeping individuals covered after the public health emergency (PHE) ends. The guidance aims to ensure states are ready to initiate eligibility renewals within 12 months of the end of the PHE, renew Medicaid or Children’s Health Insurance Program (CHIP) eligibility, or help individuals find other affordable federal and state-based coverage options. During the PHE, Medicaid and CHIP enrollment has increased by more than 14 million to nearly 85 million as of September 2021. [Read More](#)

Drug Manufacturer Faces Trial in Lawsuit Over Medicaid Rebates. *Reuters* reported on February 28, 2022, that Eli Lilly faces a jury trial in a whistleblower lawsuit accusing the company of materially impacting the federal government and Medicaid agencies in 26 states by intentionally shortchanging the Medicaid Rebate Program between 2005 and 2016. U.S. District Judge Harry Leinenweber rejected Lilly's motion to end the litigation. [Read More](#)



INDUSTRY NEWS

Centene Is Reportedly Considering Sale of Magellan Rx, Pantherx. *Health Payer Specialist* reported on March 1, 2022, that Centene is reportedly considering the sale of pharmacy benefit management company Magellan Rx and specialty pharmacy Pantherx, according to a report in Axios. Centene acquired Magellan Rx in January as part of its broader acquisition of Magellan Health. Centene acquired Pantherx in 2021. [Read More](#)

Anthem Acquires Minority Stake in Liberty Dental Plan; Welsh, Carson Buys Majority. *Health Payer Specialist* reported on March 3, 2022, that Anthem Inc. has taken a minority stake in Liberty Dental Plan, while private equity firm Welsh, Carson, Anderson & Stowe has a majority. Liberty administers dental benefits for 5.8 million members of Medicaid, Medicare Advantage, commercial, and Exchange plans. Liberty is the dental benefits administrator for most of Anthem's existing Medicare Advantage plans. [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 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
June 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

HMA WELCOMES

Erin Henderlight - Principal

Erin Henderlight is an experienced and diversified human services professional with more than 15 years of experience providing project management, policy guidance, strategic planning, process redesign, and organizational change management to states and local agencies.

She comes to HMA, most recently, after serving as the director of policy with Benefit Data Trust, a national non-profit that connects people to essential public assistance benefits and services. While there, she led a team that provided technical assistance to states, developed and strengthened relationships with national leaders to position the organization as thought leaders, and oversaw execution of the policy and research agendas.

Delivering strategic leadership and operational expertise, she spent more than a decade in increasingly senior-level consulting roles at Public Consulting Group (PCG). While at PCG, she led or supported organizational assessments and major system reform projects in both states and individual counties across the breadth of social services programs. Her expertise includes programmatic and funding experience with Supplemental Nutrition Assistance Program (SNAP); Women, Infants & Children (WIC); Temporary Assistance for Needy Families (TANF), Medicaid eligibility; child care subsidy and child support; and child welfare. In addition, Erin led development of PCG's veterans' services business line.

She began her career working for Buncombe County, N.C., Health and Human Services, where she was responsible for managing projects to integrate and improve delivery of the county's social services, public health, child care, and workforce programs.

Erin earned a Master of Public Policy from the Sanford School at Duke University and a Bachelor of Science in physics from Rhodes College in Tennessee.

Kristie Lee - Senior Consultant

A health policy analyst and regulatory expert, Kristie Lee has worked on the analysis and implementation of federal regulations from a health plan perspective. She has a deep understanding of the actions required when new regulations are released and experience establishing oversight and project management-driven initiatives.

Kristie joins HMA after serving with an information technology/health plan operations vendor supporting Medicare Advantage health plans, where she was manager of the internal regulatory operations team. In this role, she monitored and analyzed the latest federal Medicare regulations that informed strategic and tactical business implementations. Kristie was the primary lead for health plan operations-related topics, such as enrollment, billing, claims, risk adjustment, and quality.

At the start of the COVID-19 pandemic, Kristie led and implemented a cross-functional oversight workgroup to review the unprecedented influx of federal

regulations that were released during the first few months of the public health emergency. She also supported internal and client audits, including an Office of Inspector General risk adjustment payment audit, maintained the vendor's Third Party Administrator license in more than 40 states, and triaged compliance issues.

Kristie also has experience with strategic business implementations of Affordable Care Act (ACA) requirements and analyzing ACA regulations at a large Blue Cross Blue Shield health plan. She also has developed internal training programs and employee communications while working at a local hospital revenue cycle consulting firm.

Kristie earned a bachelor's degree in political science at Duke University and Master of Public Health from the University of Michigan School of Public Health.

HMA NEWS

HMA Principal Jennifer Podulka will join a panel of experts for the Alliance for Health Policy webinar, "Understanding the Future of COVID-Related Medicare and Medicaid Flexibilities," on March 30th. [Register here](#)

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

Medicaid Data

- Minnesota Medicaid Managed Care Enrollment is Up 0.6%, Jan-22 Data
- Missouri Medicaid Managed Care Enrollment is Up 1.3%, Jan-22 Data
- New Jersey Medicaid Managed Care Enrollment is Up 0.5%, Jan-22 Data
- Ohio Medicaid Managed Care Enrollment is Up 7%, Nov-21 Data
- Oklahoma Medicaid Enrollment is Up 1.5%, Jan-22 Data
- Tennessee Medicaid Managed Care Enrollment is Up 0.5%, Jan-22 Data
- Washington Medicaid Managed Care Enrollment is Up 0.5%, Jan-22 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Medicaid Clinical Content & Software Solutions RFI, Mar-22
- Alaska MMIS Technical Support Services and Module Replacement RFI, Mar-22
- Arizona Third Party Eligibility Verification Services RFP, Mar-22
- Arkansas EVV for HCBS Contract and Amendments, 2018-20
- Arkansas IE-BM Systems Integrator Contract and Amendments, 2018-21
- Arkansas Independent Verification & Validation Contract and Amendments, 2016-18
- Arkansas IV&V Services for IE-BM Contract and Amendments, 2020-21
- Arkansas Prior Authorization and Retrospective Reviews Contract and Amendments, 2018-22
- Arkansas Third Party Liability and Recovery Services Contract and Amendments, 2017-21
- Kentucky Pharmacy Benefits Manager FFS RFP, Mar-22
- North Dakota Communicating with Medicaid Members about End of the Public Health Emergency RFP, Mar-22

Medicaid Program Reports, Data and Updates:

- Maine Medicaid State Plan, Jan-22
- Massachusetts Comments on CMS Proposed Rule for Dual Eligibles, Mar-22
- Nebraska Medicaid Managed Care Rate Certifications, CY 2014-22
- New York Dual Eligible Integrated Care Roadmap Draft, Mar-22
- Utah Medicaid Dental Rate Certification and Exhibits, SFY 2022
- West Virginia Medicaid Managed Care Capitation Rates, SFY 2021
- West Virginia Medicaid Managed Care Capitation Rates, SFY 2022

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

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at cmercurio@healthmanagement.com.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With more than 20 offices and over 500 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.