

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... March 23, 2022



RFP CALENDAR

HMA News

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THIS WEEK

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IN FOCUS

LEARNING FROM COVID-19-RELATED FLEXIBILITIES: MOVING TOWARD MORE PERSON-CENTERED MEDICARE AND MEDICAID PROGRAMS

This week our *In Focus* section reviews the [issue brief and policymaker playbook](#) that explore the outlook for temporary COVID-19-related changes to the Medicare and Medicaid programs, prepared in partnership with Manatt Health for [The SCAN Foundation](#). HMA experts [Jennifer Podulka](#), [Yamini Narayan](#), and [Keyan Javadi](#) offer a framework to support policymakers' decisions on the future of temporary policies and highlight specific flexibilities that are good candidates for consideration. These temporary flexibilities

expanded program eligibility and enrollment, enhanced remote service delivery options, authorized care delivery in alternative care sites, and much more.

As the COVID-19 emergency recedes and policymakers prepare for the unwinding of these temporary policies, they have the unique opportunity to assess their impact on advancing person- and community-centered care and consider flexibilities for permanence through this lens. In this context, person-centered care means health care that is guided by an individual's personal values and preferences and is designed to help people achieve what matters most to them. By extension, community-centered care is health care that is guided by a community's values and preferences. Yet, policymakers and other stakeholders have only started to understand the impact of these flexibilities on health care consumers and the providers and systems that provide their care.

Uneven data collection and reporting do not yet support a comprehensive analysis of the impact of the flexibilities on consumer access, service utilization, and outcomes, as well as on the provider and direct care workforce. The limited quantitative data that do exist indicate that telehealth flexibilities facilitate access to timely care in individuals' homes or communities. Qualitative data are more abundant and support the use of telehealth and provider workforce flexibilities to improve access to care but suggest that certain flexibilities may widen health disparities or harm patient care if not implemented with modifications designed to ameliorate these risks.

At the outset of the pandemic, regulatory flexibilities were implemented quickly to minimize disruptions in access to care. In many cases, the regulatory changes aligned Medicare and Medicaid program policies that were previously misaligned; for example, Medicare temporarily allows patients to use telehealth in their homes, similar to pre-COVID-19 policies in many states. Without further federal or state action to adopt temporary flexibilities as permanent policy, a return to pre-pandemic rules will result in a return to the complex regulatory web that consumers and providers had to navigate prior to 2020.

As policymakers consider which temporary regulatory flexibilities might improve the Medicare and Medicaid programs if continued as permanent policies, they will be faced with complex decisions weighing the impact on consumers and providers, the opportunities for programmatic alignment, the ability of modifications to address risks, and the possibility of additional evaluation before making a final choice.

HMA and Manatt Health have developed a person-centered assessment framework to facilitate these decisions. The framework assesses the potential for the regulatory flexibilities to:

- advance person- and community-centered care,
- facilitate care in the least intensive or least restrictive setting, and
- better align Medicare and Medicaid program rules.

The person-centered assessment framework was tested and refined with a diverse group of stakeholders, including consumers and consumer advocates, experts in diversity, equity, and inclusion (DEI), health plans and providers, state officials, and former federal officials, to ensure it would be an actionable

tool for federal and state policymakers. The person-centered assessment framework is organized into the following three sections, each with probing questions for policymakers to consider as they deploy the tool: benefits and risks, informed decision making, and regulatory authority.

Using the person-centered assessment framework, and informed by stakeholders, the authors identified several priority COVID-19 temporary regulatory flexibilities to consider for permanence, additional modification, or further evaluation. These flexibilities fall under four major categories and were selected based on their ability to promote person- and community-centered care in the least intensive or least restrictive setting and better align Medicare and Medicaid program rules and policies:

- Expand telehealth benefits
- Modify provider scope of practice and related requirements
- Modify Medicare Advantage (MA) requirements
- Continue other temporary flexibilities

The person-centered assessment framework and priority list of flexibilities for permanence or further evaluation are foundational tools for policymakers hoping to advance person-centered care in Medicare and Medicaid. The issue brief provides a rationale for elevating specific flexibilities among the hundreds that were implemented during the pandemic, discusses the benefits and risks for consumers, communities, and other stakeholders, and identifies at a high-level the authorities that would be needed to continue the policies after the COVID-19 emergency ends.

The Alliance for Health Policy, in partnership with HMA and Manatt Health, is hosting a public webinar to discuss the future of COVID-19-era Medicare and Medicaid Flexibilities. This event will provide an overview of the flexibilities that were implemented and expanded during the nation's Public Health Emergency and will evaluate insights from recent research and on-the-ground experts. Panelists will also discuss policy levers available to state and federal policymakers to build upon these current flexibilities. The webinar will be Wednesday, March 30, 2022, from 12:00 – 1:30 p.m. ET. The registration link is

<https://attendee.gotowebinar.com/register/7643779968838958863?source=SCAN>

HMA staff have extensive experience assessing the implications of the COVID-19-related flexibilities. If your organization is interested in assessing how the outcome of these flexibilities as the public health emergency ends impacts you, contact Jennifer Podulka, to learn how our expert team can assist with a data-based consultation.



HMA MEDICAID ROUNDUP

Alaska

Governor Announces Separation of Department of Health, Social Services. *KTOO* reported on March 21, 2022, that Alaska Governor Mike Dunleavy announced that the state Department of Health and Social Services will be divided into two organizations, effective July 2022. The new Department of Health will oversee Medicaid and most other department programs. The Department of Family and Community Care will manage foster care, juvenile justice, Alaska Pioneer Homes, and the Alaska Psychiatric Institute. [Read More](#)

California

California Expands Medi-Cal Assisted Living Waiver Program Through 2024. *McKnight's Senior Living* reported on March 21, 2022, that California has added 7,000 spots to the state's Medi-Cal assisted living waiver program in an effort to eliminate waiting lists. The approval is retroactive to July 1, 2021 and is effective through February 28, 2024. [Read More](#)

Colorado

Colorado Medicaid Begins Pharmaceutical Value-Based Contracts With Novartis. The Colorado Department of Health Care Policy & Financing announced on March 22, 2022, that it has entered into two value-based drug contracts with Novartis Pharmaceuticals. The contracts require refunds if Novartis' Entresto drug for heart failure and its Zolgensma drug therapy for spinal muscular atrophy fail to meet defined clinical health outcomes. Both contracts began on January 1, 2022. [Read More](#)

Georgia

Senate Holds Hearings on Bill to Implement 85 Percent Minimum MLR Requirement for Medicaid Plans. *Georgia Health News* reported on March 11, 2022, that the Georgia Senate is holding hearings on a bill (House Bill 1013) that would institute an 85 percent minimum medical loss ratio (MLR) requirement for Medicaid plans in the state and require health plans to cover mental health and substance use treatment at parity with physical health. The bill recently passed the Georgia House. [Read More](#)

CMS Grants Certification of Netsmart Electronic Visit Verification System for Georgia. Netsmart announced on March 22, 2022, that its electronic visit verification (EVV) solution has been certified by the Centers for Medicare & Medicaid Services (CMS) in Georgia, where it serves as an aggregator for the state Department of Community Health. Georgia began implementing the EVV solution in spring 2021. [Read More](#)

Idaho

House Passes 6.6 Percent Increase in Medicaid Budget for Fiscal 2023. *The Idaho Capital Sun* reported on March 22, 2022, that the Idaho House passed a fiscal 2023 Medicaid budget, including a 6.6 percent increase in funding from 2022. The \$4 billion budget bill now moves to the Senate for consideration. [Read More](#)

Illinois

Illinois Names Chief Behavioral Health Officer. *ABC/WGEM* reported on March 22, 2022, that David Jones has been named to the new position of chief behavioral health officer of the Illinois Department of Human Services effective July 1, according to Governor JB Pritzker. Pritzker also announced the State of Illinois Overdose Action Plan. [Read More](#)

Illinois to Provide Funding to Collaborative Addressing Social Determinants of Health. *HealthLeaders Media* reported on March 21, 2022, that the Illinois Department of Health and Family Services will provide \$66 million to the Medicaid Innovation Collaborative, a partnership between OSF HealthCare and four federally qualified health centers aimed at addressing social determinants of health. The funds will go toward technologies and services that help people struggling with financial issues, housing, food insecurity and other social issues impacting health. [Read More](#)

Illinois EMTs Seek Increased Medicaid Reimbursement Rates, Pandemic Relief Funding. *WMBD* reported on March 16, 2022, that the Illinois State Ambulance Association is seeking increased Medicaid reimbursement rates and \$55 million in state pandemic relief funds for Emergency Medical Transport (EMT) and paramedic services. The funding is meant to offset increased costs for services during the pandemic and for workforce retention. [Read More](#)

Iowa

Iowa to Release Medicaid Enterprise Provider Solutions RFI in April 2022. The Iowa Department of Human Services announced on March 21, 2022, that it will release a request for information (RFI) concerning Medicaid enterprise provider solutions in April 2022. Iowa recently launched its first systems modernization initiative, which looks to improve provider enrollment, screening, credentialing, and maintenance of provider information. [Read More](#)

Kentucky

House Passes Bill to Tighten Medicaid Eligibility Requirements. *The Associated Press* reported on March 17, 2022, that the Kentucky House passed a bill (House Bill 7) to tighten Medicaid eligibility requirements, including requiring able-bodied Medicaid beneficiaries to participate in 80 hours per month of work, volunteering, or other community activities. The bill now moves to the state Senate. [Read More](#)

Massachusetts

Governor Proposes Legislation to Improve Behavioral Health Care Services. *MassLive* reported on March 16, 2022, that Massachusetts Governor Charlie Baker proposed legislation to improve behavioral health care services. Under his proposal, providers and insurers would be required to increase spending on primary care and behavioral health care by 30 percent over the next three years. Insurers would also be required to comply with mental health parity standards and ensure equal reimbursement rates for mental health professionals and primary health care providers. [Read More](#)

Michigan

Michigan Medicaid NEMT System is Not Effective, Audit Finds. *Fox 47 News* reported on March 17, 2022, that the Michigan Medicaid non-emergency medical transportation (NEMT) system is not effective, according to a report by the state Office of the Auditor General. The report also found gaps in the documentation of rides provided and inadequate background checks on drivers by the state's current NEMT vendor ModivCare Solutions. [Read More](#)

Minnesota

Minnesota Announces Retirement of Deputy DHS Commissioner. The Minnesota Department of Human Services (DHS) announced on March 21, 2022, the retirement of deputy commissioner Chuck Johnson, effective June 30, after 38 years with the state. A replacement has not yet been named. [Read More](#)

Mississippi

House Speaker Opposes Reviving Bill to Extend Postpartum Medicaid Coverage to 1 Year. *The Associated Press* reported on March 16, 2022, that Mississippi House Speaker Philip Gunn (R-Clinton) opposes efforts to revive a bill to extend postpartum Medicaid coverage from two months to one year. The measure passed the state Senate before the House decided not to bring it to a vote. [Read More](#)

New Jersey

New Jersey Senate Panel Approves DHS Commissioner Nomination. *NJ.com* reported on March 21, 2022, that a New Jersey Senate panel unanimously approved the nomination of Sarah Adelman as commissioner of the state Department of Human Services. The nomination now moves to the full Senate for approval. [Read More](#)

New York

New York Owes Federal Medicaid Program \$1.9 Million, OIG Audit Says. *McKnight's Senior Living* reported on March 18, 2022, that New York State owes the federal Medicaid program \$1.9 million related to unallowable assisted living services from 2017-18, according to an audit from the U.S. Office of the Inspector General (OIG). The audit also found that the state needs to improve oversight of assisted living services. [Read More](#)

Nevada

Nevada Releases RFP for Medicaid Dental Benefits Plan. The Nevada Department of Administration released on March 17, 2022, a request for proposals (RFP) for a dental prepaid ambulatory health plan to provide Medicaid and Children's Health Insurance Program dental benefits to individuals in Clark and Washoe counties. The state may expand the service area to include other regions, with capitation rates adjusted accordingly. The contract is currently held by Liberty Dental Plan of Nevada. The new contract will run for four years with a one-year renewal option. Responses are due by April 28.

Tennessee

Governor Proposes Extension of Medicaid Dental Benefits to Adults. *WPLN* reported on March 21, 2022, that Tennessee Governor Bill Lee has proposed funding to extend dental coverage to all Medicaid enrollees. Currently, only children and disabled or pregnant adults receive dental coverage. However, only one-third of the state's dentists accept Medicaid, according to a brief by the Tennessee Justice Center. [Read More](#)

Utah

Utah Releases Medicaid NEMT RFP. The Utah Department of Health released on March 17, 2022, a request for proposals (RFP) for a statewide non-emergency medical transportation (NEMT) vendor for Medicaid fee-for-service beneficiaries and beneficiaries enrolled in Medicaid managed care. The contract will run for five years.

National

Medicaid Plans Can Play Important Role in Redetermination Process, Report Says. Kaiser Family Foundation (KFF) reported on March 22, 2022, that managed care plans can play an important role in the Medicaid redetermination process after the end of the public health emergency, according to a KFF study. Plans can work with states to share enrollee contact information, conduct outreach, and assist individuals in transitioning to Exchange plans. [Read More](#)

MACPAC Report Looks at State Strategies for Addressing HCBS Workforce Shortage. The Medicaid and CHIP Payment and Access Commission (MACPAC) issued a brief in March 2022 looking at state strategies for addressing the workforce shortage for home and community-based services (HCBS), including raising wages, providing benefits, expanding training, developing recruitment and retention initiatives, and supporting family caregivers. States plan to pay for these strategies using funds from the American Rescue Plan Act. [Read More](#)

CMS Reports Medicaid, CHIP, Exchange Plan Enrollment at All-Time High. The Centers for Medicare & Medicaid Services (CMS) announced on March 23, 2022, that more than 84 million individuals were enrolled in Medicaid and the Children's Health Insurance Program (CHIP) as of September 2021, an all-time high. Another 14.5 million individuals enrolled in Exchange plans during the 2022 open enrollment period, up 21 percent from 2021. [Read More](#)

HRSA to Distribute \$413 Million in Fourth Round of Provider Relief Funds. *Modern Healthcare* reported on March 22, 2022, that the Health Resources and Services Administration (HRSA) will distribute \$413 million more from the Provider Relief Fund to 3,600 providers, including bonuses for providers who treat Medicaid, Medicare, and Children's Health Insurance Program enrollees. To date, more than \$19 billion has been distributed from the Provider Relief Fund and from American Rescue Plan Rural funding. [Read More](#)

CMS Releases Resources to Assist States in Monitoring Medicaid, CHIP Redeterminations. The Centers for Medicare & Medicaid Services (CMS) released on March 21, 2022, resources for monitoring the resumption of routine Medicaid and Children's Health Insurance Program (CHIP) operations after the public health emergency ends. One of the resources is a form states will be required to complete that summarizes their plan to distribute renewals and mitigate against inappropriate coverage loss within the state's 12-month unwinding period. The other is a workbook to support state efforts to report on progress in restoring timely application processing and completing eligibility renewals. [Read More](#)

HHS Is Unlikely to Give More Than 60 Days Notice for End of PHE. *Fierce Healthcare* reported on March 18, 2022, that U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra will give state governments and payers as much notice as possible for the end of the public health emergency (PHE), but it is not likely to be more than the promised 60 days. HHS has also asked Congress for additional pandemic relief funding. [Read More](#)

HHS Secretary Becerra Looks to Adjust Medicare Part B Premiums. *Modern Healthcare* reported on March 17, 2022, that the U.S. Department of Health and Human Services (HHS) may readjust Medicare Part B premiums in April, according to HHS Secretary Xavier Becerra. Becerra also said HHS is hoping to work with Congress on Medicare Advantage overpayments and physician payment reform. [Read More](#)

States Look to Ensure Continuity of Medicaid Coverage After Continuous Enrollment Requirement Ends, KFF Survey Finds. *Kaiser Family Foundation (KFF)* reported on March 16, 2022, that states are preparing for the end of the Medicaid continuous enrollment requirement, with plans to contact individuals who do not respond to renewal requests, update enrollee mailing addresses, and increase staff, according to the 20th annual survey of state Medicaid and Children's Health Insurance Program officials conducted by KFF and the Georgetown University Center for Children and Families. The survey also found that 41 states expect to take up to a year to process eligibility redeterminations. [Read More](#)

State Medicaid Fraud Units Recovered \$1.7 Billion in 2021, OIG Report Finds. *McKnight's Senior Living* reported on March 17, 2022, that state Medicaid Fraud Control Units recovered \$1.7 billion in civil actions and criminal convictions for fraud and patient abuse in 2021, according to a report from the federal Office of Inspector General (OIG). Recoveries increased by \$700 million, up from \$1 billion in 2020. [Read More](#)

MedPAC Reports Geographic Variation in D-SNP Availability. *Fierce Healthcare* reported on March 16, 2022, that highly integrated special needs plans for dual eligible beneficiaries were only available in 12 states in 2021, indicating potential geographic disparities in healthcare access, according to a MedPAC report to Congress. The report noted that while 94 percent of beneficiaries had access to at least one dual-eligible special needs plan (D-SNP), there is wide geographic variation in enrollment in and availability of the more highly integrated D-SNPs. [Read More](#)



INDUSTRY NEWS

Centene Appoints Sarah London as CEO. Centene Corporation announced on March 22, 2022, the appointment of Sarah London as chief executive, effective immediately. London, who was previously Centene vice chairman, replaces Michael Neidorff. [Read More](#)

UCare Names Hilary Marden-Resnik as President, CEO. *The Star Tribune* reported on March 22, 2022, that UCare named Hilary Marden-Resnik as president and chief executive. Marden-Resnik has served as interim CEO since fall 2021 and previously was the company's chief administrative officer. [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
March 29, 2022	Texas STAR+PLUS	RFP Release	538,000
April 2022	Nebraska	RFP Release	331,000
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 NEWS

Webinar Reminder: Join us Thursday, March 24 from 12 - 1 pm EDT for “How State Leaders Can Leverage State Opioid Response Funds for System Transformation.” During this webinar, speakers will showcase best-in-class efforts by states like California, Delaware, and Illinois to leverage SOR funding and achieve measurable, system-wide improvement in OUD treatment and outcomes. [Register now](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California Medicaid Managed Care Enrollment is Up 5.8%, Sep-21 Data
- California Dual Demo Enrollment is Flat, Sep-21 Data
- Illinois Dual Demo Enrollment is Up 37.9%, Nov-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 7.3%, Nov-21 Data
- Michigan Dual Demo Enrollment is Up 3.6%, 2021 Data
- Michigan Medicaid Managed Care Enrollment is Up 7%, 2021 Data
- Nevada Medicaid Managed Care Enrollment is Up 9.7%, Sep-21 Data
- New Mexico Medicaid Managed Care Enrollment is Up 5.6%, Oct-21 Data
- Utah Medicaid Managed Care Enrollment is Up 13.4%, Oct-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 1.2%, Feb-22 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- District of Columbia Dual Eligible Special Needs Program Contract, Jan-22
- Iowa Notice of Intent to Release Medicaid Enterprise Provider Solutions RFI, Mar-22
- Nevada Dental Benefits Administrator RFP, Mar-22
- Utah Medicaid NEMT RFP, Mar-22
- Utah Medicaid Third Party Liability Collection Services RFP, Mar-22

Medicaid Program Reports, Data and Updates:

- District of Columbia Medical Care Advisory Committee Meeting Materials, FY 2022
- Michigan Medicaid Non-Emergency Medical Transportation Audit, Mar-22
- New York Medicaid Assisted Living Program Providers OIG Audit, Mar-22
- Ohio Medical Care Advisory Committee Meeting Materials, Feb-22

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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