

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... June 2, 2021



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: CALIFORNIA DRAFT MEDI-CAL MANAGED CARE RFP**
- FLORIDA NAMES TOM WALLACE MEDICAID DIRECTOR
- ILLINOIS LEGISLATURE PASSES BILL TO ENHANCE MEDICAID BENEFITS
- MISSOURI MEDICAID EXPANSION COURT TRIAL TO BEGIN JUNE 18
- NEVADA SENATE PASSES PUBLIC OPTION PROPOSAL
- NEW JERSEY BILL WOULD FACILITATE CERTIFICATION OF FAMILY CAREGIVERS AS NURSING ASSISTANTS, RAISE PAYMENTS
- NEW YORK HOME CARE PROVIDERS WORRY ABOUT NEW MEDICAID APPLICATION PROCESS
- NEW YORK MEDICAID DIRECTOR TO RESIGN EFFECTIVE AUGUST 11
- NORTH CAROLINA COMPLETES MEDICAID PLAN AUTO-ENROLLMENT
- OKLAHOMA SUPREME COURT RULES AGAINST TRANSITION TO MEDICAID MANAGED CARE
- VAYA HEALTH, CARDINAL INNOVATIONS TO COMBINE
- LIFESTANCE HEALTH GROUP LOOKS TO RAISE \$557.6 MILLION IN IPO
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

CALIFORNIA RELEASES DRAFT MEDI-CAL MANAGED CARE RFP

This week, our *In Focus* section reviews the draft Medi-Cal Managed Care Plans (MCPs) request for proposals (RFP) released on June 1, 2021, by the California Department of Health Care Services (DHCS). California will procure MCPs for the Two-Plan Model, Geographic Managed Care (GMC), Regional Model, Imperial Model, and San Benito Model. This RFP excludes County

Operated Health Systems (COHS) Plans and Local Initiative Plans. Of the total 13.5 million Medi-Cal beneficiaries, there are nearly 11.6 million in Medicaid managed care, of which approximately 3.5 million will be served under this RFP. A final RFP release date is still “to be determined” but expected in late 2021. Feedback on the draft RFP is due July 1, as well as voluntary non-binding letters of intent. A pre-proposal web conference will be held on June 10.

MCPs will provide medical, mental health, and long-term care for Medicaid beneficiaries and incorporate the initiatives of California Advancing and Innovating Medi-Cal (CalAIM). Our *In Focus* covering CalAIM can be found [here](#). Contracts will run for five years. DHCS may extend the contracts.

DHCS is looking for MCPs that can demonstrate their ability in:

1. Quality
2. Access to Care
3. Continuum of Care
4. Children Services
5. Behavioral Health Services
6. Coordinated/Integrated Care
7. Reducing Health Disparities
8. Increased Oversight of Delegated Entities
9. Local Presence and Engagement
10. Emergency Preparedness and Ensuring Essential Services
11. Addressing Social Determinants of Health
12. CalAIM
13. Value-based Purchasing
14. Administrative Efficiency

Awards

California will select plans by model and county as described in the table below.

Managed Care Plan Model	Current County(s) for Procurement	Intended Number of Awards	Current Number of Enrollees in Regions Up for Bid
Two Plan Commercial	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	One award for each county	1,774,437
Geographic Managed Care	Sacramento, San Diego	No more than two awards for each county	1,270,862
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba	Two awards for each county	328,174
Imperial	Imperial	Two awards	82,147
San Benito	San Benito	No more than two awards	9,238

Source: California Department of Health Care Services

Contracts will be awarded to MCPs in each county with the highest total score(s). The evaluation criteria/scoring for proposals is still under development and will be available in the final RFP. For two-plan models, DHCS reserves the right not to award a commercial health plan contract to an MCP that will be contracted, subcontracted, affiliated, or otherwise entered into a partnership arrangement to serve as a Local Initiative in the same two-plan model, or has indicated an intent to do so.

Enrollment figures may shift as DHCS announced on May 7, 2021, a list of counties that submitted a full letter of intent to transition to a local Medi-Cal managed care plan model by January 2024. Counties intending to move to a single plan COHS model include Alameda (with Alameda Alliance for Health), Contra Costa (with Contra Costa Health Plan), and Imperial (with California Health and Wellness). The following counties intend to join with an existing COHS: Mariposa and San Benito (to join Central California Alliance for Health), and Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Tehama, Sutter and Yuba (to join Partnership Health Plan). Alpine and El Dorado counties submitted their full letter of intent to join an existing two-plan model with Health Plan of San Joaquin. Counties that do not provide an executed county ordinance by October 1 to formalize their choice will be precluded from changing their model type for the current procurement that takes effect January 1, 2024.

Current Market

Below are the plans serving the regions that will be up for bid. Please note, this does **NOT** include plans and/or enrollment associated with COHS Plans or Local Initiative Plans. Other managed care organizations that are in the California Medi-Cal market are not reflected below. An additional 8 million enrollees are in managed care.

California Medi-Cal Enrollment by Plan in Regions Up for Bid, April 2021		
Plan	Total	% Market Share of Regions Up for Bid
Aetna	33,864	1.0%
Anthem	726,659	21.0%
Centene	1,660,714	47.9%
Care1st	105,092	3.0%
Community Health Group	287,182	8.3%
Kaiser	171,496	4.9%
Molina	457,316	13.2%
United	22,535	0.7%
Total	3,464,858	

Source: California Department of Health Care Services

Enrollment does not include COHS Plans or Local Initiative Plans

The draft RFP can be found here:

https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBmcdmcpHOME.aspx



HMA MEDICAID ROUNDUP

Florida

Florida Assesses \$1 Million in Alleged Contract Violations Against All Medicaid MCOs. *Health News Florida/News Service of Florida* reported on May 27, 2021, that the Florida Agency for Health Care Administration (AHCA) assessed more than \$1 million in liquidated damages against all 11 Medicaid managed care organizations, three dental health plans, and the managed care specialty plan for people with serious mental illness. Florida health officials found 91 alleged contract violations in the first three months of 2021, more than double the number during the same time period last year. Many of the allegations involved network adequacy requirements. The AHCA has settled 438 alleged contract violations since new managed care contracts took effect in January 2019. [Read More](#)

Florida Names Tom Wallace Medicaid Director. *Health News Florida/News Service of Florida* reported on May 26, 2021, that Florida has named Tom Wallace as Medicaid director, replacing Beth Kidder, who announced her resignation effective May 31. Kidder will join the Tallahassee office of Health Management Associates. Wallace was most recently assistant deputy secretary of Medicaid finance and analytics at the Florida Agency for Health Care Administration. [Read More](#)

Illinois

Illinois Bill to Enhance Medicaid Benefits Heads to Governor's Desk. *Illinois Senate Democrats* reported on June 1, 2021, that the Illinois Senate unanimously passed a bill that adds Medicaid coverage for a variety of services, including chiropractic care and post-kidney transplant management. The measure, which passed as part of a Medicaid reform package, also provides additional care to seniors and increases Medicaid reimbursement rates for immunizations for children, dental services, and mental health. The bill now heads to the governor's desk. [Read More](#)

Illinois Medicaid Plans Report Strong Profit Growth During Pandemic, Study Says. *The Pantagraph* reported on May 31, 2021, that Illinois Medicaid managed care organizations (MCOs), including Centene/Meridian Health Plan of Illinois, Aetna/IlliniCare Health Plan, and Molina Healthcare of Illinois, reported strong profit growth in the nine months from April through December 2020, compared to the same period in 2019, according to a study by the Better Government Association. Illinois may look to claw back some of the profits. [Read More](#)

Maine

Maine to Hold Primary Care 2.0 Webinar Presentations in June. On May 28, 2021, the Maine Department of Health and Human Services, MaineCare Valued-Based Purchasing Unit, announced that it will be holding two webinar presentations about the proposed reimbursement strategy for the Primary Care 2.0 initiative, which aims to integrate the state's three current primary care programs (Primary Care Case Management, Health Homes, and the Primary Care Provider Incentive Payment) into one simplified valued-based model. The webinars are scheduled for June 4 and June 7. Implementation of the initiative is expected October 2021. [Read More](#)

Missouri

Governor Yet to Decide on Special Session for Medicaid Funding. *KCUR* reported on June 1, 2021, that Missouri Governor Mike Parsons has not yet decided on whether to call a special session for the state legislature to consider bills on Medicaid funding and other priorities. Democratic lawmakers and interim Missouri Medicaid director Kirk Mathews are urging the governor to call a special session to renew the Federal Reimbursement Allowance (FRA) tax, which finances nearly 80 percent of Medicaid in the state. Without the renewal of the hospital tax, the existence of the state Medicaid program "will be threatened by the end of the year," Mathews said. Separately, Republican lawmakers want to include pro-life policies, such as the prohibition of public funds going toward abortions, in any special session. [Read More](#)

Missouri Medicaid Expansion Court Trial to Begin June 18. *The News Tribune* reported on May 27, 2021, that advocates of Medicaid expansion in Missouri will get their moment in court starting June 18, when the lawsuit seeking to ensure implementation of the program goes to trial. The lawsuit, filed in Cole County on behalf of three individuals eligible for the program, argues expansion must proceed in accordance with the constitutional amendment voters approved last year. Medicaid expansion is set to take effect July 2021; however, the state legislature has failed to approve funding. [Read More](#)

Missouri Medicaid Official Warns of Massive Cuts Without Renewal of Hospital Tax. *The St. Louis Post-Dispatch* reported on May 26, 2021, that the Missouri Medicaid program faces crippling cuts without renewal of the state hospital tax, according to interim Medicaid director Kirk Mathews. Renewal of the Federal Reimbursement Allowance (FRA) tax, which finances nearly 80 percent of Medicaid in the state, has been blocked by Senators Paul Wieland (R-Imperial) and Bob Onder (R-Lake Saint Louis) over concerns of the use of Medicaid dollars to pay for contraception. Mathews urged Governor Mike Parson to call a special session to renew the tax. [Read More](#)

Nevada

Senate Passes Public Option Proposal. *Modern Healthcare/The Associated Press* reported on May 31, 2021, that the Nevada Senate passed a proposal that would establish a public health insurance option available on the Exchange with premiums five percent below the average Exchange plan, going down to 15 percent lower after four years. The proposal, sponsored by state Senate Majority Leader Nicole Cannizzaro (D-Las Vegas), has three days to clear the Assembly before the legislature is scheduled to adjourn. The bill would require state officials to study the financial implications of the proposal before the public option is available in 2026. Health plans that bid for the Medicaid program will also need to bid to offer a public option plan. [Read More](#)

New Hampshire

New Hampshire Selects Conduent to Provide Medicaid Member Access to Health Data. Conduent announced on June 2, 2021, that it has been selected by the New Hampshire Department of Health and Human Services (DHHS) to provide Medicaid beneficiaries with secure access to personal health information and the ability to locate in-network healthcare and pharmacy providers. Conduent already provides DHHS with Medicaid claims processing, provider services, and management of its Medicaid Management Information System (MMIS). [Read More](#)

New Jersey

New Jersey Bill Would Facilitate Certification of Family Caregivers as Nursing Assistants, Raise Payments. New Jersey Senate President Stephen Sweeney (D-Gloucester), on June 1, 2021, introduced a bill aimed at helping family caregivers for Medicaid beneficiaries become certified nursing assistants (CNA) under the direction of a registered nurse and receive increased reimbursement rates. Family caregivers would be required to complete all required training, testing, and other criteria under the program, which would be created by the state Department of Human Services. The bill was referred to the Senate Health, Human Services and Senior Citizens Committee. [Read More](#)

New York

New York Home Care Providers Worry About New Medicaid Application Process. *Home Health Care News* reported on June 1, 2021, that home care providers in New York are concerned about the state's new Medicaid application process. The Request for Offers (RFO) process requires all home care providers, including those that already serve Medicaid, to apply for state approval to continue serving Medicaid beneficiaries. Lawmakers opposing the RFO process have introduced legislation to prohibit the state from limiting the number of Medicaid home care provider contracts. [Read More](#)

New York Medicaid Director to Resign Effective August 11. *Politico Pro* reported on June 1, 2021, that New York Medicaid director Donna Frescatore will resign effective August 11. Frescatore, who has worked in state government for 40 years, led New York's health insurance Exchange, New York State of Health, for five years before adding the role of Medicaid director when Jason Helgeson resigned in 2018. Brett Friedman, director of strategic initiatives and special Medicaid counsel at the Department of Health's Office of Health Insurance Programs, will serve as the point person for Medicaid and the Office of Health Insurance Programs, while Danielle Holahan, deputy director of New York State of Health, will serve as point person for the Exchange. The Department of Health did not specify when the two positions would be filled with permanent replacements. [Read More](#)

New York Share of Medicaid Expenditures May Increase 22 Percent in Fiscal 2022. The Empire Center for Public Policy reported on May 27, 2021, that New York's share of Medicaid spending is estimated to increase 22 percent under the recently approved fiscal 2022 budget. New York will pay \$27.5 billion of the \$82.8 billion Medicaid tab, a \$5 billion increase in state share compared to fiscal 2021. The drastic increase in state Medicaid expenditures is driven by increased healthcare utilization, an enrollment increase of nearly 1 million since February 2020, and the exhaustion of federal relief funding by the fourth quarter of fiscal 2022. [Read More](#)

North Carolina

North Carolina Awards Healthy Opportunities Pilot Contracts. *WWAY News* reported on May 27, 2021, that North Carolina has awarded Healthy Opportunities Pilot contracts to three organizations: Community Care of the Lower Cape Fear, Access East, and Dogwood Health Trust. The goal of the program, which is scheduled to begin in the spring of 2022, is to integrate non-medical interventions such as housing stability, transportation access, food security and interpersonal safety into the delivery of health care to reduce costs and improve the health of Medicaid beneficiaries. [Read More](#)

North Carolina Completes Medicaid Managed Care Auto-Enrollment. *The Richmond Observer* reported on May 26, 2021, that North Carolina took another step toward completing its transition to Medicaid managed care, with the auto-enrollment of all beneficiaries who did not select a plan during open enrollment. Auto-enrolled members have until September 30, 2021, to change plans. About 97 percent of total Medicaid managed care members were able to keep their primary care physician. [Read More](#)

Oklahoma

Supreme Court Rules Against Transition to Medicaid Managed Care. *The Oklahoman* reported on June 2, 2021, that the Oklahoma Supreme Court struck down the state's planned transition to Medicaid managed care, ruling in a lawsuit filed by providers that the Oklahoma Health Care Authority (OHCA) does not have the authority to implement the program without legislative approval. The ruling comes the same day open enrollment begins for the state's Medicaid expansion population. [Read More](#)

Oklahoma Enacts Bill Placing Guardrails on Medicaid Managed Care Transition. *The Associated Press* reported on May 27, 2021, that Oklahoma Governor Kevin Stitt has allowed a bill that places oversight and legal guardrails on the scope of the state's planned transition to Medicaid managed care to become law without his signature. Oklahoma is expected to transition to managed care October 1. [Read More](#)

Texas

Legislature Passes Bill Easing Medicaid Eligibility Checks for Children. *Spectrum News* reported on May 31, 2021, that the Texas legislature passed a bill that reduces the number of Medicaid eligibility checks for children from four mid-year reviews to one mid-year review. The bill also gives families 30 days to respond to requests to prove continued eligibility, up from 10 days under current law. [Read More](#)

Legislature Likely to Pass Bill Aimed at Permanently Expanding Telehealth. *State of Reform* reported on May 26, 2021, that the Texas legislature is likely to pass a bill aimed at permanently expanding telehealth services previously put in place due to the pandemic. The bill would require Medicaid to cover preventive health services, audio-only behavioral health services, physical therapy, and other services via telehealth. The bill awaits a second House approval before it heads to Governor Greg Abbott's desk. [Read More](#)

Senate Approves Bill to Extend Medicaid Postpartum Coverage to Six Months. *kxan* reported on May 27, 2021, that the Texas Senate approved a bill that extends Medicaid postpartum coverage from 60 days to six months, half the length of a similar bill that passed in the Texas House. The legislation returns to the House for approval before it can advance to the Governor's desk. [Read More](#)

Wisconsin

Wisconsin Governor Gets Backing on Medicaid Expansion from Pennsylvania Governor, Congressman. *Patch/The Pennsylvania Capital-Star* reported on May 30, 2021, that U.S. Senator Bob Casey (D-PA) and Pennsylvania Governor Tom Wolf appeared at a joint event with Wisconsin Governor Tony Evers to urge the Republican-led Wisconsin legislature to pass Medicaid expansion. Medicaid enrollment swelled by over 366,000 from February 2020 to February 2021, bringing total enrollment up to more than three million. Medicaid expansion would cover an additional 91,000 residents up to 138 percent of poverty. [Read More](#)

National

CMS Releases FAQ Memo to States, Medicare Advantage Plans to Better Coordinate Benefits for D-SNP Beneficiaries. The Centers for Medicare & Medicaid Services (CMS) released on May 27, 2021, a frequently asked questions (FAQ) memo to states and Medicare Advantage health plans to help them better coordinate Medicaid benefits and Medicare supplemental benefits for members of Dual Eligible Special Needs Plans (D-SNPs). The 10 FAQs address the scope of supplemental benefits, issues involving overlapping Medicaid and Medicare benefits, who pays first, delivery system differences between fee-for-service Medicaid and Medicare Advantage, and coverage issues between fully integrated dual eligible (FIDE) SNPs and Medicare Advantage. [Read More](#)

Biden Budget Proposal Calls for HHS Funding Increase. *Modern Healthcare* reported on May 28, 2021, that President Biden unveiled a \$6 trillion budget proposal, which includes a 23 percent increase in fiscal 2022 funding for the Department of Health and Human Services (HHS). The additional funding would support behavioral health (mental health and substance use), maternal health, emerging health threats, science, data and research, tribal health, early child care and learning, and child welfare, according to HHS Secretary Xavier Becerra. The proposal also calls for legislation allowing the federal government to negotiate lower Medicare drug prices, reducing deductibles in Exchange plans, expanding Medicare benefits, lowering the Medicare eligibility age, and closing the Medicaid coverage gap in non-expansion states. [Read More](#)

House Democrats Push Biden to Lower Medicare Age, Expand Benefits. *The Hill* reported on May 27, 2021, that over 150 House Democrats signed a letter pushing President Biden to include a plan in his infrastructure package to lower the Medicare eligibility age to 60 and expand benefits. Representatives Pramila Jayapal (D-WA), Jared Golden (D-ME), Joe Neguse (D-CO), and Conor Lamb (D-PA) are leading the push. Lawmakers are also requesting upgrades to Medicare benefits to incorporate dental, vision, and hearing coverage. [Read More](#)

Medicaid Enrollment Rises Nearly 18 Percent Since Start of Pandemic. *The Pew Charitable Trusts/The Associated Press* reported on May 26, 2021, that Medicaid enrollment increased 17.7 percent, or about 8.5 million, in the 12 months through February 2021 as a result of the COVID-19 pandemic. Utah and Nebraska saw the biggest annual increases, driven by the implementation of Medicaid expansion. States with big enrollment increases included Florida, Illinois, Indiana, Kentucky, Minnesota, and Missouri. The lowest rates of increase were in Alaska, Arkansas, Maryland, Michigan, and Tennessee. [Read More](#)

Senators Eye Work Arounds to Increase Medicaid Eligibility in Non-Expansion States. *The Atlanta Journal-Constitution* reported on May 26, 2021, that U.S. Senators Jon Ossoff (D-GA) and Raphael Warnock (D-GA) proposed potential work arounds to increase Medicaid eligibility in non-expansion states. In a [letter](#) to Republican and Democratic leadership, the Senators said legislation to “close the coverage gap” might include a “federal Medicaid look-alike program” run through the Centers for Medicare & Medicaid Services or other strategies. [Read More](#)

Inmates Would Receive Medicaid Benefits Under Reintroduced Legislation.

The Hill reported on May 25, 2021, that a bipartisan group of lawmakers reintroduced legislation to provide incarcerated individuals access to Medicaid benefits. The legislation would direct the U.S. Comptroller General to periodically submit reports on the number of inmates receiving benefits, the quality of services provided, the scope of inmate access to healthcare, and the impact of Medicaid coverage on recidivism rates. Representatives Brian Fitzpatrick (R-PA), Annie Kuster (D-NH) and others reintroduced the bill in the House, while Senator Cory Booker (D-NJ) introduced a companion bill in the Senate. [Read More](#)

CMS Proposes Delay of Medicaid Drug Multiple Best-Price Provisions in Rebate Program.

The Centers for Medicare & Medicaid Services (CMS) proposed on May 26, 2021, a six-month delay until July 1, 2022, in multiple best-price provisions related to value-based payment arrangements in the Medicaid Drug Rebate Program (MDRP). The proposed rule would also delay by two years the inclusion of the five U.S. territories in MDRP from April 1, 2022, to April 1, 2024. CMS released the final rule last year, aimed at lowering drug prices and increasing access to high-cost medications for Medicaid beneficiaries. [Read More](#)



INDUSTRY NEWS

Vaya Health, Cardinal Innovations to Combine. *The Charlotte Business Journal* reported on June 2, 2021, that North Carolina-based Local Management Entities – Managed Care Organizations Vaya Health and Cardinal Innovations announced they will combine under Vaya’s leadership and continue to serve individuals with mental illness, substance use disorders, and intellectual and developmental disabilities. The transaction, which requires state approval, is expected to be completed by June 30, 2022. [Read More](#)

LHC Group to Acquire South Carolina-Based Heart of Hospice. LHC Group announced on June 2, 2021, that it has entered into an agreement to acquire South Carolina-based Heart of Hospice from EPI Group. Heart of Hospice is comprised of 16 hospice agencies in Arkansas, Louisiana, Mississippi, Oklahoma, and South Carolina. Under the deal, providers will continue to operate under the Heart of Hospice name. The deal is expected to close during the third quarter of 2021, pending regulatory approvals. [Read More](#)

Ensign Group Acquires Four Washington-Based Skilled Nursing Facilities. The Ensign Group announced on June 2, 2021, the acquisition of four Washington-based skilled nursing facilities: Mira Vista Care Center, Shoreline Health and Rehabilitation, The Oaks at Lakewood, and The Oaks at Timberline. Real estate for these facilities will be added to an existing master lease currently in place between Ensign affiliates and CareTrust. With this deal, Ensign now has 240 healthcare operations in 13 states. [Read More](#)

LifeStance Health Group Looks to Raise \$557.6 Million in IPO. Outpatient mental health care provider LifeStance Health Group announced on June 1, 2021, that it is looking to raise up to \$557.6 million in an initial public offering of approximately 40 million shares. The offering price range is expected to be between \$15 and \$17 per share. LifeStance will trade on Nasdaq under the ticker symbol “LFST.” [Read More](#)

Searchlight Capital Partners Acquires Majority Stake in Care Advantage. Searchlight Capital Partners announced on June 1, 2021, the acquisition of a majority stake in Care Advantage from BelHealth Investment Partners. Care Advantage is a provider of in-home care services to patients in Delaware, Maryland, Virginia, and Washington, DC. Terms of the deal were not disclosed. [Read More](#)

Maximus Partners with CNSI to Provide Medicaid Claims Processing. Maximus, a provider of business process services for government programs, announced on May 27, 2021, an agreement to serve as an operation services partner to CNSI in National Association of State Procurement Officials cooperative contracts for the Medicaid Management Information System Claims Processing and Management Services Module. Maximus will provide CNSI with claims adjudication support and call center services for Medicaid beneficiaries and providers. [Read More](#)

BayMark Health Services Acquires West Virginia-Based Residential Treatment Facility. BayMark Health Services announced on May 26, 2021, the acquisition of West Virginia-based Hope for Tomorrow, which offers both residential and medication-assisted treatment services for individuals with opioid and other substance use disorders. Hope for Tomorrow is comprised of one residential facility and three outpatient office-based opioid treatment programs. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Spring 2021	Louisiana	RFP Release	1,550,000
Q2 2021	Tennessee	RFP Release	1,500,000
Summer 2021	Rhode Island	RFP Release	276,000
June 7, 2021	North Dakota Expansion	Awards	26,000
June 11, 2021	North Carolina - BH IDD Tailored Plans	Awards	NA
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
July 1, 2021	Missouri	RFP Release	756,000
July 1, 2021	Hawaii Quest Integration	Implementation	378,000
July 1, 2021	Hawaii Community Care Services	Implementation	4,500
August 2021	Texas STAR Health	RFP Release	36,500
September 7, 2021	Nevada	Awards	600,000
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
October 1, 2021	Oklahoma	Implementation	742,000
November 2021	Missouri	Awards	756,000
Late 2021	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	RFP Release	1,640,000
Late 2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
Late 2021	California Imperial	RFP Release	75,000
Late 2021	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	RFP Release	286,000
Late 2021	California San Benito	RFP Release	7,600
Dec. 2021 - Feb. 2022	Texas STAR+PLUS	RFP Release	538,000
January 2022	Minnesota MA Families and Children, MinnesotaCare	RFP Release	543,000
January 1, 2022	Minnesota MA Families, Children; MinnesotaCare (metro)	Implementation	548,000
January 1, 2022	Nevada	Implementation	600,000
January 1, 2022	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2022	North Dakota Expansion	Implementation	19,800
January 5, 2022	Ohio	Implementation	2,450,000
February 2022	Texas STAR Health	Awards	36,500
July 1, 2022	Rhode Island	Implementation	276,000
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	NA
July 1, 2022	Missouri	Implementation	756,000
Early 2022 – Mid 2022	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Awards	1,640,000
Early 2022 – Mid 2022	California GMC - Sacramento, San Diego	Awards	1,091,000
Early 2022 – Mid 2022	California Imperial	Awards	75,000
Early 2022 – Mid 2022	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Awards	286,000
Early 2022 – Mid 2022	California San Benito	Awards	7,600
Mar. 2022 - May 2022	Texas STAR+PLUS	Awards	538,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
Dec. 2022 - Feb. 2023	Texas STAR & CHIP	Awards	3,700,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
Jun. 2023 - Aug. 2023	Texas STAR Kids	Awards	166,000
Jun. 2023 - Aug. 2023	Texas STAR Health	Implementation	36,500
Sep. 2023 - Nov. 2023	Texas STAR+PLUS	Implementation	538,000
January 2024	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Implementation	1,640,000
January 2024	California GMC - Sacramento, San Diego	Implementation	1,091,000
January 2024	California Imperial	Implementation	75,000
January 2024	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Implementation	286,000
January 2024	California San Benito	Implementation	7,600
Jun. 2024 - Aug. 2024	Texas STAR & CHIP	Implementation	3,700,000
Dec. 2024 - Feb. 2025	Texas STAR Kids	Implementation	166,000

HMA NEWS

Former Florida Medicaid Director Joins Health Management Associates. HMA announced today that Beth Kidder, former Florida deputy secretary for Medicaid, is joining the national healthcare consulting firm as a managing principal in its Tallahassee office on August 16. [Read more](#)

New this week on HMA Information Services (HMAIS):

Medicaid Data

- MLRs at Hawaii Medicaid MCOs Average 85.5%, 2020 Data
- MLRs at Iowa Medicaid MCOs Average 88.5%, 2020 Data
- MLRs at Indiana Medicaid MCOs Average 88.8%, 2020 Data
- MLRs at Kentucky Medicaid MCOs Average 82.3%, 2020 Data
- MLRs at Louisiana Medicaid MCOs Average 84.4%, 2020 Data
- MLRs Average 80.8% at Georgia Medicaid MCOs, 2020 Data
- MLRs Average 83.8% at New Jersey Medicaid MCOs, 2020 Data
- MLRs Average 83.9% at Florida MMA MCOs, 2020 Data
- MLRs Average 85.3% at Nebraska Medicaid MCOs, 2020 Data
- MLRs Average 85.8% at Illinois Medicaid MCOs, 2020 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Value Based Purchasing Strategies RFI, May-21
- California Medi-Cal Managed Care DRAFT RFP, Jun-21

Medicaid Program Reports, Data and Updates:

- Delaware Joint Finance Committee Budget Presentations, FY 2022
- Maryland Medicaid Advisory Committee Meeting Materials, May-21
- Maine Primary Care 2.0 Initiative Stakeholder Presentation, Mar-21
- Nebraska DHHS Monthly Medicaid Expansion Reports, May-21
- Nebraska Medicaid Annual Reports, SFY 2013-20
- New York MMC and MLTC Risk Corridor Implementation and COVID-19 Adjustment Recap, SFY 2020-21
- Ohio Medical Care Advisory Committee Meeting Materials, 2019-20, May-21

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- Excel data packages
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