

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... June 9, 2021



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[HMA News](#)

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IN FOCUS

INDIANA RELEASES MEDICAID MANAGED CARE RFP

This week, our *In Focus* section reviews the Indiana Medicaid managed care request for proposals (RFP) for health plans serving beneficiaries enrolled in Hoosier Healthwise and Healthy Indiana Plan (HIP) programs. Contracts will be worth over \$6 billion annually. The RFP was released on June 7, 2021, by the Indiana Department of Administration on behalf of the Family and Social Services Administration Office of Medicaid Policy and Planning.

Background

Hoosier Healthwise is Indiana's traditional Medicaid program that covers pregnant woman, children (including those enrolled in CHIP), and some low-income parents/caretakers. Meanwhile, HIP covers low-income adults, including the Medicaid expansion population and the majority of low-income parents or caretakers, through a consumer-driven health insurance model. Beneficiaries in HIP receive a high-deductible health plan and a Personal Wellness and Responsibility (POWER) account, modeled after a Health Savings Account (HSA), into which members and the state contribute.

Separately, Indiana also has a Hoosier Care Connect Medicaid managed care program, which covers the aged, blind, and disabled (ABD) population. New contracts with Anthem, Centene/Managed Health Services, and UnitedHealthcare for this program went into effect April 1, 2021.

RFP Timeline

The state intends to contract with four managed care organizations (MCOs). Contracts will run for four years beginning 2023, with two one-year renewal options, for a possible total of six years.

RFP Activity	Date
RFP Issued	June 7, 2021
Proposals Due	August 9, 2021
Awards	January 7, 2022
Implementation	January 1, 2023

Current Market

Incumbents Anthem, CareSource, Centene/Managed Health Services, and MDwise serve approximately 1.4 million members as of April 2021. However, the state estimates enrollment to drop post-COVID. In 2023, Indiana predicts 680,293 to be enrolled in Hoosier Healthwise and 551,464 to be enrolled in HIP, totaling approximately 1.2 million members.

Indiana Medicaid Managed Care Enrollment by Plan, April 2021		
Plan	Total	% Market Share
Hoosier Healthwise	743,572	
Anthem	285,444	38.4%
MDwise	219,420	29.5%
Centene/MHS	171,401	23.1%
CareSource	67,307	9.1%
Healthy Indiana Plan	672,746	
Anthem	302,416	45.0%
MDwise	152,252	22.6%
MHS	115,578	17.2%
CareSource	62,391	9.3%
Unassigned	40,109	6.0%

Source: IN Family and Social Services Administration, HMA

Evaluation

MCOs' proposals will be scored out of a total 100 points (103 if bonus points are applied).

Evaluation Criteria	
Criteria	Points
Adherence to Mandatory Requirements	Pass/Fail
Management Assessment/Quality (Business and Technical Proposal)	80 Available Points
Buy Indiana	5
Minority Business Enterprise Subcontractor Commitment	5 (1 Bonus Point Available)
Women Business Enterprise Subcontractor Commitment	5 (1 Bonus Point Available)
Indiana Veteran Owned Small Business Subcontractor Commitment	5 (1 Bonus Point Available)
Total	100 (103 with Bonus Points)

MCOs must submit proposals for both the Hoosier Healthwise and HIP programs. Technical proposals, worth up to 80 points, will be divided into three components: one common component that applies to both programs; one component that specifically addresses Hoosier Healthwise; and one component that specifically addresses HIP.

Common Component: Addresses overlapping requirements for both HHW and HIP:

- Section 1.0 (HHW + HIP) – Background
- Section 2.0 (HHW + HIP) – Administrative Requirements
- Section 7.0 (HHW + HIP) – Program Integrity
- Section 8.0 (HHW + HIP) – Information Technology (IT) Systems
- Section 9.0 (HHW + HIP) – Performance Reporting and Incentives
- Section 10.0 (HHW + HIP) – Failure to Perform/Non-compliance Remedies
- Section 11.0 (HHW + HIP) – Termination Provisions

Hoosier Healthwise Component: Addresses all other Hoosier Healthwise-specific SoW components not addressed in the Common Component:

- Section 3.0 (HHW) – Covered Benefits and Services
- Section 4.0 (HHW) – Member Services
- Section 5.0 (HHW) – Provider Network Requirements
- Section 6.0 (HHW) – Quality Management and Utilization Management

HIP Component: Addresses all other HIP-specific SoW components not addressed in the Common Component.

- Section 3.0 (HIP) – Covered Benefits and Services
- Section 4.0 (HIP) – Member Services
- Section 5.0 (HIP) – Provider Network Requirements
- Section 6.0 (HIP) – Quality Management and Utilization Management
- Section 12.0 (HIP) – HIP Plan Design and Member Eligibility
- Section 13.0 (HIP) – Billing and Collections
- Section 14.0 (HIP) – Personal Wellness & Responsibility (POWER) Accounts

The RFP can be found [here](#).



HMA MEDICAID ROUNDUP

Arizona

Arizona Seeks Medicaid Waiver Amendment to Improve Health Outcomes for Homeless. The Centers for Medicare & Medicaid Services (CMS) announced on June 7, 2021, that Arizona recently submitted to federal regulators a Medicaid waiver amendment aimed at improving health outcomes for homeless Medicaid beneficiaries. The federal public comment period will run from June 7 through July 7, 2021. The proposal would amend the state's existing Section 1115 Arizona Health Care Costs Containment System (AHCCCS) waiver demonstration. [Read More](#)

Connecticut

House Approves Bill to Expand Medicaid to Undocumented Children, Pregnant Women. *Bloomberg Law* reported on June 8, 2021, that the Connecticut House approved a bill that would expand Medicaid to pregnant women and undocumented children age eight or younger for families up to 201 percent of poverty. Eligibility would begin January 1, 2022. The bill now heads to the Senate. [Read More](#)

Georgia

Georgia Is Still Planning Limited Medicaid Expansion With Work Requirements. *Georgia Health News* reported on June 4, 2021, that Georgia is still planning to implement a limited Medicaid expansion program with work requirements on July 1, despite opposition from the Biden administration. Georgia Pathways to Coverage, which was approved by the prior administration, is expected to cover 50,000 people, compared to a projected 480,000 to 600,000 for a full Medicaid expansion. [Read More](#)

Georgia Receives Request for New Study on Exchange Waiver Impacts. *Modern Healthcare* reported on June 4, 2021, that the Centers for Medicare & Medicaid Services (CMS) ordered Georgia to provide an updated analysis of the state's waiver to opt out of the Affordable Care Act Exchange in 2023. CMS administrator Chiquita Brooks-LaSure said in a letter to the state that a new analysis is needed to study the potential impact on access and health equity given changing federal policies, priorities, and law. The Georgia waiver, which was approved by the prior administration, would allow individuals to purchase coverage through brokers and individual insurers. Georgia has until July 3 to provide the new information. [Read More](#)

Illinois

Illinois Awards MMIS Contract to CNSI. CNSI announced on June 8, 2021, that it has been awarded a four-year Medicaid Management Information System (MMIS) contract by the Illinois Department of Healthcare and Family Services. The arrangement encompasses claims and encounter data processing, managed care coordination, and Amazon Web Services cloud migration. [Read More](#)

Iowa

Iowa Completes Auto-Assignment of Medicaid Children in Managed Dental Plans, With Coverage Effective July 1. The Iowa Department of Human Services (DHS) announced on June 4, 2021, that the state has completed the auto-assignment of Medicaid children into two managed dental plans, with coverage effective July 1. The program, called Dental Wellness Plan Kids (DWP Kids), has contracted with the same two dental plans used by the state for Medicaid adults: Delta Dental of Iowa and MCNA Dental. Assignments are scheduled to be mailed next week, and individuals will have until September 30, 2021, to change plans. [Read More](#)

Louisiana

Louisiana Senate Committee Rejects Bill to Extend Medicaid Postpartum Benefits. *The Louisiana Illuminator* reported on June 3, 2021, that the Louisiana Senate Finance Committee voted down a bill that would have extended Medicaid postpartum coverage from two months to a year. The bill, introduced by state Representative Mandie Landry (D-New Orleans), would have cost between \$4.3 million and \$4.6 million annually over five years. [Read More](#)

Missouri

Lawmakers Are Not Obligated to Fund Medicaid Expansion, Attorney General Says. *The Jefferson City News Tribune/The Missouri Independent* reported on June 9, 2021, that Missouri lawmakers are not obligated to fund Medicaid expansion, according to a court filing by state Attorney General Eric Schmidt. The filing is the state's response to a lawsuit filed seeking to ensure implementation of a vote-approved Medicaid expansion program scheduled to take effect July 2021. Approximately, 275,000 adults would be eligible for expansion. [Read More](#)

Missouri Governor Warns of Budget Cuts Without Medicaid Hospital Tax. *The Neighbor* reported on June 8, 2021, that Missouri Governor Mike Parson has vowed budget cuts if the legislature fails to renew the state's Medicaid hospital tax by July 1. The Federal Reimbursement Allowance (FRA) tax, which expires September 30, finances nearly 80 percent of Medicaid in the state. [Read More](#)

Montana

Montana Medicaid Expansion Enrollment Approaches 99,000. *Montana Public Radio* reported on June 2, 2021, that enrollment in Montana's Medicaid expansion program approached 99,000 as of April 2021. [Read More](#)

Nebraska

Nebraska Lawsuit Challenging Two-Tiered Medicaid Expansion is Paused. *The Lincoln Journal Star* reported on June 8, 2021, that a Nebraska judge agreed to hit pause on a lawsuit challenging the state's two-tiered Medicaid Expansion program after the state agreed to provide the same benefits to everyone. Nebraska Appleseed, which filed the suit, and the state jointly filed a motion to stay the litigation while the state rolls out the new benefits. Assuming the state implements the benefits by October 4, the lawsuit may be dismissed. Under the tiered benefit proposal, all beneficiaries would have received physical and mental health coverage. However, coverage of dental, vision, and over-the-counter medications would have been available only to individuals who met work requirements. [Read More](#)

Nebraska to Withdraw Waiver Requiring Work Requirements for Enhanced Medicaid Expansion Benefits. *The Associated Press* reported on June 2, 2021, that Nebraska plans to withdraw a waiver that would have required individuals to work or participate in wellness activities to receive enhanced benefits under a two-tiered Medicaid expansion program. Instead, the Nebraska Department of Health and Human Services [announced](#) that effective October 2021, all individuals eligible for the state's voter-approved Medicaid expansion will receive the same benefits, including physical health coverage previously envisioned for the "basic" tier and enhanced benefits like dental services, vision services, and over-the-counter medications previously envisioned only for the "prime" tier. The waiver had been approved by the Trump administration. [Read More](#)

New Jersey

HMA Roundup – Karen Brodsky ([Email Karen](#))

Lawmaker Introduces Legislation to Eliminate Premiums, Co-Pays for CHIP Beneficiaries. New Jersey state Representative Yvonne Lopez (D-Middlesex), on June 1, 2021, introduced a bill to eliminate premiums and co-pays for certain NJ FamilyCare members, including Children's Health Insurance Program (CHIP) beneficiaries. The bill would also eliminate enrollment waiting periods for all children who qualify for NJ FamilyCare. Additionally, the bill would appropriate \$20 million for the Department of Human Services to establish an outreach initiative to increase enrollment in CHIP and Medicaid and to revise reporting requirements in the programs.

New York

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

Legislature Passes Opioid Medication-Assisted Treatment, Naloxone Bills. *Crain's New York Business* reported on June 8, 2021, that the New York Senate approved a bill that removes prior authorization requirements for Medicaid patients seeking to access medication-assisted treatment. The Senate also passed a bill requiring mandatory naloxone be given alongside opioid pain medication. The bills now head to Governor Andrew Cuomo's desk. [Read More](#)

North Carolina

Senate Approves Bill Increasing Regulation of PBMs. *The Mountaineer/The Center Square* reported on June 1, 2021, that the North Carolina Senate unanimously approved a measure that increases consumer protections and state regulation of pharmacy benefit managers (PBMs), such as requiring PBMs to get a license. Under the measure, the insurance commissioner would be allowed to petition a court to order PBMs to pay restitution to pharmacies if they violate certain policies. It also stops PBMs from discriminating against providers or pharmacies that use the federal 340B Drug Pricing Program. The bill now heads to the House for consideration. [Read More](#)

North Dakota

North Dakota Announces Medicaid Managed Care Award for Expansion Population. The North Dakota Department of Human Services, Medical Services Division, announced on June 7, 2021, its intent to award the state's Medicaid expansion managed care contract to Blue Cross Blue Shield of North Dakota. The contract is for three years with up to two one-year renewals, beginning January 1, 2022. Current incumbent Sanford Health Plan serves approximately 26,000 expansion members.

Ohio

Ohio Lawmakers Seek Redo of Medicaid Managed Care Procurement. *The Enquirer/The Columbus Dispatch* reported on June 3, 2021, that Ohio Senate Republicans are seeking a redo of the state's recent Medicaid managed care procurement, with a new provision requiring awards to include Medicaid plans based in the state. Lawmakers introduced language on the redo in a state budget bill, following protests from unsuccessful bidders. Earlier this year, \$20 billion in Medicaid managed care contracts were awarded to six health plans. [Read More](#)

Oklahoma

Oklahoma Medicaid Expansion Enrollment Approaches 100,000. *KOSU* reported on June 8, 2021, that nearly 100,000 individuals have signed up for Oklahoma's SoonerSelect Medicaid expansion program. The state projects enrollment in the program to hit 200,000. Enrollment started June 1, and coverage begins July 1. [Read More](#)

Oklahoma Begins Enrolling Medicaid Expansion Members. *News 9* reported on June 3, 2021, that nearly 30,000 newly eligible individuals have signed up for Oklahoma's Medicaid expansion program since enrollment began on June 1. Implementation is scheduled for July 1, with projected enrollment expected to reach 215,000. [Read More](#)

Tennessee

Tennessee Uninsured Tops 836,000, U.S. Census Estimates. *WJHL* reported on June 8, 2021, that Tennessee has 836,000 uninsured individuals, according to estimates from the U.S. Census. Tennessee hopes to implement a Medicaid block grant program previously approved by the Trump administration. [Read More](#)

Vermont

Vermont Medicaid Director Resigns, Joins University of Vermont Health Network. *VT Digger* reported on June 2, 2021, that Vermont Medicaid director Cory Gustafson resigned on May 28 and subsequently took a position as network director of strategic and business planning with the University of Vermont Health Network. Gustafson previously worked for Blue Cross Blue Shield of Vermont and for the Vermont Association of Hospitals and Health Systems. [Read More](#)

National

NAMD Report Highlights How Medicaid Can Support Children's Health, Wellness. The National Association of Medicaid Directors (NAMD) released on June 8, 2021, a report highlighting how Medicaid can support the health and wellness of children. Recommendations include streamlining eligibility pathways for children, increasing access to health care services that support strong development, and extended coverage for pregnant women to 12-months postpartum. [Read More](#)

Proposed Changes to SSI Eligibility Could Boost Medicaid Enrollment. The Kaiser Family Foundation reported on June 4, 2021, that proposed improvements to Supplemental Security Income (SSI) eligibility could boost Medicaid enrollment, given that states tend to provide Medicaid to individuals who receive SSI. The Biden administration and Congressional Democrats have proposed increasing the maximum SSI benefit to 100 percent of poverty, eliminating the SSI "marriage penalty," raising asset limits, and eliminating reductions in SSI benefits because of "in-kind support and maintenance." [Read More](#)

Medicaid Expansion, Exchanges Cover Record 31 Million. The U.S. Department of Health and Human Services reported on June 5, 2021, that a record 31 million individuals are now receiving health care coverage through Medicaid expansion or an Exchange plan. Between 2010 and 2016, the number of non-elderly uninsured adults has fallen 41 percent to 28.2 million. Extended open enrollment through the federal Exchange continues until August 15. [Read More](#)

Lawmakers Seek More Transparency from CMMI on Value-Based Care Models. *Fierce Healthcare* reported on June 3, 2021, that 24 bipartisan lawmakers signed a letter calling on the Center for Medicare and Medicaid Innovation (CMMI) to be more transparent and provide more insight into its decision-making process on value-based care models. Led by Representatives Terri Sewell (D-AL) and Adrian Smith (R-NE), lawmakers express concerns that modeling has been biased “toward savings rather than improving beneficiary health or addressing health disparities.” [Read More](#)

Biden Budget Supports Full Medicaid Funding for U.S. Territories. *The Bond Buyer* reported on June 3, 2021, that President Biden’s proposed fiscal 2022 budget provides for full federal Medicaid funding for U.S. territories like Puerto Rico, aligning matching rates with those received by states and eliminating funding caps. [Read More](#)

Medicaid Expansion Remains Top Priority for CMS Administrator. *NPR* reported on June 3, 2021, that Medicaid expansion remains a top priority for Centers for Medicare & Medicaid Services (CMS) administrator Chiquita Brooks-LaSure. Her preference is to encourage states to expand using funding incentives offered by the Biden administration; however, she is open to the public option or other ways of increasing coverage to individuals in the Medicaid gap. [Read More](#)

Medicare Advantage Plans Lose Round in Star Ratings Lawsuit. *Modern Healthcare* reported on June 3, 2021, that the Centers for Medicare & Medicaid Services (CMS) can use 2020 patient quality and satisfaction data to calculate 2021 Medicare Star ratings, according to a U.S. District Judge’s ruling. CMS, which filed a motion for summary judgement in the case, was using 2020 data because of concerns over collecting updated data during the pandemic. Medicare Advantage plans AvMed, Prominence HealthFirst, and Prominence HealthFirst of Texas, filed a lawsuit to force CMS to use updated data, arguing plans were denied a chance to improve their ratings. [Read More](#)



INDUSTRY NEWS

One Medical to Target Medicare Advantage With Acquisition of Iora Health. *Modern Healthcare* reported on June 7, 2021, that primary care provider One Medical, which largely serves the commercial market, will expand into Medicare Advantage through the acquisition of Iora Health for \$2.1 billion in stock. Iora provides primary care to 38,000 members covered under Medicare Advantage or Medicare's Direct Contracting value-based program. The transaction is expected to close in the third or fourth quarter of 2021. [Read More](#)

Deerfield Healthcare Receives Stakeholder Approval to Merge With CareMax Medical Group, IMC. Deerfield Healthcare Technology Acquisitions announced on June 4, 2021, that it had received shareholder approval to merge with senior care providers CareMax Medical Group and IMC Medical Group Holdings in a transaction valued at \$614 million. The combined company will be called CareMax and trade under the ticker CMAX on Nasdaq. DFHT chairman Richard Barasch will become executive chairman of CareMax. Deerfield is a special purpose acquisition vehicle sponsored by an affiliate of Deerfield Management Company and Barasch. [Read More](#)

Choice Health at Home Acquires Home Health Agencies in Oklahoma, Texas. Choice Health at Home announced on June 3, 2021, the acquisition of Oklahoma-based home health provider Restore Home Health. Lori Chlouber, chief executive of Restore, will join Choice as vice president of state strategic operations. Choice also announced the acquisition of Home Therapy of Austin, a Texas-based in-home provider of clinical and support services for seniors. [Read More](#)

Sentara Healthcare, Cone Health Cancel Proposed Merger. *Modern Healthcare* reported on June 2, 2021, that not-for-profit health systems Sentara Healthcare and Cone Health announced the cancellation of a proposed merger, which would have created a multi-state, 17-hospital system with more than \$11 billion in combined revenues. Cone patients and physicians worried that the merger would drain local resources, drive up prices, and centralize care in Virginia where Sentara is headquartered. [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 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
August 9, 2021	Indiana Hoosier Healthwise and HIP	Proposals Due	1,200,000
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
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
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
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
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

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

Medicaid Data

- Medicaid Plan Profit Margin Rises to 2.8% In 2020
- Kansas Medicaid Managed Care Enrollment is Up 4.2%, May-21 Data
- MLRs at 9 New York Medicaid MCOs Average 90.7%, 2020 Data
- MLRs at Nevada Medicaid MCOs Average 85%, 2020 Data
- MLRs at New Mexico Medicaid MCOs Average 81.3%, 2020 Data
- MLRs at Ohio Medicaid MCOs Average 83.4%, 2020 Data
- MLRs at Pennsylvania Medicaid MCOs Average 89.8%, 2020 Data
- MLRs Average 81.2% at Tennessee Medicaid MCOs, 2020 Data
- MLRs Average 82.9% at Texas Medicaid MCOs, 2020 Data
- MLRs Average 84.1% at South Carolina Medicaid MCOs, 2020 Data
- MLRs Average 86.2% at New Hampshire Medicaid MCOs, 2020 Data
- MLRs Average 88.8% at Rhode Island Medicaid MCOs, 2020 Data
- MLRs Average 89.1% at Colorado Medicaid RAEs, 2020 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Medi-Cal Imperial County Contracts and Amendments, Jun-21
- Indiana HHW and HIP Medicaid Managed Care RFP and Model Contract, Jun-21
- North Dakota Medicaid Expansion Managed Care RFP, Award, and Related Documents, 2020-21
- West Virginia Managed Care for Children and Youth in Foster Care RFP, Proposals, Scoring, and Award, 2019
- West Virginia Medicaid Managed Care Rate Setting and Program Administrator Navigant Contract, 2020
- West Virginia Mountain Health Trust Medicaid Managed Care RFP, Proposals, Scoring, and Contracts, 2019-20

Medicaid Program Reports, Data and Updates:

- CMS Medicaid, CHIP, and BHP Related Provisions in the American Rescue Plan Act of 2021 Informational Bulletin, Jun-21
- President Biden's Proposed Budget, FY 2022
- Special Needs Plans (SNP) Enrollment by State and Plan, Mar-21 Data
- Alabama Medicaid Medical Care Advisory Committee Minutes, 2015-20, Mar-21
- Arizona AHCCCS 1115 Waiver Documents, 2020-21
- California Home and Community-Based Services Spending Plan, Jun-21
- California Medicaid Restoration of Dental FFS in Sacramento and Los Angeles Counties Draft Transition Plan, Jun-21
- California Medi-Cal Managed Care External Quality Review Reports, 2013-20
- Connecticut Medicaid 1915(c) Waiver Amendment Requests, Apr-21
- Georgia Section 1332 Waiver Application, Approval and Related Documents, 2019-21

- New Jersey Response to the Opioid Overdose Epidemic Report, 2020
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, May-21
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Jun-21
- Pennsylvania Physical HealthChoices Databooks, CY 2018-22
- Rhode Island Medical Care Advisory Committee Meeting Materials, Jun-21

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