

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... June 30, 2021 .....



[RFP CALENDAR](#)

[HMA News](#)

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## THIS WEEK

- IN FOCUS: STATE EFFORTS TO INTEGRATE CARE ACROSS MEDICAID FFS LTSS AND MEDICARE ADVANTAGE D-SNPs
- IN FOCUS: LOUISIANA RELEASES MEDICAID MANAGED CARE RFP
- GEORGIA TO DELAY LIMITED MEDICAID EXPANSION ROLL OUT
- MINNESOTA RELEASES IV&V RFP
- MISSOURI SUPREME COURT TO HEAR MEDICAID EXPANSION CASE
- OHIO BILL SCRAPS MEDICAID MANAGED CARE PROCUREMENT REDO
- LAWMAKERS IN 42 STATES INTRODUCE BILLS TO REGULATE PBMS
- CMS TO EXPAND HOME HEALTH VALUE-BASED PURCHASING MODEL
- CMS NAMES DANIEL TSAI DIRECTOR FOR MEDICAID, CHIP SERVICES
- ANTHEM ACQUIRES PUERTO RICO-BASED MMM HOLDINGS
- BRIGHT HEALTH GROUP RAISES \$924 MILLION IN IPO
- [NEW THIS WEEK ON HMAIS](#)

## IN FOCUS

### STATE EFFORTS TO INTEGRATE CARE ACROSS MEDICAID FFS LTSS AND MEDICARE ADVANTAGE D-SNPs

This week, our In Focus section reviews a new paper from Health Management Associates, *State Efforts to Integrate Care Across Medicaid Fee-for-Service Long-Term Services and Supports and Medicare Advantage Dual Eligible Special Needs Plans* by Sarah Barth, Rachel Deadmon and Julie Faulhaber. Funded by UnitedHealthcare, this paper outlines approaches taken by Medicaid programs seeking to coordinate Medicare and Medicaid services for

dually eligible individuals without first implementing standalone Medicaid managed long-term services and supports (MLTSS) programs.

To date, most federal and state government partnerships to create integrated Medicare-Medicaid programs or demonstrations have included some form of Medicaid MLTSS. However, there are opportunities for states that want to keep their long-term services and supports (LTSS) delivery systems under fee-for-service (FFS) to proceed with coordinating and integrating care across the two programs. Some states may prefer to keep successful portions of FFS LTSS systems in place or may not yet be ready to move Medicaid FFS LTSS to managed care.

HMA interviewed Medicaid and Aging agency officials in the District of Columbia, Idaho, Maine, and Washington based upon known exploration and efforts to increase coordination and integration between Medicare and Medicaid. HMA reviewed their Calendar Year 2021 state Medicaid agency contracts (SMACs), as well as the Calendar Year 2021 SMAC for Alabama requiring provision of certain Medicaid benefits. From these interviews and SMAC reviews, HMA identified steps states can take to increase coordination across Medicaid FFS LTSS and Dual Eligible Special Needs Plans (D-SNPs) for dually eligible individuals. Charted paths to better coordinate and integrate Medicaid LTSS FFS and other covered benefits with Medicare services include:

- **HIDE SNPs.** Use of Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) covering behavioral health and other Medicaid services to support coordination with Medicaid FFS LTSS (Washington). HIDE SNP is a designated type of D-SNP. To be considered a HIDE SNP a plan must provide, either directly or through a companion Medicaid managed care plan, either behavioral health services or LTSS in addition to other Medicaid services to its dual eligible enrollees.
- **Medicaid Wraparound.** Inclusion of a per member per month payment for certain Medicaid services and benefits, such as the Medicaid agency's cost sharing obligations in SMACs (Alabama) or the comprehensive set of Medicaid benefits, inclusive of LTSS (District of Columbia).
- **"Benchmark Model" via FIDE SNP.** Use of a Medicaid State Plan alternative benefit package with "standalone" fully integrated dual eligible special needs plan (FIDE SNP) (Idaho) and without a standalone Medicaid MLTSS program. FIDE SNP is a designated type of D-SNP. FIDE SNPs provide Medicare and Medicaid benefits *under a single legal entity* that has a contract with CMS and a Medicaid contract with the state. It must provide coverage, consistent with state policy, of Medicaid benefits, including LTSS and nursing facility services for at least 180 days per plan year.<sup>i</sup>

These innovative pathways to integration can and often do lead to future implementation of MLTSS as a comprehensive approach to provide LTSS to eligible populations.

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<sup>i</sup> Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021, CMCS Informational Bulletin, Centers for Medicare & Medicaid Services, November 17, 2019.

The paper further outlines approaches taken by these Medicaid programs seeking to coordinate Medicare and Medicaid services without standalone Medicaid MLTSS programs. Their approaches include the following:

- **Identifying and building upon the existing strengths of the state's Medicaid program** to increase coordination and integration of Medicare and Medicaid benefits for dually eligible individuals.
- **Engaging stakeholders**, including dually eligible individuals and their families, D-SNP organizations, providers, and others, at the outset of planning for increased coordination and integration between Medicaid and D-SNPs.
- **Establishing strong state staff oversight and understanding of Medicare program benefits and administrative requirements, D-SNP models of care, and MA supplemental benefits.**
- **Establishing open, ongoing communication and building partnerships with D-SNP organizations** in the state.
- **Maximizing the new Centers for Medicare & Medicaid Services (CMS) 2021 standalone D-SNP hospital and skilled nursing facility admission data sharing requirements** to support increased coordination around care transitions.
- **Introducing D-SNP organizations to Medicaid benefits** by including coverage of certain benefits such as Medicaid agency cost sharing obligations in SMACs with D-SNP organizations.
- **Maximizing available CMS Medicare-Medicaid Coordination Office (MMCO) supports** and communicating additional supports needed going forward.

Medicaid programs can adapt these approaches to their unique state landscapes, delivery systems, and stakeholders to better coordinate Medicare and Medicaid services for dually eligible individuals.

For further details on these program approaches, please access the following link to the [paper](#).

## LOUISIANA RELEASES MEDICAID MANAGED CARE RFP

This week also includes an *In Focus* section on the Louisiana Medicaid managed care request for proposals (RFP) released on June 23, 2021, by the Louisiana Department of Health. Louisiana is seeking full-risk health plans to serve approximately 1.6 million Medicaid beneficiaries. Contracts are worth approximately \$9 billion annually.

Previous procurement awards from 2019 to incumbents AmeriHealth Caritas, Healthy Blue/Anthem, and UnitedHealthcare, and new entrant Humana, were rescinded. The state executed emergency contracts with the five current MCOs following protests from two incumbents who were not awarded contracts.

Louisiana implemented its Medicaid managed care program in 2012 and expanded Medicaid under the Affordable Care Act in 2016. Medicaid managed care organizations (MCOs) will provide physical health and behavioral health services to beneficiaries.

Services such as dental, long-term care, and home and community-based services are not carved into the contracts. Dental benefits began to be provided in 2018 through a Prepaid Ambulatory Health Plan (PAHP). In light of a national focus on Pharmacy Benefit Manager (PBM) regulation, MCOs will also be asked to address issues related to pharmacy benefits, “particularly advancing the efficiency and economy of the pharmacy program by moving to a single PBM for the entire Louisiana Medicaid Managed Care Program.”

### Current Market

Incumbents AmeriHealth Caritas, Anthem/Healthy Blue, Centene/LA Healthcare Connections, CVS Health/Aetna, and UnitedHealthcare served 1.7 million beneficiaries as of May 2021.

Louisiana Medicaid Managed Care Enrollment by Plan, May 2021		
Plan	Total	% Market Share
Centene	521,199	30.2%
UnitedHealthcare	495,651	28.8%
Anthem	338,554	19.6%
AmeriHealth Caritas	222,654	12.9%
CVS/Aetna	145,518	8.4%
<b>Total</b>	<b>1,723,576</b>	

### Timeline

Proposals are due September 3, 2021, with awards expected November 5, 2021. Contracts will be implemented July 1, 2022, and run for three years with an option to extend up to two more years.

RFP Activity	Date
RFP Issued	June 23, 2021
Proposals Due	September 3, 2021
Awards	November 5, 2021
Implementation	July 1, 2022

### Evaluation

Plans with a minimum of seven years of experience covering health care services for a Medicaid managed care program and serving a Medicaid population of 1.5 million enrollees or greater are desired. Technical proposals will be scored out of 1,500 points. Twelve percent of the total points are reserved for MCOs that are certified small entrepreneurships, or subcontract with one or more small entrepreneurships, through the Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative).

Evaluation	
Evaluation Components	Possible Points
<b>Business Proposal</b>	<b>Pass/Fail</b>
<b>Technical Proposal</b>	<b>1500</b>
Proposer Organization & Experience	90
Enrollee Value-Added Benefits	60
Population Health	90
Health Equity	90
Care Management	90
Case Scenarios	120
Network Management	90
Provider Support	90
Utilization Management	90
Quality	150
Value-Based Payment	100
Claims Management and Systems & Technical Requirements	70
Program Integrity	100
Physical and Specialized Behavioral Health Integration	90
Louisiana Veteran and/or Hudson Initiative	180

[Louisiana Medicaid Managed Care RFP Link](#)



## HMA MEDICAID ROUNDUP

### *Georgia*

**Georgia to Delay Limited Medicaid Expansion Roll Out.** *The Atlanta Journal-Constitution* reported on June 25, 2021, that Georgia will delay its limited Medicaid expansion program with work requirements until at least August 1, amid opposition from the Biden administration. Expansion was originally scheduled for July 1. Georgia Pathways to Coverage, which was approved by the prior administration, is expected to cover 50,000 individuals, compared to a projected 480,000 to 600,000 for a full Medicaid expansion. [Read More](#)

### *Louisiana*

**Louisiana Readies for Medicaid Renewals, Eligibility Checks After Public Health Emergency Ends.** *The Lens* reported on June 29, 2021, that as many as 160,000 Louisiana Medicaid recipients may be at risk of losing health coverage at the end of the public health emergency when the state ramps up eligibility checks and wage verification processes. The state temporarily paused eligibility checks to comply with federal policy related to pandemic Medicaid funding. [Read More](#)

### *Massachusetts*

**Massachusetts Submits MassHealth Waiver Amendment to Expand Eligibility, Flexibilities.** Massachusetts submitted a request to federal regulators on June 8, 2021, to amend the state's Section 1115 Medicaid waiver to update Medicare Savings Program income limits, enhance services for justice-involved populations, extend postpartum coverage, and retain certain flexibilities granted during the pandemic. Public comments on the [amendment](#) are open from June 25, through July 25, 2021. [Read More](#)

**Massachusetts Medicaid Estate Recovery Creates Financial Hardships for Low-Income Members, Audit Finds.** The Massachusetts Executive Office of Health and Human Services (EOHHS), on June 28, 2021, released an audit showing that estate recovery claims by the state's MassHealth Medicaid program may cause some families to incur undue financial hardships. EOHHS issued two recommendations: MassHealth should establish a cost-effectiveness threshold to prevent undue financial hardship for members' survivors and should better promote its undue hardship waiver process. [Read More](#)

## Minnesota

**Minnesota Releases IV&V RFP.** Minnesota released on June 22, 2021, a request for proposals (RFP) for a service provider to perform Independent Verification and Validation (IV&V) of systems for the Department of Human Services Medicaid Management Information System (MMIS) modernization project. Proposals are due July 13, 2021. The contract will run from August 2021 to July 2023, with the option to extend up to an additional three years in increments determined by the state.

## Missouri

**Missouri Supreme Court to Hear Medicaid Expansion Case.** *KSHB* reported on June 29, 2021, that the Missouri Supreme Court will hear arguments in a lawsuit filed by three Missouri residents over the state's failure to implement a voter-approved Medicaid expansion program. Arguments are scheduled for July 13. Last week, Cole County Circuit Judge Jon Beetem ruled that the voter-approved initiative violates the state constitution concerning appropriations. [Read More](#)

**Senate Votes to Renew Medicaid Hospital Tax.** *St. Louis Post-Dispatch* reported on June 26, 2021, that the Missouri Senate voted to renew a Medicaid hospital tax for three years. The Federal Reimbursement Allowance (FRA) tax, which expires September 30, finances nearly 80 percent of Medicaid in the state. The bill now heads to the House for debate. [Read More](#)

## Nevada

**Nevada to Increase Medicaid Reimbursement Rate for Autism Therapy.** *The Nevada Independent* reported on June 24, 2021, that Nevada will raise Medicaid reimbursement rates for Applied Behavior Analysis (ABA) therapy for children with autism. The increase is aimed at improving pay for Registered Behavior Technicians, addressing shortages in treatment accessibility, and encouraging more providers to accept Medicaid. [Read More](#)

## New York

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

**New York Enacts Law to Establish Opioid Settlement Fund.** *WAMC* reported on June 30, 2021, that New York Governor Andrew Cuomo signed into law legislation to establish an Opioid Settlement Fund, ensuring that all funds from future settlements with drug manufacturers and distributors are directed to substance use disorder treatment, prevention, and recovery programs. [Read More](#)



## Ohio

**Ohio Lawmakers Scrap Medicaid Managed Care Procurement Redo, Extend Medicaid Postpartum Coverage.** *The Columbus Dispatch* reported on June 28, 2021, that Ohio lawmakers passed a two-year spending bill that scraps a Senate Republican effort to redo the state's recent Medicaid managed care procurement with the requirement that contract awards include Ohio-based organizations. The bill instead includes changes for future procurements. Ohio awarded contracts to six health plans: AmeriHealth Caritas, Anthem Blue Cross Blue Shield, CareSource, Humana, Molina and UnitedHealthcare. The bill also extends Medicaid postpartum coverage to a full year. [Read More](#)

## Oregon

**Legislature Passes Bill to Strengthen Healthcare Merger, Acquisition Oversight.** *Modern Healthcare* reported on June 28, 2021, that the Oregon legislature passed a bill that aims to strengthen healthcare merger and acquisition oversight, such as requiring state regulators to sign off on any merger, acquisition, or affiliation that would increase a healthcare organization's net patient revenues by \$1 million or more. The Equal Access to Care Act would apply to healthcare entities that reported at least \$25 million in net patient revenues during the three years preceding the proposal. Governor Kate Brown is expected to sign the legislation. [Read More](#)

**House Passes Bill to Extend Medicaid Coverage to Undocumented Adults.** *The Lund Report* reported on June 25, 2021, that the Oregon House passed a bill to extend Medicaid coverage to undocumented adults. The bill, Cover All People, builds on the state's Cover All Kids program, which extended Medicaid coverage to undocumented children under 19 years of age in 2018. Cover All People would allow the state to limit who qualifies for Medicaid in order to keep costs under \$100 million over the next biennium. The bill now heads to the state Senate. [Read More](#)

## Pennsylvania

**Lawmakers Earmark \$282 Million for Long Term Care Facilities in Fiscal 2022 Budget.** *The Tribune-Democrat/The Associated Press* reported on June 25, 2021, that the Pennsylvania General Assembly passed a \$39.8 billion fiscal 2022 budget that earmarks \$282 million in American Rescue Plan funding for nursing homes and other long-term care facilities. Funding includes \$247 million for nursing homes and \$30 million for personal care homes and assisted living facilities. The bill also prohibits the Department of Human Services from creating new programs not explicitly authorized by the legislature. [Read More](#)



## South Carolina

**South Carolina Medicaid Enrollment Grows At Slower Pace Than National Average During Pandemic.** *The Post and Courier* reported on June 28, 2021, that South Carolina Medicaid enrollment grew 8 percent from January 2020 through January 2021, compared to a national average of 14 percent. South Carolina is a non-expansion state with more than one million Medicaid members. [Read More](#)

## South Dakota

**South Dakota Advocates Campaign for Medicaid Expansion Ballot Initiative.** *The Associated Press* reported on June 23, 2021, that another South Dakota advocacy group has launched a campaign for a November 2022 Medicaid expansion ballot initiative. South Dakotans Decide Healthcare would need 17,000 certified signatures to get their proposals on the November ballot. Earlier this year, Dakotans for Health also launched a ballot initiative campaign. [Read More](#)

## National

**Lawmakers in 42 States Introduce Bills to Regulate PBMs.** *Health News Florida* reported on June 30, 2021, that more than 100 bills have been introduced in 42 states to regulate pharmacy benefit managers (PBMs) in an effort to increase transparency and reduce drug prices. At least 12 of the states have adopted new PBM oversight laws. [Read More](#)

**CMS to Expand Home Health Value-Based Purchasing Model Nationwide in 2022.** *Fierce Healthcare* reported on June 28, 2021, that the Centers for Medicare & Medicaid Services (CMS) is planning a nationwide rollout of the home health value-based purchasing model beginning January 1, 2022. The model, which was first piloted in 2016, has shown improvement in quality and cost among participating Medicare-certified home health agencies in nine states. [Read More](#)

**Medicare Site-Neutral Pay Policy to Move Forward.** *Modern Healthcare* reported on June 28, 2021, that Medicare can move ahead with its site-neutral payment policy, after the U.S. Supreme Court declined to hear a challenge from hospital groups. The American Hospital Association and Association of American Medical Colleges opposed the policy, which cut Medicare payments to some hospital clinics. [Read More](#)

**CMS Releases Medicaid, CHIP Managed Care Oversight Tools.** The Centers for Medicare & Medicaid Services (CMS) announced on June 28, 2021, a series of tools to help states and federal agencies improve the monitoring, oversight, and compliance of managed care standards and access in Medicaid and the Children's Health Insurance Program (CHIP). [Read More](#)

**CMS Proposes 30 Additional Days of Exchange Open Enrollment Annually.** *Modern Healthcare* reported on June 28, 2021, that the Centers for Medicare & Medicaid Services (CMS) proposed a rule that would extend the annual Exchange plan open enrollment period by 30 days from November 1 to January 15. The current period ends December 15. The proposed rule would also allow a monthly special enrollment period for individuals with low incomes to enroll in certain plans and would again require Exchange navigators to help consumers with post-enrollment questions. Comments on the proposed rule are due July 28. [Read More](#)

**Latino Children Have Higher Uninsured Rate Than Non-Latino Children** *Modern Healthcare/Stateline* reported on June 25, 2021, that the uninsured rate among Latino children was 9.3 percent in 2019, compared to 4.4 percent for non-Latino children, according to an analysis from the Center for Children and Families at Georgetown University. That is up from 7.7 percent for Latino children in 2016, compared to 3.7 percent for non-Latino children. The analysis blames language barriers, multiple eligibility verification checks, federal actions like expansion of the public charge rule, and state actions like five-year waiting periods for legal immigrants to qualify for Medicaid. [Read More](#)

**CMS Names Daniel Tsai Deputy Administrator, Director for Medicaid, CHIP Services.** On June 28, 2021, the Centers for Medicare & Medicaid Services (CMS) announced that Daniel Tsai has been appointed deputy administrator and director of the Center for Medicaid and CHIP Services, effective July 6. Tsai was most recently assistant secretary of MassHealth, the Massachusetts Medicaid program. [Read More](#)

**Democrats Propose Additional HCBS Funding Boost.** *Home Health Care News* reported on June 25, 2021, that a group of congressional Democrats unveiled a proposal that would further boost state Medicaid funding for home and community-based services (HCBS), including a permanent 10 percentage point increase in federal Medicaid matching funds. To be eligible, states would have to potentially expand HCBS eligibility and further support family caregivers as well as individuals navigating the long-term care system. The Biden administration's COVID-19 relief bill included a temporary 10 percentage point increase in each state's Federal Medical Assistance Percentage for HCBS. [Read More](#)

**CMS Releases Medicaid Managed Care Rate Development Guide.** The Centers for Medicare & Medicaid Services, on June 25, 2021, released its Medicaid Managed Care Rate Development Guide for 2021-22. The guide is used by states when preparing annual rate certifications and to meet actuarial soundness requirements. [Read More](#)

**Hospitals Want Another Year to Spend Certain Relief Funds.** *Modern Healthcare* reported on June 23, 2021, that hospitals want another year to spend certain COVID-19 relief funds. Under current federal guidance, funds received before June 30, 2020, must be spent or returned by June 30, 2021. The American Hospital Association said in a letter to federal regulators that it would like that deadline extended at least until June 30, 2022. The U.S. Department of Health and Human Services already agreed to extend deadlines for funds received later. [Read More](#)

**Biden Looks to Increase Medicaid Eligibility, Covered Services.** *Kaiser Health News* reported on June 24, 2021, that President Biden is pushing for Medicaid eligibility for new mothers, inmates and undocumented immigrants, among other changes to extend coverage to new populations. The administration is also considering coverage of social services such as food and housing, which are not traditionally covered by Medicaid. [Read More](#)

**House Lawmakers Introduce Bill to Increase Medicare Reimbursement Rate for Rural Hospitals.** *Fierce Healthcare* reported on June 23, 2021, that House lawmakers have introduced bipartisan legislation to increase the Medicare reimbursement rate for rural hospitals. The bill, introduced by Representatives Terri Sewell (D-AL) and Drew Ferguson (R-GA), would establish a minimum Medicare Area Wage index of 0.85. The index, which is used to determine payments to hospitals, is blamed by rural hospitals for low Medicare reimbursements. [Read More](#)

**CMS Revokes Permission For Medicaid Work Requirements in Arizona, Indiana.** *Becker's Hospital Review* reported on June 25, 2021, that Arizona and Indiana no longer have federal approval to implement Medicaid work requirements. In revoking the permissions, the Centers for Medicare & Medicaid Services (CMS) said work requirements "would result in many people losing health coverage." Medicaid work requirements had been approved in both states by the previous administration but had yet to be implemented. [Read More](#)



## INDUSTRY NEWS

**Anthem Acquires Puerto Rico-based MMM Holdings.** Anthem announced on June 30, 2021, that it has completed its acquisition of MMM Holdings, which offers Medicaid and Medicare Advantage plans in Puerto Rico. MMM, formerly owned by InovaCare Health, serves more than 275,000 Medicare Advantage members and 314,000 Medicaid members. [Read More](#)

**Former CMMI Chief Launches Value-Based Care Company Focused on Rural Areas.** *Fierce Healthcare* reported on June 29, 2021, that former Center for Medicare and Medicaid Innovation (CMMI) chief Brad Smith announced the launch of Main Street Health in an effort to bring value-based care models to rural areas. Smith is also founder and chief executive of the venture capital firm Russell Street Ventures. Main Street Health's initial offering will be a care coordination program for seniors in Tennessee. Former Aspire Health executive Bennett Graham will serve as Main Street Health's president. [Read More](#)

**AccentCare Acquires PA-based Southeastern Health Care at Home.** *Home Health Care News* reported on June 28, 2021, that AccentCare has acquired Geneva Glen Capital portfolio company Southeastern Health Care at Home, which serves roughly 3,100 patients in Pennsylvania and Virginia. AccentCare, which is owned by Advent International, provides home health, hospice and personal care services in 31 states. [Read More](#)

**BayMark Health Services Acquires New Day Recovery.** BayMark Health Services announced on June 24, 2021, the acquisition of Louisiana-based New Day Recovery, a residential and office-based opioid treatment provider. Baymark now operates more than 20 addiction treatment facilities across Louisiana. [Read More](#)

**Bright Health Group Raises \$924 Million in IPO.** *Reuters* reported on June 24, 2021, that Bright Health Group, which offers health plans and operates primary care facilities, raised \$924 million in an initial public offering (IPO) of 51.3 million shares of common stock at \$18 per share, below the company's target price range of \$20 to \$23 per share. The IPO values Bright Health, which is backed by Tiger Global and Blackstone, at \$11.2 billion. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021	Rhode Island	RFP Release	276,000
June 11, 2021 - Delayed	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
August 31, 2021	Tennessee	Proposals Due	1,500,000
September 3, 2021	Louisiana	Proposals Due	1,600,000
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
October 1, 2021	Oklahoma	Implementation	742,000
October 8, 2021	Tennessee	Awards	1,500,000
November 2021	Missouri	Awards	756,000
November 5, 2021	Louisiana	Awards	1,600,000
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
July 1, 2022	Louisiana	Implementation	1,600,000
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	Tennessee	Implementation	1,500,000
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

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## COMPANY ANNOUNCEMENTS

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**Digital Behavioral Health Care and the Future of Treatment**

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## HMA NEWS

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

#### Medicaid Data

- Medicaid Managed Care Accounts for 55.3% of Total Medicaid Spending, 2020 Data
- U.S. Medicaid, CHIP Enrollment at 80.5 Million, Jan-21 Data
- Alabama SNP Membership at 92,543, Mar-21 Data
- Arizona SNP Membership at 121,880, Mar-21 Data
- Colorado SNP Membership at 27,935, Mar-21 Data
- DC Medicaid Managed Care Enrollment is Up 1.9%, Feb-21 Data
- DC Medicaid Managed Care Enrollment is Up 2.4%, Mar-21 Data
- Florida SNP Membership at 499,343, Mar-21 Data
- Idaho SNP Membership at 12,362, Mar-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 6%, May-21 Data
- Oklahoma Medicaid Enrollment is Up 3.5%, Apr-21 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Delaware Medicaid DSH Payments Program Professional Services RFP, Jun-21
- Delaware Medicaid Pharmacy Director RFP, Jun-21
- Louisiana Medicaid Managed Care RFP and Related Materials, Jun-21
- Minnesota Independent Verification and Validation (IVV) of Systems for MMIS Modernization RFP, Jun-21
- Oklahoma EQRO QIO RFP, Proposals, Scoring, and Award, 2020-21
- Vermont Medicare ACO Initiative Participation Agreement and Amendments, 2017-20

##### *Medicaid Program Reports, Data and Updates:*

- Arizona AHCCCS 1115 Waiver Documents, 2020-21
- Pennsylvania Medicaid HCBS Enrollment by Department and Waiver, SFY 2020
- Vermont ACO Quality Measures, 2018-19
- Vermont Global Commitment to Health 1115 Waiver Documents, 2015-21
- Vermont Medicaid Advisory Rate Case of ACO Services – Review of All-Inclusive Population-Based Payments, CY 2018-21
- Vermont OneCare ACO Budget Materials, FY 2020-22

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