

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... July 14, 2021



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: MEDICARE-MEDICAID INTEGRATION: ESSENTIAL PROGRAM ELEMENTS AND POLICY RECOMMENDATIONS FOR INTEGRATED CARE PROGRAMS FOR DUALY ELIGIBLE INDIVIDUALS**
- HCBS SPENDING PLANS: ARIZONA, FLORIDA, NEW YORK
- IOWA TO RELEASE MEDICAID MANAGED CARE RFP IN DECEMBER
- MEDICAID EXPANSION NEWS: MISSISSIPPI, MISSOURI, MONTANA
- MISSOURI SUPREME COURT HEARS MEDICAID EXPANSION CASE
- NEW JERSEY ENACTS 'COVER ALL KIDS' UNIVERSAL CARE INITIATIVE
- OHIO MEDICAID READIES NEW NURSING HOME RATES
- VERMONT PROPOSES RISK-BEARING, STATE-RUN MEDICAID MANAGED CARE ENTITY
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- RELATED COMPANIES ACQUIRES STAKE IN CAREMAX
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MEDICARE-MEDICAID INTEGRATION: ESSENTIAL ELEMENTS, POLICY RECOMMENDATIONS FOR INTEGRATED DUAL ELIGIBLE CARE PROGRAMS

This week, our *In Focus* section releases a new **brief** from Health Management Associates, *Medicare-Medicaid Integration: Essential Program Elements and Policy Recommendations for Integrated Care Programs for Dually Eligible Individuals*.

The authors are Sarah Barth, Ellen Breslin, Samantha DiPaola and Narda Ipakchi.ⁱ

This issue brief is part of a multi-phased research initiative to increase enrollment in integrated care programs (ICPs)ⁱⁱ that meet full benefit dually eligible individuals'ⁱⁱⁱ needs and preferences. Dually eligible individuals have a range of chronic conditions and disabilities requiring both Medicare and Medicaid services, which makes integrated programs important to their lives.

- Phase 1, ICP Enrollment. Consistent with other research, we found only 1 in 10 dually eligible individuals is enrolled in an ICP. See [Issue Brief #1](#) for more information on Phase 1.
- Phase 2, ICP Successes and Barriers. To better understand the factors influencing ICP enrollment, our next phase of research summarized the features for success and the barriers encountered by ICPs. See [Issue Brief #2](#) for more information on Phase 2.
- Phase 3, ICP Essential Elements. To encourage ICP enrollment and retention, our third phase of research identified the essential elements of ICPs centered around, informed by, and made available to dually eligible individuals. [Issue Brief #3](#).

This work was produced with support from Arnold Ventures.

ICPs are a promising model to provide integrated services and supports to dually eligible individuals to enable them to achieve higher quality of life and preferred outcomes – to live independently and engage in their communities. Federal and state policymakers have long been working to expand enrollment in ICPs, however there is more to do to make ICPs attractive to consumers. To increase ICP enrollment and availability, continued partnership with consumers is needed to design programs that meet the diversity of dually eligible individuals' needs and preferences, and address health equity. Additionally, states play an important role in the establishment and oversight of ICPs and need federal support to undertake this important and complex work.

Informed by stakeholder interviews, Issue Brief #3 identifies 10 essential elements and related state, federal and ICP policy recommendations for

ⁱ Narda Ipakchi was formerly a Senior Consultant with HMA.

ⁱⁱ [Integrated Care Programs \(ICPs\)](#): For this research, we defined ICPs as financing and care delivery organizing entities or programs that coordinate and integrate Medicare and Medicaid-covered services and supports for dually eligible individuals. They include the Centers for Medicare & Medicaid Services (CMS) Financial Alignment Initiative (FAI) capitated and fee-for-service models; the Program of All-Inclusive Care for the Elderly (PACE); Medicare Advantage (MA) Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs); Medicaid Managed Long-Term Service and Supports Program (MLTSS) managed care organizations and aligned MA dual eligible special needs plans (D-SNPs); and state-specific programs that may be proposed to CMS.

ⁱⁱⁱ [Dually Eligible Individuals](#): When using the term dually eligible individuals, we are referencing Medicare-Medicaid full benefit dually eligible individuals (FBDEs), those who qualify for full Medicaid benefits.

establishing and simplifying ICP programs in which consumers want to enroll. The 10 essential elements are organized into three categories as follows:

Eligibility and enrollment into ICPs

- ✓ **Element 1.** Simplified Medicare and Medicaid eligibility processes and paperwork
- ✓ **Element 2.** Comprehensive and expert consumer choice counseling and/or enrollment assistance

Delivery of care and supports in ICPs

- ✓ **Element 3.** Diverse consumer engagement to inform tailored delivery systems and integrated programs
- ✓ **Element 4.** Robust data infrastructure to tailor and adapt program approaches and drive health equity
- ✓ **Element 5.** Coordinated efforts to maximize capabilities to address unmet social needs
- ✓ **Element 6.** Single process for assessments and plans of care, and one care team for each consumer
- ✓ **Element 7.** Meaningful and transparent quality measurement to empower consumers and stakeholders
- ✓ **Element 8.** Payment models to incentivize consumer quality of life improvements

Critical consumer access in ICPs

- ✓ **Element 9.** Adequate, engaged, and diverse workforce to support consumer needs and preferences
- ✓ **Element 10.** Access to needed services in rural areas

For a succinct overview of the essential elements and policy recommendations, please access the [brief fact sheet](#). For a full discussion of the elements and policy recommendations, please access the [full brief](#).

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Arizona

Arizona Submits Spending Plan for Enhanced Federal HCBS Funds. On July 13, 2021, the Arizona Health Care Cost Containment System (AHCCCS) announced that it has submitted a Medicaid home and community-based services (HCBS) spending plan, a requirement for states seeking enhanced federal matching funds. The Arizona plan focused on several areas to help strengthen the state's HCBS program, including maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021. The American Rescue Plan Act of 2021 offers states a temporary 10 percent increase in the federal medical assistance percentage for HCBS. [Read More](#)

Florida

Florida Submits \$1.1 Billion Spending Plan for Enhanced Federal HCBS Funds. *PalmCoastObserver.com* reported on July 13, 2021, that Florida submitted a \$1.1 billion Medicaid home and community-based services (HCBS) spending plan, a requirement for states seeking enhanced federal matching funds. The proposal directs \$191 million to enroll more individuals in the state's iBudget program for people with intellectual and developmental disabilities. The additional funding would also go towards technology upgrades, home improvements, or other purchases that promote aging in place. The American Rescue Plan Act of 2021 offers states a temporary 10 percent increase in the federal medical assistance percentage for HCBS. [Read More](#)

Georgia

Georgia Pushes Back Against Federal Request for Financial Analysis on Exchange Waiver. *Georgia Health News* reported on July 7, 2021, that Georgia is pushing back against the Centers for Medicare & Medicaid Services' (CMS) order to provide an updated financial analysis of the state's waiver to opt out of the Affordable Care Act Exchange in 2023. The Georgia waiver, which was approved by the prior administration, would allow individuals to purchase coverage through brokers and individual insurers. Georgia had until July 3 to provide the new information. [Read More](#)

Iowa

Iowa to Release Medicaid Managed Care RFP in December. *Iowa Public Radio* reported on July 8, 2021, that Iowa intends to release a request for proposals (RFP) for up to four Medicaid managed care organizations (MCOs) around December 22, according to state Medicaid Director Liz Matney. Anthem/Amerigroup and Centene/Iowa Total Care, the state's two current MCOs, serve more than 700,000 Medicaid members. [Read More](#)

Mississippi

Mississippi Unlikely to Address Medicaid Expansion Before 2024. *Y'all Politics* reported on July 7, 2021, that it is unlikely that Mississippi will address Medicaid expansion before 2024, according to the state's Division of Medicaid director Drew Snyder. Recently, an advocacy group suspended its efforts to put Medicaid expansion on the 2022 midterm ballot after the state Supreme Court ruled that Mississippi's ballot initiative process is outdated. Medicaid expansion would cover approximately 400,000 individuals. [Read More](#)

Missouri

Supreme Court Hears Medicaid Expansion Case. *Missouri Independent* reported on July 13, 2021, that the Missouri Supreme Court heard oral arguments in a lawsuit filed over the state's failure to implement a voter-approved Medicaid expansion program following a funding dispute. The case, which was filed by three Missouri residents, is expected to be decided quickly. [Read More](#)

Montana

Montana Medicaid Expansion Strengthens Behavioral Health Services, Report Shows

Daily Inter Take reported on July 8, 2021, that Montana's Medicaid expansion has strengthened the state's behavioral health system, including increasing access to behavioral health, according to a report from the Montana Healthcare Foundation. The report found that between 2019 and 2020, Medicaid expansion members' use of behavioral health services increased by 28 percent. [Read More](#)

New Jersey

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

New Jersey Enacts ‘Cover All Kids’ Universal Healthcare Initiative for Children. *NJ Spotlight News* reported on July 7, 2021, that New Jersey Governor Phil Murphy signed into law a “Cover All Kids” universal healthcare initiative for children. The program eliminates waiting periods and out-of-pocket costs for most families and provides \$20 million to extend coverage to more than 53,000 uninsured children. The legislation does not explicitly cover undocumented children, but allows a hardship waiver for the cost of coverage offered through the state’s FamilyCare Advantage program. State health officials noted that coverage for undocumented children and families may not be available until the beginning of fiscal 2023. [Read More](#)

New York

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

New York Submits Spending Plan for Enhanced Federal HCBS Funds. On July 8, 2021, the New York State Department of Health submitted a Medicaid home and community-based services (HCBS) spending plan, a requirement for states seeking enhanced federal matching funds. New York’s spending proposals cover three categories: supporting and strengthening the direct care workforce, building HCBS capacity through innovations and systems transformation, and investing in digital infrastructure. The American Rescue Plan Act of 2021 offers states a temporary 10 percent increase in the federal medical assistance percentage for HCBS.

North Carolina

Governor Signs Law Protecting Medicaid Rates for Home Medical Equipment. *HomeCare* reported on July 8, 2021, that North Carolina Governor Roy Cooper signed into law a measure that protects Medicaid managed care reimbursement rates for home medical equipment (HME) for five years, effective July 1, 2021. The rate protections are projected to save \$22 million in potential cuts to Medicaid reimbursement rates for HME per year. [Read More](#)

Ohio

Ohio Health Plan Files Lawsuit to Force Rebid of Medicaid Contracts. *The Toledo Blade* reported on July 13, 2021, that ProMedica/Paramount Health Plan filed a lawsuit seeking to force Ohio to rebid recently awarded Medicaid managed care contracts. Franklin County Common Pleas Court has tentatively set a trial date for July 25, 2022. Paramount, which was the only current plan that failed to win a new contract, called the award process flawed. The state rejected Paramount’s earlier protest of the award decision. [Read More](#)

Ohio Medicaid Readies New Nursing Home Reimbursement Rates. *The Columbus Dispatch* reported on July 13, 2021, that the Ohio Department of Medicaid is developing new nursing home reimbursement rates, a process it goes through every five years. Current rates were set in 2016 using 2014 cost data. Ohio, which missed a July 1 deadline, has until early August to set new rates. [Read More](#)

Puerto Rico

Puerto Rico Medicaid Members Could Begin Losing Access by September. *NBC News* reported on July 2, 2021, that Puerto Rico Medicaid members could begin losing access to the program beginning in September if federal lawmakers do not approve Governor Pedro Pierluisi's request for \$5.2 billion in funds for fiscal 2022. Current funding, which is capped, does not cover all of Puerto Rico's Medicaid expenditures. [Read More](#)

Vermont

Vermont Proposes Risk-Bearing, State-Run Medicaid Managed Care Entity. The Centers for Medicare & Medicaid Services announced on July 9, 2021, that public comments are open on Vermont's proposed Medicaid waiver extension, which includes plans for a risk-bearing public, state-run managed care organization. Under the arrangement, the Department of Vermont Health Access would transition to the new risk-bearing entity and would accept capitated risk for the state's Medicaid population, covering physical and mental health, prescription drugs, substance use disorder, and long term services and supports beginning January 2022. The public comment period on the initiative and on a proposal for a five-year extension of the state's broader Global Commitment to Health section 1115 waiver ends August 8, 2021. [Read More](#)

National

New Drug to Treat Alzheimer's Disease Could Significantly Increase Medicaid Spending. The Kaiser Family Foundation reported on July 13, 2021, that the newly approved drug Aduhelm (aducanumab) for Alzheimer's disease could significantly increase Medicaid drug spending. Even after rebates, the drug is expected to cost \$43,000 per user per year, with federal matching funds covering about \$29,200 of the cost. [Read More](#)

U.S. Senators Introduce Bill to Create Medicaid-Like Program to Close Coverage Gap. *The Associated Press* reported on July 12, 2021, that Senators Raphael Warnock (D-GA), Jon Ossoff (D-GA), and Tammy Baldwin (D-WI) introduced legislation to establish a new Medicaid-like program in an effort to close the coverage gap in the 12 Medicaid expansion holdout states. The program would require no premiums and small copayments from beneficiaries, allow enrollment year-round, and require no state contributions for funding. In addition, the program would increase the federal share of Medicaid spending by 10 percentage points for new expansion states for the coming decade, up from the 5 percentage points for two years granted in the American Rescue Plan Act of 2021. [Read More](#)

U.S. Supreme Court Ends Term Without Ruling on Medicaid Work Requirements. *Bloomberg Law* reported on July 12, 2021, that the U.S. Supreme Court wrapped up its term without ruling on Medicaid work requirements. Arkansas and New Hampshire brought the case after a lower court ruled against work requirements. The Biden administration has since revoked approval of Medicaid work requirements, which had been cleared by the prior administration. [Read More](#)

House Democrats Eye Three Approaches to Closing Medicaid Coverage Gap. *Politico* reported on July 10, 2021, that House Democrats are considering three options to closing the Medicaid coverage gap in non-expansion states: access to fully subsidized Exchange coverage for individuals below poverty; a new Medicaid-like program for individuals who would otherwise qualify for Medicaid expansion; or temporary Exchange coverage until federal officials establish a new program. [Read More](#)

CMS Releases Grant Opportunity for Substance Use Disorder Prevention. On July 9, 2021, the Centers for Medicare & Medicaid Services (CMS) released a funding opportunity to solicit applications for the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act demonstration project. The 36-month demonstration seeks to increase the treatment capacity of Medicaid providers to provide substance use disorder treatment and recovery services. The grant is open to only the 15 states receiving planning grants. [Read More](#)



INDUSTRY NEWS

Kolmac Outpatient Recovery Centers Merges With Concerted Care Group. Outpatient addiction treatment provider Kolmac Outpatient Recovery Centers announced on July 14, 2021, that it completed a merger with Concerted Care Group (CCG), a Maryland-based provider of outpatient integrated behavioral health services to individuals with substance use disorder and mental health conditions. CCG chief executive Anton Kuznetsov will lead the combined company. WindRose Health Investors and Inclusive Capital Partners effectuated the merger and provided additional capital to support future growth. Terms of the transaction were not disclosed. [Read More](#)

BRC Healthcare Acquires Four Tennessee-Based SUD Treatment Facilities. On July 13, 2021, BRC Healthcare today announced the acquisition of four substance abuse treatment facilities in Nashville, TN: Nashville Recovery Center, Nashville Recovery Center Clinical, Nashville Detox Center, and Tennessee Recovery Clinic. [Read More](#)

Centene Creates Office of President. Centene Corporation announced on July 13, 2021, the creation of an Office of the President, comprised of Michael Neidorff, chairman, president and chief executive; Brent Layton, executive vice president (EVP) and president of U.S. health plans, products, and international; and Sarah London, president, health care enterprises, and EVP of advanced technology. [Read More](#)

Autism Care Partners Acquires New Hampshire-based Autism Bridges. On July 13, 2021, Autism Care Partners, a provider of Applied Behavior Analysis, announced the acquisition of New Hampshire-based, multi-state autism treatment organization Autism Bridges. Autism Bridges serves communities in New Hampshire, Vermont, and Massachusetts. [Read More](#)

The MENTOR Network Acquires Assets From Embassy Management. The MENTOR Network, a provider of community-based care services, announced on July 13, 2021, that it completed its acquisition of certain assets of Embassy Management. The transaction includes Aacres in California and Nevada, SL Start and Aspire in Idaho, and Creative Work Solutions in New Mexico. [Read More](#)

Related Companies Acquires Stake in Healthcare Provider CareMax. *The Wall Street Journal* reported on July 13, 2021, that Related Companies, an affordable housing developer, is acquiring up to a nine percent stake in CareMax Inc., which operates 41 medical centers in Florida. The acquisition is part of Related Companies' plans to develop senior health centers in underserved areas nationwide. CareMax will use the investment to expand into California, Texas, Ohio, New York, and other states. [Read More](#)

Addus HomeCare to Acquire New Mexico-based Home Care Provider. Addus HomeCare Corporation announced on July 13, 2021, a definitive agreement to acquire New Mexico-based Armada Skilled Home Health of New Mexico, Armada Hospice of New Mexico, and Armada Hospice of Santa Fe for approximately \$29 million. The deal, which is subject to regulatory approvals, is expected to close on or about August 1, 2021. [Read More](#)

Amedisys Acquires Home Health Assets of Visiting Nurse Association in Iowa, Nebraska. *Home Health Care News* reported on July 11, 2021, that Amedisys completed its acquisition of the home health assets of not-for-profit Visiting Nurse Association in Omaha, NE and Council Bluffs, IA. Amedisys is a Louisiana-based home health and hospice provider. [Read More](#)

ConcertoCare Hires Chief People Officer In Anticipation of Expansion. *Home Health Care News* reported on July 8, 2021, that California-based ConcertoCare hired Rachel Grace as its chief people officer in anticipation of the company's plans to expand. Previously, Grace served as senior director of human resources at Quest Diagnostics. ConcertoCare provides in-home primary care, virtual care, and PACE services to dual eligibles and Medicare Advantage beneficiaries. [Read More](#)

NeueHealth Acquires Majority Stake in Centrum Medical Holdings. Bright Health Group subsidiary NeueHealth acquired on July 7, 2021, a majority stake in Centrum Medical Holdings, a value-based primary care delivery company. The acquisition will expand NeueHealth's integrated care delivery model into markets in North Carolina and Texas. NeueHealth currently owns 78 affiliated risk bearing clinics and serves about 160,000 Medicare, Medicaid, and commercially insured patients under value-based arrangements. [Read More](#)

CareMax Acquires Florida-Based DNF Medical Centers. Value-based care provider CareMax announced on July 6, 2021, the acquisition of DNF Medical Centers, a medical practice in the Orlando Metro area. The acquisition will expand CareMax's footprint in the Central Florida and Tampa Bay region, adding six medical centers serving more than 4,000 Medicare Advantage patients to CareMax's business. After the deal, CareMax will operate 42 medical centers serving approximately 66,000 patients, including about 26,000 Medicare Advantage members. The acquisition is expected to close during the third quarter of 2021. [Read More](#)

Havencrest Capital Management Announces Investment in Paradigm Health. Private equity firm Havencrest Capital Management announced on July 7, 2021, an investment in Indiana-based hospice and palliative care provider Paradigm Health. [Read More](#)

Highmark Health to Acquire Remaining 50 Percent Stake in Gateway Health From Trinity Health. *The Pittsburgh Business Times* reported on July 8, 2021, that Highmark Health reached an agreement to acquire the remaining 50 percent stake in Pennsylvania-based insurer Gateway Health that it does not already own from Michigan-based Trinity Health. The acquisition needs to be approved by the Pennsylvania Department of Insurance, Department of Human Services, and the Attorney General's Office. Financial terms of the transaction were not disclosed. [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 - Delayed	Missouri	RFP Release	756,000
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
December 22, 2021	Iowa	RFP Release	745,000
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arkansas SNP Membership at 64,568, Mar-21 Data
- Arizona Medicaid Managed Care Enrollment is Up 4.5%, May-21 Data
- Connecticut SNP Membership at 91,873, Mar-21 Data
- Indiana Medicaid Managed Care Enrollment Is Up 7.2%, May-21 Data
- Indiana SNP Membership at 68,991, Mar-21 Data
- Louisiana SNP Membership at 93,603, Mar-21 Data
- Maryland SNP Membership at 11,571, Mar-21 Data
- Nebraska SNP Membership at 10,229, Mar-21 Data
- New Jersey SNP Membership at 61,490, Mar-21 Data
- Ohio SNP Membership at 104,244, Mar-21 Data
- Oklahoma SNP Membership at 16,835, Mar-21 Data
- Rhode Island SNP Membership at 7,139, Mar-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 3.6%, May-21 Data
- Washington Medicaid Managed Care Enrollment is Up 3.1%, May-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 5.5%, May-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Iowa External Quality Review Organization Contract Amendment, SFY 2021
- Iowa Letter of Intent to Release Medicaid MCO RFP, May-21
- Iowa Medicaid Dental Wellness Plan Contracts and Amendments, SFY 2014-21

Medicaid Program Reports, Data and Updates:

- Nebraska DHHS Monthly Medicaid Expansion Reports, Jun-21
- Ohio Medicaid Budget Variance Report, 2017-20, May-21
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Jun-21

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