

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... August 18, 2021



[RFP CALENDAR](#)
[HMA News](#)

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THIS WEEK

- **IN FOCUS: ARIZONA RELEASES COMPETITIVE CONTRACT EXPANSION (CCE) RFP**
- COLORADO TO CONTINUE EXCHANGE REINSURANCE PROGRAM
- ILLINOIS ENACTS MEDICAID BEHAVIORAL NETWORK ADEQUACY LAW
- KANSAS TO INVESTIGATE PHARMACY BENEFIT MANAGERS
- MASSACHUSETTS TO SUBMIT MASSHEALTH 1115 WAIVER EXTENSION
- MISSOURI LOOKS TO RELEASE MEDICAID MANAGED CARE RFP IN FALL
- NEW YORK AUDITORS QUESTION \$1.5 BILLION IN MEDICAID PAYMENTS
- NORTH CAROLINA CLEARS MECKLENBURG COUNTY TO SWITCH MANAGED CARE PLANS FOR BEHAVIORAL, IDD BENEFICIARIES
- OHIO AWARDS MEDICAID MANAGED CARE CONTRACT TO CENTENE
- MEDICARE PLAN IS SUBJECT TO OVERPAYMENT RULE, COURT SAYS
- UNITE US ACQUIRES ANALYTICS COMPANY CARROT HEALTH
- UNITEDHEALTH, CHANGE HEALTHCARE MERGER IS DELAYED
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

ARIZONA RELEASES COMPETITIVE CONTRACT EXPANSION (CCE) RFP

This week, our *In Focus* section reviews the Arizona Health Care Cost Containment System (AHCCCS) Competitive Contract Expansion (CCE) request for proposals (RFP), released on August 4, 2021. The procurement will expand the current AHCCCS Complete Care (ACC) Medicaid contracts to

include responsibilities as an ACC Contractor (health plan) with a Regional Behavioral Health Agreement (ACC-RBHA). At least one incumbent Medicaid ACC Contractor will be selected in each of the state's three Geographic Service Areas (GSAs). The responsibilities will include management of:

- An integrated Medicaid physical and behavioral health services benefit for individuals with serious mental illness (SMI),
- Non-Medicaid behavioral health services for children and adults, and
- A crisis system and services (ACC-RBHAs will jointly select and oversee a single statewide crisis phone vendor to operate a single, easy-to-use crisis phone line and crisis response system).

Implementation is slated to begin October 1, 2022.

Current ACC plans are:

- Health Choice Arizona (subsidiary of Blue Cross Blue Shield of Arizona)
- Banner University Family Care
- Arizona Complete Health (subsidiary of Centene)
- Care 1st Health Plan (subsidiary of Centene)
- Mercy Care Plan,
- Molina Complete Care
- UnitedHealthcare Community Plan

ACC plans provide physical health and behavioral health services to Medicaid members, including adults with General Mental Health/Substance Use (GMH/SU) needs and children, including those with Special Health Care Needs (SHCN).

Plans must already serve the GSA in order to win the expanded contracted in that GSA. For example, only plans that already serve the North GSA will be eligible to bid for the CCE in the North GSA. ACC plans will not be awarded more than two of the three GSAs.

Winning plans will need to implement Whole Personal Care Initiative (WPCI) strategies, including addressing Social Determinants of Health (SDOH) and utilizing the Statewide Closed-Loop Referral System (CLRS). Plans will actively promote provider network utilization of the CLRS to properly refer members to Community Based Organizations (CBOs) providing services addressing social risk factors of health.

Additionally, plans will use health information technology in electronic health records (EHRs), e-prescribing, and a Health Information Exchange (HIE) infrastructure. They will be required to contract with the state designated Health Information Exchange (HIE) organization, Health Current, a non-profit organization which provides a secure network for the exchange of clinical health information.

Background

The procurement will replace the state's current Regional Behavioral Health Authorities (RBHAs) with ACC-RBHAs. AHCCCS currently contracts with three RBHAs -Arizona Complete Health (Centene), Mercy Care Plan, and Health Choice Arizona (Blue Cross Blue Shield of Arizona)- for behavioral health benefits for individuals with SMI. Other changes include in October 2021, the Arizona Behavioral Health Corporation began administering the

AHCCCS Housing Program for individuals with mental health issues who are experiencing homelessness.

Below is each plan's Medicaid SMI enrollment:

Arizona RBHA Medicaid Managed Care Enrollment by Plan, August 2021		
Plan	Total	% Market Share
Mercy Care Plan	26,637	56.4%
Arizona Complete Health	14,317	30.3%
Health Choice Arizona	6,251	13.2%
Total	47,205	

There will also be non-Medicaid grant funded program lives.

Timeline

Proposals are due October 4, 2021, with awards expected to be announced November 15, 2021.

RFP Activity	Date
RFP Issued	August 4, 2021
Proposals Due	October 4, 2021
Awards	November 15, 2021
Implementation	October 1, 2022

For questions and additional RFP information, please contact HMA Senior Consultant [Suzanne Rabideau](#).

[Link to RFP](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Is Awarded \$1.3 Million Grant for Respite Services for Caregivers. The Arkansas Department of Human Services announced on August 12, 2021, that it received a \$1.3 million grant from the federal Administration for Community Living to fund respite care for full-time caregivers through its Arkansas Lifespan Respite Care program. Arkansas also received federal Lifespan Respite Grants in 2014 and 2018. [Read More](#)

Colorado

Colorado Receives Federal Approval to Continue Exchange Reinsurance Program. *FOX 21* reported on August 13, 2021, that the Centers for Medicare & Medicaid Services (CMS) approved Colorado's 1332 waiver to continue its reinsurance program for 2022-26. This is the first 1332 waiver approved under the Biden administration. Premiums for 2022 will be released in mid-October. [Read More](#)

Illinois

Illinois Enacts Medicaid Mental Health Network Adequacy Law. *AdVantage News/Illinois Radio Network* reported on August 11, 2021, that Illinois enacted a law that will require Medicaid managed care plans to ensure an adequate network of mental health providers beginning January 1, 2022. The law will require mental health providers to be within 30 miles or 30 minutes driving distance of a beneficiary or else the plan must pay for an out-of-network provider. [Read More](#)

Kansas

Kansas to Investigate Pharmacy Benefit Managers. *KCUR* reported on August 13, 2021, that Kansas has retained the law firm of Liston & Deas, which was instrumental in helping two other states win \$140 million in settlements related to Medicaid overcharges by pharmacy benefit managers. Liston & Deas is expected to help the state "recover funds that were improperly charged or diverted by one or more pharmacy benefit managers," according to the contract. [Read More](#)

Kansas Paid \$1.7 Million In Claims for Ineligible MediKan Members, Audit Finds. *WIBW* reported on August 14, 2021, that Kansas paid nearly \$1.7 million in claims for healthcare services to 912 ineligible MediKan beneficiaries over three years, according to a state audit. MediKan is a fee-for-service program covering adults with disabilities who do not qualify for Medicaid. [Read More](#)

Kansas Paid Medicaid Plans \$1.3 Million to Cover Deceased Beneficiaries, Audit Finds. *Kansas Reflector* reported on August 11, 2021, that the Kansas Department of Health and Environment (KDHE) improperly reimbursed Medicaid managed care organizations \$1.3 million on behalf of deceased beneficiaries, according to an [audit](#) released by state Medicaid inspector general Steven Anderson. The audit covered the period from 2015 to July 2021. It recommended that the state review its quality control measures and consider legal action against its former claims processing clearinghouse. [Read More](#)

Louisiana

Louisiana Hospitals Want CMS to Waive Medicare Advantage Prior Authorization. *Becker's Hospital Review* reported on August 18, 2021, that the Louisiana Hospital Association (LHA) wants federal regulators to waive Medicare Advantage prior authorization requirements. LHA asked Senator Bill Cassidy (R-LA) in a letter to urge the Centers for Medicare & Medicaid Services (CMS) to make the change. The Louisiana Department of Health has temporarily waived the requirement. [Read More](#)

Louisiana Medicaid Plan, AbsoluteCare to Serve Clinically Complex Beneficiaries in New Orleans. Medicaid plan Louisiana Healthcare Connections and provider AbsoluteCare announced on August 12, 2021, a partnership to serve clinically complex Medicaid members in New Orleans, LA, beginning this year. AbsoluteCare will provide value-based primary care in its centers and in patient homes and communities. AbsoluteCare will also assist with social determinants of health, including homelessness, food insecurity, and lack of transportation. [Read More](#)

Massachusetts

Massachusetts to Submit MassHealth 1115 Waiver Extension in Fall. The Massachusetts Executive Office of Health and Human Services (EOHHS) announced on August 18, 2021, its intent to submit a request to extend the state's MassHealth Section 1115 demonstration waiver to the Centers for Medicare & Medicaid Services (CMS) in the fall of this year. The waiver extension would increase expectations for how accountable care organizations can improve care, expand access to primary and behavioral health outside of the fee-for-service delivery system, advance health equity, support funding for safety net providers, and maintain coverage through updated eligibility processes. EOHHS will accept public comments through September 20 and will host public listening sessions on September 9 and 15. [Read More](#)

Missouri

Lawmakers Say Special Session on Medicaid Expansion Funding Is Not Needed. *Missouri Independent* reported on August 11, 2021, that Missouri lawmakers from both parties agree that a special session will not be needed to allocate additional funds for Medicaid expansion, which is being implemented immediately under court order. Instead, the state will rely on \$12 billion in funds already appropriated for the broader Medicaid program, which lawmakers say will likely be sufficient until they return for the next regular session in January 2022. [Read More](#)

Missouri Is Likely to Release Medicaid Managed Care RFP in Fall 2021. A Missouri Department of Social Services official confirmed on August 12, 2021, that the state is now looking to release a Medicaid managed care request for proposals (RFP) in fall 2021. The RFP, which will cover the state's MO HealthNet Medicaid program, was initially expected to be released in July 2021. Incumbent plans are Home State Health Plan/Centene, Healthy Blue/Anthem, and UnitedHealthcare.

New York

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

New York Auditors Find \$1.5 Billion in Improper Medicaid Payments. New York State Comptroller Thomas DiNapoli announced on August 17, 2021, that the Department of Health allowed billing errors accounting for more than \$1.5 billion in improper Medicaid payments over several years, according to an [audit](#). Auditors also found that Medicaid members may have been exposed to improperly qualified or credentialed providers. [Read More](#)

North Carolina

North Carolina Clears Mecklenburg County to Switch Managed Care Plans for Behavioral, IDD Beneficiaries. The North Carolina Department of Health and Human Services (NCDHHS) announced on August 17, 2021, the approval of Mecklenburg County's request to drop Cardinal Innovations Healthcare and switch to Alliance Health to act as the Local Management Entity/Managed Care Organization (LME/MCO), effective December 15, 2021. LME/MCOs manage behavioral health, including mental health, substance use disorder, and intellectual/developmental disability (I/DD) services. Alliance currently serves Durham, Wake, Cumberland, and Johnston counties. [Read More](#)

Ohio

Ohio Proposes Changes to Medicaid Enrollment Process. *The Marion Star* reported on August 16, 2021, that Ohio is proposing an end to automatic reenrollment of Medicaid beneficiaries, who would instead have to actively choose their plan. The change would be part of a broader revamp, including updates to the algorithms that automatically enroll individuals using a quality-based assessment process. Franklin County commissioner Erica Crawley criticized the proposed changes, saying that members would be at risk of coverage disruptions and of being assigned to new plans without their knowledge. [Read More](#)

Ohio Awards Medicaid Managed Care Contract to Centene. *The Columbus Dispatch* reported on August 16, 2021, that Ohio awarded a Medicaid managed care contract to Centene/Buckeye Health Plan, making it the seventh plan in the state to win a Medicaid contract in the most recent procurement. The others are AmeriHealth Caritas, Anthem Blue Cross Blue Shield, CareSource, Humana, Molina and UnitedHealthcare. The award, which was being deferred by the state pending additional consideration, comes after Centene settled pending litigation concerning pharmacy benefit management payments. Contracts will run from January 5, 2022, through June 30, 2024, with optional renewals each fiscal year afterwards. [Read More](#)

Governor Promotes Bruce Vanderhoff to Health Director. *The Columbus Dispatch* reported on August 12, 2021, that Ohio Governor Mike DeWine appointed Bruce Vanderhoff, M.D., as director of the state Department of Health. Vanderhoff was previously chief medical officer. Vanderhoff will replace Stephanie McCloud, who will return as administrator of the Ohio Bureau of Workers' Compensation. Both appointments require confirmation by the Ohio Senate. [Read More](#)

South Carolina

South Carolina Voters Overwhelmingly Support Medicaid Expansion, Survey Finds. *Charleston Currents* reported on August 16, 2021, that nearly 80 percent of South Carolina voters 50 and older support Medicaid expansion, according to a [survey](#) from AARP. Of the 1,000 respondents, nearly two-thirds also said they would either be extremely or very favorable toward state lawmakers who support expansion. An expansion of Medicaid would extend coverage to more than 200,000 uninsured state residents. [Read More](#)

Tennessee

Tennessee Medicaid Block Grant Lawsuit Is Put on Hold by Federal Judge. *Murfreesboro Post* reported on August 16, 2021, that a federal judge has placed a hold on a lawsuit challenging Tennessee's TennCare III Medicaid block grant waiver until the current public comment period ends. The lawsuit, filed by a group of Medicaid beneficiaries, argues that the federal government exceeded its authority in approving the waiver, adding that the Trump administration failed to provide enough time for public comment. [Read More](#)

Texas

Medicaid Dental Plans Improve Performance, Survey Says. *Texas Dentists for Medicaid Reform* released on August 11, 2021, a survey showing that Medicaid dental plans in the state have improved overall performance, according to responses from 59 dentists. The survey, which names Medicaid dental plans DentaQuest, MCNA, and UnitedHealthcare, covers topics like approvals of medically necessary treatment, dictating treatment, and credentialing, among others. [Read More](#)

Utah

Utah to Merge Departments of Health, Human Services. *FOX 13* reported on August 15, 2021, that Utah is moving ahead with a proposed merger of the state Department of Health and Department of Human Services. The combined Utah Department of Health & Human Services would oversee Medicaid, substance abuse help, and services for individuals with disabilities. The merger is expected to be completed by July 2022. [Read More](#)

National

CMS Gives States Year to Complete Pending Medicaid Eligibility Determinations, Enrollment After Public Health Emergency Ends. The Centers for Medicare & Medicaid Services (CMS) released updated guidance, giving states up to 12 months to complete pending Medicaid eligibility determinations and member enrollment after the COVID-19 public health emergency ends. CMS also requires states to complete an eligibility redetermination prior to taking any adverse action. [Read More](#)

CMS Outlines Vision for Value-based Care Payment Models. *Fierce Healthcare* reported on August 13, 2021, that the Centers for Medicare & Medicaid Services (CMS) has outlined its vision for value-based care payment models, including adjustments to make it easier for providers to achieve savings targets and not lose money. A [review](#) in *Health Affairs* by CMS administrator Chiquita Brooks-LaSure and Center for Medicare and Medicaid Innovation (CMMI) director Liz Fowler found that of the 50 alternative payment models available, only six generated statistically significant savings for Medicare: ACO Investment Model; Home Health Value-Based Purchasing; Medicare Care Choices; Maryland All-Payer; Pioneer ACO; and Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport. CMMI plans to offer more details in the coming months. [Read More](#)

Biden Proposal Would Allow Medicare to Negotiate Drug Prices. *Stat News* reported on August 12, 2021, that President Biden is urging Congress to pass legislation that would require Medicare to negotiate prices for certain drugs, cap out-of-pocket drug costs for seniors, allow states to import drugs from Canada, and tax drug makers who back out of negotiations with Medicare. "Drug companies would have to sell their drugs to all distributors at the Medicare price, or face up to a 95% excise tax," Biden said. [Read More](#)



INDUSTRY NEWS

Humana Completes Acquisition of Kindred at Home. Humana announced on August 17, 2021, that it has completed the acquisition of Kindred at Home (KAH), which will be integrated into Humana's Home Solutions business under the brand name CenterWell Home Health. KAH provides home health, hospice, and community care services to more than 550,000 patients annually. [Read More](#)

Bright HealthCare Expands Exchange Plan Offerings for 2022. Bright HealthCare announced on August 17, 2021, that it has expanded its Exchange plan offerings to 42 additional markets for 2022, including Georgia, Texas, Utah and Virginia. [Read More](#)

Unite Us Acquires Analytics Company Carrot Health. Unite Us, a care coordination company focused on social determinants of health, announced on August 17, 2021, the acquisition of Carrot Health, an analytics company focused on removing barriers to health. The combined company will focus on identifying and directing individuals to a network of community-based organizations. [Read More](#)

IMA Group Acquires MedPlus Disability Evaluations. The IMA Group announced on August 17, 2021, the acquisition of MedPlus Disability Evaluations, a regional provider of Social Security Disability evaluations. IMA now operates in more than 30 states. [Read More](#)

UnitedHealth, Change Healthcare Merger Is Delayed Until 2022. *Modern Healthcare* reported on August 16, 2021, that UnitedHealth Group's proposed \$8 billion acquisition of Change Healthcare has been delayed until at least January 2022, following an earlier request by federal regulators for additional information on the transaction. Under the proposed deal, revenue cycle management company Change would merge with OptumInsight, Optum's data analytics and consulting arm. [Read More](#)

Appeals Court Rules Medicare Advantage Plan Is Subject to Overpayment Rule. *Healthcare Dive* reported on August 16, 2021, that the U.S. Court of Appeals ruled that UnitedHealth Group is subject to the Medicare Advantage overpayment rule, reversing a lower court decision from 2018. The rule requires Medicare Advantage plans to refund federal reimbursements if regulators learn that a diagnosis used to establish risk scoring is not substantiated in a medical record. [Read More](#)

Alivia Care Acquires Better Life Home Health. *Hospice News* reported on August 9, 2021, that Alivia Care has entered into the home health market through the acquisition of Florida-based Better Life Home Health, which operates in 16 counties in Florida and Georgia. Alivia Care will now provide home health, hospice, palliative care, and Program of All-Inclusive Care services. [Read More](#)

DOJ Joins Whistleblower Lawsuits Against Medicare Advantage Plan. *Reuters* reported on July 30, 2021, that the U.S. Department of Justice has joined six whistleblower lawsuits accusing Kaiser Permanente of overbilling Medicare by pressuring doctors to submit diagnoses that led to inflated risk scores of Medicare Advantage members. Kaiser has denied the allegations. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021	Rhode Island	RFP Release	276,000
July 1, 2021 - Delayed	Missouri	RFP Release	756,000
August 2021	Texas STAR Health	RFP Release	36,500
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 1, 2021	Delaware	RFP Release	240,000
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
First Quarter 2022	Indiana MLTSS	RFP Release	NA
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
Fourth Quarter 2022	Indiana MLTSS	Awards	NA
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
2024	Indiana MLTSS	Implementation	NA
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

- California Dual Demo Enrollment is Down 1.8%, Feb-21 Data
- Florida Medicaid Managed Care Enrollment is Up 5.1%, May-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 5.2%, Aug-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 5.5%, Jul-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 6.6%, Jun-21 Data
- Mississippi Medicaid Managed Care Enrollment is Flat, Jul-21 Data
- Nevada Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Nevada Medicaid Managed Care Enrollment is Up 6.1%, Apr-21 Data
- New Jersey Medicaid Managed Care Enrollment is Up 6.4%, Jul-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 4.9%, May-21 Data
- South Carolina Dual Demo Enrollment is Down 1.3%, Apr-21 Data
- South Carolina Medicaid Managed Care Enrollment is Up 4%, Apr-21 Data
- Utah Medicaid Managed Care Enrollment is Up 9.0%, May-21 Data
- Vermont Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Washington Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- West Virginia Medicaid Fee for Service vs. Managed Care Penetration, 2014-20

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- DC Dual Eligible Special Needs Plan (D-SNPs) RFQ, Aug-21
- Minnesota Qualified Contractor to Conduct Evaluation of Various State Medicaid Dental Programs RFP, Aug-21
- Nevada Non-Emergency Medical Transportation (NEMT) RFP and Contract, Jul-21
- New Hampshire Non-Emergency Medical Transportation (NEMT) RFP and Scoring Sheet, Jul-20
- North Carolina Behavioral Health and Intellectual/Developmental Disability Tailored Plans RFA, Responses, Scoring, and Related Materials, 2020-21

Medicaid Program Reports, Data and Updates:

- Georgia Medicaid Enrollment Demographics, Jun-21
- Kansas Office of the Medicaid Inspector General Audit Reports, 2021
- Louisiana Medicaid Managed Care Quality Strategy Evaluation Reports, FY 2020-21
- Maine Medicaid Expansion Enrollment by County, Aug-21 Data
- North Dakota DHS Biennial Report, 2017-19
- North Dakota Home and Community-Based Services Spending Plan Draft, Jun-21
- Ohio OBM Monthly Financial Reports, 2021
- Ohio OhioRISE Advisory Council Meeting Materials, 2020-21

- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Aug-21

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