

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... September 15, 2021



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: NEW JERSEY SHARES ITS FIVE-YEAR VISION FOR THE LATEST 1115 WAIVER RENEWAL DRAFT**
- COLORADO TO ADDRESS MATERNAL HEALTH DISPARITIES
- DISTRICT OF COLUMBIA DELAYS MEDSTAR CONTRACT EXTENSION
- GEORGIA TO BEGIN BIDDING PROCESS FOR MEDICAID PLANS IN 2022
- LOUISIANA APPOINTS MEDICAID EXECUTIVE DIRECTOR
- MICHIGAN TO HOLD HEARINGS ON CARVING BEHAVIORAL HEALTH INTO MEDICAID MANAGED CARE
- NEW HAMPSHIRE RENEWS MMIS CONTRACT WITH CONDUENT
- OHIO MEDICAID PLAN FACES 600 LAYOFFS WITHOUT STATE CONTRACT
- TENNESSEE SEES OPPOSITION TO BLOCK GRANT WAIVER
- DEMOCRATS DETAIL PLAN TO CLOSE MEDICAID COVERAGE GAP
- HHAEXCHANGE SECURES INVESTMENT FROM HG
- HEALTH PLANS TO EXPAND EXCHANGE OFFERINGS IN 2022
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

NEW JERSEY SHARES ITS FIVE-YEAR VISION FOR THE LATEST 1115 WAIVER RENEWAL DRAFT

This week, our *In Focus* reviews the the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) draft proposal for the renewal of its 1115 Comprehensive Demonstration Waiver, released on September 10, 2021. The waiver was initially approved and implemented in October 2012. This demonstration is in its second five-year period and is slated to expire on June 30, 2022.

One significant change proposed in the draft renewal would be to further improve the integration and coordination of **behavioral and physical health care** by carving in most behavioral health services for *all* Medicaid beneficiaries in Medicaid managed care organizations (MCOs), beyond the BH services these organizations manage for a subset of members today. MCOs currently manage BH for members in managed long-term services and supports (MLTSS), individuals with developmental disabilities, and individuals dually eligible for Medicaid and Medicare (dual eligible) enrolled in a FIDE-SNP. BH services would now be carved into managed care for *all* Medicaid managed care members.

Proposed renewal goals align with the NJ FamilyCare program’s overall strategic goals. In a presentation to the New Jersey Medical Assistance Advisory Council (MAAC) on September 13, 2021, DHS and DMAHS leaders explained key strategic goals and elements of the proposal, with principal program goals as defined in Table 1.

Table 1. Principal Goals of New Jersey’s Proposed 1115 Waiver Renewal

GOAL A	GOAL B	GOAL C
Maintain Momentum of Existing Demonstration	Improve Ability to Serve the Whole Person	Serve NJ Communities in the Best Way Possible
<ol style="list-style-type: none"> 1.Continue improvements in quality of care and efficiency under managed care 2.Improve access to critical services in the community under MLTSS and other HCBS programs 3.Create innovative service delivery models to address substance use disorders 4.Address implementation challenges and document how the delivery system has evolved in the last several years 	<ol style="list-style-type: none"> 1. Test new approaches to address SDOH, with an emphasis on housing needs 2. Encourage greater integration of behavioral and physical health care coordination and treatment 	<ol style="list-style-type: none"> 1. Address known gaps and improve quality of care in maternal and child health 2. Expand health equity analyses to support better access and outcomes for communities of color, people with disabilities, and other historically marginalized groups for which data has been unavailable, such as for the LGBTQ community

The waiver renewal was well received by MAAC members who expressed optimism and appreciation to DHS and DMAHS leadership for preparing a comprehensive, thoughtful, and forward thinking strategy to guide the State’s Medicaid program over the next five years. Specific elements are detailed below.

Goal A. Maintaining Momentum On Existing Demonstration Elements

The State proposes to make **further improvements to the Medicaid program for MLTSS enrollees** by adding new nursing home diversion services – enhanced caregiver respite services from 30 to 90 days per year; caregiver counseling services; and additional nutritional supports such as a one-time pantry stocking for individuals who transition from an institution back to the community. The proposal would enable Medicaid eligibility sooner for individuals served by the Office of Public Guardian (OPG) who require long-term care through an OPG eligibility pilot program. It would also address

challenges individuals seeking long-term care have experienced under the State's Qualified Income Trusts program through a stakeholder engagement process.

The State is also **proposing changes to the Community Care and Supports Programs** with new flexibilities to allow for longer rehabilitation nursing facility stays for individuals served by the Division of Developmental Disabilities (DDD); modifying eligibility for the Supports program from the current threshold of beneficiaries age 21 and older to beneficiaries age 18 and older who are outside of their educational entitlement. The renewal would also modify the Community-Based Supports benefit to allow certain waiver services to be provided for DDD eligible members during an acute care hospital stay, such as communication and behavioral stabilization services that cannot be directly provided by the hospital. The State has also proposed to modify the current 30-day respite benefit for people enrolled in the Supports plus Private Duty Nursing (PDN) program from a community-based to an institutional setting.

Two important changes have been further proposed under the draft renewal waiver **for individuals enrolled in the Children's System of Care (CSOC)**, a division within the State's Department of Children and Families (DCF). New Jersey seeks to qualify most children diagnosed with Serious Emotional Disturbance (SED) who meet the clinical and income eligibility criteria for Children's Support Services Programs for full Medicaid State Plan services as a backstop to any existing health coverage, whether served in an institutional or community-based setting. Medicaid would remain the payor of last resort and children with SED would have access to all necessary behavioral and physical services. This change is designed to help further reduce the rates of institutionalization of children with SED in New Jersey. The proposal would also disregard parental income in the determination of Medicaid eligibility to allow certain children who currently have access only to waiver and behavioral health (BH) services to receive full State Plan benefits.

Goal B. Expand Ability To Serve The Whole Person

To **better integrate behavioral and physical health care** provided through NJ FamilyCare, the State has proposed an expansion of the role of Medicaid MCOs in their coordination and coverage of BH services. Under the current 1115 waiver MCOs are responsible for managing and paying for most Medicaid covered behavioral health services for members in MLTSS, individuals with developmental disabilities, and for dual eligibles enrolled in a FIDE-SNP. Under the latest proposal, these BH services would now be carved into managed care for *all* Medicaid managed care members. The State has further proposed to assess which BH services currently provided exclusively through Medicaid fee-for-service might be carved into managed care through a community-driven stakeholder process.

The renewal draft **includes additional BH proposals** including the placement of the State's Certified Community Behavioral Health Clinic (CCBHC) pilot program under 1115 authority; Medicaid coverage of transitional BH services prior to release from a correctional facility; Medicaid reimbursement of short-term "diversion beds" to prevent unnecessary long-term psychiatric hospital placements; additional Medicaid funds to support BH providers in their adoption of electronic health records; and new adjunct therapies for children under age 21 with autism spectrum disorders.

To address the holistic needs of beneficiaries in relation to health and life outcomes, the State is requesting authority to **rethink how the Medicaid program engages with members on SDOH, with a significant focus on health-related housing needs**. Certain housing-related services would be exclusively available through the managed care delivery system, whether directly from the MCO's housing specialist, contracted community-based organizations, or other vendors. The renewal proposal organizes housing services into two categories: **Housing Transition Services** such as a housing screening, individualized support plan, housing search and application supports, or assistance finding resources to cover housing expenses; and **Tenancy Sustaining Services**, for example, education and counseling on the role, rights, and responsibilities of a tenant and landlord, help resolving landlord or neighbor disputes, lease renewals, or budgeting and bill paying.

The State is also seeking authority under the renewal to **expand eligibility for housing services**. DMAHS further proposes to **establish a housing team that will align Medicaid efforts with New Jersey's existing housing ecosystem**. The new housing team would identify synergies with other State agencies engaged in housing services; work with the State's Healthy Homes initiative for individuals at risk of homelessness or institutionalization proposed in its American Rescue Plan spending plan; and monitor MCO accountability for health-related housing supports activities.

In addition to housing, SDOH enhancements would include the **introduction of a Community Health Worker pilot program**; a pilot program to provide **medically-indicated meals for pregnant women who have pre-existing or gestational diabetes**; and provide **community-level support through the State's Regional Health Hubs**, not otherwise eligible for federal matching funds, to initiate other non-traditional Medicaid interventions. This might include support of wellness education primarily for the benefit of Medicaid beneficiaries, or direct investments in Health IT functionality that would facilitate improved care for Medicaid beneficiaries.

Goal C. Serve Communities The Best Way Possible

The waiver renewal proposes to improve upon the way NJ FamilyCare serves communities by **reducing disparities in maternal and child health**, and by **promoting health equity and social justice**.

To focus on maternal and child health the State recommends several strategies for **addressing persistent racial and ethnic postpartum disparities**, including Medicaid coverage, medical complications, emergency department utilization, postpartum-related hospitalizations and inpatient stays for ambulatory sensitive conditions, and neonatal expenditures. It also proposes to expand and extend its Home Visiting Pilot Program to complement universal home visitation legislation recently passed in New Jersey for newborns statewide.

DMAHS also commits to a **renewed organizational focus on health equity and outcomes in its demonstration evaluation strategy** by studying the impact of the 1115 waiver on improving access and outcomes based on race and ethnicity, immigration status, LGBTQ identity, geography, socioeconomic status, and other factors that have an impact on each beneficiary's experience with the healthcare system.

Renewal Application Process

The State's public comment period on the draft waiver renewal proposal runs from September 10 to October 11, 2021. The public can find the renewal application on the DHS website and how to submit comments here: https://www.state.nj.us/humanservices/dmahs/home/1115_demo.html .

DMAHS will integrate stakeholder feedback and estimates that it will submit a formal renewal application to CMS by November 1, 2021. CMS and DMAHS renewal negotiations are slated to begin December 15, 2021.



HMA MEDICAID ROUNDUP

Colorado

Colorado to Address Maternal Health Disparities Identified in Report. The Colorado Department of Health Care Policy & Financing (HCPF) said on September 14, 2021, that “a broad selection of initiatives will be required” to address Medicaid maternal health disparities identified in a state report. HCPF will host a panel discussion on September 15. Among the report’s findings, 16.2 percent of members who smoked during pregnancy delivered a low birth weight baby versus 9.7 percent among nonsmokers; 19.3 percent of pregnant members with preexisting diabetes had premature deliveries versus 9.9 percent for those without preexisting diabetes; and 14 percent of Black pregnant members had high blood pressure, double that of any other race. [Read More](#)

Delaware

Delaware Is Still Failing to Adequately Screen Medicaid Applicants for Eligibility, Audit Says. *Delaware News* reported on September 8, 2021, that Delaware is still failing to adequately screen Medicaid applicants for eligibility before approving benefits, according to a state audit. Other findings show that the state is not adequately verifying Medicaid benefits, provider eligibility, or provider health and safety standards. Audits from prior years have shown similar deficiencies. [Read More](#)

District of Columbia

District of Columbia Delays MedStar Medicaid Contract Extension. *WTOP News* reported on September 13, 2021, that the District of Columbia Council has delayed a proposed Medicaid contract extension with MedStar Family Choice, a health plan owned by MedStar Health. The council now has 45 days to review the matter, instead of the usual 10. Mayor Muriel Bowser recently declared a state of emergency to extend the contract for nine months, which expires this month after a judge ruled to nullify the contract award. [Read More](#)

Georgia

Georgia Is Expected to Begin Bidding Process for Medicaid Managed Care Plans in 2022. *Kaiser Health News* reported on September 13, 2021, that Georgia is expected to begin the bidding process for a reprocurement of its Medicaid managed care plans in 2022. Existing contracts run through June 2023, assuming all renewal options are exercised. However, the state has previously indicated it would look to extend the contracts through June 2024 to provide additional time for the reprocurement. Current contract holders are Anthem, CareSource, and Centene. [Read More](#)

Indiana

Indiana Reinstates Certain Limits on Medicaid Prior Authorization in Wake of COVID-19 Upswing. Indiana announced on September 8, 2021, that it has temporarily reinstated policies to streamline, or in one case eliminate, certain prior authorization (PA) requirements to reflect rising COVID-19 cases. PA will not be required for certain respiratory services and for certain durable and home medical equipment replacements and repairs. PA has been streamlined for skilled nursing facilities, inpatient substance use disorder and psychiatric admissions, and acute long-term and inpatient rehabilitation admissions. In a separate announcement on September 7, the state also extended PA timeframes to 180 days for previously approved nonemergent surgeries or procedures, in case hospitals need to postpone certain services during the COVID-19 upswing. [Read More](#)

Iowa

Iowa Seeks \$70 Million in Additional Mental Health Funds in Fiscal 2023. *The Gazette* reported on September 10, 2021, that the Iowa Department of Human Services (DHS) is seeking \$70.2 million in additional fiscal 2023 funds to cover the phased-in state takeover of regional mental health costs previously covered by property taxes. The proposal is part of DHS's overall fiscal 2023 budget proposal, which is expected to total \$7.87 billion in state and federal funds. [Read More](#)

Louisiana

Louisiana Invites Providers to Complete Health Information Technology Survey. The Louisiana Department of Health on September 14, 2021, invited healthcare providers to participate in the final Louisiana Health IT Environmental Scan (eScan) survey. Responses, which will be collected through October 8, will be included in the State Medicaid Health IT Plan update used to help determine health information technology policies, measure progress in electronic health record (EHR) adoption, and ensure progress toward statewide and national interoperability. Survey topics include EHR, health information exchange, social determinants of health, and the Promoting Interoperability Program. [Read More](#)

Louisiana Appoints Patrick Gillies as Medicaid Executive Director. The Louisiana Department of Health announced on September 9, 2021, the appointment of Patrick Gillies as Medicaid executive director, effective September 7. Gillies replaces Tara Leblanc, who served as interim director since October 2020. [Read More](#)

Maryland

Maryland Task Force on Oral Health Meets. *Maryland Matters* reported on September 15, 2021, that Maryland lawmakers and dental providers attended the first meeting of the state's Task Force on Oral Health, which was authorized by the legislature to identify barriers to oral health and make recommendations to expand access. The task force will submit a report in May 2022 and make recommendations by December 2022. The Maryland Medicaid program currently covers dental care for children, pregnant women, and adults with rare and costly conditions. [Read More](#)

Michigan

Lawmakers to Hold Hearings on Carving Behavioral Health Into Medicaid Managed Care. *Deadline Detroit* reported on September 12, 2021, that Michigan lawmakers led by Senate Majority Leader Mike Shirkey (R-Clarklake) will hold hearings on proposed legislation to carve behavioral health and substance use disorder treatment into Medicaid managed care. In July, Senators Shirkey and Bizon (R-Battle Creek) introduced the legislation in two bills (SB 597 and SB 598), which were referred to the Senate Government Operations Committee. [Read More](#)

Montana

Montana Seeks Changes to Waiver for Additional Services and Populations. The Montana Department of Public Health and Human Services announced on September 3, 2021, a proposed amendment for the Montana Waiver for Additional Services and Populations (WASP), which offers Medicaid coverage to qualified adults with a severe disabling mental illness. Among the proposed changes, the amendment would remove 12-month continuous eligibility for individuals in the parents and other caretaker relatives group whose eligibility is based on income. The federal public comment period will be open from September 15, 2021, through October 15, 2021. [Read More](#)

New Hampshire

New Hampshire Renews MMIS Contract with Conduent. *The Bakersfield Californian* reported on September 9, 2021, that the New Hampshire Department of Health has renewed its contract with Conduent for Medicaid Management Information System (MMIS) maintenance, operations, and enhancements. The five-year contract is worth about \$206 million and includes an option for another five-year extension. [Read More](#)

New Jersey

New Jersey Proposes Carving Behavioral Health into Medicaid Managed Care. On September 10, 2021 the New Jersey Department of Human Services, Division of Medical Assistance and Health Services proposed an expansion of the role of Medicaid managed care organizations in their coordination and coverage of behavioral health services. This proposal is one of several goals articulated in the State's NJ FamilyCare 1115 waiver draft renewal proposal just released for public comment. Under the current 1115 waiver, which expires on June 30, 2022, managed care organizations are responsible for managing and paying for most Medicaid covered behavioral health services for members in managed long-term services and supports, individuals with developmental disabilities, and for dual eligibles enrolled in a FIDE-SNP. Under the latest proposal, these services would now be carved into managed care for all Medicaid managed care members. The State will also assess which behavioral health services currently provided exclusively through Medicaid fee-for-service might be carved into managed care through a community-driven stakeholder process. The public comment period runs through October 11, 2021. Public hearings will be held September 13 and September 27. [Read More](#)

Ohio

Ohio Medicaid Plan Faces 600 Layoffs Without Managed Care Contract. *The Toledo Blade* reported on September 13, 2021, that ProMedica/Paramount president Lori Johnston warned that the company would need to lay off about 600 employees starting July 2022 if it is not able to maintain a Medicaid managed care contract with the state. Paramount is the only incumbent Medicaid plan not to win a contract in Ohio's recent procurement, impacting 275,000 members who will need to switch plans. Promedica has a pending lawsuit against the state and continues to pressure business, political, and healthcare leaders. [Read More](#)

Ohio Appeals to Reinstate Medicaid Work Requirement. *The Columbus Dispatch* reported on September 9, 2021, that Ohio Attorney General Dave Yost filed a notice of appeal challenging the Biden administration's move to rescind federal approval of the Medicaid work requirement. The work requirement was initially approved during the Trump administration, but implementation was delayed due to the pandemic. [Read More](#)

Anthem Names Greg LaManna President of Ohio Medicaid Plan. *Anthem* announced on September 8, 2021, that Greg LaManna was named president of the company's Ohio Medicaid plan. Anthem was one of the health plans awarded a contract to serve the state's Medicaid managed care population. Implementation is set to begin July 2022. [Read More](#)

Pennsylvania

Pennsylvania Medicaid Plan Faces Whistleblower Lawsuit Over Provider Network Capacity. *Modern Healthcare* reported on September 14, 2021 that Aetna Better Health of Pennsylvania faces a federal whistleblower lawsuit, which claims the company misrepresented the number of pediatric providers in its network to win Medicaid contracts with the state. The lawsuit was filed in U.S. District Court for the Western District of Pennsylvania. [Read More](#)

Tennessee

Tennessee Sees Opposition to Block Grant Waiver in Comments Filed by Congressman. U.S. Representative Steve Cohen (D-TN) announced on September 8, 2021, that he filed comments with the Centers for Medicare & Medicaid Services opposing the Tennessee Medicaid block grant waiver, which was approved by the Trump administration. The public comment period is open through September 9, 2021. [Read More](#)

National

House Democrats Release Plan to Permanently Enhance Exchange Subsidies. *Modern Healthcare* reported on September 13, 2021, that Democrats on the House Ways and Means Committee proposed a permanent extension of enhanced Exchange subsidies to individuals above 400 percent of poverty. The proposal would also increase subsidies to individuals at 100 percent to 400 of poverty and authorize \$10 billion annually for state reinsurance programs. [Read More](#)

CMS Failed to Adequately Monitor HCBS Flexibilities Implemented by States During Pandemic, GAO Says. *Home Health Care News* reported on September 13, 2021, that Centers for Medicare & Medicaid Services (CMS) failed to adequately monitor Medicaid home- and community-based services (HCBS) flexibilities implemented by states during the pandemic, according to a Government Accountability Office (GAO) audit. The report recommended that CMS develop plans for data collection and performance monitoring during future public health emergencies, and that CMS conduct follow-up evaluations of the HCBS changes whenever possible. [Read More](#)

HHS Awards \$20 Million to 21 State-based Marketplaces. The U.S. Department of Health and Human Services announced on September 10, 2021, that it awarded \$20 million in American Rescue Plan grants to 21 State-based marketplaces. The funds will be used to upgrade information technology and for targeted consumer outreach. [Read More](#)

House Democrats Detail Plan to Close Medicaid Coverage Gap in Non-Expansion States. *Modern Healthcare* reported on September 9, 2021, that House Democrats unveiled a plan to provide subsidies to help more than two million individuals in the Medicaid coverage gap purchase Exchange coverage in non-expansion states. The plan was released by House Energy and Commerce Committee as part of the broader proposed \$3.5 trillion budget reconciliation bill. Other components of the proposal include an Exchange reinsurance program, permanent extension of the Children's Health Insurance Program, nearly \$200 million to expand Medicaid home-and-community-based services, and Medicare dental, hearing, and vision coverage. [Read More](#)

Medicaid Cost-Sharing, Premiums Are Barrier to Coverage, Studies Show. The Kaiser Family Foundation reported on September 9, 2021, that studies continue to show Medicaid premiums serve as a barrier to obtaining and maintaining coverage and that cost-sharing is associated with reduced care, according to a literature review. Studies also show that state savings from Medicaid premiums and cost-sharing are limited. [Read More](#)

Medicaid Expansion Increases Health Coverage Among Foster Youth, Study Says. *Health Affairs* reported on September 8, 2021, that Medicaid expansion programs increased the rate of health insurance coverage among foster youth by 10 percent, according to a study by Georgia Tech and Weill Cornell Medicine. The study is based on information from the 2011-18 National Youth in Transition Database. [Read More](#)

Biden Releases Plan to Lower Prescription Drug Prices. *The Hill* reported on September 9, 2021, that the Biden administration unveiled a plan to lower prescription drug prices. The plan includes a proposal to allow Medicare to directly negotiate drug prices and would permit drugs to be imported from Canada. [Read More](#)

Congressional Democrats Debate Timing of Proposed Medicare Dental Coverage Implementation. *The Hill* reported on September 8, 2021, that Democrats on the House Ways and Means Committee proposed a 2028 start date for initiating dental coverage in the Medicare fee-for-services program, which some lawmakers say is not fast enough. Democrats are also debating whether to prioritize coverage enhancements to Medicare over enhanced Exchange subsidies and a federal Medicaid expansion program. The proposals are expected to be part of the \$3.5 trillion budget reconciliation bill. [Read More](#)



INDUSTRY NEWS

24 Hour Home Care Acquires Caregiving Division of GrandCare Services. 24 Hour Home Care announced on September 15, 2021, the acquisition of the non-medical Caregiving division of GrandCare Health Services, effective September 1. GrandCare Home Care, Huntington Home Care, and HomeLife Partners will now operate under the 24 Hour Home Care name. [Read More](#)

HHAEExchange Secures Investment from Hg. Homecare management software company HHAEExchange (HHAX) announced on September 14, 2021, that it has secured an investment from Hg. Cressey & Company LP will continue to be a significant investor in HHAX. [Read More](#)

LHC Group to Acquire Generations Home Health, Freda H. Gordon Hospice. LHC Group announced on September 14, 2021, agreements to acquire Generations Home Health and Freda H. Gordon Hospice Palliative Care, both based in Virginia. The acquisitions are expected to close on October 1. [Read More](#)

Health Plans to Expand Exchange Offerings in 2022. *Modern Healthcare* reported on September 13, 2021, managed care plans are expected to expand their Exchange offerings in 2022, with at least 11 insurers entering new markets and others expanding existing footprints. UnitedHealth Group alone will expand into seven new markets in 2022, Cigna will double its geographic footprint to 20 states by 2025, and Aetna is reentering the Exchanges after exiting completely in 2018. [Read More](#)

ModivCare Completes Acquisition of Care Finders for \$340 Million. ModivCare announced on September 14, 2021, that it has completed the acquisition of Care Finders Total Care for \$340 million in cash. Care Finders is a personal care provider operating in New Jersey, Pennsylvania, and Connecticut. [Read More](#)

AbsoluteCare Names CFO, Chief Pharmacy Officer. AbsoluteCare named Joe Wagner as chief financial officer (CFO) and Christi Epps, PharmD, as chief pharmacy officer on September 14, 2021. Wagner was most recently CFO of Clover Health, while Epps was chief executive of Longs Pharmacy Solutions. [Read More](#)

Patient Square Capital to Acquire Summit BHC from FFL Partners, Lee Equity Partners. Tennessee-based Summit BHC announced on September 9, 2021, a definitive agreement to be acquired by Patient Square Capital from private equity firms FFL Partners and Lee Equity Partners. Terms were not disclosed. Summit provides substance use disorder and acute psychiatric care at 24 facilities across 16 states. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021- Delayed	Rhode Island	RFP Release	276,000
Fall 2021	Missouri	RFP Release	756,000
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
October 25, 2021	Texas STAR Health	RFP Release	43,700
November 2021	District of Columbia	RFP Release	230,000
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 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
June 2022	Texas STAR Health	Awards	43,700
July 1, 2022	Ohio	Implementation	2,450,000
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
Fourth Quarter 2022	Indiana MLTSS	Awards	NA
Sep. 2022 - Nov. 2022	Texas STAR+PLUS	Awards	538,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	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 & CHIP	Awards	3,700,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
Sep. 2023 - Nov. 2023	Texas STAR Kids	Awards	166,000
Sep. 2023 - Nov. 2023	Texas STAR Health	Implementation	43,700
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

- Florida Medicaid Managed Care Enrollment is Up 6.2%, Jun-21 Data
- Florida Medicaid Managed Care Enrollment is Up 6.6%, Jul-21 Data
- Florida Medicaid Managed Care Enrollment is Up 7.7%, Aug-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 6.5%, Sep-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 5.5%, Jul-21 Data
- Michigan Medicaid Managed Care Enrollment is Up 6.3%, Aug-21 Data
- Michigan Dual Demo Enrollment is Up 1.2%, Aug-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 8.4%, Aug-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 14.7%, Aug-21 Data
- New Mexico Medicaid Managed Care Enrollment is Up 2.9%, May-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 4.6%, Jul-21 Data
- South Carolina Medicaid Managed Care Enrollment is Up 5.1%, May-21 Data
- South Carolina Dual Demo Enrollment is Down 1.4%, May-21 Data
- Texas Dual Demo Enrollment is 38,467, May-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- California Medi-Cal Managed Care DRAFT RFP and Responses, Jun-21
- Iowa D-SNPs Contracts, 2017-21
- Minnesota Electronic Visit Verification System RFP, Proposals, Scoring, and Contract, 2020-21

Medicaid Program Reports, Data and Updates:

- Colorado Medicaid Maternal Health Report, 2021
- Montana Section 1115 Waiver for Additional Services and Populations (WASP) (Formerly Basic Medicaid Waiver) Documents, 2017-21
- Nevada Medical Care Advisory Committee Meeting Materials, Jul-21
- New Jersey FamilyCare Section 1115 Waiver, Comprehensive Demonstration and Related Materials, 2014-21
- Oregon Medicaid Advisory Committee Meeting Materials, Jun-21

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- Downloadable ready-to-use charts and graphs
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- RFP calendar

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