

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... October 20, 2021



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[HMA News](#)

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IN FOCUS

HMA BRIEF EXAMINES OPTIONS FOR CMMI TO REFINE APPROACH FOR TESTING MEDICARE PROGRAM IMPROVEMENTS

This week, our *In Focus* highlights a recent issue brief, [Center for Medicare and Medicaid Innovation: Recommendations for Future Direction](#), which revisits questions raised in a previous HMA report and offers potential answers to

guide progress and changes for demonstrations within the Centers for Medicare & Medicaid Services' (CMS) Center for Medicare and Medicaid Innovation (CMMI) or the Innovation Center.

The brief examines options for how CMMI could refine their approach to testing ideas for improving the Medicare program. HMA colleagues [Jennifer Podulka](#), [Yamini Narayan](#), and [Lynea Holmes](#) wrote the brief which was supported by Arnold Ventures.

HMA's [earlier brief](#) examined the progress the Innovation Center has made in learning from Medicare-focused models during its first decade and raised questions to guide policymakers as they plan for the next phase of the Innovation Center's work. In the new report, the team returns to those questions and offers potential answers.

The brief outlines seven pairs of competing goals and offers four recommendations that may, in part, help to balance these competing goals, as they are designed to increase the transparency of Innovation Center efforts and improve the likelihood that more models succeed in decreasing spending or improving quality. The recommendations include:

- The Department of Health and Human Services (HHS) should establish a National Healthcare Transformation Strategy
- CMMI should articulate a vision for how different models work together
- CMMI should tailor models to test ideas that address the largest areas of spending growth and key areas of quality concerns, including
 - Include Part D in models
 - Include Part C in models
 - Promote primary care as a counterbalance to excessive low-value care
 - Address social determinants of health and other drivers of quality and access disparities
- Congress and HHS should revisit the Physician-Focused Payment Model Technical Advisory Committee (PTAC)

[Issue Brief](#)



HMA MEDICAID ROUNDUP

Arizona

Arizona Medicaid Plans Submit Bids to Integrate Coverage of Individuals With Serious Mental Illness. The Arizona Health Care Cost Containment System (AHCCCS) announced on October 4, 2021, that five Medicaid managed care plans submitted bids to integrate coverage of individuals with serious mental illness (SMI): Centene/Arizona Complete Health for Health Net Access, Banner/University Family Care, BCBS/Health Choice Arizona, Mercy Care, and Molina Healthcare of Arizona. All five plans currently serve the state's Complete Care integrated physical and behavioral health Medicaid program. One plan will be chosen in each state geographic area to integrate individuals with SMI. Bids were due October 4, with awards to be announced on November 15 and implementation to begin October 1, 2022. [Read More](#)

California

California Health Plan CEOs Call for Pause in Pharmacy Benefit Carve Out. *The San Bernardino Sun* published on October 11, 2021, an opinion piece from two Medicaid plan executives calling on the state to pause the planned transition to a single, fee-for-service pharmacy benefit manager. John Baackes, chief executive of L.A. Care Health Plan, and Jarrod McNaughton, chief executive of Inland Empire Health Plan, expressed concern that the transition could disrupt care coordination without saving money. The new program is scheduled to begin on January 1, 2022. [Read More](#)

Florida

Florida Requests \$118 Million for Improvements to Medicaid Managed Care Billing, Payment System. *Florida Politics* reported on October 19, 2021, that the Florida Agency for Health Care Administration Secretary has requested \$118 million from state legislators for Florida Health Care Connections, a project to overhaul the state's existing Medicaid Management Information System. The request is on top of the more than \$158 million that was allocated to the project over the last five budgets. [Read More](#)

Florida AHCA Submits \$36.5 billion Fiscal 2022 Budget Request. *State of Reform* reported on October 14, 2021, that the Florida Agency for Health Care Administration (ACHA) submitted a \$36.5 billion fiscal 2022 legislative budget request to the House Health Care Appropriations Subcommittee. The request included \$277.47 million in state funds for Medicaid rate adjustments, \$53.9 million for Florida Kidcare adjustments, \$1.16 billion in adjustments for institutional and prescribed drug providers, \$117.8 million for the Florida Medicaid Management Information System, \$2.3 million for Medicaid managed care procurement activities, and \$37.7 million to transfer authority for the state's Program for All-Inclusive Care for the Elderly to ACHA from the Department of Elder Affairs. [Read More](#)

Florida May Realign Medicaid Districts in Next Procurement, Official Says. *Florida Politics* reported on October 12, 2021, that Florida may reconfigure the state's eleven Medicaid regions to better serve rural counties before negotiating new contracts in 2023, according to Simone Marstiller, secretary of the Florida Agency for Healthcare Administration. The state hopes to encourage plans to shift resources from densely populated areas to rural communities. [Read More](#)

Georgia

Georgia Democrats To Hold Press Events on Inclusion of Medicaid Expansion in Special Legislative Session. *The Rockdale Citizen/Capitol Beat News Service* reported on October 16, 2021, that Georgia Democrats in the state legislature are holding press events in Augusta, Columbus, Albany, Savannah, and Macon in an attempt to pressure Governor Brian Kemp to include Medicaid expansion in the upcoming special legislative session. The special session convenes on November 3. Over 500,000 Georgians would become eligible for Medicaid under expansion. [Read More](#)

Illinois

Illinois Medicaid Administrator Urges Action on Plan to Reform Nursing Home Payments. *25 News* reported on October 13, 2021, that Illinois Medicaid official Kelly Cunningham called for immediate action on a plan recently released by the state to reform nursing home payments amid staffing shortages and threatened closures. Cunningham, who serves as Medicaid administrator at the state Department of Healthcare and Family Services, made the comments to a joint legislative committee on October 13. The state's plan would emphasize funding for quality and staffing improvements. [Read More](#)

Iowa

Iowa Sees Spike in Illegal Care Denials Under Medicaid Managed Care, State Audit Says. *The New Canaan Advertiser/The Associated Press* reported on October 20, 2021, that Iowa has seen a large increase in care denials under Medicaid managed care, according to a report from state auditor Rob Sand based on data from 2013 to 2019. State Medicaid director Elizabeth Matney called the audit "incorrect" and "flawed." [Read More](#)

Iowa Releases Medicaid Non-Emergency Medical Transportation RFP. The Iowa Department of Human Services (DHS) released on October 14, 2021, a request for proposals (RFP) to solicit a contractor to provide non-emergency medical transportation (NEMT) services for the state's fee-for-service Medicaid population. DHS is anticipating a three-year contract, with three additional one-year extension options. Proposals are due by February 1, 2022, with the award to be announced on April 12, 2022, and implementation scheduled for January 1, 2023. [Read More](#)

Massachusetts

Massachusetts, Plans Sign One Care FAI Dual Demonstration Plan Contracts. Massachusetts announced on October 19, 2021, that it has signed three-way One Care Financial Alignment Initiative (FAI) Dual Demonstration contracts with health plans Commonwealth Care Alliance, Tufts Health Unify, and UnitedHealthcare Connected, as well as with the Centers for Medicare & Medicaid Services. Awards were announced a year ago with five winners; however, Boston Medical Center HealthNet Plan and Fallon Community Health Plan withdrew in February 2020. The effective enrollment date is January 1, 2022, with contracts effective for five years. [Read More](#)

Massachusetts Health Executives, Private Equity Firm Settle Medicaid Fraud Case for \$25 Million. *The Associated Press* reported on October 15, 2021, that the Massachusetts Attorney General's office announced that H.I.G Capital and two former executives at South Bay Mental Health Center have agreed to pay \$25 million to settle a lawsuit alleging they submitted fraudulent claims to the state's Medicaid program. South Bay Mental Health Center provided services from unlicensed, unqualified, and improperly supervised staff members for Medicaid patients, according to the attorney general's office. The settlement does not include admission of wrongdoing. [Read More](#)

Michigan

Governor Signs Order to Establish the Health and Aging Services Administration. Michigan Governor Gretchen Whitmer announced on October 14, 2021, the signing of an executive order establishing the Health and Aging Services Administration within the Michigan Department of Health and Human Services (MDHHS). The new agency will provide coordinated services to Michigan's aging population through the combination of the MDHHS Aging and Adult Services Agency and Medical Services Administration. Michigan has more than 2 million adults over 60 years old, and the state's fastest growing age group is 85 and older. [Read More](#)

Michigan Medicaid Expansion Improves Health Equity, Study Says. *Health Payer Intelligence* reported on October 15, 2021, that Medicaid expansion in Michigan increased access to a regular care site and improved health statuses for minorities, according to a study published in *Health Affairs*. The study also found that prior to Medicaid expansion, 74.4 percent of respondents did not have a regular source of healthcare. The researchers used data from telephone surveys conducted from 2016 to 2018. [Read More](#)

Michigan Begins Reimbursing Behavioral, Addiction Care Providers Through Medicaid. *ABC 12 News* reported on October 13, 2021, that starting this month, nearly three dozen Certified Community Behavioral Health Clinics in Michigan will be reimbursed for services through Medicaid for the first time. Previously, the Michigan Department of Health and Human Services received a yearly federal grant of \$13 million to reimburse community mental health providers. [Read More](#)

Montana

Montana Submits 1115 Waiver Application to Address Substance Abuse. Montana requested on October 1, 2021, a five-year 1115 demonstration waiver titled Montana Healing and Ending Addiction through Recovery and Treatment (HEART), which aims to expand coverage for substance use disorder treatment, treatment of serious mental illness and emotional disturbance, and limited services for individuals 30 days prior to release from the criminal justice system. The federal comment period will be open from October 19 through November 18. [Read More](#)

New York

New York Certified Community Behavioral Health Clinics Can Access Grants for Intensive Community-Based Services for Children/Youth. The New York State Office of Mental Health announced on October 19, 2021, that Certified Community Behavioral Health Clinics (CCBHC) in the federal demonstration are now eligible to apply for and receive grant funding under the Intensive Community-Based Services for Children/Youth grant opportunity. The due date for applications has been extended to November 30, 2021. [Read More](#)

North Carolina

North Carolina Finds Some Small Health Care Providers Are Struggling with Administrative Demands of Medicaid Managed Care. *North Carolina Health News* reported on October 19, 2021, that since North Carolina transitioned to Medicaid managed care on July 1, some small and rural health care providers have struggled with the administrative demands of the new system. The state is in weekly discussions with the chief executives of Medicaid plans to address any problems. [Read More](#)

Ohio

Ohio Trial Over Medicaid Managed Care Contracts Continues. *WTOL 11* reported on October 18, 2021, that the Ohio Medicaid managed care program will be undergoing a major overhaul to improve program performance, according to Medicaid officials' testimony during the trial brought by Paramount Advantage. Paramount is seeking to rebid the managed care contracts that were awarded earlier this year, alleging that the process was biased. Ohio Medicaid officials' two-day testimony countered that Paramount Advantage did not receive an award because of weaknesses in its proposal. [Read More](#)

Oregon

Oregon to Release Medicaid Waiver Renewal Draft in November. *The Lund Report* reported on October 13, 2021, that Oregon Health Authority expects to release a five-year Medicaid waiver renewal application draft in November, after receiving feedback from coordinated care organizations, behavioral health providers, hospitals, and other stakeholders. The existing waiver expires in June 2022. [Read More](#)

Texas

Texas Seeks to Cover Applied Behavioral Analysis Services for Children With Autism Through Medicaid Managed Care. The Centers for Medicare & Medicaid Services announced on October 15, 2021, that the Texas Health and Human Services Commission (HHSC) asked for federal approval to cover applied behavioral analysis services for children with autism spectrum disorder through the state's Medicaid managed care program. HHSC would pay Medicaid plans using a non-risk model until experience data is available to set capitated rates. Public comments on the submitted Section 1115 waiver application will be accepted through November 14. [Read More](#)

National

Senate Funding Legislation Excludes Hyde, Weldon Amendments. *The Hill* reported on October 18, 2021, that government spending legislation introduced by Senate Democrats excludes the decades-old Hyde Amendment, which blocks the use of Medicaid or other government funds for abortions. The legislation also excludes the Weldon amendment, which ensures federal funding is not denied to organizations that do not want to perform abortions. [Read More](#)

CMS Seeks to Transition 'Vast Majority' of Medicaid Beneficiaries to Accountable Care by 2030. The Centers for Medicare & Medicaid Services (CMS) announced a goal of driving all Medicare fee-for-service beneficiaries and the vast majority of Medicaid beneficiaries into accountable care by 2030, according to a white paper outlining a "strategic refresh" at the CMS Innovation Center. Accountable care relationships might include advanced primary care, Accountable Care Organizations, or other models that emphasize accountability for quality and total cost of care. Other strategic objectives outlined in the white paper include advancing health equity and affordability, spurring care innovations, and partnering with stakeholders. [Read More](#)

House to Allocate Funding for State Opioid Response. *CQ News* reported on October 19, 2021, that the House is expected to pass the bipartisan State Opioid Response Grant Authorization Act of 2021, which allocates \$1.75 billion per year for state responses to opioid use disorder through fiscal 2027. Other House bills expected to pass support innovation in drug manufacturing, the Strategic National Stockpile, and the Drug-Free Communities Support Program. [Read More](#)

HRSA Will Continue Collecting Provider Relief Fund Data After the Public Health Emergency Ends. *Modern Healthcare* reported on October 19, 2021, that the Health Resources and Services Administration (HRSA) will continue collecting provider relief fund spending information after the public health emergency ends. The information allows HRSA to assess if recipients have met statutory and programmatic requirements, conduct audits, gather data on the disbursement of relief funds, and identify trends in healthcare metrics and expenditures. The reporting portal is currently operating under a public health emergency waiver. [Read More](#)

Insurers Support CMS Repeal of Accelerated Medicare Coverage of Technological Innovations Rule. *Modern Healthcare* reported on October 18, 2021, that health insurers are among those calling for the repeal of a Trump administration rule that created an accelerated Medicare coverage pathway for “breakthrough” technologies. The rule provides coverage for four years after a device is designated as “breakthrough” by the Food and Drug Administration. The rule was originally set to take effect in March; however, the Biden administration delayed its implementation until December 15. [Read More](#)

CMS Releases Medicaid Eligibility Guidance to States for COFA Migrants. The Centers for Medicare & Medicaid Services released on October 18, 2021, a State Health Official Letter providing policy and operational guidance to states to implement the extension of Medicaid eligibility to citizens of the Freely Associated States (FAS) living in the United States under the Compacts of Free Association (COFA). Under this letter, all states and the District of Columbia must provide coverage for all Medicaid benefits to COFA migrants from the three Pacific Island sovereign states of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who otherwise meet eligibility requirements. The eligibility extension has been effective since December 27, 2020. [Read More](#)

CMMI to Expand Availability of Medicaid Alternative Payment Models. *MedPage Today* reported on October 13, 2021, that the Center for Medicare & Medicaid Innovation (CMMI) will expand the availability of alternative payment models focusing on Medicaid, according to Ellen Lukens of CMMI. “Models have been predominantly Medicare-oriented,” Lukens noted, adding that CMMI is working to ensure Medicaid beneficiaries benefit from some of these Medicare innovations. [Read More](#)



INDUSTRY NEWS

BrightSpring Health Services Files for IPO. *Home Health Care News* reported on October 19, 2021, that Kentucky-based BrightSpring Health Services announced plans for an initial public offering of \$100 million in common stock. BrightSpring Health Services is a nationwide independent provider of home- and community-based services. Bright was acquired in 2019 by KKR and an affiliate of Walgreens Boots Alliance for \$1.32 billion. [Read More](#)

HealthEdge to Acquire Wellframe. HealthEdge Software announced on October 19, 2021, a definitive agreement to acquire Wellframe, a care management platform for health insurers. The deal is expected to close by the end of this year. HealthEdge is an administrative and care coordination technology company majority owned by funds managed by Blackstone. [Read More](#)

Ridgemont Equity Partners Acquires Agape Care Group. Ridgemont Equity Partners announced on October 19, 2021, the acquisition of Agape Care Group, a southeastern hospice and palliative care provider. Financial terms of the acquisition were not disclosed. [Read More](#)

Commonwealth Care Alliance Acquires Vitality Health Plan, Reliance Healthcare. Massachusetts-based Commonwealth Care Alliance (CCA) announced on October 18, 2021, the acquisition of Vitality Health Plan, a California Medicare plan, as well as a majority stake in Reliance Healthcare, a Michigan-based provider group. CCA also recently introduced two Medicare Advantage plans and a Medicare Special Needs plan in Rhode Island and new Medicare Advantage options in Massachusetts. The moves are part of a planned national expansion. With these acquisitions, CCA will serve over 62,000 members in four states and is expected to report annual revenues of more than \$2 billion for 2021. [Read More](#)

Capital One to Acquire TripleTree. *The Star Tribune* reported on October 15, 2021, that Capital One has acquired health care investment banking firm TripleTree, in a deal expected to close by the end of this year. TripleTree's head of investment banking, Justin Roth, will lead the company as a wholly-owned subsidiary of Capital One. Terms of the deal were not disclosed. [Read More](#)

Advocacy Coalition Backed by Kaiser Permanente, Mayo Clinic Urges Lawmakers to Extend Home Care Flexibilities. *Fierce Healthcare* reported on October 14, 2021, that Mayo Clinic, Kaiser Permanente, and 11 other health systems have formed an advocacy coalition aimed at convincing lawmakers to extend telehealth, remote, and in-home care flexibilities that were implemented during COVID-19. The Advanced Care at Home Coalition will also petition the Center for Medicare and Medicaid Innovation to test and establish a new delivery model for advanced home care. [Read More](#)

TEAM Services Group Invests in 24 Hour Home Care. TEAM Services Group, a portfolio company of Alpine Investors, announced on October 14, 2021, an investment in California-based 24 Hour Home Care, a provider of non-medical home care to individuals with intellectual and developmental disabilities. TEAM is interested in similar home care acquisitions. [Read More](#)

Walgreens Boots Alliance Acquires Majority Stake in CareCentrix for \$330 Million. CareCentrix announced on October 14, 2021, that Walgreens Boots Alliance has acquired a 55 percent stake in the company for \$330 million, with the option of acquiring the remaining shares in the future. CareCentrix, which is a home health care coordination company, will retain its current leadership team. The deal is expected to close in June 2022. CareCentrix manages care for 19 million members. [Read More](#)

Walgreens Boots Alliance Invests \$5.2 Billion in VillageMD. Walgreens Boots Alliance (WBA), a publicly traded holding company that owns Walgreens and Boots pharmacy chains, announced on October 14, 2021, that it will make an additional investment of \$5.2 billion in VillageMD, which delivers value-based primary care. The investment will increase WBA's ownership stake in VillageMD from 30 percent to 63 percent. VillageMD remains a standalone company and plans to go public through an initial public offering in 2022. [Read More](#)

AmeriHealth Caritas Appoints Benjy Green Market President of Texas. AmeriHealth Caritas announced on October 15, 2021, that Benjy Green will serve as market president of AmeriHealth Caritas Texas as they seek to enter the state's Medicaid market. The Texas Health and Human Services Commission is undergoing the reprocurement process for its managed care programs; the request for proposals (RFP) for its STAR Health foster care managed care program was released earlier this month, with STAR+PLUS for the aged, blind, and disabled (ABD) to be released sometime between December 2021 and February 2022, and the STAR & CHIP RFP to be released later in 2022. [Read More](#)

AmeriHealth Caritas Appoints Mark Grippi Market President of Ohio Medicaid Plan. AmeriHealth Caritas announced on October 13, 2021, that Mark Grippi will serve as market president of AmeriHealth Caritas Ohio, which was awarded a contract in the state's most recent Medicaid procurement. Coverage is expected to begin in July 2022, pending protests. [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
November 2021	District of Columbia	RFP Release	230,000
November 5, 2021	Louisiana	Awards	1,600,000
November 8, 2021	Tennessee	Awards	1,500,000
December 1, 2021	Delaware	RFP Release	240,000
December 22, 2021	Iowa	RFP Release	745,000
Dec. 2021 - Feb. 2022	Texas STAR+PLUS	RFP Release	538,000
2022	Georgia	RFP Release	1,800,000
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
February 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	RFP Release	1,640,000
February 2022	California GMC - Sacramento, San Diego	RFP Release	1,091,000
February 2022	California Imperial	RFP Release	75,000
February 2022	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
February 2022	California San Benito	RFP Release	7,600
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

COMPANY ANNOUNCEMENTS

Naloxone: Getting More Patients with Opioid Use Disorder to Treatment

HMA WELCOMES

Beth Kidder - Managing Principal (Tallahassee, FL)

Former Florida Deputy Secretary for Medicaid Beth Kidder is a transformative and innovative healthcare leader with more than 20 years of experience working within the state Medicaid system. She was instrumental in transforming the state's Medicaid program to a managed care model and focusing the program on improving the health of people insured by Medicaid.

Beyond the state of Florida, she led the National Association of Medicaid Directors as president during the first year of the COVID-19 pandemic, applying her Medicaid expertise and leveraging federal relationships to support states during the crisis.

Gaurav Nagrath - Managing Principal (Denver, CO)

A strategic and operational health system leader, Gaurav Nagrath, ScD, MBA, has expertise in value-based care models and contract management. He has led significant projects that have impacted and advanced practice redesign, population modeling, return on investment and sustainability, data strategy, information governance and related policies, and outcomes-based performance analytics.

Dr. Nagrath has completed extensive work with integrated delivery systems, patient-centered medical homes, and managed care organizations. With the innate ability to design comprehensive new care models and a thorough understanding of national and local healthcare policy drivers, he is ready to help clients succeed.

Alicia Chatman - Principal (Atlanta, GA)

Committed to making a difference in healthcare one day and one person at a time, Alicia Chatman has a passion for improving care and systems of care for all people and communities. She is an accomplished, results driven leader with deep healthcare operations expertise. She joins HMA after serving as an administrator at Emory University, bringing a diverse experience and unique approach to HMA.

David A. Kobis - Principal (Tallahassee, FL)

David Kobis has spent more than 30 years specializing in operational and strategic transformations of acute, ambulatory, and post-acute organizations. His past roles include hospital president, health system chief operating officer, chief integration officer, and management consultant. David's expertise includes operations management and performance improvement, distressed asset management, mergers and acquisitions and system integration, behavioral health/addiction medicine, rural healthcare, physician practice management, and post-acute care.

David Polakoff - Principal (Boston, MA)

An innovative healthcare executive with vast experience leading large-scale healthcare organizations through fundamental changes, including new policy paradigms, reimbursement systems and technological shifts, David F. Polakoff, MD, MSc has joined the HMA Boston team.

Dr. Polakoff has an outstanding ability to bridge the gap between clinical leaders and business executives working toward mutual success for clients at all points on the healthcare spectrum. His passion is bringing these skills to bear on behalf of populations served by public programs and payers.

Megan Beers - Senior Associate (Seattle, WA)

A strategic thinker with a record of driving transformation in multiple settings, Megan Beers is a successful program developer, leader, and consultant focused on systems of care and services for children and families, as well as behavioral health across the lifespan. She has led operations and programs with vulnerability, compassion, and reflection, an approach she'll use to help clients thrive.

Angela Bergefurd - Senior Consultant (Columbus, OH)

Angela Bergefurd has a passion to serve and has spent more than 25 years providing direction and leadership in Medicaid services, behavioral health policies, and program development, as well as benefit design and benefit reimbursement. She is an analytical problem solver who has tackled some of the most pressing issues in behavioral health and addiction services with integrity and accountability.

Nora Carreras - Senior Consultant (Harrisburg, PA)

Nora Carreras is an experienced non-profit leader and coalition builder with a focus on state government, strategic planning, healthcare policy and social determinants of health (SDOH). With more than 25 years of experience in results-oriented non-profit management, government relations, program development and evaluation across all sectors, she is ready to help clients engage and succeed.

Olga Coleman-Williams - Senior Consultant (New York, NY)

With a deep understanding of complex state and federal funding and programs, Olga Coleman-Williams is an expert in social and human services, compliance, and workforce development. She has experience developing and overseeing strategic programs, contract administration, federal claiming and compliance, and creating systems to improve workplace function and outcomes.

Amanda Ghattas - Senior Consultant (Los Angeles, CA)

A public programs and regulatory affairs professional, Amanda Ghattas specializes in Medicare and Medicaid Managed Care administration and compliance. She also has a background in policy analysis and social services with a commitment to serving vulnerable communities. Angela has spent her career working with L.A.-based organizations and has the know-how to help clients across the country.

Kelly Lauletta - Senior Consultant (New York, NY)

An effective leader with the proven ability to build and guide efficient operations with high-performing teams, Kelly Lauletta joins the HMA New York team. She is focused on meeting a variety of challenges with strong clinical and administrative abilities and excels at consensus building, vendor management, stakeholder communication, and client relations.

With experience driving business operations, overseeing statewide initiatives, developing implementation strategies, and creating strong policy, Kelly is ready to help clients succeed.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Iowa Medicaid Managed Care Enrollment is Up 6.7%, Oct-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 7%, Oct-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 9.8%, Oct-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 5.4%, Aug-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 6%, Sep-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 6.7%, Aug-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 5.3%, Aug-21 Data
- Utah Medicaid Managed Care Enrollment is Up 10%, Jul-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Pharmacy Clinical Support RFP, Oct-21
- Arizona AHCCCS Complete Contract Expansion (CCE) RFP, Model Contract, and Bidders List, 2021
- California Medicaid D-SNP Model Contracts, 2021-22
- Iowa Non-Emergency Medical Transportation RFP, Oct-21
- Minnesota Opioid-Focused Project Extension for Community Healthcare Outcomes (ECHO) RFP, Oct-21
- Massachusetts One Care Amended, Restated RFR, Responses, Award, and Related Documents, 2019-21
- New York Medicaid D-SNP Model Contract, 2022
- Wisconsin Medicaid D-SNP Model Contracts, 2019-22

Medicaid Program Reports, Data and Updates:

- California Managed Care Advisory Group Meeting Materials, 2016-21
- Iowa Medicaid Managed Care Member Appeals and Contract Compliance Audit, Oct-21
- Iowa Medicaid MCO Quarterly Performance Data Reports, 2016-21
- Kentucky Medicaid Managed Care Quality Improvement Report, FY 2021
- Nebraska DHHS Monthly Medicaid Expansion Reports, Aug-21
- Nebraska Maternal Mortality Report, Sep-21
- New Hampshire External Quality Review Organization (EQRO) Technical Reports, SFY 2018-20
- New Hampshire Medicaid Care Management Network & Access Monitoring Presentations, 2018-21
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