

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... October 28, 2020



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: OKLAHOMA, NORTH DAKOTA RELEASE MEDICAID MANAGED CARE RFPs**
- CALIFORNIA RELEASES RFI FOR DENTAL ASO
- FLORIDA PROCUREMENT FOR CANADA DRUG IMPORTATION PROGRAM FAILS TO ATTRACT ANY BIDDERS
- GEORGIA EYES PRIVATIZATION OF PRISON HEALTHCARE SERVICES
- HAWAII TENTATIVELY SCHEDULES QUEST INTEGRATION RFP RELEASE FOR DECEMBER 2020, COMMUNITY CARE SERVICES RFP FOR NOVEMBER
- INDIANA RECEIVES 10-YEAR EXTENSION FOR HIP ALTERNATIVE MEDICAID EXPANSION PROGRAM
- KENTUCKY HEALTH PLAN APPEALS ORDER TO GRANT MEDICAID MANAGED CARE CONTRACT TO ANTHEM
- VERMA SAYS CMMI RECORD ON VALUE-BASED PAYMENTS 'IS DEEPLY CONCERNING,' CALLS FOR CHANGE
- INTERMOUNTAIN HEALTHCARE, SANFORD HEALTH TO MERGE
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IN FOCUS

OKLAHOMA, NORTH DAKOTA RELEASE MEDICAID MANAGED CARE RFPs

This week, our *In Focus* section reviews the statewide Oklahoma Medicaid managed care request for proposals (RFP) released by the Oklahoma Health Care Authority on October 15, 2020, and the North Dakota Medicaid expansion managed care RFP released by the North Dakota Department of Human Services, Medical Services Division on October 20, 2020.

Oklahoma

Oklahoma is procuring contracts, worth over \$2 billion, for a new statewide Medicaid managed care program called SoonerSelect Plan, which would cover physical health, behavioral health, and pharmacy benefits for more than 742,000 Medicaid beneficiaries. The state will also contract with one of the selected Medicaid managed care plans for a statewide program called SoonerSelect Specialty Children's Plan, which would cover 31,000 former foster children, juvenile justice-involved individuals, and children either in foster care or receiving adoption assistance.

CareSource already announced that it intends to submit a bid through CareSource Oklahoma, a new joint venture between the health plan and Texas-based administrative services provider Healthcare Highways.

Background

Oklahoma currently does not have a fully capitated, risk-based Medicaid managed care program. There are more than 900,000 Medicaid members. The majority are in SoonerCare Choice, a Primary Care Case Management (PCCM) program in which each member has a medical home. Other programs include SoonerCare Traditional (Medicaid fee-for-service), SoonerPlan (a limited benefit family planning program), and Insure Oklahoma (a premium assistance program for low-income people whose employers offer health insurance).

A previous attempt for managed care was canceled in June 2017 for SoonerHealth+, a planned Medicaid managed care program for the aged, blind, and disabled (ABD) population. The RFP was canceled due to a lack of funding. Start-up costs for SoonerCare+ were projected at more than \$100 million over the first several years of the program, and a request for \$52 million in near-term funding needed to move ahead with the RFP was denied by legislators.

The new Medicaid managed care contracts will provide benefits to SoonerCare children, deemed newborns, pregnant women, parent and caretaker relatives, and expansion adults. Medicaid expansion in the state is slated to go into effect on July 1, 2021. The SoonerSelect Specialty Children's Plan will cover former foster children, juvenile justice involved population, foster care population, and children receiving adoption assistance.

SoonerSelect MCO Populations	
Eligibility Group	Enrollment
Children	481,584
Deemed Newborns	1,959
Pregnant Woman	21,015
Parent and Caretake Relatives	62,199
Expansion Adults	175,623
Total	742,380

SoonerSelect Specialty Children’s Plan Populations

Eligibility Group	Enrollment
Former Foster Children	706
Juvenile Justice Involved	558
Foster Care	9,407
Children Receiving Adoption Assistance	20,743
Total	31,414

The state also released a SoonerSelect Dental RFP for the procurement of statewide prepaid ambulatory health plans (PAHPs) to deliver risk-based dental benefits to nearly 774,000 Medicaid beneficiaries.

Timeline

Proposals are due December 15, 2020, and awards will be announced on February 1, 2021. The contracts will run for one year, with up to five optional one-year renewals. Implementation begins on October 1, 2021.

RFP Activity	Date
RFP Issued	October 15, 2020
Proposals Due	December 15, 2020
Awards	February 1, 2021
Implementation	October 1, 2021

Evaluation

The evaluation process will consist of several steps. Under the administrative step, proposals will be evaluated on a pass/fail basis for timely submission, completeness, and compliance with general submission guidelines. The technical proposal will consist of 1,650 points. If the bidder submitted a proposal for the SoonerSelect Specialty Children’s Plan, the proposal will be scored out of 400 points. Only bidders awarded a SoonerSelect managed care organization (MCO) contract will be eligible to be awarded the SoonerSelect Specialty Children’s Plan contract. Oklahoma may negotiate with one, some, all, or none of the bidders after the scoring.

The state did not specify how many plans SoonerSelect Plan will contract with.

Step	Possible Points
Administrative Review	Pass/Fail
Technical Proposal	1,650
Executive Summary	25
Staffing and Organizational Structure	75
References and Past Performance Information	50
Corporate Information and Experience in Improving Outcomes including:	
• Oklahoma Experience	100
• Medicaid Experience	
• Proposed Oklahoma Economic Impact	
Implementation Plan	50
Provider Network	75
Covered Benefits	100
Rural Health Strategy	75
American Indian/Alaska Native Health Understanding and Strategy	50
Care Management and Population Health	150
Medical Management	100
Quality Improvement	100
Health Plan Enrollee Services including:	
• Health Plan Enrollee Grievance and Appeals	75
• Call Center	
Provider Services including:	
• Claims Payment Processing	75
• Call Center	
Program Integrity	75
Information Technology Including:	
• General Requirements Response	
• Encounter Processing	
• Interoperability Rule Readiness	100
• HIE Response	
• System Security and Privacy	
• Business Continuity and Disaster Recovery Plan	
Financial Standards and Third Party Liability	75
Reporting	50
Behavioral Health Integration	100
Value-Based Payment Strategy	50
Case Studies	75
Contractor Performance/Compliance Strategy	25
SoonerSelect Specialty Children's Plan Evaluation	400
Technical Approach and Experience with Specialty Populations	70
Staffing	30
Covered Benefits	40
Medical Management	30
Care Management and Transition of Care	75
Health Plan Enrollee Services	35
Provider Network	30
Case Studies	30
Quality Improvement	20
Inter-Agency Coordination and Data Sharing	40

[Link to Oklahoma RFP](#)

North Dakota

The North Dakota Department of Human Services, Medical Services Division, released an RFP for up to two Medicaid MCOs to serve the Medicaid expansion population. As of March 2020, current incumbent Sanford Health Plan serves approximately 19,800 expansion members.

The state implemented Medicaid expansion in 2014 to adults without dependent children with incomes at or below 138 percent of the federal poverty level. The state found that the population experiences a significant amount of churning, based on eligibility data collected from 2017-18. Over the two-year period, an estimated 13 percent of enrollees had gaps in coverage, with the average duration of eligibility being 13 months during the two-year period. However, since the COVID-19 pandemic, Medicaid expansion members have not been disenrolled.

Timeline

Proposals are due December 23, 2020, with awards to be announced on May 21, 2021. Contracts run from January 1, 2022, through December 31, 2025. The state can extend the contract for up to 12 additional months.

RFP Activity	Date
RFP Issued	October 20, 2020
Proposals Due	December 23, 2020
Awards	May 21, 2021
Implementation	January 1, 2022

Evaluation

Technical proposals will be scored out of 1,000 points. A bidder must obtain at least 660 points on the technical proposal to have its cost proposal to be evaluated. Cost proposals will be assigned up to 550 points.

Evaluation Component	Possible Points
Business Proposal	Pass/Fail
Cost Proposal	550
Technical Proposal	1,000
Experience and Qualifications	100
Management Approach	80
Population Health	100
Quality	120
Alternative Payment Model Approach	100
Member Services	65
Network Management	65
Provider Services	65
Information Systems and Encounter Data	70
In Lieu of Services and Value-Added Benefits	50
Program Integrity	65
Case Scenarios	120

[Link to North Dakota RFP](#)



HMA MEDICAID ROUNDUP

California

California Releases RFI for Dental ASO. The California Department of Health Care Services (DHCS), on October 19, 2020, released a request for information (RFI) concerning the upcoming procurement of a dental administrative services organization (ASO). The current contract, administered by Delta Dental, is slated to end June 30, 2023, with a request for proposals (RFP) expected to be released between March 1, 2021, through June 30, 2021. The contract would be effective July 1, 2022, with the winning bidder taking over operations on July 1, 2023. [Read More](#)

Florida

Florida Procurement for Canada Drug Importation Program Fails to Attract Any Bidders. *Kaiser Health News* reported on October 26, 2020, that Florida's procurement for a private firm to implement a drug importation program from Canada failed to solicit a single bidder. The U.S. Department of Health and Human Services (HHS) finalized rules regarding drug importation in September, and states can formally apply to HHS to set up their programs once the rules take effect November 30. Colorado, Maine, New Hampshire, New Mexico and Vermont are also developing programs to import drugs from Canada. [Read More](#)

Georgia

Georgia Rural Hospital Closes After Financial Problems Worsened By Pandemic. *Modern Healthcare/The Associated Press* reported on October 23, 2020, that Southwest Georgia Regional Medical Center has closed after more than 70 years, with the hospital's financial problems worsened by the COVID-19 pandemic. Residents of Randolph County await plans for how emergency care will be continued in the county. [Read More](#)

Georgia Eyes Privatization of Healthcare Services at State Prisons. *The Atlanta Journal-Constitution* reported on October 22, 2020, that the Georgia Department of Corrections (GDC) is considering the procurement of a for-profit organization to provide all health care services at state prisons by July 2021, raising concerns from correctional experts and advocates. GDC already contracts with Centurion to provide mental health and dental services, and is in the process of procuring a pharmacy provider. Prison healthcare in the state is currently provided through a partnership between GDC and the state's medical school at Augusta University. [Read More](#)

Hawaii

Hawaii Tentatively Schedules QUEST Integration RFP Release for December 2020, Community Care Services RFP for November. The Hawaii Department of Human Services (DHS) announced that the QUEST Integration (QI) Medicaid Managed Care request for proposals (RFP) is tentatively scheduled to be released in December 2020. Proposals will be due early February 2021, and awards will be made by early March 2021. Implementation is set to begin July 1, 2021. The state had previously awarded contracts to UnitedHealthcare, Centene/WellCare/Ohana, AlohaCare (in partnership with Kaiser), and Hawaii Medical Service Association (HMSA) on January 22, 2020; however those contracts were rescinded because of the COVID-19 pandemic, and current contracts were extended. Separately, DHS also announced that a Community Care Services RFP is tentatively scheduled to be released in early November. Proposals will be due in early January 2021. Awards are scheduled to be announced in early February 2021 and implemented as of July 1, 2021. [Read More](#)

Indiana

Indiana Receives 10-Year Extension for HIP Alternative Medicaid Expansion Program. *The Indianapolis Star* reported on October 26, 2020, that Indiana received federal approval to continue the Healthy Indiana Plan (HIP) alternative Medicaid expansion program for another 10 years through December 2030. HIP covers more than 572,000 individuals. The state also received a five-year extension through 2025 for the substance use disorder and serious mental illness components of HIP, which serve 88,000. [Read More](#)

Kentucky

Kentucky Health Plan Appeals Order to Grant Medicaid Managed Care Contract to Anthem. *The Louisville Business First* reported on October 27, 2020, that Humana appealed a court order that Kentucky grant Anthem a Medicaid managed care contract. In its filing with the Kentucky Court of Appeals, Humana said the lower court ruling essentially allows “any plan who responded to the RFP to participate in the program regardless of the state’s assessment of their ability.” The lower court order noted problems with the state procurement process. [Read More](#)

Kentucky Is Ordered to Grant Medicaid Managed Care Contract to Anthem. *The Louisville Courier Journal* reported on October 23, 2020 that Kentucky has been ordered to grant a Medicaid managed care contract to Anthem, citing irregularities in a recent procurement. Anthem filed a lawsuit after it had failed to be included among the contract winners, Aetna, Humana, Molina, UnitedHealthcare, and WellCare/Centene, announced in May. Anthem is an incumbent plan in the state, serving about 152,000 Medicaid members. [Read More](#)

Louisiana

Louisiana Rate of Uninsured Children Rises to 4.4 Percent in 2019, Analysis Shows. *Nola.com* reported on October 25, 2020, that the rate of uninsured children in Louisiana rose to 4.4 percent, or about 50,000, in 2019, compared to 39,000 in 2018, according to an analysis by the Louisiana Budget Project. [Read More](#)

Maine

Maine Medicaid Expansion Enrollment Increases by 40 Percent Since March. *The Bangor Daily News* reported on October 24, 2020, that Maine Medicaid expansion enrollment increased 40 percent from 45,000 in March to 63,000 in October. Rising unemployment because of COVID-19 drove the increase. [Read More](#)

New Jersey

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

New Jersey Governor Signs Two Laws Regulating Nursing Homes. *Modern Healthcare* reported on October 23, 2020, that New Jersey Governor Phil Murphy signed into law two bills that address staffing requirements and reduce patient isolation in long-term care facilities. One requires nursing homes to maintain a minimum staff-to-patient ratio, while the other requires facilities to ensure residents can have contact with family members and engage in religious and recreational activities. [Read More](#)

North Carolina

Democrats Could Flip Legislature, Facilitate Medicaid Expansion. *The New York Times* reported on October 27, 2020, that Democrats in North Carolina hope they can flip the state legislature and pass a Medicaid expansion bill. Democratic governor Roy Cooper and some Republican lawmakers support expansion, which could cover 400,000 to 600,000 individuals. [Read More](#)

North Carolina Hospitals Endorse Challenger to State Treasurer Who Favored Reference Pricing. *Kaiser Health News* reported on October 26, 2020, that the North Carolina Healthcare Association has endorsed the Democratic challenger to Dale Folwell, the state treasurer who backed a Medicare reference pricing plan that would have cut hospital prices. In 2018, hospitals were paid on average 221 percent of Medicare rates for inpatient services and 334 percent for outpatient services, according to a Rand Corp. study. Under the Clear Pricing Project, average hospital payments would be 175 percent of Medicare rates for inpatient services and 225 percent for outpatient services. [Read More](#)

Oklahoma

Oklahoma Voters to Decide Whether to Use Tobacco Settlement Funding for Medicaid Expansion. *The Lawton Constitution* reported on October 25, 2020, that Oklahoma voters will decide whether to reappropriate funding from Oklahoma's tobacco settlement to help with Medicaid expansion costs. Currently, 75 percent of the funds are placed in the Tobacco Settlement Endowment Trust, and the other 25 percent is split between the state legislature and the state's attorney general. State Question 814 would amend the state constitution to switch the percentages, with 75 percent going to the legislature and 25 percent going to the trust. In June, Oklahoma voters narrowly approved a Medicaid expansion ballot measure, which is expected to cover about 215,000 low income individuals. [Read More](#)

Pennsylvania

Pennsylvania Medicaid Enrollment Grows 8.6 Percent Since February. Pennsylvania Department of Human Services (DHS) secretary Teresa Miller announced on October 26, 2020, that Medicaid enrollment in the state has increased 8.6 percent to nearly 3.1 million in September 2020. DHS has found that more than half of Pennsylvania's Medicaid expansion population is working a job that does not offer health benefits. [Read More](#)

National

Verma Says CMMI Record on Value-Based Payments 'Is Deeply Concerning,' Calls for Change. Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), published an opinion piece in *Modern Healthcare* on October 27, 2020, calling the Center for Medicare and Medicaid Innovation (CMMI) track record on promoting value-based payment models "deeply concerning" and "a weak return on investment for taxpayers." Verma noted that only three out of 54 payment models have met the criteria for national expansion. She called for regulatory flexibility to increase participation in alternative payment models, adjusted models that encourage participants to take on more risk, and timely access to data and analytics to allow for earlier, data-informed interventions. Verma encouraged all payers, including state Medicaid programs and managed care plans, to join the push towards value-based payment. [Read More](#)

CMS to Announce Plan for Allowing Medicare, Medicaid to Pay for COVID-19 Vaccine. *Politico* reported on October 26, 2020, that the Centers for Medicare & Medicaid Services (CMS) is planning to announce a rule that would allow Medicare and Medicaid to cover out-of-pocket costs of COVID-19 vaccines. CMS did not provide details on how it would pay for the vaccines; however, CMS administrator Seema Verma said, "It was very clear that Congress wants to make sure that Medicare beneficiaries have this vaccine and that there isn't any cost-sharing." Earlier this month, the administration struck a deal with CVS and Walgreens to administer an eventual vaccine with no out-of-pocket costs to seniors and health workers in long-term care facilities. [Read More](#)

Paycheck Protection Program Loan Requirements Can Sour M&A Transactions. *Modern Healthcare* reported on October 23, 2020, that loan requirements tied to COVID-19 relief funding through the Paycheck Protection Program is delaying or even derailing mergers and acquisitions involving organizations that accepted the funds. Deals have been drawn out, for example, when a borrower needs approval from lenders or the Small Business Administration (SBA) for a transaction involving at least 20 percent of an organization's stock or half of its assets. The SBA announced the new rules October 2. [Read More](#)

Safety Net Providers Need More than Medicaid Enrollment Growth to Offset Drop in Utilization. *Modern Healthcare* reported on October 22, 2020, that Medicaid enrollment growth driven by COVID-19 will not be enough to offset decreases in healthcare utilization or changes to payer mix among safety net providers. Experts agree that what is needed is additional financial relief from Congress. [Read More](#)

Senator Voices Concern Over Private Equity Investments in Physician Practices. *CQ Health* reported on October 23, 2020, that U.S. Senator Maggie Hassan (D-NH) issued a letter to the chair of the Healthcare Private Equity Association voicing concerns over the impact of private equity investments in physician practices. Hassan, who is seeking information on private equity efforts to acquire practices, said that the deals raise questions about clinical independence and the frequency of surprise medical bills. [Read More](#)

MACPAC Schedules Meeting for October 29-30. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on October 23, 2020, that its next meeting will be held October 29-30. Topics to be discussed are:

- Medicaid Eligibility Redeterminations
- New Program for Dually Eligible Beneficiaries
- Non-Emergency Medical Transportation
- Nursing Facility Acuity Adjustment Methods
- Mental Health Services for Adults
- Access to Treatment for Adults with Mental Health Conditions
- Extending Postpartum Coverage
- Disproportionate Share Hospital Allotments
- High-Cost Drugs and Pipeline Reducing Barriers to Substance
- Telehealth for Pediatric Populations [Read More](#)

Biden To Propose 'Bidencare' If Supreme Court Strikes Down ACA. *USA Today* reported on October 22, 2020, that presidential candidate Joe Biden would propose "Bidencare" if the U.S Supreme Court strikes down the Affordable Care Act (ACA). Biden, who made the remark during the second presidential debate, defined "Bidencare" as "Obamacare with a public option." The Supreme Court is scheduled to hear a case concerning the constitutionality of the ACA on November 10, one week after the presidential election. [Read More](#)

HHS Changes COVID-19 Reporting Requirements for Provider Relief Fund Grants. *Modern Healthcare* reported on October 22, 2020, that the U.S. Department of Health and Human Services (HHS) announced it was changing course on COVID-19 reporting requirements for provider relief fund grants, allowing providers to use the grants to compensate for lost revenues and to become more profitable than they were before the pandemic. The move comes after earlier guidance had set profit limitations. The changes will allow providers to keep grant funds up to the amount of their year-over-year revenue difference from 2019 to 2020. Congress set aside \$175 billion for the fund. [Read More](#)

Community Health Centers File Federal Lawsuit Calling for 340B Contract Dispute Resolutions Process. *Modern Healthcare* reported on October 21, 2020, that the National Association of Community Health Centers filed a lawsuit against the U.S. Department of Health and Human Services (HHS) to force the department to create a dispute resolution process so that providers can challenge drugmaker policies in the 340B drug discount program. Drug companies have been restricting 340B discounts provided to patients through contract pharmacies, a move on which the Health Resources and Services Administration (HRSA) has yet to make a legal determination. [Read More](#)



INDUSTRY NEWS

Centene 3Q20 Exchange Plan Enrollment Increases to 2.2 Million. *Fierce Healthcare* reported on October 27, 2020, that Exchange plan enrollment at Centene rose to 2.2 million in the third quarter of 2020, up from 1.8 million the same quarter a year earlier. During a call with investors, Centene executives said it is too soon to tell whether COVID-19 pandemic-related job losses will drive further Exchange plan enrollment growth. [Read More](#)

Gateway Health Plan, Giant Eagle Pharmacy Develop Pilot Program to Address Opioid Epidemic in Allegheny County, PA. On October 26, 2020, Pennsylvania-based Gateway Health Plan announced a partnership with Giant Eagle Pharmacy to provide substance abuse screening, brief interventions, and referral to treatment of at-risk individuals to its Medicaid members in Allegheny County. The new service, called Project Lifeline, is in partnership with the University of Pittsburgh School of Pharmacy's Program Evaluation and Research Unit (PERU) in conjunction with the National Association of Chain Drug stores. [Read More](#)

Intermountain Healthcare, Sanford Health to Merge. *Modern Healthcare* reported on October 26, 2020, that the boards of Utah-based Intermountain Healthcare and South Dakota-based Sanford Health unanimously approved an agreement to merge, with an expected closing date of summer 2021. The combined health system will operate as Intermountain Healthcare, and will be headed by current Intermountain chief executive Marc Harrison, M.D. Sanford Health chief executive Kelby Krabbenhoft plans to retire. Intermountain controls 24 hospitals, 160 clinics, and a health plan called SelectHealth. Sanford owns 46 hospitals, 210 clinics, and 208 senior-living communities and has 210,000 health plan members. [Read More](#)

Angels of Care Announces Strategic Partnerships with Two Pediatric-Focused Home Health Care Nursing Agencies. Angels of Care, a leading provider of long-term home health services to pediatric patients with complex medical conditions, announced on October 22, 2020, a strategic partnership with Nursing Solutions based in Arizona and Mission Medstaff based in North Carolina and South Carolina. Both companies specialize in skilled home care to children and their families as well as non-skilled home care and respite service. Terms of the transactions were not disclosed. [Read More](#)

Blue Sprig Pediatrics Acquires MI-based Momentum Autism Therapy Services. Blue Sprig Pediatrics announced on October 21, 2020, that it has acquired Michigan-based Momentum Autism Therapy Services, which provides Applied Behavior Analysis treatment services to children with autism spectrum disorder. BlueSprig operates in 18 states. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 2020	Hawaii Community Care Services	RFP Release	NA
November 20, 2020	Ohio	Proposals Due	2,450,000
December 2020	Hawaii Quest Integration	RFP Release	340,000
December 15, 2020	Oklahoma	Proposals Due	742,000
December 23, 2020	North Dakota Expansion	Proposals Due	19,800
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
January 2021	Nevada	RFP Release	465,000
January 2021	Hawaii Community Care Services	Proposals Due	NA
January 1, 2021	Kentucky Rebid	Implementation	1,200,000
January 1, 2021	Pennsylvania HealthChoices Physical Health	Implementation	2,260,000
January 1, 2021	Washington Integrated Managed Care (Expanded Access)	Implementation	NA
January 25, 2021	Ohio	Awards	2,450,000
February 2021	Hawaii Community Care Services	Awards	NA
February 2021	Hawaii Quest Integration	Proposals Due	340,000
February 1, 2021	Oklahoma	Awards	742,000
March 2021	Hawaii Quest Integration	Awards	340,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
May 21, 2021	North Dakota Expansion	Awards	19,800
July 1, 2021	North Carolina - Phase 1 & 2	Implementation	1,500,000
July 1, 2021	Hawaii Quest Integration	Implementation	340,000
July 1, 2021	Hawaii Community Care Services	Implementation	NA
October 1, 2021	Oklahoma	Implementation	742,000
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
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
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- California Dual Demo Enrollment is Up 2.9%, Sep-20 Data
- California Medicaid Managed Care Enrollment is Up 6.6%, Sep-20 Data
- DC Medicaid Managed Care Enrollment is Up 3.7%, Sep-20
- Hawaii Medicaid Managed Care Enrollment is Up 11.2%, Sep-20 Data
- Maryland Medicaid Managed Care Enrollment Is Up 8.2%, Sep-20 Data
- Minnesota Medicaid Managed Care Enrollment is Up 16.5%, Oct-20 Data
- Mississippi Medicaid Managed Care Enrollment is Up 5.5%, Sep-20 Data
- MLRs at Arkansas Medicare Advantage MCOs Average 85.7%, 2019 Data
- MLRs at Delaware Medicare Advantage MCOs Average 87.9%, 2019 Data
- MLRs at Wyoming Medicare Advantage MCOs Average 95.5%, 2019 Data
- Ohio Dual Demo Enrollment is Up 12.0%, Oct-20 Data
- Oklahoma Medicaid Enrollment is Up 17.1%, Sep-20 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 10.4%, Sep-20 Data
- Rhode Island Dual Demo Enrollment is Down 8.4%, Oct-20 Data
- Washington Medicaid Managed Care Enrollment is Up 8.2%, Sep-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona Medicaid Foster Care Administrative Service Organization – Integrated Healthcare RFP and Contract, 2019-20
- Hawaii QUEST Integration (QI) Managed Care RFI and Responses, 2020
- Hawaii Community Care Services (CCS) RFI and Responses, 2020
- Maine Third Party Liability Recoveries RFP and Award Notice, Aug-20
- Ohio Comprehensive Primary Care (CPC) Program EHR Pilot RFI and Responses, 2019
- Pennsylvania MMIS 2020 Platform Project: Program Integrity Management Systems (PIMS) and Third-Party Liability (TPL) RFI and Responses, 2020
- Wyoming Care/Case Management System RFP and Contract, 2017-18

Medicaid Program Reports, Data and Updates:

- Alaska Medicaid Demographics, Sep-20
- Colorado Children’s Health Plan Plus Caseload by County, Sep-20
- Florida MMIS Procurement Strategy Roadmap, Jul-20
- Indiana HIP 2.0 Waiver Extensions and Related Documents, 2017-20
- Indiana HIP 2.0 Waiver Extensions and Related Documents, 2017-20
- Iowa Medicaid MCO Quarterly Performance Data Reports, 2016-20
- Maine Medicaid Expansion Enrollment by County, Oct-20 Data
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, Sep-20
- Michigan Health Link Medicaid Capitation Rate Certification Report, CY 2019-21
- Mississippi Medicaid Managed Care Preliminary Rate Certifications, 2021
- Ohio OBM Monthly Financial Reports, 2020
- Oregon Medicaid Capitation Rate Certifications, CY 2020-21
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-20

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