

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... December 1, 2021



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[HMA News](#)

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IN FOCUS

MISSOURI RELEASES MEDICAID MANAGED CARE RFP

This week our *In Focus* reviews the Missouri MO HealthNet (MHD) Medicaid Managed Care Program request for proposals (RFP), released on November 19, 2021, by the Department of Social Services (DSS). The MHD managed care program serves about 850,000 Medicaid and Children's Health Insurance

Program (CHIP) members including the state's newly implemented Medicaid expansion population, across all regions of Missouri. Missouri's General Plan managed care program covers TANF, CHIP, expansion and similar eligibility groups but does not include individuals with disabilities or those over age 65. The RFP also contains a separate section for a single, statewide Specialty Plan for foster children and children receiving adoption subsidy assistance. Managed care organizations must bid on and win a General Plan contract in order to be eligible for the Specialty Plan contract.

Program Goals

DSS noted nine guiding principles for the MHD Managed Care program:

1. All members must be linked with a primary care provider
2. Wellness/prevention of disease
3. Chronic care management/care management
4. Utilization of the appropriate setting at the right cost
5. Emphasis on the individual person
6. Evidence-based guidelines for improved quality of care and use of resources
7. Encouragement of responsibility and investment on the part of the member to ensure wellness

Participation in the Medicaid Reform and Transformation Program, which includes personal responsibility (member incentives), the Local Community Care Coordination Program (LCCCCP) initiative, state provider incentive program, Value-Based Purchasing Strategies, and requirements for increased accountability and transparency (see section below for additional information)

Ensuring that the needs of vulnerable Missourians are addressed in a financially sustainable manner

Medicaid Reform and Transformation Program

The Medicaid Reform and Transformation Program is designed to engage members, providers, and health plans in transforming the service delivery system and increasing accountability and transparency.

Health plans will offer member incentives to promote responsible behavior and encourage efficient use of health care services. Plans will be required to ensure 15 percent of eligible members participate in the incentive program. Additionally, plans will use the state provider incentive program to improve health outcomes, promote delivery of trauma informed care, decrease inappropriate utilization of services, and decrease health risk factors.

Health plans will need to develop a Local Community Care Coordination Program (LCCCCP) to be implemented no later than July 1, 2022, using any delivery model that focuses on providing care management, care coordination, and disease management through local healthcare providers. This can include accountable care organizations (ACOs), patient-centered medical homes (PCMHs), primary care management (PCCM), or other models approved by the state agency.

Plans will also implement value-based models and purchasing strategies. These provider payment or delivery system design strategies will incorporate performance and quality initiatives.

Additionally, health plans will participate in the Show Me ECHO (Extension for Community Healthcare Outcomes) project, a telehealth program connecting interdisciplinary teams of experts with primary care providers and other professionals to improve patient care access, quality and efficiency.

Specialty Health Plan

The Specialty Health Plan for Children and Youth in the Care and Custody of the State combines select behavioral health services into a single, specialized health plan for children in the custody of DSS and children receiving adoption subsidy assistance. The plan establishes a trauma-informed, comprehensive, and integrated behavioral health and physical health delivery system. Approximately 40,000 children and youth will be enrolled in this Specialty Plan.

Current Market

Current incumbents are Anthem/Healthy Blue, Centene/Home State Health Plan, and UnitedHealthcare, serving 849,330 members as of October 2021. Anthem has the highest market share by enrollment at 38.1 percent.

Missouri Medicaid Managed Care Enrollment by Plan, October 2021		
Plan	Total	% Market Share
Anthem/Healthy Blue	323,599	38.1%
Medicaid	307,040	
CHIP	12,201	
AEG	4,358	
Centene/Home State Health Plan	283,772	33.4%
Medicaid	269,131	
CHIP	10,408	
AEG	4,233	
UnitedHealthcare	241,959	28.5%
Medicaid	227,879	
CHIP	9,715	
AEG	4,365	
Total	849,330	

Timeline

The RFP was released on November 19, 2021, with proposals due by December 29. The contract will be effective for one year with four one-year renewal options. Current contracts expire June 30, 2022. Fiscal year 2023 managed care payments are estimated to be \$2 billion.

Evaluation

Technical proposals for the general and the specialty plans will each be scored out of 200 points, as shown below. DSS will award no more than three plans for the General Plan Managed Care Program and will award one plan for the Specialty Plan Managed Care Program.

Evaluation	
Technical Proposal Criteria - General Plan	Points
Organizational Experience	10
Proposed Methodology and Approach	10
Quality	60
HEDIS Measures	20
Health Outcomes Improvement Strategies and EQRO Reports	20
Quality Assessment and Improvement Programs	20
Access to Care and Care Management	75
Primary Care	20
Specialty Care	15
Dental Services	15
Behavioral Health	15
Care Management	10
Medicaid Reform and Transformation	35
Personal Responsibility	5
State Provider Incentive Program	5
Accountability and Transparency	2
Local Community Care Coordination Program (LCCCP)	8
Value-Based Purchasing	15
MBE/WBE Participation	10
Total Possible Technical Points	200

Evaluation	
Technical Proposal Criteria - Specialty Plan	Points
Organizational Experience	15
Overall Experience, Experience Relevant to Required Services, References, Contract Terminations/Non-Renewals, Contract Breaches	10
Innovative Experience	5
Proposed Methodology and Approach	15
Program Administration – Specialty Plan Monitoring, Program and Provider Monitoring, and Prescriber Oversight	5
Provider Services – Communication Strategies, Eligibility and Enrollment Issue Resolution	5
Member Services – Communication Strategies, Eligibility and Enrollment Issue Resolution	5
Quality	40
Non-HEDIS Measures	5
Specialty Plan Quality Program	25
Clinical Practice Guidelines	5
Member, Family, and Stakeholder Advisory Council	5
Access to Care	50
Network Development and Management – Network Adequacy Standards; Community-Based, Integrated, Trauma-Informed Services; Access to Specialty Providers; Network Gaps and Strategies; and Additional Health Benefits	25
Timely Access to Specialty Services and Trauma-Informed Care, Inpatient Hospital Boarding, Non-Emergency Medical Transportation (NEMT), In-Lieu of Services of Settings (ILOS), and Additional Health Benefits	25
Care Management	60
Specialty Plan Care Management Program	40
Coordination with Other Entities	5
Consent	5
Use Cases	10
Medicaid Reform and Transformation	10
Provider Incentive Programs	5
Value-Based Purchasing Preparatory Activities	5
MBE/WBE Participation	10
Total Possible Technical Points	200

[Link to RFP](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Suspends New Enrollment in Empower Healthcare Solutions. *Arkansas Nonprofit News Network* reported on November 19, 2021, that Arkansas has suspended new enrollment in Empower Healthcare Solutions, one of four Provider-led Arkansas Shared Savings Entities (PASSE) serving Medicaid beneficiaries with intellectual or developmental disabilities or behavioral health disorders. The Arkansas Department of Human Services (DHS), which issued the suspension, said the plan misrepresented information presented to the state concerning the need for a full readiness review. Empower has about 20,000 PASSE members. [Read More](#)

Colorado

Colorado Medicaid RAE Seeks to Recoup Payments from 199 Behavioral Providers. *The Colorado Sun* reported on November 29, 2021, that Colorado Community Health Alliance, a regional accountable entity (RAE), is seeking to recoup payments from 199 behavioral health providers who did not resubmit claims covering a two-year period ending October 2020. The recoupment notices angered providers, who noted that the resubmission was needed because the RAE's software system had scrubbed provider identification numbers from claims before realizing the numbers were required by state and federal law. [Read More](#)

District of Columbia

District of Columbia Releases Medicaid Managed Care RFP. The District of Columbia Department of Health Care Finance released on November 19, 2021, a request for proposals for the following state Medicaid managed care programs: DC Healthy Families Program (DCHFP), including adults with special health care needs; District of Columbia Healthcare Alliance Program (Alliance); and Immigrant Children's Program (ICP). Incumbents AmeriHealth Caritas, CareFirst, and MedStar Family Choice serve 230,000 members. DC expects to award contracts to up to three organizations, covering physical, behavioral health, and pharmacy services. Proposals are due December 20, 2021. [Read More](#)

Florida

Governor Delays Distribution of Federal HCBS Funds to Providers. *Florida Politics* reported on November 29, 2021, that Florida Governor Ron DeSantis has delayed the distribution of additional funding for home and community-based services (HCBS) providers until the winter of 2022. The spending plan for the funds, secured through the American Rescue Plan Act, was approved by federal regulators in September and outlines \$403 million in payments to care coordinators in the Medicaid iBudget program and \$266.6 million for HCBS providers. [Read More](#)

Florida Challenges Federal Vaccine Mandate for Medicare, Medicaid Providers. *Florida Politics* reported on November 18, 2021, that Florida Attorney General Ashley Moody filed a lawsuit challenging a federal mandate that requires all staff in health care facilities receiving Medicare and Medicaid funding to be vaccinated for COVID-19. Meanwhile, Governor Ron DeSantis signed legislation that blunts the impact of federal mandates. [Read More](#)

Iowa

Judge Rules State Cannot Ban Medicaid Coverage of Gender-Affirming Surgeries. *Iowa Public Radio* reported on November 22, 2021, that Iowa can no longer ban Medicaid coverage of medically necessary gender affirming surgeries for transgender individuals, according to a judge's ruling. The ACLU of Iowa sued the state on behalf of two transgender individuals who had been denied Medicaid coverage for transition-related surgeries. This ruling reverses the state's decision. [Read More](#)

Kentucky

Kentucky to Participate in Certified Community Behavioral Health Clinic Demonstration. The Kentucky Cabinet for Health and Family Services announced on December 1, 2021, the state's participation in the federal Certified Community Behavioral Health Clinic Demonstration Program. Four Kentucky providers (North Key, Pathways, New Vista, and Seven Counties) have been qualified to participate effective December 2. The demonstration will run for two years. [Read More](#)

Kentucky Announces Public Comment Period for Medicaid Acquired Brain Injury HCBS Waiver Renewal. The Kentucky Cabinet for Health and Family Services announced on November 29, 2021, that a public comment period for the renewal of the state's Medicaid Acquired Brain Injury Waiver will begin on December 6. The current waiver expires in 2022. [Read More](#)

Maryland

Maryland Expects Medicaid Enrollment to Fall Nearly 7 Percent in Fiscal 2023. *State of Reform* reported on November 22, 2021, that Maryland is expecting Medicaid enrollment to decline by nearly seven percent to about 1.52 million in fiscal 2023, according to the state Department of Legislative Services projected baseline budget. Enrollment in fiscal 2022 is running about 1.63 million. The projected decline in enrollment, which the state attributes to the likely end of the public health emergency, is expected to offset the cost of provider rate increases. [Read More](#)

Massachusetts

Massachusetts Releases RFIs to Address Health Inequities. Massachusetts released on November 22, 2021, two requests for information (RFIs) for programs aimed at addressing health inequities and disparities. Responses are due on December 17. The MassHealth Member Engagement Initiatives RFI seeks input on engaging with members directly on issues related to health equity. The Health Equity Incentives for Certain MassHealth Hospital, Managed Care, and Related Programs RFI seeks input on health equity and social risk factor data collection, identification, and reduction.

Senate Passes Bill to Improve Access to Mental Health Care. *State House News Service* reported on November 18, 2021, that the Massachusetts state senate passed a bill (S 2572) to make mental health care more accessible by mandating insurance coverage for an annual mental health exam. The bill also includes policies to prevent extended emergency room stays for patients waiting for a psychiatric bed and eliminates prior authorization for patients in need of acute mental health treatment. The House is not likely to vote on the bill until the 2022 session begins. [Read More](#)

Michigan

Michigan Expands Opioid Health Home Initiative to Additional Regions. The Michigan Department of Health and Human Services announced on November 30, 2021, that it has received federal approval to expand the state's voluntary Opioid Health Home (OHH) initiative to three additional regions covering nine counties. The added regions are Region 6 (Lenawee, Livingston, Monroe, Washtenaw), Region 7 (Wayne), and Region 10 (Genesee, Lapeer, Sanilac, St. Clair). OHH, which is now available in seven regions, covers intensive care management and care coordination to Medicaid beneficiaries with an opioid use disorder. [Read More](#)

Mississippi

Mississippi Medicaid Expansion Costs Would Be More Than Offset by Federal Funds, Savings, Report Says. Manatt Health reported on November 30, 2021, that Medicaid expansion costs to the state of Mississippi would be more than offset by federal matching funds and overall cost savings over five years. The report, which was supported by funding from the Commonwealth Fund and the Robert Wood Johnson Foundation, also projects that Medicaid expansion would cover about 200,000 individuals in the state. [Read More](#)

Nevada

Nevada to Reassign Medicaid Managed Care Enrollees to Prioritize Equal Distribution Across Plans. The Nevada Department of Health and Human Services announced on November 27, 2021, that it is reassigning Medicaid managed care enrollees to prioritize equal distribution across plans, following the addition of a fourth insurer. The state will begin notifying participants of their reassignment by mail on December 15, with members having 90 days to switch plans. Nevada added Molina Health Care as an option for its members in urban Clark and Washoe counties effective January 1, 2022. [Read More](#)

New York

New York Children on Medicaid Still Lack Adequate Access to Behavioral Health Care, Report Finds. *City Limits* reported on November 30, 2021, that children on Medicaid in New York still lack adequate access to behavioral health care nearly a decade after a state-wide effort to reform the program, according to a report from The New School. Data from the Children and Family Treatment and Support Services program show that just 8,000 children received social, emotional, behavioral health, and substance use disorder services out of 200,000 who were eligible in October 2020, the latest numbers available. [Read More](#)

New York Comptroller Finds More Than \$100 Million in Improper Medicaid Payments. The New York State Comptroller released on November 29, 2021, three reports identifying more than \$100 million in improper Medicaid payments made by the state Department of Health. Improper payments involved the state's Medicare buy-in program, maternity care, and drug and therapy claims. New York had approximately 7.3 million Medicaid members as of March 2021. [Read More](#)

New York Health Exchange Launches Home Care Pilot. The New York State of Health insurance Exchange announced on November 22, 2021, the launch of a pilot program aimed at helping individuals locate home care services on a private pay basis. NY State of Health, Care at Home, will initially be available in Nassau, Suffolk, and Westchester counties, with plans to expand statewide. [Read More](#)

Legislature Passes Bill Aimed at Expanding Access to Pharmacies for Medicaid Members. *News 10* reported on November 19, 2021, that the New York State legislature passed a bill aimed at expanding the number of pharmacies available to Medicaid members for filling prescriptions. The bill, which awaits the governor's signature, helps ensure independent and out-of-network pharmacies receive an adequate reimbursement rate for prescriptions filled. [Read More](#)

North Carolina

North Carolina to Appoint Kody Kinsley Secretary of Health Following Departure of Mandy Cohen. *The Triangle Business Journal* reported on November 30, 2021, that Kody Kinsley will take over as secretary of the North Carolina Department of Health and Human Services, effective January 1, following the departure of Mandy Cohen. Kinsley is currently chief deputy secretary. Cohen served as secretary for nearly five years. [Read More](#)

Oklahoma

Lawmaker Trusts Governor Will Not Unilaterally Push Ahead With Medicaid Managed Care. *Public Radio Tulsa* reported on November 22, 2021, that Oklahoma Rep. Marcus McEntire (R-Duncan) trusts that the governor will not unilaterally push through plans to implement Medicaid managed care. Questions arose after Governor Kevin Stitt replaced certain members of the Oklahoma Health Care Authority's (OHCA) board, leading to the passage of rules tied to the planned Medicaid managed care transition. McEntire said lawmakers and the administration are talking, and he expects OHCA to wait on issuing calls for proposals. The Oklahoma Supreme Court blocked Stitt's prior attempt to implement Medicaid managed care. [Read More](#)

Oklahoma Adopts Rules Tied to Governor's Previous Medicaid Managed Care Effort. *The Oklahoman* reported on November 18, 2021, that the Oklahoma Health Care Authority (OHCA) has adopted rules tied to a previous effort to implement Medicaid managed care, an initiative blocked by the state Supreme Court. According to OHCA chief executive Kevin Corbett, the rules are required by a state law that added legislative oversight to Governor Kevin Stitt's Medicaid managed care proposal. Corbett said that while the state has "ceased all actions with regard to moving forward on managed care" following the court's ruling, both Stitt and legislative leaders were still discussing a path forward on changes to the state's Medicaid program. [Read More](#)

Oregon

Oregon Issues Medicaid Managed Care Actuary Services RFP. The Oregon Health Authority (OHA) issued on November 23, 2021, a request for proposals (RFP) for actuarial services to develop managed care capitated rates and provide actuarial services for the state's Medicaid program. The contract will run seven years with renewal options up to 10 years. Awards are expected to be announced February 1, 2022. The current actuarial services contract is held by Optumas. Proposals are due January 18.

Pennsylvania

Pennsylvania Governor Announces Spending Plan for \$1.2 Billion HCBS Funding. Pennsylvania Governor Tom Wolf announced on November 22, 2021, the spending plan for \$1.2 billion in home and community-based services funds provided by the American Rescue Plan Act. Plans include increased reimbursement rates for providers, investment in mental health and substance use disorder treatment, and efforts to maintain the home health care workforce. [Read More](#)

Texas

Texas to Pilot LTSS Managed Care Carve-in. The Texas Health and Human Services Commission announced the STAR+PLUS Pilot Program, which will carve into Medicaid managed care the coverage of long-term services and supports for individuals with intellectual and developmental disabilities, traumatic brain injuries, and acquired brain injuries. The two-year pilot will begin by September 1, 2023, in one of the following Texas Medicaid managed care service areas: Bexar, Tarrant, or Medicaid Rural Service Area Northeast. [Read More](#)

Texas Releases MMIS RFO for Business Operations, Integration. The Texas Health and Human Services Commission (HHSC) released on November 19, 2021, a request for offers (RFO) for an outsourced provider of business operations and integration services for Medicaid and other publicly sponsored programs. Services include “the business integration effort and staff managing projects to ensure effective functioning of the Medicaid ecosystem when divided across multiple vendors.” The RFO is part of an effort to modernize the state’s Medicaid Management Information System (MMIS). Responses are due on January 18.

Texas Releases Medicaid FFS Claims Processing, Adjudication, Financial Services RFO. The Texas Health and Human Services Commission released on November 19, 2021, a request for offers (RFO) for an organization to provide claims processing and adjudication as well as financial services for the state’s fee-for-service Medicaid program. The RFO is one of four components of Texas’ Medicaid Management Information Systems Modernization Portfolio. Proposals are due January 18. Awards are expected to be announced November 2022, and contracts will be implemented in December.

Vermont

Vermont Will Not Be Penalized for Failing to Meet All-Payer ACO Enrollment Target, CMS Says. *VT Digger* reported on November 24, 2021, that Vermont will not be penalized for failing to meet enrollment targets in the state’s all-payer accountable care program, according to the Centers for Medicare & Medicaid Services (CMS). About 57 percent of state residents are enrolled in the program, compared to a goal of 70 percent by the end of 2022, a target that CMS has deemed unattainable. The all-payer model is managed by OneCare Vermont, an accountable care organization (ACO) that serves individuals enrolled in Medicaid, Medicare, and commercial insurance. [Read More](#)

Virginia

Virginia Receives CMS Approval to Extend Medicaid Postpartum Coverage to 12 Months. The Centers for Medicare & Medicaid Services (CMS) announced on November 18, 2021, the approval of extended postpartum coverage in Virginia from 60 days to 12 months, impacting about 6,000 individuals in Medicaid and the Children's Health Insurance Program. Virginia also received approval to provide coverage to those beyond the 60-day state plan postpartum period but still within the 12-month post-pregnancy period. [Read More](#)

West Virginia

West Releases RFI for Medicaid Enterprise System. The West Virginia Department of Administration released on November 17, 2021, a request for information (RFI) to develop a roadmap for the modernization of the state's Medicaid enterprise system. Responses are due January 7.

Wisconsin

Wisconsin Seeks 5 Percent Reimbursement Rate Increase for HCBS Providers in 2022. *Wisconsin Health News* reported on November 23, 2021, that the Wisconsin Department of Health Services has asked state legislators to approve a five percent increase in home and community-based provider reimbursement rates for 2022. The funding for the \$156.3 million increase would come from the American Rescue Plan Act. [Read More](#)

Wisconsin Announces \$2 Million in ARPA Funding for Covering Wisconsin Navigator. Wisconsin Department of Health Services (DHS) announced on November 19, 2021, \$2 million in American Rescue Plan Act (ARPA) funding for Covering Wisconsin, a federally certified health insurance navigator. Navigators assist individuals in finding affordable health insurance on the Exchanges or through programs like Medicaid. [Read More](#)

National

Judge Issues Preliminary Injunction Against Federal Vaccine Mandate. *The Center Square* reported on November 29, 2021, that a U.S. District Court judge in Missouri issued a preliminary injunction preventing the Biden administration from mandating COVID-19 vaccines for health care workers in the Centers for Medicare & Medicaid Services facilities. A 10-state coalition led by Missouri Attorney General Eric Schmitt filed the lawsuit seeking the injunction. [Read More](#)

Health Plan Report Says Shifting Elderly, Disabled to Managed Care Could Generate Savings. *Becker's Hospital Review* reported on November 29, 2021, that shifting elderly and disabled Medicaid enrollees from fee-for-service (FFS) to managed care could save Medicare and Medicaid \$150 billion over 10 years, a UnitedHealth Group report says. UnitedHealth projects that Medicaid and Medicare will spend \$4.4 trillion to cover more than 10 million elderly and disabled Medicaid beneficiaries in FFS over 10 years. [Read More](#)

HHS Announces \$35 Million in Telehealth Grants for Title X Family Planning Providers. *Healthcare IT News* reported on November 29, 2021, that the U.S. Department of Health and Human Services (HHS) announced \$35 million in grants aimed at helping Title X family planning providers strengthen telehealth infrastructure and capacity. The funding comes from the American Rescue Plan. Title X family planning services provide low-income or uninsured individuals with access to a range of reproductive health services. [Read More](#)

14 States Ask Supreme Court for Share of Medicaid Member Personal Injury Settlements. *Modern Healthcare* reported on November 24, 2021, that 14 states submitted a brief to the U.S. Supreme Court arguing that state Medicaid agencies should be eligible to receive any portion of a Medicaid enrollee's personal injury settlement intended to cover medical services. Without these funds, the Medicaid agencies could become insolvent, the brief states. The motion was led by Ohio and Utah. The Supreme Court will hear arguments in January. [Read More](#)

Indiana, Kentucky, Ohio Join Lawsuit Against Federal COVID-19 Vaccine Mandate. *McKnights Senior Living* reported on November 29, 2021, that Indiana, Kentucky, and Ohio have joined more than a dozen states in a lawsuit challenging the federal COVID-19 mandate for health care workers. The mandate, which takes effect on January 4, 2022, requires organizations to comply or potentially lose access to Medicaid and Medicare funds. [Read More](#)

Rural Providers Begin Receiving \$7.5 Billion in COVID-19 Relief Funds. *Modern Healthcare* reported on November 23, 2021, that the U.S. Department of Health and Human Services is distributing \$7.5 billion in relief funds to rural providers. The funds, which come from the COVID-19 Provider Relief Fund, will be distributed to 40,000 providers nationwide. Any provider that served at least one rural Medicare, Medicaid, or Children's Health Insurance Program beneficiary from January 1, 2019, to September 30, 2020, is eligible. [Read More](#)

MACPAC Issues Briefs on Experiences of Adults, Children in Accessing Care. The Medicaid and CHIP Payment and Access Commission (MACPAC) reported this month that adults on Medicaid were more likely to have used health care services in the past 12 months, compared to uninsured adults. The data appeared in MACPAC's November 2021 issue brief on Adults' Experiences in Accessing Medical Care, which also noted that adults on Medicaid were less likely to have a usual source of care, compared to adults with private insurance. MACPAC also released a [brief](#) on Children's Experiences in Accessing Medical Care, which found that children on Medicaid or the Children's Health Insurance Program were as likely to have seen a doctor in the past 12 months as children with private insurance. [Read More](#)

70 Percent of Medicaid Plans Offer Health Equity Benefits in 2020, Survey Says. *Fierce Healthcare* reported on November 23, 2021, that 70 percent of Medicaid managed care plans offered health equity benefits in 2020, according to a survey by the Institute for Medicaid Innovation. Ninety-five percent of plans reported that they provided services to address members' social needs, including help with housing, food, and nutrition. [Read More](#)

Pharmacy Chains Helped Fuel Opioid Crisis, Jury Finds. *The Hill* reported on November 22, 2021, that a federal jury in the Northern District of Ohio found Walgreens, CVS, and Walmart pharmacies guilty of helping fuel the opioid crisis in the counties of Lake and Trumbull, OH. The plaintiffs are seeking more than \$1 billion per county. The pharmacy chains have indicated that they will appeal the decision. [Read More](#)

17 Million Uninsured Are Eligible For Coverage, Study Finds. *The Kaiser Family Foundation* reported on November 19, 2021, that 17 million of the 27.4 million uninsured individuals in the U.S. are eligible for coverage, including 10 million who qualify for Exchange plans and 7 million who are eligible for Medicaid or the Children's Health Insurance Program (CHIP). Three quarters of uninsured Medicaid/CHIP eligibles are residents of non-expansion states. [Read More](#)

Racial, Ethnic Disparities Persist in Medicaid Access, Study Finds. The Commonwealth Fund reported on November 18, 2021, that 43 percent of black and 36 percent of Latin individuals in the U.S. live in non-expansion states, limiting equity in coverage and access to health care. The Commonwealth Fund report, which identified a wide variety of health and wellbeing disparities in the U.S., also found that immigration status presents a significant barrier to Medicaid enrollment. [Read More](#)

House Passes \$2 Trillion Build Back Better Act. *Fierce Healthcare* reported on November 19, 2021, that the U.S. House passed the Build Back Better (BBB) Act, a \$2 trillion bill that includes enhanced subsidies for states that have not expanded Medicaid, allows Medicare to negotiate some drug prices, and adds hearing benefits to Medicare. The BBB Act also expands the federal contribution to Medicaid home and community-based services by \$150 billion, on top of a nearly \$12 billion increase enacted last March as part of the American Rescue Plan. The bill will now move to the Senate. [Read More](#)

Medicaid Improper Payment Rate is 22 Percent in Fiscal 2020, HHS Says. *Modern Healthcare* reported on November 18, 2021, that the Medicaid improper payment rate was 22 percent in fiscal 2020, according to the U.S. Department of Health and Human Services. The improper payment rate for the Children's Health Insurance Program was 32 percent. Medicare Advantage was 10 percent, and Medicare fee-for-service was six percent, an historic low. [Read More](#)

Build Back Better Drug Pricing Provisions Could Save \$261.9 Billion, CBO Says. *CQ News* reported on November 18, 2021, that provisions in the Build Back Better Act bill allowing Medicare to negotiate drug prices and alter drug coverage could save \$261.9 billion over 10 years, according to the Congressional Budget Office. Overall, however, CBO said in a separate projection that Medicaid and public health measures in the bill would cost \$216 billion over 10 years. The Build Back Better Act was passed by the House and now moves to the Senate. [Read More](#)

Federal Exchange Open Enrollment Tops 1.6 Million After 2 Weeks. The Centers for Medicare & Medicaid Services reported on November 18, 2021, that HealthCare.gov enrollment topped 1.6 million in the first two weeks of open enrollment, which began November 1. An additional 2.1 million enrolled during the special enrollment period from February 15 to August 15. The figures represent the 33 states that use the federal Exchange. Kentucky, Maine and New Mexico, transitioned to state-based Exchanges for the 2022 open enrollment period. [Read More](#)

CMS Delays Rule Requiring Drugmakers to Calculate 'Best Price' Under Medicaid Drug Rebate Program. *Modern Healthcare* reported on November 17, 2021, that the Centers for Medicare & Medicaid Services delayed a rule requiring drugmakers to calculate the best price for drugs in the Medicaid drug rebate program from January 1 to July 1, 2022. The delay in implementing the Trump-era rule comes after stakeholders requested more time to make the complex changes given the demands of the pandemic. [Read More](#)

Lawmakers Introduce Cures 2.0 Bill to Expand Telehealth Coverage, Establish Advanced Research Projects Agency for Health. *MHealth Intelligence* reported on November 17, 2021, that U.S. Representatives Diana DeGette (D-CO) and Fred Upton (R-MI) introduced the Cures 2.0 bill, which includes provisions to expand telehealth coverage for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. The bill's main goal is to establish the Advanced Research Projects Agency for Health, which would receive \$6.5 billion over three years toward the development of treatments and cures for conditions like diabetes, cancer, Alzheimer's, and ALS. [Read More](#)

US Supreme Court Hears Oral Arguments on DSH Payment Calculations. *Modern Healthcare* reported on November 29, 2021, that U.S. Supreme Court heard arguments in a case involving whether federal regulators properly interpreted Medicare law when creating a formula to calculate disproportionate share hospital (DSH) payments. The case, which was brought by Empire Health Foundation against the U.S. Department of Health and Human Services, could have important implications for the level of DSH payments made to hospitals. [Read More](#)



INDUSTRY NEWS

Pharmacy Chains Helped Fuel Opioid Crisis, Jury Finds. *The Hill* reported on November 22, 2021, that a federal jury in the Northern District of Ohio found Walgreens, CVS, and Walmart pharmacies guilty of helping fuel the opioid crisis in the counties of Lake and Trumbull, OH. The plaintiffs are seeking more than \$1 billion per county. The pharmacy chains have indicated that they will appeal the decision. [Read More](#)

Bain Capital, Hellman & Friedman to Acquire Majority Stake in Athenahealth for \$17 Billion. *Modern Healthcare* reported on November 22, 2021, that private equity firms Bain Capital and Hellman & Friedman have signed a definitive agreement to acquire a majority stake in Massachusetts-based Athenahealth for \$17 billion. Athenahealth, which is owned by Veritas Capital and Evergreen Coast, provides software for electronic medical records and physician practice management. Veritas and Evergreen, which acquired Athenahealth in 2019 for \$5.7 billion, will retain a minority stake. The deal is expected to close in the first quarter of 2022. [Read More](#)

United to Delay Change Healthcare Acquisition Until February 2022. *The Nashville Business Journal* reported on November 19, 2021, that UnitedHealth Group/Optum has agreed to delay its \$13.5 billion acquisition of Change Healthcare until at least February 2022. The decision came at the request of the U.S. Department of Justice, which is evaluating the impact of the transaction. Change would become part of the company's OptumInsights division, which would be headed by Change chief executive Neil de Crescenzo. [Read More](#)

CareSource Acquires The Columbus Organization. CareSource announced on November 18, 2021, the acquisition of The Columbus Organization, a Pennsylvania-based provider serving more than 100,000 individuals with intellectual/developmental disabilities and behavioral health challenges across 13 states. The Columbus Organization provides care coordination, professional clinical staffing, and quality improvement services. [Read More](#)

Bain Capital Acquires Majority Stake in InnovaCare Health. InnovaCare Health announced November 19, 2021, that it had signed a definitive agreement to sell a majority stake to Bain Capital Private Equity. InnovaCare chief executive Richard Shinto, MD, will continue to lead the company. Summit Partners, which has been an investor in InnovaCare since 2019, will continue to retain a minority stake. [Read More](#)

AppleGate Recovery Acquires East West Family Care. AppleGate Recovery, a BayMark Health Services subsidiary, announced on November 18, 2021, the acquisition of East West Family Care, an office-based opioid treatment program based in Tennessee. AppleGate provides medication-assisted recovery services and counseling in 12 states. [Read More](#)

Gateway Health Appoints Ellen Duffield as CEO. *The Pittsburgh Post-Gazette* reported on November 17, 2021 that Highmark Health-affiliate Gateway Health has named Ellen Duffield as chief executive. Duffield replaces Karen Hanlon, chief operating officer of Highmark, who had served as interim head of Gateway since June. [Read More](#)

Aveanna Healthcare to Acquire Comfort Care, Accredited Home Care. Aveanna Healthcare Holdings announced on November 15, 2021, agreements to acquire home care provider Comfort Care for \$345 million and skilled nursing care provider Accredited Home Care for \$180 million plus a potential \$45 million more based on volume. Aveanna is a publicly traded home care provider. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 5, 2021	Louisiana	Awards	1,600,000
December 1, 2021	Delaware	RFP Release	240,000
December 20, 2021	District of Columbia	Proposals Due	230,000
December 22, 2021	Iowa	RFP Release	745,000
December 29, 2021	Missouri	Proposals Due	850,000
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	N/A
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
January 28, 2022	Rhode Island	Proposals Due	303,500
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
February 18, 2022	Minnesota Senior Health Options, Senior Care Plus	Proposals Due	64,000
February 18, 2022	Minnesota Special Needs BasicCare	Proposals Due	63,000
May 9, 2022	Minnesota Senior Health Options, Senior Care Plus	Awards	64,000
May 9, 2022	Minnesota Special Needs BasicCare	Awards	63,000
June 2022	Texas STAR Health	Awards	43,700
July 1, 2022	Ohio	Implementation	2,450,000
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	N/A
July 1, 2022	Missouri	Implementation	850,000
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	N/A
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 1, 2023	Minnesota Senior Health Options, Senior Care Plus	Implementation	64,000
January 1, 2023	Minnesota Special Needs BasicCare	Implementation	63,000
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
July 1, 2023	Rhode Island	Implementation	303,500
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	N/A
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

- Illinois Dual Demo Enrollment is Flat, Jul-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 4.6%, Jul-21 Data
- Michigan Dual Demo Enrollment is Up 3.8%, Oct-21 Data
- Michigan Medicaid Managed Care Enrollment is Up 6.9%, Oct-21 Data
- Rhode Island Medicaid Managed Care Enrollment Is Up 6.4%, Oct-21 Data
- South Dakota Medicaid Enrollment is Up 9.5%, FY 2021 Data
- Tennessee Medicaid Managed Care Enrollment is Up 5.6%, Sep-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 7%, Jul-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona AHCCCS Complete Contract Expansion (CCE) RFP, Model Contract, Bidders List, Proposals, Scoring, and Awards 2021
- District of Columbia Medicaid Managed Care RFP, Nov-21
- Hawaii Evaluation of Developmental Disabilities Division Initiatives RFP, Nov-21
- Maryland Medicaid D-SNP Contracts, 2021-22
- Missouri HealthNet Managed Care RFP, Nov-21
- New York Medicaid Evidence Based Policy Assistance RFP, Oct-21
- Oregon Actuary Services RFP, Nov-21
- Tennessee TennCare Medicaid Managed Care RFP, Proposals, Scoring, and Related Documents, Jun-21
- Texas MMIS Business Operations and Business Integration RFO, Nov-21
- Texas MMIS Claims Processing and Adjudication and Financial Services RFO, Nov-21
- Texas STAR Kids ACO RFI and Responses, Aug-21

Medicaid Program Reports, Data and Updates:

- Colorado Medicaid Managed Care Rate Books, FY 2022
- Kentucky MCO Annual EQRO Compliance Reviews, 2017-20
- New York Improper Medicaid Payment Reports, Nov-21
- Oklahoma Medical Advisory Meeting Materials, Nov-21
- Oregon Medicaid Capitation Rate Certifications, CY 2020-22
- South Dakota Department of Social Services Medicaid Annual Reports, 2012-21
- Texas OIG Aetna Medicaid Special Investigative Unit Audit, Aug-21
- Texas OIG Community Options Health and Safety of Medicaid Beneficiaries in the HHSC Home and Community-Based Services Program Audit, Aug-21
- Texas Long-Term Care Ombudsman Program Report, 2020

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