

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... December 8, 2021



[RFP CALENDAR](#)

[HMA News](#)

Edited by:

Alona Nenko

[Email](#)

Carl Mercurio

[Email](#)

Mary Goddeeris, MA

[Email](#)

THIS WEEK

- [IN FOCUS: HMA REPORT COMPARES QUALITY OUTCOMES ACROSS STATE MEDICAID PROGRAM DELIVERY MODELS](#)
- [ARKANSAS INVESTIGATES MEDICAID PASSE FOR FRAUD](#)
- [COLORADO RAE WILL NOT RECOUP BEHAVIORAL PROVIDER CLAIMS](#)
- [LOUISIANA EXPECTS TO MAKE MEDICAID MANAGED CARE CONTRACT AWARD RECOMMENDATIONS THIS WEEK](#)
- [CARESOURCE, TRUECARE EYE MISSISSIPPI MEDICAID PLAN CONTRACT](#)
- [NORTH DAKOTA CONTRACTS WITH CONDUENT TO UPGRADE MMIS](#)
- [OHIO ISSUES DENTAL OPTIONS PROGRAM RFI](#)
- [OREGON RELEASES MEDICAID 1115 WAIVER RENEWAL DRAFT](#)
- [WISCONSIN MEDICAID DIRECTOR TO STEP DOWN](#)
- [CMS SAYS STATE MEDICAID CAN COVER AUDIO-ONLY TELEHEALTH](#)
- [BRIGHT HEALTH GROUP RAISES \\$750 MILLION FROM CIGNA VENTURES, NEW ENTERPRISE ASSOCIATES](#)
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

HMA REPORT COMPARES QUALITY OUTCOMES ACROSS STATE MEDICAID PROGRAM DELIVERY MODELS

This week, our *In Focus* section highlights a recent HMA analysis of the impact of Medicaid managed care on key quality indicators. The report found managed care organizations (MCO) outperformed fee-for-service (FFS) and primary care case management (PCCM) programs for both Child and Adult Core Set measures, once the data was normalized with respect to beneficiary distribution in each model.

The report was in response to more states transitioning Medicaid beneficiaries from FFS to MCOs with a goal of reducing costs and improving quality. The HMA team, David Wedemeyer, Anthony Davis, Sharon Silow-Carroll, and Joe Moser, used the 2019 Centers for Medicare & Medicaid Services (CMS) Core Set of Adult and Child metrics that cross the care continuum to develop a standardization model. The model aimed to classify quality outcomes on a state-by-state basis, based on the percent of members in direct FFS arrangements, MCOs, and PCCM programs.

The analysis suggested that performance differences could be attributed to the fact MCOs have structured care coordination and specialized programs, such as disease management, population health programs, and social determinants of health programs in place. As the HMA team drilled down into sub-sections of the Core Set related to key domains such as preventive care, women's health, disease management, and behavioral health, the findings were consistent in that MCOs tended to perform higher overall when compared to FFS and PCCM across all major domain categories.

In summary, HMA's findings suggest that the growth of Medicaid managed care plans has led to higher quality scores in several core areas of adult and child measures, lending support to the idea that managed care has had a positive impact overall on the quality of care for Medicaid members across the country. Additionally, HMA's review of the data and the team's deep understanding of state oversight of managed care programs suggests that when a state strongly embraces a quality improvement framework as a long-term strategy and partners with its managed care plans on performance-based contracts, quality scores and outcomes may be stronger. The report also suggests that stronger state efforts to work with managed care plans to develop clear expectations and collaboration, while also leveraging MCOs' access to clinical and quality data sources, may contribute to higher quality scores.

[Link to Report](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Investigates Medicaid PASSE for Fraud, Suspends Some Payments. *The Arkansas Democrat-Gazette* reported on December 3, 2021, that Arkansas is investigating Empower Healthcare Solutions for making fraudulent Medicaid payments to certain providers and vendors and will also suspend some Medicaid payments to the organization. Empower, which is a Provider-led Arkansas Shared Savings Entity (PASSE) serving 20,000 individuals with complex behavioral health disorders or developmental disabilities, said it is cooperating with the investigation. In November, the state suspended new enrollment in Empower. [Read More](#)

Colorado

Colorado Releases Updated IT Roadmap to Improve Data Sharing, Equity. *Colorado Newsline* reported on December 3, 2021, that the Colorado Office of eHealth Information released an updated version of the Colorado Health IT Roadmap to improve data sharing infrastructure, increase access to telehealth and in-person care, and improve health equity. New components of the plan include an innovation resource center, patient access to health information, public health response protocols, and a scalable data-sharing platform. [Read More](#)

Colorado Medicaid RAE Backs Off Attempt to Recoup Claims Payments from Behavioral Health Providers. *The Colorado Sun* reported on December 2, 2021, that Colorado Community Health Alliance (CCHA) will no longer attempt 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 CCHA's software system had scrubbed provider identification numbers from claims before realizing the numbers were required by state and federal law. CCHA, which is a regional accountable entity, will instead contact providers to retrieve the necessary identification numbers. [Read More](#)

Florida

Florida Hospitals to Receive Supplemental Medicaid Funds Through Hospital Directed Payment Program. *Florida Politics* reported on December 6, 2021, that Medicaid managed care plans will begin distributing supplemental payments to hospitals from the state's \$1.8 billion Hospital Directed Payment Program. All public hospitals in the state are participating in the program, and private hospitals are eligible to participate with the support of a local government partner. None of the state's cancer hospitals are participating in year one of the program. [Read More](#)

Kansas

Kansas Medicaid to Receive \$27.6 Million in Settlement With Pharmacy Benefit Manager. *The Topeka Capital-Journal* reported on December 6, 2021, that Kansas will receive \$27.6 million to settle allegations that Centene's Evolve pharmacy benefits management subsidiary failed to pass along drug discounts to the state Medicaid program. The settlement also requires Centene to cover the cost of an independent investigation. Centene, which did not admit wrongdoing in the settlement, will continue to implement policy changes related to the payment of pharmacy claims. Kansas spends approximately \$106 million annually on Medicaid drugs. [Read More](#)

Louisiana

Louisiana Expects to Make Medicaid Managed Care Contract Award Recommendations This Week. *The Intelligencer/Associated Press* reported on December 7, 2021, that by the end of the week, the Louisiana Department of Health (LDH) will make its recommendations for Medicaid managed care contract award winners to the state procurement office, according to an LDH spokesperson. The awards were initially expected on November 5, with contracts set to be implemented in July. Incumbents operating under emergency contracts are CVS Health/Aetna, AmeriHealth Caritas of Louisiana, Anthem/Healthy Blue, Centene/LA Healthcare Connections, and UnitedHealthcare. [Read More](#)

Maryland

Maryland Task Force Members Says Transportation Is Among Barriers to Dental Care. *State of Reform* reported on December 3, 2021, that the Task Force on Oral Health in Maryland held its first meeting this week, with members suggesting that lack of transportation was among the barriers to individuals accessing dental care. The goal of the task force is to recommend ways to improve access to dental care for Medicaid and other populations in the state, with an interim report due May 1, 2022, and final recommendations due Dec. 1, 2022. [Read More](#)

Mississippi

CareSource, TrueCare Alliance Eyes Mississippi Medicaid Managed Care Contract. CareSource announced on December 2, 2021, an alliance with TrueCare, a provider-owned health plan that plans to bid on the next Mississippi Medicaid managed care procurement. Mississippi is expected to release a request for qualifications for the state's Mississippi Coordinated Access Network and Children's Health Insurance Program. Incumbent Mississippi Medicaid plans are Centene/Magnolia Health Plan, Molina Healthcare, and UnitedHealthcare. [Read More](#)

Missouri

Senate Committee Releases Report on Medicaid Transparency, Proposed Reforms. The Missouri Senate Interim Committee on Medicaid Accountability and Taxpayer Protection released on November 29, 2021, a report addressing transparency in the state Medicaid program and proposed reforms. Among the recommendations, the report calls for updating the state's Medicaid management information system, developing a public facing dashboard for transparency, and extending postpartum coverage from 60 days to one year. The report is the second from the committee. The first, released in September, related to Medicaid and the protection of unborn life. [Read More](#)

Senator Introduces Legislation to Extend Postpartum Medicaid Coverage to 1 Year. Missouri Senator Jill Schupp (D-Creve Coeur) announced on December 2, 2021, the introduction of legislation to extend Medicaid coverage from 60 days to a year. The legislation will be considered during the 2022 legislative session, beginning January 5. [Read More](#)

New York

New York Community Health Providers Will Receive \$9 Million in HCBS Funds for Elderly. *Crain's New York Business* reported on December 7, 2021, that New York awarded six community health providers \$9 million over five years through the Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19. The providers will work with the New York City Department of Aging to launch home and community-based programs providing psychological, medical, and substance use disorder care to adults 55 and older. [Read More](#)

North Dakota

North Dakota Contracts with Conduent to Upgrade MMIS. Conduent announced on December 6, 2021, that it has contracted with the North Dakota Department of Human Services to upgrade the state's Medicaid management information system (MMIS). Conduent has been the MMIS vendor in North Dakota since 2015. [Read More](#)

Ohio

Ohio Issues Dental OPTIONS Program RFI. The Ohio Department of Health issued on December 7, 2021, a request for letters of interest from vendors to operate the Dental OPTIONS Program, in which dentists provide donated or discounted care to Ohio residents at less than 200 percent of poverty. The vendor will be responsible for matching patients to care, referring low-income Ohians to dental care resources, and facilitating communication between patient and providers. Letters of interest are due by December 20.

Oregon

Oregon Law Requiring CCO Investment in Social Determinants of Health Draws Scrutiny from Lawmakers. *The Lund Report* reported on December 2, 2021, that Oregon Senator Kate Lieber (D-Beaverton) and Representative Rob Nosse (D-Portland) met with state Medicaid officials to discuss the Supporting Health for All through Reinvestment (SHARE) initiative, which requires coordinated care organizations (CCOs) to invest excess profits in programs that address social determinants of health (SDOH). CCOs argue that SHARE, which is part of a broader law passed in 2018 to increase CCO transparency, discredits other investments they are making in SDOH and is not enforced equally. [Read More](#)

Oregon Releases Draft of Medicaid 1115 Waiver Renewal Application. The Oregon Health Authority (OHA) released on December 2, 2021, the first draft of the state's Medicaid 1115 waiver renewal application. The draft includes plans to improve access and equity; provide defined benefits packages of social determinants of health to members during times of transition, including pre-release coverage for institutionalized individuals; move to paying for population health; invest in community-based care; and align with the health care priorities of tribal governments. OHA will accept public comments through January 7. [Read More](#)

Utah

Utah Releases Transition Plan for Merger of Health, Human Services Departments. Utah regulators released on December 1, 2021, transition plans for the planned merger of the state Department of Health and Department of Human Services. The plan includes a pathway to align complementary services, such as integrating physical and behavioral health services with Medicaid, federal waiver programs in long-term services and supports, and suicide prevention and substance use education. The departments will be legally merged on July 1, 2022. The two department's fiscal 2021 budget was \$5.5 billion combined, with Medicaid and the Children's Health Insurance Program accounting for \$4 billion of the total. [Read More](#)

Virginia

Virginia, Federal Prosecutors Fail to Make False Claims Case Against Walgreens. *Bloomberg Law* reported on December 6, 2021, that Virginia and federal prosecutors failed to sufficiently allege in a false claims lawsuit that a former Walgreens employee's falsified records led to hundreds of thousands of dollars in Medicaid payments for medically unnecessary hepatitis C drugs, according to a U.S. district judge who dismissed the lawsuit. [Read More](#)

Virginia Expands Behavioral Health Treatment Options for Medicaid Beneficiaries. *ABC 8 News* reported on December 2, 2021, that Virginia Medicaid beneficiaries have access to six new behavioral health services, including functional family therapy, mobile crisis response, and community stabilization. These services are part of a broader plan to improve the behavioral health system in Virginia. The new coverage went into effect on December 1. [Read More](#)

Wisconsin

Wisconsin Medicaid Director to Step Down This Month. *Wisconsin Health News* reported on December 2, 2021, that Wisconsin Medicaid director Jim Jones will step down this month after nearly three years. He will be replaced by Medicaid deputy director Lisa Olson. [Read More](#)

National

Medicaid Expansion Does Not Significantly Benefit Critical Access Hospitals, Study Finds. *Modern Healthcare* reported on December 7, 2021, that profit margins among critical access hospitals in Medicaid expansion states rose 1.3 percent, according to a study in *Health Affairs*. The report said that the increase was not statistically significant. The report also said critical access hospitals in expansion states did not see statistically significant improvement in physicians and registered nurses per 1,000 patient days, readmission rates, or 30-day mortality rates for pneumonia or heart failure. Critical access hospitals are defined by having fewer than 25 beds and being located more than 35 miles from the nearest hospital. [Read More](#)

US House Passes Bill to Delay Medicare Sequestration, PAYGO Cuts. *Fierce Healthcare* reported on December 7, 2021, that the U.S. House of Representatives passed a bill that will delay Medicare sequestration and Pay-As-You-Go Law (PAYGO) cuts totaling six percent. The bill also reduces a 3.75 percent physician payment cut to 0.75 percent starting next year. Sequestration cuts, which were set to take effect January 1, are delayed to March 31 (and reduced to one percent through June). PAYGO cuts, also set for January 1, are delayed to early 2023. The legislation now moves to the Senate. [Read More](#)

CMS to Propose 'Birthing Friendly' Designation for Hospital Compare Site.

The Centers for Medicare & Medicaid Services (CMS) announced on December 7, 2021, its intent to propose a "birthing friendly" designation for hospitals on the federal Care Compare website. The designation would indicate hospitals that provide perinatal care, participate in a quality improvement collaborative for maternal care, and have implemented recommended patient safety measures. CMS also urges states to extend Medicaid postpartum coverage to 12 months under the American Rescue Plan. [Read More](#)

CMS Says State Medicaid Programs Can Cover Audio-Only Telehealth.

The Centers for Medicare & Medicaid Services (CMS) announced on December 6, 2021, that state Medicaid programs can cover audio-only telehealth during the public health emergency and beyond, according to an update of the CMS State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth. [Read More](#)

MACPAC Meeting Scheduled for December 9-10

The Medicaid and CHIP Payment and Access Commission (MACPAC) will hold its next meeting virtually December 9-10. Registration is available on the MACPAC website, and public comments will be accepted during the meeting. Topics to be discussed are:

- A discussion on transparency and oversight of directed payments in Medicaid managed care
- Policy options on the mandated study on Money Follows the Person qualified residence criteria
- Panel discussion on designing and implementing an approach to monitoring access to care for Medicaid beneficiaries
- Highlights from the 2021 edition of MACStats
- Options to strengthen integration of behavioral health services through health information technology
- A panel discussion on applying a health equity lens in Medicaid
- State policy levers to address nursing facility staffing issues
- A discussion on ways to improve monitoring access to care for Medicaid beneficiaries. [Read More](#)

HHS Reports Spike in Use of Telehealth Among Medicare Beneficiaries in 2020.

The U.S. Department of Health and Human Services (HHS) reported on December 3, 2021, that telehealth helped Medicare fee-for-service beneficiaries gain access to care during the COVID-19 pandemic, with behavioral health providers experiencing the biggest spike in telehealth utilization. Overall, providers conducted 52.7 million telehealth visits with Medicare members in 2020, up from just 840,000 in 2019. States with the highest use of telehealth in 2020 included Massachusetts, Vermont, Rhode Island, New Hampshire and Connecticut. States with the lowest use included Tennessee, Nebraska, Kansas, North Dakota and Wyoming. Individuals in urban areas accessed telehealth services more than individuals in rural communities, and black Medicare beneficiaries were less likely than white beneficiaries to utilize telehealth. [Read More](#)



INDUSTRY NEWS

Centauri Health Solutions Acquires Secure Exchange Solutions. Centauri Health Solutions announced on December 8, 2021, the acquisition of Maryland-based Secure Exchange Solutions (SES), a health information technology provider with a focus on physician connectivity and clinical data exchange. The combined company will be led by Centauri chief executive Adam Miller. SES president Michele Darnell will continue to lead the SES operation. [Read More](#)

Bright Health Group Raises \$750 Million From Cigna Ventures, New Enterprise Associates. *The St. Paul Business Journal* reported on December 7, 2021, that Bright Health Group sold \$750 million in preferred stock to its largest shareholder New Enterprise Associates and to new investor Cigna Ventures, the venture capital arm of Cigna Corp. The preferred shares carry a five percent dividend and are convertible into common stock at an initial conversion price of approximately \$4.55 per share. Shares in Bright, which offers health plans and value-based care, closed at \$3.78 per share on December 6, down 80 percent from the company's June initial public offering price of \$18. [Read More](#)

BrightView Health Acquires Right Path Treatment Centers in Virginia. BrightView Health announced on December 7, 2021, the acquisition of Right Path Treatment Centers, which has five substance use treatment centers throughout Virginia. BrightView offers outpatient addiction treatment services at 46 locations across Delaware, Kentucky, Ohio, and Virginia. [Read More](#)

BayMark Health Services Acquires Polaris Renewal Services. BayMark Health Services announced on December 2, 2021, the acquisition of Polaris Renewal Service, an opioid treatment provider with two locations in western Pennsylvania. The treatment centers will operate under the MedMark Treatment Centers brand. [Read More](#)

PBMs See Profits Rise Following Industry Consolidation, Report Finds. *Modern Healthcare* reported on December 3, 2021, that pharmacy benefit managers (PBMs) saw profits increase from 2017 to 2019 partly from consolidating with large insurers and pharmacies, according to an analysis by the PBM Accountability Project. Over the two-year period, PBM gross profits rose 12 percent to \$28 billion, the report said, while mail order and specialty pharmacy gross profits alone rose 13 percent to \$10.1 billion. [Read More](#)

Fortis Home Health & Hospice Acquires Select Home Health. Grant Avenue Capital announced on December 2, 2021, that portfolio company Fortis Home Health & Hospice acquired Indiana-based Select Home Health. The founders of Select Home Health reinvested in Fortis alongside other investors as part of the acquisition. [Read More](#)

Carlyle to Acquire CNSI. Investment firm Carlyle announced on December 2, 2021, an agreement to acquire CNSI from Alvarez & Marsal Capital Partners. CNSI provides Medicaid management information systems and other health care technology for state and federal clients. The deal is expected to close by the end of the year. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 5, 2021 - Delayed	Louisiana	Awards	1,600,000
December 1, 2021 - Delayed	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	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
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	NA
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	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 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	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

[Free White Paper Download | The State of COVID-19 Through the Lens of Adult Hospital Encounter Data](#)

[Press Release | MCG Experts Join Panel Discussions at Healthcare Innovation's 2021 Pacific Northwest Virtual Summit](#)

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Georgia Medicaid Management Care Enrollment is Up 12.2%, Dec-21 Data
- Kansas Medicaid Managed Care Enrollment is Up 8.4%, Nov-21 Data
- Nevada Medicaid Managed Care Enrollment is Up 8.1%, Jul-21 Data
- Washington Medicaid Managed Care Enrollment is Up 6.1%, Oct-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 7.5%, Aug-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 8.1%, Sep-21 Data
- West Virginia Medicaid Managed Care Enrollment is Up 9.1%, Oct-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Colorado Independent Verification & Validation Contract and Related Documents, 2019-24
- Virginia PACE Expansion RFI, Aug-21
- DoD TRICARE Managed Care Support RFP, Apr-21

Medicaid Program Reports, Data and Updates:

- Arizona Medicaid Annual Reports, 2014-20
- California Department of Managed Health Care Annual Reports, 2016-20
- Florida Medicaid MMA Waiver Annual Reports, 2007-21
- Georgia DCH Quality Strategic Plan, 2021-23
- Kansas KanCare Annual 1115 Waiver Reports, 2013-20
- Maryland Medicaid, CHIP Annual Report Provider Reimbursement Rates, 2020-21
- Mississippi Proposed Medicaid Comprehensive Quality Strategy, 2021
- Missouri Medicaid Audit and Compliance (MMAC) End of Year Reports, 2015-20
- Nevada DHHS Fact Books, 2015-21
- New Jersey Medicaid, MLTSS Quality Technical Report, CY 2020
- New Mexico Human Services Department Annual Reports, 2013-17
- New York Medicaid Administration Annual Reports, 2015-19
- North Carolina Medicaid Annual Reports, SFY 2015-20
- Oregon Health Plan Section 1115 Annual Reports, 2018-21
- Pennsylvania Medicaid Managed Care Organization Outcomes Program Report, 2020-21
- Rhode Island Medicare-Medicaid Capitated Financial Alignment Model Quality Withhold Notes, DY 2-7
- South Carolina DHHS Annual Accountability Reports, 2019-21
- South Carolina Medicare-Medicaid Capitated Financial Alignment Model Quality Withhold Notes, DY 2-8
- Texas Children with Special Health Care Needs Client Services Data Report, Dec-21
- Utah Medicaid Annual Reports, FY 2014-18
- Vermont Green Mountain Care Board Annual Reports, 2014-20

- West Virginia Medicaid Mountain Health Trust Annual Reports, SFY 2011-20

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at cmercurio@healthmanagement.com.

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With more than 20 offices and over 400 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.