

HEALTH MANAGEMENT ASSOCIATES  
**HMA Weekly Roundup**

Trends in Health Policy

..... December 15, 2021 .....



[RFP CALENDAR](#)

[HMA News](#)

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## THIS WEEK

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- **IN FOCUS: DISTRICT OF COLUMBIA RELEASES MEDICAID MANAGED CARE RFP**
- CALIFORNIA OKS SINGLE MEDICAID PLAN MODEL IN 3 COUNTIES
- DELAWARE RELEASES MEDICAID MANAGED CARE RFP
- HCBS NEWS: ARKANSAS, NEW HAMPSHIRE, WISCONSIN
- MISSISSIPPI RELEASES RFQ FOR MISSISSIPPICAN, CHIP
- MISSOURI ACOs PRODUCE \$58 MILLION IN MEDICARE SAVINGS
- NEBRASKA SEEKS INPUT AHEAD OF MEDICAID PLAN PROCUREMENT
- VIRGINIA RELEASES MEDICAID DENTAL BENEFITS ADMINISTRATOR RFP
- MEDICAID, CHIP ENROLLMENT RISES 8.9 PERCENT, MACSTATS SAYS
- STATES TURN TO MEDICAID PLANS TO ADDRESS SDOH
- CENTENE ANNOUNCES RETIREMENT OF CEO, RECONSTITUTES BOARD
- CVS HEALTH TO TARGET ACQUISITIONS OF PRIMARY CARE PRACTICES
- [NEW THIS WEEK ON HMAIS](#)

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## IN FOCUS

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### DISTRICT OF COLUMBIA RELEASES MEDICAID MANAGED CARE RFP

This week, our *In Focus* section reviews the District of Columbia (DC) Medicaid managed care request for proposals (RFP), released on November 19, 2021, by the District of Columbia Department of Health Care Finance. The procurement will cover 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). DC expects to

award contracts to up to three managed care organizations (MCOs), covering physical, behavioral health, and pharmacy services. Contract approval is expected by June 2022 and implementation in October 2022.

### Background

DC awarded contracts last year to AmeriHealth Caritas, CareFirst BlueCross BlueShield Community Health Plan (formerly known as Trusted Health Plan), and MedStar Family Choice. Incumbent plan, Anthem/Amerigroup, challenged the decision after failing to secure a contract. As a result, a DC Contract Appeals Board judge ordered the District to reassess its Medicaid managed care contracts after finding procurement law violations. A chief administrative judge concurred the decision. The ruling allowed DC to extend the existing contracts to allow beneficiaries to stay on their current plans. The judge found MedStar should have scored lower under the law because it did not include information about its leadership and submitted performance evaluations pertaining to two previous contracts instead of three.

Mayor Muriel Bowser declared a state of emergency to extend the MedStar Family Choice contract for nine months to avoid coverage disruptions, however the Council of the District of Columbia (DC's legislative body) delayed the proposed Medicaid contract extension. MedStar also previously announced that it may no longer allow other Medicaid plan members in DC to access the organization's network of primary care providers and specialists.

Prior procurements also failed to treat all bidders equally, resulting in rebids over the course of a few years.

In October 2021, chief procurement officer George Schutter, testified that the District of Columbia will increase oversight and the monitoring of Medicaid managed care procurements. Schutter noted that DC has selected a contracting officer and had convened an integrated procurement team that meets weekly.

### RFP

The new RFP will cover the traditional Medicaid population through DCHFPP; individuals not eligible for Medicaid who are over the age of 21 with an income up to 200 percent of the federal poverty level through Alliance; and immigrant children under the age of 21 with a household income under 300 percent FPL through ICP. In fiscal year 2021, DC transitioned adults with special health care needs, formerly enrolled in the Medicaid fee-for-service program, into the DCHFPP. MCOs will focus on achieving better health outcomes, health care innovation, and cost-effective quality healthcare. They must offer a range of preventive, primary care, specialty services, and long-term services and supports. In 2023, MCOs must also cover mental health services and substance use disorder services through the District's Medicaid waiver amendments and state plan amendments. While the RFP states it would begin April 2023, an updated timeline from the District now shows the carve-in will be effective October 2023.

The resulting contracts from the RFP will run for five years, with the option to extend the term for an additional five-year period (not to exceed ten years). The five-year base term is worth \$2.8 billion. MCOs that submit proposals must include a subcontracting plan worth 7 percent of the five-year base term. Any proposals without the plan will be rejected.

### Evaluation

MCOs can earn a total of 112 points. Technical proposals will be scored out of a maximum 90 points and consist of three parts:

1. Technical Approach and Methodology (30 Points)
  - a. Provider network (10 points)
  - b. Services and supports (including value-added benefits) to address social factors (10 points)
  - c. Integrating behavioral health and managing services for substance use disorders (10 points)
2. Technical Expertise (40 Points)
  - a. Claims processing, adjudication, and auditing (10 points)
  - b. Case management and care coordination (15 points)
  - c. Access and utilization of perinatal visits and birth outcomes (15 points)
3. Past Performance (20 Points)
  - a. Past experience providing managed care services; organizational history, past and current operational experience

MCO's prices will be scored out of 10 points. The lowest price will receive the maximum points.

An additional 12 points can be earned as "preference points" for MCOs that are certified by the Department of Small and Local Business Development.

### Timeline

The RFP was released on November 19, 2021, with proposals due December 20. Although not mentioned in the RFP, according to testimony from chief procurement officer George Schutter, awards are expected by June 2022 and implementation in October 2022.

### Current Market

As of October 2021, the District has over 234,000 Medicaid managed care enrollees. An additional 51,182 individuals in the District are enrolled in Medicaid fee-for-service. The District's goal is to move beneficiaries to managed care in the near future. AmeriHealth Caritas has the most beneficiaries, representing 46 percent of DC's Medicaid managed care population. There were also 21,916 beneficiaries under Alliance and 4,207 under ICP.

District of Columbia Medicaid Managed Care Enrollment by Plan, October 2021		
Plan	Total	% Market Share
AmeriHealth Caritas	108,118	46.1%
CareFirst	61,316	26.2%
MedStar	60,136	25.6%
HSCSN	4,894	2.1%
<b>Total</b>	<b>234,464</b>	

[Link to RFP](#)



## HMA MEDICAID ROUNDUP

### *Alabama*

**Alabama Seeks to Extend Family Planning Waiver.** The Centers for Medicare & Medicaid Services announced on December 9, 2021, that Alabama submitted an application to extend the state's Medicaid 1115 family planning waiver for five years. The waiver is currently set to expire on September 30, 2022. The application seeks to cover removal of migrated or embedded contraceptives. Public comments will be accepted through January 8. [Read More](#)

### *Arkansas*

**Governor Proposes Adding \$60 Million to Fiscal 2023 Medicaid Budget, Including \$37.6 Million for HCBS.** The Arkansas Department of Human Services (DHS) announced on December 14, 2021, that Governor Asa Hutchinson proposed adding \$60 million to the state Medicaid budget for fiscal 2023, including \$37.6 million to eliminate the waiting list for home and community-based services for individuals with intellectual and developmental disabilities. There are 3,204 individuals on the waiting list. [Read More](#)

### *California*

**California Grants Conditional Approval for Single Medicaid Plan Model in 3 Counties.** The California Department of Healthcare Services (DHCS) announced on December 7, 2021, conditional approval for Alameda, Contra Costa, and Imperial counties to transition to a single Medicaid plan model from a two-plan model. Alameda will move to a single plan with Alameda Alliance for Health; Contra Costa with Contra Costa Health Plan; and Imperial with California Health and Wellness. In other approved changes, the following counties will move to a County Organized Health System model, in which the state contracts with a plan created by the County Board of Supervisors: Mariposa and San Benito (with Central California Alliance for Health), and Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Tehama, Sutter and Yuba (with Partnership Health Plan). Alpine and El Dorado counties submitted intent to transition to two-plan models with Health Plan of San Joaquin. [Read More](#)

## Delaware

**Delaware Releases RFP for Medicaid Managed Care Organizations.** The Delaware Department of Health and Social Services (DHSS) released on December 15, 2021, a request for proposals (RFP) for two or three Medicaid managed care organizations to serve the state's Diamond State Health Plan (DSHP) and Diamond State Health Plan Plus (DSHP Plus) programs statewide. Contracts will be effective January 1, 2023, and run for five years with three optional one-year extensions. Proposals are due on February 22, 2022, and awards are expected to be announced around May 3. Delaware's Medicaid program operates under a Section 1115(a) demonstration, with a current renewal effective until December 31, 2023. DSHP/DSHP Plus provides integrated physical, behavioral health, and long-term services and supports. Combined, both plans serve approximately 280,000 members. Incumbent plans are AmeriHealth Caritas Delaware and Highmark Health Options.

## Florida

**Senator Submits Bill to Further Reform Coverage of Children with Catastrophic Brain Injuries.** *The Miami Herald* reported on December 15, 2021, that Florida Senator Lauren Book (D-Broward) filed a bill to further reform the Birth-Related Neurological Injury Compensation Association (NICA), which covers care for children born with catastrophic brain injuries. The bill, which builds on legislation passed in April, would end the NICA practice of relying on Medicaid first before paying claims, increase payments for caretakers, and cover dental care and therapeutic interventions. There are 224 individuals currently enrolled in the program. [Read More](#)

**Florida Budget Proposal Includes \$1.22 Billion Increase in Health, Human Services Spending.** *Florida Politics* reported on December 10, 2021, that Florida Governor Ron DeSantis has proposed \$45.8 billion in spending across five state agencies involved in health and human services programs in fiscal 2023, an increase of \$1.22 billion. DeSantis' proposed budget calls for raising Medicaid provider rates for treating the elderly and individuals with intellectual and developmental disabilities. However, the proposal would leave base hospital Medicaid rates unchanged and end the critical care fund used to enhance Medicaid payments to hospitals serving large Medicaid populations. [Read More](#)

## Illinois

**Lawmakers, Nursing Homes Seek Compromise on Reforms.** *HOIABC* reported on December 14, 2021, that Illinois state lawmakers are working with nursing homes to agree on reforms that would increase funding for nursing homes that improve staffing and safety efforts. The Health Care Council, which represents nursing homes, is calling for higher Medicaid reimbursements and for data on the financial impact of the reforms on member facilities. [Read More](#)

## Massachusetts

**MassHealth Establishes Behavioral Health Urgent Care Program.** MassHealth announced on December 9, 2021, the Behavioral Health Urgent Care program as part of a broader roadmap for behavioral health reform. Under the program, mental health centers are eligible to become Behavioral Health Urgent Care providers by expanding timely access to treatment, including same-day or next-day appointments and night and weekend hours. The program will be effective January 1, 2022. [Read More](#)

## Michigan

**Michigan Health Plans Support Integrating Behavioral Health into Medicaid Managed Care.** The Michigan Association of Health Plans sponsored on December 13, 2021, a letter to the editor in *Crain's Detroit Business* stating its support for integrating behavioral health services into the Michigan Medicaid managed care program. In July, state Senators Shirkey (R-Clarklake) and Bizon (R-Battle Creek) introduced two Senate bills that would integrate physical and behavioral health for Medicaid. Separately, a similar bill was introduced in the House by Representative Mary Whiteford (R-Casco Township). [Read More](#)

## Mississippi

**Mississippi Releases RFQ for MississippiCAN, CHIP Procurement.** The Mississippi Division of Medicaid released on December 10, 2021, a request for qualifications (RFQ) for two to three managed care plans to serve the state's traditional Mississippi Coordinated Access Network (MississippiCAN) Medicaid program and the state Children's Health Insurance Program (CHIP). The programs combined serve roughly 463,000 individuals. This is the first time the state is seeking plans, which it refers to as "coordinated care organizations," to jointly administer MississippiCAN and CHIP. The contracts will have an initial four-year term with two one-year renewal options. Incumbent plans are Centene/Magnolia Health Plan, Molina Healthcare, and UnitedHealthcare. Proposals are due March 4, 2022, with mandatory letters of intent due January 7, 2022. [Read More](#)

## Missouri

**Missouri ACOs Produce \$58 Million in Medicare Savings.** *Becker's Hospital Review* reported on December 8, 2021, that six St. Louis, MO, accountable care organizations (ACOs) have produced close to \$58 million in Medicare savings while posting average quality scores of 94 percent in 2017. The six ACOs (BJC HealthCare, Mercy, Missouri Health Plus, St. Louis Physician Alliance, SSM Health, and St. Luke's) cover more than 225,000 individuals. [Read More](#)



## Nebraska

**Nebraska Seeks Input from Community Ahead of Medicaid Managed Care Procurement.** *The North Platte Telegraph* announced on December 8, 2021, that the Nebraska Division of Medicaid and Long-Term Care will hold six listening sessions across the state to seek input on Medicaid plans ahead of the next Medicaid managed care procurement. The listening tour will run from January 11-25. [Read More](#)

## New Hampshire

**New Hampshire Faces Class Action Lawsuit Over Administration of HCBS Program.** *The Eagle Times* reported on December 11, 2021, that New Hampshire faces a federal class action lawsuit claiming that the state failed to properly administer its Choices for Independence Medicaid waiver program, which provides home and community-based services to individuals needing long-term care. The lawsuit, which was greenlighted by a U.S. District Judge over state objections, claims that New Hampshire Department of Health and Human Services failed to recruit sufficient providers, monitor utilization, and address delayed or terminated services, and provide notice of right to a fair hearing. The lawsuit was filed on behalf of three individuals by AARP, Disability Rights Center-NH, New Hampshire Legal Assistance and the law firm of Nixon Peabody. [Read More](#)

## New York

**New York Assembly Health Committee Chair to Retire After 52 Years in Office.** *The New York Times* reported on December 13, 2021, that New York Assemblyman Richard Gottfried (D-Manhattan) will retire December 2022. Gottfried has been the chair of the state assembly's health committee since 1987 and used his position to pass legislation providing health care coverage to children from low and moderate-income households. Gottfried still hopes to make strides on the New York Health Act, first introduced in 1992, to create statewide single-payer coverage. [Read More](#)

## Oklahoma

**Oklahoma Seeks to Permanently Make Medicaid Expansion Adults Eligible for Patient Centered Medical Home Program.** The Oklahoma Health Care Authority proposed on December 15, 2021, a rule permanently making Medicaid expansion adults eligible to receive services through SoonerCare, the state's patient centered medical home (PCMH) program. The PCMH program assigns each enrollee a primary care provider to serve as their "medical home." Public comments are open through January 18. [Read More](#)

## Oregon

**Oregon Legislators Allocate Medicaid Dental Provider Funds to Partially Offset Prior Cuts.** *The Lund Report* reported on December 14, 2021, that the Oregon legislature passed a spending bill, releasing \$19 million for Medicaid dental providers. The funds will offset nearly half the impact of a prior 11 percent rate reduction. [Read More](#)

## Pennsylvania

**Pennsylvania to Appoint Keara Klinepeter as Health Secretary.** *Pennsylvania Politics* reported on December 13, 2021, that Pennsylvania Governor Tom Wolf will appoint Keara Klinepeter to secretary of the Department of Health, replacing acting secretary Alison Beam. Klinepeter is currently executive deputy secretary of the Department of Health. [Read More](#)

## Texas

**Texas Congressional Delegates Express Concerns Over Potential Cuts to DSH Payments, Uncompensated Care Pool.** U.S. Senator Ted Cruz (R-TX) and other Texas Congressional delegates released on December 9, 2021, a letter to federal regulators expressing concern over proposed cuts to disproportionate share hospital payments (DSH) and uncompensated care pool (UCP) funds in the proposed budget reconciliation bill. The proposed provisions would cut 12.5 percent from DSH payments annually and reduce Texas UCP payments by 40 percent to 65 percent annually. The letter also urges federal regulators to approve Texas' Medicaid 1115 waiver application. [Read More](#)

## Vermont

**Governor Names Jenney Samuelson Interim Secretary of Human Services.** Vermont Governor Phil Scott announced on December 6, 2021, that Jenney Samuelson will serve as interim secretary of the state Agency of Human Services, following the retirement of Mike Smith. Samuelson has been deputy secretary since June 2020. Smith served two stints as secretary of human services, most recently since 2019. [Read More](#)

## Virginia

**Virginia Releases Smiles for Children Medicaid Dental Benefits Administrator RFP.** The Virginia Department of Medicaid Assistance Services (DMAS) released on December 10, 2021, a request for proposals (RFP) for a Medicaid dental benefits administrator to provide services for the Smiles for Children program. The contract will be an initial period of four years with four one-year renewal options. Proposals are due by January 25.



## Washington

**Washington Health Plan Extends Medicaid Coverage Statewide.** The Community Health Plan of Washington (CHPW) announced on December 8, 2021, it has received approval to extend its Medicaid plan statewide in 2022, with the addition of seven remaining counties in the Thurston-Mason and Great Rivers regions. CHPW also offers Medicare Advantage plans in 27 counties and Exchange plans in 18 counties beginning in 2022. [Read More](#)

## Wisconsin

**Wisconsin Approves 5 Percent Rate Increase for Medicaid HCBS Providers.** *Wisconsin Health News* reported on December 14, 2021, Wisconsin approved a five percent rate hike for Medicaid home and community-based service (HCBS) providers effective January 1, 2022. Funds will come from the American Rescue Plan Act. [Read More](#)

**Legislature Considers Extending Postpartum Medicaid Coverage to One Year.** *Wisconsin Public Radio* reported on December 10, 2021, that the Wisconsin legislature is considering a bipartisan bill (SB 562) that would extend postpartum Medicaid coverage from 60 days to one year. The recently passed American Rescue Plan Act gives states a five-year window effective April 2022 to extend postpartum Medicaid coverage to one year without going through the federal waiver process. Meanwhile, the state is awaiting federal waiver approval to extend postpartum coverage to 90 days. [Read More](#)

## National

**Medicaid Churn Rates Top 10 Percent in 2018, Report Finds.** The Kaiser Family Foundation reported on December 14, 2021, that 10.3 percent of full-benefit Medicaid beneficiaries were disenrolled and reenrolled within a year in 2018, with churn rates higher among children and adults than the elderly and individuals with disabilities. The highest rates of churn in 2018 were seen in Texas, Wisconsin, New Hampshire, and Pennsylvania, with 15 percent or more of enrollees experiencing a coverage gap of less than a year. The Build Back Better Act (BBBA) may phase out continuous enrollment requirements that prevented states from disenrolling individuals throughout the pandemic. However, BBBA would require 12-month continuous enrollment for children and postpartum mothers. [Read More](#)

**Medicaid, CHIP Enrollment Rises 8.9 Percent Since July 2020, MACStats Says.** The Medicaid and CHIP Payment and Access Commission (MACPAC) reported on December 15, 2021, that Medicaid and Children's Health Insurance Program (CHIP) enrollment rose 8.9 percent from July 2020 to May 2021, according to the latest edition of MACStats: Medicaid and CHIP Data Book. Enrollment growth ranged from 5.8 percent in the District of Columbia to 24.1 percent in Nebraska. Medicaid spending was \$688 billion in fiscal 2020, also up 8.9 percent. CHIP spending was \$19.8 billion. MACStats includes data on national and state Medicaid and CHIP enrollment, spending, benefits, and beneficiary health, utilization, and access to care. [Read More](#)

**States Turn to Medicaid Managed Care to Address Social Determinants of Health, Equity, HMA Report Finds.** Together for Better Medicaid released on December 14, 2021, a report prepared by Health Management Associates (HMA) on the potential for Medicaid managed care to enable states to address social determinants of health (SDOH) and health equity. The report identified several trends, including states requiring managed care organizations (MCOs) or provider networks to screen enrollees for SDOH needs and recent requests for proposals (RFPs) requiring MCOs to address health equity. The report is based on an HMA review of 10 recent state RFPs. [Read More](#)

**US Senate Excludes DSH Cuts from Budget Reconciliation Bill.** *Modern Healthcare* reported on December 13, 2021, that the Senate version of the budget reconciliation bill excludes cuts to Medicaid disproportionate share hospital (DSH) payments. The House version proposed cutting Medicaid DSH payments by 12.5 percent to hospitals operating in the 12 states that have not implemented Medicaid expansion. Senate Majority Leader Chuck Schumer (D-NY) has said the Senate will vote on the bill before the end of the year. [Read More](#)

**Value-Based Transitional Funding to End for Rural Providers.** *Modern Healthcare* reported on December 10, 2021, that federal funding used to support technical assistance for small, rural providers transitioning to value-based care is set to expire on February 15. The funding is provided by the Centers for Medicare & Medicaid Services through the Small, Underserved, and Rural Support (SURS) program, which is available to provider organizations with fewer than 15 clinicians participating in the Merit-based Incentive System. [Read More](#)

**MedPAC May Recommend Fiscal 2023 Medicare Payment Increase for Hospitals.** *Modern Healthcare* reported on December 10, 2021, that the Medicare Payment Advisory Commission (MedPAC) may recommend a fiscal 2023 Medicare payment increase of two percent for hospitals, according to recently released draft recommendations. Skilled nursing, home health, and inpatient rehabilitation centers would receive a five percent decrease, while physicians, ambulatory surgical centers, and hospices would see no change. Recommendations will officially be voted on during next month's meeting. [Read More](#)

**CMS Outlines New Supplemental Payment Reporting Requirements, Medicaid DSH Changes.** The Centers for Medicare & Medicaid Services (CMS) released on December 10, 2021, new reporting requirements for Medicaid agencies for non-disproportionate share hospital (DSH) supplemental payments. The requirements, which result from the Consolidated Appropriations Act of 2021, also alter the methodology for calculating hospital-specific DSH limits. [Read More](#)

**HHS Reports Nearly 4.6 Million Exchange Plan Enrollees During 2022 Open Enrollment Period.** The U.S. Department of Health & Human Services (HHS) announced on December 9, 2021, that nearly 4.6 million individuals have enrolled in Exchange plans on the federal and state-based marketplaces during the current open enrollment period. New enrollees totaled 923,256. Open enrollment on the federal Exchange extends through December 15. [Read More](#)

**MACPAC Executive Director to Retire in Spring 2022.** The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on December 10, 2021, that executive director Anne Schwartz will retire in spring 2022. Schwartz has served as executive director since 2012. The search for a new executive director will begin in early 2022. [Read More](#)

**States Expand Access to Medicaid Behavioral Health Services.** Kaiser Family Foundation (KFF) reported on December 9, 2021, that states are expanding access to Medicaid behavioral health services through funding from the 2021 American Rescue Plan Act (ARPA) and other federal initiatives, according to KFF's 21st annual Medicaid budget survey. For example, more than half of states plan to implement the ARPA community-based mobile crisis intervention service option, and nearly all states are covering telehealth delivery of behavioral health services. [Read More](#)

**Financial Alignment Initiatives to Coordinate Dual Eligible Care Are Disappointing, Review Shows.** *State of Reform* reported on December 1, 2021, that a review of federal financial alignment initiatives (FAIs) to coordinate care for Medicare-Medicaid dual eligibles showed the FAIs are delivering mostly disappointing results. James Capretta, a fellow at the American Enterprise Institute and the Commonwealth Fund, reviewed FAIs in California, Illinois, Massachusetts, and Washington. He found that only Washington delivered consistent savings. [Read More](#)



## INDUSTRY NEWS

**Traditions Health Acquires Heritage Hospice, Palliative Care.** Traditions Health announced on December 14, 2021, the acquisition of Illinois-based Heritage Hospice and Palliative Care. Heritage provides hospice and palliative care services to individuals in Indianapolis, IN, and Chicago, IL. [Read More](#)

**Centene Announces Retirement of CEO, Reconstitutes Board.** *Market Watch* reported on December 14, 2021, that Centene Corporation announced the retirement of chief executive Michael Neidorff effective next year as part of an agreement with an activist investment firm. Neidorff will also step down as executive chairman at the end of 2022, and six directors will retire over time. A reconstituted board including five new members will select the new CEO. Joining the board effective January 5 are WellCare chief executive Ken Burdick, Tyco chief financial officer Christopher Coughlin, former Anthem CFO Wayne DeVeydt, and former Capital Guardian Trust Company president Theodore Samuels. Two of the new directors were selected by Politan Capital Management as part of the agreement, and a fifth director will be mutually agreed upon by Centene and Politan. [Read More](#)

**CVS Health to Target Acquisitions of Primary Care Practices, Clinics.** *Forbes* reported on December 9, 2021, that CVS Health announced plans to pursue acquisitions of physician practices and clinics as part of a national strategy to grow its primary care business, according to pharmacy services president Alan Lotvin, MD. CVS is already expanding the array of health services offered through its HealthHUB locations and its MinuteClinics. CVS expects to integrate new primary care services into its Aetna health plans and its Caremark pharmacy benefit management offerings. [Read More](#)

**Pyramid Healthcare Acquires Bluff, Atlanta Addiction Recovery Centers.** Pyramid Healthcare announced on December 8, 2021, the acquisitions of Georgia-based substance use treatment centers The Bluff in Augusta and Atlanta Addiction Recovery Centers in Atlanta. Pyramid has made 14 acquisitions since 2011 and now operates in seven states. [Read More](#)

**Paradigm Acquires Home Care Connect.** Paradigm announced on December 8, 2021, the acquisition of HomeCare Connect, a network of home health and durable medical equipment providers. Paradigm is a care management organization specializing in individuals with complex and catastrophic injuries and diagnoses. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 5, 2021 - Delayed	Louisiana	Awards	1,600,000
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
2022	Nebraska	RFP Release	331,000
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
February 22, 2022	Delaware	Proposals Due	280,000
March 4, 2022	MississippiCAN, CHIP	RFP Release	463,000
May 3, 2022	Delaware	Awards	280,000
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
May 3, 2022	Delaware	Implementation	280,000
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

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## HMA NEWS

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### New this week on HMA Information Services (HMAIS):

#### Medicaid Data

- District of Columbia Medicaid Managed Care Enrollment is Up 4.7%, Aug-21 Data
- District of Columbia Medicaid Managed Care Enrollment is Up 5.2%, Sep-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 6.5%, Oct-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 7%, Nov-21 Data
- Maryland Medicaid Managed Care Enrollment Is Up 7.5%, Oct-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 10.7%, 2021 Data
- New Mexico Medicaid Managed Care Enrollment is Up 3.9%, Jul-21 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Delaware Medicaid Managed Care RFP, Dec-21
- Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) RFP, Oct-21
- Minnesota Special Needs BasicCare (SNBC) and Integrated Special Needs BasicCare RFP, Oct-21
- Mississippi MississippiCAN and CHIP RFQ, Dec-21
- Nevada Medicaid Managed Care RFP, Responses, Scoring, Contracts, and Related Materials, 2021
- New Hampshire Medicaid Dental Benefit Administration and Consulting Services RFA, Dec-21
- New Mexico Medicaid Enterprise Data Services Contract and Amendments, 2018-22
- New Mexico Medicaid Enterprise Quality Assurance Contract, 2019-23
- New Mexico MMIS Replacement Project Contract, 2021-26

##### *Medicaid Program Reports, Data and Updates:*

- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, Jun-21
- Iowa Medical Assistance Advisory Council Meeting Materials, 2016-21
- Texas Behavioral Health Strategic Plan Progress Reports, 2018-21
- Texas HHS Quality Measures and Value-Based Payments Annual Reports, 2018-21
- Texas HHS Utilization Review in STAR+PLUS Managed Care Reports, 2018-20
- Utah Medicaid External Quality Review Reports, 2018-21

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