

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... December 22, 2021



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- IN FOCUS: MS RELEASES MISSISSIPPICAN, CHIP RFQ
- ARKANSAS IS CLEARED TO CONTINUE COVERING MEDICAID EXPANSION ELIGIBLES THROUGH EXCHANGE PLANS
- CALIFORNIA TO TIGHTEN MEDICAID PLAN SUBCONTRACTING RULES
- DISTRICT OF COLUMBIA DELAYS CARVE-IN OF MEDICAID BEHAVIORAL
- LOUISIANA IS CLEARED TO LAUNCH MEDICAID COVERAGE FOR CHILDREN WITH DISABILITIES
- MONTANA TO INCREASE INCOME ELIGIBILITY LIMIT FOR MEDICALLY NEEDY PROGRAM
- UTAH APPOINTS JACK SZCZEPANOWSKI AS MEDICAID DIRECTOR
- INDIVIDUAL HEALTH PLANS PAY \$1.3 BILLION IN MLR REBATES
- CMS TO INVESTIGATE PBM FEES CHARGED TO PHARMACIES
- CMMI TO LAUNCH NEW PAYMENT MODELS IN 2023 AT THE EARLIEST
- ORACLE TO ACQUIRE CERNER CORPORATION
- NEW THIS WEEK ON HMAIS

THE WEEKLY ROUNDUP WILL RETURN JANUARY 5. HAPPY HOLIDAYS!

IN FOCUS

MS RELEASES MISSISSIPPICAN, CHIP RFQ

This week, our *In Focus* reviews the Mississippi request for qualifications (RFQ) for the state's traditional Mississippi Coordinated Access Network (MississippiCAN) Medicaid program and the state Children's Health Insurance Program (CHIP). The RFQ, released by the Mississippi Division of Medicaid on December 10, 2021, seeks two to three health plans to serve roughly 480,000 individuals. This is the first time the state is seeking plans, which it refers to as

Coordinated Care Organizations (CCOs), to jointly administer MississippiCAN and CHIP.

RFQ

MississippiCAN and CHIP operate in all 82 counties of the state. Winning plans will be required serve eligible MississippiCAN and CHIP members statewide. The programs cover the populations shown in the tables below. Optional populations can voluntarily enroll in MississippiCan. If these members then choose to disenroll, they are moved to the state's Medicaid fee-for-service program.

MississippiCan Mandatory Populations	Age
SSI	19-65
Working Disabled	19-65
Breast and Cervical Cancer	19-65
Pregnant Women	8-65
Parents/Caretakers	19-65
Medical Assistance Children	0-19
MississippiCan Optional Populations	Age
SSI	0-19
Disabled Child Living at Home	0-19
DHS - Foster Care Children	0-19
DHS - Adoption Assistance	0-19
American Indians	0-65
CHIP Eligible Populations	Income Requirements
Birth Age - 1 Year	194% FPL - 209% FPL
Age 1 - Age 6	133% FPL - 209% FPL
Age 6 - Age 19	133% FPL - 209% FPL

Covered services in MississippiCan include inpatient/outpatient emergency services, post-stabilization care services, EPSDT services, behavioral health/substance use disorder services, and foster care services.

Covered services in CHIP include inpatient/outpatient emergency services, post-stabilization care services, Well-Baby/Well-Child Services/Immunization Services, behavioral health/substance use disorder services, dental services, and vision services.

The Mississippi Division of Medicaid will contract with a Pharmacy Benefits Administrator (PBA) for management and payment of pharmacy claims, prior authorizations, and management of the pharmacy network for all Mississippi Medicaid, MississippiCAN, and CHIP populations.

New RFQ Provisions

CCOs will be required to develop care management partnerships with local organizations to address health equity and social determinants of health. Care management requirements were expanded to require closed-loop referrals, warm handoffs, and standardized assignment of risk levels.

CCOs will also be newly required to employ a Perinatal Health Director and a Behavioral Health Director.

Timeline

A mandatory letter of intent must be submitted on January 7, 2022, with a mandatory pre-qualification conference to be held on January 14th. Qualifications are due March 4th and awards are expected July 2022. The contracts will have an initial four-year term with two one-year renewal options.

RFP Activity	Date
RFP Issued	December 10, 2021
Mandatory Letter of Intent	January 7, 2022
Mandatory Pre-Conference	January 14, 2022
Proposals Due	March 4, 2022
Awards	July 2022

Current Market

MississippiCan had 420,455 members as of November 2021, served by incumbent plans Centene/Magnolia Health Plan, Molina Healthcare, and UnitedHealthcare.

Mississippi Medicaid Managed Care Enrollment by Plan, November 2021		
Plan	Total	% Market Share
Centene/Magnolia Health	172,091	40.9%
UnitedHealthcare	162,829	38.7%
Molina Healthcare	85,535	20.3%
Total	420,455	

CHIP is currently served by Centene/Magnolia Health Plan and UnitedHealthcare, with a total of 42,609 members between the two plans.

Evaluation

Evaluation of qualifications will be conducted in three stages, totaling a maximum of 1,000 points. In the first stage, each qualification is reviewed for responsiveness/completeness. In the second stage, qualifications are reviewed for meeting RFQ requirements. Finally, in the third stage, qualifications are scored based on price, technical factors, and management factors shown in the table below.

Evaluation Factors	Maximum Score
Factors Not Reviewed by the Evaluation Committee	
Transmittal Letter	Pass/Fail
Price	350
Evaluation Round 1: Technical Factors - Blind Scoring	
Executive Summary	Pass/Fail
Methodology Work Questionnaire	340
Member Services and Benefits	50
Provider Services and Network	50
Care Management	50
Quality Management	50

Utilization Management	50
Information Technology	20
Subcontractual Relationships and Delegation	20
Financial and Data Reporting	15
Program Integrity	15
Subrogation and Third-Party Liability	10
Eligibility, Enrollment, and Disenrollment	10
Innovation and Commitment	110
Value-Based Purchasing	20
Patient-Centered Medical Homes	10
Social Determinants of Health	20
Value-adds	10
Performance Improvement Projects	10
Health Literacy Campaigns	10
Telehealth	10
Use of Technology	10
Potential Partnerships	10
Round 1 Total	450
Evaluation Round 2: Management Factors - Unblind/Informed Scoring	
Corporate Background and Experience	100
Ownership and Financial Disclosure Information	Pass/Fail
Organization and Staffing	100
Management and Control	Pass/Fail
Round 2 Total	200
Total Points Available	1,000

[Link to RFQ](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Is Cleared to Continue Covering Medicaid Expansion Eligibles Through Exchange Plans. *Modern Healthcare* reported on December 21, 2021, that Arkansas received federal approval to continue using Medicaid funds to cover individuals eligible for expansion through subsidized Exchange plans. However, federal regulators did not approve a plan to continue requiring certain individuals to pay a share of premiums. The current \$13 monthly premium for individuals with incomes about 100 percent of poverty expires at the end of 2022. The new expansion program does not include work requirements, which are opposed by the Biden administration. [Read More](#)

Arkansas to Hire Maximus to Address Backlog of Unprocessed Medicaid Applications. *The Texarkana Gazette* reported on December 20, 2021, that the Arkansas Department of Human Services plans to hire Maximus to help address the state's backlog of 50,000 unprocessed Medicaid applications. The proposed \$29 million contract still requires approval by the Arkansas Legislative Council. [Read More](#)

California

California to Tighten Subcontracting Rules for Medicaid Plans. *The Los Angeles Times* reported on December 21, 2021, that California will tighten regulations concerning the use of subcontractors by Medi-Cal managed care plans as part of new Medicaid contracts scheduled to take effect in 2024. The new rules will be aimed at reducing confusion and frustration among Medi-Cal members when Medicaid plans subcontract coverage and care to independent physician associations and other health plans, which also hire third-party firms to handle care authorizations and claims. [Read More](#)

California to Enhance Asthma Benefits for Medi-Cal Beneficiaries. *Fierce Healthcare* reported on December 16, 2021, that the California Medi-Cal Medicaid program will enhance benefits for individuals with asthma, including coverage of mold removal, installation of air purifiers, and replacement of carpeting, blinds and mattresses effective January 2022. The benefits, which are part of the state's CalAIM Medicaid transformation initiative, are aimed at the roughly 2 million California Medicaid members with asthma. [Read More](#)

District of Columbia

District of Columbia Delays Carve-In of Medicaid Behavioral Health Services Until October 2023. The District of Columbia announced on December 2, 2021, a delay in plans to carve-in and fully integrate behavioral health into Medicaid managed care until October 1, 2023. DC, which recently released a request for proposals for its Medicaid managed care program, made the change to allow Medicaid plans to participate in the development and implementation of the carve-in. DC began a three phase behavioral health transformation effort in November 2019, consisting of expanding behavioral health services, integrating behavioral health into managed care, and integrating care payment models.

Florida

Florida Gives Preliminary Approval to Hospice Programs in Five Counties for 2023. *Florida Politics* reported on December 20, 2021, that the Florida Agency for Health Care Administration gave preliminary approval to hospice programs in five counties effective January 2023: Escambia, Marion, Polk, Indian River, and Palm Beach. Providers are Peoples Hospice and Palliative Care of Florida; Cornerstone Hospice & Palliative Care, Empathy Hospice; Brevard HMA Hospice; and MorseLife Hospice Institute. [Read More](#)

Florida Is Accepting Applications for Medicaid HCBS Providers to Receive ARPA Funding. *Florida Politics* reported on December 17, 2021, that the Florida Agency for Health Care Administration is accepting applications for Medicaid home and community-based service providers to receive funding from the American Rescue Plan Act. Available funds include \$403 million in one-time payments and \$266.6 million for recruiting new employees. Applications are due by February 14. [Read More](#)

Legislators File Bill to Require Medicaid Plans to Collect Health Disparities Data. The Florida Senate announced on December 16, 2021, that Florida lawmakers filed the Managed Care Plan Performance bill, which would require Medicaid plans to collect data on all adult core set behavioral measures and to break down data based on common indicators of health disparities. The bill, which is sponsored by Florida Representative Robin Bartleman (D-Weston) and Senator Shevrin Jones (D- Miami Gardens), is aimed at helping the state and plans tailor services to specific groups and allow individuals to choose a plan that is best suited to their needs. [Read More](#)

Economists Reduce Projected CHIP Enrollment by 300,000. *Florida Politics* reported on December 16, 2021, that the Florida Social Services Estimating Conference projected that state Children's Health Insurance Program (CHIP) enrollment would be about 1.9 million by June 30, which is 300,000 lower than initially projected. Officials attributed the lower projection to the extension of the public health emergency, which prevents states from disenrolling individuals from Medicaid coverage even if they qualify for CHIP. [Read More](#)

Indiana

Indiana Home Medical Equipment Providers Support Legislation to Address Reimbursements. *HME News* reported on December 21, 2021, that the Great Lakes State Association is urging its members to support proposed legislation in Indiana that would set reimbursement rates for home medical equipment (HME) to at least 100 percent of the Medicaid fee schedule. The proposal also addresses access, equity, and representation of the community on the Indiana Medicaid Advisory Committee. [Read More](#)

Iowa

Iowa Dental Providers Seek Increase in Medicaid Reimbursements. *Radio Iowa* reported on December 17, 2021, that dental Medicaid providers in Iowa are urging lawmakers to add \$31.5 million to the state's Medicaid budget for dental care. According to Laurie Traetow, executive director of the Iowa Dental Association, Medicaid reimburses dental providers for less than half the value of care provided. [Read More](#)

Amerigroup Iowa Donates \$3.2 Million to Community-Based Organizations to Focus on Social Determinants of Health. Anthem/Amerigroup Iowa announced on December 20, 2021, that it made more than \$3.2 million in community transformation grants and donations to Iowa community-based organizations in 2021. The funds are aimed at food insecurity, maternal and child health, health equity, mental and behavioral health, housing, support for at-risk youth, and assistance for individuals with intellectual and/or developmental disabilities. [Read More](#)

Louisiana

Louisiana Is Cleared to Launch Medicaid Coverage for Children with Disabilities. The Louisiana Department of Health announced on December 15, 2021, approval from the Centers for Medicare & Medicaid Services to launch the Act 421 Children's Medicaid Option (TEFRA), which provides children under the age of 19 with certain disabilities with Medicaid coverage, regardless of parental income. TEFRA qualifications include disabilities recognized in the supplemental security income program and basic Medicaid and institutional-level care requirements. The program is set to launch on January 1. [Read More](#)

Montana

Montana to Increase Income Eligibility Limit for Medically Needy Program. The Montana Department of Public Health and Human Services announced on December 21, 2021, an increase in the monthly income eligibility limit for Medically Needy Program participants from \$100 to \$269 for 18 months effective January 1. The program allows individuals to qualify for Medicaid by spending down funds exceeding the usual Medicaid limits. Funds can be spent on medical bills or paid directly to the state. The program applies to aged, blind, and disabled populations, pregnant women, and children. [Read More](#)

Utah

Governor Appoints Jack Szczepanowski of Humana as Medicaid Director. Utah Governor Spencer Cox announced on December 16, 2021, the appointment of Jack Szczepanowski as the state's new Medicaid director. Szczepanowski is currently vice president of Medicaid networks, vendors and value-based strategy at Humana. The appointment is subject to approval by the Utah Senate. [Read More](#)

National

MACPAC Reviews Section 1115 Demonstration Budget Neutrality Savings. The Medicaid and CHIP Payment and Access Commission (MACPAC) released a December 2021 Issue Brief reviewing the sources and uses of Section 1115 demonstration budget neutrality savings. The review is based on spending reported in fiscal 2019. [Read More](#)

HHS Selects 15 Digital Health Startups for PandemicX Accelerator. *Modern Healthcare* reported on December 21, 2021, that the U.S. Health and Human Services Department (HHS) has selected 15 digital health startups to participate in the newly launched PandemicX Accelerator, which will provide interoperable tools to identify health inequities made worse by COVID-19 and facilitate interventions. The accelerator is overseen by the Office of the Assistant Secretary for Health and the Office of the National Coordinator for Health Information Technology. [Read More](#)

Medicaid, CHIP Enrollment Rises Nearly 434,000 in June, CMS Reports. *Fierce Healthcare* reported on December 21, 2021, that Medicaid and CHIP enrollment increased by nearly 434,000 to 83.2 million in June, compared to 82.7 million in May. Medicaid enrollment rose from 75.8 million to 76.3 million, while CHIP enrollment rose from 6.87 million to 6.89 million. The public health emergency continues to prevent states from disenrolling individuals in Medicaid. [Read More](#)

CMS to Investigate Direct, Indirect PBM Fees Charged to Pharmacies. *The Columbus Dispatch* reported on December 18, 2021, that federal regulators will investigate fees that pharmacy benefit managers (PBMs) charge pharmacies for Medicare prescriptions, with an emphasis on the rate of growth of both direct and indirect fees. The Centers for Medicare & Medicaid Services (CMS), which will conduct the review, is planning to propose rules to address PBM fees. [Read More](#)

States Can Leverage Medicaid for Justice-Involved Individuals, Report Finds. The Kaiser Family Foundation reported on December 17, 2021, that states are leveraging Medicaid to benefit justice-involved individuals, including efforts to facilitate enrollment prior to release from prison, addressing social determinants of health, and coordinating care. States are also seeking waivers to partially waive the inmate exclusion, which prohibits use of Medicaid funds for individuals in jail; although, no waivers have been granted. The Build Back Better Act would also partially waive the exclusion. [Read More](#)

Individual Health Plans Pay \$1.3 Billion in MLR Rebates in 2020, CMS Reports. *Fierce Healthcare* reported on December 17, 2021, that individual health plans paid \$1.3 billion in medical loss ratio (MLR) rebates in 2020, according to the Centers for Medicare & Medicaid Services (CMS). Individual market enrollment in 2020 was about 4.8 million. Total MLR rebates, including group plans, totaled \$2 billion in 2020, up 54 percent from 2019. [Read More](#)

Build Back Better Act Stalls in the Senate after Passing the House. *The Hill* reported on December 16, 2021, that the \$2 trillion budget Build Back Better reconciliation bill is unlikely to pass the Senate this year because of opposition from Senator Joe Manchin (D-WV). The bill includes a variety of health care provisions. [Read More](#)

CMMI to Launch New Payment Models in 2023 at the Earliest. *Fierce Healthcare* reported on December 15, 2021, that the Center for Medicare & Medicaid Innovation (CMMI) will launch new value-based payment models in 2023 at the earliest, according to chief medical officer Dora Hughes. The new models will stress health equity, including a push to increase the participation of safety-net providers. [Read More](#)

State Medicaid Spending is Projected to Increase by \$15.3 Billion in Fiscal 2022, NASBO Report Finds. The National Association of State Budget Officers released on December 17, 2021, the Fall 2021 Fiscal Survey of States report, which found that state general fund appropriations for Medicaid will increase \$15.3 billion in fiscal 2022, up from an increase of \$5.5 billion in fiscal 2021. The increase will be driven by the expected expiration of the enhanced Federal Medical Assistance Percentage. Overall, state general fund spending is projected to grow 9.3 percent in fiscal 2022. [Read More](#)

Medicaid Spending Increases by 9.2 Percent in 2020, Federal Data Shows. *Politico* reported on December 15, 2021, that Medicaid spending increased by 9.2 percent to \$671 billion in 2020, according to a federal report published in *Health Affairs*. Overall, U.S. health care spending increased 9.7 percent to \$4.1 trillion in 2020. The increases were driven by the COVID-19 response, which included increased federal spending on Medicaid, public health programs, and provider assistance. [Read More](#)



INDUSTRY NEWS

UnitedRx Acquires MedCare LTC. UnitedRx announced on December 2, 2021, the acquisition of Philadelphia-based MedCare LTC, a long-term care pharmacy in the greater Philadelphia area. UnitedRx serves 294 facilities in 20 states, including skilled nursing facilities, assisted living communities, group homes, intermediate care facilities, and hospice. [Read More](#)

FFL Partners, Two Sigma Impact Acquire Majority Stake in Community Medical Services. FFL Partners and Two Sigma Impact announced on December 21, 2021, the acquisition of a majority stake in Community Medical Services, a provider of opioid treatment programs in nine states. The majority interest was previously held by Clearview Capital. The sale closed on December 15. [Read More](#)

Oracle to Acquire Cerner Corporation. Oracle Corporation announced on December 20, 2021, the acquisition of electronic health record company Cerner Corporation for \$28.3 billion. Cerner will become a business unit of Oracle. The deal is expected to close in 2022. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 5, 2021 - Delayed	Louisiana	Awards	1,600,000
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	Proposals Due	480,000
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Medicare Advantage Enrollment by State, Interactive Tool
- Medicare Advantage SNP Enrollment by State, Interactive Tool
- PACE Enrollment by State, Interactive Tool
- District of Columbia Medicaid Managed Care Enrollment is Up 5.7%, Oct-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 14%, Nov-21 Data
- Oklahoma Medicaid Enrollment is Up 17.9%, Oct-21 Data
- South Carolina Dual Demo Enrollment is Down 2.6%, Jul-21 Data
- South Carolina Medicaid Managed Care Enrollment is Up 6.5%, Jul-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 6.9%, Nov-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Medicaid Managed Care RFP Calendar: 50 States and DC
- Colorado Medicaid Managed Care Ombudsman RFP, Dec-21
- District of Columbia Medicaid Managed Care RFP, Nov-21
- Georgia Medicaid Actuarial Services RFI, Dec-21
- Kentucky Medicaid Claims Administration and Financial Solution RFP, Dec-21
- Minnesota HIV and Capacity Development Services RFP, Oct-21
- Wyoming Initiative to Address COVID-19 Health Disparities Grant Subrecipient RFA, Dec-21

Medicaid Program Reports, Data and Updates:

- Preliminary CMS-64 Medicaid Financial Management Report, 2021
- District of Columbia Medicaid Director Letter Behavioral Health Timeline Update, Dec-21
- Indiana Medicaid Advisory Committee Meeting Materials, Nov-21
- Montana State Health Improvement Plan 2019-23, Feb-21
- New York Medicaid Global Spending Cap Reports, 2019-21
- Ohio Medical Care Advisory Committee Meeting Materials, 2019-20
- Oregon CCO Addressing Social Determinants of Health and Equity Health-related Service Guide, Nov-21

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