

HEALTH MANAGEMENT ASSOCIATES
HMA Weekly Roundup

Trends in Health Policy

..... December 9, 2020



[RFP CALENDAR](#)

[HMA News](#)

Edited by:

Alona Nenko

[Email](#)

Carl Mercurio

[Email](#)

Mary Goddeeris, MA

[Email](#)

Lisette Diaz

[Email](#)

Scott Silberberg

[Email](#)

THIS WEEK

- **IN FOCUS: CMS FINALIZES MEANINGFUL EXPANSIONS OF MEDICARE TELEHEALTH SERVICE COVERAGE THROUGH 2021**
- HAWAII RELEASES RFP FOR QUEST INTEGRATION MEDICAID PLANS
- MISSOURI RFP TO CARVE-IN BEHAVIORAL HEALTH FOR FOSTER KIDS
- MONTANA RECEIVES ONE-YEAR EXTENSION OF MEDICAID EXPANSION
- NEW YORK TO SEEK MEDICAID REDESIGN TEAM WAIVER EXTENSION
- OHIO TAPS GAINWELL AS MEDICAID FISCAL INTERMEDIARY
- OKLAHOMA MEDICAID WAIVER PROVIDERS TO RECEIVE 20 PERCENT RETROACTIVE RATE ADJUSTMENT
- BIDEN'S POTENTIAL ADMINISTRATIVE ACTIONS COULD IMPACT SIX KEY MEDICAID REGULATIONS, POLICIES, KAISER REPORTS
- PRIVATE EQUITY, VENTURE INVESTMENT IN HEALTHCARE RISES 17 PERCENT TO \$22 BILLION IN 3Q20
- ADDUS HOMECARE COMPLETES ACQUISITION OF QUEEN CITY HOSPICE
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

CMS FINALIZES MEANINGFUL EXPANSIONS OF MEDICARE TELEHEALTH SERVICE COVERAGE THROUGH 2021

This week, our *In Focus* section reviews the finalized coverage expansions for Medicare telehealth services in the Centers for Medicare & Medicaid Services (CMS) Calendar Year (CY) 2021 Physician Fee Schedule (PFS) Final Rule. Telehealth advocates will be pleased to see meaningful expansions; however, the response of advocates will also be tempered by the impending return of the

geographic and site of service limitations that will follow at the conclusion of the COVID-19 Public Health Emergency (PHE). During the PHE, millions of patients and providers increased their use of telehealth services to expand access to care. Given this shift in the delivery of care, telehealth advocates had been hopeful CMS would make extensive permanent coverage expansions in the Medicare program. In light of this, CMS's new regulation will come as a reminder to many that the key to long term expansions of Medicare telehealth coverage lies in the hands of the U.S. Congress.

Published on December 1, 2020, CMS's CY 2021 PFS Final Rule expands coverage of Medicare telehealth services in several ways. The regulation finalizes policy which will result in Medicare covering 251 types of telehealth services as of January 1, 2021. These services fall into three groups, based on when Medicare coverage of these services is due to expire.

- First, CMS added several services permanently to its [Medicare telehealth services list](#) (Group A in the table below). This group represents 45 percent of the telehealth services (112 services) that will be covered by CMS on January 1 and includes services such as standard evaluation and management visits, group psychotherapy, neurobehavioral status exams, and short home visits. The majority of Medicare telehealth visit volume that is likely to occur will be in this group.
- Second, CMS will cover many services conducted via telehealth on a temporary basis until December 31, 2021 (Group B). This group represents 23 percent (57 services) of all telehealth services covered on January 1 and includes services such as emergency department visits (all levels), physical therapy, occupational therapy, and speech pathology. CMS's rationale for covering these services on a temporary basis is to gather data to assess if these services should be covered on a permanent basis starting in 2022.
- Third, CMS will cover a large group of telehealth services only until the PHE expires (Group C). This group represents 33 percent (82 services) of all telehealth services covered on January 1 and includes services such as audio-only telehealth visit codes, initial hospital and nursing home visits, and home visits for new patients. Coverage for this group of services will end with the expiration of the PHE (currently set at to January 20, 2021 ([HHS](#))). The extension of the PHE for an additional 90 days beyond January 20, 2021 seems likely given the increase in COVID-19 cases observed in recent weeks.

| Medicare telehealth service group | Share of services covered on January 1, 2020 | Coverage expiration | Consequence of the expiration of the Public Health Emergency (PHE) |
|-----------------------------------|--|--|--|
| Group A: Permanently covered | 45 percent (112 services) | None | Visits originating from the patient's home and urban areas will not be covered. Audio-only visits will not be covered. |
| Group B: Temporarily covered | 23 percent (57 services) | 12/31/21 (or later if PHE extends into 2022) | |
| Group C: PHE covered | 33 percent (82 services) | End of PHE (currently 1/20/21) | Not covered |

While Medicare telehealth service Group C will cease to be covered after the PHE expires, the expiration of the PHE will have other critical implications for service Groups A and B. For services in Groups A and B the expiration of the PHE will end the ability of providers and patients to conduct all of these services via audio-only communication, from the patient's residence, and from locations in urban areas. These three Medicare telehealth limitations are written into statute at section 1834(m) of the Social Security Act, and CMS lacks the statutory authority to modify them. It was only through its waiver authority under section 1135 of the Social Security Act that CMS could temporarily remove these limitations during the PHE. Therefore, removing these three limitations to Medicare telehealth coverage requires Congress to pass legislation modifying section 1834(m) of the Social Security Act.

CMS also finalized in its recent regulation coverage enhancements for other Medicare virtual care services, such as remote patient monitoring (RPM) in patients' homes and quick clinical visits described as communications technology-based services (CTBS). While neither of these services are bound by the limitations of section 1834(m) discussed above, CMS's policy changes are expected to remove some of the barriers providers face in offering RPM and CTBSs to their patients. For RPM services, CMS will permit patient consent to be obtained at the time of service delivery and will permit auxiliary clinical personnel to provide RPM services. For CTBSs, CMS created a new billing code (G2252) for longer audio-only visits and will expand the types of clinicians eligible to bill CTBSs (e.g., physical and occupational therapists, and licensed clinical social workers).

Finally, CMS finalized policies which will increase opportunities to use telehealth services in the context of physician incident-to billing and in nursing facilities. For 2021, CMS enabled physicians to provide direct supervision of other clinical staff if they are immediately available to engage via interactive audio-video. In addition, CMS reduced the frequency limit for coverage of subsequent nursing facility care services furnished via telehealth from once every 30 days to once every 14 days.

Collectively, CMS's recent telehealth policy decisions are likely to increase the use of telehealth services within the Medicare program. However, the extent of this increase is heavily dependent upon the date of which the PHE expires. After the PHE ends, some forms of telehealth service use are likely to recede unless Congress acts to modify section 1834(m) of the Social Security Act. Telehealth advocates are likely to be pleased by the potential service use increase, but will also be frustrated by the potential loss of audio-only services, visits from patients' homes, and visits from urban areas when the PHE expires. The instability of Medicare's coverage of telehealth services may create significant barriers to the adoption and use of telehealth services, particularly in urban areas. While CMS will continue to play a central role in future expansion of Medicare telehealth coverage, the U.S. Congress largely holds the key to expanding Medicare telehealth coverage at this time.

HMA continues to analyze the CY 2021 PFS Final Rule. For more information or questions about the Final Rule, telehealth services, or other Medicare physician policies please contact [Zach Gaumer](#) or [Jean Glossa](#).



HMA MEDICAID ROUNDUP

California

Lawmakers to Introduce Bills to Extend Medicaid Coverage to Undocumented Residents. *Kaiser Health News* reported on December 7, 2020, that Democratic lawmakers in California are urging Governor Gavin Newsom to make California the first state to offer Medicaid coverage to every income-eligible resident regardless of immigration status. State Senator María Elena Durazo (D-Los Angeles) and Assembly member Joaquin Arambula (D-Fresno) plan to introduce bills that would initially cover undocumented senior immigrants and eventually all undocumented immigrants. The two bills would expand Medicaid coverage to at least 915,000 residents, with the state paying nearly all of the additional annual cost of \$2.6 billion. California's Medicaid program already covers about 200,000 undocumented immigrants aged 26 and under. [Read More](#)

Hawaii

Hawaii Releases QUEST Integration Medicaid Managed Care RFP. The Hawaii Department of Human Services (DHS) on December 8, 2020, released its QUEST Integration (QI) Medicaid managed care request for proposals (RFP). DHS intends to contract with up to five health plans to provide integrated medical, behavioral, and long-term care to more than 378,000 Medicaid and Children's Health Insurance Program (CHIP) members. Proposals are due February 15, 2021, and awards will be made on March 15, 2021. Implementation is slated to begin July 1, 2021, with contracts running to December 31, 2026, with three additional optional years. The state had previously awarded contracts to UnitedHealthcare, Centene/WellCare, AlohaCare (in partnership with Kaiser), and Hawaii Medical Service Association (HMSA) on January 22, 2020; however those contracts were rescinded because of the COVID-19 pandemic. Contracts with incumbent plans AlohaCare, HMSA, Kaiser, Centene/WellCare, and UnitedHealthcare were extended.

Illinois

Illinois Bill Would Claw Back Up to 20 Percent of Medicaid Plan Profits. *WTTW* reported on December 8, 2020, that proposed Illinois legislation would give the state the ability to demand up to 20 percent of Medicaid health plan profits during a state of emergency such as COVID-19. The proposed bill, which is being introduced by Illinois Senator Dave Koehler (D-Peoria) and state Rep. Fred Crespo (D-Streamwood), would redirect the funds to critical care and safety net hospitals throughout the state. [Read More](#)

Missouri

Missouri HealthNet to Issue RFP to Carve-in Behavioral Health for Children in Foster Care. The Missouri Department of Social Services and MO HealthNet announced on November 20, 2020, plans for a request for proposals (RFP) for a single, specialty managed care organization to administer physical and certain carved-in behavioral health services for children in foster care. The RFP is tentatively scheduled to be released in July 2021, with implementation slated to begin July 2022. Missouri officials made the announcement during a public advisory board meeting.

Lawmakers Gear Up to Debate Medicaid Expansion Funding. *St. Louis Public Radio* reported on December 2, 2020, that Missouri lawmakers will debate ways to fund the state's voter-approved Medicaid expansion during the next legislative session, which begins January 6. Expansion is expected to cover a projected 230,000 individuals by July 1, 2021; however, cost projections vary widely. [Read More](#)

Montana

Montana Receives One-Year Extension of Medicaid Expansion. *NewsTalk KGVO* reported on December 7, 2020, that the Centers for Medicare & Medicaid Services (CMS) temporarily approved a one-year extension of the state's Medicaid expansion program, Montana Health and Economic Livelihood Partnership (HELP) Program. CMS is still reviewing the state's five-year waiver proposal, which would amend Montana's current 1115 Waiver Demonstration to include work and community engagement requirements as well as a gradual increase in monthly premiums based on the length of time an individual is enrolled. The waiver also seeks to extend 12-month continuous eligibility. Currently, more than 90,000 Montanans receive Medicaid expansion coverage. [Read More](#)

New York

HMA Roundup – Cara Henley ([Email Cara](#))

New York to Apply for Three-year Extension of Medicaid Redesign Team Waiver. The New York State Department of Health (DOH) Office of Health Insurance Programs (OHIP) hosted an informational webinar on November 18, 2020, regarding the state's intention to apply for a three-year extension of its Medicaid Redesign Team (MRT) 1115 waiver, which is set to expire on March 31, 2021. The waiver extension, which would run from April 1, 2021 to March 31, 2024, would extend the special terms and conditions (STCs) and funding authorities under the current waiver, transition the pharmacy benefit from Medicaid managed care to fee-for-service (FFS), and transition transportation services from managed long-term care to fee-for-service. [Read More](#)

North Carolina

North Carolina Equity Task Force Recommends Medicaid Expansion to Address Racial Disparities. *The News & Observer* reported on December 2, 2020, that a North Carolina equity task force is calling for Medicaid expansion as one of many recommendations to help address health disparities among African American and Hispanic residents, according to a recently released [report](#). Medicaid expansion would extend coverage to an estimated 500,000 eligible individuals. The task force also recommended increased access to telehealth services, additional investment in rural hospitals and community health centers, and partnerships with state Historically Black Colleges and Universities (HCBUs) and community colleges to create a medical school pipeline. [Read More](#)

Ohio

Ohio Awards Medicaid Fiscal Intermediary Contract to Gainwell Technologies. The Ohio Department of Medicaid (ODM) awarded on December 8, 2020, its fiscal intermediary services contract to Gainwell Technologies, which will serve as a single clearinghouse for Medicaid claims and prior authorization requests. Gainwell will also work to improve ODM's ability to assess compliance with Medicaid managed care regulations, review encounter data, and track performance measures. The fiscal intermediary is part of ODM's strategy to modernize the Ohio Medicaid Enterprise System. [Read More](#)

Ohio Faces Pushback Over Plan for State-Run Medicaid PBM. *The Columbus Dispatch* reported on December 7, 2020, that Ohio is facing pushback from managed care organizations and lawmakers over a plan to launch a single, state-run Medicaid pharmacy benefit manager (PBM) next year. The initiative is already behind schedule, after the state missed a July 1 deadline to implement the program. Key concerns include the lack of a full risk provision and potential loss of tax revenues because the new PBM would not be subject to the state tax on health insurers. [Read More](#)

Oklahoma

Oklahoma Medicaid Waiver Providers to Receive 20 Percent Retroactive Rate Adjustment. *KFOR* reported on December 3, 2020, that the Oklahoma Department of Human Services (OKDHS) plans to issue a one-time 20 percent retroactive rate adjustment for Medicaid waiver providers serving individuals with developmental disabilities and seniors. The payments will be backdated for services provided from April 1, 2020, through September 30, 2020, and will be issued on February 21, 2021. The Oklahoma Health Care Authority will make the payments on behalf of OKDHS. The majority of Oklahoma's Medicaid population is enrolled in SoonerCare Choice, the state's Primary Care Case Management program under Section 1115 waiver authority. [Read More](#)

Oregon

Oregon CCO Continues to Fall Short of State Standards. *The Lund Report* reported on December 7, 2020, that Oregon Medicaid coordinated care organization (CCO) Centene-Trillium Community Health Plan continues to fall short of state standards for network access, translation services, community engagement, and other measures. The Oregon Health Authority (OHA) will allow Trillium to continue to serve Medicaid members in Multnomah, Clackamas, and Washington counties into 2021. However, OHA has asked for a more detailed plan of correction by December 14. [Read More](#)

Oregon Provider of Group Homes for Individuals With Developmental Disabilities Is Cited for Neglect, Poor Care. *The Oregonian* reported on December 3, 2020, that Mentor Oregon, a provider of group homes for individuals with intellectual and developmental disabilities (IDD), has displayed a consistent pattern of neglect and poor care, according to a report by the U.S. Senate Finance Committee. The most common problems included failure by staff to follow doctors' orders, lack of staff training, and residents missing medications. As of 2018, Mentor Oregon operated homes in 36 states serving nearly 13,000 people. A parallel investigation focused on facilities in Iowa. [Read More](#)

Rhode Island

Rhode Island Health System Does Not Appear to Be Interested in Buyout Offer From StoneBridge Healthcare. *Modern Healthcare* reported on December 8, 2020, that Rhode Island-based health system Care New England does not appear to be interested in a \$550 million buyout offer from StoneBridge Healthcare. Instead, Care New England is continuing to pursue a merger with Lifespan. After StoneBridge announced the offer, Care New England chief executive James Fanale, MD, said in a statement that "the merger conversations we've embarked on are the right ones, and they will continue expeditiously and exclusively." The statement does not specifically name StoneBridge. [Read More](#)

National

McConnell Proposes COVID-19 Relief Bill Without Liability Protections, Additional State Funding. *The Hill* reported on December 8, 2020, that Senate Majority Leader Mitch McConnell (R-KY) said he would agree to drop liability protections for businesses and healthcare providers from a COVID-19 relief bill if new funding for state and local governments is also dropped. Senate Minority Leader Charles Schumer (D-NY) is in favor of the additional funding. [Read More](#)

Biden's Potential Administrative Actions Could Impact Six Key Medicaid Regulations, Policies, Kaiser Reports. The Kaiser Family Foundation issued a brief on December 8, 2020, noting 50 potential administrative actions that the Biden administration could take on key health policy issues, including six actions that would impact Medicaid. These include revising Section 1115 waiver policy, including rejecting pending work requirement waivers in Alabama, Idaho, Mississippi, Montana, Oklahoma, South Dakota, and Tennessee; easing Medicaid eligibility verification requirements; reinstating beneficiary protections and providing certainty on state financing mechanisms; maintaining Medicaid coverage and beneficiary protections; expanding COVID-19 support; and strengthening and expanding long-term care services and supports. The brief also includes potential actions that would impact the federal response to COVID-19, the Affordable Care Act, private health insurance, reproductive health, mental health, substance abuse, long-term care, and other aspects of healthcare. [Read More](#)

Biden HHS Pick Xavier Becerra Would Have Regulatory Powers to Promote Health Equity, Competition. *Modern Healthcare* reported on December 7, 2020, that Xavier Becerra is a long-time champion of health equity and competition, two areas he can impact with new regulatory powers as Secretary of the U.S. Department of Health and Human Services. Becerra, who is President-elect Biden's pick to head HHS, has relied on litigation to foster competition in healthcare as California attorney general. [Read More](#)

MACPAC Meeting Is Scheduled for December 10-11. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on December 7, 2020, that its next meeting will be held December 10-11. Topics to be discussed are:

- Health Equity in Medicaid
- Extending Postpartum Coverage
- The Families First Coronavirus Relief Act
- Counter-Cyclical Financing Adjustments
- EHR and Behavioral Health Integration
- Highlights From 2020 Edition of MACStats
- Access to Behavioral Health Services for Children
- Impact and Implications of 2020 Elections
- Medicaid Estate Recovery
- Medicaid Managed Care Quality Rating Systems
- Nursing Facility Payment Methods [Read More](#)

Biden Taps California Attorney General, ACA Supporter Xavier Becerra to Be Secretary of HHS. *The Associated Press* reported on December 7, 2020, that President-elect Biden has tapped California Attorney General and Affordable Care Act (ACA) supporter Xavier Becerra to be Secretary of U.S. Health and Human Services. Biden also picked Vivek Murthy, M.D. to be surgeon general; Rochelle Walensky, M.D. to be director of the Centers for Disease Control and Prevention; Marcella Nunez-Smith, M.D. to be COVID-19 Equity Task Force co-chair; Jeff Zients for coordinator of the COVID-19 response; Natalie Quillian for deputy coordinator of the COVID-19 response; and Anthony Fauci, M.D. to be chief medical adviser. [Read More](#)

Supreme Court to Hear Arguments on Medicaid Work Requirements. *Reuters* reported on December 4, 2020, that the U.S. Supreme Court agreed to hear arguments on reviving Medicaid work requirements in Arkansas and New Hampshire, which were authorized by the Department of Health and Human Services in 2018 and subsequently struck down by a U.S. District Judge in 2019. The U.S. Court of Appeals for the District of Columbia Circuit upheld the ruling this year. [Read More](#)

Rhode Island Governor Gina Raimondo Removes Herself From Consideration as Biden's HHS Secretary. *Politico* reported on December 3, 2020, that Rhode Island Governor Gina Raimondo announced she would not be President-elect Joe Biden's nominee for Health and Human Services (HHS) secretary. Raimondo was reported Biden's top choice. Also under potential consideration is New Mexico Governor Michelle Lujan Grisham. [Read More](#)

HHS Expands Access to Telehealth Services Across State Lines for COVID-19 Countermeasures. *Modern Healthcare* reported on December 3, 2020, that the U.S. Department of Health and Human Services (HHS) authorized health care practitioners to provide telehealth services like COVID-19 diagnostic testing and other countermeasures across state lines for the duration of the public health emergency. HHS also made it easier for providers to get immunity from liability for COVID-related medical countermeasures. [Read More](#)



INDUSTRY NEWS

Private Equity, Venture Investment in Healthcare Rises 17 Percent to \$22 Billion in 3Q20. *Modern Healthcare* reported on December 8, 2020, that private equity and venture investment in healthcare companies rose 17 percent to \$22 billion in the third quarter of 2020, compared to \$19 billion in the same period last year, according to data from S&P Global Market Intelligence. The data represent 732 private equity and venture capital deals. Through nine months of 2020, private equity and venture investment in healthcare companies has topped \$60 billion. [Read More](#)

Sanford Health, Intermountain Healthcare Call off Merger Plans. *Modern Healthcare* reported on December 4, 2020, that Sanford Health and Intermountain Healthcare have called off a proposed merger, following the departure of Sanford chief executive Kelby Krabbenhoft. "It's an important time to refocus our efforts internally as we assess the future direction of our organization," said Sanford's new chief executive Bill Gassen. [Read More](#)

Addus Homecare Completes Acquisition of OH-based Queen City Hospice for \$192 Million. Addus Homecare announced on December 4, 2020, that it has completed the acquisition of Ohio-based Queen City Hospice and its affiliate Miracle City Hospice for \$192 million in cash. Queen City serves about 900 patients in Cincinnati, Columbus, Dayton, and other parts of the state. Separately, Addus also completed the acquisition of SunLife Home Care in Arizona. [Read More](#)

Humana to Acquire Full Ownership of iCare. Humana, Inc. announced on December 3, 2020, an agreement to acquire full ownership of Wisconsin-based health care company iCare from co-owner Centers for Independence (CFI). The acquisition will allow Humana, which already owns a 50 percent stake in iCare, to enter the Wisconsin Medicaid program and offer Medicare D-SNPs in the state. The acquisition of iCare, which serves 44,000 members in Wisconsin, will increase Humana's Medicaid membership to more than 730,000 in Florida, Illinois, Kentucky and Wisconsin. [Read More](#)

Traditions Health Acquires Harbor Light Hospice. Hospice and home health service provider Traditions Health announced on December 2, 2020, the acquisition of Illinois-based Harbor Light Hospice, with 15 offices in Illinois, Indiana, Nebraska, Ohio, Oregon, Texas, and Virginia. Harbor Light's management team will remain with Traditions after the transaction. Healthcare Consulting acted as advisor to Harbor Light. [Read More](#)

RFP CALENDAR

| Date | State/Program | Event | Beneficiaries |
|-----------------------|--|----------------|---------------|
| December 15, 2020 | Oklahoma | Proposals Due | 742,000 |
| December 23, 2020 | North Dakota Expansion | Proposals Due | 19,800 |
| January 2021 | Nevada | RFP Release | 465,000 |
| January 1, 2021 | Kentucky Rebid | Implementation | 1,200,000 |
| January 1, 2021 | Pennsylvania HealthChoices Physical Health | Implementation | 2,260,000 |
| January 1, 2021 | Washington Integrated Managed Care (Expanded Access) | Implementation | NA |
| January 8, 2021 | Hawaii Community Care Services | Proposals Due | 4,500 |
| January 25, 2021 | Ohio | Awards | 2,450,000 |
| February 1, 2021 | Oklahoma | Awards | 742,000 |
| February 2, 2021 | North Carolina - BH IDD Tailored Plans | Proposals Due | NA |
| February 8, 2021 | Hawaii Community Care Services | Awards | 4,500 |
| February 15, 2021 | Hawaii Quest Integration | Proposals Due | 378,000 |
| March 15, 2021 | Hawaii Quest Integration | Awards | 378,000 |
| April 1, 2021 | Indiana Hoosier Care Connect ABD | Implementation | 90,000 |
| May 21, 2021 | North Dakota Expansion | Awards | 19,800 |
| June 11, 2021 | North Carolina - BH IDD Tailored Plans | Awards | NA |
| July 1, 2021 | North Carolina - Phase 1 & 2 | Implementation | 1,500,000 |
| July 1, 2021 | Hawaii Quest Integration | Implementation | 378,000 |
| July 1, 2021 | Hawaii Community Care Services | Implementation | 4,500 |
| October 1, 2021 | Oklahoma | Implementation | 742,000 |
| Late 2021 | California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare | RFP Release | 1,640,000 |
| Late 2021 | California GMC - Sacramento, San Diego | RFP Release | 1,091,000 |
| Late 2021 | California Imperial | RFP Release | 75,000 |
| Late 2021 | California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba | RFP Release | 286,000 |
| Late 2021 | California San Benito | RFP Release | 7,600 |
| January 1, 2022 | Massachusetts One Care (Duals Demo) | Implementation | 150,000 |
| January 1, 2022 | North Dakota Expansion | Implementation | 19,800 |
| January 5, 2022 | Ohio | Implementation | 2,450,000 |
| July 1, 2022 | North Carolina - BH IDD Tailored Plans | Implementation | NA |
| Early 2022 – Mid 2022 | California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare | Awards | 1,640,000 |
| Early 2022 – Mid 2022 | California GMC - Sacramento, San Diego | Awards | 1,091,000 |
| Early 2022 – Mid 2022 | California Imperial | Awards | 75,000 |
| Early 2022 – Mid 2022 | California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba | Awards | 286,000 |
| Early 2022 – Mid 2022 | California San Benito | Awards | 7,600 |
| January 2024 | California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare | Implementation | 1,640,000 |
| January 2024 | California GMC - Sacramento, San Diego | Implementation | 1,091,000 |
| January 2024 | California Imperial | Implementation | 75,000 |
| January 2024 | California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba | Implementation | 286,000 |
| January 2024 | California San Benito | Implementation | 7,600 |

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 13.7%, 2020 Data
- California Dual Demo Enrollment is Up 3.9%, Oct-20 Data
- California Medicaid Managed Care Enrollment is Up 7.6%, Oct-20 Data
- Georgia Medicaid Management Care Enrollment is Up 22.7%, 2020 Data
- Illinois Dual Demo Enrollment is Up 6.7%, Oct-20 Data
- Illinois Medicaid Managed Care Enrollment is Up 18.1%, Oct-20 Data
- Michigan Medicaid Managed Care Enrollment is Up 15.7%, Nov-20 Data
- Michigan Dual Demo Enrollment is Up 6.9%, Nov-20 Data
- Nevada Medicaid Managed Care Enrollment is Up 22.5%, Oct-20 Data
- New Jersey Medicaid Managed Care Enrollment is Up 15.1%, Nov-20 Data
- South Carolina Dual Demo Enrollment is Up 11.2%, Sep-20 Data
- South Carolina Medicaid Managed Care Enrollment is Up 11%, Oct-20 Data
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-19, Nov-20
- Tennessee Medicaid Managed Care Enrollment is Up 7.1%, Nov-20 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Hawaii QUEST Integration Medicaid Managed Care RFP and Appendices, Dec-20
- Minnesota Targeted Opioid and Stimulant Use and Misuse Treatment, Prevention and Recovery Services RFP, Dec-20
- Ohio Medicaid Enterprise System Fiscal Intermediary RFP and Award, 2020

Medicaid Program Reports, Data and Updates:

- HMAIS Medicaid Managed Care Rate Certifications Inventory
- Arizona Medicaid Transformation Savings Scorecard and Quarterly Reports, 2018-20
- Colorado HCPF 2019 Access Monitoring Review Plan and Related Documents
- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, Nov-20
- Illinois Medical Programs External Quality Review Annual Reports, FY 2012-19
- Louisiana CHIP Annual Reports, SFY 2010-20
- Michigan Medicaid Health Plan CAHPS Reports, 2015-20
- Mississippi Joint Legislative Budget Committee Initial Budget Hearing Presentation, FY 2022
- Mississippi Medicaid Annual Reports, 2013-20
- Montana HELP Program 1115 Demonstration Waiver Approval and Application, 2015-20
- Nevada External Quality Review Technical Reports, SFY 2014-20

- Nevada Medicaid Managed Care Actuarial Rate Certifications, CY 2016-19
- New Hampshire External Quality Review Organization (EQRO) Technical Report, SFY 2018-19
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-19, Nov-20
- New York Medicaid Redesign Team (MRT) 1115 Waiver, Proposed Amendments, Approval, Denial, and Related Documents, 2015-20
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Oklahoma Medicaid SoonerCare Choice Annual Reports, 2012-19
- Oklahoma SoonerSelect Plan DRAFT Capitation Rates, FY 2022
- Texas Hospital Uncompensated Care Report, Dec-20
- Texas Medicaid Coverage for Former Foster Children Report, Nov-20
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Dec-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 22 offices and over 200 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.