HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

January 13, 2021

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THIS WEEK

IN FOCUS

DRIVERS AND BARRIERS TO ADOPTION OF FLEXIBLE MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS

This week's *In Focus* highlights a recent HMA publication examining the drivers and barriers to Medicare Advantage plan adoption of newly available supplemental benefits intended to address unmet health and social needs. Unlike Traditional Medicare, Medicare Advantage plans, which provide coverage for 40 percent of all Medicare beneficiaries, may offer enrollees supplemental benefits which are not covered by the Medicare program. Until

recently, the Medicare program has required that supplemental benefits be limited to those that are medical in nature. However, in recent years, Congress and CMS —through four different legislative and regulatory authorities — granted new flexibilities for Medicare Advantage plans to offer non-medical benefits that address social needs. Medicare Advantage plans may also now tailor supplemental benefits and make them available only to certain subpopulations based on chronic disease or health status.

Many in the policy community believe that these new flexible benefits will enable Medicare Advantage plans to better manage both the healthcare needs and social needs of medically complex and frail beneficiaries. However, only 18 percent of Medicare Advantage plans — accounting for less than 20 percent of the Medicare Advantage enrollment — offered these new flexible benefits in 2020, raising questions regarding their perceived value by plans and beneficiaries. In addition, there is limited data to-date that demonstrates that the benefits offered under current requirements meet the specific needs of the individuals served or improve health outcomes.

HMA, with the support of a grant from Arnold Ventures, requested and conducted interviews with beneficiary advocates, Medicare Advantage plans, and supplemental benefit service providers to better understand the factors contributing to a Medicare Advantage plan's determination to offer (or not offer) newly available supplemental benefits as well as opportunities and challenges with the adoption and implementation of the various flexibilities. HMA also sought to understand the extent to which enrollees used the available flexible benefits, as well as their effectiveness as a tool to contain costs, improve outcomes, and address unmet health and social needs.

All Medicare Advantage organizations interviewed indicated that 2020, the first year in which all four benefit flexibilities were available, served as a period for learning, experimentation and evidence gathering; and expressed a need for more data on which flexible benefits would be most effective in improving health outcomes and reducing costs. The beneficiary advocacy organization interviewed was generally supportive of the new policies permitting Medicare Advantage plans to offer non-medical supplemental benefits but raised concerns regarding how the availability of those benefits are communicated and whether beneficiaries have meaningful access to them when eligible. All stakeholders interviewed indicated that additional time and experience is needed to understand whether the new benefit flexibilities enable plans to better serve individuals with complex health and social needs and urged CMS and Congress to promote further availability of these flexible benefits. These findings are summarized in the table below along with corresponding considerations for future flexible benefit policies that may further facilitate plan adoption, beneficiary access, effectiveness, and relevance of the benefits.

Detailed insights and policy considerations are included in the brief which can be found here. For more information, please contact HMA Senior Consultant Narda Ipakchi.

Summary of Insights and Lessons Learned from Early Implementation of Flexible Benefits	
Insights	**Policy Consideration(s) to Encourage Further Adoption and Access**
Limited research and data on the impacts of flexible benefits on total cost of care makes it difficult for Medicare Advantage plans to evaluate whether and how to provide them.	**Develop and Disseminate Evidence on Flexible Benefits:** CMS could conduct and share further research on the costs and benefits of flexible benefits to evaluate their impact on outcomes and support Medicare Advantage plan efforts and strategies to offer these benefits.
The availability of multiple pathways to offer supplemental benefit policies creates administrative burden and confusion for stakeholders.	**Simplify the Number of Flexibilities:** Congress and CMS could develop a single flexible benefit policy that permits Medicare Advantage plans to tailor flexible benefit offerings and offer non-medical benefits to eligible subpopulations
Information regarding flexible benefits is difficult for Medicare Advantage plans to communicate and for enrollees to understand which hinders enrollee awareness, access, and use. Further, variation in scope of benefit offerings across plans raises parity concerns and may make it difficult for beneficiaries to meaningfully compare benefits and options.	**Improve Communications to Enhance Access and Usage:** CMS could update Medicare Advantage communications and marketing guidelines to ensure plans convey information consistently and beneficiaries are aware of and understand the flexible benefits available to them. CMS could also standardize flexible benefit offerings to enable beneficiaries to better understand the benefits.
Current flexible benefit eligibility criteria do not enable Medicare Advantage plans to offer benefits based on socioeconomic and environmental factors, limiting availability for enrollee subpopulations that may benefit most.	**Meet the Needs of Beneficiaries Most in Need:** CMS could expand flexible benefit eligibility beyond clinical criteria to ensure that social benefits are accessible to those most in need.
Lack of familiarity with the Medicare program and Medicare Advantage plan contracting requirements presents challenges for service providers.	**Educate and Train Service Providers:** CMS could develop training materials and standardized billing processes that Medicare Advantage organizations could use to educate and contract with service providers on Medicare/Medicare Advantage program requirements.
Beneficiaries and their representatives do not currently appear to be involved in the design of flexible benefits in a substantial way.	**Involve Beneficiaries:** CMS could increase its efforts to ensure that Medicare beneficiaries and specific subpopulations of Medicare beneficiaries inform the future development, design, evaluation, refinement, and possible expansion of flexible benefits.
Supplemental benefits are not covered for individuals in Traditional Medicare, leaving the majority of Medicare beneficiaries without access to flexible benefits.	**Test Provision of Flexible Benefits in Traditional Medicare:** CMS could develop a new payment model through the Center for Medicare & Medicaid Innovation (CMMI) or modify existing CMMI models to test the availability of flexible benefit offerings on total cost of care and quality for individuals enrolled in Traditional Medicare.

HMA Medicaid Roundup

Arizona

Arizona Approves UnitedHealth Group Acquisition of Certain Solstice HealthPlans Operations. *Health Payer Specialist* reported on January 8, 2021, that Arizona has approved the acquisition of Solstice HealthPlans operations in the state by UnitedHealth Group, according to records from the Arizona Department of Insurance and Financial Institutions. Solstice HealthPlans provides dental and vision coverage in at least 10 states, with 700,000 total enrollees as of 2018. Read More

California

Governor Proposes $122.2 Billion for Medi-Cal in Fiscal 2022. Governor Gavin Newsom released on January 8, 2021, a proposed fiscal 2022 budget, including $122.2 billion for Medi-Cal, up 3.4 percent from $117.9 billion in fiscal 2021. The budget assumes Medicaid membership of 15.6 million and an increase in caseload of 11.7 percent. The budget also provides $1.1 billion in 2022 for the implementation of CalAIM, which will build upon state demonstrations supporting care coordination, whole person care, health homes, and delivery system reform.

Colorado

Colorado Releases Report on Reducing Prescription Drugs. The Colorado Department of Health Care Policy & Financing (HCPF) released on January 11, 2021, the second edition of *Reducing Prescription Drug Costs in Colorado – Cost Drivers and Solutions to Address Them.* The report found that 1.4 percent of Medicaid specialty drug prescriptions accounted for nearly half of total pharmacy expenditures in fiscal 2020. The state is convening health care leaders and stakeholders to the Colorado Health Cabinet Health Policy Summit on January 12 to discuss federal and state policy options to make prescription drugs more affordable. Read More

Georgia

Governor Seeks Additional $400 Million for Partial Medicaid Expansion. *My Journal Courier* reported on January 7, 2021, that Georgia Governor Brian Kemp is seeking an additional $400 million in Medicaid funds to help with the state's partial expansion of Medicaid. The additional funds could be available given an improvement in the state's budget outlook. Read More

Illinois

Illinois Committee Clears Bill to Migrate Back to Medicaid Fee-For-Service. *Health Payer Specialist* reported on January 11, 2021, that the Illinois House Executive Committee cleared a bill to transition Medicaid back to fee-for-service. About 70 percent of Illinois Medicaid beneficiaries are served by a managed care plan. If passed, the law would be retroactive to January 1, 2021. Illinois Democratic lawmakers have also proposed legislation to cut rates paid to Medicaid health plans by 20 percent as well as utilize clawback provisions to reduce payments retroactively. Read More

Illinois Expands Health Coverage to Elderly Undocumented Immigrants. *Kaiser Health News* reported on January 7, 2020, that Illinois has become the first state to expand health coverage to low-income, undocumented immigrants aged 65 and older. The program, which is similar to Medicaid, will cover services like hospital and doctor visits, prescription drugs, and dental and vision care. An estimated 4,200 to 4,600 elderly immigrants are expected to get coverage at an approximate cost of $46 million to $50 million per year, according to the Illinois Department of Healthcare and Family Services. Read More

Kentucky

Governor Proposes Fiscal 2022 Budget With Full Medicaid Funding. *My Journal Courier* reported on January 7, 2021, that Kentucky Democratic Governor Andy Beshear proposed a fiscal 2022 budget that includes full funding for the state's Medicaid program and additional funding for local health departments. Beshear also proposed COVID-19 relief to boost the state's economy. Read More

Minnesota

Minnesota Releases Medicaid Managed Care Procurement Timeline. The Minnesota Department of Human Services (DHS) updated on January 8, 2021, the timeline for its Medicaid managed care procurement process for the state's Families and Children Medical Assistance (MA) and MinnesotaCare Basic Health programs. Minnesota released an RFP for the seven county metro-Twin Cities area on January 4. The state plans to release two additional RFPs: one will be released in October 2021 for the statewide Seniors and Special Needs BasicCare program; the other will be released in January 2022 for counties outside the metro-Twin Cities area in the MA program. Read More

New Hampshire

New Hampshire Faces Federal Lawsuit for Failing to Provide Proper Home Care Services. *Reuters/Westlaw Today* announced on January 11, 2021, that New Hampshire faces a federal class action lawsuit claiming that the state's Choices for Independence (CFI) waiver program violated the Americans with Disabilities Act (ADA) by failing to provide home care services to enrollees. The lawsuit seeks a court order compelling the New Hampshire Department of Health & Human Services to comply with the program's requirements. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Awards $1.3 Million in Grants to Help Communities Serve Individuals With Disabilities. The New Jersey Department of Human Services on January 6, 2021, awarded 18 grants totaling $1.3 million to help communities serve individuals with intellectual and developmental disabilities. The Inclusive Healthy Communities Grant program is available through the state Division of Disability Services. Funding runs through June 30, 2022. Read More

New York

HMA Roundup – Cara Henley (Email Cara)

Governor Cuomo Outlines Health Priorities in State of the State Address. New York Governor Andrew Cuomo, on January 11, 2021, delivered his State of the State address announcing several new healthcare proposals that he will advance for fiscal 2022. The presentation was the first in a four-part series that will detail the Governor's priorities leading into his official executive budget proposal, due to be released by January 19. Proposals promote improved COVID-19 response, domestic medical supply manufacturing, vaccine distribution, priority admissions for nurses and nursing candidates to New York City and state schools, stronger disciplinary actions for physician misconduct, and citizen public health training. Additionally, Cuomo proposed expanding and improving telehealth, including eliminating location requirements by requiring Medicaid to reimburse for telehealth services to patients regardless of where the patient or provider is located. Read More

Neveda

Nevada Receives Low Grade on Children's Health From Advocacy Group. *The Nevada Independent* reported on January 13, 2021, that the not-for-profit Nevada Children's Advocacy Alliance gave the state a "D" grade based on children's health and well-being. The organization supports bills that would extend foster care up to age 21, expand Medicaid eligibility for children and pregnant women, and expand coverage for postpartum care. Read More

Ohio

Ohio is Site of Molina Partnership with Cityblock Health. Molina Healthcare of Ohio announced on January 8, 2021, that it has entered into an exclusive arrangement with Cityblock Health, which provides primary, behavioral, and community-based healthcare to Medicaid and low-income Medicare beneficiaries. The partnership, which will launch in 2022, is expected to serve 10,000 individuals in urban Cincinnati, Cleveland, and Columbus in the first year. Read More

Oklahoma

Oklahoma Legislature to Make Medicaid Expansion Funding A Top Priority. *Public Radio Tulsa* reported on January 4, 2021, that funding for Oklahoma's voter-approved Medicaid expansion will be a top priority for the state legislature when it reconvenes in February. The state's 10 percent share of expansion costs is expected to be about $160 million for a projected 200,000 enrollees. Expansion is scheduled to be implemented on July 1. Read More

CareSource to Bid on OK Medicaid RFP. *CapitolBeatOK* reported on December 16, 2020, that CareSource Oklahoma Health Plan, a joint venture between Ohio-based CareSource and Texas-based administrative services provider Healthcare Highways, plans to bid on Oklahoma's recent request for proposals (RFP) to transition to a statewide Medicaid managed care program. CareSource Oklahoma also named William Baker, Jr. as chief executive and market president. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Care Finders Total Care Continues Pennsylvania Expansion with Acquisition of ORI HomeCare. Care Finders Total Care announced on January 8, 2021, that it has acquired Pennsylvania-based ORI HomeCare, further expanding its presence in the state. This follows Care Finders Total Care's recent acquisition of Union Home Care in the greater Philadelphia area. Read More

Pennsylvania Medicaid Enrollment Grows 10.6 Percent. Pennsylvania Department of Human Services (DHS) secretary Teresa Miller announced on January 6, 2021, that Medicaid enrollment in the state increased 10.6 percent to 3.1 million from February to November 2020. Read More

South Carolina

South Carolina Governor Taps Thomas Clark Phillip Jr. as Acting Medicaid Director. *The Post and Courier* reported on January 6, 2021, that South Carolina has tapped Thomas Clark Phillip Jr. as acting director of the Department of Health and Human Services (DHHS), the state's Medicaid agency. He replaces Joshua Baker, who announced his resignation last year. Phillip was most recently chief financial officer of DHHS. Read More

Tennessee

Tennessee Medicaid Block Grant Approval Is Called 'Reckless' by Patient Groups. A statement issued on January 8, 2021, by 21 patient groups said that federal approval of Tennessee's Medicaid block grant waiver is "a reckless move that would reduce Tennesseans' ability to get needed healthcare." The organizations urge Tennessee Governor Bill Lee and state lawmakers to halt implementation of the waiver. Read More

Tennessee Medicaid Block Grant Receives CMS Approval. *The Tennesean* reported on January 8, 2021, that the Centers for Medicare & Medicaid Services (CMS) approved a Tennessee block grant waiver, which would convert federal Medicaid funding to a lump sum and allow the state more flexibility to change Medicaid coverage criteria. Tennessee is the first state to receive block grant approval. Read More

Texas

Texas Democratic Lawmaker to File Medicaid Expansion Bill. *The Monitor* reported on January 10, 2021, that Texas Representative R.D. "Bobby" Guerra (D-McAllen) plans to file a Medicaid expansion bill, which lawmakers hope will garner bipartisan support given the healthcare challenges posed by COVID-19. Medicaid expansion in Texas would cover nearly one million uninsured individuals, according to one study. Read More

Texas HCS Waiver Program Projected to Serve 28,043 in 2021, Report Shows. The Texas Health and Human Services Commission published a report on January 8, 2021, which estimates that an average of 27,741 individuals can be served under the home and community services (HCS) program per month, or about 28,043 by the end of fiscal 2021. The report also notes that an average of 2,790 individuals could be served per month in the state's supported living centers, which serves individuals who have severe or profound intellectual disability. Additionally, the report includes information on the Texas home living waiver program, community living assistance and support services waiver program, and deaf-blind with multiple disabilities waiver program. Read More

Virginia

Virginia Medicaid Expansion Covers 500,000 Newly Eligible Beneficiaries. *CBS19 News* reported on January 7, 2021, that Medicaid expansion in Virginia has allowed more than 500,000 newly eligible adults to gain healthcare coverage, according to Enroll Virginia. The state expanded Medicaid in 2019. Read More

National

CMS Issues Final Rule on Accelerated Medicare Coverage of Technological Innovations. The Centers for Medicare & Medicaid Services (CMS) on January 12, 2021, issued a final rule that would establish an accelerated pathway for Medicare coverage of technological innovations. The rule would provide Medicare coverage for breakthrough medical devices on the same day as the Food and Drug Administration (FDA) approval for up to four years. The final rule also clarifies the standard CMS uses to determine whether Medicare should cover items and services like devices and surgical procedures. The rule is retroactive up to two years before the effective date. Read More

CMS Releases State Guidance on Medicaid Social Determinants of Health Initiatives. The Centers for Medicare & Medicaid Services (CMS) released on January 7, 2021, guidance for states interested in developing Medicaid and Children's Health Insurance Program (CHIP) programs that address social determinants of health (SDOH). Guidance includes overarching principles states must adhere to when offering services that advance SDOH; services and supports that are commonly covered in state Medicaid and CHIP programs that address SDOH; and federal authorities and other opportunities that states can use to address SDOH. Read More

CMS Withdraws Medicaid Fiscal Accountability Rule. The Centers for Medicare & Medicaid Services (CMS) announced on January 7, 2021, the withdrawal of the proposed Medicaid Fiscal Accountability Rule, which would have overhauled reporting and transparency requirements related to Medicaid supplemental payments. A formal notice of withdrawal should soon be available. Read More

Trump Administration Extends Public Health Emergency Declaration Until April. *Modern Healthcare* reported on January 8, 2021, that the Trump administration extended the COVID-19 public health emergency declaration by 90 days until April 2021. Flexibilities under the declaration, which were set to expire January 21, include expanded telehealth services and increased federal funding to state Medicaid programs. Read More

Senate Democrats Will Need Republican Buy-In to Pass Key Health Care Legislation. *Kaiser Health News* reported on January 11, 2021, that the Senate filibuster means Democrats will need Republican buy-in to pass key health policy initiatives, including a public insurance option and further COVID-19 pandemic relief. However, Democrats' slim edge in the Senate is expected to be enough to confirm Biden's nominee for secretary of the Department of Health and Human Services, Xavier Becerra. Read More

CMS Issues Guidance on Medicaid Managed Care State Directed Payments. The Centers for Medicare & Medicaid Services (CMS) on January 8, 2021, issued guidance to states on standards and documentation for Medicaid managed care state directed payments. The guidance aims to reduce administrative burdens, enhance federal oversight, and improve fiscal and program integrity. CMS also offered additional information on the types of contractual payment requirements that are considered state directed payments, standards for reimbursement analyses, requirements for incorporating state directed payments into rate certifications, and ties to a state's quality strategy.

HHS Finalizes Rule to Review All Existing Regulations. *Modern Healthcare* reported on January 8, 2021, that the U.S. Department of Health and Human Services (HHS) finalized the rule requiring the department to review all of its regulations every 10 years and automatically void those not assessed in time. The Trump administration also stipulated that existing rules older than a decade will be reviewed within the next five years. The Medicaid and CHIP Payment and Access Commission (MACPAC) criticized the final rule, saying "the new requirements will create additional unnecessary work." HHS estimated that the review process would cost $10 million to $26 million over the next 10 years. Read More

Democratic Control of Congress Opens Up Healthcare Policy Possibilities. *The New York Times* reported on January 7, 2021, that Senate Democrats will have more leeway to pursue health policy initiatives, including increasing Affordable Care Act subsidies, encouraging states to pursue Medicaid expansion, reducing drug prices, establishing a public option, and pursuing Medicare for all after securing a congressional majority. Read More

Democratic Lawmakers Oppose Plan to Allow States to Privatize ACA Exchanges. *Modern Healthcare* reported on January 5, 2021, that several Democratic congressional leaders of key healthcare committees blasted a proposal by the Trump administration that would allow states to privatize their Affordable Care Act (ACA) Exchanges. The administration could issue the final rule before President-elect Biden takes office. Read More

Industry News

Bright Health to Acquire Evolent's True Health New Mexico. Publicly-traded Evolent Health announced on January 13, 2021, that it entered into a definitive agreement to sell its True Health New Mexico subsidiary to Bright Health. Evolent will continue to provide health plan administrative program support to True Health New Mexico. The deal is expected to close during the first half of 2021. Current employees and leadership of True Health New Mexico are expected to join Bright Health. Read More

Behavioral Health Drove Increase in Telehealth Use During Pandemic, Study Finds. *mHealth Intelligence* reported on January 12, 2021, that behavioral health care drove the increase in utilization of telehealth services during the COVID-19 pandemic, according to a study by the RAND Corporation. The study, which analyzed more than 2,000 responses to a survey issued in May 2020, found that 54 percent of patients using telehealth during the pandemic were seeking help for a behavioral health concern, compared to 15 percent before the pandemic. Use of telehealth for a physical health rose from 40 percent to 43 percent. Read More

Active Day Acquires Two Home Care Services Providers. Active Day, an adult day care provider backed by Audax Private Equity, announced on January 11, 2021, the acquisition of Massachusetts-based Community VNA, a provider of adult day services to seniors in three locations; and Ohio-based Our Father's House, a provider of adult day services to individuals with developmental disabilities. Terms of the deal were not disclosed. Read More

BrightView Acquires Renew Recovery Centers. *The Lane Report* reported on January 7, 2021, that Kentucky-based BrightView acquired addiction treatment provider Renew Recovery Centers with locations in Crestview Hills, Georgetown, London and Louisville. All four locations officially began operating as BrightView centers on January 1. BrightView operates 28 locations across Kentucky and Ohio. Read More

Surgical Care Affiliates Is Indicted on Antitrust Charges. *Fierce Healthcare* reported on January 8, 2021, that a federal grand jury indicted UnitedHealthcare subsidiary Surgical Care Affiliates (SCA) on antitrust charges for entering into bilateral agreements with other healthcare companies not to hire away each other's senior executives. SCA rejected the charges. Read More

AbsoluteCARE Receives $105 Million Investment from Kinderhook Industries. Private investment firm Kinderhook Industries announced on January 7, 2020, that it had made a $105 million investment in Maryland-based AbsoluteCARE, which provides integrated ambulatory intensive care to high-acuity individuals in a primary care setting. AbsoluteCARE, which has facilities in Georgia, Maryland, and Pennsylvania, expects to use the funds for additional expansion. Read More

Seaside Healthcare Acquires Two Virginia-based Mental Health, SUD Providers. Louisiana-based behavioral health services provider Seaside Healthcare announced on January 6, 2021, that it has acquired Virginia-based Second Chances Comprehensive Services and Simple Intervention. Second Chances is a mental health and substance use treatment service provider with five locations in Virginia. Simple Intervention is a behavioral health services provider based in Chesterfield, VA. Under the deal, Second Chances owners Damion and Tanikka Mason, and Simple Intervention co-founders Brandon and Kendra Hudson will remain in leadership positions. Read More

Bright Health Group to Acquire Central Health Plan of California. Bright Health Group announced on January 6, 2021, that it has entered into an agreement to acquire Central Health Plan of California. The deal, which is expected to close in the spring of 2021, will bring Bright Health membership to more than 500,000, including about 110,000 Medicare Advantage members. Current employees and leadership of Central Health Plan are expected to join Bright Health. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 2021	Nevada	RFP Release	465,000
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
Spring 2021	Louisiana	RFP Release	1,550,000
April 1, 2021	Indiana Hoosier Care Connect ABD	Implementation	90,000
March 19, 2021	Minnesota MA Families, Children; MinnesotaCare (metro)	Proposals Due	548,000
May 10, 2021	Minnesota MA Families, Children; MinnesotaCare (metro)	Awards	548,000
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
August 2021	Texas STAR Health	RFP Release	36,500
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
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 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	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
February 2022	Texas STAR Health	Awards	36,500
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	*NA*
Q2 2022	Texas STAR+PLUS	RFP Release	538,000
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
Q3 2022	Texas STAR+PLUS	Awards	538,000
Q1 2023	Texas STAR & CHIP	RFP Release	3,700,000
Q2 2023	Texas STAR & CHIP	Awards	3,700,000
Q3 2023	Texas STAR Kids	RFP Release	166,000
Q4 2023	Texas STAR Kids	Awards	166,000
Q4 2023	Texas STAR Health	Implementation	36,500
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
Q1 2024	Texas STAR+PLUS	Implementation	538,000
Q4 2024	Texas STAR & CHIP	Implementation	3,700,000
Q2 2025	Texas STAR Kids	Implementation	166,000

HMA News

Report Examines Medicare Advantage Supplemental Benefits. The experts at Health Management Associates (HMA) have released *Medicare Advantage Supplemental Benefit Flexibilities: An Early Assessment of Adoption and Policy Opportunities for Expanded Access*. The white paper examines the factors contributing to a Medicare Advantage plan's decision to offer or not offer newly available supplemental benefits and opportunities and challenges with adoption and implementation. Newly available supplemental benefits are intended to address unmet health and social needs. Read more

Three HMA Clinicians Author Naltrexone Formulations in Correctional Settings Issue Brief. HMA's Donna Strugar-Fritsch, Shannon Robinson, MD and Scott Haga, PA-C, recently authored the issue brief, Naltrexone Formulations in Correctional Settings. Read more

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Florida Medicaid Managed Care Enrollment is Up 16.4%, Nov-20 Data
- Massachusetts SNP Membership at 60,158, Nov-20 Data
- New Mexico SNP Membership at 28,209, Nov-20 Data
- New York SNP Membership at 389,394, Nov-20 Data
- North Carolina SNP Membership at 102,925, Nov-20 Data
- Puerto Rico SNP Membership at 287,953, Nov-20 Data
- South Carolina SNP Membership at 19,013, Nov-20 Data
- Texas SNP Membership at 314,683, Nov-20 Data
- Utah SNP Membership at 8,324, Nov-20 Data
- Virginia SNP Membership at 37,389, Nov-20 Data
- Wisconsin SNP Membership at 54,479, Nov-20 Data
- Michigan Dual Demo Enrollment is Up 5.2%, Oct-20 Data
- New York CHIP Managed Care Enrollment is Down 3%, Oct-20 Data
- New York Medicaid Managed Care Enrollment is Up 13.5%, Oct-20 Data
- Ohio Medicaid Managed Care Enrollment is Up 14.4%, 2020 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama Medicaid Enterprise System (MES) System Investigator RFI, Jan-21
- Florida Statewide Medicaid Managed Care Model Contract, Oct-20
- Indiana Healthy Indiana Plan (HIP) MCO Contract Amendments, CY 2020
- Indiana Hoosier Care Connect ABD Contracts and Amendments, 2020
- Indiana Hoosier Healthwise MCO Contracts and Amendments, CY 2019-20
- Kentucky Home and Community Based (HCB) and Model II (MIIW) Amended 1915c Waiver Applications and Related Documents, 2020
- Louisiana Medicaid Financial Forecast Reports, SFY 2018-21, Nov-20
- New Hampshire Substance Use Disorder 1115 Waiver Evaluation Design Implementation RFP, Jan-21

- Ohio Single Pharmacy Benefit Manager RFP, Proposals, and Related Documents, 2020-21

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS 1115 Waiver Documents, 2020
- California CalAIM Initiative Proposal and Presentations, Jan-21
- Colorado Health Care Policy & Financing Reducing Prescription Drug Costs Report, 2019-21
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Jan-21
- Tennessee TennCare Block Grant 1115 Waiver Demonstration Documents, 2019-21
- Texas Expanding Capacity and Increasing Efficiency in SUD Services, Dec-20
- Texas LTC Plan for Individuals with Intellectual Disabilities and Related Conditions Report, FY 2020-21
- Texas Medicaid Managed Care Provider Network Adequacy Reports, Dec-20

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