HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

January 27, 2021

RFP CALENDAR

HMA News

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THIS WEEK

IN FOCUS

THE CENTERS FOR MEDICARE & MEDICAID SERVICES INNOVATION CENTER'S GEOGRAPHIC DIRECT CONTRACTING MODEL OPPORTUNITY

This week, our *In Focus* section reviews a new model – Geographic Direct Contracting – introduced by the Centers for Medicare & Medicaid Services (CMS) Innovation Center. The model will test whether a geographic-based

approach to care delivery and value-based care can improve health and reduce costs for Medicare beneficiaries enrolled in the traditional fee-for-service program across an entire region. This model represents one of the most transformational models released by the Innovation Center. During the 6-year Geographic Direct Contracting model performance period the traditional Medicare program will be replaced by the Direct Contracting program in the 10 selected regions.

Applications are due by April 2, 2021. CMS expects to announce participants by June 30, 2021, with the first performance year planned to begin January 1, 2022. However, it is possible the Biden Administration may opt to modify aspects of the Geographic Direct Contracting demonstration, potentially delaying any of these dates and modifying model characteristics. Interested participants will need to closely monitor CMS updates for potential revisions.

The Geographic Direct Contracting model joins similar models that were introduced earlier: standard, new entrant, high-needs, and Medicaid managed care organization-based (MCO) Direct Contracting. (The request for applications for the next performance year for these models is expected soon.) The new model will build on and continue testing potential reforms to the Medicare program encompassed by accountable care organizations (ACOs), the Medicare Shared Savings Program (MSSP), Medicare Advantage (MA), Medicaid managed care, and private sector risk-sharing arrangements.

Geographic Direct Contracting has the potential to transform how the traditional Medicare program interacts with providers and delivers care to beneficiaries. However, there will be substantial financial risk—and reward—for participants based on a new, complex payment methodology, so organizations interested in this new model should carefully consider the potential impact of participating in Geographic Direct Contracting versus other options.

Geo DCE Regions

As CMS has currently outlined, Geographic Direct Contracting Entities (Geo DCEs) will take responsibility for the total cost of care for Medicare Fee for Service (FFS) beneficiaries in a specific region. Regions will be delineated by the central and outlying counties that comprise ten candidate cities, each of which contains between approximately 150,000 to 700,00 beneficiaries (Table 1). CMS expects the number of Geo DCEs per region to be between three and seven depending on the number of organizations that apply and the number of Medicare FFS beneficiaries in a region. This means that unlike the MA program where all qualified applicants are approved, the selection of DCEs will depend on their proposed approaches for implementing the model and their financial bids as CMS may select fewer participants than the number of organizations that apply.

Table 1. 10 Geographic Direct Contracting candidate regions

Atlanta	**Miami**	**Phoenix**
Dallas	**Orlando**	**San Diego**
Houston	**Philadelphia**	**Tampa**
Los Angeles		

Requirements for Participation

CMS anticipates interest from organizations that have significant experience taking risk in value-based care models, including sophisticated ACOs, health systems, health care provider groups, and health plans. CMS also anticipates some applications might include innovative partnerships between health plans and health care providers.

CMS's specific requirements are that the Geo DCE must:

- be a legal entity identified by a federal taxpayer identification number (TIN) formed under applicable state, federal, or tribal law, and authorized to conduct business in each state in which it operates,
- have an identifiable governing body with the ultimate authority to execute the functions of the Geo DCE and to make final decisions on behalf of the Geo DCE,
- enter into an Organized Health Care Arrangement (OHCA), as the term is defined under the HIPAA Privacy Rule, with CMS, which includes detailed requirements, such as the Geo DCE must be a Covered Entity and use of protected health information (PHI),
- assume responsibility for receiving shared savings and paying shared losses to CMS,
- be capable of administering payments to "Geo Preferred Providers" and other providers, and
- maintain a 10 percent financial guarantee to repay any shared losses.

Beneficiary Attribution

Each Geo DCE will be attributed a minimum of 30,000 beneficiaries. Eligible beneficiaries must be enrolled in both Medicare Part A and Part B, have Medicare as a primary payer, and not be enrolled in a MA plan, cost plan, PACE organization, or other Medicare managed care plan. Beneficiaries may be attributed to Geo DCEs in multiple ways, including voluntary sign-up, claims-based assignment based on the plurality of primary care services received from the Geo DCE's Geo Preferred Providers, and concurrent enrollment in an MCO operated by a DCE or its affiliates for full-benefit dually-eligible beneficiaries. Beneficiaries will have the right to voluntarily choose to align to a different DCE. All eligible beneficiaries residing in the ten regions will be attributed to a Geo DCE. Any beneficiaries not attributed through another method will be randomly attributed by CMS to a Geo DCE.

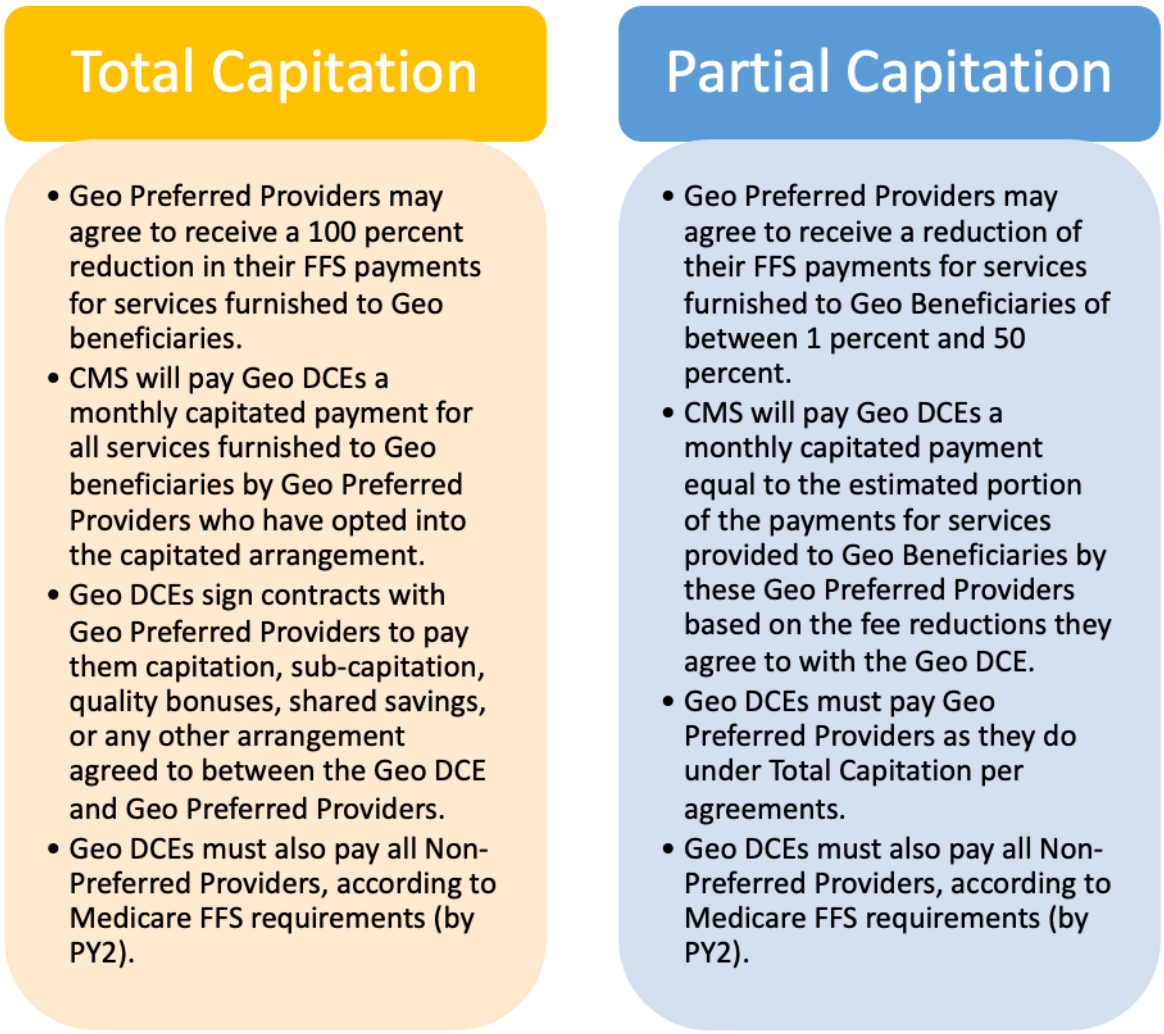
Geo DCEs' Responsibilities and Payment

Medicare beneficiaries will maintain their rights to see any willing Medicare participating provider. However, DCEs will be permitted to provide incentives and care management support to encourage beneficiaries to seek care by DCE's preferred providers. CMS has also stated that DCE's will be able to apply utilization management tools, commonly applied in the MA program.

Geo DCEs' responsibility for beneficiaries' total cost of care will be facilitated through the use of capitated payments. Geo DCEs will choose between Total Capitation or Partial Capitation (Figure 1). This choice is driven by and affects

contracts with Geo Preferred Providers and other providers and the arrangements between the Geo DCEs and CMS.

Figure 1. Two Geographic Direct Contracting capitation arrangements



Note: PY (performance year).

A Geo DCE's ultimate shared savings and losses will be based on its proposed "savings discount" bid and its performance against a region's Performance Year Benchmark and will be subject to risk corridors, risk adjustment, and quality adjustments. As part of their application, applicant Geo DCEs will bid on how much savings they expect to achieve in each of the performance years relative to typical FFS spending. This savings discount will be subtracted from Geo DCE payments and will contribute to calculation of the total cost of Geo DCE care that will be compared to the Performance Year Benchmarks, which will be set using a Geographic Rate Book, similar to the MA Rate Book. Geo DCEs' shared savings and shared losses will be subject to the risk corridors shown in Table 2.

Table 2. Geographic Direct Contracting risk bands

Risk Bands (Relative to Benchmark + Bid + Administrative Load Factor)	DCE Shared Savings/ Shared Losses cap	CMS Shared Savings/ Shared Losses cap
Risk band 1: plus or minus 5 percent	100 percent of savings/losses	0 percent of savings/losses
Risk band 2: between 5 percent and 10 percent	70 percent of savings/losses	30 percent of savings/losses
Risk band 3: between 10 percent and 15 percent	40 percent of savings/losses	60 percent of savings/losses
Risk band 4: greater than 15 percent	10 percent of savings/losses	90 percent of savings/losses

Note: CMS (Centers for Medicare & Medicaid Services), DCE (direct contracting entity).

Conclusion

The decision to apply for the Geographic Direct Contracting demonstration and elections for each of the model characteristics can have a substantial impact on potential shared savings and losses and has the potential to shape the future of Medicare FFS program. HMA staff have extensive experience in assessing the implications of these decisions for the Geographic Direct Contracting model and other Innovation Center opportunities. If your organization is interested in assessing its Geographic Direct Contracting opportunities, contact Jennifer Podulka to learn how our expert team can assist with a data-based consultation.

Link to Geographic Direct Contracting Model

HMA Medicaid Roundup

Alabama

Alabama Releases Medicaid Quality Improvement Organization RFP. The Alabama Medicaid Agency released on January 22, 2021, a request for proposals (RFP) for a quality improvement organization to review prior authorizations and records of institutional, hospice, and other facilities for the state's Medicaid population. Proposals are due March 24, 2021, with awards expected to be announced on May 11. Contracts will run from October 1, 2021, through September 30, 2022, with four, one-year optional renewals.

Arkansas

Arkansas Urges U.S. Supreme Court to Allow Medicaid Work Requirements for Expansion Population. *The Arkansas Democrat-Gazette* reported on January 21, 2021, that Arkansas Attorney General Leslie Rutledge argued in a brief to the U.S. Supreme Court that Medicaid work requirements should be allowed for expansion populations. The state is asking the court to reverse a lower court ruling which found that the Trump administration acted improperly when it approved work requirements. In the brief, Rutledge argues that Medicaid work requirements improve the health of expansion beneficiaries and are in keeping with Medicaid's aims. Read More

Florida

Florida Receives 10-Year Extension of Medicaid Managed Care Program. *The Center Square* reported on January 22, 2021, that federal regulators approved a 10-year extension of Florida's Section 1115 Managed Medical Assistance (MMA) Medicaid managed care program waiver through June 2030. The state had requested a two-year extension. The extension includes $1.5 billion in Low-Income Pool funding for hospitals that provide charity care. State Medicaid expansion advocates expressed concerns that Florida may be less inclined to pursue Medicaid expansion after the 10-year extension. Read More

Florida Sees Rising Medicaid Enrollment, Costs Driven by Unemployment Tied to COVID-19. *The Tallahassee Democrat* reported on January 25, 2021, that Florida is facing rising Medicaid enrollment and costs driven by unemployment tied to COVID-19. According to state economists, Medicaid costs in fiscal 2022 for Florida are expected to rise by about $1.2 billion. Read More

Kansas

Attorney General Nominates Steven Anderson for Medicaid Inspector General. *WIBW* reported on January 21, 2021, that Kansas Attorney General Derek Schmidt nominated Steven D. Anderson to lead the Office of Inspector General for the state Medicaid program. Anderson would replace Sarah Fertic, who resigned in July 2020 to become Kansas Medicaid director. Anderson has served since 2016 as a special agent and supervisor of the investigative staff of the Medicaid Fraud and Abuse Division. Read More

Kentucky

Kentucky Releases RFP for External Quality Review Organization. On January 20, 2021, the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services, released a request for proposals (RFP) for an independent external quality review organization for performing an annual external quality review of each of the state's six contracted Medicaid managed care plans. Kentucky awarded statewide Medicaid managed care contracts in a recent procurement to Anthem, Centene/WellCare, CVS/Aetna, Humana, Molina, and UnitedHealthcare, effective January 1, 2021.

Minnesota

Senate Committee Clears Bill to Protect Medicaid Member Estates. *The Grand Forks Herald* reported on January 26, 2021, that the Minnesota Senate Committee on Human Services Reform Finance and Policy cleared a bill sponsored by Sen. Jason Rarick (R-Pine City) that helps prevent the state from placing a lien on Medicaid member estates to recoup the financial value of coverage. The bill would require state agencies to destroy data related to members who were newly eligible following Medicaid expansion in 2013. Minnesota currently allows state agencies to recover the financial value of Medicaid coverage from members' estates following their death. Read More

Mississippi

Lawmaker Seeks to Shift Medicaid Authority to Seven-Person Commission. *WLBT* reported on January 22, 2021, that a bill introduced by Representative John Lamar (R-Lafayette) would shift authority over the state Medicaid program from the Governor to a seven member commission with an executive director. The commission would be comprised of three members appointed by the Governor and four appointed by the Lieutenant Governor. The Mississippi Speaker of the House would have the ability to nominate two of the Lieutenant Governor's appointees. Commission members would require state Senate consent. Read More

Missouri

Lawmakers Consider Extending Provider Tax to Fund Medicaid Expansion. *The Neighbor/The Center Square* reported on January 20, 2021, that Missouri lawmakers are considering a bill that would extend the state's hospital provider tax for another year to help fund Medicaid expansion. Expansion is expected to cover a projected 230,000 individuals by July 1, 2021. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Lifts Medicaid Enrollment Freeze On UnitedHealthcare. The New Jersey Division of Medical Assistance and Health Services said on January 21, 2021, that it had lifted a freeze on Medicaid enrollment in UnitedHealthcare Community Plan of New Jersey. The freeze had been in effect from November 15, 2019, until January 1, 2021. The news came during the state's quarterly Medical Assistance Advisory Council meeting. The state also noted that CVS Health introduced the Aetna Assure Premiere Plus Special Needs Plan, effective January 1, 2021, serving Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic, and Union counties. Read More

New Jersey Releases FamilyCare 1115 Waiver Demonstration Renewal Timeline. New Jersey released on January 21, 2021, a timeline for renewing the state's FamilyCare 1115 waiver demonstration, including a concept paper, public comments, and hearings by Spring 2021; submission of a renewal application by June 2021; final federal approval by June 2022; and an effective date of July 1, 2022. Details were released during the state's Medical Assistance Advisory Council (MAAC) meeting. The current waiver expires June 30, 2022. Read More

New Mexico

New Mexico Medicaid Enrollment Is Expected to Hit 931,000 By June 2021. *Alamogordo Daily News* reported on January 24, 2021, that Medicaid enrollment in New Mexico is expected to hit 931,000 by June, up from about 836,000 at the start of the COVID-19 pandemic. According to state Medicaid director Nicole Comeaux, New Mexico is projecting a $170 million funding shortfall in fiscal 2022. About 43 percent of the state's population is enrolled in Medicaid, the largest percentage in the nation. Read More

North Carolina

North Carolina Health Coalition to Focus on Successful Transition to Managed Care. UnitedHealthcare, community-based organizations, and others announced on January 27, 2021, the formation of North Carolina for Better Medicaid (NCBM), which aims to help facilitate a successful transition to Medicaid managed care in the state. Other members include Mount Zion Baptist Church, Mountain Ventures Community Action Agency, I-CARE, Economic Improvement Council, and North Carolina Community Action Association. Read More

North Carolina Awards Medicaid Managed Care Ombudsman Contract to Legal Aid of North Carolina. *The Winston-Salem Journal* reported on January 20, 2021, that the North Carolina Department of Health and Human Services (DHHS) awarded Legal Aid of North Carolina a contract to provide managed care ombudsman services for Medicaid beneficiaries starting in Spring 2021. Legal Aid will help members resolve issues with Medicaid managed care, track access to care, and help educate beneficiaries about the transition to managed care. Legal Aid will partner with the Charlotte Center for Legal Advocacy and Pisgah Legal Services. Read More

Oklahoma

Oklahoma to Move Forward with Medicaid Managed Care Transition. *The Tulsa World* reported on January 27, 2021, that Oklahoma is moving forward with the state's planned transition to Medicaid managed care. The plan, which was approved by the Oklahoma Healthcare Authority with a vote of 5-4, is backed by Governor Kevin Stitt. Several lawmakers and health care providers oppose the transition. Oklahoma issued the request for proposals in October to transition to a statewide Medicaid managed care program called SoonerSelect Plan, with implementation expected in July 2021. Read More

Lawmakers Oppose Planned Transition to Medicaid Managed Care in Letter to Governor. *Oklahoma News 4* reported on January 21, 2021, that a group of Republican Oklahoma Senators added their voices to those opposing the state's planned transition to Medicaid managed care. In a letter to Governor Kevin Stitt, nine senators led by Senator George Burns (R-Pollard) argued that the transition would not save the state money. In October, Oklahoma issued a request for proposals to transition to a statewide Medicaid managed care program called SoonerSelect Plan, with implementation expected in July 2021. Read More

South Carolina

South Carolina Adds Health Plans to Medicaid Managed Care, Dual Eligible Programs. The South Carolina Department of Health and Human Services announced on January 22, 2021, that Humana will begin serving Healthy Connections Medicaid managed care members starting July 1, 2021, bringing the total number of Medicaid plans in the state to five. South Carolina also plans to add three Coordinated and Integrated Care Organizations to the state's Healthy Connections Prime dual eligible demonstration: Healthy Blue by Blue Choice of South Carolina, Humana, and UnitedHealthcare. South Carolina recently extended Healthy Connections Prime through December 31, 2023. Other Healthy Connections Prime plans include Absolute Total Care/Centene, First Choice VIP Care Plus by Select Health/AmeriHealth Caritas, and Molina Dual Option. Read More

Texas

Legislature Stresses Medicaid, Mental Health in Fiscal 2022-23 Biennium Budget Recommendations. *KTSM/KXAN* reported on January 22, 2021, that the Texas House and Senate stressed Medicaid and mental health in separate "base budget" recommendations for the fiscal 2022-23 biennium. The House base budget recommended $3.3 billion for behavioral and mental health services as well as $74.2 billion for Medicaid, which includes $27.4 billion in general revenues and $920 million for projected caseload growth. The Senate's base budget called for $8 billion for mental health services across 24 state agencies, including the Texas Child Mental Health Care Consortium. Read More

Utah

Grant Avenue Capital Acquires Utah-based Home Care Provider. Private equity firm Grant Avenue Capital announced on January 26, 2021, the acquisition of a majority stake in Utah-based Valeo Home Health and Hospice from Eduro Healthcare. Grant Avenue plans further acquisitions and strategic partnerships in the home-based care sector. Read More

Wisconsin

Wisconsin Seeks Federal Approval for Medicaid Health Savings Account for Childless Adults. *Healthpayer Intelligence* reported on January 21, 2021, that Wisconsin is seeking to amend its section 1115 Medicaid demonstration waiver to add a Medicaid Health Savings Account (HSA) for childless adults aged 19 to 64 with incomes between 50-100 percent of poverty. The amendment was submitted to federal regulators in December. Read More

National

Biden to Issue Executive Orders Reopening ACA Exchanges, Easing Medicaid Enrollment. *The Seattle Times* reported on January 25, 2021, that President Biden plans to issue an executive order reopening the HealthCare.gov insurance Exchange for at least a few months. Biden is also expected to issue an order lowering recently imposed barriers to enrolling in Medicaid; however, no details are available yet. Read More

Modern Medicaid Alliance Says Medicaid, CHIP Enrollment to Increase 5-10 Million by 2022. *The Modern Medicaid Alliance* reported on January 12, 2021, that Medicaid and Children's Health Insurance Program (CHIP) enrollment is projected to increase an additional 5 million to 10 million by December 2022. According to data based on Health Management Associates (HMA) enrollment modeling on the organization's Medicaid Dashboard, Medicaid and CHIP enrollment increased by nearly 6 percent from December 2019 to June 2020, driven by the economic fallout of COVID-19. Read More

Rural Hospital Closures Impact Health Status, Access to Care, GAO Reports. *Modern Healthcare* reported on January 22, 2021, that rural hospital closures have negatively impacted health status and access to care for individuals previously served by these organizations, according to a report by the Government Accountability Office (GAO). The report found that closures led to a decline in outpatient utilization and an increased prevalence of chronic conditions like high blood pressure. Read More

HHS Is Likely to Extend Public Health Emergency Declaration through 2021. The Biden Administration is likely to extend the national public health emergency declaration through 2021, according to a letter to state governors from Acting Secretary of Health and Human Services Norris Cochran. Flexibilities under the declaration include expanded telehealth services and a 6.2 percentage point increase in the Medicaid Federal Medical Assistance Percentage (FMAP). The current declaration was renewed for 90 days, effective January 21, 2021.

MACPAC Meeting Is Scheduled for January 28-29. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on January 25, 2021, that its next meeting will be held January 28-29. Topics to be discussed are:

- Postpartum Coverage
- Estate Recovery
- Automatic Countercyclical Financing Adjustment
- Design Considerations in Creating a New Unified Program for Dually Eligible Beneficiaries
- Medicaid Housing Supports for Individuals with Substance Use Disorder
- State Budget Outlook and Implications for Medicaid
- Value-Based Payment for Maternity Services
- The Role of Medicaid for People with Intellectual and Developmental Disabilities
- Non-Emergency Medical Transportation
- Integration of Care for Dually Eligible Beneficiaries:
- Payment and Coverage of High-Cost Specialty Drugs
- Mental Health Parity in Medicaid. Read More

Biden Administration Delays Rule on Insulin, Epi-Pen Prices Charged by FQHCs in 340B Drug Program. Modern Healthcare reported on January 21, 2021, that the Department of Health and Human Services (HHS) has delayed a rule requiring Federally Qualified Health Centers (FQHCs) to charge low-income patients the acquisition price plus an administration fee for insulin and Epi-Pens or risk losing grant funding. The rule was slated to take effect January 22. Read More

Biden Appoints Acting Administrators for CMS, HHS Secretary. *Fierce Healthcare* reported on January 21, 2021, that President Biden has appointed Elizabeth Richter as acting administrator of the Centers for Medicare & Medicaid Services (CMS). Richter has been with CMS since 1990. Biden also appointed Norris Cochran as acting secretary of the Department of Health and Human Services (HHS) until the confirmation of Attorney General Xavier Becerra, who Biden has chosen to lead the agency. Cochran was previously the deputy assistant secretary of budget for HHS. Read More

Biden Releases COVID-19 Plan, Pushes to Cover 100 Percent of State Medicaid Cost for Vaccines. *The Hill* reported on January 21, 2021, that President Biden will work with Congress to expand the Federal Medicaid Assistance Percentage (FMAP) to 100 percent for COVID-19 vaccinations of Medicaid members, according to the administration's recently released "National Strategy for the COVID-19 Response and Pandemic Preparedness." The plan also notes that the Department of Health and Services will ask the Centers for Medicare & Medicaid Services to consider whether higher provider payment rates for vaccine administration are needed. Read More

Biden Creates 'Office of COVID-19 Response Coordination' In Flurry of Executive Orders. *Roll Call* reported on January 21, 2021, that President Joe Biden issued an executive order creating the "office of COVID-19 response coordinator," among a flurry of healthcare-related orders on his first day in office. Another order mandated that people wear face masks on federal property. Biden is expected to sign additional orders to expand COVID-19 testing, set clear public health standards, ramp up distribution of vaccines, and establish plans to safely re-open businesses. Biden is also expected to reverse Trump administration policies concerning Medicaid work requirements, short-term plans, and non-compliance with the Affordable Care Act, among others. Read More

Medicare ACO Membership, Number of Participating Organizations Falls in 2021. *Modern Healthcare* reported on January 21, 2021, that 477 accountable care organizations (ACOs) are participating in the Medicare Shared Savings Program this year, down 7.7 percent from 517 in 2020. ACO enrollment is down by 500,000 from 11.2 million in 2020. Regulations requiring ACOs to take on downside risk sooner and a freeze on accepting new applications during the COVID-19 pandemic drove the decline. The National Association of ACOs is urging the Biden administration to extend the application period for new ACOs. Read More

INDUSTRY NEWS

Hospitals Take Different Approaches to Listing Prices Under Transparency Rule, Analysis Finds. *Fierce Healthcare* reported on January 25, 2021, that hospitals and health systems are taking different approaches when publicly listing prices negotiated with insurers as required under a federal rule that took effect January 1, 2021. According to an analysis by consulting firm ADVI Health, variations include terms used to label pricing information, format (interactive online tools vs. downloadable spreadsheets), and offering price estimator tools instead of actual payer-negotiated rates. The rule was approved by the Centers for Medicare & Medicaid Services during the Trump administration. Read More

General Atlantic, Town Hall Ventures Invest in Equality Health. Equality Health, a value-based primary care network, announced on January 26, 2020, investments from General Atlantic and Town Hall Ventures. Existing investor Endeavour Capital will remain a minority shareholder. Equality Health also announced an agreement to acquire Arizona-based consulting firm Daraja Services, which brings healthcare economics, technology, and actuarial capabilities. Read More

Angels of Care Acquires FL-Based All Care, All Kids Care. Angels of Care, a Texas-based home health provider serving children with complex medical conditions, announced on January 26, 2021, the acquisition of Florida-based providers All Care Home Nursing Services, All Kids Care of Orange Park, and All Kids Care of North Jacksonville. Terms of the deal were not disclosed. Read More

Priority Health Expands MI Medicaid Network With Access to Affinia Health. Not-for-profit health plan Priority Health announced on January 19, 2021, the addition of Affinia Health Network to its Medicaid managed care network in eight counties in west Michigan. The agreement, which expands on an existing arrangement with Affinia, adds access to 1,648 clinicians, 609 advanced providers, and 254 primary care physicians. Affinia is a clinically integrated network within the Trinity Health System. Read More

Insurers Expand Coverage of Telehealth Services as Pandemic Continues. *Becker's Hospital Review* reported on January 20, 2021, that insurers continue to launch initiatives to expand telehealth coverage for members during the COVID-19 pandemic. Humana, for example, has joined Vida Health to help Medicaid members with virtual diabetes management services. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
January 2021	Nevada	RFP Release	465,000
January 26, 2021 - Delayed	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

COMPANY ANNOUNCEMENTS

Community Mental Health Services. Community mental health services include a variety of programs sharing common goals for facilitating recovery from behavioral health disorders. These goals may include optimizing functioning, avoiding unnecessary intensive service utilization, and supporting clients in living stably in the most appropriate and least restrictive environment for promoting recovery. In this newly updated white paper, MCG Physician Editor for Behavioral Health, Dan Bristow, MD, FAPA, provides an overview of these programs - with specific guidance related to patient selection, program intensity, and program duration – to support the optimization of care for people with behavioral health conditions. Download here.

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Medicare Advantage Enrollment by State, Interactive Tool
- Arizona Medicaid Managed Care Enrollment is Up 1.1%, Jan-21 Data
- Colorado RAE Enrollment is Up 26.4%, 2020 Data
- Georgia Medicaid Management Care Enrollment is Up 1.3%, Jan-21 Data
- Iowa Medicaid Managed Care Enrollment is Up 1%, Jan-21 Data
- Maryland Medicaid Managed Care Enrollment Is Up 11.4%, 2020 Data
- Missouri Medicaid Managed Care Enrollment is Up 30.1%, 2020 Data
- Mississippi Medicaid Managed Care Enrollment is Up 8.6%, 2020 Data
- New Jersey Medicaid Managed Care Enrollment is Up 15.8%, 2020 Data
- Nevada Medicaid Managed Care Enrollment is Up 24.8%, Nov-20 Data
- North Carolina Medicaid Enrollment by Aid Category, Nov-20 Data
- Ohio Dual Demo Enrollment is Down 4.9%, Jan-21 Data
- Rhode Island Dual Demo Enrollment is Down 0.7%, Jan-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 8%, 2020 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska Medicaid Quality Improvement Organization RFP, Jan-21
- Kansas Medicaid Asset Verification Services RFP, Jan-21
- Kentucky Medicaid External Quality Review Organization (EQRO) RFP, Jan-21
- Kentucky Medicaid MCO Pharmacy Benefit Manager (PBM) RFP, Proposals, Scoring and Contract, 2020-21
- New Jersey FamilyCare MCO Contracts, 2016-20
- Texas Data Analytics Vendor RFP, Jan-21

Medicaid Program Reports, Data and Updates:

- CMS Medicaid FFCRA Increased FMAP Expenditures, 2020 Data
- CMS Tools Helping State Medicaid, CHIP Agencies Plan for Eventual Return to Regular Operations After COVID-19 Public Health Emergency, Jan-21
- GAO Rural Hospital Closures Report, Dec-20
- President Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness, Jan-21
- Arizona AHCCCS Population Demographics, Jan-21
- Colorado Children's Health Plan Plus Caseload by County, 2014-20
- Florida Managed Medical Assistance (MMA) 1115 Demonstration Waiver Approval and Amendments, 2016-21
- Kansas Section 438.6(c) Medicaid Managed Care Directed Payments Preprints and Approval Letters, 2018-21
- New Jersey Medical Assistance Advisory Council Meeting Materials, Jan-21
- New York Governor's Proposed Budget, FY 2022
- Ohio Medicaid Waiver Comparison Charts, SFY 2021

- Ohio OBM Monthly Financial Reports, 2021
- Ohio OhioRISE Advisory Council Meeting Materials, 2020-21
- Pennsylvania HealthChoices Physical Health Rate Development and Certification, CY 2019-21
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-21
- Texas Medicaid Value-based Purchasing Program Integrity Considerations Report, Dec-20
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Dec-20

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