

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... March 10, 2021



RFP CALENDAR
HMA News

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THIS WEEK

- **IN FOCUS: CALIFORNIA RELEASES REVISED CALAIM PROPOSAL**
- ARKANSAS SENATE PASSES MEDICAID WORK INCENTIVE BILL
- MEDICAID EXPANSION NEWS: GEORGIA, KANSAS, LOUISIANA, MISSOURI, WYOMING
- IDAHO COMMITTEE APPROVES 20 PERCENT INCREASE IN FISCAL 2022 MEDICAID BUDGET
- NEVADA MEDICAID PLANS BEGIN IMPLEMENTING 6 PERCENT PROVIDER RATE REDUCTION, STATE SAYS
- ACA EXCHANGE NEWS: NEW YORK, SOUTH CAROLINA, NATIONAL
- BIDEN TO SIGN \$1.9 TRILLION COVID-19 RELIEF BILL ON MARCH 12
- MEDPAC IS EXPECTED TO CALL FOR SIMPLIFIED MEDICARE ALTERNATIVE PAYMENT MODELS
- INNOVAGE RAISES \$350 MILLION AT \$21 PER SHARE IN IPO
- ALIGNMENT HEALTHCARE SEEKS TO RAISE \$100 MILLION IN IPO
- **HMA WELCOMES: JULIET MARSALA (PHILADELPHIA, PA) AND NICK WILLIAMS (LOS ANGELES, CA)**
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

CALIFORNIA RELEASES REVISED CALAIM PROPOSAL

This week, our *In Focus* section summarizes the revised California Advancing and Innovating Medi-Cal (CalAIM) proposal, released on February 17, 2021. Medi-Cal, the state's Medicaid program, covers over 13 million individuals, with over 11 million in managed care. CalAIM seeks to standardize and streamline the Medi-Cal program and address health disparities and social

determinants of health for high-risk, high-cost Medi-Cal members through broad-based delivery system, program, and payment reform. CalAIM was originally scheduled to begin its tiered implementation in January 2021, but due to COVID-19 has been delayed until January 2022. The revised proposal incorporates additional stakeholder input, learnings from the workgroup meetings, and ongoing policy development.

In the Fiscal 2021-22 budget, California Governor Gavin Newsom proposed to spend \$1.1 billion total funds (\$531.9 million General Fund) in 2021-22, and \$864 million total funds (\$423 million General Fund) on an ongoing annual basis.

CalAIM Goals

CalAIM strives to achieve three primary goals, according to the state:

1. Identify and manage member risk and need through whole person care approaches; address social determinants of health
2. Reduce complexity and increase flexibility in Medi-Cal
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform

To accomplish this, CalAIM includes a number of key changes and overhauls to the Medi-Cal program, such as moving fee-for-service (FFS) members to Medi-Cal managed care, a statewide Managed Long Term Services and Supports (MLTSS) program, full integration of services within managed care plans, a focus on high risk populations through changes in care management, among many others.

CalAIM Key Initiatives and Implementation Date Changes

A list of some key reforms and the proposed implementation dates under the CalAIM proposal can be found below.

- **Medi-Cal FFS Members Transition to Managed Care**

Under the CalAIM proposal, Medi-Cal fee-for-service members in voluntary or excluded counties will be moved to Medi-Cal managed care. The only exception is members for whom managed care enrollment is not appropriate due to limited scope of benefits or limited time enrolled.

Implementation Date: January 1, 2022 for non-dual eligibles

Implementation Date: January 1, 2023 for dual eligibles

- **Standardization of Medi-Cal Benefit Package Across Managed Care Plans**

Implementation Date: January 1, 2023

- **Regional Managed Care Capitation Rates**

For targeted counties and managed care plans:

Implementation Date: January 1, 2022

Full implementation statewide:

Implementation Date: No sooner than January 1, 2024

- **Statewide MLTSS, Long-term Care, and Shift to Dual Eligible Special Needs Plans**

Long-term care will be carved-in.

Implementation Date: January 1, 2023

Cal MediConnect, the state's dual demonstration, will end and members will transition to Dual-Eligible Special Needs Plan (D-SNP) and managed care plan aligned enrollment.

Implementation Date: January 1, 2023

Medi-Cal managed care plans in non-Coordinated Care Initiative (CCI) counties will be required to operate Medicare D-SNPs.

Implementation Date: By 2025

Statewide MLTSS.

Implementation Date: By 2027

- **Full Integration Plans**

Med-Cal managed care plans will integrate physical health, behavioral health, and oral health under one contracted entity. Multiple Medi-Cal delivery systems (Medi-Cal managed care, county mental health plans, county Drug Medi-Cal and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs) would be consolidated under one contract.

Implementation Date: No sooner than January 1, 2027

- **Administrative Integration of Specialty Mental Health and SUD Treatment Services**

Each county or region will implement a single integrated behavioral health plan.

Implementation Date: By 2027

- **Behavioral Health**

Payment reform to transition from a cost-based payment methodology to outcomes and quality-based payments.

Implementation Date: No later than July 1, 2022

Revised medical necessity criteria to more clearly delineate and standardize requirements.

Implementation Date: January 1, 2022

- **Population Health Management**

Medi-Cal managed care plans will need to “develop and maintain a person-centered population health strategy for addressing member health and health-related social needs based on data-driven population level assessment, and risk stratification and segmentation.” Plans will need to partner with community-based providers to address needs as well as coordinate with county behavioral health and public health departments to develop strategies.

Implementation Date: January 1, 2023

- **Enhanced Care Management**

A statewide enhanced care management (ECM) benefit will build on the current Health Homes Program and Whole Person Care pilots and provide a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries. Plans will need to partner with existing Health Homes community-based care management entities (CB-CMEs) and Whole Person Care providers.

Implementation Date: January 1, 2022

Plans in counties with the pilot programs transition target populations.

Implementation Date: July 1, 2022

Plans in pilot counties implement additional target populations.

Plans in non-pilot counties begin implementation of select target

populations.

Implementation Date in all Counties: January 1, 2023

- **In Lieu of Services (ILOS)**

Plans can use a set of 14 nonmedical ILOS listed by the state as an alternative or substitute for covered Medi-Cal benefits over time. ILOS are optional for both the plan to offer and the beneficiary to accept. These services will be integrated with care management for high-risk members.

Implementation Date: January 1, 2022

- **Incentive Payments**

Plans will receive incentive payments to invest in the delivery system and quality performance.

Implementation Date: January 1, 2022

Seniors and persons with disabilities/long-term care blended rate.

Implementation Date: 2023

Additional initiatives can be found in the proposal in the link below.

[Link to CalAIM website](#)



HMA MEDICAID ROUNDUP

Arkansas

Senate Passes Medicaid Work Incentive Bill. *KNWA Fox 24* reported on March 9, 2021, that the Arkansas Senate passed the Arkansas Health and Opportunity for Me (ARHOME) bill, a work incentive program for the state's Medicaid expansion population designed to replace the state's inoperative work requirements program. The bill, which would allow expansion members who work to continue to enroll in Exchange plans instead of Medicaid fee-for-service, now heads to the state House. [Read More](#)

Florida

Nursing Homes Failed to Report Incidents of Abuse, Neglect, Audit Finds. *Modern Healthcare* reported on March 8, 2021, that the Florida Agency for Health Care Administration's Division of Health Quality Assurance failed to ensure abuse and neglect reporting in Medicaid nursing facilities, according to an audit by the Department of Health and Human Services' Office of Inspector General (HHS OIG). The audit reviewed 104 hospital claims for 2016 emergency room visits of Medicaid nursing facility residents and found that nursing facilities failed to report at least 15 incidents associated with potential abuse or neglect. HHS OIG recommended Florida work with the Centers for Medicare & Medicaid Services to develop clear policies and procedures for incident report processing. [Read More](#)

Georgia

Georgia House Approves Budget Proposal Without Medicaid Expansion. *News 4 Jax* reported on March 5, 2021, that the Georgia House cleared a \$27.2 billion budget without a proposed amendment to fund Medicaid expansion. The budget, which takes effect July 1, earmarks \$58 million to boost mental health services. The spending plan now heads to the state Senate. [Read More](#)

Idaho

Idaho Committee Approves 20 Percent Increase in Fiscal 2022 Medicaid Budget. *The Idaho Press* reported on March 9, 2021, that the Idaho Joint Finance-Appropriations Committee approved a fiscal 2022 Medicaid budget of \$3.7 billion, up 20 percent from the previous fiscal year. Most of the increase is in federal matching funds. About \$769.7 million is in state general funds, an increase of 6 percent. [Read More](#)

Kansas

Kansas Senate Rejects Medicaid Expansion Amendment. *WIBW* reported on March 4, 2021, that the Kansas Senate rejected a Medicaid expansion amendment that would have provided coverage to more than 165,000 individuals. The amendment, which was opposed by Republican lawmakers, was attached to a bill addressing community behavioral health clinics. [Read More](#)

Louisiana

Louisiana Hospitals See Decline in Uncompensated Care Costs Following Medicaid Expansion. *Recycle Intelligence* reported on March 3, 2021, that three years after the implementation of Medicaid expansion in Louisiana, hospital uncompensated care costs fell to three percent of total operating costs, down from seven percent prior to expansion, according to a [study](#) published in *Health Affairs*. Rural hospitals saw the biggest decline in uncompensated care costs. [Read More](#)

Missouri

Missouri Bill Would Segregate Medicaid Expansion Funding. *The Neighbor/The Center Square* reported on March 3, 2021, that Missouri House Budget Chair Cody Smith (R-Carthage) filed a bill which would segregate Medicaid expansion funding from other spending bills and require separate approval. Last year, Missouri voters approved Medicaid expansion for about 275,000 individuals at a cost of \$1.6 billion, with the state share amounting to \$165 million. A separate bill filed by state Senator Dan Hegeman (R-Cosby) would extend the Federal Reimbursement Allowance (FRA) to allow the state to collect nearly \$1.3 billion in hospital taxes and \$2.4 billion in federal matching funds each year. The FRA bill cleared the Senate Appropriations Committee and now heads to the floor. [Read More](#)

New York

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

New York Exchange Enrollment Hits 1.1 Million for QHPs, Essential Plan. The New York State of Health Exchange announced on March 9, 2021, that about 1.1 million individuals had enrolled in a qualified health plan (QHP) or Essential Plan as of February 28. Including individuals directed to Medicaid and CHIP, the total number of individuals choosing health coverage through the Exchange was 5.8 million as of February, including 885,000 individuals who signed up during the recent special open enrollment session. [Read More](#)

Nevada

Nevada Medicaid Plans Begin Implementing 6 Percent Provider Rate Reduction, State Says. Nevada announced on March 3, 2021, that Medicaid managed care plans in the state have begun implementing a six percent across-the-board provider rate reduction. The state has already posted Medicaid fee schedules reflecting the rate reduction, which had previously been approved by the state legislature. A similar Medicaid fee-for-service rate cut has not yet been implemented. [Read More](#)

South Carolina

South Carolina Medicaid, ACA Enrollment Swells as Job Losses Mount. *The Post and Courier* reported on March 7, 2021, that Medicaid enrollment in South Carolina topped 1.34 million, an increase of more than 90,000 between March and December 2020 as a result of COVID-related job losses. Exchange plan enrollment was up by 16,000 during the 2020 open enrollment period, plus another 6,100 have enrolled so far during President Biden's special enrollment period. [Read More](#)

Texas

Texas Medicaid Subcontractor Is Fired After Data Breach. *The Dallas Morning News* reported on March 5, 2021, that Medicaid subcontractor Benefit Recovery Specialists Inc. (BSRI) was fired following a data breach that exposed the protected health information of nearly 275,000 beneficiaries, mostly in Texas. BSRI, which provides billing and collection services, was a subcontractor to Accenture. [Read More](#)

Utah

Utah Bill to Extend Medicaid Post-Partum Coverage Dies. *KPCW* reported on March 4, 2021, that a Utah bill that would have extended Medicaid coverage to pregnant and post-partum mothers living at or below 200 percent of poverty died in the state legislature. The bill, which was sponsored by state Representative Ray Ward (R-Bountiful), was aimed in part at addressing high rates of suicide, drug addiction, and post-partum depression in the state. [Read More](#)

Wyoming

Wyoming Senate Committee Clears Medicaid Expansion Bill. *KGAB* reported on March 8, 2021, that the Wyoming Senate Labor, Health, and Social Services Committee approved a bill that would implement Medicaid expansion for as long as the federal government picks up at least 90 percent of the tab. The bill, sponsored by state Senator Chris Rothfuss (D-Albany County), would cover about 25,000 individuals at 138 percent of poverty. The bill now heads to the full Senate. [Read More](#)

National

Biden to Sign \$1.9 Trillion COVID-19 Relief Bill on March 12. *The Washington Post* reported on March 10, 2021, that the U.S. Congress has passed President Biden's \$1.9 trillion COVID-19 relief package, which he is expected to sign on March 12. The bill includes incentives for states that implement Medicaid expansion, enhanced Exchange subsidies, additional funds for rural hospitals, and a 2024 effective date for removing the cap on Medicaid drug rebates. [Read More](#)

U.S. to Award \$30 Million in Elderly Housing Modification Grants. The U.S. Department of Housing and Urban Development (HUD) announced on March 2, 2021, that it will provide \$30 million in grants and training resources to non-federal entities to establish the Older Adults Home Modification Grant Program. The grant program will help not-for-profits, state and local governments, and public housing authorities address the home modification needs of low-income elderly individuals and their caregivers. The grants aim to better enable individuals to "age in place" and minimize the need to move to nursing homes or other assisted care facilities. Applications for grants are due May 4, and HUD expects to award 30 grants. [Read More](#)

Medicare Advantage Plans Look to FFS Beneficiaries for Growth. *Modern Healthcare* reported on March 8, 2021, that Medicare Advantage plans are looking to fee-for-service Medicare for membership growth. Initiatives aimed at attracting fee-for-service Medicare members include additional benefits, investments in social determinants of health, and a focus on dual eligibles. Medicare Advantage enrollment has increased 41.4 percent since 2017. [Read More](#)

Medicaid Eligibility Standards Tied to COVID Hold Steady, Survey Says. The Kaiser Family Foundation and Georgetown's Center for Children and Families reported on March 8, 2021, that eligibility standards tied to the COVID-19 pandemic remained unchanged as of January 2021, according to a state-by-state survey. Federal maintenance of eligibility rules require states to maintain Medicaid eligibility standards until the end of the public health emergency in order to qualify for enhanced federal Medicaid matching funds. [Read More](#)

Senate Passes \$1.9 Trillion COVID-19 Relief Bill, Including Medicaid Related Provisions. *Fierce Healthcare* reported on March 6, 2021, that the Senate approved a revised \$1.9 trillion COVID-19 relief bill, including incentives for states that implement Medicaid expansion, enhanced Exchange subsidies, additional funds for rural hospitals, and a 2024 effective date for removing the cap on Medicaid drug rebates. The bill now heads back to the House for approval. [Read More](#)

Health Plans Look to Medicare, Medicaid for Growth. *Modern Healthcare* reported on March 6, 2021, that health plans continue to see growth opportunities in the Medicare Advantage and Medicaid managed care markets. In the Medicaid market, for example, plans are investing in services and technology to better serve members, including telehealth, remote-monitoring, in-home care, personal health services, and social determinants of health-related services. [Read More](#)

Medicaid Work Requirements Could Drive Coverage Losses for Women, Study Finds. Kaiser Family Foundation announced a study on March 4, 2021, that found Medicaid work requirements could lead to significant coverage losses for women, who make up the majority of adult Medicaid beneficiaries. Women are more likely to report that they did not work due to family caregiving responsibilities, the study found. Women have also been disproportionately impacted by pandemic-related job losses. [Read More](#)

200,000 Enroll in Exchange Plans During First Two Weeks of Special Enrollment Period. *The Hill* reported on March 3, 2021, that more than 200,000 individuals enrolled in an Exchange plan during the first two weeks of the special enrollment period on HealthCare.gov. The Biden administration has pledged \$50 million on advertising and an additional \$2.3 million for navigators during the special enrollment period, which runs from February 15 through May 15. [Read More](#)

Provider Lobby Wants Home Care Reimbursement Changes to Be Permanent. *Modern Healthcare* reported on March 3, 2021, that the Moving Health Home Coalition will lobby Congress to make pandemic-related changes to home health reimbursements permanent. The coalition is being formed by Intermountain Healthcare, Ascension, and home care and hospital-at-home organizations. Policies supported by the group will include: reimbursing hospitals the same rate as the 2022 Medicare Physician Fee Schedule for home-based evaluation and monitoring; continuing Medicare payments to hospitals for at-home care; providing Medicare coverage of high-acuity at-home care; and extending a home care bundled model that would serve as an alternative to skilled nursing facility stays. [Read More](#)

MedPAC Is Expected to Call For Simplified Medicare Alternative Payment Models. *Modern Healthcare* reported on March 4, 2021, that the Medicare Payment Advisory Commission (MedPAC) is likely to recommend that federal regulators simplify Medicare alternative payment models, including a reduction in the number of available models and better coordination across models. MedPAC, which is expected to vote on the recommendations in April, has found that the impact of alternative payment models on healthcare spending and quality has been limited. [Read More](#)



INDUSTRY NEWS

InnovAge Raises \$350 Million at \$21 Per Share in IPO. *Renaissance Capital* reported on March 4, 2021, that InnovAge raised \$350 million in an initial public offering (IPO) of 16.7 million shares of common stock at \$21 per share. Shares in InnovAge began trading on Nasdaq under the ticker symbol INNV on March 4. InnovAge is a Program of All-inclusive Care for the Elderly (PACE) provider, with 6,600 dual-eligible members in five states. [Read More](#)

Alignment Healthcare Seeks to Raise \$100 Million in IPO. *Orange County Business Journal* reported on March 3, 2021, that Alignment Healthcare, a Medicare Advantage technology company, hopes to raise \$100 million in an initial public offering of common stock. The number of shares and price have not yet been determined. Alignment Healthcare intends to trade on Nasdaq using the ticker symbol ALHC. [Read More](#)

Geisinger Health to Limit Stake in Evangelical Community Hospital to 7.5 Percent. *Modern Healthcare* reported on March 3, 2021, that Pennsylvania-based Geisinger Health agreed to limit its ownership stake in Evangelical Community Hospital to 7.5 percent, as part of a settlement with the U.S. Department of Justice. Geisinger also agreed not to lend Evangelical funds or exert control over Evangelical's expenses. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 2021 - Delayed	Nevada	RFP Release	465,000
January 26, 2021 - Delayed	Ohio	Awards	2,450,000
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
Summer 2021	Rhode Island	RFP Release	276,000
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	Missouri	RFP Release	756,000
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
November 2021	Missouri	Awards	756,000
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	Rhode Island	Implementation	276,000
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	NA
July 1, 2022	Missouri	Implementation	756,000
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
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
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 WELCOMES

Juliet Marsala – Senior Consultant

Juliet Marsala is a skilled executive who brings more than 15 years of experience focused on community-based and long-term care to HMA.

She has been leading the transformation of community-based organizations' (CBOs) operations to provide social services more effectively to vulnerable populations in home and community-based services (HCBS) and long-term services and supports (LTSS). Her experience spans aging and disability services, managed care, nursing home transitions, supportive housing, employment and workforce development, and behavioral health.

Juliet joins HMA most recently from her Philadelphia-based private consultancy focused at the intersection of community needs and healthcare. Her work has included creating strategic plans, innovating program design, developing training and curriculum, evaluating operational efficiencies, providing technical assistance in regulatory adherence, and accreditation readiness. Her services have helped a range of clients from software engineering organizations, for-profit and CBO to universities and non-profit organizations.

Juliet has served as vice president of community health and long-term supports for JEVS Human Services, a nationally recognized non-profit supporting underserved populations. In this role she redesigned JEVS Human Services programs from fee-for-service to Managed Long-Term Service and Supports, oversaw financial management services, and achieved NCQA accreditation.

She was also founder and chief executive officer (CEO) of Supports Your Way, Inc., a successful CBO, that provided complex care management and advocacy services for aging persons and people with disabilities. As an entrepreneur, she oversaw all areas of program operations and talent development as well as the successful sale of the business.

Juliet is an active board member of several nonprofit organizations and serves as vice chair of the Pennsylvania Rehabilitation Advisory Committee. She earned a Master of Business Administration from Drexel University, a Master of Rehabilitation Counseling from the University of Medicine and Dentistry of New Jersey, and a bachelor's degree in psychology from Bryn Mawr College. She is also a certified rehabilitation counselor and a certified psychiatric rehabilitation practitioner.

Nick Williams – Senior Consultant

Nicholas Williams is a social sector leader, analyst, writer, and consultant with extensive experience and proven results in academic, business, nonprofit and government settings.

A skilled communicator and collaborator, he has led nonprofit and foundation organizations and projects focused on mental health, economic development, homelessness and housing, child and family welfare, K-12 education, higher

education, and workforce development. His projects have included engagements with a range of philanthropic foundations including the MacArthur Foundation, Bloomberg Philanthropies and the Ford Foundation.

He joins HMA after serving as associate director of the University of Southern California (USC) Center of Philanthropy and Public Policy. While there, he developed practice-oriented programs and research reports, engaging scholars and foundation leaders on issues at the intersection of philanthropy, government, and the private sector.

Nicholas has worked in-house for a management consulting agency and maintained his own consulting practice focused on strategic planning, program, and resource development for nonprofit and social impact organizations for more than a decade.

He has published several widely touted research reports on philanthropy and public policy, including a report on federal offices of strategic partnerships that he co-presented at the White House. He has also published articles and research reports for *Inside Philanthropy* on housing, homelessness, and democracy.

Nicholas earned a Master of Public Policy from USC, Southern California, and bachelor's degree in sociology from the University of Denver.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Kansas Medicaid Managed Care Enrollment is Up 2.2%, Feb-21 Data
- Michigan Dual Demo Enrollment is Down 1.1%, Feb-21 Data
- Michigan Medicaid Managed Care Enrollment is Up 2.0%, Feb-21 Data
- Nevada Medicaid Managed Care Enrollment is Up 2.4%, Jan-21 Data
- New Hampshire Medicaid Managed Care Enrollment is Up 20.6%, 2020 Data
- Rhode Island Medicaid Managed Care Enrollment is Up 13.3%, 2020 Data
- West Virginia Medicaid Managed Care Enrollment is Up 2.0%, Feb-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Indiana DCS Drug Testing Supplies and Services RFP, Proposals, and Awards, Jul-20
- Oklahoma Health Management Program RFP, Proposals and Scoring, 2018-19

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS Appropriation Status Reports, FY 2020-21
- Arizona Behavioral Health Annual Reports, SFY 2018-20
- Colorado Children's Health Plan Plus Caseload by County, 2014-20, Jan-21
- Hawaii QUEST Integration Section 1115 CMS Quarterly Reports, 1Q21
- Illinois Medicaid Advisory Committee Meeting Materials, Nov-20
- Indiana Medicaid Advisory Committee Meeting Materials, Feb-21
- Indiana Medicaid Managed Care Demographics by Age, Aid Category, and Program, 2016-20, Feb-21
- Nebraska Annual External Quality Review Technical Reports, 2017-19
- Nebraska MCO EQR Compliance Reviews, FY 2019
- Nebraska Medicaid Reform Annual Reports, SFY 2013-19
- Oregon Medicaid Advisory Committee Meeting Materials, Feb-21
- South Carolina Medical Care Advisory Committee Meeting Materials, Feb-21
- Tennessee Medicaid Advisory Committee Meeting Materials, Sep-20
- Texas Early Childhood Intervention Services Implementation Plan for Maximizing Funding Progress Report, Mar-21
- Texas Health and Human Services Presentations to House Committees, Mar-21
- Texas Long-term Care Regulatory Annual Reports, FY 2018-20
- Texas Medicaid Managed Care Organization Performance and Accountability Presentation, Mar-21
- Texas Medicaid Medical Transportation Average Cost Per Trip Report, Feb-21
- Texas Medicaid Waiver Slot Enrollment Report, Mar-21
- Texas TANF State Plan Renewal, Oct-19

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- Excel data packages
- RFP calendar

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