

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... March 24, 2021 .....



[RFP CALENDAR](#)  
[HMA News](#)

**Edited by:**  
Alona Nenko  
[Email](#)

Carl Mercurio  
[Email](#)

Mary Goddeeris, MA  
[Email](#)

Lissete Diaz  
[Email](#)

Scott Silberberg  
[Email](#)

## THIS WEEK

- **IN FOCUS: NEVADA RELEASES MEDICAID MANAGED CARE RFP**
- MEDICAID EXPANSION NEWS: ALABAMA, FLORIDA, SOUTH DAKOTA, TENNESSEE, WYOMING
- ARKANSAS HOUSE PANEL CLEARS MEDICAID WORK INCENTIVE BILL
- FLORIDA LAWMAKER INTRODUCES LEGISLATION TO EXTEND MEDICAID POSTPARTUM COVERAGE TO FULL YEAR
- HAWAII AWARDS MEDICAID MANAGED CARE CONTRACTS
- MICHIGAN MEDICAID EXPANSION IMPACTS DENTAL HEALTH
- MISSISSIPPI MEDICAID PLAN, OTHERS FACE INVESTIGATION OVER PHARMACY BENEFITS
- OHIO MEDICAID PLAN TO INVEST \$18 MILLION TO FOSTER TELEHEALTH
- UTAH NAMES EMMA CHACON INTERIM STATE MEDICAID DIRECTOR
- PIERCE COUNTY, WA, COUNCIL TO VOTE ON MEDICAID OVERHAUL
- MEDICAID HCBS WOULD BE MANDATORY UNDER PROPOSED BILL
- AGILON HEALTH SEEKS TO RAISE \$100 MILLION IN IPO
- **NEW THIS WEEK ON HMAIS**

## IN FOCUS

### NEVADA RELEASES MEDICAID MANAGED CARE RFP

This week, our *In Focus* section reviews the Nevada Medicaid and Child Health Insurance Program (CHIP) managed care request for proposals (RFP) released by the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP) on March 17, 2021. The RFP is for the current service area covering two urban counties of the state, Clark and

Washoe; however, the state may extend the geographic service area under the contract. Through this RFP, Nevada seeks to advance the state’s goals of “improved clarity and oversight of requirements; increased focus on care management, member engagement, and access; and continued progress towards integration of services and efficiency.”

Contracts are worth approximately over \$2 billion annually. DHCFP’s actuary will hold a public meeting on April 2, 2021, to present an overview of the calendar year 2022 rate development to potential bidders.

Selected managed care organization (MCOs) must also participate in the state-based Affordable Care Act (ACA) Exchange, providing at least one Silver and one Gold Qualified Health Plan (QHP) by 2024. This is to ensure continuity of care for individuals and families who may have a change in Medicaid or CHIP eligibility status. The offerings must also meet the requirements of an MCO Transition QHP.

**RFP Timeline**

Contracts will run from January 1, 2022, to December 31, 2025, with a possible two-year extension. Proposals are due May 13, 2021, and awards are expected to be announced September 7, 2021.

RFP Activity	Date
RFP Issued	March 17, 2021
Proposals Due	May 13, 2021
Letters of Intent	June 14, 2021
Awards	September 7, 2021
Implementation	January 1, 2022

**Current Market**

Current incumbents are Anthem/Amerigroup, UnitedHealthcare/Health Plan of Nevada, and Centene/SilverSummit Health Plan, who collectively serve nearly 600,000 individuals. The last procurement was in 2016. MCOs cover benefits including physical health, behavioral health, and prescription drugs, and serve approximately 72 percent of the state’s Medicaid and CHIP population. The rest receive benefits through a fee-for-service delivery model.

Plan	Total	% Market Share
UnitedHealthcare	285,897	47.7%
Anthem	243,505	40.6%
Centene	69,946	11.7%
<b>Total</b>	<b>599,348</b>	

Enrollment in managed care is mandatory for recipients under the family medical categories, the Nevada Check Up program (the state’s CHIP program), and the aged out of foster care coverage group when there is more than one MCO option in the geographic service area. Eligible Native American populations and children with Special Health Care Needs (CSHCN) or Severe Emotional Disturbance (SED) can choose to opt out of managed care. Excluded populations from managed care include: individuals in foster care/child welfare, individuals in an intermediate care facility with intellectual

disabilities, individuals receiving services in a Nursing Facility (NF) for over 180 days, individuals receiving hospice services, individuals enrolled in a 1915(c) Home and Community Based Services waiver program, and individuals admitted to a swing bed stay in an acute care hospital for over 45 days.

**Evaluation**

The proposal evaluation process will consist of three phases:

- Phase I: Review of Mandatory Requirements
- Phase II: Review of Responses to Technical Questions
- Phase III: Oral Presentations (at state’s option)

The technical proposal will be scored out of a possible 1,500 points. MCO responses to each topic area will receive a numerical score of zero through five, correlating to a percentage of points earned, with zero being no points earned through five being 100 percent of points earned.

Technical Proposal	
Topic Area	Maximum Available Points
Member & Provider Services	250
Benefits & Service Delivery	300
Network & Access to Care	325
Clinical and Quality	350
Monitoring and Reporting	150
Business and Operations	125
<b>Total</b>	<b>1,500</b>

The state may also invite individual MCOs for an oral presentation but reserves the right to forego oral presentations and select winning MCOs based on the written proposal.

[Link to RFP](#)



## HMA MEDICAID ROUNDUP

### *Alabama*

**Governor Is Open to Medicaid Expansion.** *U.S. News & World Report/The Associated Press* reported on March 20, 2021, that Alabama Governor Kay Ivey is open to discussing Medicaid expansion, according to spokeswoman Gina Maiola, but indicated the need for additional information about the long-term cost projections. Ivey and Republican lawmakers in Alabama are reviewing incentives offered by the Biden administration for new Medicaid expansion states. Medicaid expansion in Alabama could cover an additional 300,000 individuals. [Read More](#)

### *Arkansas*

**Arkansas House Committee Clears Medicaid Work Incentive Bill.** *The Northwest Arkansas Democrat Gazette* reported on March 24, 2021, that the Arkansas House Public Health, Welfare and Labor Committee advanced a Medicaid expansion work incentive bill designed to replace the state's inoperative work requirements program. The Arkansas Health and Opportunity for Me (ARHOME) 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 full House. [Read More](#)

### *Florida*

**Florida Lawmaker Introduces Legislation to Extend Medicaid Postpartum Coverage to Full Year.** *The Tampa Bay Times* reported on March 23, 2021, that Florida House Speaker Chris Sprowls (R-Palm Harbor) introduced legislation to extend Medicaid postpartum coverage from 60 days to a year. The bill would extend coverage for about 97,600 new mothers. [Read More](#)

**Senate to Vote on Use of Apprentices to Meet Nursing Home Staffing Requirements.** *Health News Florida* reported on March 18, 2021, that the Florida Senate Health Policy Committee advanced a bill that would allow nursing homes to use apprentices to meet state minimum staffing requirements. Currently, nursing homes are not able to use non-nursing staff to meet the minimums. The bill, sponsored by Senator Aaron Bean (R-Fernandina Beach), now heads to the Senate floor. [Read More](#)

**Governor, Legislative Leaders Show No Interest in Medicaid Expansion.** *The Orlando Sentinel* reported on March 17, 2021, that Florida Governor Ron DeSantis and state legislative leaders remain opposed to Medicaid expansion, despite federal incentives that further enhance Federal Medical Assistance Percentages (FMAP) for new expansion states. About 800,000 individuals would be eligible for Medicaid expansion in Florida. [Read More](#)

## Georgia

**Georgia to Challenge Repeal of Expansion Waiver With Work Requirements.** *Georgia Health News* reported on March 17, 2021, that Georgia would challenge an attempt by federal regulators to revoke the state's partial Medicaid expansion waiver in whole or in part because it contains work requirements. In a letter to the Centers for Medicare & Medicaid Services, state commissioner of Community Health Frank Berry said revoking the waiver would constitute "an arbitrary and unlawful bait-and-switch." The Trump administration approved the Georgia waiver, dubbed Pathways to Coverage, which is scheduled to begin July 1, 2021. [Read More](#)

## Hawaii

**Hawaii Awards QUEST Integration Medicaid Managed Care Contracts.** The Hawaii Department of Human Services (DHS) awarded on March 18, 2021, QUEST Integration (QI) Medicaid managed care contracts to Alohacare, Centene/WellCare, Hawaii Medical Service Association (HMSA), Kaiser Foundation Health Plan, and UnitedHealthcare. All health plans were awarded statewide contracts, except for Kaiser which was awarded a contract for Oahu and Maui only. All winners are incumbents and will continue to serve 378,000 Medicaid and Children's Health Insurance Program (CHIP) members with integrated medical, behavioral and long-term care coverage. Implementation is slated to begin July 1, 2021, with contracts running to December 31, 2026, with three additional optional years. The total contract worth, including optional years, is \$17 billion. The state had previously awarded contracts to Alohacare, Centene/WellCare, HMSA, and UnitedHealthcare on January 22, 2020; however those contracts were rescinded because of the COVID-19 pandemic. [Read More](#)

## Michigan

**Medicaid Expansion Improves Dental Health, Survey Finds.** *Medical News* reported on March 23, 2021, that 57 percent of Michigan Medicaid expansion members who saw a dentist since enrolling reported improved oral health, according to a University of Michigan survey of 4,090 Healthy Michigan Plan expansion members. The program covers basic dental care, including cleanings, fillings, X-rays, and dentures. Currently, there are more than 895,000 individuals enrolled in Medicaid expansion. [Read More](#)

## Mississippi

**Mississippi Medicaid Plan, Others Face Investigation Over Pharmacy Benefits.** *The Daily Journal* reported on March 23, 2021, that Mississippi is investigating whether one of its Medicaid managed care plans and possibly others overcharged the state as they managed pharmacy benefits. The investigation focuses on Centene/Magnolia Health, which uses Envolve Pharmacy Solutions and RxAdvance. A state official said the investigation is similar to an Ohio lawsuit against Centene over pharmacy benefits. [Read More](#)

## Missouri

**Missouri Eyes Medicaid Savings from COVID Relief Package.** *The News Tribune* reported on March 24, 2021, that Missouri lawmakers got their first look at Medicaid savings proposals stemming from the recently enacted COVID relief package. Potential areas for general funds savings presented during a House Budget Committee meeting included Medicaid managed care, pharmacy programs, and a variety of medical services. [Read More](#)

## Ohio

**Ohio Medicaid Plan to Invest \$18 Million to Foster Telehealth.** *The Columbus Business First* reported on March 19, 2021, that Ohio Medicaid plan Centene/Buckeye Health Plan has committed more than \$18 million to expanding telehealth. Efforts include funding for smartphones and network access for patients and technical assistance for Federally Qualified Health Centers to ramp-up telehealth services. [Read More](#)

## Oklahoma

**Oklahoma Request for Medicaid Amendments Is Open for Comment.** The Centers for Medicare & Medicaid Services (CMS) announced on March 23, 2021, that Oklahoma's request to amend its long-standing SoonerCare Medicaid 1115 waiver is open for public comment through April 22, 2021. The request for amendments, which was submitted to CMS last month, would formally allow the state to enroll families, expansion members, and foster care populations in Medicaid managed care. It would also waive retroactive eligibility for most expansion adults. Oklahoma awarded contracts to four health plans to transition its Medicaid program to managed care in October. [Read More](#)

## Puerto Rico

**Puerto Rico Medicaid Enrollment Rises Nearly 14 Percent Since Start of Pandemic.** *The Philadelphia Inquirer* reported on March 22, 2021, that Medicaid enrollment in Pennsylvania increased 13.7 percent to 3.2 million in the 12 months through February 2021 as a result of the COVID-19 pandemic. The state Department of Human Services is asking state lawmakers to approve \$941 million in extra funding to shore up a budget deficit driven by increased caseloads. [Read More](#)

**Medicaid Procurement Reform Is Topic of Testimony by GAO Official.** The U.S. Government Accountability Office (GAO), on March 17, 2021, reiterated before a House subcommittee the need for ongoing, risk-based oversight of Puerto Rico's Medicaid procurement process to promote competition and to mitigate the risk of fraud, waste and abuse, according to [testimony](#) by GAO Director, Health Care, Carolyn Yocom. Her remarks, before the House Subcommittee on Health, follow the February publication of a GAO [report](#) calling for risk-based oversight by the Centers for Medicare & Medicaid Services. [Read More](#)

## South Dakota

**South Dakota Advocates Oppose Initiative Likely to Impact Medicaid Expansion Ballot Measure.** *The Rapid City Journal* reported on March 22, 2021, that a South Dakota advocacy group wants to delay an initiative likely to impact the state's Medicaid expansion ballot measure, which is expected for the November 2022 general election. The initiative would require supermajority voter approval for any citizen-initiated law or amendment costing the state \$10 million over five years. Dakotans For Health has asked the state Supreme Court to delay the supermajority initiative from June to November 2022. [Read More](#)

## Tennessee

**Tennessee Senate Speaker Is Open to Medicaid Expansion.** *The Tennessean* reported on March 23, 2021, that Tennessee Lieutenant Governor and Senate Speaker Randy McNally (R-Oak Ridge) is reconsidering his opposition to Medicaid expansion in light of new federal incentives. Tennessee Governor Bill Lee and House Speaker Cameron Sexton (R-Crossville) indicated continued opposition to expansion. Medicaid expansion would cover an additional 300,000 adults. [Read More](#)

## Utah

**Utah Names Emma Chacon Interim State Medicaid Director.** The Utah Department of Health announced on March 17, 2021, that Governor Spencer Cox has named Emma Chacon interim state Medicaid director. Chacon previously served as Utah Medicaid deputy director and operations director. Chacon will replace Nathan Checketts, who will serve as deputy director at the Utah Department of Human Services. [Read More](#)

## Washington

**Pierce County Council to Vote on Medicaid Overhaul; State Officials Have Questions.** *KIRO/The News Tribune* reported on March 18, 2021, that the Pierce County Council will vote on a Medicaid overhaul bill, which would create an Accountable Care Network to re-negotiate contracts with Medicaid managed care plans and institute a one-tenth of one percent sales tax to help fund additional behavioral health services. The bill has cleared the council's Human Services Committee. Other counties in the state have passed a similar sales tax increase. Regarding the broader overhaul, state Medicaid director MaryAnne Lindeblad said, "we don't have enough information on what they are attempting to do." Currently, five Medicaid plans serve more than 230,000 Medicaid beneficiaries in Pierce County. [Read More](#)

## Wyoming

**Wyoming House Gives Initial Approval to Medicaid Expansion Bill.** *The Casper Star Tribune* reported on March 22, 2021, that the Wyoming House gave initial approval to a bill to implement Medicaid expansion for more than 25,000 individuals at 138 percent of poverty for as long as the federal government picks up at least 90 percent of the cost. The bill, which is sponsored by state Representative John Romero-Martinez (R-Cheyenne), still requires two additional readings in the House before heading to the Senate. Recently, a similar Senate bill failed to advance. [Read More](#)

## National

**Exchange Enrollment Now Is Open Through August 15.** *The Hill* reported on March 23, 2021, that the Biden administration extended the special HealthCare.gov Exchange enrollment period three more months through August 15. The extension means more time for individuals to buy coverage using enhanced subsidies from the American Rescue Plan Act. [Read More](#)

**Biden Administration Delays Rule Requiring Review of Most Existing Regulations.** *Modern Healthcare* reported on March 22, 2021, that the Biden administration has delayed a rule requiring the U.S. Department of Health and Human Services to review most of its regulations every 10 years and automatically void those not assessed within five years. The rule was initiated by the Trump administration. [Read More](#)

**Medicaid Home, Community-Based Services Would Be Mandatory Under Proposed Bill.** *Disability Scoop* reported on March 22, 2021, that U.S. House and Senate lawmakers have drafted a bill that would make Medicaid coverage of home and community-based services (HCBS) mandatory. The HCBS Access Act would provide additional funding to states, eliminate HCBS waiting lists, create a basic menu of required services, and help states create a network of providers. There are currently 850,000 individuals on HCBS waiting lists. [Read More](#)



**House Passes Bill to Extend Moratorium on Medicare Provider Cuts.** *Modern Healthcare* reported on March 19, 2021, that the U.S. House passed a bill that would extend the moratorium on a two percent sequester cut to Medicare providers until the end of the year. The cut, which began in 2013 and was temporarily paused in December 2020, is scheduled take effect again on April 1. The bill would also exempt the Biden COVID-19 relief package from potentially triggering further cuts. The bill now heads to the Senate. [Read More](#)

**Medicaid Mobile Crisis Intervention Gets Boost in COVID-19 Relief Law.** The Kaiser Family Foundation reported on March 18, 2021, that the American Rescue Plan Act (ARPA) allows states to provide community-based mobile crisis intervention services with 85 percent Medicaid federal matching funds for the first three years. An issue brief from Kaiser also detailed numerous other Medicaid provisions. [Read More](#)

**Xavier Becerra Is Confirmed as HHS Secretary.** *The Wall Street Journal* reported on March 18, 2021, that the U.S. Senate has confirmed Xavier Becerra as Secretary of the U.S. Department of Health and Human Services. Becerra will play an important role in implementing elements of the Biden administration's COVID relief package. He has also stressed the need to address healthcare costs, sustain the Affordable Care Act Exchanges, and ensure coverage for individuals with pre-existing conditions. [Read More](#)

**HHS Revokes Permission to Implement Medicaid Work Requirements in Arkansas, New Hampshire.** *Politico* reported on March 17, 2021, that U.S. Department of Health and Human Services (HHS) has revoked permission to implement Medicaid work requirements in Arkansas and New Hampshire. HHS informed the states that work requirements are "not likely to promote the objectives of the Medicaid statute." Medicaid work requirements had been approved in both states by the previous administration; however, Arkansas was the only state to implement the work requirements before being blocked by a federal judge. [Read More](#)



## INDUSTRY NEWS

**WellCare of KY Appoints Joshua Sloop as President, CEO.** On March 22, 2021, Centene subsidiary WellCare of Kentucky announced the appointment of Joshua Sloop as president and chief executive, effective March 29, 2021. Most recently, Sloop was with PA Health & Wellness, another Centene health plan in Pennsylvania. [Read More](#)

**Hospitals Seek Federal Investigation of UnitedHealth Group Proposed Acquisition of Change Healthcare.** *Modern Healthcare* reported on March 18, 2021, that the American Hospital Association [asked](#) the U.S. Department of Justice to investigate UnitedHealth Group's proposed \$8 billion acquisition of Change Healthcare, warning it would result in a loss of claims clearinghouse competition, payment accuracy, revenue cycle management, and clinical decision support services. [Read More](#)

**Agilon Health Seeks to Raise \$100 Million in IPO.** Healthcare technology company Agilon Health announced on March 18, 2021, that it filed a registration statement with the U.S. Securities and Exchange Commission to raise up to \$100 million in an initial public offering (IPO) of common stock. Agilon Health intends to trade on Nasdaq using the ticker symbol AGL. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
January 26, 2021 - Delayed	Ohio	Awards	2,450,000
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 13, 2021	Nevada	Proposals Due	600,000
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
Q2 2021	Tennessee	RFP Release	1,500,000
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
September 7, 2021	Nevada	Awards	600,000
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	Nevada	Implementation	600,000
January 1, 2022	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2022	North Dakota Expansion	Implementation	19,800
January 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

---

## COMPANY ANNOUNCEMENTS

---

**MCG White Paper: Mental Health Parity: Perspectives on the Future**

## HMA NEWS

### New this week on HMA Information Services (HMAIS):

#### Medicaid Data

- Illinois Dual Demo Enrollment is Up 12.1%, 2020 Data
- Iowa Medicaid Managed Care Enrollment is Up 2.8%, Mar-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 1.4%, Jan-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 2.5%, Feb-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 0.7%, Jan-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 1.4%, Feb-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 1.4%, Jan-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 2.4%, Feb-21 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Alabama Medicaid HIE Implementation and Operation RFP and Attachments, Mar-21
- Ohio Medicaid Independent Medical Examiners RLB, Mar-21
- Rhode Island Medicaid Enterprise System Planning Vendor and Project Management Office RFP, Mar-21

##### *Medicaid Program Reports, Data and Updates:*

- Georgia 'Pathways to Coverage' Section 1115 Demonstration Waiver Application, Approval, and Relevant Documents, 2019-21
- New Hampshire Work Requirements Waiver Letter, Mar-21
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Ohio OhioRISE Advisory Council Meeting Materials, 2020-21
- Oklahoma Governor's Proposed Budget, FY 2022
- Oklahoma SoonerCare 1115 Waiver Documents, 2015-21
- Tennessee Governor's Proposed Budget Documents, FY 2021-22
- Tennessee Medicaid Quality Assessment and Performance Improvement Strategy Reports, 2013-19
- Tennessee TennCare Budget Presentation, FY 2021
- Vermont DVHA Budget Recommendations, SFY 2019-22
- Washington Apple Health Managed Care Children with Chronic Conditions CAHPS Report, 2017-20
- Washington Medicaid Managed Care External Quality Review Reports, 2012-20

A subscription to HMA Information Services puts a world of Medicaid information at your fingertips, dramatically simplifying market research for strategic planning in healthcare services. An HMAIS subscription includes:

- State-by-state overviews and analysis of latest data for enrollment, market share, financial performance, utilization metrics and RFPs
- Downloadable ready-to-use charts and graphs
- Excel data packages
- RFP calendar

If you're interested in becoming an HMAIS subscriber, contact Carl Mercurio at [cmercurio@healthmanagement.com](mailto:cmercurio@healthmanagement.com).

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With 22 offices and over 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.