

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... March 31, 2021



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[HMA News](#)

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- RHODE ISLAND STATE-RUN HOSPITAL TO RESTART BILLING MEDICAID
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IN FOCUS

HMA ANALYSIS OF MEDICARE ADVANTAGE STAR RATING CHALLENGES

This week, our *In Focus* section highlights changes that may affect the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage Star Rating program and how these changes impact future summary Part C & D Star Rating scores. As the CMS Medicare Advantage Star Rating program continues evolving from year to year, many plans have yet to achieve at least four star status, and therefore are missing out on additional Medicare revenues. The

Star Rating landscape is expected to change drastically over the next two years for plans due to CMS' continued focus on phasing-in greater reliance on outcomes measures and measures of care experience, rather than process measures. As a result, many plans are at risk of losing their four star overall rating and underperforming plans could be at risk of receiving a low performance indicator.

HMA conducted an analysis of the potential impacts of the upcoming changes in Star Ratings. Roughly one-third of a MA plan's overall score will be based upon member experience/survey based measures captured in the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The HMA analysis finds that member experience appears to be the area that most health plans struggle to meaningfully impact and improve over time. Given the weighting of these metrics, this means that some plans would be mathematically eliminated from hitting a four star weighting without significant changes to their CAHPS scores in 2023. An HMA review of MA plan performance showed that 126 Medicare Advantage Health Plans, which represent about 4.2 million members, have the potential to be negatively impacted by these CAHPS rating changes. Of those 126 plans, HMA assesses that 57 are at significant risk and have limited viable pathways towards hitting a four star score or are at risk of becoming a low performing plan. These plans currently have almost 1.3 million members.

With so much changing in this space it is critical to keep an eye on three major items that have the potential to significantly disrupt the Medicare Stars performance landscape:

1. **Increased weight of CAHPS measures:** One of the material technical changes with impact to 2023 Star Rating is the increase of the patient experience, complaints, and access measures from double to quadruple weighting. The measures affected by this increased weight are all part of the experience of care measures collected through the CAHPS survey. The increase in weighted value will impact the calculation of overall and summary Star Ratings and will not change the Star calculation at the individual measure level. This change in scoring methodology means that member experience will change from a weight of one-fifth to over one-third of the overall Star Rating score. Plans will have to place greater emphasis on listening and responding to beneficiary needs to succeed.
2. **Increased importance of pharmacy related measures:** CMS makes changes from time to time in the measures that make up the Star Rating program. For example, the Plan All-Cause Readmissions (PCR) measure was removed from rating calculations for two years and it will come back in the 2022 measurement year for the 2024 Star Rating. In the future, CMS will temporarily remove two Health Outcomes Survey (HOS) measures due to measurement changes. This is important to note because as measures shift, the weighting of the remaining measures will change, which can have a significant impact on whether plans can improve or maintain their Star Rating. As a result of the most recent measure shifts, pharmacy measures will now have a higher impact on plans' summary scores. Additionally, HMA is seeing pharmacy influenced measures become even more important in the Part C domain such as statin use.
3. **Likely increase in global cut points due to changes in outlier methodology:** To increase the reliability and predictability of the point that

the star measures change on the five point scale from say three to 3.5 (cut points), CMS is modifying how it identifies the cut points for non-CAHPS star measures. Cut points are the ranges from which the Star Ratings are calculated. CMS has indicated that it plans to use the “Tukey outlier methodology” to remove outlier data from the calculation methodology. This change in methodology is likely going to cause global shifts in the cut points on both the higher and lower ends next year. As there have been more lower scoring plans, HMA anticipates the result will be to raise the cut points. Plans must adopt a data driven, calculated, and purposeful approach to its non-CAHPS based metrics that qualify for these cut-point methodological shifts.

For the past several years, health plans looking to increase their CMS Star Ratings generally focused on metrics that they assessed as most impactable by a health plan, which generally included HEDIS, operations, and pharmacy-based measures. However, reliance on cut points to move measurement scores and strategies that favor lower weighted measures will no longer have the same effect in improving Star Ratings. Instead, plans should consider implementing a multi-year CAHPS strategy that enhances member experience and access. If the Medicare Advantage plan outsources pharmacy services to a PBM, now is the time to discuss quality improvement goals and be more intentional about the pharmacy-related measures. Plans that have consistently demonstrated high performance generally have a data-driven approach to strategically address and resolve barriers to care that lead to poor measure performance, including social determinants of health (SDOH) and access to providers and pharmacies, in order to realize year over year CAHPS performance improvement.

HMA’s Medicare and Quality practices have deep experience with the development and implementation of best practices to improve and maintain a strong quality improvement model and culture within organizations. Specifically, we have been working with clients to develop customized CAHPS roadmaps to improve Star Rating performance and helping plans achieve economies of scale around maximizing their year-round Medicare stars strategy. For information on our Medicare and quality best practices, please contact [Anthony Davis](#), [Mary Hsieh](#), and [Sarah Owens](#).



HMA MEDICAID ROUNDUP

Alabama

Alabama Seeks Waiver to Use Medicaid Funds for Acute Stays in Institutions for Mental Diseases. Alabama submitted to federal regulators on March 1, 2021, a section 1115 waiver demonstration, seeking to use Medicaid funds to pay for acute inpatient stays in institutions for mental diseases (IMDs). The waiver, which would apply to individuals ages 21-64 with a serious mental illness, is open for public comment from March 25, through April 24, 2021. [Read More](#)

Alaska

Alaska Wants to Move Certain Medicaid Behavioral Services to 1115 Waiver. The Alaska Department of Health & Social Services (HSS) announced on March 12, 2021, a plan to transition certain Medicaid behavioral health services to 1115 waiver authority to comply with the state's corrective action plan with the Centers for Medicare & Medicaid Services (CMS). The public comment period is open until April 22. [Read More](#)

Arkansas

Arkansas Medicaid Work Incentive Bill Heads to Governor's Desk. *The Arkansas Democrat Gazette* reported on March 31, 2021, that the Arkansas legislature has passed a Medicaid expansion work incentive bill, which now heads to Governor Asa Hutchinson for his signature. The Arkansas Health and Opportunity for Me (ARHOME) bill is designed to replace the state's inoperative work requirements program, allowing expansion members who work to continue to enroll in Exchange plans instead of Medicaid fee-for-service. [Read More](#)

California

Aetna Better Health of California Names Verne Brizendine as CEO. *Becker's Hospital Review* reported on March 26, 2021, that Aetna Better Health of California has appointed Verne Brizendine as chief executive. The plan oversees Medicaid benefits for approximately 33,000 individuals in San Diego and Sacramento counties. Brizendine has been with Aetna since 2019 and previously worked for Blue Shield of California, LA Care, and Anthem. [Read More](#)

California Assembly Committee Clears Bill Further Protecting Medicaid Eligibility of Inmates. *State of Reform* reported on March 24, 2021, that the California Assembly Committee on Health unanimously cleared a bill aimed at further protecting the Medicaid eligibility of justice-involved individuals. Instead of terminating an inmate's Medicaid coverage, the bill would suspend coverage for up to three years for individuals under age 26 and indefinitely for individuals over age 26. Under current law, Medicaid eligibility is terminated after one year for inmates under the age of 26. [Read More](#)

Florida

Florida Medicaid Plan Simply Healthcare Purchases Medicaid Business of Miami Children's Health Plan. The Florida Agency for Health Care Administration announced on March 23, 2021, that Simply Healthcare Plans has purchased the Medicaid business of Miami Children's Health Plan. Effective May 1, 2021, all members enrolled in Miami Children's Health Plan will be transferred to Simply Healthcare Plans. [Read More](#)

Florida House Budget Plan Includes 2 Percent Medicaid Reimbursement Cut for Nursing Homes. *The Sun Sentinel/News Service of Florida* reported on March 25, 2021, that the Florida House unveiled a fiscal 2022 budget proposal that includes a two percent Medicaid reimbursement cut to nursing homes. The cut would total \$80.4 million in state and federal funding or about \$125,000 per facility per year. The budget proposal also recommends reducing Medicaid payments for inpatient and outpatient hospital care by \$288 million and eliminating \$226 million from the Safety Net Hospital Alliance of Florida's critical care fund. Both the House and Senate budget plans propose eliminating over-the-counter drug benefits for adults on Medicaid and increasing Medicaid reimbursement rates for institutions that care for people with intellectual and developmental disabilities. However, the Senate proposal does not cut funding for nursing homes. [Read More](#)

Georgia

Georgia to Continue Push for Limited Medicaid Expansion. *The Georgia Recorder* reported on March 29, 2021, that Georgia officials hope to move ahead with a limited Medicaid expansion plan, vowing to challenge any attempt by federal regulators to revoke the program because it contains work requirements. Georgia Governor Brian Kemp and Republican leaders support the partial expansion, dubbed Georgia Pathways to Coverage, scheduled to begin July 1, 2021. [Read More](#)

Illinois

Illinois House Committee Advances Bill to Cover CHIP Beneficiaries Under Medicaid Expansion. *Health News Illinois* reported on March 29, 2021, that the Illinois House Appropriations Human Services Committee advanced a bill to cover Children's Health Insurance Program (CHIP) beneficiaries up to 313 percent of poverty under the state's Medicaid expansion program. The bill, which would repeal the existing CHIP and Covering ALL KIDS Health Insurance programs, is sponsored by Representative Robyn Gabel (D-Evanston). [Read More](#)

Iowa

Iowa Waiver on Medicaid Dental Benefits for Children Is Open for Comment. The Centers for Medicare & Medicaid Services (CMS) on March 26, 2021 opened public comments for Iowa's 1115 Medicaid waiver amendment to provide dental benefits to children through Prepaid Ambulatory Health Plans (PAHPs). Currently, Iowa Medicaid enrollees age 19 and over are enrolled in a PAHP for dental benefits. The federal public comment period will be open through April 26. [Read More](#)

Massachusetts

Hospital Outpatient Prices Drive Health Care Spending in 2018-19, Data Show. *Modern Healthcare* reported on March 25, 2021, that Massachusetts hospital outpatient spending grew by 7.3 percent per Medicare beneficiary between 2018 and 2019, according to data from the Massachusetts Health Policy Commission and the Massachusetts Center for Health Information and Analysis. The report found that rising volumes accounted for about 30 percent of the growth, with 70 percent coming from higher prices. [Read More](#)

Massachusetts to Seek Section 1115 Waiver Amendments. The Massachusetts Executive Office of Health and Human Services (EOHHS) announced on March 23, 2021, its intent to submit a MassHealth Section 1115 Demonstration Amendment Request to the Centers for Medicare & Medicaid Services (CMS) to expand eligibility for the Medicare Savings Programs; extend eligibility for postpartum coverage to 12 months; authorize postpartum coverage for members not otherwise eligible due to immigration status; and enhance services for specialized populations. The current waiver expires on June 30, 2022. EOHHS will accept comments on the proposed amendment through April 25, 2021. [Read More](#)

Mississippi

Mississippi Fails to Extend Medicaid Postpartum Coverage. *WJTV/The Associated Press* reported on March 31, 2021, that Mississippi failed to pass legislation to extend Medicaid postpartum coverage for new mothers from 60 days to a full year. The provision was not included in the final version of a Medicaid bill that passed the House and Senate. The state already temporarily extended postpartum coverage as a condition for receiving federal COVID-19 relief funding. [Read More](#)

Mississippi Governor Still Opposes Medicaid Expansion. *WMC* reported on March 24, 2021, that Mississippi Governor Tate Reeves is not interested in any form of Medicaid expansion despite the new federal incentives. Medicaid expansion would cover an additional 300,000 adults in the state. [Read More](#)

Missouri

Missouri House Budget Proposal Does Not Include Medicaid Expansion Funding. *The Associated Press* reported on March 30, 2021, that a Missouri House budget proposal does not include funding for the state's voter-approved Medicaid expansion program, which was set to take effect July 1, 2021. After the Republican-led House Budget Committee voted down expansion funding last week, Democrats unsuccessfully attempted to add it back into the budget on March 30. The House could send the budget proposal to the Senate as early as this week. [Read More](#)

House Committee Rejects Medicaid Expansion Funding Proposal. *The St. Louis Post Dispatch* reported on March 26, 2021, that the Missouri House Budget Committee voted down a \$1.6 billion first-year spending plan to fund the state's voter-approved Medicaid expansion program. Governor Mike Parson opposes Medicaid expansion, but has promised to carry out the voter-approved plan. Expansion, which is set to take effect July 1, 2021, is expected to cover a projected 230,000 individuals. [Read More](#)

Missouri Senate Leadership Pulls Medicaid Financing Bill. *The Kansas City Star* reported on March 25, 2021, that Missouri Senate leadership pulled a Medicaid financing bill after state Senator Paul Wieland (R-Jefferson County) introduced an amendment aimed at banning the use of public funds for contraception and abortion. Common contraceptive treatments are a required Medicaid benefit under federal law. The bill would have extended a provider tax used to help the state finance Medicaid. The state budget must be passed by May 7. [Read More](#)

New York

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

New York Assisted Living Facilities Call for Fiscal 2022 Relief Package. *Crain's New York Business* reported on March 29, 2021, that a coalition of New York adult care and assisted living facilities are seeking \$75 million in fiscal 2022 relief funds, citing lost revenues and COVID-19 costs in a letter to Governor Andrew Cuomo and state lawmakers. Argentum NY, Empire State Association of Assisted Living, LeadingAge NY, and New York State Center for Assisted Living, which collectively serve more than 45,000 elderly New Yorkers, want the funds to be included in the state budget due April 1. [Read More](#)

New York Announces Medicaid Pilot to Assist Beneficiaries Transitioning From Hospital to Home. *NNY 360* reported on March 27, 2021, that New York plans to launch a Medicaid pilot program aimed at assisting Medicaid beneficiaries transitioning from hospital to home. The Medicaid Transitional Care Management program launches on April 1 and will reimburse providers who incorporate social determinants of health screenings, review patient discharge information, conduct medication reconciliation, and contact patients after discharge. The pilot is led by North Country Initiative and the North Country Independent Practice Association. [Read More](#)

New York Medicaid Enrollment Represents 35 Percent of State's Population. *The New York Daily News* reported on March 28, 2021, that Medicaid enrollment in New York represents 35 percent of the state's population. Since 2011, enrollment has risen by two million to 6.9 million people, and spending has risen 26 percent. [Read More](#)

Oklahoma

Oklahoma to Get \$500 Million in Extra Federal Matching Funds. *The Oklahoman* reported on March 28, 2021, that Oklahoma will receive \$500 million in extra federal Medicaid matching funds resulting from the American Rescue Plan Act. The Act provides additional funds as an incentive for new Medicaid expansion states, which Oklahoma will become effective July 1, 2021. [Read More](#)

Oregon

Oregon Awaits Final Estimate on Budgetary Impact of Rising Caseloads. *The Lund Report* reported on March 25, 2021, that Oregon is awaiting a final estimate to determine whether recently enhanced federal Medicaid matching funds will continue to be enough to cover rising caseloads in the next biennium starting July 1. According to Medicaid director Lori Coyner, "we are anticipating that the higher Medicaid match will not be enough." Medicaid enrollment in Oregon topped 1.28 million as of March 2021, up about 200,000 since the start of the pandemic. [Read More](#)

Rhode Island

Rhode Island State-Run Hospital to Start Billing Medicaid Again. *WPRI* reported on March 25, 2021, that Rhode Island received federal approval to restart billing Medicaid for certain medical services provided through state-run Eleanor Slater Hospital. In 2019, Eleanor Slater stopped billing Medicaid after falling out of compliance with federal regulations. [Read More](#)

South Carolina

Republicans Remain Opposed to Medicaid Expansion. *The News & Observer* reported on March 30, 2021, that South Carolina Republicans, including Governor Henry McMaster, remain opposed to Medicaid expansion despite new federal financial incentives. Expansion could cover an additional 200,000 people. [Read More](#)

Utah

Utah Seeks to Increase Premium Subsidies Through Rule Making Process.

The Centers for Medicare & Medicaid Services (CMS) announced on March 23, 2021, that Utah has submitted an 1115 waiver amendment to increase subsidies in its Premium Partnership for Health Insurance Program through the state administrative rulemaking process rather than by waiver amendment. The state wants to raise the monthly premiums from \$150 to \$300 per enrollee. The Premium Partnership program provides subsidies to working adults, spouses, and children up to age 26 to help pay for qualified employer-sponsored insurance or coverage through COBRA. [Read More](#)

Wyoming

Wyoming House Passes Medicaid Expansion Bill. *The Rock Springs Rocket-Miner/The Wyoming Tribune Eagle* reported on March 25, 2021, that the Wyoming House passed a bill to implement Medicaid expansion for more than 24,000 individuals at 138 percent of poverty for as long as the federal government picks up at least 90 percent of the cost of expansion members and 55 percent of the cost of the traditional population. The bill now heads to the Senate, where a similar bill failed to advance earlier this month. [Read More](#)

National

Federal Lawsuit Challenges First-Dollar Coverage for Preventive Care. *Kaiser Health News* reported on March 26, 2021, that a lawsuit filed in U.S. District Court in Texas is seeking to end first-dollar coverage for preventive services, which is mandated by the Affordable Care Act (ACA). The lawsuit, which is before the same federal judge who found the ACA to be unconstitutional, would impact coverage for services like cancer screenings, contraception, HIV prevention, and vaccines. The lawsuit is filed by individuals and organizations objecting to certain benefit mandates on religious or free-market grounds. [Read More](#)

Senate Passes Bill to Extend Moratorium on Medicare Provider Cuts. *Modern Healthcare* reported on March 25, 2021, that the U.S. Senate passed a bill that would extend the moratorium on a two percent sequester cut to Medicare providers until the end of the year. The \$18 billion cut, which began in 2013 and was temporarily paused in December 2020, was scheduled to take effect again on April 1. The Senate bill does not waive further cuts triggered by the Biden relief package, a provision included in the House version of the bill. The bill is expected to pass the House and be signed by Biden. [Read More](#)



INDUSTRY NEWS

Charity Care Spending Falls 6 Percent in 2020 at 15 Health Systems. *Modern Healthcare* reported on March 26, 2021, that the country's top 15 not-for-profit health systems spent an average of \$203.7 million on charity care in 2020, down six percent from \$216.5 million in 2019, according to an analysis conducted by *Modern Healthcare*. An overall decline in healthcare utilization during the pandemic contributed to the drop in charity care. [Read More](#)

Cityblock Health Raises \$192 Million in Funding Round Led by Tiger Capital. Medicaid provider Cityblock Health announced on March 29, 2021, that it had raised \$192 million in a Series C funding extension round led by new investor Tiger Capital Management. Existing investors also participating in the round include Kinnevik AB, Maverick Ventures, General Catalyst, Wellington Management, Thrive Capital, Redpoint Ventures, Echo Health Ventures, 8VC, and AIMS Imprint of Goldman Sachs Asset Management. Cityblock, which has raised \$500 million since 2017, serves 70,000 members in New York, Connecticut, District of Columbia, and Massachusetts. [Read More](#)

Council Capital Invests in ViaQuest Holdings. Private equity firm Council Capital announced on March 26, 2021, an investment in ViaQuest Holdings and its affiliates, which provides services for individuals with developmental disabilities, hospice care, and behavioral and mental health services in Indiana, Ohio, and Pennsylvania. Under the deal, Rich Johnson will remain chief executive of ViaQuest and a significant investor. [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

Avēsis, a Guardian Company, Provides \$250,000 Grant to Dental Lifeline Network to Increase Access to Dental Care

HMA WELCOMES

Tia Cintron - Managing Principal

A strategic and innovative healthcare professional, Tia Cintron has more than 25 years' experience leading health and social service transformation initiatives with a focus on health equity and access, value-based healthcare, and population health. Tia enjoys collaboration and aligning programs and stakeholders to impact the holistic wellbeing of community.

Tia's leadership has included helping a state-based insurance exchange transition from the federal platform while in the role of deputy director of consumer experience and policy, launching a non-profit health plan while serving as interim chief operating officer as well as leading the integration and change management efforts for a Medicaid accountable care organization (ACO) and health plan merger.

As a consultant, her work has included conducting discovery and developing an enterprise-wide care management strategy and implementation plan for a New York City public hospital delivery system. She also worked supporting safety net hospitals as they conducted community needs assessments and developed applications for New York Delivery System Reform Incentive Payment (DSRIP) program participation. In addition, she has led stakeholders in the development and design of an affordable housing and nutrition insecurity program.

Prior to her consulting work, Tia served as the founding chief executive officers (CEO) of the Connecticut Insurance Exchange and was responsible for increasing access to health insurance for Connecticut citizens while improving individual and community health, reducing healthcare costs, and achieving long-term system sustainability. She has also been a partner in a large-scale housing community development and held several management roles within health plans.

Tia considers herself a lifelong learner and is currently working towards a master's degree in clinical social work from Boston University. She also has a master's degree in healthcare administration from San Jose State University and a bachelor's degree in political science from Portland State University.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 3%, Mar-21 Data
- California Dual Demo Enrollment is Down 1.7%, Jan-21 Data
- California Medicaid Managed Care Enrollment is Up 0.8%, Jan-21 Data
- Florida Medicaid Managed Care Enrollment is Up 0.8%, Jan-21 Data
- Hawaii Medicaid Managed Care Enrollment is Up 17.2%, 2020 Data
- Hawaii Medicaid Managed Care Enrollment is Up 2.3%, Mar-21 Data
- Iowa Medicaid Managed Care Enrollment is Up 2%, Feb-21 Data
- Indiana Medicaid Managed Care Enrollment Is Up 3.1%, Feb-21 Data
- Massachusetts Medicaid Managed Care Enrollment is Up 5.8%, 2020 Data
- New Jersey Medicaid Managed Care Enrollment is Up 0.9%, Jan-21 Data
- Rhode Island Dual Demo Enrollment is Down 1.2%, Feb-21 Data
- Washington Medicaid Managed Care Enrollment is Up 1.2%, Feb-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska 1115 Medicaid Waiver Demonstration Project Support RFP, Mar-21
- West Virginia Medicaid Actuarial Services, Managed Care Administration RFQ, Feb-21

Medicaid Program Reports, Data and Updates:

- Alabama Medicaid Medical Care Advisory Committee Minutes, 2015-19, Oct-20
- Alabama Medicaid Section 1115 IMD Waiver and Related Documents, Mar-21
- Arizona AHCCCS Population Demographics, Mar-21
- Florida Medicaid Eligibility by County, Age, Sex, Feb-21 Data
- Florida Medicaid Managed Care HEDIS Scores, 2012-19
- Hawaii Med-QUEST Quality Strategy, 2020
- Iowa Wellness Plan 1115 Waiver Documents, 2013-21
- Massachusetts MassHealth Section 1115 Demonstration Amendment Request and Related Materials, 2017-21
- Maryland Medicaid Advisory Committee Meeting Materials, Mar-21
- North Carolina Medical Care Advisory Committee Meeting Materials, Mar-21
- New Jersey Family Care Enrollment by Age, Eligibility Group, and County, 2016-20, Feb-21
- New Mexico Centennial Care 2.0 Waiver Renewal and Amendment Approvals and Other Related Documents, Mar-21
- Rhode Island Medical Care Advisory Committee Meeting Materials, Mar-21
- South Carolina Work Requirement Waiver Approval and Other Documents, Mar-21
- Utah 1115 Primary Care Network Demonstration Waiver Documents, 2016-21

- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Mar-21

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