

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 7, 2021



[RFP CALENDAR](#)

[HMA News](#)

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IN FOCUS

NURSING HOME HMA REPORT HIGHLIGHTS BENEFITS OF SINGLE RESIDENT ROOMS

The COVID-19 pandemic highlighted nursing home safety and infection control as critical public health issues. A new report authored by HMA colleagues found compelling evidence that single rooms in nursing homes

have numerous benefits for both public health and residents' experience. The authors conclude that transitioning from multi-resident rooms to single rooms should be a component of person-centered nursing home reform. The report calls on stakeholders to come to the table to discuss options and strategies for long-term care redesign and transformation.

The report, [Fundamental Nursing Home Reform: Evidence on Single-Resident Rooms to Improve Personal Experience and Public Health](#), was developed for a Michigan-based long-term care provider and owner of skilled nursing facilities.

The pandemic's outsized impact on nursing home residents and staff drove the need to reexamine the physical environment of nursing homes, including room occupancy and its relationship to infection control, health outcomes, quality of life, and overall resident and staff safety. Based on a comprehensive review of the literature and recent lessons from the COVID-19 public health emergency, the HMA team's findings included:

- Numerous studies over decades concluded that single occupancy rooms decrease the risk of acquiring and spreading infections in hospital settings
- Long-term care facilities' experience with COVID-19 increased awareness of the risk of infection in multi-resident rooms, and a recent study of nursing homes in Canada found that lower room occupancy was associated with lower COVID-19 infection rates and mortality
- Single resident rooms are associated with improved sleep patterns and reduced agitation and aggressive behavior among people with dementia in long-term care facilities, and fewer medication errors and adverse outcomes in hospitals
- Single-occupancy rooms allow greater flexibility in adapting care as the patient's/resident's condition and acuity change, therefore requiring fewer patient transfers
- Single resident rooms in nursing homes enhance residents' sense of home, privacy, and control
- Studies conducted in long-term care facilities and hospitals found higher resident/patient satisfaction and family preference for single-resident rooms
- Hospital nursing staff view single rooms favorably on multiple dimensions; further study is needed to better understand the association between nursing home staff satisfaction and room occupancy

The HMA team provides guidance and recommendations to explore options for converting multiple to single occupancy rooms in licensed/certified skilled nursing facilities. Funding for reconstruction and new operating and capital costs is a key consideration, and creative strategies and funding sources should be explored. Nursing home owners and administrators should engage federal agencies that help finance nursing homes and improve public health, as well as other key stakeholders including nursing home residents, advocates, and staff. All of these stakeholders have an interest in discussing costs, benefits, and options for promoting, incentivizing, and financing movement toward a healthier and safer nursing home environment.

HMA colleagues Sharon Silow-Carroll, MBA, MSW, Deborah Peartree, RN, MS, Susan Tucker, CPA, and Anh Pham conducted the research and analysis and prepared this report. An appendix prepared by the national accounting firm Plante Moran provides estimates of new costs and other considerations related to transitioning to single-resident rooms, based on data from two Michigan-based multi-facility long-term care organizations.

LEAVITT PARTNERS BECOMES PART OF HEALTH MANAGEMENT ASSOCIATES

On April 2, 2021, Jay Rosen, founder and president of Health Management Associates (HMA), and Governor Mike Leavitt, founder and Chair of Leavitt Partners, announced the two firms have come together as one entity. Leavitt Partners will continue operating as Leavitt Partners, an HMA Company.

“Leavitt Partners is widely respected for its health policy guidance, strategic advisory services, and role as a convener,” Rosen said. “We believe their experience paired with the work we do at all levels of government – especially with states and counties – will further enhance our client services and be a powerful force for positive change.”

Governor Leavitt said, “Our discussions started with an aligned mission to improve healthcare and our nation’s capacity to care for its most vulnerable people. While both Leavitt Partners and HMA operate at the intersection of healthcare and government, our areas of emphasis are highly complementary and strengthen the offerings and footprint of both firms.”

Upon conclusion of his service as secretary of U.S. Department of Health & Human Services (HHS) in 2009, Governor Leavitt formed Leavitt Partners to help clients navigate their transition to new and better models of care. The firm has become a leader in the value-based care movement and is a respected convener, leading collaborative alliances in pursuit of solutions to complex health policy problems. The firm is also seen as a trusted advisor, helping clients navigate market change and identify strategic growth opportunities. Leavitt Partners has more than 90 employees and has served clients in all 50 states.

Rosen and Governor Leavitt will serve as co-chairs of HMA, and Leavitt will continue in his role at Leavitt Partners. Rosen will continue to serve as president of HMA. Terms of the agreement do not include Leavitt Equity Partners, a private equity firm.

Founded in 1985, HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. Clients include government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. With 22 offices and over 225 multidisciplinary consultants coast to coast, HMA’s expertise, services, and team are always within client reach.

HMA: <https://www.healthmanagement.com/>

Leavitt Partners: <https://leavittpartners.com/>



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Names Elizabeth Pitman Medicaid Director. Arkansas announced on April 5, 2021, that Elizabeth Pitman has been named director of the state Division of Medical Services (DMS), replacing Janet Mann effective April 23. Pitman, who is currently deputy director, was most recently assistant director of the Division of Developmental Disabilities Services, which like DMS, is a division of the Arkansas Department of Human Services. Mann will join the private sector. [Read More](#)

California

California Announces Public Comment Period for CalAIM Waiver. The Department of Health Care Services (DHCS) announced on April 6, 2021, the start of the public comment period for the state's revised California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration waiver proposal. The current waiver expires December 31, 2021. DHCS also seeks an amendment to expand the existing Specialty Mental Health Services (SMHS) Section 1915(b) waiver and consolidate Medi-Cal managed care, dental managed care, SMHS, and the Drug Medi-Cal Organized Delivery System under a single 1915(b) waiver. The end of the public comment period is May 6, 2021. [Read More](#)

Colorado

Senate Committee Clears Bills Addressing Medicaid Birth Control Coverage, Preventive Care. *The Denver Post* reported on April 5, 2021, that Democratic lawmakers in Colorado have introduced a series of bills aimed at increasing access to birth control services for Medicaid beneficiaries, expanding the types of providers and location sites that provide abortion services, and requiring insurers to cover preventive care and treatment. All three bills have passed the Colorado Senate Health and Human Services Committee. [Read More](#)

Georgia

Georgia Limited Medicaid Expansion with Work Requirements Proposal Faces Opposition from Warnock, Ossoff. *The Georgia Recorder* reported on April 5, 2021, that U.S. Senators Raphael Warnock (D-GA) and Jon Ossoff (D-GA) asked federal regulators in a [letter](#) to “fully rescind” approvals that would allow the state to implement a limited Medicaid expansion plan with work requirements. In a letter to the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services, Warnock and Ossoff joined other Congressional Democrats in calling for full expansion utilizing new federal funding incentives. State officials have vowed to implement the plan by July 1, despite Biden administration opposition. [Read More](#)

Indiana

Bill Seeks Payment Parity for Out-of-State Children’s Hospitals. *Kaiser Health News* reported on April 5, 2021, that Indiana lawmakers are working on a bill that would boost Medicaid payments to out-of-state children’s hospitals in neighboring states like Illinois, Kentucky, Michigan, and Ohio to near-parity with in-state providers. The Indiana House and Senate have passed versions of the bill, and they are expected to reconcile differences shortly. [Read More](#)

Indiana Alternative Medicaid Expansion Is Questioned in Federal Report. *Kaiser Health News* reported on April 1, 2021, that Indiana’s alternative Medicaid expansion program, known as Healthy Indiana Plan (HIP) 2.0, proved no better at improving health and access than other state expansions, according to a [federally commissioned study](#). Beneficiaries under HIP 2.0 pay monthly premiums and manage health savings accounts. Results were mixed when compared to non-expansion states, the study found. The study, by the Social & Scientific Systems and the Urban Institute, faced data limitations. [Read More](#)

Iowa

Iowa Senate Approves Medicaid Primary Care Capitation Pilot Program. *KMA Land* reported on April 1, 2021, that the Iowa Senate approved a Medicaid pilot program that would allow eligible childless adults and pregnant women to receive primary care under a capitated provider arrangement. The bill, which now heads to the House, directs the state Department of Human Services to develop a program to begin in 2022. [Read More](#)

Kansas

Kansas Senate Confirms Steven Anderson as Medicaid Inspector General. *WIBW* reported on April 6, 2021, that the Kansas Senate unanimously approved the nomination of Steven Anderson as Medicaid inspector general. Anderson, who was previously with the state’s Medicaid Fraud and Abuse Division, replaces Sarah Fertig, who resigned in July 2020. [Read More](#)

Massachusetts

Health Plan Exits Commercial Market to Focus on Medicare, Medicaid, Exchange Plans. *The Boston Globe* reported on March 31, 2021, that Massachusetts-based Fallon Health will exit the commercial health insurance market and focus instead on Medicare Advantage, Medicaid, and Exchange plans. About 84 percent of Fallon's revenues comes from government-sponsored health care programs. [Read More](#)

Michigan

Michigan Medicaid Work Requirements Waiver Rescinded. *The Detroit Free Press* reported on April 7, 2021, that the Centers for Medicare & Medicaid Services (CMS) rescinded Michigan's inoperable Medicaid work requirements waiver. In a letter to the state, CMS called the requirements "infeasible in light of COVID-19 restrictions that require the state to continue to cover beneficiaries" and questioned whether they promote the program's core mission. The Biden administration alerted Michigan and other states in February it might rescind work requirement waivers. [Read More](#)

Missouri

Missouri Taps Kirk Mathews as Interim Medicaid Director. *Missourinet* reported on April 6, 2021, that MO HealthNet's chief transformation officer and former Missouri House Representative Kirk Mathews has been named interim Medicaid director, replacing Todd Richardson, who is out on leave. Mathews served two terms in the Missouri House from 2015 to 2018. [Read More](#)

House Lawmaker Proposes Spending on Programs Other Than Medicaid Expansion. *Missourinet* reported on April 6, 2021, that Missouri House Budget Committee Chairman Cody Smith (R-Carthage) proposed spending \$1 billion on programs other than Medicaid expansion, including \$735.5 million in transitional payments related to reimbursement methodology reforms in the state's MO HealthNet Medicaid program. Other funds would go to long-term care services in nursing facilities and programs like respite care, adult day care, and home-delivered meals. House Democrats are expected to oppose the plan. Voters in Missouri approved a Medicaid expansion ballot measure, which requires the state to expand by July 2021. [Read More](#)

New Jersey

New Jersey Governor's Budget Proposal Includes \$20 Million to Provide Health Coverage to All Uninsured Children. *Insider NJ* reported on March 30, 2021, that New Jersey Governor Phil Murphy's proposed fiscal 2022 budget includes \$20 million to extend health coverage to the state's 90,000 uninsured children. Phase one of the initiative, dubbed Cover All Kids, would eliminate the 90-day waiting period for enrolling in the Children Health's Insurance Program, remove premiums, and develop targeted outreach efforts for eligible children. This phase would impact about 53,000 children. Phase two would extend coverage to children of undocumented immigrants. [Read More](#)

New York

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

New York to Delay Medicaid Pharmacy Carve-Out Until 2023. *Crain's New York* reported on April 7, 2021, that New York would delay moving Medicaid pharmacy benefits from managed care to fee-for-service by two years until April 1, 2023, under a budget agreement announced by lawmakers and Governor Cuomo. The budget bill does not include a reimbursement fund for 340B-covered entities. [Read More](#)

New York Lawmakers Agree on Minimum Nursing Home Spending, Staffing Levels. *Crain's New York* reported on April 6, 2021, that New York would require nursing homes to spend at least 70 percent of revenues on patient care, including 40 percent on resident-facing staff, according to a proposed health and mental hygiene budget. Nursing homes that fail to meet the requirement would need to put the difference into the state's nursing home quality pool. The bill, which lawmakers are expected to approve this week, has the potential to shift an estimated \$500 million in revenue to resident care and staffing, according to an analysis by Local 1199 of the Service Employee International Union. [Read More](#)

North Carolina

North Carolina Senate Democrats Introduce Medicaid Expansion Bill. *The Center Square* reported on April 6, 2021, that North Carolina Senate Democrats have introduced a Medicaid expansion bill that would insure about 600,000 individuals. The proposal, sponsored by state Senators Gladys Robinson (D-Guilford) and Ben Clark (D-Hoke), would also aim to decrease the state's high infant mortality rate, curtail health disparities among communities of color, and create jobs. The state House plans to file a similar bill. [Read More](#)

Ohio

Ohio Awards OhioRISE Managed Behavioral Plan Contract. The Ohio Department of Medicaid announced on April 5, 2021, that it awarded CVS Health/Aetna a contract to serve as the statewide managed care plan for OhioRISE (Ohio Resilience through Integrated Systems and Excellence), a new prepaid inpatient program for foster children and children with serious or complex behavioral health needs. The contract will run from January 5, 2022, through June 30, 2024, with optional annual renewals. OhioRISE hopes to enroll 55,000 to 60,000 individuals up to age 21. Enrollees will continue to receive physical health coverage through the state's Medicaid managed care program. [Read More](#)

Medicaid Plan Says PBM Lawsuit Is Not Justified. *The Columbus Dispatch* reported on April 5, 2021, that Centene said nothing justifies the Ohio lawsuit claiming its Buckeye Health Plan used Medicaid funds to pay wholly owned company subsidiaries for duplicative pharmacy benefit management services. While the lawsuit was filed by Ohio Attorney General Dave Yost in Franklin County Common Pleas Court under seal, Centene filed its response in the U.S. District Court for the Southern District of Ohio arguing that the lawsuit should be made public. [Read More](#)

Oregon

Oregon Health Providers, Plans Pledge to Increase Value-based Payment Arrangements. *Modern Healthcare* reported on April 2, 2021, that 40 Oregon healthcare organizations, including some of state's largest health systems and insurers, signed a pledge to tie 70 percent of payments to capitated and other alternative payment models by 2024. Signatories include AllCare Health, Trillium Community Health Plan, Yamhill Community Care, PacificSource Health Plans, Intercommunity Health Network Coordinated Care Organization, Columbia Pacific Coordinated Care Organization, Eastern Oregon Coordinated Care Organization, and Umpqua Health Alliance. The voluntary compact, which is sponsored by the Oregon Health Authority and the Oregon Health Leadership Council, aligns with state efforts to reduce the healthcare cost growth rate to 3.4 percent from 6.5 percent currently. [Read More](#)

South Carolina

South Carolina Awards Medicaid Recovery Audit Contractor Contract to HMS. The South Carolina Department of Health and Human Services (SCDHHS) announced on April 6, 2021, that it has awarded a Medicaid recovery audit contractor (RAC) contract to Health Management Systems (HMS). [Read More](#)

Texas

Waiver Amendments for Medically Fragile Adults, NEMT Are Open for Public Comment. The Centers for Medicare & Medicaid Services (CMS) on April 2, 2021, opened public comments for two Texas 1115 Medicaid waiver amendments. The [first waiver amendment](#) will allow the state to provide benefits to medically fragile adults whose needs exceed existing cost limits through the STAR+PLUS program. The [second waiver amendment](#) will allow the state to require managed care organizations to provide non-emergency medical transportation (NEMT). The federal public comment period for both waivers is open through May 2, 2021.

Virginia

Virginia Submits 1115 Waiver Amendment to Extend Medicaid Postpartum Coverage to Full Year. Virginia announced on April 7, 2021, that it submitted an amendment to its Section 1115 waiver demonstration to extend Medicaid postpartum coverage from two months to a full year for pregnant women with incomes below 205 percent of poverty and without eligibility for other postpartum coverage. The federal public comment period will run from April 7 through May 7, 2021. [Read More](#)

Virginia Ends Rule Requiring Immigrants to Work 10 Years Before Receiving Medicaid. *WVTF* reported on April 6, 2021, that Virginia ended a rule requiring proof of 10 years of work in order for immigrants with five years of legal residency to become eligible for Medicaid, effective April 1. The Virginia Department of Medical Services estimates that 4,000 people could become newly eligible because of the change. [Read More](#)

Wyoming

Wyoming Senate Committee Rejects Medicaid Expansion Bill. *The Associated Press* reported on March 31, 2021, that the Wyoming Senate Labor, Health and Social Services Committee voted to reject a House bill to implement Medicaid expansion for more than 24,000 individuals at 138 percent of poverty. A similar Senate bill failed to advance last week. [Read More](#)

Wyoming Enacts Law Allowing Schools to Bill Medicaid for Certain Services. *SweetwaterNOW* reported on April 1, 2021, that Wyoming Governor Mark Gordon signed a bill allowing schools to bill Medicaid for certain services provided by psychologists, social workers, and special education programs. The bill, which is effective July 1, 2022, will also allow school districts to receive Medicaid reimbursements for administrative costs. [Read More](#)

National

Transition to Provider Value-Based Contracts Is Still Slow. *Modern Healthcare* reported on April 6, 2021, that the transition to provider value-based or risk-based contracts remains slow, impacting the potential benefits of population health management. Two-thirds of providers in risk-based contracts reported less than 20 percent of their organization's revenue was at risk in 2019. [Read More](#)

Over 20 Percent of Women With Prenatal Medicaid Coverage Became Uninsured After Giving Birth, Study Finds. *Health Affairs* released a report on April 6, 2021, which found that 21.9 percent of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum. The report, which analyzed Medicaid-covered prenatal care from 2015 to 2018 in 43 states also found that 26.8 percent of new mothers with prenatal Medicaid coverage were uninsured before pregnancy. Data is from the Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System. [Read More](#)

New Medicaid Reporting Requirements Could Lead to Higher Base Rates. *Modern Healthcare* reported on April 5, 2021, that state Medicaid reporting requirements under development could lead to higher base rates and reduced supplemental payments. The U.S. Department of Health and Human Services has until October 1, 2021, to revamp reporting and transparency requirements for states that make Medicaid supplemental payments to providers. [Read More](#)

Charity Care Less Prevalent in Not-For-Profit Hospitals, Study Shows. *Modern Healthcare* reported on April 5, 2021, that not-for-profit hospitals provide less charity care than for-profit and government-run hospitals, according to a study published in *Health Affairs*. Data shows that charity care equaled 2.3 percent of total expenses at not-for-profit hospitals in 2018, compared with 3.8 percent at for-profits and 4.1 percent at government-run hospitals. [Read More](#)

MACPAC Meeting Is Scheduled for April 8-9. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on April 5, 2021, that its next meeting will be held April 8-9. Topics to be discussed are:

- High-Cost Specialty Drugs
- Care Integration in Dual Special Needs Plans
- Mental Health Services for Adults
- Behavioral Health Services for Children and Youth
- Electronic Health Records
- Non-emergency Medical Transportation
- Barriers to Home and Community Based Care
- Federal Requirements to Promote Quality Improvement in Medicaid and CHIP
- Transformed Medicaid Statistical Information System (T-MSIS)
- COVID-19 and Telehealth. [Read More](#)

MedPAC Votes to Recommend Simplified Medicare Alternative Payment Models. *Modern Healthcare* reported on April 1, 2021, that the Medicare Payment Advisory Commission (MedPAC) voted to recommend to Congress that federal regulators simplify Medicare alternative payment models, including a reduction in the number of available models and better coordination across models. The recommendations, which will appear in the June report to Congress, include implementing a new Medicare Advantage benchmark policy and ensuring all vaccines are covered under Medicare Part B. [Read More](#)

HHS Announces Enhanced Exchange Premium Tax Credits. The U.S. Department of Health and Human Services (HHS) announced on April 1, 2021, enhanced premium tax credits for Exchange plans purchased on HealthCare.gov, as directed by the American Rescue Plan. Average premiums are expected to decline on average \$50 per person per month, with three out of five uninsured adults eligible for a zero-premium plan. These additional savings will also be available to State-based Exchanges. HHS also announced an additional \$50 million in advertising to support the Special Enrollment Period outreach campaign, which now runs through August 15, 2021. [Read More](#)

Biden Proposes \$400 Billion for Medicaid Home and Community-Based Services. *Modern Healthcare* reported on March 31, 2021, that the Biden administration unveiled a \$400 billion proposal to expand access to Medicaid home and community-based services (HCBS) for the elderly and people with disabilities. The proposal, which is part of President Biden's \$2 trillion infrastructure plan, also expands efforts to help move nursing home residents back into their homes. If approved, it would represent one of the largest financial investments made in HCBS. [Read More](#)



INDUSTRY NEWS

MedPAC Assesses Potential Impact of Private Equity on Medicare. *Modern Healthcare* reported on April 2, 2021, that the Medicare Payment Advisory Commission (MedPAC) released research on the potential impact of private equity firms on Medicare, suggesting little short-term impact but possible long-term effects including increased spending and diminished access to care. MedPAC reported that private equity firms own less than 4 percent of hospitals and about 11 percent of nursing homes. [Read More](#)

Bright Health Group Reportedly Hopes to Raise \$1 Billion in IPO. *Bloomberg* reported on April 1, 2021, that Bright Health Group, a digital health records company, is hoping to raise \$1 billion in an initial public offering (IPO) of common stock. Bright Health is reportedly working with JPMorgan Chase & Co., Morgan Stanley, and Barclays Plc on the offering. In September, Bright Health raised \$500 million in a funding round led by Tiger Global Management, T. Rowe Price Associates, and Blackstone Group, as well as existing investors NEA, Bessemer Venture Partners, and Greenspring Associates. [Read More](#)

Bristol-Myers Squibb to Pay \$75 Million to Settle Medicaid Rebate Allegations. *Westlaw Today/Reuters* reported on April 1, 2021, that Bristol-Myers Squibb has agreed to pay \$75 million to settle allegations that it underpaid rebates owed to state Medicaid programs. The allegations stem from a 2013 whistleblower lawsuit claiming that from 2007 to 2013, Bristol-Myers improperly deducted service fees and treated them as discounts to lower the average manufacturers' prices. Bristol-Myers was also alleged to have used a service agreement clause to hide price increases which in turn limited rebates owed. Under the settlement, \$41 million will go to the federal government, and the remainder will go to participating states. The whistleblower will receive about \$12 million from the federal share. Bristol-Myers did not admit to liability. [Read More](#)

St. Croix Hospice Acquires IL-based Hospice Care of America. *Hospice News* reported on April 1, 2021, that H.I.G. Capital portfolio company St. Croix Hospice has acquired Illinois-based Hospice Care of America. St. Croix serves has 39 locations in seven Midwestern states. Terms of the deal were not disclosed. [Read More](#)

Pennant Group Acquires CO-based Home Health Agency. *Home Health Care News* reported on April 1, 2021, that Pennant Group has acquired Pasco Southwest Home Health, which provides home health and personal care services throughout southwest Colorado. Pennant Group is comprised of 84 home health and hospice agencies and 54 senior living communities in 14 states. Terms of the deal were not disclosed. [Read More](#)

Gainwell Completes Acquisition of HMS. Veritas Capital subsidiary Gainwell announced on April 1, 2021, that it has completed the acquisition of HMS Holdings Corp. Gainwell will maintain the HMS Medicaid-focused business lines, including coordination of benefits and payment integrity solutions delivered to states. Another Veritas-backed company, Cotiviti, has taken over the HMS payment integrity and population health management lines in the health plan and federal markets. [Read More](#)

Halle Capital Management Invests in Dental Service Organization Planet Smile Partners. Halle Capital Management announced on April 1, 2021, an investment in Planet Smile Partners, a dental service organization focused on pediatric and orthodontics providers. Planet Smile Partners will initially partner with New York-based Dentistry for Children Westchester. Dentistry for Children Westchester's founder, Gary Heitzler, DDS, will serve as chief executive of Planet Smile Partners. [Read More](#)

Aveanna Healthcare Seeks to Raise \$100 Million in IPO. Aveanna Healthcare Holdings, which provides pediatric and adult home care services, announced on April 1, 2021, that it is seeking to raise \$100 million in initial public offering (IPO) of common stock. The number of shares to be offered and the price range has yet to be determined. Barclays, J.P. Morgan, BMO Capital Markets, Credit Suisse, BofA Securities, Deutsche Bank, Jefferies, RBC Capital Markets and Truist Securities are the joint book-runners on the deal. [Read More](#)

Advocate Aurora Enterprises Acquires MD-based Senior Helpers. Advocate Aurora Enterprises announced on April 1, 2021, the acquisition of Maryland-based Senior Helpers, which provides meal planning services, transportation, and companionship services to elderly individuals. Senior Helpers has more than 320 franchised and corporate-owned locations in 44 states, Canada, and Australia. Terms of the deal were not disclosed. [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
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

HMA NEWS

[HMA Contributes to NAM Perspectives Discussion Paper 'Guide for Future Directions for Addiction and OUD Treatment Ecosystem'](#)

HMA Managing Directors [R. Corey Waller, MD, MS](#), and [Jean Glossa, MD, MBA](#), along with members of the Prevention, Treatment, and Recovery Working Group of the Action Collaborative on Countering the U.S. Opioid Epidemic, recently authored a new National Academy of Medicine Perspectives discussion paper calling for a long-term sustainable approach to preventing and managing addiction as a chronic disease. [Read More](#)

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

Medicaid Data

- U.S. Medicaid, CHIP Enrollment at 78.9 Million, Nov-20 Data
- Florida Medicaid Managed Care Enrollment is Up 2%, Feb-21 Data
- Georgia Medicaid Management Care Enrollment is Up 4.7%, Apr-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 11.8%, Mar-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 11%, Feb-21 Data
- New Jersey Medicaid Managed Care Enrollment is Up 2%, Feb-21 Data
- Ohio Dual Demo Enrollment is Down 8.5%, Mar-21 Data
- Rhode Island Dual Demo Enrollment is Down 2%, Mar-21 Data
- Utah Medicaid Managed Care Enrollment is Up 5.5%, Mar-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Louisiana Medicaid Managed Care Feedback Form Responses, 2020-21
- Minnesota Long-Term Care, State Plan Home Care Services Housing in the Community RFP, Apr-21
- New York OMIG Statistical Consulting Solicitation of Interest (SOI), Apr-21
- Ohio Medicaid OhioRISE Plan RFA and Award, 2020-21

Medicaid Program Reports, Data and Updates:

- California Medi-Cal 1115 Waiver and Related Documents, 2015-21
- Illinois Governor's Proposed Budget, SFY 2022
- Indiana Federal Evaluation of Healthy Indiana Plan (HIP 2.0), Nov-20
- Michigan 1115 Demonstration Waiver Application, Approval and Other Relevant Documents, Healthy Michigan Plan, 2018-21
- Nevada Governor's Proposed Budget, FY 2021-23
- New Hampshire Governor's Proposed Budget FY 2022-23
- New Mexico Governor's Budget Recommendation, FY 2022
- North Carolina Governor's Recommended Budget, FY 2021-23
- Ohio Medicaid Waiver Comparison Charts, SFY 2021_
- Oregon Governor's Proposed Budget, FY 2021-23
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Mar-21
- Texas 1115 Medicaid Transformation Waiver Documents, 2017-21

- Texas Governor's Proposed Budget, FY 2022-23
- Utah Governor's Budget Recommendations, FY 2022
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Mar-21
- Washington 1115 Medicaid Transformation Waiver Documents, 2015-21
- Wisconsin Governor's Proposed Budget, FY 2021-23

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