

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... April 14, 2021



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

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THIS WEEK

- [IN FOCUS: FEDERAL FUNDING FOR HOME AND COMMUNITY-BASED SERVICES \(HCBS\): ENACTED AND PROPOSED INVESTMENTS](#)
- [MEDICAID EXPANSION NEWS: ARKANSAS, MISSISSIPPI, MONTANA](#)
- [ARKANSAS PASSE PROGRAM IS EYED BY CARESOURCE](#)
- [MEDICAID POSTPARTUM COVERAGE: FLORIDA, ILLINOIS](#)
- [NORTH CAROLINA FALLS SHORT IN MEDICAID OVERSIGHT AUDIT](#)
- [OHIO AWARDS MEDICAID MANAGED CARE CONTRACTS](#)
- [OKLAHOMA HOUSE COMMITTEE ADVANCES BILL CHALLENGING STATE'S PLANNED MEDICAID MANAGED CARE TRANSITION](#)
- [SOUTH CAROLINA NOMINATES ROBERT KERR AS MEDICAID DIRECTOR](#)
- [BIDEN IS EXPECTED TO SIGN BILL EXTENDING MORATORIUM ON MEDICARE PROVIDER CUTS](#)
- [CMMI NAMES NEW MODEL WINNERS](#)
- [BRIGHT HEALTH ACQUIRES TELEHEALTH PROVIDER ZIPNOSIS](#)
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

FEDERAL FUNDING FOR HOME AND COMMUNITY-BASED SERVICES (HCBS): ENACTED AND PROPOSED INVESTMENTS

This week, our *In Focus* section reviews federal enacted and proposed investments in home and community-based services (HCBS). HCBS are critically important for millions of Americans with disabilities and older adults, assisting them to remain in their homes and participate in their communities. People with disabilities and older adults have also been

disproportionately affected by COVID-19, yet little federal funding has been directed to HCBS during the public health emergency. This changed on March 11, 2021, when the American Rescue Plan Act (ARPA) was signed into law, with both Medicaid and non-Medicaid HCBS funding included. Additionally, the Administration has recently proposed further HCBS investments in both The American Jobs Plan and the President's 2022 Discretionary Request.

Section 9817 of ARPA provides an increase for Medicaid-funded HCBS by offering states the option to claim an additional 10 percentage point increase in federal match (FMAP) for the one-year period from April 1, 2021, to March 31, 2022. This increase will be added to other current enhanced state FMAP options, including the 6.2 percent increase available under the Families First Coronavirus Response Act, the 6 percent available under the Community First Choice option, and increases in match rates for Medicaid expansion populations, as long as the total federal share does not exceed 95 percent.

The Congressional Budget Office estimated that this could add \$12.7 billion in funding for HCBS. The impact in each state depends on a wide range of factors and state decisions related to HCBS policy and program implementation. States are not required to draw down the additional federal match.

The statutory language is simple, without many operational specifics, articulating only two major requirements. The HCBS funds must be used to:

- Supplement, and not supplant, the level of state funds expended for HCBS in effect on April 1, 2021
- Implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen Medicaid-funded HCBS

The Centers for Medicare & Medicaid Services (CMS) is currently developing guidance for states, with no date for release, but anticipated to be issued soon. Questions and considerations that stakeholders hope to see covered in the CMS guidance include:

- Defining the requirements for "supplement, not supplant":
 - Should this be based solely on expenditure amount as of April 1, 2021?
 - Will states be required to maintain current HCBS eligibility standards as well as HCBS amount, duration and scope during the claiming period?
 - What will be the processes and reporting requirements to demonstrate compliance?
- Claiming and reporting requirements for the enhanced match:
 - Specificity related to which services and claims will be eligible for the enhanced match
 - Clarity regarding requirements and claiming for funds for HCBS provided under capitated rate structures, such as managed care and PACE programs
 - Requirements related to demonstrating non-duplication of expenditures, including funds available under the Paycheck Protection Program, Provider Relief Funds, and state HCBS provider retention payments
 - While the claiming is available for one year, how long will states have to obligate and expend the funds?
- Allowable expenditures for the funds, including:

- The importance of stakeholder engagement at the state level regarding the priorities for the use of funds
- Options for increased provider payments or for expanding the population served without creating future obligations or baseline rate increases, given the short-term nature of the funding
- Identifying activities that would be effective in expanding and improving HCBS
- Ability to expend the funds on HCBS capacity development, infrastructure, quality initiatives, innovations and pilots, technology, research and policy, training/workforce supports or other related HCBS needs
- Opportunities to make capital improvements in HCBS settings

Additionally, several non-Medicaid HCBS programs also benefited from ARPA funding increases:

- \$460 million for Older American Act (OAA) supportive services
- \$25 million for OAA services for Native American communities
- \$44 million for OAA evidence-based health promotion and disease prevention programs
- \$145 million for the National Family Caregiver Support Program
- \$10 million for the Long-Term Care Ombudsman Program
- \$276 million to fund the Elder Justice Act
- \$50 million for grants to public transit systems to improve transportation access for older adults and people with disabilities
- \$10 million to create a new technical assistance center for kinship families in which the primary caregiver is an adult age 55 or older or the child has one or more disabilities

Finally, the Administration has recently announced **two additional proposed investments in HCBS**:

- The American Jobs Plan includes \$400 billion to expand access to HCBS, extend the Money Follows the Person initiative (that assists people to move from institutional settings to the community), and to improve wages and benefits for the direct support workforce
- The President's 2022 Budget Request includes an increase of \$551 million to non-Medicaid HCBS programs for people with disabilities and older adults

Taken together, these enacted and proposed investments represent a tremendous increase in HCBS resources that may become available to assist people with disabilities and older adults across the country to live healthy lives at home or in the community.

HMA will provide additional information once the CMS ARPA HCBS funding guidance is available. For questions, please contact HMA Principal [Sharon Lewis](#).



HMA MEDICAID ROUNDUP

Arkansas

House Fails to Reauthorize Medicaid Expansion. *The Associated Press* reported on April 13, 2021, that the Arkansas House failed to approve a budget bill reauthorizing the state's Medicaid expansion program. The House will vote again later this week. The state Senate has already approved the reauthorization. Previous reauthorization efforts succeeded by slim margins. [Read More](#)

Arkansas PASSE Program to Get New Participant in CareSource, Pending Approvals. *The Dayton Business Journal* reported on April 8, 2021, that Ohio-based CareSource filed for a license to participate in the Provider-Led Arkansas Shared Savings Entity (PASSE) program, a Medicaid managed care initiative serving about 45,000 beneficiaries with complex behavioral health, developmental, and intellectual disabilities. CareSource plans to join the program on January 1, 2022, pending licensure approval and contracting with the Arkansas Department of Human Services. Current incumbent PASSEs include Centene/Arkansas Total Care, Empower Healthcare Solutions, and Summit Community Care. [Read More](#)

Florida

House Approves Fiscal 2022 Budget Bill Extending Medicaid Postpartum Coverage. *WLRN* reported on April 8, 2021, that the Florida House approved a fiscal 2022 state budget bill, including funding to extend Medicaid postpartum coverage from two months to a full year. The budget bill, which now heads to the state Senate, did not address Medicaid expansion. [Read More](#)

Illinois

Illinois Receives Federal Approval to Extend Medicaid Postpartum Coverage to Full Year. *The Hill* reported on April 12, 2021, that Illinois received federal approval of its Section 1115 waiver to extend Medicaid postpartum coverage from 60 days to a full year. The move is aimed at addressing data showing 80 percent of pregnancy-related deaths in the state occur within one year. About 2,500 women with incomes up to 208 percent of poverty are eligible. The waiver is effective April 12, 2021, through December 31, 2025. [Read More](#)

Senate Subcommittee Clears Bill Over Nursing Home Access. *WGEM* reported on April 7, 2021, that the Illinois Senate Managed Care Organizations Subcommittee advanced a bill prohibiting incentives for managed care plans and community providers from moving people out of nursing homes. The bill, sponsored by state Senator Linda Holmes (D-Aurora), now heads to the Senate Health Committee. Separately, the subcommittee advanced a bill that would require Medicaid plans to increase pharmacy provider dispensing fee reimbursements from a maximum of \$4.50 to between \$8 and \$10. The bill, sponsored by state Senator Napoleon Harris (D-Flossmoor), now moves to the Senate Health Committee. [Read More](#)

Michigan

Michigan Medicaid Expansion Enrollment Tops 900,000. *WEYI* reported on April 12, 2021, that enrollment in Medicaid expansion in Michigan topped 900,000. Enrollment in the program, called the Healthy Michigan Plan, has jumped over 200,000 since the start of the pandemic. [Read More](#)

Mississippi

Mississippi Advocacy Group Files Medicaid Expansion Ballot Initiative. *The Jackson Free Press* reported on April 8, 2021, that advocacy group Healthcare for Mississippi filed a Medicaid expansion ballot initiative, hoping to take advantage of new federal funding incentives. The ballot initiative will need 106,000 signatures to be included on the ballot. Healthcare for Mississippi was formed by the Mississippi Hospital Association and others. [Read More](#)

Missouri

Missouri Medicaid Hospital Tax Bill Stalls In Senate Battle Over Amendment. *The Courier Tribune/The Center Square* reported on April 13, 2021, that a Missouri Medicaid hospital tax bill stalled in the state Senate in a dispute among Republicans over a proposed amendment barring the use of Medicaid funds for “contraceptive procedures” including abortions. The bill, which would extend the state’s existing Federal Reimbursement Allowance into fiscal 2022, has split Republican lawmakers. [Read More](#)

Montana

House Panel Rejects Bill That Would Have Strengthened Medicaid Eligibility Checks. *The Independent Record* reported on April 13, 2021, that the Montana House Human Services Committee voted down a bill that would have strengthened Medicaid eligibility checks and ended continuous eligibility for Medicaid expansion members. Opponents argued that the bill would cause beneficiaries to wrongly lose coverage. Montana has about 250,000 Medicaid members, with an additional 21,000 covered under the Children’s Health Insurance Program. [Read More](#)

Senate Votes to Continue to Fund Medicaid Expansion in Newly Passed Biennium Budget. *The Choteau Acantha* reported on April 13, 2021, that the Montana Senate passed a \$12.6 billion biennium budget that continues to fund Medicaid expansion. However, amendments to establish a suicide prevention program and to restore continuous eligibility for Medicaid expansion members failed to pass. The budget, which is 3.6 percent larger than the previous state budget, now heads to the House. [Read More](#)

North Carolina

North Carolina Fails to Properly Oversee Medicaid, CHIP Programs, Audit Finds. *The Carolina Journal* reported on April 13, 2021, that North Carolina failed to properly oversee the state's Medicaid program, resulting in overpayments to providers and deficiencies in provider credentialing, according to an internal audit. The audit, which also looked at the state's Children's Health Insurance Program, blamed the North Carolina Department of Health and Human Services for the lack of oversight. [Read More](#)

North Carolina Delays Managed Specialty Plan for Foster Children Until July 2023. *Open Minds* reported on April 9, 2021, that the North Carolina Department of Health and Human Services delayed implementation of a specialty Medicaid managed care plan for children in foster care until July 1, 2023. The plan will integrate physical and behavioral health services and will include care management services aimed at improving coordination among providers, families, and others. [Read More](#)

Ohio

Ohio Awards Pharmacy Pricing, Audit Consultant Contract to Myers and Stauffer. The Ohio Department of Medicaid awarded on April 14, 2021, a contract to Myers and Stauffer to serve as the state's pharmacy pricing and audit consultant (PPAC) as part of the transition to a single, state-regulated pharmacy benefit manager in early 2022. The PPAC will work with the state to establish pharmacy prices and conduct fiscal oversight. The \$1.5 million per year contract will run for two years, with six one-year optional renewals. [Read More](#)

Ohio Officials Say State-Run Medicaid PBM Will Save \$240 Million Per Year. *Modern Healthcare* reported on April 9, 2021, that Ohio's transition to a single, state-run pharmacy benefit manager (PBM) for Medicaid members in 2022 will save more than \$240 million per year, according to state officials. Gainwell Technologies will administer the program, with the state expected to contract with a pharmacy operational support vendor to handle program oversight and pharmacy pricing. Currently, the state works with seven PBMs. [Read More](#)

Ohio Lawsuit Seeks to Bar Medicaid Plan. *The Columbus Dispatch* reported on April 9, 2021, that a newly unsealed lawsuit filed by Ohio Attorney General Dave Yost seeks to bar Centene and two subsidiaries from participating in the state Medicaid managed care program. The lawsuit, which involves claims of duplicative billing of pharmacy benefit management services, also seeks treble damages, withholding of payments to Centene, fines, and other relief. Centene, which urged that the details of the suit be made public, said that the legal claims are “easily explained away once the facts... are understood.” [Read More](#)

Ohio Awards Medicaid Managed Care Contracts. The Ohio Department of Medicaid announced on April 9, 2021, that it awarded Medicaid managed care contracts to six health plans: AmeriHealth Caritas, Anthem Blue Cross Blue Shield, CareSource, Humana, Molina and UnitedHealthcare. The state is “neither issuing nor denying an award” to incumbent Centene/Buckeye Community Health Plan, but rather deferring a decision pending additional consideration. The contracts are worth \$20 billion and will run from January 5, 2022, through June 30, 2024, with optional renewals each fiscal year afterwards. Current incumbents Centene/Buckeye, CareSource, Molina, Paramount Advantage, and UnitedHealthcare serve 2.45 million individuals. CVS/Aetna, Medical Mutual of Ohio, OEHP Health Plan, and Paramount Advantage also bid on the procurement. [Read More](#)

Oklahoma

Oklahoma House Committee Advances Bill Challenging State’s Planned Medicaid Managed Care Transition. *The Oklahoman* reported on April 8, 2021, that the Oklahoma House Public Health Committee advanced a bill challenging the state’s transition to Medicaid managed care as envisioned by Governor Kevin Stitt. The bill, introduced by state Representative Marcus McEntire (R-Duncan), would transition the Oklahoma Health Care Authority (OHCA) to a state-run managed care organization. Under Stitt’s plan, the state would contract with Medicaid plans Blue Cross Blue Shield of Oklahoma, Humana, Centene/Oklahoma Complete Health, and UnitedHealthcare. Implementation of the Stitt plan is scheduled for October 1, 2021. [Read More](#)

South Carolina

South Carolina Governor Nominates Robert Kerr as Medicaid Director. *News 2* reported on April 8, 2021, that South Carolina Governor Henry McMaster has nominated Robert Kerr as Medicaid director. Kerr previously served as Health and Human Services director from 2003 to 2007. [Read More](#)

Wisconsin

Wisconsin Medicaid Work Requirements Waiver Is Rescinded. *The Wisconsin Examiner* reported on April 7, 2021, that the Centers for Medicare & Medicaid Services rescinded Wisconsin’s inoperable Medicaid work requirements waiver, questioning whether it promoted the objectives of Medicaid. The Biden administration alerted Wisconsin and other states in February it might rescind work requirement waivers. [Read More](#)

National

Biden Is Expected to Sign Bill Extending Moratorium on Medicare Provider Cuts. *Modern Healthcare* reported on April 13, 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 bill does not, however, waive a four percent Medicare cut triggered by the American Rescue Plan Act, a provision included in a previous House version of the bill. The bill, which already passed the Senate, is now headed to President Biden, who is expected to sign it into law. [Read More](#)

Medicaid Expansion Increases Access to Medication-Assisted Treatment for Opioid Addiction Among Justice-Involved, Study Finds. *The Daily Pennsylvanian* reported on April 12, 2021, that Medicaid expansion increases access to medication-assisted treatment for opioid use disorder among justice involved individuals, according to a *Health Affairs* study. [Read More](#)

U.S. Appeals Court Will Not Reconsider Ruling on ACA MCO Fees. *Modern Healthcare* reported on April 12, 2021, that the Fifth Circuit Court of Appeals will not reconsider its prior decision on Affordable Care Act (ACA) managed care organization (MCO) fees, in which the court found that states were not obligated to pay nearly \$500 million to the federal government on behalf of MCOs. A lower court judge had previously sided with six states. The fees were ultimately repealed by Congress in 2021. [Read More](#)

MACPAC to Recommend Changes to Medicaid Spending for High-Cost Specialty Drugs. *Modern Healthcare* reported on April 8, 2021, that the Medicaid and CHIP Payment and Access Commission (MACPAC) will recommend that Congress increase the Medicaid minimum rebate percentage and additional inflationary rebate for high-cost specialty drugs on an accelerated approval process. According to MACPAC, drugs on an accelerated approval process often take longer to complete clinical trials, forcing state Medicaid programs to pay high prices. [Read More](#)

CMMI Names Global and Professional Direct Contracting Model Winners, Delays Geo Model Past January 2022. The Centers for Medicare & Medicaid Services' (CMS) Center for Medicare and Medicaid Innovation (CMMI) announced on April 8, 2021, that 53 Direct Contracting Entities (DCEs) will participate in the first performance year of the Global and Professional Direct Contracting (GPDC) Model, which runs from April 1 through December 31, 2021. A list of all DCEs participating in the GPDC Model is located [here](#). CMMI will not be accepting applications for a second cohort of organizations for the second performance year of the GPDC Model. CMMI has also confirmed the Geographic Direct Contracting (Geo) Model will not begin January 1, 2022; the program is "currently under review." [Read More](#)

Exchange Plans Add 500,000 Enrollees During Special Enrollment Period Through March. *The Hill* reported on April 7, 2021, that more than 500,000 individuals enrolled in an Exchange plan on HealthCare.gov during the special enrollment period between February 15 and March 31. Enrollment during the regular enrollment period was 8.2 million. The figures do not include state-based Exchanges. The special enrollment period runs through August 15. [Read More](#)

CMS Proposes 2 Percent Increase in Inpatient Rehab, Psychiatric Facility Medicare Payments. *Modern Healthcare* reported on April 7, 2021, that the Centers for Medicare & Medicaid Services (CMS) proposed a 2.2 percent increase in Medicare payments for inpatient rehabilitation facilities in 2022 and a 2.3 percent increase for inpatient psychiatric facilities. CMS is also seeking feedback on health equity standards for inpatient psychiatric facilities. [Read More](#)



INDUSTRY NEWS

WindRose Completes Equity Recapitalization of Bluestone Physician Services. Private equity firm WindRose Health Investors announced on April 14, 2021, that it completed an equity recapitalization of Bluestone Physician Services, which serves more than 22,000 chronically ill patients residing in senior living and other home and community based settings. Bluestone is expected to use the additional capital to expand. Bluestone executive leadership, including founder and chief executive Todd Stivland, M.D., will continue to own a minority stake in the company. Bluestone operates in Florida, Minnesota, Virginia, and Wisconsin. [Read More](#)

Charter Health Care Group Acquires Providence Home Health and Hospice. Private equity firm Pharos Capital Group announced on April 13, 2021, that portfolio company Charter Health Care Group acquired Texas-based Providence Home Health and Hospice. Terms of the transaction were not disclosed. Providence, which includes Providence Hospice and Providence Home Health Services, serves nearly 100 communities in greater Houston. Charter serves 4,500 patients across seven states. [Read More](#)

BPOC Purchases Majority Equity Stake in Home Care Delivered. Durable medical equipment provider Home Care Delivered (HCD) announced on April 13, 2021, that it received a majority equity investment from Illinois-based private equity firm BPOC. Terms of the deal were not disclosed. North Point Advisors served as financial advisor to HCD, and Lincoln International served as financial advisor to BPOC. [Read More](#)

RiverGlade Capital Acquires Home Helpers Home Care. *Home Health Care News* reported on April 8, 2021, that private equity firm RiverGlade Capital acquired Ohio-based H.H. Franchising Systems, which owns and operates in-home care provider Home Helpers Home Care in more than 1,000 communities. H.H. Franchising, which has more than 320 franchise territories in 41 states, will keep its current leadership team. [Read More](#)

Bright Health Acquires Telehealth Provider Zipnosis. *Fierce Healthcare* reported on April 8, 2021, that primary care provider Bright Health has acquired Zipnosis, a telehealth platform serving nearly 60 health systems. The deal is expected to close in the second quarter of 2021. Financial terms were not disclosed. [Read More](#)

BPOC Announces Formation of Southeast Primary Care Partners. Private equity firm BPOC announced on April 8, 2021, a partnership with Thomas Bat, M.D. to form Southeast Primary Care Partners (SPCP), a primary care management services organization. Bat, who becomes chief executive of SPCP, is also the founder of Georgia-based North Atlanta Primary Care (NAPC), which simultaneously becomes SPCP's first affiliate partner. NAPC, which offers primary care to adults and seniors, has more than 65 providers at 13 locations, with additional practices expected to open later this year. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
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

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Louisiana Medicaid Managed Care Enrollment is Up 3.4%, Feb-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 2.7%, Jan-21 Data
- Maryland Medicaid Managed Care Enrollment Is Up 2%, Feb-21 Data
- New Mexico Medicaid Managed Care Enrollment is Up 1.3%, Feb-21 Data
- Oregon Medicaid Managed Care Enrollment is Up 1.3%, Jan-21 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 1.6%, Jan-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Ohio Medicaid Managed Care RFA, Award, Responses, and Related Documents, 2020-21
- California Medi-Cal Managed Care RFI, Responses, Updated Timeline, and Related Documents, Apr-21
- Colorado Regional Accountable Entities for the Accountable Care Collaborative Phase II Contracts, SFY 2021
- South Carolina Medicaid Recovery Audit Contractor RFP, Jun-20
- Vermont DVHA Medicaid Next Generation Program ACO RFP, Apr-21

Medicaid Program Reports, Data and Updates:

- Arizona AHCCCS Population Demographics, Apr-21
- District of Columbia Medicaid Managed Care Performance Report, 2019
- Georgia CMO Flash Reports, 2018-21
- Maryland Medicaid Eligibles by Age, Race, Gender, by Month, Feb-21
- North Carolina Department of Health and Human Services Audit, FY 2020
- Texas Quarterly Reports from the HHS Ombudsman Managed Care Assistance Team, FY 2019-20
- Wisconsin BadgerCare Reform 1115 Waiver Documents, 2017-21

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