HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

April 21, 2021

RFP CALENDAR

HMA News

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THIS WEEK

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- MISSOURI ACCEPTS RESIGNATIONS OF TWO TOP HEALTH OFFICIALS
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- OKLAHOMA HOUSE MOVES TO HALT MEDICAID MCO TRANSITION
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IN FOCUS

MODEST SKILLED NURSING FACILITY PAYMENT UPDATE AND POLICY UPDATES IN 2022 PROPOSED RULE

This week, our *In Focus* reviews the fiscal year (FY) 2022 skilled nursing facility (SNF) proposed payment rule, released by the Centers for Medicare & Medicaid Services (CMS) on April 8, 2021. If the proposals contained in the rule are foreshadowing, SNFs will continue to face financial pressures coming out of the public health emergency. This payment update, combined with

other policy proposals, is likely to lead to the smallest payment update since the Medicare Access and CHIP Reauthorization Act of 2015 set a 1 percent increase in FY 2018. The rule proposes a net payment update of 1.3 percent after accounting for forecast error and the multifactor productivity adjustment. In addition to the payment update, CMS proposes changes to the SNF Quality Reporting Program (QRP), and the SNF Value-Based Program (VBP) for FY 2022. Notably, CMS proposes an eventual payment correction to achieve a budget neutral implementation of the Patient-Driven Payment Model (PDPM) that could result in a 5 percent rate reduction.

Payment Proposals

Patient-Driven Payment Model (PDPM) Updates

In October 2019, CMS changed the reimbursement methodology for SNF payments from resource utilization groupings (RUGs), which was largely based on therapy minutes provided, to the Patient Driven Payment Model (PDPM), which is driven by clinical characteristics. CMS identified an unintended increase in payments of approximately 5 percent, or $1.7 billion in FY 2020, the first year of the payment system change. As PDPM was to be implemented in a budget neutral manner, CMS is seeking feedback on a potential methodology for recalibrating the adjustment that would account for the potential effects of the COVID without compromising the accuracy of the adjustment. In particular, CMS is asking for comments on whether any necessary adjustment should be delayed or phased in over time to provide payment stability. The SNF industry will oppose the cuts. However, recognizing that they are likely inevitable there will be a strong push for both a delayed and phased approach particularly as many SNFs are still struggling to recover from the impact of COVID.

CMS continues to monitor and make changes to clinical group mapping based on ICD-10 diagnoses and include those changes in the rulemaking process. For the most part, this involves recategorizing what clinical groups given diagnoses fall into. This rule includes 6 such changes often moving diagnoses from or to return to provider and across the various clinical groupings.

Medicare Part A SNF Payment Update

CMS estimates an increase of approximately $444 million in Medicare Part A payments to SNFs in FY 2022 based on the payment update. The estimate reflects an update to the payment rates of 1.3 percent, based on a 2.3 percent market basket update, less a 0.8 percentage point forecast error adjustment, and a 0.2 percentage point multifactor productivity adjustment. Additionally, there is a $1.2 million decrease due to the proposed rate reduction accounting for the blood-clotting factors exclusion in consolidated billing. These figures do not incorporate the SNF VBP reductions that are estimated to be $184 million.

Value-Based Program

Given all that has occurred due to COVID, CMS proposes to suppress the SNF 30-Day All-Cause Readmission Measure which is the basis for the SNF VBP. Subsequently, the proposal is to assign a performance score of zero to all participating SNFs, essentially leveling the playing field. To maintain compliance with the existing payback percentage policy CMS proposes to reduce the otherwise applicable federal per diem rate for each SNF by 2 percent and award SNFs 60 percent of that withhold, resulting in a 1.2 percent payback percentage to those SNFs, except for SNFs that are subject to the Low

Volume Adjustment policy who receive 100 percent of their withholding. Due to provisions from the Consolidated Appropriations Act, 2021 allowing the Secretary to expand the SNF VBP program and apply up to ten measures for payments beginning in FY 2024, CMS is seeking feedback on the expansion of the program. This could include collecting data on all residents of a nursing home regardless of the payer as a truer representation of the quality of care overall.

Rebasing

CMS proposes to rebase and revise the SNF market basket to improve payment accuracy under the SNF PPS by proposing to use a 2018-based SNF market basket to update the PPS payment rates, instead of the 2014-based SNF market basket. This is a typical pattern of rebasing after four years.

Quality Reporting Program

The SNF QRP is a pay-for-reporting program. SNFs that do not meet reporting requirements may be subject to a 2 percent reduction in their annual update. CMS proposes two new measures – Healthcare-Associated Infections and COVID Vaccination Coverage among Healthcare Personnel – and updates the specifications for the Transfer of Health Information to exclude SNF discharges to home health or hospice from the denominator to avoid double counting.

Other Regulatory Activity

In tandem with the release of the proposed rule, CMS issued a policy memo announcing the termination of several 1135 waivers related to resident transfers, care planning, and timeframes for assessments. These waivers will end on May 10, 2021. As the public health emergency continues to evolve, CMS continues to review the need for waivers that have been implemented. One of the most significant waivers, that of the 3-day prior hospitalization requirement, remains in effect. The most recent update of the blanket waivers for health care providers also includes these changes.

Implications

Nursing homes remain in the spotlight given the enormous effects of the pandemic on older adults and particularly those residing in congregate care settings. Reform recommendations are coming from many areas including proposals from industry associations calling for additional funding through Medicaid, new allowable cost guidelines, and reform to VBP programs, particularly at the state level. The National Academies of Sciences, Engineering, and Medicine through the Committee on the Quality of Care in Nursing Homes is completing a comprehensive review of care delivery, regulation, reimbursement, and quality to develop a set of findings and recommendations for improving the quality of care in today's nursing homes. It is clear that change remains on the horizon for nursing homes including downward pressure on Medicare reimbursement, how state Medicaid agencies will react to Medicare payment system change as well as a renewed focus on quality improvement, and market pressures increasing the demand for care delivered in people's homes. The impacts of these reform efforts taken together will be significant for the nursing home industry, state Medicaid agencies, health plans, and people in need of post-acute and long-term care. For questions, please contact HMA Senior Consultant Aaron Tripp.

HMA Medicaid Roundup

Arkansas

Arkansas House Approves Medicaid Budget. *The Arkansas Democrat-Gazette* reported on April 21, 2021, that the Arkansas House has finally approved a fiscal 2022 budget bill, including funding for the state's traditional Medicaid program and Medicaid expansion, after multiple tries. The budget bill now heads to Governor Asa Hutchinson's desk. Read More

Florida

Florida Medicare Advantage Plan Is Cited in Federal Audit. *Health News Florida* reported on April 20, 2021, that a Humana Medicare Advantage plan operating in Florida improperly collected nearly $200 million in 2015 overpayments tied to diagnoses that did not match medical records, according to an audit conducted by the U.S. Department of Health and Human Services' Office of Inspector General (OIG). The audit, conducted from February 2017 to August 2020, recommends that Humana repay the funds. Read More

Florida Senate Budget Bill Rolls Back Medicaid Cuts. *Florida Politics* reported on April 18, 2021, that the latest Florida Senate health care budget plan for fiscal year 2022 rolls back previously proposed Medicaid cuts. The Senate's original proposed budget included more than $250 million in cuts to Medicaid inpatient and outpatient rates as well as $77 million worth of funding cuts for hospitals that serve Medicaid patients. The state House approved a budget bill that includes $226 million in critical care cuts and $80 million in cuts to nursing homes. Read More

Georgia

Georgia Releases Non-Emergency Medical Transportation RFP. The Georgia Department of Community Health (DCH) issued on April 14, 2021, a request for proposals (RFP) to procure vendors to provide non-emergency medical transportation (NEMT) to Medicaid beneficiaries in five regions across the state. DCH will award a contract to one provider for each of the five regions, with no more than three regions per provider. Contracts will run from the date of award until the end of the state fiscal year, with five one-year optional renewals. Proposals are due June 3. Awards are expected to be announced on January 18, 2022, with an intent to award on January 6.

Georgia Releases Medicaid Quality Report. *Georgia Health News* reported on April 15, 2021, that the Georgia Department of Community Health released a long-awaited Medicaid quality report detailing state strategies to address health disparities, improve health outcomes, and ensure access to care. In particular, the report outlined ways the state Medicaid program can decrease the state's maternal mortality rate by 3 percent by the end of 2023, decrease the rate of low-birth-weight infant deliveries, and improve prenatal and postpartum care. The report also includes a "value-based payment" plan. Read More

Illinois

House Introduces Bill to Extend Medicaid Coverage to ABA Therapy Services. *The News-Gazette* reported on April 19, 2021, that an Illinois House bill, introduced by Representative Deb Conroy (D-Villa Park), would extend Medicaid coverage to behavioral therapy treatments for children diagnosed with autism spectrum disorder, including applied behavior analysis therapy. The state already mandates that private insurance covers autism treatment. The legislation would simplify licensing and certification for Medicaid coverage of behavioral therapy starting July 1, 2022. Read More

Indiana

Indiana to Extend Medicaid Postpartum Coverage to Full Year. *The Greensburg Daily News* reported on April 16, 2021, that Indiana's biennium fiscal 2022-23 budget contains a provision that would extend Medicaid postpartum coverage from 60 days to a full year. Indiana expects the coverage extension to cost $4.2 million in fiscal 2022 and $3.9 million in fiscal 2023. Read More

Iowa

Senators Insert Mental Health Funding Takeover Into Budget Bill. *The Gazette* reported on April 19, 2021, that Iowa Senators pushing for a state takeover of mental health funding have inserted the proposal into a fiscal 2022 budget bill. Mental health funding is currently supported by local property taxes. Also inserted into the budget bill is a proposal to establish a real-time verification system for public assistance programs managed by the Department of Human Services. Read More

Missouri

Missouri Accepts Resignations of Two Top Health Officials. *The St. Louis Post-Dispatch* reported on April 20, 2021, that Missouri Department of Health and Senior Services (DHSS) director Randall Williams, M.D., and chief operating officer Drew Erdmann have resigned. Robert Knodell, who is Governor Mike Parson's deputy chief of staff, will serve as acting director of DHSS effective immediately. Read More

Missouri House Passes Budget Bill Without Medicaid Expansion Funding. *The Associated Press* reported on April 15, 2021, that the Missouri House approved a budget bill without funding for Medicaid expansion. Instead, funds initially intended for Medicaid expansion will go to nursing homes and individuals with intellectual and developmental disabilities. The bill now heads to the state Senate. Voters in Missouri approved a Medicaid expansion ballot measure, which requires the state to expand by July 2021. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Jersey Releases Self-Direction Guide for Individuals with Disabilities. The New Jersey Division of Developmental Disabilities in collaboration with The Boggs Center on Developmental Disabilities released in April 2021, a guide aimed at helping individuals with disabilities better control the home and community-based services they receive, including increased choice and control over how and from whom a person receives supports. Read More

Oklahoma

Oklahoma House Advances Bill to Halt State's Planned Medicaid Managed Care Transition. *Public Radio Tulsa* reported on April 21, 2021, that the Oklahoma House advanced a bill that would halt the state's transition to Medicaid managed care. The bill, introduced by state Representative Marcus McEntire (R-Duncan), would instead transition the program to a state-run managed care organization under the Oklahoma Health Care Authority. The bill now heads to the state Senate. Governor Kevin Stitt is likely to veto the bill if it reaches his desk. Read More

Tennessee

Tennessee Proposes to Integrate I/DD Services into Medicaid Managed Care. Tennessee announced on March 31, 2021, that it proposed to integrate services for individuals with intellectual and developmental disabilities (I/DD) into Medicaid managed care through an amendment to its TennCare III Section 1115 waiver demonstration. The waiver amendment would also assign inmates of public institutions to TennCare Select, a prepaid inpatient health plan, and would make a "technical clarification to employment and Community First CHOICES populations." The public comment period runs from April 15 through May 15, 2021. Read More

Texas

Texas Medicaid Waiver Extension Is Rescinded, Including Funding for Uncompensated Care. *State of Reform* reported on April 16, 2021, that the Centers for Medicare & Medicaid Services (CMS) has rescinded its approval of a 10-year extension of the Texas Medicaid Section 1115 waiver, which included funding for uncompensated care in the absence of a Medicaid expansion program. The Trump administration had approved the extension through 2030. The current waiver expires on September 30, 2022. Read More

Texas Bill to Extend Medicaid Postpartum Coverage Gets Initial House Approval. *KXAN* reported on April 14, 2021, that the Texas House gave initial approval to a bill that would extend Medicaid postpartum coverage from 60 days to a full year for about 130,000 new mothers. The bill faces a final House vote before heading to the Senate. Read More

National

KFF Lists Potential Uses for New Federal HCBS Funds in Proposed American Jobs Plan. Kaiser Family Foundation (KFF) reported on April 20, 2021, that additional federal funds earmarked for Medicaid home and community-based services through the proposed American Jobs Plan could be used to support the Money Follows the Person program, direct care worker wages, and increased eligibility. Read More

CMMI Director Outlines Approach Towards Alternate Payment Models in Medicare, Medicaid. *CQ* reported on April 20, 2021, that Center for Medicare and Medicaid Innovation (CMMI) director Elizabeth Fowler is examining alternate payment models aimed at reducing health disparities, improving care coordination among dual eligibles, and reducing program spending in Medicare and prescription drugs. Earlier this month, the CMMI delayed implementation of the Geographic Direct Contracting model, withdrew a change to a Medicare Part D prescription drug pilot that would have restricted access to specific specialty drugs, and delayed start dates for pilots aimed at kidney disease. Read More

House Bill Extending Medicaid to Inmates Comes Up in Committee Hearing. *State of Reform* reported on April 16, 2021, that a bill allowing states to make Medicaid coverage available for incarcerated individuals up to 30 days prior to release came up during a U.S. House Energy & Commerce Health Subcommittee hearing on substance abuse and the opioid epidemic. Congressman Paul Tonko (D-NY), who sponsored the Medicaid Reentry Act, said the bill would help reduce opioid overdoses. Read More

Health Systems, Insurers Compete Over Specialty Drugs. *Modern Healthcare* reported on April 16, 2021, that health systems and insurers are competing over specialty drugs, with health plans acquiring specialty pharmacies to keep drug spending within vertically integrated operations. At least one health system reported losing patients to vertically integrated payers or pharmacy benefit management-owned specialty pharmacies. Read More

FCC to Distribute Initial $150 Million of Newly Available Telehealth Funds. *Modern Healthcare* reported on April 15, 2021, that the Federal Communications Commission (FCC) will accept applications for the second round of its COVID-19 telehealth program from April 29 through May 6, with plans to distribute the first $150 million of the additional $250 million allocated by Congress. The first round was $200 million, of which the FCC had distributed $120 million to 539 organizations through January. Read More

CMS Issues Guidance to Ensure Consumer Access to Pricing Data Under Transparency Rule. *Modern Healthcare* reported on April 14, 2021, that the Centers for Medicare & Medicaid Services (CMS) issued price transparency rule guidance, requiring health plans to provide files in machine-readable formats readily available to the public. The guidance comes after an investigation revealed that many hospital pricing websites were making it difficult for consumers to find pricing information. The price transparency rule will require nearly all health plans to publicly disclose in-network and out-of-network rates that payers negotiate with providers by January 1, 2022. Read More

Medicare Part D Drug Spending is Dominated by Few, Costly Drugs, Study Finds. *Modern Healthcare* reported on April 19, 2021, that 250 Medicare Part D drugs, each with one manufacturer and no competitors, accounted for 60 percent of total Part D drug spending in 2019, according to a study by Kaiser Family Foundation. Fifty Medicare Part B drugs, each with one manufacturer and no competitors, accounted for 80 percent of total Part B drug spending. Medicare Part D covers about 3,500 products and Part B covers more than 500. The study recommends lawmakers set fair, lower prices for these drugs. Read More

Medicare Providers Seek Continuation of Telehealth Payment Parity. *Modern Healthcare* reported on April 16, 2021, that Medicare providers are pressuring Congress to maintain payment parity between telehealth services and in-person visits after the public health emergency ends. Payers view telehealth as an opportunity to further value-based care. Read More

Industry News

Amedisys To Gain 31,000 Medicare Home Health Patients in North Carolina. *Modern Healthcare* reported on April 14, 2021, that Louisiana-based home health and hospice provider Amedisys will add 31,000 Medicare and Medicare Advantage patients in the Randolph County, NC area, after signing a definitive agreement to purchase certain regulatory rights. The deal is expected to close April 30. Amedisys currently serves more than 418,000 patients in 320 home health locations across 34 states. 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

COMPANY ANNOUNCEMENTS

30-Day Hospital Readmission Rate: A Flawed but Important Metric

HMA WELCOMES

Christina Altmayer – Principal

Christina Altmayer is a senior executive with vast experience and success leading public agencies dedicated to early childhood. Her work has focused on policy and system changes to better serve the needs of children in both the healthcare and early education spaces.

She joins HMA after leading high-impact efforts to implement and expand maternal and pediatric early intervention services as the senior vice president of the Center for Children and Family Impact for First 5 LA. In this capacity she oversaw over $90 million in programmatic investments focused on family supports, community engagement, early care and education, and health systems with a focus on policy and systems change. She led the development of First 5 LA's 2020-28 Strategic Plan and pioneered innovative financing strategies to sustain priority maternal and child interventions, including partnerships with Medi-Cal managed care organizations.

Previously, Christina served as executive director of First 5 Orange County where she led the organization through a comprehensive strategic planning and implementation process and oversaw an annual program portfolio of $35 million. She led several high impact efforts, including initiatives related to developmental screening and early intervention, kindergarten readiness, and oral health and innovative financing strategies to sustain important services for children and families. Christina worked closely with CalOptima, Children's Hospital of Orange County and community organizations to implement innovative financing strategies to support early childhood investments.

A seasoned consultant, she helmed her own management consulting organization helping non-profit, public, and private organizations with long-term financial planning, strategy development, program design and implementation, performance management, and evaluation. Christina launched her career in consulting at Ernst & Young, serving as a senior manager supporting public and private clients. During her consulting tenure, she was the author of multiple articles on performance-based management and was a frequent instructor and presenter on this topic.

Christina earned a Bachelor of Arts degree in government and politics and a Master of Arts in public administration from St. John's University in New York.

Aaron Tripp – Senior Consultant

Working across all areas of government and in varied agencies, Aaron Tripp has focused his career on making communities better places to grow older. He is a social scientist who has partnered with private organizations, government agencies, and policymakers to improve programs and policies as well as focusing on Medicaid, Medicare, and programs designed for the aging.

Before joining HMA, he served in leadership positions with LeadingAge, which represents non-profit organizations focused on serving aging

Americans. His work there included providing strategic leadership for payment policy, long-term services and supports (LTSS), aging services and emerging models of healthcare service delivery. Most recently, his work has focused on Medicare post-acute care payment reforms, their impact on healthcare providers, and related effects for state Medicaid programs.

An adept policy analyst, Aaron has provided program evaluation, data analysis and policy support for Medicaid and other publicly funded programs in multiple states as well as coordinated evaluations, prepared LTSS reports and coordinated evaluations for programs and partners.

He has worked to address challenges related to the porous boundaries between federal and state health policy, places where Medicare and Medicaid policy created unintended issues. Additionally, he works to address the continuum challenges and opportunities across post-acute, long-term care, and end-of-life service delivery and payment policy.

Aaron earned a Bachelor of Science in health sciences from Utica College, a Master of Social Work in community organizing, planning, policy and administration from Syracuse University and is a PhD candidate in public policy, evaluation and analytical methods at the University of Maryland, Baltimore County. He has written and contributed to various reports, articles and publications on aging, long-term care and associated costs and coverage.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Illinois Dual Demo Enrollment is Down 2%, Feb-21 Data
- Illinois Dual Demo Enrollment is Down 4.4%, Jan-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 1.3%, Feb-21 Data
- Mississippi Medicaid Managed Care Enrollment is Up 2.1%, Mar-21 Data
- Oregon Medicaid Managed Care Enrollment is Up 2.8%, Feb-21 Data
- Utah Medicaid Managed Care Enrollment is Up 7.3%, Apr-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Arizona AHCCCS External Quality Review Organization (EQRO) RFP and Proposal, 2018
- Georgia Medicaid Non-Emergency Medical Transportation (NEMT) Services RFP, Apr-21
- Minnesota Medicaid Managed Care Model Contracts, 2021
- Minnesota Medicaid Managed Care Organization (MCO) Contracts, 2021
- New Jersey Releases Medicaid Behavioral Health Stabilization Homes RFP
- Ohio Medicaid OhioRISE Plan RFA, Responses, Scoring, and Award, 2020-21

Medicaid Program Reports, Data and Updates:

- California CalAIM 1115 Waiver and Related Documents, Apr-21
- Delaware Benchmark Trend Report FY 2019
- Delaware Diamond State Health Plan (DSHP) and Substance Use Disorder (SUD) Waivers Evaluation Design Plans, Apr-21
- Georgia DCH Proposed Quality Strategic Plan, 2021-23
- Minnesota Managed Care Consumer Experience Survey Summary Reports, 2015-20
- Minnesota Managed Care HEDIS Reports, 2016-20
- Minnesota Medicaid Managed Care Quality Assurance Reports, 2017-20
- Ohio OBM Monthly Financial Reports, 2021
- Ohio OhioRISE Advisory Council Meeting Materials, 2020-21
- Pennsylvania OVR MLTSS Subcommittee Meeting Materials, Apr-21
- Tennessee TennCare III 1115 Waiver Documents, 2020-21
- Texas 1115 Medicaid Transformation Waiver Documents, 2017-21

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