

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... April 28, 2021 .....



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## IN FOCUS

### DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT UPDATED

This week, our *In Focus* section reviews publicly available data on enrollment in capitated financial and administrative alignment demonstrations ("Duals Demonstrations") for individuals dually eligible for Medicare and Medicaid (dual eligibles) in nine states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas. Each of these states has begun either voluntary or passive enrollment of dual eligibles into fully

integrated plans providing both Medicaid and Medicare benefits (“Medicare-Medicaid Plans,” or “MMPs”) under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP. As of February 2021, approximately 392,000 dual eligibles were enrolled in an MMP. Enrollment rose 5.7 percent from February of the previous year.

#### Note on Enrollment Data

Six of the nine states (California, Illinois, Michigan, New York, Ohio, and South Carolina) report monthly on enrollment in their MMPs, although there is occasionally a lag in the published data. The other states publish intermittent enrollment reports.

MMP enrollment is also provided in the CMS Medicare Advantage monthly enrollment reports, which are published around the middle of each month. In the table below, we provide the most current state-reported data, with CMS data supplementing where needed. Historically, we have seen minor inconsistencies between state-reported data and the CMS enrollment report, likely due to discrepancies in the timing of reports. For Ohio, CMS data was used over the self-reported state data.

#### Dual Demonstration Enrollment Overview

As of February 2021, approximately 392,000 dual eligibles were enrolled in an MMP across the nine states below. Since February 2020, enrollment in Dual Demonstrations across all states was up 21,241, a 5.7 percent year-over-year increase.

Dual Eligible Financial Alignment Demonstration Enrollment by State						
September 2020 to February 2021						
State	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
California	111,788	112,850	113,812	115,101	113,107	113,032
Illinois	58,349	59,758	60,217	62,779	60,002	61,543
Massachusetts	28,178	30,054	29,873	29,756	31,348	31,166
Michigan	39,055	39,269	39,889	39,799	39,250	39,374
New York - IDD	1,732	1,750	1,754	1,757	1,746	1,748
Ohio	83,054	83,058	82,752	81,902	77,927	76,638
Rhode Island	12,864	12,839	12,834	12,785	12,701	12,633
South Carolina	15,764	15,785	15,898	16,004	16,389	16,115
Texas	38,609	38,022	37,889	37,826	41,482	40,226
<b>Total Duals Demo Enrollment</b>	<b>389,393</b>	<b>393,385</b>	<b>394,918</b>	<b>397,709</b>	<b>393,952</b>	<b>392,475</b>

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

So far, enrollment in these nine states represents 35.4 percent of the potential enrollment of more than 1.1 million dual eligibles across all nine capitated demonstrations. Participation rates range from a low of about 9 percent in New York's IDD program to 54.4 percent in Ohio.

Dual Eligible Financial Alignment Demonstration Enrollment Timing; Current and Potential Enrollment As of February 2021					
	Opt-In Enrollment Date	First Passive Enrollment Date	Current Enrollment	Potential Enrollment	% Enrolled (Full Potential)
California	4/1/2014	5/1/2014	113,032	350,000	32.3%
Illinois	4/1/2014	6/1/2014	61,543	136,000	45.3%
Massachusetts	10/1/2013	1/1/2014	31,166	111,000	28.1%
Michigan	3/1/2015	5/1/2015	39,374	100,000	39.4%
New York - IDD	4/1/2016	No Passive	1,748	20,000	8.7%
Ohio	5/1/2014	1/1/2015	76,638	140,800	54.4%
Rhode Island	7/1/2016	10/1/2016	12,633	25,400	49.7%
South Carolina	2/1/2015	4/1/2016	16,115	56,600	28.5%
Texas	3/1/2015	4/1/2015	40,226	168,000	23.9%
<b>Total (All States)</b>			<b>392,475</b>	<b>1,107,800</b>	<b>35.4%</b>

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

### Dual Demonstration Enrollment by Health Plan

As of February 2021, half (50 percent) of all dual eligibles in the demonstrations are enrolled in a publicly traded MMP. In February 2020, publicly traded plans represented 51 percent of all duals. Molina and Centene are the largest in terms of enrollment with approximately 59,000 demonstration enrollees in each state.

Dual Eligible Financial Alignment Demonstration Enrollment by Publicly Traded Health Plans September 2020 to February 2021						
Health Plan	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Molina	58,506	58,576	58,742	60,689	59,603	59,319
Centene	60,064	60,155	60,178	60,206	60,043	58,955
CVS/Aetna	32,626	33,127	33,329	33,263	31,974	32,486
United	19,379	19,228	19,102	18,919	18,772	18,143
Anthem	16,142	15,985	15,938	15,934	16,575	16,224
Humana	8,624	9,019	9,154	9,295	8,773	9,425
Cigna/HealthSpring	2,012	1,978	1,965	1,944	2,077	2,023
<b>Total - Publicly Traded Plans</b>	<b>197,353</b>	<b>198,068</b>	<b>198,408</b>	<b>200,250</b>	<b>197,817</b>	<b>196,575</b>

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data

Among non-publicly traded health plans, Inland Empire in California is the largest, with about 30,000 members, making it the fourth largest MMP nationwide. Commonwealth Care Alliance (Massachusetts), Blue Cross Blue Shield of Illinois (Illinois), CareSource (Ohio), LA Care (California), CalOptima (California), Neighborhood Health Plan (Massachusetts, Rhode Island), and AmeriHealth Caritas (Michigan, South Carolina) all have more than 10,000 enrolled members as of February 2021. Enrollment by non-publicly traded health plans for the past six months is detailed below.

Dual Eligible Financial Alignment Demonstration Enrollment by Local/Other Plans						
September 2020 to February 2021						
Health Plan	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Inland Empire (CA)	29,291	29,679	29,911	30,205	29,833	29,945
Commonwealth Care Alliance (MA)	24,985	26,672	26,533	26,475	28,117	27,940
BCBS of Illinois (HCSC) (IL)	19,432	19,673	19,807	19,993	19,687	19,873
CareSource (OH)	19,753	19,776	19,731	19,617	19,056	18,756
LA Care (CA)	17,458	17,817	18,166	18,574	18,155	18,179
CalOptima (CA)	14,643	14,715	14,893	14,998	14,711	14,722
Neighborhood Health Plan (RI, MA)	12,948	12,922	12,918	12,869	12,784	12,735
AmeriHealth Caritas (MI, SC)	10,414	10,419	10,507	10,535	10,075	10,040
Santa Clara Family Health Plan (CA)	9,173	9,354	9,505	9,702	9,663	9,685
Health Plan of San Mateo (CA)	8,675	8,684	8,695	8,673	8,658	8,659
Community Health Group (CA)	6,624	6,741	6,812	6,876	6,799	6,768
Care 1st/Blue Shield of California Promise Health Plan (CA)	5,074	5,105	5,156	5,253	5,114	5,094
HAP Midwest Health Plan (MI)	4,553	4,524	4,645	4,556	4,393	4,410
Upper Peninsula Health Plan (MI)	4,176	4,187	4,221	4,179	4,196	4,222
Tufts (MA)	3,109	3,299	3,256	3,197	3,148	3,124
Partners Health Plan - IDD (NY)	1,732	1,750	1,754	1,757	1,746	1,748
<b>Total - Local/Other Plans</b>	<b>192,040</b>	<b>195,317</b>	<b>196,510</b>	<b>197,459</b>	<b>196,135</b>	<b>195,900</b>

Source: State-Reported Enrollment Data; CMS Medicare Advantage Enrollment Data



## HMA MEDICAID ROUNDUP

### Georgia

**Georgia Wins Approval to Extend Medicaid Postpartum Coverage to Six Months.** *Now Habersham* reported on April 21, 2021, that Georgia received federal approval to extend Medicaid postpartum coverage from 60 days to six months. The state hopes the change will help reduce maternal mortality rates. [Read More](#)

### Iowa

**Governor Appoints Elizabeth Matney as Medicaid Director.** *Kelo.com* reported on April 25, 2021, that Iowa Governor Kim Reynolds has appointed Elizabeth Matney as Medicaid director, effective June 1. Matney is currently Reynolds' health policy adviser. She replaces Mike Randol, who left as Medicaid director last August. [Read More](#)

### Kansas

**Kansas Employers Could See Savings Under Medicaid Expansion, Report Says.** *KSNT* reported on April 21, 2021, that private sector employers in Kansas could save up to \$80.6 million annually if the state implements Medicaid expansion, according to a [report](#) released by the Kansas Health Institute (KHI). The figure is based in part on February KHI [projections](#) that Medicaid expansion would enroll about 88,000 adults, including 29,000 who would have switched from another form of health coverage such as employer-sponsored insurance. [Read More](#)

### Maine

**House Committee Considers Extending Preventive Dental Benefits to Medicaid Adults.** *The Portland Press Herald* reported on April 26, 2021, that the Maine legislature's Health and Human Services Committee held a public hearing on a proposal to extend preventive dental coverage to Medicaid adults. The bipartisan proposal, which would cover about 70,000 individuals, is sponsored by Democratic House Speaker Ryan Fecteau (D-Biddeford). A separate bill sponsored by Representative Heather Sanborn (D-Portland) would require private dental insurance to spend 80 cents of every dollar in premiums paid by customers on dental care. [Read More](#)

## Mississippi

**Mississippi Started Investigation Into Medicaid Plan, PBMs Two Years Ago.** *The Daily Journal* reported on April 21, 2021, that Mississippi began its investigation into potential pharmacy cost overcharges involving Medicaid plan Centene/Magnolia Health two years ago, according to a [letter](#) from the law firm retained by Mississippi auditor Shad White. The subsequent state lawsuit focuses on Centene and its wholly owned pharmacy benefit management (PBM) operations. [Read More](#)

## Missouri

**Senate Committee Votes Against Medicaid Expansion Funding Bill.** *The Associated Press* reported on April 22, 2021, that the Missouri Senate Appropriations Committee voted against a budget bill that included funding for Medicaid expansion. Voters in Missouri approved a Medicaid expansion ballot measure, which requires the state to expand by July 2021. [Read More](#)

## Nevada

**Lawmakers Consider Public Option Proposal.** *The Nevada Independent* reported on April 27, 2021, that Nevada lawmakers are considering a proposal that would establish a public health insurance option available on and off the Exchange at a five percent markdown. The proposal, sponsored by state Senate Majority Leader Nicole Cannizzaro (D-Las Vegas), would also align provider networks between Medicaid and public option plans. The bill would also expand Medicaid coverage for pregnant women in Nevada up to 200 percent of the federal poverty level. [Read More](#)

**Nevada Medicaid Home Care Bill Addresses Quality, Working Conditions.** *Modern Healthcare/The Associated Press* reported on April 25, 2021, that Nevada lawmakers are considering a Medicaid home care bill aimed at improving care quality and working conditions for home health workers. The bill, sponsored by state Senator Dina Neal (D-North Las Vegas) and supported by the Service Employees International Union, would create a board of state health officials, disability advocates, workers and agency owners to issue recommendations. The Medicaid reimbursement rate for home care workers is \$16.52 per hour, the lowest it has been since 2003. [Read More](#)

## Ohio

**Health Plans Protest State Medicaid Managed Care Awards.** *The Columbus Dispatch* reported on April 23, 2021, that Ohio Medicaid managed care incumbents Centene/Buckeye Community Health Care and ProMedica/Paramount Health Plan filed protests over the state's recent Medicaid managed care procurement. A decision on Centene's bid, which scored second-highest, was deferred pending additional consideration. ProMedica chief financial officer Steve Cavanaugh said the "procurement process was systemically flawed and unfair." Contracts went to AmeriHealth Caritas, Anthem Blue Cross Blue Shield, CareSource, Humana, Molina, and UnitedHealthcare. [Read More](#)



**Tennessee Medicaid Recipients File Lawsuit to Halt State's Block Grant Program.** *U.S. News & World Report/The Associated Press* reported on April 23, 2021, that a group of Tennessee Medicaid recipients filed a federal lawsuit to halt the state's Medicaid block grant proposal. The 65-page lawsuit argues that the federal government exceeded its authority in approving the proposal, and that the Trump administration failed to provide enough time for public comment. [Read More](#)

## *Rhode Island*

**Rhode Island Medicaid Enrollment Tops 300,000.** *The Providence Journal* reported on April 27, 2021, that Medicaid enrollment in Rhode Island hit 332,617 in March, an increase of about 40,000 since February. [Read More](#)

## *Texas*

**Hospitals Face Potential Impact of Revoked Medicaid Waiver.** *Beckers Hospital Review* reported on April 27, 2021, that Texas hospitals would lose an important source of cash if the federal government and state fail to agree on a Medicaid waiver extension by September 2022, according to Moody's Investors Service analyst Matthew Cahill. The decision by the Biden administrations to revoke the waiver is a negative credit factor, Moody's said, putting \$11 billion in uncompensated care and Medicaid funding at risk. The waiver extension, which had been approved by the prior administration, accounts for 10 percent to 15 percent of revenues at large urban hospitals in Texas, Moody's said. [Read More](#)

**Molina to Acquire Cigna's Texas Medicaid, MMP Contracts.** Molina Healthcare announced on April 22, 2021, a definitive agreement to acquire Cigna's Texas Medicaid and Medicare-Medicaid Plan (MMP) contracts and certain operating assets for approximately \$60 million. The contracts, which generated \$1 billion in 2020 premiums, cover 48,000 STAR+PLUS Medicaid beneficiaries in the Hidalgo, Tarrant, and Northeast service areas, and 2,000 MMP members in the Hidalgo service area. The deal is expected to close in the second half of 2021 pending regulatory approvals. [Read More](#)

**House Votes Down Medicaid Expansion Amendment.** *The Texas Tribune* reported on April 22, 2021, that the Texas House voted down a biennium budget amendment that would have expanded Medicaid in part by directing state officials to make use of billions of dollars in federal incentives included in the American Rescue Plan Act. A separate Medicaid expansion bill has the support of nine House Republicans and 67 House Democrats, but it has been stuck in the Republican-led House Human Services Committee since March. Medicaid expansion would cover an additional 1.4 million Texans. [Read More](#)

**House Is Poised to Approve Medicaid Expansion With Bipartisan Support.**

*The Texas Tribune* reported on April 21, 2021, that the Texas House is poised to pass a Medicaid expansion bill with bipartisan support, but first the measure has to reach a floor vote. House Bill 3871 has the support of nine House Republicans and 67 House Democrats, which is enough to approve the measure. About 1.4 million individuals would be eligible for expansion in Texas, which would come with more than \$5 billion in projected additional federal matching funds. [Read More](#)

## National

**CMS to Ease Medicare Price Transparency Requirements for Hospitals, Raise Payment Rates Under Proposed Rule.**

*Modern Healthcare* reported on April 27, 2021, that the Centers for Medicare & Medicaid Services (CMS) would ease Medicare price transparency requirements for hospitals and raise payments under a proposed rule. Hospitals would no longer be required to disclose contract terms with Medicare Advantage insurers, including median payer-specific negotiated charges. The proposal would also increase Medicare fee-for-service payments for acute inpatient and long-term hospital care by about \$2.5 billion. Comments on the proposed rule are due June 28. [Read More](#)

**House Democrats Push for Lower Medicare Eligibility Age, Expanded Benefits.**

*CBS News* reported on April 27, 2021, that nearly 60 House Democrats signed a letter asking President Biden to lower the Medicare eligibility age and expand benefits as part of the proposed American Families Plan. The letter argues that reducing the eligibility age by five years to 60 could add more than 23 million Medicare beneficiaries, while reducing the age to 55 could add more than 40 million. The letter also asks the administration to expand Medicare benefits to cover dental, vision, and hearing. [Read More](#)

**HHS, Others Support Black American Exchange Plan Outreach.**

The Department of Health and Human Services announced on April 26, 2021, commitments from more than 20 national organizations to increase Black American enrollment in HealthCare.gov plans during the special enrollment period running through August 15. Partnered organizations include AHIP, American Hospital Association (AHA), NAACP, and the National Medical Association. [Read More](#)

**Washington, DC, Missouri, Hawaii Have Highest Percentage of Uninsured Medicaid Eligibles.**

*Becker's Hospital Review* reported on April 21, 2021, that the District of Columbia, Missouri, and Hawaii had the largest percentages of uninsured residents eligible for Medicaid or other forms of public coverage in 2019, according to data obtained by the Kaiser Family Foundation. About 61 percent of the uninsured in the District of Columbia were eligible for Medicaid. The figures were 53 percent in Missouri and 48 percent in Hawaii. Other high-ranking states include Oklahoma (46 percent), West Virginia (46 percent), Indiana (44 percent), Arkansas (44 percent), Nebraska (43 percent), New Mexico (42 percent), Kentucky (42 percent), and Pennsylvania (42 percent). [Read More](#)



**Senate Committee Vote on Chiquita Brooks-LaSure to Lead CMS Ends in Tie.** *CQ* reported on April 22, 2021, that the U.S. Senate Finance Committee was deadlocked in a party-line vote on the nomination of Chiquita Brooks-LaSure for administrator of the Centers for Medicare & Medicaid Services (CMS). Finance committee member John Cornyn (R-TX) led the opposition to Brooks-LaSure, referring to a recent CMS decision to revoke prior approval of Texas's 1115 Medicaid waiver as a "sucker punch." Senate Majority Leader Charles Schumer (D-NY) is expected to schedule a floor vote to release the nomination from committee. Separately, the committee confirmed the nomination of Andrea Palm to serve as deputy secretary of the U.S. Department of Health and Human Services. [Read More](#)

**Biden Administration to Increase HealthCare.gov Navigator Funding to \$80 Million.** *Modern Healthcare* reported on April 21, 2021, that the Biden administration will increase funding for federal Exchange navigators to \$80 million during the 2022 open enrollment period. Funding for navigators, who help individuals enroll in health Exchange plans, had been slashed by the Trump administration. [Read More](#)

**Premier Seeks Delay in Medicare Shared Savings Program Reporting Requirements for ACOs.** *Modern Healthcare* reported on April 22, 2021, that group purchasing organization Premier is urging the Centers for Medicare & Medicaid Services (CMS) to delay and limit quality reporting requirements for the Medicare Shared Savings Program for accountable care organizations (ACOs). CMS finalized a one-year delay in 2021, and Premier is asking for a delay or exemption for ACOs in 2022. [Read More](#)

**Puerto Rico Could See Gains in Medicaid Funding Through Newly Introduced Bill.** *Al Día* reported on April 22, 2021, that Representative Nydia Velázquez (D-NY) and Senator Bernie Sanders (D-VT) introduced a bill that would help U.S. territories, including Puerto Rico, the Northern Mariana Islands, Guam, U.S. Virgin Islands, and American Samoa, gain more access to Medicaid funding. The legislation would provide open-ended Medicaid funding to American territories, eliminate the cap on annual federal Medicaid funding, increase the federal match on territories' Medicaid spending, and address Medicare disparities by updating hospital reimbursements and increasing funding for prescription drug coverage. [Read More](#)



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## INDUSTRY NEWS

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**Humana to Acquire Remaining Interest in Kindred at Home.** Humana announced on April 27, 2021, a definitive agreement to acquire the remaining 60 percent of Kindred at Home (KAH) from TPG Capital and Welsh, Carson, Anderson & Stowe. The transaction gives KAH a total enterprise value of \$8.1 billion, including \$2.4 billion associated with Humana's current 40 percent stake. KAH, which will be integrated into Humana's Home Solutions under the brand name CenterWell Home Health, provides home health, hospice, and community care services to more than 550,000 patients annually in 40 states. The deal is expected to close in the third quarter of 2021.

**Valeo Home Health & Hospice Acquires Utah-based Hospice Provider.** Private equity firm Grant Avenue Capital announced on April 27, 2021, that portfolio company Valeo Home Health & Hospice expanded in Utah through the acquisition of Hearts for Hospice & Home Health from Abode Healthcare. [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 SFY 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 SFY 2022	Texas STAR+PLUS	Awards	538,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
Q1 SFY 2023	Texas STAR & CHIP	RFP Release	3,700,000
Q2 SFY 2023	Texas STAR & CHIP	Awards	3,700,000
Q3 SFY 2023	Texas STAR Kids	RFP Release	166,000
Q4 SFY 2023	Texas STAR Kids	Awards	166,000
Q4 SFY 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 SFY 2024	Texas STAR+PLUS	Implementation	538,000
Q4 SFY 2024	Texas STAR & CHIP	Implementation	3,700,000
Q2 SFY 2025	Texas STAR Kids	Implementation	166,000

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## HMA WELCOMES

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### **Rebecca Mendoza - Senior Consultant**

Rebecca Mendoza has more than 25 years of diverse program and project management experience and expertise in health policy interpretation and program design and implementation. A leader and facilitator, she has overseen contract management, eligibility and enrollment, call center and application processing operations, and marketing and community outreach.

Before joining HMA, she served as a managing consultant at The Lewin Group/OptumServe Consulting (OSC) where she supported state and federal contracts ranging from payment error rate measurement (PERM), to Medicaid managed care administration, and youth with disabilities aging out of foster care.

For more than 13 years, Rebecca worked for the Virginia Department of Medical Assistance Services (DMAS) serving as Virginia's Children's Health Insurance Program (CHIP) director and as the Maternal Child Health (MCH) division director.

In this role, she provided leadership and direction for all Medicaid and CHIP healthcare services for children and pregnant women and was responsible for all related state plan amendments and waivers. Rebecca also oversaw the Cover Virginia centralized customer service center operations for Medicaid and CHIP application processing as well as eligibility and enrollment for the Governor's Access Program for individuals with serious mental illness and member related marketing campaigns and community outreach initiatives.

During her tenure, she served on the Virginia Commissioner of Health's workgroup to reduce infant mortality and on the Centers for Medicare and Medicaid Services (CMS) Children's Coverage Technical Advisory Group. In addition, she led Virginia's efforts on the Maximizing Enrollment: Transforming State Health Coverage grant from the Robert Wood Johnson Foundation.

Prior to joining DMAS, she worked for DMAS' CHIP Central Processing Unit and Medicaid managed care enrollment broker vendor. In addition, she has five years management and community organizing experience working in non-profits serving low-income communities in Virginia and Tennessee.

Rebecca earned her bachelor's and master's degrees in sociology from the University of Tennessee, Knoxville.

### **Kristina Ramos-Callan - Senior Consultant**

Kristina Ramos-Callan knows healthcare and community organizations work better when they work together, and is focused on building partnerships, health equity, and improving the patient and family care experience.

Before joining HMA, she served as the senior program manager for clinical-community partnerships at United Hospital Fund (UHF), a health policy think tank based in New York City. Her most recent work at UHF focused on health

system interventions to address social and structural determinants of health. She was co-author of *COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State*, a report that estimated the short- and long-term impact of the COVID-19 pandemic and COVID-related parental deaths on children's health and wellbeing over the life-course. Kristina was also lead author of a framework encouraging development of health and housing partnerships to address the needs of individuals experiencing homelessness in New York City.

In addition to her interest in social and structural determinants of health, Kristina is concerned with health equity and access to care. She has additional experience working on care transitions and family caregiving, and quality and efficiency of care. Prior to UHF, she worked in program development and stewardship for universities and academic medical centers.

Kristina is currently a member of the Jewish Community Relations Council (JCRC) Center for Community Leadership We Are All New York Fellowship Class of 2020-2021. She also volunteers with mutual aid groups in her community to deliver emergency food and household supplies to homebound New Yorkers.

She earned a Master of Arts in urban studies from the City University of New York (CUNY) School of Labor and Urban Studies (SLU) and was a 2020 recipient of CUNY SLU's Distinguished Alumni Award.

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## HMA NEWS

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**The College for Behavioral Health Leadership and HMA webinar: Inching Our Way Towards Value Based Purchasing** - In this podcast style conversation, three behavioral health professionals will discuss emerging trends in value-based purchasing (VBP), specific VBP readiness milestones, and the strategies leaders can use to form fruitful relationships with payers and collaboratively invest in value. [Register here.](#)

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

**Medicaid Data**

- Arizona Medicaid Managed Care Enrollment is Up 3.6%, Apr-21 Data
- California Dual Demo Enrollment is Down 1.8%, Feb-21 Data
- California Medicaid Managed Care Enrollment is Up 1.4%, Feb-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 3.5%, Mar-21 Data
- MLRs Average 86.1% Among Maryland Medicaid MCOs, 2019 Data
- New York CHIP Managed Care Enrollment is Down 2.1%, Feb-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 3.3%, Mar-21 Data
- South Carolina Medicaid Managed Care Enrollment is Up 2.2%, Feb-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 1.3%, Feb-21 Data
- Tennessee Medicaid Managed Care Enrollment is Up 2.1%, Mar-21 Data
- West Virginia Medicaid Managed Care Enrollment is Flat, Mar-21 Data

**Public Documents:**

*Medicaid RFPs, RFIs, and Contracts:*

- Colorado Medicaid External Quality Review RFP, 2017

*Medicaid Program Reports, Data and Updates:*

- Colorado External Quality Technical Reports for Children's Health Plan Plus, 2016-20
- Colorado Medicaid Quality Technical Reports, 2014-21
- Colorado Medical Assistance & Advisory Council Meeting Materials, 2016-20
- Colorado Medical Assistance & Advisory Council Meeting Materials, Jan-21
- Connecticut Department of Social Services Annual Reports, 2012-20
- Connecticut Medical Assistance Program Oversight Council Meeting Materials, Mar-21
- Hawaii DHS Financial Audit Reports, FY 2017-20
- North Carolina Medicaid Enrollment by Aid Category, Feb-21 Data
- New Jersey Medical Assistance Advisory Council Meeting Materials, Apr-21
- Texas Medicaid CHIP Data Analytics Unit Quarterly Reports, 2018-21
- Vermont EQRO Annual Technical Reports, 2015-21
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Apr-21



- Vermont Medicaid and Exchange Advisory Board Meeting Materials, Mar-21
- Washington Medicaid Title XIX Advisory Committee Meeting Materials, Jan-21
- West Virginia Medicaid Mountain Health Trust EQR Reports, 2009-20

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

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

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

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