HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

May 12, 2021

RFP CALENDAR

HMA News

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IN FOCUS

CMS INPATIENT HOSPITAL PROPOSED RULE TO REPEAL MARKET-BASED MS-DRG WEIGHT METHODOLOGY

This week, our In Focus section reviews the key provisions of the Centers for Medicare & Medicaid (CMS) Fiscal Year (FY) 2022 Medicare Hospital Inpatient

Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH) Proposed Rule (CMS-1752-P), which includes Medicare payment updates and policy changes for the upcoming FY, with a comment deadline of June 28, 2021. This year's proposed rule includes several proposals the hospital industry should carefully consider. In particular, the Biden Administration has proposed to:

- Repeal the prior Administration's policy to collect and use hospital-reported Medicare Advantage plan negotiated charge data to set inpatient payment weights
- Deviate from traditional processes (due to the COVID-19 Public Health Emergency) by using 2019, rather than 2020, claims data to set 2022 payment rates
- Increase IPPS payments consistent with historical norms
- Begin using hospital-reported 2018 data to calculate uncompensated care payments which is likely to cause distributional changes in payments
- Continue to expand the scope of add-on payments made to inpatient cases involving new technologies

On April 27, 2021, CMS released the FY 2022 IPPS and LTCH Proposed Rule (CMS-1752-P). The agency continues to shape policies around the implications of the COVID-19 Public Health Emergency (PHE). HMA highlights some of the most important policies hospitals and payors should understand and consider commenting on. Comments on the Proposed Rule are due to CMS by June 28, 2021, with an expected Final Rule publication date in late August, and a subsequent implementation date of October 1, 2021.

Market-based Medicare Advantage charge data and its use in calibrating MS-DRG weights: In a major reversal of policy, CMS proposed to repeal the requirement that hospitals report MS-DRG-level payer-specific negotiated charges for their business with Medicare Advantage plans. Further, CMS also proposed to repeal the policy which would have used these data to set "market-based" inpatient MS-DRG payment weights beginning FY 2024. These policies were unpopular with hospitals, payors, and others, because they would add administrative burden to hospitals, publicly divulge sensitive data, and generate unreliable IPPS payment weights. CMS invites public comment on the proposed repeal of both the data collection requirement and use of these data to calculate MS-DRG weights. CMS also invites public comment on alternative approaches or data sources that could be used in Medicare fee-for-service (FFS) rate setting.

Data used to set hospital inpatient payment rates: Many IPPS payment policies will remain largely unchanged from 2021 to 2022 due to CMS's proposal to forego using Medicare 2020 claims data to calculate payment rates and quality incentive payments. In general, 2020 data are viewed as problematic for calculating payments due to cancellation of elective procedures or delays in seeking care during the COVID-19 PHE. This caused disruptions in MS-DRG level case volumes, which could translate into year-over-year fluctuation in MS-DRG case weights and quality data. Therefore, CMS proposed to use 2019 claims data to set 2022 payment rates. This will have a moderating impact on various elements of inpatient reimbursement in FY 2022, because the 2019 data were also used to calculate the FY 2021 MS-DRG level case weights, inpatient disproportionate share payments, and indirect medical education payments. In addition, CMS proposed to suppress the results of various hospital quality measures that rely on 2020 claims data. While FY 2022 quality measures will

not be affected by 2020 data, FY 2023 quality measures do rely on these data. As a result, we foresee only moderate changes in quality-related payment penalties and incentives from FY 2022 to FY 2023. This includes the Hospital Readmissions Reduction Program, the Value Based Purchasing (VBP) program, and other quality programs.

Payment rates: CMS estimates the FY 2022 IPPS Proposed Rule will increase general acute care hospital payments by $2.5 billion from FY 2021 to FY 2022, or 2.7 percent. CMS proposed to increase Medicare operating payment rates by 3.0 percent, which reflects the sum of the projected hospital market basket update (2.5 percent), the statutory reduction for productivity (-0.2 percent), and the statutory increase stemming from the transition of the IPPS from DRGs to MS-DRGs (+0.5 percent). Combining operating and capital payments, the FY 2022 inpatient standardized amount will be $6,612.18 per case. CMS' proposed net percent increase in Medicare IPPS payments of 2.7 percent is lower than the 3.0 percent increase in Medicare operating payment rates because other components of proposed FY 2022 payment changes will lower payments.

Uncompensated Care payments: From FY 2021 to FY 2022, uncompensated care payments will decrease by $700 million, or 8 percent. This reduction is the result of several changes in CMS assumptions, including the estimated share of uninsured patients (10.1 percent, 0.2 percent lower than last year's estimate) and estimated inpatient discharge volume (a decrease from the FY 2021 estimates). In addition, CMS proposed to use uncompensated care cost data from hospitals' audited FY 2018 Cost Reports (worksheet S-10), rather than 2017 data, to distribute uncompensated care payments to hospitals. Because the 2017 and 2018 data differ, we anticipate substantial year-over-year variation in per case uncompensated care payments for many individual hospitals. For example, among the nearly 200 hospitals eligible for uncompensated care payments in Virginia and Ohio, nearly 30 percent will see a decline in uncompensated care payments of 10 percent or greater.

New Technology Add-on Payments (NTAP): CMS proposed to dramatically expand the scope of the NTAP program in FY 2022 by approving more technologies for these extra payments. This program, which increases payments for inpatient cases involving innovative and costly medical devices and drugs has grown rapidly in the last decade. For 2022, CMS estimates payments for the NTAP program could amount to more than $1.5 billion and include between 23 and 61 technologies, depending upon which technologies gain approval. By contrast, in FY 2021 and FY 2016, NTAP program spending was estimated to be $900 million for 24 technologies and $100 million for 7 technologies, respectively.

HMA continues to monitor legislative and regulatory developments and funding opportunities that will impact the hospital sector. For more information or questions, please contact Zach Gaumer (zgaumer@healthmanagement.com).

HMA MEDICAID ROUNDUP

Alaska

Alaska Releases MMIS Fiscal Agent RFP. The Alaska Department of Health and Social Services released on May 5, 2021, a request for proposals (RFP) for Medicaid management information services (MMIS) fiscal agent services. Proposals are due on July 16, 2021, and awards are expected to be announced on February 25, 2022. Implementation will begin June 2022 for a transitional period, with full implementation December 2022. According to the RFP, Affiliated Computer Services, doing business as ACS State Healthcare, was originally awarded the entire MMIS software and fiscal agent services contract in September 2007. The new RFP does not include MMIS software.

California

California DHCS Announces Counties That Intend to Transition to Local Medi-Cal Managed Care Plan Model. The California Department of Health Care Services (DHCS) released on May 7, 2021, the list of counties that submitted a full letter of intent, by the April 30, 2021 deadline, to transition to a local Medi-Cal managed care plan model by January 2024. Counties intending to move to a single plan County Organized Health System (COHS) include Alameda (with Alameda Alliance for Health), Contra Costa (with Contra Costa Health Plan), and Imperial (with California Health and Wellness). The following counties intend to join with an existing COHS: Mariposa and San Benito (to join Central California Alliance for Health), and Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Tehama, Sutter and Yuba (to join Partnership Health Plan). Alpine and El Dorado counties submitted their full letter of intent to join an existing two-plan model with Health Plan of San Joaquin. Counties that do not provide an executed county ordinance by October 1 to formalize their choice will be precluded from changing their model type for the current procurement that takes effect January 1, 2024. Read More

California to Release Medicaid Dental Fiscal Intermediary Draft RFP May 21. On May 7, 2021, the California Department of Health Care Services pushed back the release date of a draft request for proposals (RFP) for a new dental fiscal intermediary – dental business operations (FI-DBO) to May 21. The FI-DBO, currently known as the Administrative Services Organization, will adjudicate claims and treatment authorization requests, enroll providers, and oversee provider and member services in the California Medicaid fee-for-service delivery system. Feedback on the draft RFP will be collected through June 11. The draft RFP will be posted here.

Hawaii

Hawaii Awards MMIS Contract to Conduent. Conduent announced on May 11, 2021, that it has been awarded a contract by the Hawaii Department of Human Services to process the state's Medicaid claims for medical and pharmacy services for up to four years. Conduent has held the contract since 2013. Read More

Louisiana

Louisiana Bill Extending Medicaid Postpartum Coverage Heads to House Committee. *The New Orleans Advocate* reported on May 8, 2021, that Louisiana Representative Mandie Landry (D-New Orleans) proposed a bill that would increase Medicaid coverage for new mothers from 60 days to one year. The bill, which passed the House Committee on Health and Welfare and now heads to the House Appropriations Committee, would keep about 9,800 Louisiana mothers on Medicaid. Read More

Maryland

Maryland Exchange Fails to Adequately Verify Medicaid Eligibility, Audit Finds. *The Baltimore Sun* reported on May 11, 2021, that Maryland's Health Insurance Exchange did not include some applicants' federal tax data in its Medicaid eligibility process, limiting it to only state wage information, according to an audit examining fiscal years 2018 to 2020. Michelle Eberle, the executive director of the Maryland Health Benefit Exchange, responded to the audit by saying her agency "promptly addressed" the audit's recommendations and will take corrective actions. A previous audit from 2018 found similar problems over fiscal years 2015 to 2017. Read More

Missouri

Governor Files Proposed Rule Change to Expand Medicaid. *The St. Louis Post-Dispatch* reported on May 11, 2021, that Missouri Governor Mike Parson's administration filed a proposed rule change with the Missouri Secretary of State's office to expand Medicaid to adults between ages 19 and 64 after the Republican-controlled legislature approved a fiscal 2022 budget without funding for expansion. Expansion is estimated to cost $1.85 billion, with the federal share taking up $1.57 billion. Medicaid expansion, which Missouri voters approved in a ballot measure, is set for July 2021. Read More

Lawmakers Approve Budget Without Medicaid Expansion Funding. *The Associated Press* reported on May 7, 2021, that Missouri lawmakers approved a $35 billion budget plan for fiscal 2022 without funding for Medicaid expansion. The budget, which now heads to Governor Mike Parson, includes increased payments to nursing homes, hospitals, and providers serving the developmentally disabled and those participating in the foster care and adoption systems. Medicaid expansion, which Missouri voters approved in a ballot measure, is set for July 2021. Read More

Montana

Montana Expands Telehealth Services Permanently, Cuts Funding for Medicaid Expansion. *Kaiser Health News* reported on May 7, 2021, that the Montana legislature passed new laws to permanently expand telehealth services and reduce funding for the state's 12-month Medicaid expansion continuous eligibility provision. Instead of being allowed to retain Medicaid expansion eligibility despite income fluctuations, individuals will now need to certify their eligibility more than once a year. As of March, more than 98,000 adults were enrolled in the state's Medicaid expansion program. Read More

Nevada

Lawmakers Hold Public Option Hearing. *U.S News & World Report/The Associated Press* reported on May 5, 2021, that the Nevada Legislature held its first hearing on 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 extend coverage to more than two-thirds of the state's 358,000 uninsured residents. Read More

New Jersey

New Jersey Receives $22.6 Million in Federal Grant Funds for Mental Health Services. *Insider NJ* reported on May 12, 2021, that the New Jersey Department of Human Services secured $22.6 million in federal grant funds to expand mental health services in response to COVID-19, with the goal of reducing emergency department visits and increasing access to community services. Services to be funded include crisis receiving and stabilization ($6.1 million), emergency room diversion ($4.94 million), and early serious mental illness programs ($2.67 million) among others. Read More

Ohio

Ohio Health Plan Files Lawsuit to Access Medicaid Procurement Documents. *The Toledo Blade* reported on May 10, 2021, that Ohio Medicaid managed care organization ProMedica-subsidiary Paramount Health Plan filed a lawsuit against the state to force it to provide specific requested procurement documents needed to protest the state's recent Medicaid awards. ProMedica is also seeking a mediation hearing within 14 days, reimbursement for the court filing fee, and any other relief it deems necessary. In April, the state awarded Medicaid managed care contracts to AmeriHealth Caritas, Anthem Blue Cross Blue Shield, CareSource, Humana, Molina, and UnitedHealthcare. Read More

Pennsylvania

Pennsylvania Cancels RISE PA Emergency Procurement. The Pennsylvania Department of Human Services announced on May 11, 2021, that it has paused the Pennsylvania Resource Information and Services Enterprise (RISE PA) emergency procurement while the department reassesses the tool. RISE PA was a statewide resource and referral tool that sought to create an interactive online platform that would serve as a care coordination system for providers. Aunt Bertha was awarded the contract earlier this year, and the program was supposed to be implemented in the first quarter of 2021.

South Dakota

Supreme Court Ruling Deals Blow to Medicaid Expansion Advocates. *The Rapid City Journal* reported on May 6, 2021, that the South Dakota Supreme Court unanimously rejected a bid by Medicaid expansion advocacy group Dakotans for Health to delay a resolution likely to impact the state's Medicaid expansion ballot initiative, which is expected for the November 2022 general election. The resolution would require a supermajority three-fifths voter approval for any citizen-initiated law or amendment costing the state $10 million over five years. There are three different petition drives seeking to put expansion on the November 2022 ballot. Read More

Tennessee

Tennessee Legislature Passes Bill Relaxing Certificate-of-Need Requirements. *Modern Healthcare* reported on May 10, 2021, that Tennessee lawmakers passed a bill that would exempt mental health hospitals and hospital-run outpatient treatment centers for opioid addiction from needing to apply for certificates-of-need to open. The bill would also streamline the application process from 135 days to 60 days and allow existing hospitals to increase the number of beds. The bill is estimated to generate about $1.3 million in annual state net revenue through increases in provider fees. Read More

Texas

House Passes Bill to Contract with Baylor Scott & White Health in Central RSA. The Texas House of Representatives announced on May 7, 2021, that it passed a bill that would allow the Texas Health and Human Services Committee to contract with Baylor Scott & White Health in the Central Texas rural service area (RSA). The bill now heads to the state Senate. If passed, the bill would take effect September 1, 2021. Read More

Wisconsin

Republicans Remove Medicaid Expansion Funding From Fiscal 2022 Budget Proposal. *WKOW* reported on May 6, 2021, that Republican lawmakers on the Wisconsin Joint Finance Committee voted to remove Medicaid expansion funding from Governor Tony Evers' fiscal 2022 budget proposal. Medicaid expansion would have extended coverage to 90,000 individuals. Wisconsin is one of 12 non-expansion states. Read More

Wyoming

Legislative Committee to Review Medicaid Expansion Proposal. *Public News Service* reported on May 11, 2021, that the Wyoming Legislative Joint Revenue Committee will discuss Medicaid expansion after proposals failed to clear the Senate in this year's legislative session. A committee-backed bill would grant Governor Mark Gordon permission to discuss options for expansion with the Centers for Medicare & Medicaid Services. A Medicaid expansion plan, which would provide health coverage to 24,000 residents, would likely be considered in next year's budget session. Read More

National

U.S. Senate Confirms Andrea Palm as HHS Deputy Secretary. *CQ Health News* reported on May 11, 2021, that the U.S. Senate confirmed Andrea Palm as Deputy Secretary of the U.S. Department of Health and Human Services (HHS). Previously, Palm served as head of Wisconsin's Department of Health Services and recently served as the HHS Chief of Staff during the Obama Administration. Read More

Hospitals File Lawsuit Against HHS Over Medicare Reimbursements for Low-Income Patients. *Fierce Healthcare* reported on May 10, 2021, that 32 hospitals operating in non-expansion states have filed a lawsuit against the U.S. Department of Health and Human Services in an attempt to adjust their Medicare disproportionate share hospital payments (DSH) for fiscal years 2014, 2015, and 2016. The plaintiff hospitals argue that non-expansion state hospitals received "far less" compensation than providers in expansion states that treated an equivalent proportion of low-income patients. The hospitals are located in Alabama, Florida, Georgia, Texas, South Carolina, North Carolina, Oklahoma, Tennessee, and Missouri. Read More

PBM Pricing Practices Under Scrutiny by Attorneys General in Eight States. *The Wall Street Journal* reported on May 11, 2021, that attorneys general in Arkansas, the District of Columbia, Georgia, Kansas, Mississippi, New Mexico, Ohio, and Oklahoma are all investigating potential cost overcharges involving pharmacy benefit managers (PBMs). Ohio Attorney General Dave Yost is confident that "a dozen or more states" will also bring complaints against PBMs. Details about the investigations are not public, however among the companies under investigation are subsidiaries of Centene, CVS, and United. Read More

CMS Warns Hospitals to Comply with Price Transparency Rule. *Modern Healthcare* reported on May 7, 2021, that the Centers for Medicare & Medicaid Services (CMS) is sending out warning notices to hospitals that are out of compliance with a price transparency rule that requires hospitals to publicly disclose rates they negotiate with insurers. Hospitals have up to 90 days to correct issues identified in the warning letter. CMS can fine hospitals up to $300 per day for violating disclosure requirements. The rule took effect January 1, 2021. Read More

Exchange Plans Attract 940,000 Members During Special Enrollment Period Through April. *The Hill* reported on May 6, 2021, that nearly 940,000 individuals enrolled in an Exchange plan on HealthCare.gov between February 15 and April 30, during the special enrollment period. The special enrollment period runs through August 15. Enrollment during the regular enrollment period was 8.2 million. Read More

Medicaid Enrollment Swelled by 5 Million From March to September 2020, Study Finds. *Kaiser Health News* reported on May 6, 2021, that Medicaid enrollment increased by 5 million beneficiaries to a total of 70.6 million from March to September 2020, driven by the COVID-19 pandemic, according to a study published in *JAMA Network Open*. Medicaid expansion and non-expansion states both saw substantial enrollment gains, though growth was larger in expansion states. Read More

Industry News

Vertava Health Acquires Integrated Addiction Care Associates. Behavioral health system Vertava Health announced on May 6, 2021, the acquisition of Tennessee-based Integrated Addiction Care Associates (IAC), an outpatient behavioral health provider operating in Memphis, Jackson, and Covington. IAC co-founders David Stern, MD, and Shawn Hamm, MD, will join Vertava Health. Read More

ModivCare Acquires WellRyde from NuVizz. Non-emergency medical transportation provider ModivCare announced on May 6, 2021, the acquisition of WellRyde from NuVizz. WellRyde is a technology platform utilized by transportation providers. Read More

Antitrust Group Urges 'Careful Scrutiny' of MCO's Proposed Acquisition of Change Healthcare. *Modern Healthcare* reported on May 6, 2021, that the American Antitrust Institute is asking the U.S. Department of Justice (DOJ) to apply "careful scrutiny" to UnitedHealth Group's proposed $13 billion acquisition of Change Healthcare, warning that the move could reduce competition in health IT services. The American Hospital Association has voiced similar concerns. Read More

Centene Invests In Virtual Chronic Care Platform Vida Health. California-based virtual chronic care platform Vida Health announced on May 5, 2021, that Centene was one of several new investors in a $110 million Series D funding round. Centene offers Vida to Exchange plan members in 20 states, reporting a positive impact on enrollment, member engagement, and health outcomes. Vida's most popular products help treat Type 2 Diabetes and mental health. More than 400,000 individuals with diabetes currently have access to Vida. General Atlantic led the latest funding round. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Spring 2021	Louisiana	RFP Release	1,550,000
May 10, 2021 - Delayed	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
Q2 2021	Tennessee	RFP Release	1,500,000
Summer 2021	Rhode Island	RFP Release	276,000
June 11, 2021	North Carolina - BH IDD Tailored Plans	Awards	NA
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
Dec. 2021 - Feb. 2022	Texas STAR+PLUS	RFP Release	538,000
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
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
Mar. 2022 - May 2022	Texas STAR+PLUS	Awards	538,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
Dec. 2022 - Feb. 2023	Texas STAR & CHIP	Awards	3,700,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
Jun. 2023 - Aug. 2023	Texas STAR Kids	Awards	166,000
Jun. 2023 - Aug. 2023	Texas STAR Health	Implementation	36,500
Sep. 2023 - Nov. 2023	Texas STAR+PLUS	Implementation	538,000
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
Jun. 2024 - Aug. 2024	Texas STAR & CHIP	Implementation	3,700,000
Dec. 2024 - Feb. 2025	Texas STAR Kids	Implementation	166,000

HMA News

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Illinois Dual Demo Enrollment is Down 2.4%, Mar-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 2.3%, Mar-21 Data
- Indiana Medicaid Managed Care Enrollment Is Up 4.7%, Mar-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 4%, Apr-21 Data
- Maryland Medicaid Managed Care Enrollment Is Up 2.8%, Mar-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 3.6%, Mar-21 Data
- Oklahoma Medicaid Enrollment is Up 2.6%, Mar-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alaska MMIS Fiscal Agent Service RFP, May-21
- Indiana Medicaid Case Management Services RFS, May-21
- Rhode Island Medicaid EQRO RFP, Proposals, Awards, and Contract, 2018-21
- South Carolina Humana Healthy Connections MCO Enrollment Application, Oct-20
- Virginia Service Authorization and Specialty Services RFP, May-21

Medicaid Program Reports, Data and Updates:

- Medicaid Managed Care Enrollment for 300 Plans in 39 States, Plus Ownership and For-Profit vs. Not-for-Profit Status, Updated May-21
- Arizona AHCCCS Population Demographics, May-21
- Colorado Health Care Policy & Financing Performance Plan, FY 2020-21
- Idaho DHW Annual Report, 2019-20
- Indiana Governor's Proposed Budget, FY 2021-23
- Louisiana Medicaid HEDIS Report, 2019-20
- Maryland Enacted Budget, SFY 2019-20
- Maryland Governor's Proposed Budget, FY 2022
- Tennessee Medicaid Advisory Committee Meeting Materials, 2019-20
- Texas HHSC Women's Health Programs Reports, FY 2018-20
- Wyoming Medicaid Care Management Entity EQR Report, SFY 2020
- Wyoming Medicaid PMPM Expenditures and Utilization Reports, SFY 2015-20

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