

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... May 19, 2021



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

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THIS WEEK

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IN FOCUS

CALIFORNIA PROPOSED MAY REVISION BUDGET ADDS MEDI-CAL EXPANSIONS

This week, our *In Focus* section reviews California's May Revision to the Governor's Budget, which proposes a \$267.8 billion budget (with \$196.8 billion General Fund) for fiscal year 2021-22. The revised budget includes \$24.4 billion

in reserves, the largest in history. The May Revision builds on the California Advancing and Innovating Medi-Cal (CalAIM) proposal and introduces several Medi-Cal initiatives and benefits for fiscal year 2021-22.

California Governor Gavin Newsom lays out \$207.7 billion (\$54.2 billion General Fund and \$153.5 billion other funds) for the state's Health and Human Services (HHS) agency. Under HHS, the Medi-Cal budget is \$115.6 billion (\$21.5 billion General Fund) in fiscal year 2020-21 and \$123.8 billion (\$27.6 billion General Fund) in fiscal year 2021-22. The May Revision assumes that caseload will increase by approximately 7.1 percent from fiscal year 2019-20 to fiscal year 2020-21 and increase by 6.6 percent from fiscal year 2020-21 to fiscal year 2021-22. Medi-Cal is projected to cover approximately 14.5 million Californians in 2021-22, over one-third of the state's population.

The May Revision includes \$1.1 billion for CalAIM, which seeks to standardize and streamline the Medi-Cal program and address health disparities and social determinants of health for high-risk, high-cost Medi-Cal members through broad-based delivery system, program, and payment reform. An HMA summary of the revised CalAIM proposal can be found [here](#). When speaking about CalAIM during his remarks on the May Revision, Newsom mentioned the upcoming re-procurement for managed care plans, which is scheduled to be released later this year, with implementation scheduled for January 2024. About 3 million of the state's Medicaid managed care members will be reprocured under the new RFPs, including approximately 1.6 million for commercial plansⁱ in two-county model markets, and over 1.2 million in Geographic Managed Care (GMC) model markets.

Most notably, the May Revision proposes to expand Medi-Cal coverage, including In-Home Supportive Services, to undocumented adults aged 60 and older effective no sooner than May 1, 2022, for \$69 million (\$50 million General Fund) in fiscal year 2021-22 and \$1 billion (\$859 million General Fund) ongoing.

Other Medi-Cal expansions the May Revision proposes to fund include:

- Population Health Management Service
 - one-time \$315 million (\$31.5 million General Fund)
 - provide population health management services that would centralize administrative and clinical data from the Department, health plans, and providers
- Medi-Cal Providing Access and Transforming Health Payments (PATH)
 - one-time \$200 million (\$100 million General Fund)
 - Medi-Cal coverage of services 30 days prior to release for justice-involved populations
- Five-Year Medi-Cal Eligibility Extension for Postpartum Individuals
 - \$90.5 million (\$45.3 million General Fund) in fiscal year 2021-22 and \$362.2 million (\$181.1 million General Fund) annually between 2022-23 and 2027-28

ⁱ Alameda and Contra Costa counties may not be part of the re-procurement as they have submitted letters of intent to the California Department of Health Services (DHCS) for model changes.

- Extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals, effective April 1, 2022 for up to five years
- Doula Benefit
 - \$403,000 (\$152,000 General Fund) in fiscal year 2021-22 and approximately \$4.4 million (\$1.7 million General Fund) annually
 - add doula services as a covered benefit in the Medi-Cal program, effective January 1, 2022
- Community Health Workers
 - \$16.3 million (\$6.2 million General Fund), increasing to \$201 million (\$76 million General Fund) by 2026-27
 - add community health workers to the class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries, effective January 1, 2022
- Medically Tailored Meals
 - one-time of \$9.3 million General Fund
 - continue the provision of medically tailored meals in the period between the conclusion of the existing pilot program in 2021 and when medically tailored meals become available as an option for In-Lieu of Service (ILOS) under CalAIM

With an improved revenue outlook, the May Revision also proposes to eliminate suspensions of various HHS investments effective July 1, 2021, and December 31, 2021, including Proposition 56 supplemental payment increases, reversing the 7 percent reduction in In-Home Supportive Services hours, and Developmental Services provider rate increases. The budget allocates \$2 billion for this.

Other May Revision funding proposals include:

- Transforming Children's Behavioral Health
 - \$4 billion over four years for transforming children's behavioral health, including screening students for early identification, connecting students to services for substance abuse, stress, trauma, grief, and psychological disorders; and developing interactive tools via a virtual platform
- Drug Rebate Fund Reserve
 - \$222 million in fiscal year 2020-21 to the Medi-Cal Drug Rebate Fund to maintain a reserve
- Medication Therapy Management
 - \$12.6 million (\$4.4 million General Fund) to reimburse specialty pharmacies for services provided to beneficiaries with complex drug therapies in the fee-for-service delivery system, effective July 1, 2021
- Support for Public Hospitals and Health Systems
 - \$300 million one-time Coronavirus Fiscal Recovery Fund to help public health care systems cover costs associated with critical care delivery needs provided during and beyond the pandemic
- Rates for Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) and Pediatric Subacute Facilities
 - \$24 million (\$11 million General Fund) to address frozen rates for ICF/DD and pediatric subacute facility rates

For a full list of proposed funding initiatives, please see the full proposed May Revision budget here: <http://www.ebudget.ca.gov/budget/2021-22MR/#/BudgetSummary>



HMA MEDICAID ROUNDUP

California

Governor Includes Medicaid for Undocumented Elderly in Proposed Budget. *The Sacramento Bee* reported on May 14, 2021, that California Governor Gavin Newsom unveiled a revised fiscal 2022 budget proposal that includes \$1 billion to provide Medicaid to undocumented residents aged 60 and over. California's Legislative Analyst's Office estimates the expansion would cost about \$250 million a year. [Read More](#)

Connecticut

Connecticut Releases RFP for Behavioral Health ASO. The Connecticut Department of Social Services, on May 17, 2021, released a request for proposals (RFP) for an Administrative Services Organization (ASO) to manage behavioral health services in the Husky Health Program, the state's program for Medicaid and CHIP. The contract runs from April 1, 2022, through March 31, 2025, with two one-year extensions. A transitional phase begins on October 1, 2021. Proposals are due July 7, with awards expected to be announced September 15.

Delaware

Delaware to Implement Medicaid ACO Contracts in January 2022. The Delaware Department of Health and Social Services announced that it will implement Medicaid Accountable Care Organizations (ACOs) contracts in January 2022. Contracts, which were awarded to Aledade Delaware, Delaware Care Collaboration, Delaware Children's Health Network, and Delaware Medicaid Quality Partners, were initially scheduled to take effect July 2021. [Read More](#)

Maryland

Maryland Releases RFP for External Quality Review of HealthChoice Program. The Maryland Department of Health (MDH) released on May 18, 2021, a request of proposals (RFP) for a Medicaid External Quality Review Organization (EQRO) to review the state's HealthChoice Managed Care program. Proposals are due July 16, with the contract running for five years with no extension options. The EQRO will provide recommendations on goals and objectives to improve care quality, timeliness, and access.

Michigan

Michigan Data Show Cost Sharing May Cause Medicaid Expansion Members to Drop Coverage. *Pharmacy Times* reported on May 13, 2021, that cost sharing requirements such as monthly premiums and copays may have led to an increase in Michigan Medicaid expansion member disenrollment, according to a study published in the *American Journal of Health Economics*. Healthier members were more likely to drop coverage after the imposition of cost-sharing requirements, the study said. [Read More](#)

Michigan Allows Dental Therapists to Receive Medicaid Reimbursement. *The Pew Charitable Trusts* reported on May 17, 2021, that Michigan finalized rules allowing dental therapists to obtain licenses and receive reimbursement for serving Medicaid beneficiaries. The rules implement a 2018 law that made Michigan the eighth state to authorize dental therapists to serve Medicaid beneficiaries. [Read More](#)

Minnesota

Minnesota Reaches Decision on Likely Medicaid Managed Care Procurement Winners. The Minnesota Department of Human Services (DHS), indicated in a letter to bidders on May 10, 2021, that it had reached a decision on likely Medicaid managed care procurement winners, privately informing plans of its intent to award contracts. The state does not plan on publicly announcing award winners until contacts are negotiated. The procurement covers the state's Families and Children Medical Assistance (MA) and MinnesotaCare Basic Health programs in seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Incumbents are Blue Plus/BCBS of Minnesota, Health Partners, Itasca, Metropolitan/Hennepin Health, PrimeWest Health, South Country Health Alliance, and UCare Minnesota.

Missouri

Lawmakers Fail to Renew Medicaid Provider Tax Before Adjourning. *Fox 4* reported on May 18, 2021, that the Missouri General Assembly failed to renew a Medicaid provider tax before adjourning. The Federal Reimbursement Allowance (FRA) program expires in September. Supporters of the FRA, which provides funding for Medicaid, are looking to the governor to call a special session. [Read More](#)

Missouri Courts Likely to Decide Future of Voter-Approved Medicaid Expansion. *Fulton Sun* reported on May 16, 2021, that Medicaid expansion supporters are expected to file a lawsuit that could determine the future of Missouri's voter-approved Medicaid expansion. Governor Mike Parson's administration withdrew plans to implement expansion after legislators refused to provide funding. Expansion was set to take effect July 2021. [Read More](#)

Governor Withdraws Voter-Approved Medicaid Expansion Plan. *The Associated Press* reported on May 14, 2021, that Missouri Governor Mike Parson's administration withdrew plans from the Centers for Medicare & Medicaid Services to implement voter-approved Medicaid expansion after legislators refused to provide funding. Medicaid expansion supporters are expected to respond with litigation. Expansion was set to take effect July 2021. [Read More](#)

Nevada

Nevada Rate Reductions for Certain HCBS Waivers Will Be In Effect Until June 30, 2021. Nevada announced on May 14, 2021, that a six percent rate reduction for certain home and community-based waivers will be in effect from December 1, 2020, through June 30, 2021. These include rates for home and community-based waivers for the frail and elderly, the frail elderly in residential facilities for groups, people with physical disabilities, and the frail elderly in an assisted living facility. The state legislature voted to roll back most other rate reductions earlier this month. [Read More](#)

Nevada Budget Panel Approves Roll Back of 6 Percent Medicaid Provider Rate Cut. *The Nevada Independent* reported on May 13, 2021, that the Nevada joint budget subcommittee voted to roll back a six percent across-the-board Medicaid provider rate reduction previously approved by the state legislature. Governor Steve Sisolak initially recommended restoring the rate decrease starting October 1 in his executive budget. The subcommittee also voted to enact a 2.5 percent increase in the acute care hospital rate, effective July 1. [Read More](#)

New Jersey

New Jersey Releases RFA for Burlington County PACE Organization. The New Jersey Department of Human Services released on April 19, 2021, a request for applications (RFA) for a single Program of All-Inclusive Care for the Elderly (PACE) organization serving Burlington County. Currently, six PACE organizations operate in the state, including LIFE St. Francis and Trinity Health LIFE New Jersey operating in Burlington County. Proposals are due July 30, with an award expected to be announced October 29.

North Carolina

North Carolina Extends Medicaid Managed Care Open Enrollment Through May 21. *The Robesonian* reported on May 18, 2021, that the North Carolina Department of Health and Human Services extended the open enrollment period for the state's Medicaid managed care transition through May 21. Beneficiaries who do not choose a health plan will be auto-assigned and will have the option to change plans through September 30. The state plans to transition to Medicaid managed care on July 1. [Read More](#)

North Carolina to Auto-Enroll Most Medicaid Managed Care Members After Slow Open-Enrollment Period. *WRAL-TV* reported on May 13, 2021, that fewer than 10 percent of North Carolina Medicaid beneficiaries have chosen a health plan as part of the state's transition to managed care, suggesting that the vast majority of beneficiaries will be auto-enrolled in a plan effective July 1. Medicaid members had until May 14 to choose from five insurers: AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina, Centene, United Healthcare, and Carolina Complete Health. [Read More](#)

Oregon

Oregon Announces Workshops on Medicaid 1115 Waiver Renewal Application. The Oregon Health Authority (OHA) announced on May 14, 2021, a series of workshops focusing on Oregon's Medicaid Section 1115 waiver application, which would continue the Oregon Health Plan for another five years. The workshops will allow OHA to share initial policy concepts and to hear from stakeholders. To register for the workshops click [here](#).

Texas

Texas to Resubmit 1115 Medicaid Waiver Extension Application, Schedules Public Hearings. The Texas Health and Human Services Commission announced on May 19, 2021, plans to resubmit a request to extend and amend the state's Medicaid 1115 waiver, which includes funding for charity care, for 10 years through 2030. Texas has scheduled three public hearings concerning the waiver in June for stakeholders. The resubmission will reflect the same terms and conditions approved by federal regulators in January, before the Biden administration revoked approval because the renewal proposal did not go through the usual public comment process. [Read More](#)

Texas Files Lawsuit to Reinstate Eight-Year Medicaid Waiver Extension. *The Texas Tribune* reported on May 14, 2021, that Texas Attorney General Ken Paxton filed a lawsuit against the Biden administration to reinstate an eight-year extension of the state's Medicaid 1115 waiver. The Biden administration revoked the extension, which had been approved by the prior administration. First approved in 2011, the waiver included funding for charity care until the state developed a Medicaid expansion plan; however, Texas decided against expansion after the U.S. Supreme Court ruled in 2012 that expansion was optional. [Read More](#)

National

SAMHSA to Provide \$3 Billion in State Block Grants to Support Behavioral Health. *Modern Healthcare* reported on May 18, 2021, that the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) plans to allocate \$3 billion in block grants to help states provide community-based mental health services, enhance existing services for individuals with severe mental health conditions, and improve substance use disorder prevention and treatment. The funding was included in the \$1.9 trillion COVID-19 relief package Congress passed in March. [Read More](#)

COVID-19 Exacerbated Medicaid Financing Issues for U.S. Territories, Kaiser Reports. The Kaiser Family Foundation issued a brief on May 18, 2021, detailing how the COVID-19 pandemic has exacerbated “longstanding fiscal and health challenges” faced by U.S. territories, including American Samoa, Northern Mariana Islands, Guam, Puerto Rico, and U.S. Virgin Islands. Among the challenges are differences in Medicaid financing, including a statutory cap and match rate. [Read More](#)

Dual Eligibles in Medicare Advantage Plans Are Less Likely to Experience Care Disruption During Pandemic, Study Finds. *Modern Healthcare* reported on May 18, 2021, that dual eligibles enrolled in Medicare Advantage were less likely to experience care disruptions during the pandemic, compared to dual eligibles enrolled in traditional Medicare, according to a study sponsored by the America’s Health Insurance Plans and conducted by the University of Chicago. About 35 percent of duals in Medicare Advantage plans were unable to access a primary care physician during the pandemic, the study found, compared to 51 percent of duals in traditional Medicare. Results are based on about 9,600 responses. [Read More](#)

Drug Makers Must Give 340B Discounts to Contract Pharmacies or Face Fines, HHS Says. *Modern Healthcare* reported on May 17, 2021, that the U.S. Department of Health and Human Services (HHS) warned six drug makers to give contract pharmacies 340B program discounts or else face fines of up to \$5,000 per overcharge. The six drug makers are AstraZeneca, Lilly USA, Novartis, Novo Nordisk, Sanofi, and United Therapeutics. HHS issued an advisory opinion last year obligating drug makers to set prices below the 340B ceiling price. [Read More](#)

GAO Reports Challenges in Assessing Medicaid Behavioral Health Demonstration. The Government Accountability Office (GAO) reported on May 17, 2021, challenges in assessing the impact of a recently extended Medicaid demonstration aimed at improving community-based behavioral health services. Among the factors complicating assessment efforts include data limitations such as lack of baseline data, comparison groups, details on Medicaid encounters and a standardization of program goals and target populations across states. In December 2020, the Certified Community Behavioral Health Clinics demonstration was extended through September 2023. [Read More](#)

CMS Data Show Mental Health Care Utilization Rates Declined During COVID-19 Pandemic. The Centers for Medicare & Medicaid Services (CMS), on May 14, 2021, released preliminary data showing that mental health care visits declined during the COVID-19 pandemic. From March through October 2020 there was a 34 percent decline in the number of mental health services utilized by children under age 19 and a 22 percent decline in the number of mental health services utilized by adults aged 19 to 64, compared to the same time period in 2019. [Read More](#)

CMS Issues Guidance on How States Can Access Enhanced Medicaid HCBS Funds. The Centers for Medicare & Medicaid Services (CMS), on May 13, 2021, issued guidance on how states can access enhanced Medicaid home and community-based services (HCBS) funds, including a requirement that states submit HCBS spending plans. The American Rescue Plan Act of 2021 provides a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain HCBS services from April 1, 2021, through March 31, 2022. [Read More](#)

HHS May Extend Deadline for Providers to Spend COVID-19 Relief Fund. *Modern Healthcare* reported on May 12, 2021, that U.S. Department of Health and Human Services (HHS) may extend the deadline for providers to spend COVID-19 relief funds, according to Secretary Xavier Becerra. Currently, providers must spend the relief funds by June 30. Becerra did not provide a timeline for disbursement of the remaining \$33 billion in the relief fund. [Read More](#)

Lawmakers Reintroduce Medicare Advantage Prior Authorization Bill. *Modern Healthcare* reported on May 13, 2021, that a group of bipartisan Congressional lawmakers reintroduced a bill requiring Medicare Advantage plans to establish electronic prior authorization programs and provide “real-time decisions” for routine service approvals. Plans would also be required to submit an annual report listing which services require prior approval and how many requests were approved, denied, and overturned. A similar proposal was introduced in 2019. [Read More](#)



INDUSTRY NEWS

Medalogix, Muse Healthcare to Merge Following Vistria Group Investment.

The Vistria Group announced on May 19, 2021, that it led a recapitalization and investment in home health and hospice care technology companies Medalogix and Muse Healthcare, with the two companies to merge under the Medalogix brand. Minority investors include Amedisys Home Health and Hospice, Encompass Health Corporation, and LHC Group. The new entity will support over 325,000 home health and 50,000 hospice beneficiaries per day. [Read More](#)

Averhealth Acquires Aspent Health. Substance use monitoring and treatment provider Averhealth announced on May 18, 2021, the acquisition of Vermont-based Aspent Health, a provider of substance use monitoring and care coordination services. Five Arrows Capital Partners supported Averhealth in the acquisition. [Read More](#)

Traditions Health Acquires Hospice Providers In West Texas, Louisiana.

Hospice and home health provider Traditions Health announced on May 18, 2021, the acquisitions of Texas-based Area Community Hospice and Louisiana-based AmeraCare Family Hospice and Home Health. [Read More](#)

HCA Healthcare to Sell Georgia-based Redmond Regional Medical Center to AdventHealth. *Modern Healthcare* reported on May 13, 2021, that HCA Healthcare is selling Georgia-based Redmond Regional Medical Center to AdventHealth for \$635 million. The deal is expected to close in the third quarter of 2021. Earlier this week, HCA announced a definitive agreement to sell four hospitals in Georgia to not-for-profit health system Piedmont. [Read More](#)

Caravel Autism Health Acquires The Center for Autism Treatment. Caravel Autism Health announced on May 13, 2021, its acquisition of The Center for Autism Treatment. Center co-founder Tamara Kasper will take a leadership role in Caravel's Clinical Center of Excellence. Caravel provides Applied Behavioral Analysis (ABA) therapy to children with autism. [Read More](#)

Piedmont Healthcare to Acquire University Health Care System. Georgia-based Piedmont Healthcare announced on May 12, 2021, a signed letter of intent to acquire University Health Care System, including three hospitals. University Health serves residents in 25 counties in eastern Georgia and South Carolina. The deal, which is expected to close by the end of the year, is part of a 10-year Piedmont plan to expand beyond the greater Atlanta area. In April, Piedmont previously announced a purchase agreement with HCA Healthcare to add four hospitals to its network. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Spring 2021	Louisiana	RFP Release	1,550,000
May 21, 2021	North Dakota Expansion	Awards	26,000
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

COMPANY ANNOUNCEMENTS

The Impact of COVID-19 Comorbidities on Return to Work

HMA WELCOMES

Lindsay Gibbs - Senior Consultant

Lindsay Gibbs is a Medi-Cal expert with vast experience in contract administration and interpretation as well as policy and waiver implementation. She is a skilled project manager specializing in communications and change management.

Prior to joining HMA, Lindsay served at Blue Shield of California Promise Health Plan. While there, she took on the task of improving Medi-Cal literacy across the Blue Shield of California workforce. She incubated novel education channels, developed Medi-Cal learning modules, and led the change management effort to drive adoption of these new resources. She designed a first-of-its kind, one-stop shop website for the enterprise dedicated to Medi-Cal learning. In addition, Lindsay led enterprise-wide trainings for both line staff and upper management. Also during her tenure at Blue Shield Promise, Lindsay oversaw process improvements for the Medi-Cal Account Management and assisted in contract interpretation during annual audits and regulatory implementation projects.

Lindsay previously held positions at L.A. Care Health Plan where she lent her expertise on several key implementation teams including the core functional team for the Affordable Care Act (ACA)-mandated Health Homes Program, the Whole Person Care pilot program authorized by California's 1115 waiver, and a \$20 million grant L.A. Care awarded to Los Angeles County Department of Health Services Housing for Health program. While on these teams, she liaised with external stakeholders to ensure alignment on regulatory reporting, adoption of Health Information Exchange platform, and program design.

Lindsay graduated cum laude with a Master of Science in Social Entrepreneurship from the Marshall School of Business at the University of Southern California, Los Angeles. She also holds bachelors' degrees in international studies and Spanish/Latin American studies from American University in Washington, D.C.

Melinda L. Estep - Principal

Melinda Estep has been advising providers and healthcare leaders nationwide for more than 25 years, offering keen industry insights in the areas of strategic financial planning, mergers and acquisitions, and financial advisory services.

Melinda works closely with a variety of healthcare organizations to help them maximize resources, access needed capital, and develop solid financial strategies for navigating healthcare's uncertain future.

Prior to joining HMA, she served as a hospital CFO and chief of business development providing strategic direction for optimal market and competitive positioning for several departments. She also led a five-year capital planning effort, ensured compliance and contracting validity, and led the revenue cycle team to improve the patient experience and increase revenue.

In addition, Melinda has provided short-term and long-term forecasting and scenario modeling for various project teams. She specializes in developing business cases with key stakeholders and identifying barriers and mitigations of risk.

Previously she served more than 10 years with Denver Health and Hospital in various executive positions including chief of business development, associate chief of operations for service lines, and associate CFO of financial and strategic planning.

Melinda earned a Master of Business Administration with a concentration in healthcare administration and a Bachelor of Science in finance, both from the University of Colorado, Boulder. She earned a Lean Management Systems Black Belt and was a fellow with America's Essential Hospitals (NAEPH) and the Healthcare Finance Management Association.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Colorado RAE Enrollment is Up 2.4%, Feb-21 Data
- Colorado RAE Enrollment is Up 3.4%, Mar-21 Data
- Iowa Medicaid Managed Care Enrollment is Up 4.3%, May-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 12.4%, Apr-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 5.5%, Feb-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 7%, Mar-21 Data
- North Dakota Medicaid Expansion Enrollment is Up 7.1%, Mar-21 Data
- Virginia Medicaid Managed Care Enrollment is Up 3.0%, Feb-21 Data
- Virginia Medicaid MLTSS Enrollment is Up 1.1%, Feb-21 Data
- West Virginia Managed Care Enrollment is Up 4.4%, Apr-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Connecticut Behavioral Health ASO RFP, May-21
- Delaware Medicaid Accountable Care Organization Application, Mar-21
- Kentucky Medicaid MCO External Quality Review Technical Reports, 2018-21
- Maryland External Quality Review Organization RFP, May-21
- Mississippi Medicaid Enterprise Master Person Index RFP, Feb-21
- New Jersey DHS Burlington County PACE Organization RFA, Apr-21

Medicaid Program Reports, Data and Updates:

- Colorado Children's Health Plan Plus Caseload by County, 2014-20, Apr-21
- Florida Annual External Quality Review Reports, 2012-20
- Florida Medicaid Eligibility by County, Age, Sex, Mar-21 Data
- Georgia Department of Community Health Annual Reports, 2014-20
- Louisiana Healthy LA Program Actuarial Rate Certifications and Data Books, 2018-21
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Ohio OBM Monthly Financial Reports, 2021
- Ohio OhioRISE Advisory Council Meeting Materials, 2020-21
- Oklahoma Health Care Authority Annual Reports, 2014-20

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

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