

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... May 26, 2021 .....



[RFP CALENDAR](#)

[HMA News](#)

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## THIS WEEK

- **IN FOCUS: WHICH MEDICARE CHANGES SHOULD CONTINUE BEYOND THE COVID-19 PANDEMIC? FOUR QUESTIONS FOR POLICYMAKERS**
- FLORIDA MEDICAID PROVIDERS LAG IN EHR 'MEANINGFUL USE'
- GEORGIA IS LIKELY TO EXTEND EXISTING MEDICAID MANAGED CARE CONTRACTS, EYES POTENTIAL CLAWBACKS
- MEDICAID EXPANSION NEWS; MISSISSIPPI, MISSOURI, NORTH DAKOTA, WISCONSIN
- OKLAHOMA LEGISLATURE APPROVES BILL TO PLACE GUARDRAILS ON MEDICAID MANAGED CARE TRANSITION
- WASHINGTON MEDICAID DIRECTOR MARYANNE LINDEBLAD TO STEP DOWN EFFECTIVE JULY 31
- ACA EXCHANGE PREMIUMS DECLINE FOR THE THIRD STRAIGHT YEAR
- CMS TO END NEXT GENERATION ACO MODEL
- MASSACHUSETTS PHYSICIANS GROUP ATRIUS HEALTH REPORTS \$17 MILLION 1Q21 OPERATING LOSS
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## IN FOCUS

### WHICH MEDICARE CHANGES SHOULD CONTINUE BEYOND THE COVID-19 PANDEMIC? FOUR QUESTIONS FOR POLICYMAKERS

In an [issue brief](#) prepared for The Commonwealth Fund and The SCAN Foundation, HMA consultant [Jennifer Podulka](#) and Vice President [Jonathan Blum](#), analyze the temporary COVID-19-related changes to Medicare regulations, described the benefits and risks of the changes, and offered a

framework to support policymakers' decisions on the future of these temporary policies.

Congress and the administration responded to the COVID-19 pandemic with a series of policy changes designed to provide temporary relief from certain Medicare rules. Most of these pandemic-related regulatory changes will expire at the end of the public health emergency, which began in January 2020 and is expected to run through the end of 2021. Policymakers can either allow these actions to expire as scheduled or consider potential modifications to these policies, including whether to make them permanent.

To date, Congress and the administration have taken action to expand or make permanent twenty-seven, or 11 percent, of the temporary policies. Most of these policies focus on payment systems and quality programs, provider capacity and workforce, and telehealth. For example, nine telehealth services that were permitted on a temporary basis were moved to the permanent, Medicare-approved list; additional telehealth services will continue on a temporary basis through the end of the year that the COVID-19 emergency officially ends; and the scope of practice for non-physician practitioners was modestly expanded to the extent permissible under various state laws and regulations so that these practitioners can now provide and bill Medicare for services that had been reserved to physicians or certain other practitioners.

With more than 200 COVID-19-related temporary regulatory changes still in effect, it is likely that the administration and Congress will continue efforts to modify and extend at least some of these changes. Currently, policymakers and healthcare stakeholders have little information about the effects of COVID-19-related regulatory changes. Yet some of these changes are likely having a significant impact on how care is provided to Medicare beneficiaries. Given that these changes have now been in effect for more than a year, the Centers for Medicare & Medicaid Services (CMS) could explore their impacts and provide findings to policymakers and other stakeholders in a transparent manner. In fact, CMS has a window of opportunity to treat the current situation as a large-scale demonstration of how policy changes could affect the cost and quality of care. The breadth and scale of these changes – which may generally affect more providers and beneficiaries due to their national scale than Innovation Center and Medicare Advantage efforts – could provide unique insights into how Medicare's regulatory structures could be modified to improve beneficiary care.

In anticipation of the availability of evaluation findings, we offer a framework for policymakers to use in considering whether to modify, extend, or make permanent pandemic-related regulatory changes to Medicare. The framework consists of four key questions:

- Do CMS or Congress have the authority to make a change permanent after the public health emergency ends?
- What are key potential benefits and risks to beneficiary care and out-of-pocket spending?
- What are key potential benefits and risks to inappropriate Medicare program spending?
- What are key policies that CMS or Congress could implement to mitigate the potential risks?

The full issue brief walks through potential answers to each of these questions.

In conclusion, Congress and the administration made more than 200 temporary changes to the Medicare program in response to the COVID-19 pandemic. Most of these changes are likely to remain part of the Medicare program through the end of 2021. Some of the changes may prove to be beneficial as permanent Medicare policies. If CMS were to capitalize on the unique opportunity of the temporary changes by undertaking rapid, large-scale evaluations of the effects of the changes, the results could inform policymakers' decisions about future actions. Such a substantial research effort would provide CMS and the new Congress with data-supported insights into the relative benefits and risks of each COVID-19-related action as they consider which policies should continue into the future.

The full issue brief can be found [here](#).



## HMA MEDICAID ROUNDUP

### *Florida*

**Medicaid Providers Lag in EHR ‘Meaningful Use’.** *EHR Intelligence* reported on May 20, 2021, that only 43 percent of Florida Medicaid providers maintained “meaningful use” status for electronic medical record adoption after receiving first-year incentive payments, according to a [study](#) published in the *International Journal of Medical Informatics*. The national rate for “meaningful use” is 56 percent. The study also found that rural providers in Florida achieved meaningful use status at a higher rate than urban providers. [Read More](#)

### *Georgia*

**Georgia Is Likely to Extend Existing Medicaid Managed Care Contracts, Eyes Potential Clawbacks.** *GBP* reported on May 20, 2021, that Georgia is likely to extend existing Medicaid managed care contracts through June 30, 2024, to provide additional time for another procurement; however, the state is reviewing the potential for significant clawbacks from existing plans. The state will also explore the possibility of transitioning Medicaid members who are aged, blind, or disabled into managed care. Current Medicaid plan contracts, which if not extended would expire in June 2022, are held by Anthem/Amerigroup, CareSource, and Centene. [Read More](#)

### *Guam*

**Guam Braces for End of Enhanced Medicaid Funding Match.** *Mariana’s Variety/The Guam Daily Post* reported on May 24, 2021, that health officials in Guam are bracing for the expiration of the territory’s enhanced federal assistance medical percentage (FMAP), which is currently 89 percent but would revert back to 55 percent in fiscal 2022 without Congressional action. Guam’s Medicaid cap was also lifted to about \$130 million in fiscal 2021, but it could revert back to about \$20 million. FMAP was enhanced due to the COVID-19 pandemic. [Read More](#)

## Kansas

**Governor Vetoes Bill Aimed at Extending Length of Short-Term, Limited-Duration Individual Plans.** *WIBW* reported on May 20, 2021, that Kansas Governor Laura Kelly vetoed a bill that would have extended the renewal period for short-term, limited duration individual plans to three years. Currently, such plans only last up to one year. The governor slammed the bill for promoting “junk insurance” and reiterated calls for Medicaid expansion. [Read More](#)

## Mississippi

**Advocacy Group Suspends Medicaid Expansion Ballot Efforts.** *Modern Healthcare* reported on May 19, 2021, that a Mississippi advocacy group has “reluctantly” suspended its efforts to put Medicaid expansion on the 2022 midterm ballot. The decision came after the state Supreme Court ruled that Mississippi’s ballot initiative process is outdated. Expansion would cover an additional 200,000 people. [Read More](#)

## Missouri

**Missouri Medicaid Expansion Advocates File Lawsuit Against State Department of Social Services.** *The St. Louis Post-Dispatch* reported on May 20, 2021, that advocates for Medicaid expansion in Missouri have filed a lawsuit in Cole County Circuit Court against the state Department of Social Services, arguing expansion Medicaid must proceed in accordance with the constitutional amendment voters approved last year. The lawsuit was filed on behalf of three individuals who would have been eligible for Medicaid expansion, which was set to take effect July 2021. [Read More](#)

**Missouri-Based Medicaid Plan CEO Criticizes State Decision Not to Fund Medicaid Expansion.** *The Associated Press* reported on May 19, 2021, that Centene chief executive Michael Neidorff criticized Missouri for failing to approve funding for a voter-approved expansion of Medicaid, which was scheduled to take effect in July 2021. “As the largest provider of Medicaid in the United States and a Fortune 42 company, I have to ask myself, ‘Why am I in this state?’” Neidorff said in an interview with *Health Payer Specialist*. He added, “This is a state that frowns on this business....It’s an embarrassment.” [Read More](#)

## New Hampshire

**Senate Committee Proposes Using Unspent Funds to Address Medicaid Managed Care Shortfall.** *InDepthNH.org* reported on May 24, 2021, that the New Hampshire Senate Finance Committee proposed the use of unspent Health and Human Services Department funds to help offset a projected \$20 million Medicaid managed care shortfall during the next biennium. The proposal is led by state Senate President Chuck Morse (R-Salem) and Senator Erin Hennessey (R-Littleton). [Read More](#)

## New York

**Senate Approves Bill Ensuring Individuals With I/DD Receive Managed Care Coverage.** *The Citizen* reported on May 26, 2021, that the New York Senate approved a bill that creates an ombudsman program to ensure that individuals with intellectual or developmental disabilities (I/DD) receive coverage from managed care organizations. Another bill that passed reestablishes the Office of People With Developmental Disabilities' care demonstration program. The bills are part of a package sponsored by state Senator John Mannion (D-Geddes). [Read More](#)

## North Dakota

**North Dakota Delays Medicaid Expansion Plan Award Until June 7.** The North Dakota Department of Human Services, Medical Services Division announced on May 21, 2021, that the award announcement for the state's Medicaid expansion managed care procurement has been delayed from May 21 to June 7. Proposals were due December 23, 2020. Contract implementation is still slated to begin January 1, 2022. Current incumbent Sanford Health Plan serves approximately 26,000 expansion members. Medicaid expansion in the state was implemented in 2014. [Read More](#)

## Oklahoma

**Legislature Approves Bill to Place Guardrails on Medicaid Managed Care Transition.** *Public Radio Tulsa* reported on May 24, 2021, that the Oklahoma legislature approved a bipartisan bill that places oversight and legal guardrails on the scope of the state's planned transition to Medicaid managed care. The bill now heads to Governor Kevin Stitt's desk. Oklahoma is expected to transition to managed care October 1, after implementing Medicaid expansion in July. [Read More](#)

**Senate Approves Medicaid Expansion Funding in Fiscal 2022 Budget.** *The Bond Buyer* reported on May 24, 2021, that the Oklahoma Senate approved an \$8.3 billion fiscal 2022 budget bill that includes \$164 million for Medicaid expansion, which is scheduled to go into effect July 1. The budget, which awaits Governor Kevin Stitt's signature, is up seven percent from fiscal 2021 and two percent from fiscal 2020. [Read More](#)

**Oklahoma Foster Plan Hopes to Reduce Inpatient Behavioral Health Costs by Bolstering Preventive Care.** *The Frontier* reported on May 21, 2021, that the health plan chosen to manage behavioral benefits for foster youth in Oklahoma will try to reduce inpatient and residential costs by bolstering preventive care, outpatient services, and placement stability in a child's foster or adoptive home. Implementation of the contract, which was won by Centene, is scheduled for October 1, 2021. [Read More](#)



## Pennsylvania

**Pennsylvania Seeks Public Comments on Adult Autism Waiver Renewal, Fees.** The Pennsylvania Department of Human Services, Office of Developmental Programs, announced on May 24, 2021, that it is seeking public comments on sections of the state's Adult Autism Waiver (AAW) renewal as well as proposed fees and rate setting. The state is specifically soliciting input on appendices dealing with Homemaker/Chore services, per capita Medicaid costs, and average per unit cost of certain services. The current AAW expires June 30, 2021, but the Centers for Medicare & Medicaid Services has approved a 90-day extension through September 28. The public comment period ends June 21. [Read More](#)

**Voters Limit Emergency Declarations, With Potential Implications for Opioid Treatment.** *The Pennsylvania Capital-Star* reported on May 24, 2021, that Pennsylvania voters approved a constitutional amendment that limits the governor's emergency declaration powers, which could have implications on efforts to treat opioid use disorder. Governor Tom Wolf recently renewed the state's three-year-old opioid disaster declaration for an additional 90 days. The declaration provides access to medication-assisted treatment, limits opioid prescriptions, and allows residents to carry naloxone. [Read More](#)

## Tennessee

**Tennessee Seeks to Intervene in Federal Lawsuit on Medicaid Block Grant.** *Fox 17/WZTV* reported on May 20, 2021, that Tennessee is seeking to intervene in a federal lawsuit challenging the state's Medicaid block grant proposal, according to a motion filed by state Attorney General Herbert Slatery in U.S. District Court. Tennessee Governor Bill Lee approved the block grant earlier this year. [Read More](#)

## Texas

**Texas Senate Looks to Trim Length of Proposed Medicaid Postpartum Coverage Extension.** *Spectrum News* reported on May 25, 2021, that a Texas Senate panel advanced a bill that would extend Medicaid postpartum coverage from 60 days to six months, half the length of a similar bill that passed in the Texas House. House Republicans also voiced opposition to the price tag of the bill, which is estimated to be about \$84 million. The bill now heads to the Senate floor. [Read More](#)

## Washington

**Medicaid Director MaryAnne Lindeblad to Step Down Effective July 31.** *State of Reform* reported on May 20, 2021, that Washington Health Care Authority Medicaid director MaryAnne Lindeblad announced her resignation effective July 31. "Plans are under way for an interim state Medicaid Director and a national search for the next director," Lindeblad said. [Read More](#)

## Wisconsin

**Wisconsin Legislature Ends Special Session on Medicaid Expansion in Less Than A Minute.** *The Daily Jefferson County Union* reported on May 26, 2021, that the Republican-led Wisconsin legislature ended a special session to enact Medicaid expansion in less than a minute, without a debate or votes. The session was ordered by Democratic Governor Tony Evers after Republican lawmakers stripped funding for Medicaid expansion from a proposed budget. [Read More](#)

## National

**Senate Confirms Chiquita Brooks-LaSure to Lead CMS.** *Modern Healthcare* reported on May 25, 2021, that the U.S. Senate has confirmed health policy expert Chiquita Brooks-LaSure as the next administrator of the Centers for Medicare & Medicaid Services (CMS). Previously, Brooks-LaSure served as deputy director of the CMS health insurance office under the Obama administration. [Read More](#)

**Drug Makers File Lawsuit Over CMS Medicaid Drug Rebate Rule.** *Modern Healthcare* reported on May 25, 2021, that the Pharmaceutical Research and Manufacturers of America filed a federal [lawsuit](#) over a rule requiring drug makers to include patient discounts when calculating the “best price” for drugs under the Medicaid drug rebate program. The Centers for Medicare & Medicaid Services (CMS) issued the rule, which goes into effect next year, in hopes of fostering value-based payment arrangements. [Read More](#)

**ACA Exchange Premiums Decline for the Third Straight Year, Study Shows.** *Modern Healthcare* reported on May 24, 2021, that the national average benchmark premium for Affordable Care Act (ACA) Exchange plans fell 1.7 percent in 2021, its third consecutive annual decline, according to an [analysis](#) by the Urban Institute. The study also found that areas with more insurer competition and new reinsurance programs have lower premiums. [Read More](#)

**U.S. Senator Proposes Automatic Medicaid Eligibility for Children.** *PennLive* reported on May 24, 2021, that U.S. Senator Bob Casey, Jr. (D-PA) is proposing legislation to offer automatic Medicaid eligibility to every child from birth to age 18, a measure expected to boost coverage of children in urban and rural areas. The proposal is a part of a broader plan that includes an expansion of Head Start, permanent tax credits for families, and money to fight child abuse. [Read More](#)

**CMS to End Next Generation ACO Model.** *Modern Healthcare* reported on May 21, 2021, that the Centers for Medicare & Medicaid Services (CMS) will not extend its Next Generation ACO model through 2022, according to a letter sent to participants. While Next Generation ACOs can apply to participate in the standard track of the Global and Professional Direct Contracting (GPDC) Model, CMS recently paused new applications in that model as well. Next Gens have until June 14 to demonstrate that they are able to participate in the GPDC Model. [Read More](#)



**Medicaid Expansion in Remaining States Would Create 1 Million Jobs, Report Says.** The Commonwealth Fund released a report on May 20, 2021, stating that the use of new federal incentives to expand Medicaid in the 14 remaining non-expansion states by 2022 would create more than 1 million jobs and collectively expand the states' economies by \$350 billion from 2022 to 2025. The biggest employment gains would be seen in Texas, Florida, North Carolina, and Georgia. Non-expansion states are: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. Missouri and Oklahoma passed Medicaid expansion ballot initiatives but have not yet implemented expansion. [Read More](#)

**Lawmakers Consider Modifying Medicare Telehealth Payment Rates.** *Modern Healthcare* reported on May 19, 2021, that lawmakers are looking at the possibility of modifying Medicare telehealth payment rates, which are currently the same as the rates for in-person care. In general, lawmakers appear to acknowledge that patients should continue to have access to telehealth services after the end of the pandemic emergency. [Read More](#)



## INDUSTRY NEWS

**CVS Health Faces Class Action Lawsuit Over Drug Pricing.** *Modern Healthcare* reported on May 25, 2021, that several Blue Cross Blue Shield plans claim they were overcharged for generic drugs by CVS Health, according to a class action lawsuit filed in Rhode Island District Court. The plans include BCBS of Louisiana, BCBS of South Carolina, BlueChoice HealthPlan of South Carolina, and CareFirst. The lawsuit seeks double damages, interest, and attorneys fees. CVS Health, which disputes the allegations, faces other related lawsuits. [Read More](#)

**Massachusetts Physicians Group Atrius Health Reports \$17 Million 1Q21 Operating Loss.** *Modern Healthcare* reported on May 25, 2021, that Atrius Health, Massachusetts' largest physician group, reported a first quarter 2021 operating loss of \$17 million on revenues of \$514 million. Operating loss for all of 2020 was \$12.1 million on revenues of \$2.2 billion. Atrius is being acquired by UnitedHealth Group's subsidiary Optum. [Read More](#)

**Medicare Plan Is Overpaid by CMS, Audit Finds.** *Modern Healthcare* reported on May 24, 2021, that the U.S. Department of Health and Human Services, Office of the Inspector General released an audit alleging that Anthem was overpaid \$3.5 million for certain Medicare Advantage claims. Anthem questioned the claims review and affirmed its compliance with Medicare Advantage regulations. [Read More](#)

**CSNI Wins MI, WA Health Data Interoperability Business.** CNSI announced on May 24, 2021, that it would provide its interoperability solution to help Michigan and Washington meet federal requirements to ensure beneficiaries have portable access to their health information. Both states already use CNSI's Medicaid Management Information System for claims processing and provider enrollment. [Read More](#)

**UnitedHealthcare Launches Community Catalyst Initiative.** UnitedHealthcare announced on May 19, 2021, the launch of Community Catalyst, an initiative aimed at identifying and addressing community and population health needs. UnitedHealthcare is collaborating with the Council of Large Public Housing Authorities to convene local partners, including public housing agencies (PHA), federally qualified health centers (FQHC) and community-based organizations (CBO), to develop community-based plans that address health equity and local health challenges. Ten of the initiatives are focused on PHA partnerships while 13 of them engage with FQHCs and CBOs. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Spring 2021	Louisiana	RFP Release	1,550,000
Q2 2021	Tennessee	RFP Release	1,500,000
Summer 2021	Rhode Island	RFP Release	276,000
June 7, 2021	North Dakota Expansion	Awards	26,000
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

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## COMPANY ANNOUNCEMENTS

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**Populations at Risk: Optimizing Post-Acute Care Management**

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## HMA WELCOMES

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Daniel Crowe - Managing Principal

Daniel Crowe, MD, FACP is a physician executive, diabetologist, and a leader in changing the paradigm for managing chronic pain and addiction.

He joins HMA after serving as senior medical director with Superior Health Plan, the Texas subsidiary of Centene. In that role, he led efforts to integrate physical and mental health and address the complex needs of those with multiple chronic diseases and substance use disorders. He also helped Texas providers transform their practices to achieve success in value-based contracting by adopting population health processes to manage their patient populations.

A seasoned healthcare executive, Dr. Crowe has served as chief medical officer for CommUnityCare, a federally qualified health center providing care at 22 sites throughout Travis County, TX. While there he led the establishment of an incentive program to encourage continuous improvement as well as a Diabetes Task Force as part of efforts to improve and streamline care.

Dr. Crowe's other leadership positions included leading the diabetes program at Southboro Medical Group in the Greater Metro Boston area as assistant medical director where he built a cutting-edge diabetes program using new technology. He also created a dedicated diabetes team with various providers to improve quality of care.

He has served as a member of the Clinical Advisory Board for the Journal of Diabetes Science and Technology and has been a long-time member of the Diabetes Technology Society.

A graduate of the Institute for Healthcare Improvement (IHI) Innovation College, Dr. Crowe has worked on healthcare reform in New England and Texas. He is a Lean Six Sigma Greenbelt and is experienced in using the IHI's Model for Improvement.

Dr. Crowe earned his medical degree from the University of Wisconsin Medical School and a bachelor's degree in molecular biology from the University of Wisconsin. He also completed his residency training in Internal Medicine at the University of Washington-Spokane. He is a Fellow in the American College of Physicians and is the chair-elect for the Board of Trustees of the Texas Health Institute.

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## HMA NEWS

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

#### Medicaid Data

- Colorado RAE Enrollment is Up 4.3%, Apr-21 Data
- Georgia Medicaid Management Care Enrollment is Up 5.6%, May-21 Data
- Indiana Medicaid Managed Care Enrollment Is Up 5.9%, Apr-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 4.9%, Apr-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 8.9%, Apr-21 Data
- New Mexico Medicaid Managed Care Enrollment is Up 1.9%, Mar-21 Data
- Nevada Medicaid Managed Care Enrollment is Up 4.4%, Mar-21 Data
- New York Medicaid Managed Care Enrollment is Up 2.2%, Feb-21 Data
- Ohio Dual Demo Enrollment is Down 8.1%, Apr-21 Data
- Ohio Medicaid Managed Care Enrollment is Up 2.2%, Mar-21 Data
- Puerto Rico Medicaid Managed Care Enrollment is Up 3.8%, May-21 Data
- Rhode Island Dual Demo Enrollment is Down 1.5%, Apr-21 Data

#### Public Documents:

##### *Medicaid RFPs, RFIs, and Contracts:*

- Indiana Medicaid External Quality Review RFP, May-21
- Maryland Medicaid Quality Improvement Organization Services RFP, May-21
- Pennsylvania HealthChoices Physical Health Model Contract, 2020-21

##### *Medicaid Program Reports, Data and Updates:*

- Idaho Behavioral Health Council Strategic Action Plan DRAFT, 2021-24
- Indiana Medicaid Advisory Committee Meeting Materials, May-21
- Indiana Medicaid Managed Care Quality Strategy Plan, 2017-21
- Oklahoma Medical Advisory Meeting Materials, May-21
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, May-21

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