

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... June 16, 2021



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- [IN FOCUS: TENNESSEE RELEASES MEDICAID MANAGED CARE RFP](#)
- [FLORIDA RELEASES MEDICAID DENTAL PLAN ITN FOR HEALTHY KIDS](#)
- [FLORIDA SEEKS EXTENSION ON ENHANCED MEDICAID HCBS FUNDS](#)
- [ILLINOIS STATEWIDE DUAL DEMO PLAN RECEIVES APPROVAL](#)
- [MISSOURI HOUSE LEADER SEES PROGRESS ON MEDICAID HOSPITAL TAX](#)
- [NEVADA TO AWARD MEDICAID PLAN CONTRACTS](#)
- [NORTH CAROLINA RESIDENTS ARE UNAWARE OF PLANNED MEDICAID MANAGED CARE TRANSITION, POLL SHOWS](#)
- [OHIO SENATE CLEARS REBID OF MEDICAID MCO CONTRACTS](#)
- [MEDICAID PLAN SETTLES OHIO PBM LAWSUIT](#)
- [OREGON MEDICAID DIRECTOR STEPS DOWNS](#)
- [TENNESSEE RELEASES MEDICAID MANAGED CARE RFP](#)
- [EXCHANGE PREMIUMS FALL 26 PERCENT FOR NEW ENROLLEES](#)
- [LIFESTANCE HEALTH GROUP RAISES \\$720 MILLION IN IPO](#)
- [NEW THIS WEEK ON HMAIS](#)

IN FOCUS

TENNESSEE RELEASES MEDICAID MANAGED CARE RFP

This week our *In Focus* reviews the Tennessee Medicaid managed care request for proposals (RFP) released on June 11, 2021, by the State of Tennessee, Division of TennCare. Tennessee will select three plans to provide physical services, behavioral services, and Managed Long-Term Services and Supports (MLTSS), including nursing facility services and home and community-based

services (HCBS), to beneficiaries enrolled in TennCare (Medicaid), CoverKids (Children’s Health Insurance Program), and Dual Eligible Special Needs Plans (D-SNP). Current incumbents serve over 1.5 million beneficiaries, with contracts worth \$12 billion annually.

TennCare covers approximately 20 percent of the state’s populations. Selected Medicaid managed care organizations (MCOs), in addition to providing Medicaid integrated full-risk coverage, will also be required to lead delivery system transformation efforts including:

- **Patient-Centered Medical Homes (PCMH):** to improve the quality of primary care services for TennCare members
- **Episodes of Care (Episodes):** to improve the health care delivered in association with acute health care events
- **Tennessee Health Link (THL):** to coordinate health care services for TennCare members with the highest behavioral health needs
- **Quality Improvement in Long-Term Services and Supports (QuILTSS) initiatives:** to improve quality and shifting payment to outcomes-based measures for the QuILTSS program and for enhanced respiratory care

MCOs will operate a statewide D-SNP to serve members with dual eligibility for Medicare and full Medicaid benefits. The state can continue to contract with other plans to operate a D-SNP for beneficiaries that have partial Medicaid benefits, such as Medicaid coverage of Medicare premiums and/or cost-sharing.

MCOs must also be willing to accept 50 percent of the eligible population in each region of the state, and up to 70 percent if the state determines another MCO in the region is not adequately serving members and chooses to transfer members.

Timeline

Awards are expected October 8, 2021. Implementation is scheduled for January 1, 2023. Contracts begin January 2022 and run for three years with seven renewal options, not to exceed a total of 10 years.

RFP Activity	Date
RFP Issued	June 11, 2021
Notice of Intent to Respond	June 24, 2021
Proposals Due	August 31, 2021
Awards	October 8, 2021
Implementation	January 1, 2023

Current Market

Incumbents Anthem, Blue Cross Blue Shield of Tennessee (BCBS-TN), and UnitedHealthcare served 1.56 members as of March 2021. BCBS-TN holds over 40 percent of the market share by enrollment.

Tennessee Medicaid Managed Care Enrollment by Plan, March 2021

Plan	Total	% Market Share
BCBS-TN	629,082	40.4%
UnitedHealthcare	465,572	29.9%
Anthem	463,792	29.8%
Total	1,558,446	

Evaluation

The state will score responses out of a total of 1,000 points, with the technical proposal worth 850 points.

Evaluation	
Evaluation Category	Maximum Points Possible
General Qualifications & Experience	150
Technical Qualifications, Experience & Approach	850
Controlling Cost Trends and Utilization	100
LTSS-CHOICES, Employment and Community First CHOICES, other Integrated MLTSS Programs for Individuals with I/DD, D-SNPs	150
Behavioral Health and Substance Use Disorder	150
Delivery System Transformation	100
Access to Quality and Care	150
Provider Relations and Support	100
Population Health and Non-Medical Risk Factors	100
Total	1,000

[Tennessee Medicaid Managed Care RFP Link](#)



HMA MEDICAID ROUNDUP

Arkansas

Governor to Pitch Medicaid Work Incentive Waiver to Federal Regulators. *KATV/abc7* reported on June 15, 2021, that Arkansas Governor Asa Hutchinson is meeting with federal officials to push the state's Medicaid expansion work incentive waiver. The Arkansas Health and Opportunity for Me (ARHOME) is designed to replace the state's inoperative work requirements program. ARHOME allows expansion members who work to continue to enroll in Exchange plans instead of Medicaid fee-for-service. [Read More](#)

Florida

Florida Releases Medicaid Dental Plan ITN for Healthy Kids Program. Florida released on June 14, 2021, a Medicaid managed dental plan invitation to negotiate (ITN) for the Florida Healthy Kids Children's Health Insurance Program (CHIP) and the Florida Healthy Kids Full-pay Plan. Proposals are due July 19, 2021, with awards expected in October. The state intends to contract with two dental plans. Contracts will begin July 1, 2022, and run for three years with up to two years of renewal options.

Florida Seeks 30-Day Extension to Consider Enhanced Medicaid HCBS Funds. *Florida Politics/News Service of Florida* announced on June 15, 2021, that Florida is asking federal regulators for a 30-day extension to consider the impact of tapping into enhanced federal Medicaid home and community-based services (HCBS) funds. The American Rescue Plan Act of 2021 allows states to tap into 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. The extension would give the state until July 12 to submit a plan to the federal government. [Read More](#)

Illinois

Illinois Dual Demo Plan Receives Approval to Expand Statewide. Aetna, a CVS Health company, announced on June 11, 2021, that it had received approval to expand its Illinois Medicare-Medicaid Alignment Initiative (MMAI) dual eligible demonstration plan statewide, effective July 1, 2021. Individuals will be able to opt in beginning in June 2021. Illinois has participated in MMAI since 2014 in the greater Chicago and central Illinois regions. [Read More](#)

Iowa

Iowa Is Hit With Wrongful Termination Lawsuit. *KCRG 9* reported on June 11, 2021, that the former director of the Iowa Department of Human Services Jerry Foxhoven has filed a wrongful termination lawsuit against the state and Governor Kim Reynolds. The lawsuit alleges that Reynolds fired Foxhoven in a dispute over use of Medicaid funds to pay a certain employee's salary. [Read More](#)

Massachusetts

Massachusetts to Study Impact of Medicaid ACOs on Asthma Care for Children. *RevCycle Intelligence* reported on June 11, 2021, that the National Institutes of Health awarded a \$3 million grant to a researcher at the University of Massachusetts Amherst to study the effects of Massachusetts Medicaid Accountable Care Organizations (ACOs) on child asthma care. The study will compare health outcomes for children with asthma served by 17 Massachusetts Medicaid ACOs, commercial insurance, and non-ACO Medicaid plans. [Read More](#)

Massachusetts Medicaid Enrollment Tops 2 Million. *The Boston Business Journal* reported on June 9, 2021, that Medicaid enrollment in Massachusetts topped 2 million in March 2021, the highest level since January 2015. Expectations of continued enrollment growth has been factored into fiscal 2022 budget bills by the House and Senate. [Read More](#)

Minnesota

Minnesota Ranks Best for Elderly Healthcare in MedicareGuide Analysis. *MedicareGuide.com* reported on June 10, 2021, that Minnesota ranked best state in elderly healthcare, followed by North Dakota and Massachusetts, according to an analysis by *MedicareGuide.com*. The study compared cost, access, quality, and metrics such as prescription drug prices, doctors per capita, and life expectancy. The worst states for elderly healthcare included Oklahoma, Georgia, and the District of Columbia. [Read More](#)

Missouri

House Leader Sees Progress on Medicaid Hospital Tax Renewal. *Webster County Citizen* reported on June 14, 2021, that House Budget Chairman Cody Smith (R-Carthage) is ready to ask Governor Mike Parson to call a special session to renew the state's Medicaid hospital tax before July 1, citing an emerging consensus among Republicans. The Federal Reimbursement Allowance (FRA) tax, which expires September 30, finances nearly 80 percent of Medicaid in the state. [Read More](#)

Judge Rules Against Adding New Plaintiffs to Medicaid Expansion Trial. *The Missouri Independent* reported on June 15, 2021, that a Missouri judge ruled against adding plaintiffs to a lawsuit seeking to ensure that the state implements a voter-approved Medicaid expansion program on July 1. Cole County Circuit Judge Jon Beetem said adding plaintiffs would cause delays. The trial is set to begin June 18. [Read More](#)

New Jersey

HMA Roundup – Karen Brodsky ([Email Karen](#))

New Jersey Assembly Committee Clears Bill Requiring PBM Financial Disclosures. *Parsippany Focus* reported on June 15, 2021, that a New Jersey Assembly committee cleared a bill requiring pharmacy benefit managers (PBMs) to disclose to the state all sources of income and payments received on behalf of Medicaid managed care organizations. The bill, introduced by Assemblywoman BettyLou DeCroce (R-Morris), would also require PBMs to disclose ingredient costs and dispensing fees to pharmacies as well as administrative fees. The state Senate unanimously passed the bill in February 2020. [Read More](#)

Nevada

Nevada Announces Intent to Award Medicaid Managed Care Contracts. The Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), announced on June 14, 2021, its intent to award Medicaid managed care contracts to incumbents Anthem/Community Care Health Plan, Centene/SilverSummit Health Plan, and UnitedHealthcare/Health Plan of Nevada, as well as new entrant Molina Healthcare. Contracts will run from January 1, 2022, to December 31, 2025, with a possible two-year extension. The plans will serve Clark and Washoe counties. Any geographic expansion of the program would be covered under this procurement. The incumbents serve over 600,000 individuals.

North Carolina

House Committee Advances Bills to Increase Medicaid Reimbursements for Nurses. *WLOS* reported on June 10, 2021, that the North Carolina House Health Committee advanced a pair of bills that would increase Medicaid reimbursements for nurses, group home staff, and home health aides. Both bills need to clear other committees before receiving a full House vote. [Read More](#)

North Carolina Residents Are Unaware of Planned Medicaid Managed Care Transition, Poll Shows. *ABC 11* reported on June 9, 2021, that two out of three North Carolina residents are unaware of the state's planned transition to Medicaid managed care, according to a poll from North Carolina for Better Medicaid. The state plans to transition to Medicaid managed care on July 1, with contracted insurers including AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina, Centene, United Healthcare, and Carolina Complete Health. [Read More](#)

Pennsylvania

Pennsylvania Charges NEMT Provider, HCBS Agencies with Medicaid Fraud. *The Philadelphia Inquirer* reported on June 15, 2021, that Pennsylvania attorney general Josh Shapiro has charged three home and community-based services (HCBS) coordination agencies and a non-emergency medical transportation (NEMT) company with Medicaid fraud. Companies named

include Brighter Care Services LLC, Pennsylvania Service Coordination Agency, Pennsylvania Development Agency, and Rides Your Way LLC. [Read More](#)

Pennsylvania Announces Grants to Support Pregnant Women With Substance Use Disorder. On June 11, 2021, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) announced \$7 million in grants to support pregnant and postpartum women with substance use disorder. Approximately 10 to 12 grants up to \$600,000 each will be awarded to help provide services, streamline care, and assure access to appropriate resources for long-term recovery. [Read More](#)

Ohio

Senate Passes Legislation to Rebid Medicaid Managed Care Contracts. *The Dayton Daily News* reported on June 14, 2021, that the Ohio Senate passed a budget bill amendment to redo the state's recent Medicaid managed care procurement, including a requirement that contract awards include Ohio-based organizations. The amendment would affect Ohio-based incumbent health plan Paramount Advantage, which did not secure a new contract in the procurement earlier this year. [Read More](#)

Medicaid Plan Settles Ohio PBM Lawsuit, Reaches Agreement With Mississippi. Centene announced on June 14, 2021, that it has agreed to pay \$88 million to Ohio and \$55 million to Mississippi to settle claims that the insurer used Medicaid funds to pay wholly-owned company subsidiary Envolve Pharmacy Solutions for duplicative pharmacy benefit management services. Centene denies any liability as part of the settlements. Centene has set aside an additional \$1.1 billion to address similar concerns in Arkansas, Georgia, Kansas, New Mexico, and other states. [Read More](#)

Oregon

Oregon Medicaid Director Steps Down to Focus on 1115 Waiver Development. *State of Reform* reported on June 9, 2021, that Oregon Medicaid director Lori Coyner announced her resignation effective June 30. Deputy Medicaid director Dana Hittle will serve as the state's interim Medicaid director. Coyner will lead development of the state's next Medicaid Section 1115 waiver program as senior Medicaid policy advisor. [Read More](#)

South Carolina

Medicaid Director Voices Support for Extending Medicaid Postpartum Coverage to Full Year. *The Post and Courier* reported on June 11, 2021, that South Carolina Medicaid director Robby Kerr said in a statement that he supports a bill that would extend Medicaid postpartum coverage from 60 days to a year. House and Senate lawmakers will meet in committee to decide on the fate of the bill. [Read More](#)

Tennessee

Tennessee Releases Medicaid Managed Care RFP. The Tennessee Division of TennCare released on June 11, 2021, a Medicaid managed care request for proposals (RFP) to provide full-risk managed care services to beneficiaries enrolled in Medicaid, Children's Health Insurance Program, and dual eligible special needs plans. Proposals are due August 31, 2021, with awards expected October 8. The state intends to contract with three Medicaid plans. Contracts, worth approximately \$12 billion annually, will be implemented January 1, 2023, and run for three years with seven one-year renewal options. Current incumbents include Anthem, Blue Cross Blue Shield of Tennessee, and UnitedHealthcare.

Virginia

Gubernatorial Candidate Proposes Medicaid Buy-in Plan. *Richmond Times-Dispatch* reported on June 15, 2021, that former Virginia governor and current Democratic gubernatorial candidate Terry McAuliffe is proposing a Medicaid buy-in option in the state Exchange, which is scheduled for rollout in 2024. McAuliffe is also proposing expanded home health services for seniors and increased oversight of drug prices. [Read More](#)

Magellan Complete Care of Virginia to Be Renamed Molina Complete Care. The Virginia Department of Medical Assistance Services announced on June 16, 2021, that Magellan Complete Care of Virginia is changing its name to Molina Complete Care, effective July 1. Molina acquired Magellan Complete Care earlier this year. [Read More](#)

National

Treatment Costs for Medicaid Hemophilia Patients Triple to \$1.6 Billion. *Hemophilia News Today* reported on June 16, 2021, that Medicaid spending on hemophilia treatment more than tripled from \$521 million in 2005 to \$1.6 billion in 2019, according to an [analysis](#) published in *JAMA Network Open*. New treatments with higher costs are leading the way. [Read More](#)

Exchange Premiums After Subsidies Fall 26 Percent for New Enrollees. *Modern Healthcare* reported on June 14, 2021, that the average monthly premium after subsidies for new Exchange enrollees fell 26 percent to \$87 per month in April and May, driven by federal COVID-19 relief legislation that took effect April 1. The median deductible for new enrollees fell 83 percent to \$75 after April 1. About one-third of the 1.2 million individuals who enrolled in an Exchange plan since February 15 are paying \$10 or less per month in premiums after subsidies. [Read More](#)

MACPAC Releases June 2021 Report to Congress. The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2021 Report to Congress on Medicaid and CHIP. The report focuses on high-cost specialty drugs in Medicaid, access to mental health services, integration of physical and behavioral health through electronic health records, non-emergency medical transportation, and state strategies for integrating care for dual eligibles. [Read More](#)

Senate Republicans Push Back on Biden HHS Budget Proposal. *CQ Health* reported on June 10, 2021, that Senate Republicans grilled Health and Human Services (HHS) Secretary Xavier Becerra over Medicare spending, drug prices, and home care during a fiscal 2022 budget hearing. Members of the Senate Finance Committee said the HHS budget proposal does not address ways to contain Medicare spending and questioned the administration's plans to allow Medicare to negotiate drug prices. [Read More](#)

Deferred Care to Help Drive Healthcare Cost Increase in 2022, Report Says. *Modern Healthcare* reported on June 9, 2021, that deferred care, mental healthcare, and other factors are expected to drive a 6.5 percent increase in healthcare costs in 2022, on top of a seven percent increase in 2021, according to a [report](#) published by PricewaterhouseCoopers. Cost growth was between 5.5 percent and 6 percent annually from 2017 to 2020. [Read More](#)

Billing Obstacles Are Important Reason Why Doctors Avoid Medicaid Patients, Study Says. *Vox* reported on June 7, 2021, that billing and administrative hurdles are as much to blame for doctors avoiding Medicaid patients as low reimbursement rates, according to a study by the US Bureau of Economic Analysis, University of Chicago, and the Federal Reserve Bank in San Francisco. The study found, for example, that 19 percent of initial Medicaid claims are not paid in full, compared to eight percent for Medicare. [Read More](#)

Medicaid Value-Based Arrangements Help Drive Nursing Home Accreditations. *McKnight's Long-Term Care News* reported on June 9, 2021, that Medicaid value-based purchasing arrangements are helping to drive an increase in nursing homes seeking accreditation by the Joint Commission. Accredited nursing homes can receive bonus payments or other incentives from health plans. [Read More](#)

Medicaid Outpatient Drug Spending Before Rebates Rises 9 Percent in 2019. The Kaiser Family Foundation reported on June 9, 2021, that Medicaid outpatient drug spending before rebates rose nine percent to \$68.5 million in 2019. Among the most frequently prescribed groups of drugs are Analgesics/Antipyretics, psychotherapeutic agents, cardiac drugs, antibiotics, and anticonvulsants. [Read More](#)

Senate Bill Would Loosen Requirements on Telemedicine for Medicare Mental Health. *CQ Health* reported on June 15, 2021, that U.S. Senate Finance Committee members plan to introduce bipartisan legislation that would remove the requirement that Medicare beneficiaries be seen in person within six months of being treated for mental health services through telehealth. The legislation will be introduced by Senators Bill Cassidy (R-LA), Tina Smith (D-MN), John Thune (R-SD) and Benjamin L. Cardin (D-MD). [Read More](#)

Black Beneficiaries, Dual Eligibles Help Drive Medicare Advantage Enrollment Growth. *Modern Healthcare* reported on June 8, 2021, that Black beneficiaries and dual eligibles are helping to drive growth in Medicare Advantage (MA) plans, according to a [Health Affairs](#) study. The number of duals choosing an MA plan doubled from 2009 through 2018, while Black MA enrollment rose 66 percent. Overall, MA enrollment growth was 12 percent. [Read More](#)



INDUSTRY NEWS

Pediatric Home Service Acquires Advanced Medical Equipment. Pediatric Home Service (PHS) announced on June 15, 2021, that it has acquired Ohio-based Advanced Medical Equipment (AME), including the company's Central Ohio Specialty Care division. Central Ohio Specialty Care is a supplier of equipment, supplies, medication, and related services for medically fragile newborns. PHS operates in Indiana, Kentucky, Minnesota, Ohio, Texas and Wisconsin. [Read More](#)

Cano Health Acquires University Health Care for \$600 Million. *Modern Healthcare* reported on June 14, 2021, that Cano Health, which provides primary care to seniors including dual eligibles, acquired Florida-based University Health Care for \$600 million. University has 13 facilities and more than 300 providers. The combined company will have 88 medical centers and more than 1,000 staff and affiliated providers across the country. Cano currently serves Medicaid and Medicare members in Florida, Nevada, Puerto Rico, and Texas. [Read More](#)

Bright Health Group Hopes to Raise \$1.4 Billion in IPO. *Reuters* reported on June 15, 2021, that Bright Health Group, a digital health records company, hopes to raise \$1.38 billion in an initial public offering (IPO) of 60 million shares of common stock at between \$20 and \$23 per share. Bright Health, which is backed by Tiger Global and Blackstone, offers Medicare and commercial health plans to about 623,000 beneficiaries. Bright Health is working with J.P. Morgan, Goldman Sachs, Morgan Stanley and Barclays on the IPO. [Read More](#)

LifeStance Health Group Raises \$720 Million in IPO. *Bloomberg* reported on June 9, 2021, that outpatient mental health provider LifeStance Health Group raised \$720 million in an initial public offering (IPO) of 40 million shares of common stock at \$18 per share. LifeStance has more than 370 locations across 27 states, with total patient visits of 2.3 million in 2019, compared to less than one million in 2018. Following the IPO, TPG, Summit Partners, and Silversmith Capital Partners own two-thirds of LifeStance's shares. Morgan Stanley, Goldman Sachs, J.P. Morgan, and Jefferies acted as lead book-runners for the offering. [Read More](#)

MHH Healthcare to Acquire Puerto Rico-based Health Plan MCS. *The Weekly Journal* reported on June 14, 2021, that a subsidiary of MHH Healthcare entered into a definitive agreement to acquire Puerto Rico-based Medical Card System (MCS), a health plan with more than 185,000 Medicare Advantage members and 205,000 commercial members. Financial terms were not disclosed. The

acquisition is expected to close later this year. MHH Healthcare was formed by Kinderhook Industries to invest in health plans. [Read More](#)

Mission Healthcare to Acquire Hospice Assets of Silverado Hospice. California-based Mission Healthcare announced on June 15, 2021, that it has entered into an agreement to acquire the hospice assets of Silverado Hospice in Ventura and San Mateo, CA; and Salt Lake City, UT. [Read More](#)

MAP Health Management Acquires Texas-based CARMAhealth. MAP Health Management announced on June 15, 2021, the acquisition of Texas-based CARMAhealth, with operations in Texas, Florida, and Virginia. MAP provides a virtual, peer-led behavioral health home. CARMAhealth is a primary care and behavioral health management service organization. [Read More](#)

Humana to Acquire Home-based Services Provider One Homecare Solutions. Humana announced on June 14, 2021, that it has signed a definitive agreement to acquire home-based services provider One Homecare Solutions from private equity company WayPoint Capital Partners. One Homecare Solutions operates in Florida and Texas. The deal is expected to close in the second quarter of 2021, subject to regulatory approvals. [Read More](#)

New Enterprise Associates Leads Recapitalization of AllyAlign Health. Health Enterprise Partners announced on June 11, 2021, the recapitalization of portfolio company AllyAlign Health by a group of investors led by New Enterprise Associates. AllyAlign operates Medicare Advantage special needs plans. Terms of the deal were not disclosed. [Read More](#)

HCBS Provider Help at Home Considers IPO in 2021. *Home Health Care News* reported on June 10, 2021, that home and community-based services (HCBS) provider Help at Home is considering an initial public offering (IPO) later this year. The Illinois-based provider, which was recently acquired by private equity companies Centerbridge Partners and the Vistria Group, serves 67,000 clients in 13 states. [Read More](#)

Acorn Health Acquires Tennessee-based LEAP Behavior Analysis. Applied Behavior Analysis therapy provider Acorn Health announced on June 10, 2021, the acquisition of LEAP Behavior Analysis, which operates two clinics in Tennessee. Acorn Health now has operations in Florida, Illinois, Maryland, Michigan, Pennsylvania, Tennessee, and Virginia. [Read More](#)

Generational Equity Sells Carolina Behavioral Care to Refresh Mental Health. Generational Equity announced on June 9, 2021, the sale of North Carolina-based psychiatric practice Carolina Behavioral Care to Florida-based Refresh Mental Health. Carolina Behavioral Care is a multi-site psychiatric practice. The acquisition closed on April 21. [Read More](#)

Clover Health Expects Enrollment Growth in Medicare Direct Contracting Business. *Modern Healthcare* reported on June 9, 2021, that Tennessee-based Clover Health expects enrollment growth in its Medicare direct contracting business to outpace gains in its Medicare Advantage plans. Clover Health currently serves about 66,300 Medicare Advantage beneficiaries and about 65,000 members direct contracting members. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Spring 2021	Louisiana	RFP Release	1,550,000
Summer 2021	Rhode Island	RFP Release	276,000
June 11, 2021 - Delayed	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
August 9, 2021	Indiana Hoosier Healthwise and HIP	Proposals Due	1,200,000
August 31, 2021	Tennessee	Proposals Due	1,500,000
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
October 1, 2021	Oklahoma	Implementation	742,000
October 8, 2021	Tennessee	Awards	1,500,000
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
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
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	Tennessee	Implementation	1,500,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
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

HMA Report Examines COVID-19 Policy Flexibility for Children, Youth with Special Needs. A new report by HMA colleagues looks at policies, including new emergency regulations and temporary flexibilities, put in place during the COVID-19 pandemic.

The report, *COVID-19 Policy Flexibilities Affecting Children and Youth with Special Health Care Needs What to Keep, Modify, or Discard?*, was developed in conjunction with the [Lucile Packard Foundation for Children's Health](#) and examined policies and changes related to children and youth with special healthcare needs (CYSHCN).

The HMA team, Principals [Sharon Silow-Carroll](#) and [Helen DuPlessis](#), Consultant [Elaine Henry](#) and Research Associate [Samantha Di Paola](#), identified flexibilities put in place during the pandemic and outlines recommendations for the future of those policies for federal, state and local programs and health systems. The team also collected and summarized input from key stakeholders on the impact of the flexibilities on CYSHCN, their families and providers.

HMA continues to work with partners to examine outcomes of the [COVID-19 pandemic](#) and craft strategies and solutions to move forward with confidence.

Additional report findings, including the [full set of recommendations](#) and the [recommendations specific to California](#), are also available.

HMA Examines CMS Innovation Models Over the Past Decade. Health Management Associates (HMA) has released on June 14, 2021, a new [issue brief](#) and accompanying data set that examines the models implemented by the Centers for Medicare & Medicaid Services' (CMS's) Center for Medicare and Medicaid Innovation (Innovation Center) over the past decade. The Innovation Center was established to implement and test models to determine if new approaches to provide care to beneficiaries could reduce Medicare, Medicaid, and Children's Health Insurance Program (CHIP) program spending, improve the quality of care, or both. HMA found that of the 172 Medicare models that the Innovation Center has implemented so far, only four models have met the statutory criteria of lower spending or improved quality and been expanded to the Medicare program nationwide. The project was funded by [Arnold Ventures](#). For more information, contact authors [Jennifer Podulka](#) and [Yamini Narayan](#).

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

- MLRs Average 79.2% at Mississippi Medicaid MCOs, 2020 Data
- MLRs Average 82.2% at Missouri Medicaid MCOs, 2020 Data
- MLRs at Washington Medicaid MCOs Average 82.9%, 2020 Data
- MLRs at West Virginia Medicaid MCOs Average 83.9%, 2020 Data
- MLRs at Wisconsin Medicaid MCOs Average 76.4%, 2020 Data
- MLRs Average 85.8% at Virginia Medicaid MCOs, 2020 Data
- MLRs Average 86% at Utah Medicaid MCOs, 2020 Data
- New Mexico Medicaid Managed Care Enrollment is Up 2.5%, Apr-21 Data
- Oklahoma Medicaid Expenditures Increased 1.7%, 2020 Data

Public Documents:*Medicaid RFPs, RFIs, and Contracts:*

- Alaska Behavioral Health Administrative Service Organization (ASO) RFP, Proposals, Award, Contract, and Other Related Documents, 2018-20
- Arizona Maricopa County Regional Behavioral Health Authority Contract Amendment, Apr-21
- Connecticut Behavioral Health Program Contracts, 2011-21
- Florida Healthy Kids Dental Services ITN, Jun-21
- Nevada Medicaid Managed Care RFP and Award, 2021
- Tennessee TennCare Medicaid Managed Care RFP and Related Documents, Jun-21

Medicaid Program Reports, Data and Updates:

- MACPAC Reports to Congress on Medicaid and CHIP, 2017-21
- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, May-21
- Ohio Medicaid Waiver Comparison Charts, SFY 2021
- Vermont Medicaid Program Enrollment and Expenditures Reports, SFY 2018-21

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