

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... July 7, 2021 .....



[RFP CALENDAR](#)

[HMA News](#)

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## IN FOCUS

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### MINNESOTA RELEASES INTEGRATED HEALTH PARTNERSHIPS PROGRAM RFP

This week, our *In Focus* section reviews the Minnesota Integrated Health Partnerships (IHP) Program request for proposals (RFP) released by the Minnesota Department of Human Services (DHS), Health Care Administration

on July 6, 2021. Minnesota will contract with provider organizations to serve as IHPs and provide health care services to Medical Assistance and MinnesotaCare enrollees under alternative payment arrangements.

**Background**

IHP, formerly called the Health Care Delivery Systems (HCDS) demonstration, first launched in 2013 as a way to test alternative health care delivery systems, including Accountable Care Organizations (ACOs) and value-based payment arrangements for the state’s Medicaid program. It was designed to reduce total cost of care while maintaining or improving quality of care. Providers offer care to Medicaid enrollees in both fee-for-service (FFS) and managed care under a payment model that holds these organizations accountable. In 2018, the state expanded and enhanced this model by introducing multiple tracks to accommodate a diverse set of provider systems, added a quarterly population-based payment to support care coordination and infrastructure needs, and modified the quality measurement methodology. Currently, IHPs provide care to over 427,000 individuals.

**RFP Overview**

Under the new RFP, the state will further expand the IHP statewide and across different models of care delivery that will integrate health care with substance use and mental health services, safety net providers, and social service agencies. IHPs will not administer benefits or pay claims under the demonstration or be required to contract for additional services outside of the services delivered by the IHP.

IHPs can participate in one of two tracks described in the table below. All IHPs will be eligible for a quarterly population-based payment (PBP) for care coordination that corresponds with the ability to manage an individual’s total cost of care. The PBP encourages accountability for the total cost of care of attributed patients, resource utilization, and quality of health care services provided. The PBP will take the place of any current Health Care Home (HCH) or in-reach service coordination (IRSC) payments being received by the IHP for an IHP attributed member.

Summary of IHP Track Options		
Model Type	Model Aspect	Expected Provider Types
Track 1	IHP entity will receive a risk-adjusted quarterly population-based payment (PBP) for attributed population.	Small, independent provider systems; specialty health care groups that coordinate care for specific groups of individuals or a specific major portion of services (including primary care); or a range of other health care providers subject to consideration by DHS.
Track 2	IHP entity will enter into reciprocal risk shared savings and/or shared losses model, and receive a risk-adjusted quarterly PBP.	Health systems or collaborative models with a greater level of integration between participating providers and ability to coordinate and/or provide the full scope of Medicaid services for attributed patients.

Track 2 IHPs will also be eligible to receive a portion of the shared savings or will be required to pay the state a portion of the shared losses as a result of yearly performance against a total cost of care target. While Track 1 IHPs are not subject to shared losses or shared savings, total cost of care is calculated for Track 1 IHPs in order to provide illustrative performance results.

Summary of IHP Total Cost of Care Specifications			
Model Type	Population Size	Claims Cap	Shared Savings Model
Track 1	No Minimum	Maximum of \$100,000	NA
Track 2	Minimum of 2,000 attributed patients	Maximum of \$200,000	Reciprocal upside and downside risk with 50 percent share of savings in each risk corridor. Arrangement can be modified according to demonstrated Accountable Care Partnerships

In Track 2, 50 percent of an IHP’s shared savings will be contingent on overall quality measurement results. DHS will calculate this based on three domains: care quality, equitable care, and encounter alert system measures.

Quality Domans in the Core Measure Set		
Domain	Key Elements	Proposed Weights
Care Quality	Prevention & Screening Effectiveness of Care for at Risk Populations Behavioral Health Access to Care Patient-centered Care Quality of Outpatient Care	70%
Equitable Care	Improving care for racial and ethnic groups	20%
Alerting Exchange	HIE participation (Pass/Fail)	10%

Track 1 IHPs are eligible to additionally participate as an Accountable Care Partner with a Track 2 IHP. The parameters are flexible but could include greater potential savings than potential losses. Eligibility for the Accountable Care Partnership risk arrangement depends on the substantiveness of the community partnership, the amount of risk involved for the IHP and the community partner, and the financial impact of the community partnership on

the total cost of care. Examples of areas in which IHPs can pursue community partnerships include but are not limited to housing, food security, social services, education, and transportation.

Managed Care Organizations (MCOs) will participate as a payer in the IHP payment pursuant to their contract with the state. The MCO contract has been modified to require cooperation with the IHPs. MHCP beneficiaries will be attributed to an IHP regardless of whether they are enrolled in fee-for-service or in an MCO.

#### Evaluation

Evaluation for the proposals will be conducted in three phases:

- a. Phase I - Required Statements Review
- b. Phase II - Evaluation of Proposal Requirements
- c. Phase III - Selection of the Successful Responders

Technical proposals are scored out of 100 points.

Evaluation of Technical Requirements of Proposals	
Proposal Components	Possible Points
Cover Sheet	5
Background Information and Organizational Structure	10
Leadership and Management	15
Financial Plan and Experience with Risk Sharing	10
Clinical Care Model	20
Quality Measurement	15
Population Health	15
Community Partnerships	10
<b>Total</b>	<b>100</b>

Respondents will be required to propose an intervention to address social determinants of health and will be held accountable for agreed upon health equity measures related to the proposed intervention. Proposals must demonstrate how formal and informal partnerships with community-based organizations, social service agencies, counties, public health resources, and others are included in the care delivery model.

Existing IHPs that wish to continue in the IHP Program must clearly indicate previous learnings from health equity interventions, articulate how those learnings are incorporated into the intervention, and whether any changes will be made to expand or enhance the intervention. These responders will need to consider enhancements to existing metrics or propose new metrics that more effectively capture the impact of continued interventions. A responder's final Population Health Report submission under an existing IHP contract will factor into whether a contract is offered under this RFP.

Respondents must demonstrate they effectively utilize health information technology to coordinate care and engage patients. Respondents must submit documentation with the application to provide evidence of interoperability and meet this requirement.

Additionally, IHPs must promote health and wellness activities, including Minnesota's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program called Child and Teen Check-ups (C&TC).

### Current IHPs

Altair  
 Allina Health  
 Avera Health  
 Bluestone Physician Services  
 CentraCare Health System  
 Children's Health Care  
 Essentia Health  
 Face to Face Health and Counseling  
 Fairview Health Services  
 Federally Qualified Health Center Urban Health Network (FUHN)  
 Gillette Children's Specialty Healthcare  
 Hennepin Healthcare System (Hennepin County Medical Center Hospital and Clinics)  
 Integrity Health Network  
 Lake Region Health Care  
 Lakewood Health System  
 Mankato Clinic  
 Mayo Clinic  
 MN Association of Community Mental Health Programs (MACMHP)  
 North Memorial Health Care  
 Northern Minnesota Network  
 Northwest Metro Alliance (a partnership between Allina Health and HealthPartners)  
 Perham Health  
 Riverwood Healthcare Center  
 Tri-County Health Care  
 Wilderness Health  
 Winona Health Services

### Timeline

Contracts will run for three years, from January 1, 2022, until December 31, 2024, with up to two additional one-year options. Mandatory letters of intent must be submitted by August 23, 2021, and proposals are due September 1, 2021. Awards are anticipated on September 17, 2021.

RFP Activity	Date
RFP Issued	July 6, 2021
Letter of Intent	August 23, 2021
Proposals Due	September 1, 2021
Awards	September 17, 2021
Implementation	January 1, 2022

[Minnesota IHP RFP Link](#)

## HEALTH MANAGEMENT ASSOCIATES ACQUIRES THE MORAN COMPANY

On July 7, 2021, Jay Rosen, founder and president of Health Management Associates (HMA), announced the firm's acquisition of The Moran Company, a Washington, D.C.-based healthcare research and consulting firm.

The Moran Company (TMC) has extensive expertise in the design, implementation, and evaluation of all types of payment systems in the public and private sectors. With a comprehensive knowledge of Medicare payment systems, related coding systems, and data analysis, TMC is widely recognized as an expert in modeling complex Medicare reimbursement systems.

"The Moran Company's expert guidance is rooted in immense health policy acumen and is supported by robust analytic capabilities," Rosen said. "Their unique capabilities further enhance the breadth and depth of services we provide to clients as we help them navigate the complex and ever-changing healthcare landscape."

TMC consultants have vast experience in the areas of healthcare reform, Medicare payment systems, Medicaid, and prescription drug and biotechnology pricing and reimbursement policy issues. Founded in 1998, independent research and analysis remain at the core of TMC's client services, including budget scoring and database construction and management.

"My colleagues and I are excited to join HMA's team of health policy experts. HMA's long history serving state health and human services agencies and its growing Medicare team make it an excellent platform to expand our client offerings at the boundary between the public and private sectors of healthcare," said Kevin M. Kirby, TMC managing partner. "We look forward to continuing to provide the high-level research and consulting services that have been the foundation of our company since Don Moran founded it in 1998."

Founded in 1985, HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. Clients include government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. With more than 20 offices and over 300 multidisciplinary consultants coast to coast, HMA's expertise, services, and team are always within client reach.

For more information about HMA, visit  
<https://www.healthmanagement.com/>.



## HMA MEDICAID ROUNDUP

### *Arkansas*

**Arkansas Approves CareSource to Participate in PASSE Program.** *The Dayton Daily News* reported on July 6, 2021, that Ohio-based CareSource has been approved to participate in the Provider-Led Arkansas Shared Savings Entity (PASSE) program, a Medicaid managed care initiative serving about 45,000 beneficiaries with complex behavioral health, developmental, and intellectual disabilities, in 2022. The PASSE organization will consist of CareSource and five Arkansas health care organizations: Dr. James Zini and the Zini Medical Clinic; Ashley County Medical Center; Acadia Healthcare Company; Chenal Family Therapy; and Rehabilitation Network Outpatient Services. [Read More](#)

### *California*

**California Approves \$300 Million in Additional Funding for Public Health System in Fiscal 2022 Budget.** *Modern Healthcare* reported on July 2, 2021, that California's \$262.6 billion fiscal 2022 budget includes \$300 million annually in new state funding for the state's public health system, a network of 61 local health departments. Union leaders, public health advocates, and trade groups representing local health officials successfully lobbied state lawmakers to invest in healthcare infrastructure, like increasing capacity at public health laboratories and modernizing data systems strained by the COVID-19 pandemic. Counties say they will use the new funds to develop programs to address racial health inequities and to build a workforce that can respond to infectious disease threats. The new funds will be available starting July 2022. [Read More](#)

**California Submits CalAIM Waivers for Federal Approval.** The California Department of Health Care Services (DHCS) announced on June 30, 2021, submission of the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration for federal review and approval. The current waiver expires December 31, 2021. DHCS also submitted the CalAIM Section 1915(b) waiver, which seeks to amend the state's existing Specialty Mental Health Services (SMHS) Section 1915(b) waiver and consolidate Medi-Cal managed care, dental managed care, SMHS, and the Drug Medi-Cal Organized Delivery System under a single 1915(b) waiver. [Read More](#)

## Florida

**Governor Allows Pandemic-Related Healthcare Flexibilities to Expire.** *WJCT* reported on June 29, 2021, that Florida Governor Ron DeSantis did not extend the state's public health emergency, allowing pandemic-related flexibilities to expire. These include use of telephones to deliver telehealth services, use of telehealth for prescribing controlled substances for pain, and access to certain out-of-state providers. Florida will also restrict the frequency and duration of Medicaid behavioral health services and will reinstate prior authorization requirements, effective July 15. [Read More](#)

## Guam

**Guam Could Transition Thousands from Medically Indigent Program to Medicaid.** *The Guam Daily Post* reported on July 5, 2021, that Guam could transition 7,000 to 7,500 people from the Medically Indigent Program, the territory's locally funded health care for low-income individuals, to its Medicaid rolls after receiving federal approval of two Medicaid State Plan amendments. The first amendment expands coverage to citizens from the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau living in Guam and other parts of the United States. The second expands coverage to those who fall below the newly increased Guam Medicaid poverty level. The amendments are retroactive to January 1, 2021. [Read More](#)

## Illinois

**Illinois to Increase Medicaid Affordability, Access to Certain Services.** *The Chicago Tribune* reported on July 6, 2021, that Illinois Governor J.B. Pritzker signed a bipartisan bill to improve health care access and affordability in Medicaid. The bill will allow the state to ask the federal government to permanently suspend premiums for beneficiaries in the Children's Health Insurance Program. Additionally, the bill will increase Medicaid provider rates for certain services, provide Medicaid members with access to marriage therapy and smoking cessation counseling, provide overnight hospital stays for individuals experiencing opioid-related overdose or withdrawal, and require coverage of kidney transplant medications for undocumented people. [Read More](#)

## Indiana

**Lawmakers Want Details on Federal Opposition to Medicaid Work Requirements.** *The News and Tribune* reported on July 1, 2021, that Republican lawmakers in Indiana want more details on why the Biden administration withdrew federal approval of state Medicaid work requirements. In a letter to U.S. Health and Human Services Secretary Xavier Becerra, the nine lawmakers asked the administration to provide "all documents and communications concerning the decision" by July 12. [Read More](#)



## Maine

**Legislature Includes Medicaid Dental Funding in Budget.** *Beacon* reported on July 1, 2021, that the Maine legislature approved an \$8.5 billion budget that includes comprehensive dental benefits for Medicaid adults. The budget also reinstates eligibility for individuals under 21 or pregnant, regardless of immigration status. The budget now heads to Governor Janet Mills for signature. [Read More](#)

## Maryland

**Governor Announces Launch of \$72 Million Maternal, Child Care Transformation Initiative.** The Maryland Department of Health (MDH) and Governor Larry Hogan announced on July 6, 2021, the launch of a \$72 million maternal and child health care transformation initiative aimed at improving related health disparities across the state. The new program will focus on prevention and early intervention, and will invest in “access to prenatal care, postpartum care and child health visits,” according to the governor. The funds include \$10 million in annual funding for the next four years from Maryland’s Health Services Cost Review Commission, \$2 million per year from the MDH Public Health Services, and \$8 million annually from federal Medicaid matching funds. [Read More](#)

## Mississippi

**Mississippi to Freeze Medicaid Provider Reimbursement Rates Effective July 1.** *Y'all Politics* reported on June 30, 2021, that Mississippi will freeze Medicaid provider reimbursement rates, effective July 1, 2021. The freeze was authorized by the state legislature. [Read More](#)

## Missouri

**Missouri Legislature Renews Medicaid Hospital Tax.** *Springfield News Leader* reported on June 30, 2021, that the Missouri legislature renewed the state’s hospital tax for three years during a special session. The Federal Reimbursement Allowance tax, which expires September 30, finances nearly 80 percent of Medicaid in the state. The bill now heads to Governor Mike Parson’s desk. [Read More](#)

## New Jersey

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

**New Jersey Enacts \$46 Billion Fiscal 2022 Budget.** New Jersey enacted on June 29, 2021, a \$46 billion fiscal 2022 state budget, including funding for the state’s “Cover All Kids” universal healthcare initiative for children. The budget includes \$25 million in health insurance marketplace subsidies, \$19.5 million for family planning services, \$19 million to support the Reproductive Health Care Fund, and \$8.5 million to extend Medicaid postpartum coverage to a full year. [Read More](#)

## New York

HMA Roundup – Cara Henley (Email [Cara](#))

**New York to Continue Medicaid Telehealth Flexibilities Until End of Federal Public Health Emergency.** *The National Law Review* reported on June 30, 2021, that the New York Department of Health released emergency regulations allowing the state to continue Medicaid telehealth flexibilities for the duration of the federal public health emergency. The regulations come after Governor Cuomo announced the expiration of the state’s telehealth emergency waivers. [Read More](#)

## North Carolina

**North Carolina Completes Transition to Medicaid Managed Care.** *U.S. News & World Report* reported on July 1, 2021, that North Carolina has completed its transition to Medicaid managed care with five Medicaid plans covering 1.6 million of the state’s nearly 2.5 million beneficiaries. Individuals with substance abuse issues, developmental disabilities and severe mental health troubles will transition to managed care in July 2022. The five plans are AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina, Centene, United Healthcare, and Carolina Complete Health. [Read More](#)

## North Dakota

**North Dakota Awards Noridian Medicaid Provider Enrollment Services Contract.** Noridian Healthcare Solutions announced on June 30, 2021, that it was awarded a Medicaid provider enrollment services contract by the North Dakota Department of Human Services. The contract is for an initial period of 16 months, with two optional 24 months extensions. Noridian already assists North Dakota providers with questions about Medicaid claims payments, claims submission, and prior authorization. [Read More](#)

## Ohio

**Ohio Governor Vetoes Medicaid Procurement Changes.** *The Columbus Dispatch* reported on July 1, 2021, that Ohio Governor Mike DeWine vetoed a budget provision that would have altered how the state awards Medicaid managed care contracts. The governor also vetoed a section that would have codified certain Medicaid program rates by law. DeWine signed off on the broader \$74.1 billion biennium budget package. [Read More](#)

## Oklahoma

**Oklahoma Medicaid to Provide Adult Preventative Dental Services.** *Oklahoma’s News 4* reported on July 5, 2021, that Oklahoma’s Medicaid program, SoonerCare, will provide additional dental benefits to all adult members under the state’s newly implemented Medicaid expansion program. Benefits include cleanings, fluoride, and periodontal scaling, exams, x-rays, fillings, and partial or full dentures. [Read More](#)

**Oklahoma Implements Voter Approved Medicaid Expansion.** *The Oklahoman* reported on July 1, 2021, that Oklahoma became the 37th state to implement Medicaid expansion. The voter-approved measure is expected to cover about 200,000 individuals, with more than 124,000 already signed up. [Read More](#)

## Oregon

**Oregon Expects to Disenroll 200,000 Medicaid Beneficiaries by July 2022.** *The Lund Report* reported on July 6, 2021, that the Oregon Health Authority expects to disenroll about 200,000 Medicaid members by July 31, 2022, following the end of the public health emergency. The state temporarily eased Medicaid eligibility and verification checks during COVID-19, which has resulted in a 22 percent increase in Medicaid enrollment since the start of the pandemic. The public health emergency is expected to expire January 2022, yet the state will require additional months to reformat its Medicaid eligibility system and determine which members no longer qualify for the program. Oregon expects to cover 1.2 million Medicaid members after the purge, about 100,000 more than before the pandemic. [Read More](#)

**Lawmakers Pass Series of Bills Addressing Long-Term Care.** *McKnight's Senior Living* reported on July 6, 2021, that the Oregon legislature passed a series of bills aimed at supporting long-term care providers. The bills include an optional "wage add-on" program for Medicaid providers that meet certain criteria, codified practices to ensure assisted living and other community-based care providers use acuity-based staffing plans, \$30 million to create the Oregon Essential Workforce Health Care Program, and a study on the cost of long-term care and the adequacy of Medicaid reimbursement. [Read More](#)

## Virginia

**Virginia to Raise Medicaid Behavioral Reimbursement Rates, Cover Additional Services.** *The Virginia Mercury* reported on July 2, 2021, that the Virginia Department of Medical Assistance Services announced it will increase Medicaid behavioral health reimbursement rates to providers and cover additional behavioral health services. Effective July 1, the state will cover assertive community treatment, mental health partial hospitalization programs, and mental health intensive outpatient programs. Effective December 1, the state will cover family therapy, mobile crisis, and residential crisis stabilization services, among other services. [Read More](#)

## National

**CMS Appoints Meena Seshamani as Medicare Director.** The Centers for Medicare & Medicaid Services (CMS) announced on July 6, 2021, Dr. Meena Seshamani as the Center for Medicare director and deputy administrator. Previously, Dr. Seshamani served as vice president of clinical care transformation at MedStar Health. [Read More](#)

**Supreme Court to Hear Medicare 340B Drug Payment Cuts Case.** *Modern Healthcare* reported on July 2, 2021, that the Supreme Court will hear a case concerning the proposed reimbursement cuts for certain outpatient drugs to hospitals participating in the 340B drug discount program. The lawsuit, brought by the American Hospital Association (AHA), argues that the Centers for Medicare & Medicaid Services (CMS) did not have the authority to reduce those payments. The AHA appealed to the Supreme Court after a lower court sided with CMS last year. [Read More](#)

**CMS Releases Medicaid, CHIP Quality Report to Congress.** The Centers for Medicare & Medicaid Services (CMS) released on July 6, 2021, a [report](#) to Congress, identifying efforts taken between 2017 and 2019 to improve the quality of healthcare for beneficiaries enrolled in Medicaid and the Children's Health Insurance Program (CHIP). [Read More](#)

**Compliance with Behavioral Health Parity Rules Lags Among Regional, State Health Plans.** *Healthpayer Intelligence* reported on June 30, 2021, that compliance with behavioral health parity rules lagged among regional and state health plans and behavioral health benefit management organizations, according to a [survey](#) released by Avalere. Integrated health systems performed better, the survey said. [Read More](#)



## INDUSTRY NEWS

**Cano Health Acquires Doctor's Medical Center for \$300 Million.** KPVI reported on July 6, 2021, that primary care provider Cano Health acquired Doctor's Medical Center (DMC), a primary care provider serving Medicare, Medicaid, and Exchange beneficiaries across 18 medical centers in South Florida, for \$300 million. The acquisition will increase Cano Health's membership to approximately 197,000 members and 106 medical centers, with over 1,000 staff and affiliate providers across the country. [Read More](#)

**UnitedHealth Releases Report on Health Disparities.** UnitedHealth Foundation, on July 1, 2021, released a [report](#) outlining national and state-by-state disparities in health and well-being by gender, geography, education, race and ethnicity. Disparities include uninsured rates, behavioral health, and maternal mortality rates. [Read More](#)

**Windrose Recovery Acquires Positive Sobriety Institute.** Windrose Recovery announced on June 30, 2021, the acquisition of Positive Sobriety Institute, an addiction treatment provider in the Midwest. Other Windrose operations include The Manor, Midwest Detox, and Windrose Counseling. [Read More](#)

**Amedisys to Acquire TN-based Contessa Health.** *Home Health Care News* reported on June 30, 2021, that Amedisys has agreed to acquire hospital-at-home company Contessa Health for \$250 million. Amedisys, which provides home health, hospice and personal care services, serves more than 418,000 patients annually at 514 care centers in 39 states and the District of Columbia. The deal is expected to close later this summer. [Read More](#)

**LHC Group to Acquire Three More Home Health Providers.** LHC Group announced on July 1, 2021, that it has signed agreements to acquire three home health, hospice, and palliative care providers: Cavalier Healthcare Services in Virginia, Ashley County Medical Center Home Health in Arkansas, and MSA Hospice in Indiana. All three deals are expected to close August 1, 2021. Separately, LHC Group completed the previously announced acquisition of hospice and home care operations in Idaho, Oregon, Arizona, and Texas. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021	Rhode Island	RFP Release	276,000
June 11, 2021 - Delayed	North Carolina - BH IDD Tailored Plans	Awards	NA
July 1, 2021 - Delayed	Missouri	RFP Release	756,000
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
September 3, 2021	Louisiana	Proposals Due	1,600,000
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
November 5, 2021	Louisiana	Awards	1,600,000
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
July 1, 2022	Louisiana	Implementation	1,600,000
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

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## HMA NEWS

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

#### Medicaid Data

- Florida Medicaid Managed Care Enrollment is Up 3.9%, Apr-21 Data
- Georgia Medicaid Management Care Enrollment is Up 6.5%, Jun-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 13%, May-21 Data
- Maryland Medicaid Managed Care Enrollment Is Up 4.3%, May-21 Data
- Michigan Dual Demo Enrollment is Flat, May-21 Data
- Michigan Medicaid Managed Care Enrollment is Up 4.4%, May-21 Data
- Michigan SNP Membership at 58,809, Mar-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 5.9%, May-21 Data
- Oklahoma Medicaid Enrollment by Age, Race, and County, May-21 Data
- Oregon Medicaid Managed Care Enrollment is Up 3.6%, Mar-21 Data
- South Carolina Dual Demo Enrollment is Down 0.5%, Mar-21 Data
- South Carolina Medicaid Managed Care Enrollment is Up 3.1%, Mar-21 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 4%, Mar-21 Data

#### Public Documents:

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

- Florida AHCA External Quality Review Organization ITN, Proposals, Scoring, 2020
- Hawaii QUEST Integration Medicaid Managed Care RFP, Proposals, Scoring, Contracts, and Related Documents, 2020-21
- Minnesota Integrated Health Partnerships (IHP) Demonstration RFP and Appendices, Jul-21

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

- CMS Medicaid and CHIP Quality Report to Congress, 2021
- Colorado Medicaid Accountable Care Collaborative (ACC) PIAC Meeting Materials, Jun-21
- Oklahoma Medical Advisory Meeting Materials, Jul-21
- South Carolina Medicaid Managed Care Rate Certifications, SFY 2019-22
- South Dakota Medicaid Advisory Committee Meeting Materials, May-21
- Tennessee Medicaid Managed Care Enrollment by Age, Gender, County, 2015-20, May-21
- Vermont Green Mountain Care Board Advisory Committee Meeting Materials, Jun-21
- Vermont Medicaid and Exchange Advisory Board Meeting Materials, May-21
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