

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... October 13, 2021 .....



[RFP CALENDAR](#)

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Edited by:

Alona Nenko

[Email](#)

Carl Mercurio

[Email](#)

Mary Goddeeris, MA

[Email](#)

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## IN FOCUS

### 2022 STAR RATINGS, AN HISTORICAL YEAR

This week, our *In Focus* provides an analysis of 2022 Medicare Advantage (MA) Star Ratings, including a look at how regulatory changes during the COVID-19 pandemic resulted in a record number of Medicare plans receiving historically high scores. HMA Managing Director [Anthony Davis](#) and Principal [Sarah Owens](#) rely on data from the Centers for Medicare & Medicaid

Services (CMS) to take a deep dive into ratings for nearly 500 Medicare plans serving 26.8 million members.

**2022 and Historical Star Ratings by the Numbers**

MA plans have seen that recent Star Rating results have tipped a record number of plans into the highest rated categories of four and five stars for the CMS Medicare Stars program. This should result in billions of dollars in payments to plans in 2023, representing the highest payout in the program's history. The chart below shows how unusual the 2022 Star Ratings are from a historical perspective:

History of Plan Star Rating Changes										
Years	Total Number of Plans with Star Ratings	Number of Plans Increased 1.5 Stars	Number of Plans Increased 1 Star	Number of Plans Increased .5 Stars	Total Number of Plans Increased	Number of Plans Unchanged	Number of Plans Decreased .5 Stars	Number of Plans Decreased 1 Star	Number of Plans Decreased 1.5 Stars	Total Number of Plans Decreased
2018 & 2019	350	0	9	69	78	187	77	7	1	85
2019 & 2020	359	1	13	120	134	168	49	8	0	57
2020 & 2021	391	0	2	62	64	242	2	83	0	85
2021 & 2022	391	3	29	209	241	147	3	0	0	3

  

Years	Total Number of Plans with Star Ratings	Percent of Plans Increased 1.5 Stars	Percent of Plans Increased 1 Star	Percent of Plans Increased .5 Stars	Percent of Plans Increased	Percent of Plans Unchanged	Percent of Plans Decreased .5 Stars	Percent of Plans Decreased 1 Star	Percent of Plans Decreased 1.5 Stars	Percent of Plans Decreased
2018 & 2019	350	0%	3%	20%	22%	53%	22%	2%	0%	24%
2019 & 2020	359	0%	4%	33%	37%	47%	14%	2%	0%	16%
2020 & 2021	391	0%	1%	16%	16%	62%	1%	21%	0%	22%
2021 & 2022	391	1%	7%	53%	62%	38%	1%	0%	0%	1%

Source: The Centers for Medicare & Medicaid Services; HMA

In 2022, a staggering 62 percent of plans showed an increase in their overall Star Rating performance. This is not consistent with previous years which saw much more even and consistent changes in the program. Further, less than one percent of plans decreased on their overall Star Ratings. The chart below further breaks down a historical look at Star Ratings changes within each of the individual Star Ratings:

Year	Total Number of Plans with Star Ratings in both Years	Number of Plans with 5 Stars	Number of Plans with 4.5 Stars	Number of Plans with 4 Stars	Number of Plans with 3.5 Stars	Number of Plans with 3 Stars	Number of Plans with 2.5 Stars	Number of Plans with less than 2.5 Stars
2018	387	16	60	97	139	61	12	2
2019	376	14	64	95	123	66	14	0
2020	401	20	72	118	131	55	4	1
2021	400	21	64	110	140	61	4	0
2022	471	74	96	152	122	25	2	0

  

Year	Total Number of Plans with Star Ratings in both Years	Percent of Plans with 5 Stars	Percent of Plans with 4.5 Stars	Percent of Plans with 4 Stars	Percent of Plans with 3.5 Stars	Percent of Plans with 3 Stars	Percent of Plans with 2.5 Stars	Percent of Plans with less than 2.5 Stars
2018	387	4%	16%	25%	36%	16%	3%	1%
2019	376	4%	17%	25%	33%	18%	4%	0%
2020	401	5%	18%	29%	33%	14%	1%	0%
2021	400	5%	16%	28%	35%	15%	1%	0%
2022	471	16%	20%	32%	26%	5%	0%	0%

Source: The Centers for Medicare & Medicaid Services; HMA

As the chart above shows, there were more 5-Star Plans in 2022 than 3-Star Plans. Including current membership, there were almost three times as many members in 5-Star Plans than in 2.5-, 3-, and 3.5-Star Plans combined. Since Star Rating bonus payments are calculated and paid out based upon a plan's current membership, 5-Star Plans have a tremendous motivation to increase their enrollment, which they are allowed to do throughout the year.

Here is what 2022 overall Star Ratings look like when both contract and membership numbers are applied:

Stars	Number of Contracts	September 2021 Enrollment
2.5	2	8,605
3	25	481,789
3.5	122	2,264,885
	152	7,990,652
4.5	96	8,881,463
5	74	7,120,244
Not Applicable*	69	41,377
Not enough data available	156	492,763
Plan too new to be measured	151	273,505
<b>Grand Total</b>	<b>847</b>	<b>27,555,283</b>

*\*Not Applicable are plans that have a Part C but no corresponding Part D. There were 6 plans in this category and half of these plans had 5 Star Ratings for Part C. The 5-Star Plans represented over 80% of the enrollment in these plans. Source: The Centers for Medicare & Medicaid Services; HMA*

### The Impact of the COVID-19 Pandemic

So how did we go from a pandemic with some of the lowest preventative care being rendered in the country's history to these kinds of performance levels? As reported in past HMA articles, CMS relaxed some of the Star Rating measures to accommodate MA health plans' need to focus on the pandemic. The goals were laudable as CMS clearly wanted MA plans to focus on member care during the uncertain times of the public health crisis. It was also clear that Star Ratings would be impacted by disruptions to care. For example, ophthalmology and optometry practices were forced to close for a good portion of 2020 in many states, affecting access to care and measures such as diabetic eye exams. CMS acknowledged this trend and gave plans some leeway in what they would be required to report for HEDIS quality measures. This set an artificial "floor" as plans could select the most advantageous measure results from the current or past calendar year for both their HEDIS and CAHPS measures, which made up nearly 40 percent of the overall score. Most plans were already at four and five on operational measures, so the overall impact was to raise the Star Ratings for most plans across the country by a significant margin.

The impact of the COVID-19 measure relaxation was an overall rise in Star Ratings unlike any in the past. This represents a great opportunity for plans to take advantage of the bonus dollars and invest in their future, which conversely has the potential to lead to some of the lowest pay outs of the program on record.

### What Does All This Mean to MA Plans?

While 2022 Star Ratings provide plans with opportunities to invest in further quality improvements, it is important to recognize that this year is an anomaly and that preparation for upcoming changes is vital. Plans need to be prepared for the future as the CMS Star system not only corrects from COVID, but also adds a host of new catalysts. These changes have the potential to take plans from the highest quality bonus payments on record in 2022, to the lowest in 2023. While we do not yet have the CMS 2023 Advance Announcement, CMS acknowledged last year that changes are required to reduce fluctuation and provide more stability. In the 2022 Announcement and subsequent Federal Register posting, CMS predicted that these changes would cut \$4.1 billion in future years. These changes will impact all plans, and given the impact of the 2022 Star Ratings, the \$4.1 billion is likely to adjust upward. The following are significant changes that should be noted and plans should be planning for despite the strong performance this year:

- **Tukey Outlier Distribution:** This change will reduce variation in the cut points by removing outlier plans from the cut point calculations, thus raising cut points on several HEDIS measures across the board;
- **COVID Correction:** While we wait for the CMS Advance Announcement for more COVID clarifications on Stars, a correction of the market and roll back of the current guidance will result in a return to similar performance levels from 2021, including significant loss in 4- and 5-Star Plans;
- **CAHPS Weighting:** As CAHPS scores go from two times to four times weighting, plans will need to develop significant infrastructure around member experience. These scores are often the lowest performing by health plans and will now be the highest weighted in the overall Medicare Stars score;
- **2025 Digital Measure:** As indicated by the recent NCQA proposal to move colorectal cancer screening to an Electronic Clinical Data Systems (ECDS) measure with no chart review component, there is a constant push towards digital measurement. With CMS setting a commitment to be “fully digital” by 2025, plans can expect to see much of the gains they have made because of hybrid medical record review taken away in core measures.

MA plans looking to keep their newly acquired or historical 4- and 5-Star Ratings will need to start a quality planning process aimed at significant investments in new models and programs that address value-based programs differently. It is critical that while a well-deserved “deep breath” is in order, plans should not allow themselves to be lulled into a false sense of security and continue pushing forward harder than ever on quality improvement programs.

For questions, please contact [Anthony Davis](#) or [Sarah Owens](#).



## HMA MEDICAID ROUNDUP

### *California*

**California Moves Medi-Cal RFP Release Date to February 2022.** The California Department of Health Care Services announced on October 8, 2021, that it has moved the release date for the state's Medi-Cal managed care request for proposals (RFP) to February 2, 2022. The RFP was originally scheduled to be released at the end of 2021. According to DHCS, the change will not impact the implementation date, which is still January 1, 2024. [Read More](#)

**California Extends Medicaid Postpartum Coverage to Full Year, Addresses Racial Disparities in Maternal Health.** *ABC News* announced on October 6, 2021, that California Governor Gavin Newsom signed legislation to extend Medicaid postpartum coverage from two months to a full year. The law will also provide funding to grow and diversify the midwifery workforce, extend Medicaid coverage for doulas, and create a committee to study trends in maternal and infant mortality rates throughout the state. [Read More](#)

### *Delaware*

**Delaware Releases RFP Seeking Providers of Various Home and Community-Based Services.** The State of Delaware Department of Health and Social Services, Division of Developmental Disabilities Services, announced on October 6, 2021, the release of a request for proposals (RFP) seeking providers of various home and community-based services to individuals with intellectual and developmental disabilities. Services include behavior consultation, home accessibility adaptations, residential habilitation, nurse consultation, personal care, respite care, supported living, and more. This is an open and continuous RFP with applications accepted quarterly. Responses for this quarter are due on December 29, 2021.

### *District of Columbia*

**District of Columbia Releases Health Home Care Services RFQ.** The District of Columbia Department of Behavioral Health (DBH) released on October 11, 2021, a request for qualifications (RFQ) seeking providers of Medicaid health home care services to individuals 18 years and older who have serious mental illness. Services include care management, coordination, transitional care, and individual and family supports. The program does not apply to Medicaid beneficiaries enrolled in the home and community-based services waivers for individuals who are elderly, disabled, or have intellectual and developmental disabilities. Responses are due October 27, 2021. [Read More](#)

## Illinois

### **Illinois Reports Nearly Half of Skilled Nursing Facilities Are Under-Staffed.**

The Illinois Department of Healthcare and Family Services reported on September 30, 2021, that 46 percent of for-profit skilled nursing facilities (SNFs) in the state are under-staffed. The report, which is based on data from 689 SNFs, also found that all low-staffed SNFs are for-profit and the vast majority have large Medicaid populations. [Read More](#)

## Kansas

**Kansas Seeks Approval of 12 Months Continuous Medicaid Enrollment for Parents, Caretakers.** Kansas announced on October 7, 2021, that it is seeking federal approval to amend its KanCare Medicaid waiver to allow 12 months of continuous eligibility for parents and other caretaker relatives. The waiver would go into effect on January 1, 2022. The public comment period runs from October 7 through November 6. Kansas has offered 12 months of continuous eligibility for children since 1998.

## Minnesota

### **Minnesota Nursing Homes Limit Admissions Due to Staffing Shortages.**

*Skilled Nursing News* reported on October 10, 2021, that 70 percent of Minnesota nursing homes are limiting admissions because they do not have enough staff, according to a survey from Long-Term Care Imperative (LTCI), an advocacy group created by Care Providers of Minnesota and LeadingAge Minnesota. Representatives from LTCI and LeadingAge Minnesota are asking state lawmakers for funding to increase wages and improve retention of caregivers. [Read More](#)

## Missouri

**Missouri Enrolls 4,300 in Medicaid Expansion in First Week.** *The News Tribune* reported on October 8, 2021, that Missouri has enrolled approximately 4,300 Medicaid expansion members since the program went into effect last week. The total number of eligibles is around 275,000. The state Department of Social Services began processing applications on October 1. [Read More](#)

## North Carolina

### **AmeriHealth Caritas Launches Exchange Plans in North Carolina.**

AmeriHealth Caritas announced on October 12, 2021, that it is launching Exchange plans in 25 counties in North Carolina. Initially it will offer two bronze-level plans, three silver-level plans, and one gold-level plan. Open enrollment will begin on November 1, 2021, and coverage will take effect on January 1, 2022. [Read More](#)



**Lawmakers Consider Extending Postpartum Medicaid Coverage.** *North Carolina Health News* reported on October 7, 2021, that North Carolina lawmakers are considering a proposed state budget provision that would extend postpartum Medicaid coverage to 12 months for pregnant women at or below 196 percent of poverty. Postpartum Medicaid coverage currently ends after 60 days. The provision is included in the state Senate version of the budget, but not the House version. [Read More](#)

## Ohio

**Ohio Trial Over Medicaid Managed Contract Awards Begins.** *The Ohio Capital Journal* reported on October 13, 2021, that a lawsuit seeking to force the state of Ohio to rebid its Medicaid managed care contract went to trial in Franklin County Court of Common Pleas on October 12. Paramount Advantage filed a lawsuit seeking a rebid after failing to win a contract. The trial is expected to end next month. [Read More](#)

## Oregon

**Oregon CCOs to Receive a 4.2 Percent PMPM Rate Increase in 2022.** *The Portland Business Journal* reported on October 12, 2021, that Oregon's 15 coordinated care organizations (CCOs) will receive a 4.2 percent per member per month rate increase in 2022, according to the Oregon Health Authority. The increase includes a 0.5 percent bump to cover behavioral services provided to individuals impacted by COVID-19. Oregon CCOs serve more than 1 million Medicaid members. [Read More](#)

## Pennsylvania

**Pennsylvania Long-Term Care Providers Limit Admissions Amid Staffing Shortages.** The Pennsylvania Health Care Association reported on October 5, 2021, that 74 percent of long-term care operators have limited or frozen admissions due to the staffing shortages, according to a survey of 82 member organizations. Results of the survey also indicate that 20 percent of the long-term care workforce has been lost since the start of the pandemic, and 40 percent of participating organizations say they may need to consider sale or closure in the next 12 months. [Read More](#)

## Rhode Island

**Rhode Island Dual Eligible Plan Adds Coverage of Social Determinants of Health.** *GoLocal Providence* announced on October 7, 2021, that Neighborhood Health Plan will add coverage of four social determinants of health benefits to its Integrity Medicare-Medicaid plan, effective January 1, 2022. Benefits include Papa Pals, companions who help members with daily tasks and socialization; Mom's Meals, providing home-delivered meals after hospital stays; a Healthy Food Savings Card; and wellness benefits including gym memberships. [Read More](#)

## Tennessee

**Tennessee Medicaid Can Limit Reimbursements for Non-Emergent Care Provided by ER Physicians, Appeals Court Rules.** *Becker's Hospital Review* reported on October 11, 2021, that the Tennessee Medicaid program can limit reimbursements for non-emergent medical services provided by emergency department (ED) physicians, according to a state Court of Appeals ruling. ED services provider Emergency Medical Care Facilities had filed a lawsuit challenging the state's \$50 limit on non-emergent care by ED physicians. The Court of Appeals reversed an earlier lower court ruling. [Read More](#)

**Tennessee Delays Medicaid Managed Care Contract Awards.** *Health Payer Specialist* reported on October 11, 2021, that Tennessee delayed announcing the winners of its \$12 billion TennCare Medicaid managed care contracts until November 8, one month after the originally anticipated date. [Read More](#)

## Texas

**Texas Submits Updated HCBS Spending Plan for Federal Approval.** *State of Reform* reported on October 12, 2021, that the Texas Health and Human Services Commission (HHSC) submitted for federal approval an updated home and community-based services (HCBS) spending plan for funds received through the American Rescue Plan. The Centers for Medicare & Medicaid Services (CMS) partially approved the state's initial spending plan that was submitted in August. Under the plan, funds will go toward HCBS provider retention and understanding the needs of individuals utilizing long-term services and supports. [Read More](#)

## Virginia

**Virginia to Release Draft Contract Concerning Medicaid Managed Care Program Consolidation in Spring 2022.** *State of Reform* reported on October 12, 2021, that Virginia plans to release a draft contract in Spring 2022 concerning the state's plan to consolidate its two Medicaid managed care programs, according to Karen Kimsey, director of the state's Department of Medical Assistance Services. Last year, Virginia unveiled plans to merge its Medallion 4.0 Medicaid managed care program, which serves more than 1.3 million traditional Medicaid members, and its Commonwealth Coordinated Care Plus (CCC Plus) program, which serves more than 270,000 aged, disabled, and medically complex members. All six of the state's contracted Medicaid managed care plans currently serve both programs. Kimsey, who made the remarks to the state legislature's Joint Subcommittee for Health and Human Resources Oversight, also said that funds representing a previously approved 12.5 percent increase in Medicaid reimbursement rates should be released this month. She also reported that more than 644,000 Virginia Medicaid enrollees may face eligibility redeterminations once the federal public health emergency is lifted. [Read More](#)



## Washington

### **Washington Eyes Use of Medicaid Funds for Medical Respite for Homeless.**

The Washington State Health Care Authority (HCA) announced on October 8, 2021, that it is considering a program that would use Medicaid funds to pay for medical respite services for individuals who are homeless. HCA aims to create an “in lieu of service” or other type of Medicaid billable service package. It is considering awarding a contract to National Health Care for the Homeless Council to create a whitepaper outlining how to incorporate medical respite into the Medicaid State Plan Amendment. [Read More](#)

## National

### **Three States Complete Transition from Federal to State-Based Exchanges.**

The Centers for Medicare & Medicaid Services announced on October 4, 2021, that Kentucky, Maine, and New Mexico launched state-based Exchanges for the 2022 plan year, transitioning away from the federal platform. Kentucky operated its own marketplace from 2013-15, but moved to the federal platform in 2016. [Read More](#)

### **MACPAC Reports 8 Percent Medicaid, CHIP Churn Rate in 2018.**

The Medicaid and CHIP Payment and Access Commission (MACPAC) reported on October 7, 2021, that eight percent of Medicaid and Children’s Health Insurance Program beneficiaries disenrolled in 2018 and reenrolled within a year, according to a study of data from the Transformed Medicaid Statistical Information System. The eight percent churn rate was higher than previous MACPAC estimates, but similar to other recent studies, MACPAC said. Churn rates were highest among children enrolled in CHIP. [Read More](#)



## INDUSTRY NEWS

**Traditions Health Acquires Family Comfort Hospice of Scottsdale, AZ.** Traditions Health announced on October 12, 2021, its expansion into Scottsdale, AZ, through the acquisition of Family Comfort Hospice. Traditions, which already operates in Mesa and Sun City, AZ, is a national hospice and home health provider offering skilled nursing, therapy services, and end of life care. [Read More](#)

**Hegira Health, Community Care Services to Merge.** Michigan-based not-for-profit behavioral health providers Hegira Health and Community Care Services announced on October 12, 2021, plans to merge in a deal expected to close in the second quarter of 2022. The two organizations are Certified Community Behavioral Health Clinics, serving Wayne County, MI, with a combined staff of 500. [Read More](#)

**Best Buy to Acquire Remote Monitoring Technology Company Current Health.** *Fierce Healthcare* reported on October 12, 2021, that Best Buy has entered into a deal to acquire Current Health, a remote patient monitoring platform for the home. The deal is expected to close in 2022. [Read More](#)

**Rideshare Providers Can Help Satisfy Unmet NEMT Needs, Rand Study Supported by Lyft Says.** A RAND Corporation study released on October 12, 2021, found that rideshare providers can help satisfy unmet needs for on-demand, cost-effective non-emergency medical transportation (NEMT) solutions. The study, which was supported in part by Lyft Healthcare, notes that "specific pathways to incorporating rideshare into NEMT will vary by state." [Read More](#)

**Help at Home Acquires Meridius Health, Altamaha HomeCare.** Help at Home announced on October 11, 2021, that it had acquired Meridius Health and Altamaha HomeCare's nonskilled business. The acquisitions add 300 caregivers and extend Health at Home's business into central and southeast Pennsylvania and southeast Georgia. [Read More](#)

**Molina Healthcare Acquires Long-Term Care Business of AgeWell New York for \$110 Million.** Molina Healthcare announced on October 7, 2021, that it has entered into an agreement to acquire the New York-based Medicaid managed long-term care business of AgeWell for \$110 million. AgeWell provides long-term care services for individuals who are chronically ill or disabled in the New York City area. The deal is expected to close by the third quarter of 2022. [Read More](#)

**Bright HealthCare to Offer Exchange Plans in California, Texas.** Bright HealthCare announced on October 6, 2021, that it will offer health plans in Contra Costa County, CA, through the state's Exchange beginning on October 1. It will also offer both on- and off-exchange individual and family insurance in Houston, Dallas, and Austin, TX, available November 1.

California enrollees will have access to services through partnerships with John Muir Health and Hill Physicians.

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021- Delayed	Rhode Island	RFP Release	276,000
Fall 2021	Missouri	RFP Release	756,000
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
November 2021	District of Columbia	RFP Release	230,000
November 5, 2021	Louisiana	Awards	1,600,000
November 8, 2021	Tennessee	Awards	1,500,000
December 1, 2021	Delaware	RFP Release	240,000
December 22, 2021	Iowa	RFP Release	745,000
Dec. 2021 - Feb. 2022	Texas STAR+PLUS	RFP Release	538,000
2022	Georgia	RFP Release	1,800,000
First Quarter 2022	Indiana MLTSS	RFP Release	NA
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 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
February 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	RFP Release	1,640,000
February 2022	California GMC - Sacramento, San Diego	RFP Release	1,091,000
February 2022	California Imperial	RFP Release	75,000
February 2022	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
February 2022	California San Benito	RFP Release	7,600
June 2022	Texas STAR Health	Awards	43,700
July 1, 2022	Ohio	Implementation	2,450,000
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
Fourth Quarter 2022	Indiana MLTSS	Awards	NA
Sep. 2022 - Nov. 2022	Texas STAR+PLUS	Awards	538,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	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 & CHIP	Awards	3,700,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
Sep. 2023 - Nov. 2023	Texas STAR Kids	Awards	166,000
Sep. 2023 - Nov. 2023	Texas STAR Health	Implementation	43,700
Sep. 2023 - Nov. 2023	Texas STAR+PLUS	Implementation	538,000
2024	Indiana MLTSS	Implementation	NA
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

- Arizona Medicaid Managed Care Enrollment is Up 8.3%, Oct-21 Data
- Arizona Medicaid Managed Care Enrollment is Up 7.6%, Sep-21 Data
- California Dual Demo Enrollment is Down 1%, May-21 Data
- California Medicaid Managed Care Enrollment is Up 3.7%, May-21 Data
- Illinois Dual Demo Enrollment is Down 6.5%, Jun-21 Data
- Nevada Medicaid Managed Care Enrollment is Up 7.1%, Jun-21 Data
- Oregon Medicaid Managed Care Enrollment is Up 6.3%, Jun-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 6.1%, Jul-21 Data
- Virginia Medicaid Managed Care Enrollment is Up 6%, May-21 Data
- Virginia Medicaid MLTSS Enrollment is Up 3.2%, May-21 Data
- Virginia Medicaid Managed Care Enrollment is Up 5.1%, Apr-21 Data
- Virginia Medicaid MLTSS Enrollment is Up 2.6%, Apr-21 Data
- Washington Medicaid Managed Care Enrollment is Up 5.7%, Sep-21 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 6.5%, Jun-21 Data

#### Public Documents:

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

- Delaware Home & Community-Based Services For Individuals With Intellectual and Developmental Disabilities RFP, Oct-21
- District of Columbia Health Home Care Services RFQ, Oct-21
- Florida MCO NEMT Vendors List, Oct-21
- Maryland Medicaid Utilization Control Agent RFP, Oct-21
- Ohio Auglaize County NEMT RFP, Oct-21
- Tennessee TennCare Medicaid Managed Care RFP and Related Documents, Jun-21
- Virginia Cardinal Care Virginia Consulting Services RFP, Apr-21
- Virginia Medicaid Enrollment Broker Services and Solution RFP, Aug-21
- Vermont Mobile Crisis Technical Assistance RFP, Oct-21

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

- Hawaii QUEST Integration Section 1115 CMS Quarterly Reports, 3Q21
- Illinois Nursing Home Payment Reform Recommendations Report, Sep-21
- Missouri Plan for HCBS Implementation of the American Rescue Plan Act, 2021
- Tennessee TennCare Budget Presentation, FY 2020-22
- Texas Quarterly Reports from the HHS Ombudsman Managed Care Assistance Team, FY 2019-21

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- Downloadable ready-to-use charts and graphs
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- RFP calendar

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