

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... November 10, 2021



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IN FOCUS

MINNESOTA RELEASES SENIOR HEALTH OPTIONS, SPECIAL NEEDS BASIC CARE RFPs

This week our *In Focus* reviews Minnesota Department of Human Services (DHS) requests for proposals (RFPs) for two of the state's Medicaid managed care programs: Minnesota Senior Health Options/Minnesota Senior Care Plus and Special Needs BasicCare/Integrated Special Needs BasicCare. Both RFPs, released on October 25, 2021, cover health care services in all 87 Minnesota counties.

Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+)

MSHO and MSC+ cover health care and long-term services and supports to individuals ages 65 and older. MSHO is the state's dual demonstration program, covering individuals who are eligible for Medical Assistance (MA), the state's Medicaid program, and both Medicare Parts A and B. MSHO is one of the longest-standing fully integrated dual eligible, special needs plan (FIDE-SNP) programs operating through a Medicare Advantage platform. MSC+ provides MA coverage for individuals who may also have Medicare coverage. It is mandatory that individuals eligible for MA age 65 or older enroll in Medicaid managed care in Minnesota, either MSC+ or MSHO, unless an exception applies. Over 90 percent of older adults eligible for MA are enrolled in MSHO or MSC+.

Current incumbents are Blue Plus, HealthPartners, Itasca Medical Care, Medica, PrimeWest Health, South Country Health Alliance, and UCare.

DHS aims to contract with at least two MCOs in the 13 counties identified as metro or large metro counties. In the remaining counties, the state will determine the number of MCOs. However, DHS intends to contract with more than one MCO in a county unless the sole bidder is already offered in that county, is the highest scoring for the county, and the only plan currently serving the county meeting the minimum requirements.

Medicaid managed care organizations that participate in MSHO in a county must also participate in MSC+ in the same county. MCOs cannot offer MSC+ as a standalone product in a county. Bidders who already operate MSHO and MSC+ in a county will be selected to participate if they meet the minimum requirements of the RFP. Additional MCOs will be selected based on scoring.

In 2019, DHS cancelled a previous RFP for MSHO and MSC+, in addition to MA Families and Children and MinnesotaCare programs, due to a court decision that made the contracting timeline impossible without disruptions to members.

Special Needs BasicCare (SNBC) and Integrated Special Needs BasicCare (Integrated SNBC)

SNBC and Integrated SNBC cover health care for individuals with disabilities age 18 to 64 who are enrolled in MA. The program is a voluntary, opt-out program. In order to be eligible for Integrated SNBC, an individual must also be eligible for Medicare Parts A and B. Integrated SNBC plans operate through a dual eligible special needs plan (D-SNP) Medicare Advantage platform. Most SNBC enrollees have five or more chronic conditions, with 70 percent of enrollees having a behavioral health diagnosis.

Current incumbents are Hennepin Health, HealthPartners, Medica, PrimeWest Health, South Country Health Alliance, and UCare.

Medicaid managed care organizations who participate in the Integrated SNBC program, must also participate in SNBC in the same county. MCOs can, however, provide SNBC as a standalone MA product in a county. Bidders who already operate an SNBC in a county will be selected to participate if they meet the minimum requirements of this RFP. Additional MCOs will be selected based on scoring.

Timeline

Proposals for both RFPs are due February 18, 2022, with awards anticipated May 9, 2022. Contracts are expected to run from January 1, 2023, through December 31, 2023, with up to five optional years.

RFP Activity	Date
RFP Issued	October 25, 2021
Proposals Due	February 18, 2022
Awards	May 9, 2022
Implementation	January 1, 2023

Evaluation

Proposals will be evaluated in three phases:

- a. Phase I Required Statements Review
- b. Phase II Evaluation of Proposal Requirements and Readiness Review
- c. Phase III Selection of the Successful Responder(s) and Readiness Review

The first phase, consisting of required statements, will be evaluated on a pass/fail basis. During the second phase, proposals will be scored on both a pass/fail basis and points basis.

Proposals will need to pass on the Service Delivery Plan including Executive Summary and Description of the Applicant Organization, but not including Section E, Care Coordination Model; Readiness Review; Financial Solvency; and Provider Network Adequacy Review. If a proposal fails on either component, it will not move on for consideration in the third phase. Each proposal can then earn up to 105 points based on the following criteria:

Evaluation	
Evaluation Category	Maximum Points Possible
Professional Responsibility and Data Privacy	5 points; possible reduction of up to 5 points per item
Service Delivery Plan Section E, Care Coordination Model	10 points
Performance and Service Deliverables	90 points
Continuity of Care/ Plan Transition	10
Continuity of Care/Settings Transition	7
Care Coordination Training and Support	10
Member engagement and communication: stakeholder input	7
Substance Use Disorder (SUD)	10
Maintaining Member Eligibility	10
Improving Outcomes and Eliminating Disparities	19
Transportation Access	10
Dental Access	7
Exceptions to Terms and Conditions, Formatting Requirements	Possible deduction of 5 points
Total	105

Proposals must receive a total score of 50 to pass.

Current Market

Among the MSC+, MSHO, and SNBC programs, there were 126,500 enrollees as of October 2021. UCare held the highest market share by enrollment for the three programs at over 45 percent. Total Medicaid managed care enrollment for all MA and MinnesotaCare was nearly 1.2 million.

Minnesota Select Medicaid Managed Care Enrollment by Plan, October 2021		
Plan	Total	% Market Share
BCBS-MN/Blue Plus	13,224	10.5%
MSC+	4,673	
MSHO	8,551	
SNBC	0	
HealthPartners	15,876	12.5%
MSC+	2,281	
MSHO	5,001	
SNBC	8,594	
Itasca	692	0.5%
MSC+	310	
MSHO	382	
SNBC	0	
Medica	26,924	21.3%
MSC+	4,626	
MSHO	10,360	
SNBC	11,938	
Hennepin	2,155	1.7%
MSC+	0	
MSHO	0	
SNBC	2,155	
PrimeWest	5,544	4.4%
MSC+	1,110	
MSHO	1,895	
SNBC	2,539	
South Country Health Alliance	4,817	3.8%
MSC+	926	
MSHO	1,473	
SNBC	2,418	
UCare Minnesota	57,279	45.3%
MSC+	7,789	
MSHO	14,520	
SNBC	34,970	
Total	126,511	
MSC+	21,715	
MSHO	42,182	
SNBC	62,614	
Total Medicaid Managed Care	1,197,388	

[MSHO, MSC+, SNBC RFP Link](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas PASSE Files Lawsuit Against Co-Owner Alleging ‘Sabotage’. *The Arkansas Times* reported on November 6, 2021, that Empower Healthcare Solutions, which serves as a Provider-owned Arkansas Shared Savings Entity (PASSE) plan, has filed a lawsuit against co-owner Beacon Health Options, accusing the Anthem subsidiary of “seeking to destroy Empower...from within” to benefit its competitor. Anthem, which owns a stake in another PASSE plan, acquired Beacon in 2020. Ownership in more than one PASSE is not permitted by the state, so Beacon is expected to divest its 16.66 percent in Empower this year. Empower serves about 20,000 Medicaid beneficiaries with severe behavioral health disorders and/or intellectual or developmental disabilities. The state Department of Human Services also ordered Empower to complete a readiness review by November 24 to ensure a smooth transition and continuation of services. [Read More](#)

Arkansas Announces Creation of Medicaid ‘Client Voice’ Council. The Arkansas Department of Human Services (DHS) announced on November 5, 2021, the launch of a Medicaid Client Voice Council, which will consist of members and caregivers enrolled in at least one Medicaid program. The council aims to increase feedback from Medicaid beneficiaries in an effort to improve the quality and delivery of Medicaid services. “This council mirrors a similar, successful effort in Colorado,” said DHS secretary Cindy Gillespie. [Read More](#)

Delaware

Delaware Judge Hears Arguments Over State Motion to Quash Audit of Medicaid Program. *Cape Gazette* reported on November 9, 2021, that a Delaware Superior Court judge heard arguments over a motion by the state Department of Health and Human Services to quash an audit of the state Medicaid program. State auditor Kathy McGuinness has been seeking information to conduct an audit of Medicaid beneficiary eligibility. [Read More](#)

Florida

Florida Lawmakers Authorized Use of Additional HCBS Funds. *Florida Politics* reported on November 4, 2021, that the Florida Legislative Budget Commission authorized the state to begin spending \$1 billion in additional federal funding on Medicaid home and community-based services. However, the state Agency for Health Care Administration will not be able to distribute the additional funds from the American Rescue Plan Act until federal regulators give final approval to the state's HCBS spending plan. [Read More](#)

Kansas

BCBS Plans Form Alliance to Bid for KS Medicaid Managed Care Contract in 2022. Blue Cross Blue Shield of Kansas announced on November 4, 2021, that it is joining forces with Blue Cross Blue Shield of Kansas City and Anthem to bid for a Kansas Medicaid managed care contract in 2022. The venture will operate under the name Healthy Blue. Kansas is expected to release a request for proposals for its KanCare Medicaid managed care program in 2022, with implementation beginning in January 2024. [Read More](#)

Missouri

Missouri Judge Clears Way for Centurion to Assume Prison Health Care Contract. *The St. Louis Business Journal* reported on November 5, 2021, that Centene subsidiary Centurion will take over the Missouri prison health care contract later this month, after a judge dismissed a challenge to the award. Long-time Missouri prison health contractor Corizon Health had previously filed a lawsuit attempting to block the award to Centurion, claiming problems with its bid. The contract is set to begin on November 15 and could run for up to seven years. Centurion will receive about \$1.4 billion to provide health care for roughly 23,000 inmates in Missouri, assuming the contract runs for seven years. [Read More](#)

Nebraska

Nebraska Health Department Shares Fiscal 2022 Business Plan. The Nebraska Department of Health and Human Services (DHHS) released on November 8, 2021, its business plan for fiscal 2022. Included among the Medicaid-related initiatives are continuing to migrate Medicaid expansion members to a single alternative benefit plan and increasing the number of substance use disorder providers. More broadly, examples of key initiatives include creating an integrated delivery system and enhancing DHHS' internal infrastructure. [Read More](#)

New Hampshire

New Hampshire Legislature to Vote on Expanded Adult Medicaid Dental Benefits in January. *New Hampshire Bulletin* reported on November 8, 2021, that the New Hampshire Legislature will vote on legislation to expand access to preventive dental care for adult Medicaid members and to add a co-pay for enrollees with incomes above 100 percent of the federal poverty line. The estimated cost is \$27.5 million, \$20 million of which would be covered by the federal government. [Read More](#)

New Mexico

New Mexico Navajo Nation Leaders Issue Statement Reiterating Opposition to Medicaid Managed Care Partnership. *Law360* reported on November 9, 2021, that Navajo Nation leaders issued a statement reiterating their opposition to a Medicaid managed care partnership, which would manage coverage for more than 70,000 Navajo citizens in New Mexico. Navajo Nation President Jonathan Nez and Vice President Myron Lizer previously vetoed a Navajo Nation council resolution that favored the partnership between the Naat'áanii Development Corp. and Molina Healthcare. [Read More](#)

Nevada

Nevada Announces Fourth Medicaid Plan Option for 2022. The Nevada Department of Health and Human Services announced on October 22, 2021, a fourth Medicaid managed care plan option for residents of Clark and Washoe counties, effective January 1. Molina Healthcare of Nevada will join three existing plan options: Anthem, UnitedHealthcare/Health Plan of Nevada, and Centene/SilverSummit Healthplan. [Read More](#)

North Carolina

North Carolina Budget Stalls Again Over Medicaid Expansion. *The Rhino Times* reported on November 8, 2021, that North Carolina state budget talks have stalled again over Medicaid expansion. The state is five months into fiscal 2022 without a budget. Governor Roy Cooper favors including Medicaid expansion; however, lawmakers in the state legislature remain split. [Read More](#)

Ohio

Ohio Medicaid Plan Fails to Prove Bias in State Managed Care Contract Awards, Judge Rules. *The Blade* reported on November 9, 2021, that Paramount Advantage failed to prove that the Ohio Department of Medicaid acted with bias when it decided not to award Paramount a managed care contract, a Franklin County judge ruled in dismissing the company's lawsuit against the state. Paramount intends to appeal. [Read More](#)

Oklahoma

Oklahoma Medicaid Expansion Enrollment Surpasses 200,000. *KFDX/KJTL* reported on November 3, 2021, that enrollment in the Oklahoma Medicaid expansion program has topped 200,000. More than 60 percent of enrollees were newly enrolled in the state health plan, while the rest were transitioned from existing programs. The Oklahoma Health Care Authority estimates more than 80,000 additional eligible residents have yet to apply. [Read More](#)

Pennsylvania

Pennsylvania Medicaid Plan Denies Claims Made in Whistleblower Lawsuit Over Pediatric Network Capacity. *The Philadelphia Inquirer* reported on November 10, 2021, that Aetna Better Health of Pennsylvania has denied allegations made in a whistleblower lawsuit claiming that the Medicaid plan misrepresented its pediatric provider network capacity. The lawsuit, filed by former Aetna nurse Carol Wessner, was unsealed in September. [Read More](#)

Pennsylvania Medicaid, CHIP Enrollment Among Children Rises 10 Percent, Report Says. *Public News Service* announced on November 4, 2021, that the number of children in Pennsylvania enrolled in Medicaid and the Children's Health Insurance Program increased by 10 percent from February 2020 to August 2021, according to a report from Pennsylvania Partnerships for Children. [Read More](#)

South Dakota

South Dakota Medicaid Expansion Ballot Measure Takes Next Step. *Keloland News* reported on November 8, 2021, that a proposed South Dakota Medicaid expansion ballot measure took a step forward, with advocates submitting signatures to the state for validation. South Dakotans Decide Healthcare hopes to have a Medicaid expansion constitutional amendment on the November 2022 ballot. A second group also collecting signatures, Dakotans for Health, did not submit paperwork to the state. [Read More](#)

South Dakota Voters Are in Favor of Medicaid Expansion, Poll Finds. *SDPB Radio* reported on November 3, 2021, that a majority of South Dakota voters ages 50 and older support Medicaid expansion, according to a poll conducted by AARP. Advocates are collecting signatures to get Medicaid expansion on next year's ballot. [Read More](#)

Tennessee

Tennessee Announces Intent to Award Medicaid Managed Care Contracts. The State of Tennessee Division of TennCare announced on November 8, 2021, its intent to award Medicaid managed care contracts to incumbents Anthem/Amerigroup Tennessee, Blue Cross Blue Shield of Tennessee/BlueCare Tennessee, and UnitedHealthcare Community Plan. Implementation for beneficiaries 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. [Read More](#)

National

Federal Judges Offer Mixed Ruling Concerning 340B Drug Program. *Fierce Healthcare* reported on November 8, 2021, that drug manufacturers cannot unilaterally restrict sales of 340B drugs to contracted pharmacies, but they do not have to provide discounts either, according to two separate rulings by federal judges. The lawsuits were filed by Novo Nordisk, Sanofi, Novartis, and United Therapeutics in response to a Biden administration warning to drug makers to walk back restrictions imposed in summer 2020. [Read More](#)

MedPAC to Consider Benchmark Program for ACO Shared Savings. *Modern Healthcare* reported on November 8, 2021, that the Medicare Payment Advisory Commission (MedPAC) agreed to explore a cost benchmarking system aimed at making it easier for high-performing accountable care organizations (ACOs) to share in savings. However, MedPAC also questioned whether such a system would work without mandatory ACO participation. [Read More](#)

Lawmakers Introduce Bipartisan Bill to Extend Telehealth Eligibility Beyond COVID-19 Emergency. *The Hill* reported on November 5, 2021, that a bipartisan group of senators introduced a bill to permanently expand telehealth reimbursement eligibility for additional providers. In response to COVID-19, the Centers for Medicare & Medicaid Services extended its list of providers to receive reimbursement for telehealth services. The Expanded Telehealth Access Act would extend these reimbursements beyond the public health emergency. [Read More](#)

CMS to Require Healthcare Workers at Facilities Participating in Medicare, Medicaid to Be Vaccinated by January 4. The Centers for Medicare & Medicaid Services (CMS) announced on November 4, 2021, that health care workers at facilities participating in Medicare and Medicaid must be fully vaccinated by January 4. The requirement will apply to more than 17 million employees across 76,000 facilities. [Read More](#)

Medicaid, Exchange Enrollment Should Increase From Enhanced Efforts. *Kaiser Family Foundation* reported on November 4, 2021, that enhanced Exchange premiums and increased funding for outreach and enrollment assistance will mean more affordable coverage options for individuals this open enrollment season. As a result, Medicaid coverage could increase as well. The open enrollment period runs from November 1 through January 15 for the federal Exchange. [Read More](#)

CMS to Increase Penalties for Non-compliance With Hospital Price Transparency Rule. The Centers for Medicare & Medicaid Services (CMS) announced on November 2, 2021, that it will increase penalties for non-compliance with the Hospital Price Transparency Rule, effective January 1, 2022. Daily maximum penalties will be \$300 for hospitals with 30 or fewer beds, \$10 per bed for hospitals with 31 to 550 beds, and \$5,500 for hospitals with more than 550 beds. [Read More](#)

Hospital Profit Margins in Non-Expansion States Would Improve Under Build Back Better Act, Study Says. *The Brookings Institution* reported on November 4, 2021, that hospital profit margins in non-expansion states would improve by \$11.9 billion if the healthcare proposals outlined in drafts of the Build Back Better Act are passed, according to Matthew Fiedler, a fellow at the USC-Brookings Schaeffer Initiative for Health Policy. The improved profitability would result from higher volume and less uncompensated care. [Read More](#)



INDUSTRY NEWS

Anthem to Acquire Integra Managed Care. Anthem announced on November 10, 2021, an agreement to acquire New York-based Integra Managed Care, a managed long-term care plan with about 40,000 Medicaid members. The acquisition is expected to close by the end of the second quarter of 2022. [Read More](#)

Zing Health Enterprises Acquires Medicare MSA Plan Company Lasso Healthcare. Zing Health Enterprises announced on November 9, 2021, the acquisition of Lasso Healthcare Insurance, which offers Medicare Medical Savings Account (MSA) plans in 34 states and the District of Columbia. Chicago-based Zing Health, which offers Medicare Advantage plans, will continue to operate separately from Lasso, the company said. [Read More](#)

Tenet, USPI to Acquire SurgCenter Development. Tenet Healthcare and its United Surgical Partners International (USPI) subsidiary announced on November 8, 2021, that they have signed a definitive agreement to acquire SurgCenter Development (SCD) for \$1.2 billion. The deal includes an ownership interest in 92 ambulatory surgery centers. SCD principals also agreed to provide support for five years. With the deal, Tenet owns more than 440 ambulatory surgical centers in 35 states. [Read More](#)

Care Options for Kids Acquires Missing Peace Autism Therapy Center. OCI Holdings, which does business as Care Options for Kids, announced on November 8, 2021, the acquisition of The Missing Peace Autism Therapy Center, effective October 1, 2021. Care Options for Kids provides pediatric home health services to children in Texas. [Read More](#)

Caregiver Acquires IN, OH LTSS Providers. Caregiver announced on November 8, 2021, the acquisitions of four long-term services and supports providers: Indiana-based Heartland Residential Services and Ohio-based Opportunities To Succeed, Concepts in Community Living, and Hope Homes of Richland County. Caregiver provides home and community-based care throughout Texas, Georgia, Tennessee, Indiana, and Ohio. [Read More](#)

HouseWorks Acquires Connected Home Care in MA, Atlantic Homelife in ME. *Home Health Care News* reported on November 4, 2021, that HouseWorks acquired Connected Home Care, a home health care provider with six offices in Massachusetts. Last week, HouseWorks also acquired Atlantic Homelife Senior Care of Maine. [Read More](#)

Behavioral Health Group Acquires Staunton Treatment Center in VA. Behavioral Health Group (BHG) announced on November 4, 2021, the acquisition of Staunton Treatment Center, a Virginia opioid treatment facility serving Medicare and Medicaid members. The facility will operate under the name BHG Staunton Treatment Center. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021- Delayed	Rhode Island	RFP Release	276,000
Fall 2021	Missouri	RFP Release	756,000
November 2021	District of Columbia	RFP Release	230,000
~November 5, 2021	Louisiana	Awards	1,600,000
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
February 18, 2022	Minnesota Senior Health Options, Senior Care Plus	Proposals Due	64,000
February 18, 2022	Minnesota Special Needs BasicCare	Proposals Due	63,000
May 9, 2022	Minnesota Senior Health Options, Senior Care Plus	Awards	64,000
May 9, 2022	Minnesota Special Needs BasicCare	Awards	63,000
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 1, 2023	Minnesota Senior Health Options, Senior Care Plus	Implementation	64,000
January 1, 2023	Minnesota Special Needs BasicCare	Implementation	63,000
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

HMA NEWS

Former DoD Health Official Joins HMA. Former Assistant Secretary of Defense for Health Affairs [Tom McCaffery](#) has joined the [Health Management Associates](#) (HMA) team of expert healthcare consultants. McCaffery joins the national healthcare consulting firm as a principal in its Washington, D.C. office after serving as the senior civilian leader in the Department of Defense (DoD) Military Health System (MHS). [Read more](#)

HMA Experts Evaluate Differences between Medicare Advantage and Fee-For-Service Medicare Responses to the Challenges of the COVID-19 Pandemic. In a new report released by the Better Medicare Alliance (BMA), HMA colleagues Zach Gaumer and Elaine Henry concluded that the greater flexibility of the Medicare Advantage plan model enabled plans to offer providers additional support during 2020 that were not found within the Fee-For-Service (FFS) Medicare program. The report's findings were previewed in a recent panel discussion during the BMA's [Medicare Advantage Summit](#). [Read more](#)

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

Medicaid Data

- Colorado RAE Enrollment is Up 8.2%, Sep-21 Data
- Hawaii Medicaid Managed Care Enrollment is Up 10.6%, Aug-21 Data
- Hawaii Medicaid Managed Care Enrollment is Up 10.8%, Sep-21 Data
- Mississippi Medicaid Managed Care Enrollment is Down 7.2%, Sep-21 Data
- Missouri Medicaid Managed Care Enrollment is Up 12.3%, Oct-21 Data
- New Jersey Medicaid Managed Care Enrollment is Up 7.9%, Sep-21 Data
- New Jersey Medicaid Managed Care Enrollment is Up 8.3%, Oct-21 Data
- Ohio Dual Demo Enrollment is Up 1.3%, Oct-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 7.5%, Sep-21 Data
- Rhode Island Dual Demo Enrollment is Flat, Oct-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Florida D-SNP MCO Medicaid Agency Contracts (SMAC), 2021-25
- Iowa Interoperability and Patient Access System and Services RFB, Nov-21
- South Dakota Community Health Access and Rural Transformation Implementation RFP, Nov-21

Medicaid Program Reports, Data and Updates:

- Georgia Medicaid Enrollment Demographics, Sep-21
- Hawaii Enacted Budget, SFY 2021-23
- Nebraska DHHS Business Plans, 2017-22
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Oct-21

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