

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... November 17, 2021 .....



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## IN FOCUS

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### RHODE ISLAND RELEASES MEDICAID MANAGED CARE RFQ

This week our In Focus reviews the Rhode Island Medicaid managed care request for qualifications (RFQ), released on November 12, 2021, by the Executive Office of Health and Human Services (EOHHS). Contracts are worth approximately \$1.4 billion annually and cover over 300,000 individuals.

**Background**

Medicaid managed care organizations (MCOs) will provide acute, primary care, specialty care, pharmacy, and behavioral health services to RItCare, Rhody Health Partners, and the adult Medicaid expansion population.

- RItCare serves families with children, pregnant women, and children under age 19. RItCare also includes children with special healthcare needs, family planning, and substitute care. Currently, only Neighborhood Health Plan serves children in substitute care (e.g. foster homes, group homes, etc.). Under the new contracts from this solicitation, all MCOs will be required to provide coverage for children in substitute care.
- Rhody Health Partners serves the aged, blind, and disabled (ABD) population.
- Medicaid expansion covers adults between the ages of 19 and 64 who make up to 133 percent of the federal poverty level.

Enrollment in managed care is mandatory for all populations across the three programs. EOHHS also has the right to amend the contract to include new populations, services, or programs, including the RIt Smiles (dental) and Rhode Island Medicare-Medicaid Plan (MMP) programs.

**RFQ Goals**

MCOs will be expected to work closely with accountable entities (AEs) as a part of the Rhode Island Health System Transformation Project (HSTP) component of the Section 1115 Demonstration waiver. The HSTP provides the financial and structural support for growth and development of AEs. Current AEs include health centers, hospitals, and primary care providers. All members that are attributed to an AE are also enrolled in an MCO. AEs serve approximately 68 percent of managed care enrollees. EOHHS proposes a system of care where the MCO and AE partner together to provide care programs to support members that are:

- Person-centered and holistic
- Collaborative
- Community-based
- Equitable
- Population health-focused
- For better outcomes, lower cost

Through this procurement, EOHHS also seeks to align coverage for members who transition from Medicaid to Exchange coverage and from Exchange coverage to Medicaid. This would be done through similar sets of providers to ensure continuity, having a single point of contact, and greater assistance from carriers in maintaining coverage throughout eligibility changes.

As a result of feedback from the request for information (RFI) released in March, EOHHS found the following fundamental principles and policy goals:



The Department of Administration (DOA), on behalf of EOHHS, received responses from 19 potential bidders, organizations, associations, and community leaders.

### Current Market

As of October 2021, there were 303,530 members across the Medicaid managed care program. RItCare served 176,115 individuals, Rhody Health Partners 27,828, and expansion 99,933. There are also an additional 346 members in Rhody Health Partners covered under PACE. Current incumbents are Neighborhood Health Plan (NHP), Tufts Health Plan, and UnitedHealthcare. NHP accounts for nearly two-thirds (62.1 percent) of all enrollees in the market.

Rhode Island Medicaid Managed Care Enrollment by Plan, October 2021		
Plan	Total	% Market Share
Neighborhood Health Plan	188,524	62.1%
UnitedHealthcare	97,678	32.2%
Tufts Health Plan	17,328	5.7%
<b>Total</b>	<b>303,530</b>	

### Timeline

Proposals are due January 28, 2022. Any MCO that plan to submit a proposal must attend the mandatory pre-bid/proposal conference on December 8, 2021. Contracts will run from July 1, 2023, until June 30, 2028, with up to three additional option years.

RFP Activity	Date
RFP Issued	November 12, 2021
Pre-Bid/Proposal Conference	December 8, 2021
Proposals Due	January 28, 2022
Implementation	July 1, 2023

**Evaluation**

MCOs must pass all the mandatory requirements and receive a minimum of 750 points out of a possible 1,000 points, or 75 percent, on the technical proposal. The components of the technical proposal include the following:

Evaluation	
<b>Mandatory Proposal Requirements</b>	<b>Points Possible</b>
Letter of Transmittal	Pass/Fail
Financial Viability	Pass/Fail
Executive Summary	Pass/Fail
Bidder's Experience, Understanding and Readiness to Perform	Pass/Fail
<b>Technical Proposal Requirements</b>	
Service Delivery Plan	100
Population Health, Diversity, Health Equity and Inclusion	150
Quality and Performance Improvement	150
Alternative Payment Model (APM) Approach	100
Member Services and Engagement	60
Provider Network/Provider Services	70
Care Program and Coordination and Case	250
Information Systems and Encounter Data	100
Value-Added Services and In-Lieu of Services	20
<b>Total Possible Technical Points</b>	<b>1,000</b>
ISBE Participation	60 Bonus Point
<b>Total Possible Points</b>	<b>1,060</b>

[Link to Rhode Island RFQ](#)



## HMA MEDICAID ROUNDUP

### *Alabama*

**Alabama Veterans Call for Medicaid Expansion.** *The Alabama Political Reporter* reported on November 12, 2021, that 145 military veterans signed a letter to Alabama Governor Kay Ivey calling for Medicaid expansion, which they said would cover 5,000 veterans and 8,000 family members. [Read More](#)

### *Arizona*

**Arizona Awards Behavioral Health Contracts to Integrate Coverage of Individuals with Serious Mental Illness.** The Arizona Health Care Cost Containment System (AHCCCS) announced on November 15, 2021, plans to award expanded contracts to Mercy Care, Centene/Arizona Complete Health, and Centene/Care 1st Health Plan Arizona to provide integrated physical and behavioral health services to Medicaid members who have a serious mental illness (SMI) designation. These services are currently being provided by Regional Behavioral Health Authorities and the expansions, known as Regional Behavioral Health Agreements, will integrate the services under AHCCCS Complete Care contracts. The additional contract requirements are effective October 1, 2022. [Read More](#)

### *Florida*

**Florida Releases Invitations to Negotiate for MMIS Upgrades.** *Florida Politics* reported on November 10, 2021, that the Florida Agency for Health Care Administration (AHCA) released three different invitations to negotiate with vendors as a part of the Florida Health Care Connections (FX) project to improve the state's Medicaid management information system (MMIS). AHCA still requires approval of its \$118 million legislative budget request for FX. [Read More](#)

## Louisiana

**Louisiana Releases Medicaid NEMT RFP.** The Louisiana Department of Health released on November 15, 2021, a request for proposals for a single transportation broker for non-emergency medical transportation and non-emergency ambulance transportation for Medicaid beneficiaries. The contract will run from July 1, 2022, for three years with options to extend for up to two years. Proposals are due by January 4. Currently, Southeastrans serves as the transportation broker for the state's Medicaid fee-for-service population. [Read More](#)

**Louisiana Convenes Medicaid Cost Forecasting Panel.** *Wesport News/Associated Press* reported on November 10, 2021, that the Louisiana Medicaid Estimating Conference convened for the first time to gather data on state Medicaid expenditures and develop a process for forecasting future Medicaid costs. The panel consists of lawmakers, representatives from the Department of Health, the governor's chief budget adviser, an independent health care economist, and legislative financial advisors. [Read More](#)

## Michigan

**Michigan Issues RFP for Senior Center Wellness Program.** *State of Reform* reported on November 10, 2021, that the Michigan Department of Health and Human Services issued a request for proposals (RFP) for multipurpose senior centers to participate in the state's Senior Center Wellness Program. The program will provide a total of \$150,000 to support roughly 30 mental and physical health-related projects at multipurpose senior centers in the areas of physical activity, nutrition, chronic illness, depression, social isolation, fall prevention, caregiver education, medication management, and COVID-19. Applications are due on November 30, and the award period runs from February 1, to September 30, 2022. [Read More](#)

## Missouri

**Missouri Medicaid Expansion Enrollment is Lower Than Expected.** *KCUR* reported on November 17, 2021, that Missouri had enrolled just 16,000 out of an estimated 275,000 Medicaid expansion eligibles as of mid-November, prompting advocates to complain the state is not doing enough to promote enrollment. Enrollment in the voter-approved program began in October in the face of vocal opposition from Governor Mike Parson. [Read More](#)

**Missouri Faces Medicaid Dentist Shortage After Expansion.** *Kaiser Health News* reported on November 16, 2021, that there is a shortage of available dentists to treat Missouri Medicaid members following Medicaid expansion. Only 27 percent of dentists accept Medicaid in Missouri, one of the lowest rates in the country, according to the American Dental Association. Roughly 275,000 Missourians are newly eligible for Medicaid. [Read More](#)

## North Carolina

**North Carolina Governor To Sign State Budget Without Medicaid Expansion.** *Spectrum News* reported on November 16, 2021, that North Carolina Governor Roy Cooper announced he will sign a state budget that does not include a Medicaid expansion program. North Carolina has been without a comprehensive budget for close to three years due to a dispute over whether or not to include Medicaid expansion. [Read More](#)

**North Carolina Delays Launch for Behavioral Health IDD Tailored Plans to December 2022.** The North Carolina Department of Health and Human Services announced on November 15, 2021, that the launch of Behavioral Health and Intellectual/Developmental Disabilities (IDD) Tailored Plans will be delayed from July 1, 2022, to December 1, 2022. In July 2021, the state awarded contracts to seven existing Local Management Entity-Managed Care Organizations (LME-MCOs). The selected LME-MCOs are Alliance Health, Eastpointe, Partners Health Management, Sandhills Center, Trillium Health Resources, Vaya Health, and Cardinal Innovations Healthcare. Plans will provide integrated physical health, behavioral health, long-term care, and pharmacy services to approximately 200,000 individuals with significant behavioral health conditions, IDD, or traumatic brain injury. [Read More](#)

## Ohio

**Correction: Ohio Seeks to Adjust Budget Neutrality Projections for Medicaid Substance Abuse Treatment Waiver Demonstration.** The Centers for Medicare & Medicaid Services announced on October 28, 2021, that the Ohio Department of Medicaid submitted an amendment to its Section 1115 Waiver for Substance Use Disorder Treatment, seeking to prospectively adjust budget neutrality projections to account for increases in Medicaid managed care capitation rates that spurred increased expenditures for the Medicaid managed care eligibility group. Public comments will be accepted until November 27. A prior version of this article incorrectly said that the Ohio Department of Medicaid was seeking increased Medicaid plan per member per month rates for substance use disorder treatment providers. [Read More](#)

## Oregon

**Oregon Submits 1115 Waiver for In-Home Personal Care, Family Caregiver Assistance Program.** The Centers for Medicare & Medicaid Services announced on November 16, 2021, that the Oregon Health Authority submitted a Section 1115 waiver for a family caregiver assistance program and for an in-home personal care program. These programs would support individuals at-risk of eligibility for Medicaid long-term services and supports to avoid or delay Medicaid enrollment. [Read More](#)

## Pennsylvania

**Pennsylvania Court Rules in Favor of State in Two Separate Protests of Medicaid Managed Care Awards.** The Commonwealth Court of Pennsylvania upheld on November 17, 2021, the state's decision to deny protests filed by Aetna Better Health of Pennsylvania and Centene/Pennsylvania Health & Wellness after the two plans failed to win contracts in the state's recent Medicaid managed care procurement. Rulings on protests from Gateway Health Plan and UnitedHealthcare have not been released publicly. Implementation of the new contracts, originally slated for January 1, 2021, had been suspended until the protests are resolved.

## Texas

**Texas 1115 Waiver Should be Renewed, Congressman Says.** *Tyler Morning Telegraph* reported on November 10, 2021, that U.S. Congressman Filemon Vela (D-TX) has called on federal regulators to renew Texas' Medicaid Section 1115 waiver along with several Medicaid managed care directed payment programs. His comments come as several programs for low-income women and children are either pending or have been terminated. The waiver renewal has been in limbo since the Biden administration rescinded approval received in the final days of the prior administration, claiming the approval process did not include the normal opportunity for public notice and comment. [Read More](#)

## Virginia

**Primary Care Practices Are Severely Stressed, Study Says.** *The Journal of the American Board of Family Medicine* published on November 13, a study finding that primary care practices in Virginia are severely stressed and in need of additional resources and investment. The study is based on a survey of 1,622 primary care providers in the state. [Read More](#)

**Virginia Reports \$654 Million Medicaid Surplus Driven By Low Utilization, Enhanced Federal Match.** *The Richmond Times-Dispatch* reported on November 11, 2021, that Virginia reported a Medicaid surplus of \$654 million this year, driven by enhanced federal matching funds and lower utilization of medical services during the pandemic. Additional funds are expected to help offset projected rising costs in the state's next budget. [Read More](#)

## Wisconsin

**Legislators Draft Bill to Change Medicaid Estate Recovery Terms.** *The Wisconsin Examiner* reported on November 11, 2021, that Wisconsin Senator Chris Larson (D-Milwaukee) and Representative Jonathon Brostoff (D-Milwaukee) have drafted a bill to exclude non-probate assets from the state's Medicaid estate recovery legislation. Wisconsin would join other states in refraining from recouping assets jointly owned by deceased Medicaid beneficiaries and others to repay federal and state Medicaid expenses. [Read More](#)



## National

**States Could Get Shortchanged in Federal Medicaid Funding Because of Census Undercounting, Report Finds.** *Facing South* reported on November 16, 2021, that 2020 Census undercounting could result in millions of dollars in lost federal Medicaid funding in states like Alaska, Georgia, Louisiana, Mississippi, New Mexico, New York, and Texas, according to an Urban Institute report. Texas alone could be shortchanged \$247 million in federal Medicaid funds, the study says. [Read More](#)

**CMS to Improve Monitoring and Evaluation of Telehealth Services for Behavioral Health.** *Sheppard Mullin* reported on November 15, 2021, that the Centers for Medicare & Medicaid Services (CMS) said it will improve monitoring and evaluation of telehealth use for behavioral health services in a response to a report on the oversight of telehealth by the U.S. Office of the Inspector General. CMS also plans to study the effects of COVID-19 on the delivery of behavioral health through telehealth. [Read More](#)

**HHS Secretary Becerra Outlines Medicaid Priorities at the NAMD 2021 Fall Conference.** Health and Human Services Secretary Xavier Becerra delivered remarks on November 15, 2021, at the National Association of Medicaid Directors (NAMD) 2021 Fall Conference. Becerra's priorities include ending the pandemic, reducing health care costs, expanding access to care, tackling health disparities, and strengthening behavioral health. In a [Health Affairs blog](#), the Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure and CMS Deputy Administrator Daniel Tsai outlined a similar strategic vision for Medicaid and CHIP: expanding coverage and access to care, increasing eligibility for both Medicaid and CHIP, investing in equity, and ensuring the health care system is supporting the whole of a person's needs. [Read More](#)

**CMS Announces Increased Medicare Part B Premiums for 2022.** *Kiplinger* reported on November 12, 2021, that monthly Medicare Part B premiums will increase by 14.5 percent in 2022, compared to 2021, according to the Centers for Medicare & Medicaid Services. The annual Part B deductible will also increase by \$30 to \$233. Higher health care costs and utilization were among the factors driving the increase. [Read More](#)

**Biden Administration is Hit With Lawsuit From States Over COVID-19 Vaccine Mandate.** *Reuters* reported on November 10, 2021, that 10 Republican states jointly filed a lawsuit challenging a federal mandate that health care workers receive the coronavirus vaccine. The mandate, which is set to take effect January 4, would apply to 76,000 health care workers. Organizations that fail to comply could lose access to Medicaid and Medicare funds. [Read More](#)

**Specialty Drugs Account for 51.4 Percent of Medicaid Pharmacy Spend, Report Finds.** Magellan Rx Management announced on November 15, 2021, that specialty drugs made up 51.4 percent of the Medicaid net drug spend, but only 1.3 percent of utilization in 2020, according to the company's annual Medicaid Pharmacy Trend Report which is based on the company's data from Medicaid fee-for-service pharmacy programs across 25 states and the District of Columbia. Magellan also reported that net drug spend trend for fee-for-service was positive for the first time since 2016. [Read More](#)

**Closing Medicaid Coverage Gap Would Outweigh DSH Cuts, Study Says.** *Fierce Healthcare* reported on November 11, 2021, that the financial gains to hospitals from proposed legislation to close the Medicaid coverage gap would far outweigh any cuts to disproportionate share hospital (DSH) payments, according to an Urban Institute study. Hospitals in non-expansion states would see more than \$6.8 billion in new spending from the \$1.75 trillion budget reconciliation bill, the study says, compared to \$444 million in potential DSH cuts. [Read More](#)

**FQHC Group Calls for Continuation of COVID-19 Medicaid Eligibility Protections, TeleHealth Flexibilities.** *Modern Healthcare* reported on November 10, 2021, that Federally Qualified Health Centers (FQHCs) are calling for the continuation of Medicaid eligibility protections and telehealth flexibilities instituted in response to the COVID-19 pandemic. The National Association of Community Health Centers, which represents FQHCs, made the recommendations as part of a survey of health centers. The vast majority of survey respondents said that a discontinuation of the protections and flexibilities would raise the number of uninsured and cause individuals to forgo care or rely on emergency departments. [Read More](#)



## INDUSTRY NEWS

**H2 Health Acquires Great Strides Rehabilitation.** Grant Avenue Capital announced on November 16, 2021, that its portfolio company H2 Health has acquired Great Strides Rehabilitation, a provider of applied behavior analysis for children with developmental disabilities. H2 Health provides outpatient rehabilitation and therapies nationally. [Read More](#)

**Addus Homecare, Blue Cross Blue Shield of New Mexico To Offer Medicaid Value-Based Care.** Addus Homecare announced on November 16, 2021, it has entered into a value-based agreement with Blue Cross Blue Shield of New Mexico for Medicaid members served by its subsidiary company, Ambercare Corporation. Ambercare provides home health, hospice, and personal care services. The “Stay Healthy at Home” program is intended to help members receive appropriate and timely care when a care gap or potential disease acceleration is identified. [Read More](#)

**Stepping Stones Group Acquires Behavioral Learning Center.** The Stepping Stones Group announced on November 15, 2021, the acquisition of Behavioral Learning Center, which provides behavioral health home and community-based services (HCBS) to children with autism in California and Colorado. Stepping Stones provides behavioral health HCBS to children in 42 states. [Read More](#)

**InnovAge Appoints Patrick Blair as President.** InnovAge announced on November 12, 2021, the appointment of Patrick Blair as president effective December 1. Previously, Blair was group president at BAYADA Home Health Care, with responsibility for home health, hospice, and personal care lines of business. [Read More](#)

**InnovAge Receives Approval for Terre Haute, Indiana PACE.** InnovAge Holding Corporation announced on November 11, 2021, that it has received state approval to develop a Program of All-Inclusive Care for the Elderly in Terre Haute, IN. The center will serve 600 seniors upon opening in 2024. [Read More](#)

**Help at Home Acquires Ohio-based Prime Home Care.** Help at Home announced on November 10, 2021, the acquisition of Ohio-based Prime Home Care, a provider of skilled and non-skilled care services for approximately 900 clients in nine locations throughout Cincinnati, Dayton, Columbus, Mansfield and Toledo. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
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
January 28, 2022	Rhode Island	Proposals Due	303,500
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	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
July 1, 2023	Rhode Island	Implementation	303,500
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 WELCOMES

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### **Andrea Maresca, MPH - Principal, Federal Policy**

With nearly two decades of experience in healthcare, Andrea Maresca is a skilled legislative and regulatory analyst and strategy developer. She has a strong track record of leading efforts to inform and shape federal Medicaid and related healthcare policies and programs. She joins HMA after serving in private and public organizations including the Centers for Medicare & Medicaid Services (CMS) and the National Association of Medicaid Directors (NAMD).

Prior to joining HMA, she led healthcare regulatory and policy efforts as a senior vice president with a government affairs firm. While there, she assisted clients with analysis and strategy impacting publicly funded programs as well as a variety of needs and urgent demands presented by the COVID-19 pandemic. A skilled analyst, she dissected rules and guidance from federal executive branch entities.

Andrea also previously served at CMS advising agency directors on Medicaid and CHIP services, reviewing and analyzing policy documents for top leadership, and representing the department to agency leadership and executive staff.

As the director of federal policy and strategy for NAMD, she collaborated with the board to execute the organization's federal legislative and regulatory policy agenda. She also advised state Medicaid directors, liaised with federal policymakers, and maintained strategic relationships with congressional staff and stakeholder organizations.

In addition, Andrea advocated for the nation's governors on health policy issues as legislative director and senior legislative associate with the National Governors' Association. Throughout her career she has also worked with other associations and non-profit organizations as well as in direct support of legislatures and is member of several boards and associations.

Andrea earned a Master of Public Health from the George Washington University School of Public Health and Health Services as well as bachelor's degree in sociology from Villanova University.

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## HMA NEWS

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**Former South Dakota Medicaid Director Joins Leavitt Partners, an HMA Company.** Bill Snyder, former South Dakota Medicaid director, has joined Leavitt Partners, an HMA Company as a principal with the firm. He is the third former Medicaid Director to join the Health Management Associates (HMA) family of companies this year. [Read more](#)

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

#### Medicaid Data

- Indiana Medicaid Managed Care Enrollment Is Up 11.4%, Sep-21 Data
- Indiana Medicaid Managed Care Enrollment Is Up 12.7%, Oct-21 Data
- Iowa Medicaid Managed Care Enrollment is Up 7.3%, Nov-21 Data
- Michigan Dual Demo Enrollment is Up 5.4%, Sep-21 Data
- Michigan Medicaid Managed Care Enrollment is Up 6.7%, Sep-21 Data
- Minnesota Medicaid Managed Care Enrollment is Up 10.3%, Nov-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 16.1%, Sep-21 Data
- Texas Dual Demo Enrollment is 37,660, Aug-21 Data
- Texas Medicaid Managed Care Enrollment is Up 9%, Aug-21 Data

#### Public Documents:

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

- Florida ITNs for Florida Health Care Connections, Oct-21
- Iowa Medicaid Dental Wellness Plan Contracts and Amendments, SFY 2014-22
- Louisiana Medicaid NEMT Transportation Broker RFP, Nov-21
- Rhode Island Medicaid Managed Care Services RFQ, Nov-21
- Rhode Island Medicaid Managed Care Contracts, SFY 2022
- Rhode Island Medicaid RITE Smiles Dental Contract, SFY 2022

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

- Iowa Medicaid Managed Care Rate Certification and Appendices, FY 2021
- Iowa Medicaid Managed Care Rate Certification and Appendices, FY 2020
- Massachusetts Medicaid Managed Care Capitated Rate Certifications and Appendices, 2021
- Missouri Plan for HCBS Implementation of the American Rescue Plan Act, 2021
- Nebraska Plan for HCBS Implementation of the American Rescue Plan Act, 2021
- Rhode Island Medicaid Managed Care Rate Certifications, SFY 2020-22

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- RFP calendar

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