

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... January 26, 2022



[RFP CALENDAR](#)

[HMA News](#)

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THIS WEEK

- **IN FOCUS: MINNESOTA RELEASES MEDICAID MEDICAL ASSISTANCE, MINNESOTACARE RFP COVERING 80 COUNTIES OUTSIDE TWIN CITIES**
- ARKANSAS BUDGET PROPOSAL ASSUMES RISING MEDICAID COSTS
- GEORGIA SEEKS TO REINSTATE MEDICAID WORK REQUIREMENTS
- INDIANA DELAYS RELEASE OF MLTSS RFP UNTIL MAY 2022
- MARYLAND SENATORS SEEK ENHANCED ADULT DENTAL COVERAGE
- MONTANA LAWMAKERS CONSIDER CCBHCS
- NEW YORK EXPECTS SAVINGS FROM MEDICAID PLAN PROCUREMENT
- WYOMING MEDICAID ADMINISTRATOR TERI GREEN RETIRES
- MEDICATION ASSISTED TREATMENT USE FOR SUD RISES, CMS REPORTS
- STATES PREPARE TO RESTART MEDICAID REDETERMINATIONS
- EXCHANGE PLAN OFFERINGS INCREASE IN 2021
- CHANGE HEALTHCARE EYES SALE OF CLAIMSXTEN
- FRANCISCO PARTNERS TO ACQUIRE CERTAIN IBM WATSON ASSETS
- **HMA WELCOMES NEW COLLEAGUES**
- **NEW THIS WEEK ON HMAIS**

IN FOCUS

MINNESOTA RELEASES MEDICAID MEDICAL ASSISTANCE, MINNESOTACARE RFP COVERING 80 COUNTIES OUTSIDE TWIN CITIES

This week our *In Focus* section reviews the Minnesota request for proposals (RFP) for Families and Children Medical Assistance (MA), the state's

traditional Medicaid managed care program, and MinnesotaCare, the state's Basic Health Program (BHP), in 80 counties outside of the Twin Cities seven-county region. The RFP was released by Minnesota Department of Human Services, Purchasing and Service Delivery Division on January 18, 2022. Contracts will begin January 1, 2023, covering approximately 470,000 members.

Minnesota recently awarded separate contracts for the Twin Cities metro area, worth \$3.87 billion and serving 600,000 members, to Blue Plus, HealthPartners, Hennepin Health, Medica, UCare, and UnitedHealthcare. Proposals for the Minnesota Senior Health Options/Minnesota Senior Care Plus and Special Needs BasicCare/Integrated Special Needs BasicCare procurements, released this past October, are due February 18, 2022.

Background

Families and Children MA covers low-income pregnant woman, children under 21, adults with children, and adults under the age of 65 without children who meet eligibility requirements. MinnesotaCare is a BHP that covers individuals who are at or below 200 percent of the federal poverty level, are not enrolled in Medicare, and do not have access to employer-subsidized insurance. MinnesotaCare requires its enrollees to pay a premium, with the exception of children.

This procurement will cover the following counties: Aitkin, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnomon, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine.

RFP

The state will award contracts to at least two managed care organizations (MCOs) in each county. MCOs that submit a proposal must submit for all counties in which they are licensed to serve the entire county. MCOs are also required to participate in the MinnesotaCare program in service areas where they participate in the MA program.

Under Minnesota law, plans must participate in the MA and MinnesotaCare program as a condition of participating in state and local government employee health insurance programs, the workers' compensation system, and insurance plans provided through the Minnesota Comprehensive Health Association (MCHA).

Timeline

Proposals are due April 1, 2022, with awards expected June 24, 2022. Contracts will run from January 1, 2023, through December 31, 2023, with five optional years.

RFP Activity	Date
RFP Issued	January 18, 2022
Proposals Due	April 1, 2022
Awards	June 24, 2022
Implementation	January 1, 2023

Current Market

Incumbents are Blue Plus/BCBS of Minnesota, Health Partners, IMCare, PrimeWest Health, South Country Health Alliance, and UCare Minnesota, serving nearly 470,000 members.

Minnesota MA, MinnesotaCare in 80 Counties Enrollment by Plan, December 2021						
Plan	MNCare	MNCare Child	MA Parents/Children	MA Childless Adults	Total	% Market Share
BCBS-MN/Blue Plus	18,285	262	180,986	55,016	254,549	54.3%
HealthPartners	6,857	126	19,981	7,285	34,249	7.3%
IMCare	542	2	6,254	2,163	8,961	1.9%
PrimeWest	3,102	50	32,592	9,114	44,858	9.6%
South Country Health Alliance	2,187	53	18,478	5,445	26,163	5.6%
UCare Minnesota	10,455	173	66,417	23,332	100,377	21.4%
Total	41,428	666	324,708	102,355	469,157	

Evaluation

Proposals will be evaluated in three phases:

1. Required Statements and Forms Review
2. Evaluation of Technical Requirements of Proposals and Readiness Review
3. Selection of the Successful Responder

Technical proposals will be scored out of 105 points, as follows:

Evaluation	
Technical Requirements	Maximum Points Possible
Service Delivery Plan including Executive Summary and Description of the Organization	P/F
Readiness Review	P/F
Financial Solvency	P/F
Provider Network Adequacy Review	P/F
Professional Responsibility and Data Privacy	5 points; negative points possible
Performance and Service Deliverables	100 points
Exceptions to Terms and Conditions	Possible deduction of 5 points
Total	105

A proposal must receive a final total score of 50 or greater to pass.

[Link to RFP](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Budget Proposal Assumes Rising State Medicaid Costs in Fiscal 2023. *The Northwest Arkansas Democrat Gazette* reported on January 20, 2022, that Arkansas Governor Asa Hutchinson's proposed fiscal 2023 budget assumes state Medicaid funding will rise after the end of the public health emergency when enhanced federal matching funds end. The budget also includes funds to reduce the waiting list for home and community-based services for individuals with developmental disabilities. [Read More](#)

Georgia

Georgia Files Federal Lawsuit to Reinstate Medicaid Work Requirements. *The Associated Press* reported on January 21, 2022, that Georgia asked a federal court to reinstate Medicaid work requirements for expansion members, approval of which was revoked by the Biden administration last month. The lawsuit was filed in federal court. The Trump administration has previously approved the requirements. Georgia's expansion plan would cover about 50,000 adults up to 100 percent of poverty. [Read More](#)

Indiana

Indiana Hospitals, Insurers Face Legislative Action Over High Healthcare Costs. *The Indianapolis Star* reported on January 24, 2022, that Indiana hospitals and insurers face legislative action if they do not work together to lower healthcare costs by 2025, according to state Senate President Rodric Bray and House Speaker Todd Huston. Indiana's healthcare costs are among the highest in the nation. [Read More](#)

Indiana Delays Release of MLTSS RFP Until May 2022. The Indiana Family and Social Services Administration announced in a stakeholder meeting on January 14, 2022, that it has delayed the release of a request for proposals (RFP) for a Medicaid managed long term services and supports (MLTSS) program until May 2022. Awards for the program, which will serve adults age 60 or older, are now expected in the first quarter of 2023. The RFP was initially anticipated in the first quarter of 2022. The state has completed the RFI process and is currently engaging stakeholders on the design process. [Read More](#)

Iowa

Lawmakers Introduce Bills to Improve Maternal, Child Health through Enhanced Medicaid Benefits. *Iowa Starting Line* reported on January 23, 2022, that Iowa Senate Democrats have introduced a package of bills to improve maternal and child health in Iowa, including one bill (SF 2006) that would require Medicaid to cover the costs of labor and delivery as well as paying the same rate for maternal and fetal services and comprehensive maternity care whether the service is delivered in person or via telehealth. Another bill (SF 2005) would offer 12 months of continuous postpartum Medicaid coverage, expanded from the current 60 days. These bills are in the Senate Human Resources Committee and have been assigned to subcommittee hearings. [Read More](#)

Maryland

Senators Propose Medicaid Pilot Program Offering Adults Enhanced Dental Coverage. *The Washington Informer* reported on January 25, 2022, that Maryland Senators Malcolm Augustine (D-Prince George's County) and Guy Guzzone (D-Howard County) have co-sponsored legislation that would establish a Medicaid pilot program offering enhanced dental coverage to adults. Maryland currently offers adult dental coverage to dual eligibles, pregnant women, and a limited number of others. [Read More](#)

Massachusetts

Massachusetts Recovers More Than \$55 Million in 22 Medicaid Fraud Settlements in 2021. Massachusetts announced on January 19, 2022, the recovery of more than \$55 million from 22 Medicaid fraud settlements in 2021, according to state Attorney General Maura Healey. Nearly half came from a single settlement in which a private equity firm and former executives of South Bay Mental Health Center agreed to pay \$25 million over allegedly fraudulent mental health claims. [Read More](#)

Missouri

Missouri is Processing Medicaid Expansion Applications Slower than Federal Law Allows. *The Kansas City Star* reported on January 25, 2022, that it is taking the Missouri Department of Social Services an average of 70 days to process a Medicaid expansion application, compared to the 45-day maximum allowed by federal law. Missouri began processing Medicaid expansion applications in October and has since enrolled 58,000 individuals, well below the state's own projections of 192,000. [Read More](#)

Missouri Lawmakers Introduce Medicaid Work Requirements Bill. *The St. Louis Post-Dispatch* reported on January 23, 2022, that Missouri House budget chairman Cody Smith (R-Carthage) sponsored a bill that would put Medicaid work requirements before voters in November in the form of a state constitutional amendment. The Biden administration opposes Medicaid work requirements. [Read More](#)

Governor Earmarks Funds for Medicaid Expansion in Fiscal 2023 Budget Proposal. *Public News Service* reported on January 20, 2022, that Missouri Governor Mike Parson earmarked funds for Medicaid expansion in his fiscal 2023 budget proposal. Funding is also expected to support healthcare providers and hospitals. [Read More](#)

Montana

Montana Lawmakers Consider CCBHCs to Improve Mental Health Care System. *Montana Free Press* reported on January 25, 2022, that Montana lawmakers are considering whether the state should implement a Certified Community Behavioral Health Clinics (CCBHC) program. The possibility of CCBHCs came up as part of a broader study of the state's mental health system by the legislature's joint Children, Families, Health and Human Services interim committee. The CCBHC program is a Medicaid demonstration project in 10 states. [Read More](#)

New Hampshire

New Hampshire Medicaid Enrollment May Decrease by 86,000 When Public Health Emergency Ends. *New Hampshire Public Radio* reported on January 20, 2022, that 86,000 individuals could lose Medicaid coverage when the public health emergency (PHE) ends and eligibility redeterminations are reinstated, according to New Hampshire state officials. Medicaid enrollment in New Hampshire has increased by about 30 percent since the PHE was announced. [Read More](#)

New Mexico

New Mexico Health Services Department Seeks Additional Medicaid Funds for 2023. *KRQE* reported on January 20, 2022, that the New Mexico Human Services Department is asking state lawmakers for additional Medicaid funds for 2023. State officials expect Medicaid enrollment to increase by 83,000 to 916,000 total enrollees, nearly half of New Mexico's population in 2023. [Read More](#)

New York

New York Health Plan Partners with Telehealth Platform to Provide Preventive Care to Medicaid Enrollees. *The Daily Gazette* reported on January 24, 2022, that MVP Health Care has partnered with Galileo to provide telehealth services to Medicaid enrollees, increasing access to care during the pandemic. The Galileo telehealth app allows members to access acute care, specialty care, chronic condition management, pharmacies, labs and more in English and Spanish. [Read More](#)

New York Expects Savings from Competitive Bidding of Medicaid Managed Care Plans. *Crain's New York* reported on January 25, 2022, that New York expects savings from the proposed competitive bidding of Medicaid managed care plans, according to a spokeswoman for the state Department of Health. The competitive bidding process is part of Governor Kathy Hochul's budget proposal, which requires state legislature approval. The procurement process would begin later this year, with implementation scheduled for October 2023. The state intends to award contracts to between two and five plans per region. New York spends \$60 billion on Medicaid managed care for roughly 6 million beneficiaries. [Read More](#)

Mother Cabrini Health Foundation Awards \$160 Million in Grants to Assist Low-Income, Vulnerable Individuals in New York. The Mother Cabrini Health Foundation announced on January 20, 2022, the award of \$160 million in grants for 507 programs to address the needs of low-income and vulnerable individuals in New York. The grants address urgent health needs and social determinants of health, including access to mental health counseling, telehealth, and nutrition. Recipients include community-based organizations, food banks, healthcare providers, nursing homes, and federally qualified health centers. [Read More](#)

North Carolina

North Carolina Medicaid Plan Contract Awards Dispute Ends. The North Carolina Department of Health and Human Services announced on January 24, 2022, that My Health by Health Providers and CVS/Aetna were cleared to voluntarily drop their appeals in a lawsuit over the state's recent Medicaid managed care contract awards, officially ending the dispute. The two plans were appealing a decision by a lower court, which found the state had acted correctly in its award decisions. Contracts went to AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina/Healthy Blue, Carolina Complete Health (a partnership between Centene and the North Carolina Medical Society), Centene/WellCare, and UnitedHealthcare. [Read More](#)

North Carolina Lawsuit Over Medicaid Awards to End With Health Plans Dropping Appeals. *The Carolina Journal* reported on January 20, 2022, that Aetna and My Health are dropping their challenges to North Carolina's Medicaid managed care contract awards. The dispute, which began in 2019, was headed to the North Carolina Court of Appeals in less than a week. [Read More](#)

Rhode Island

Rhode Island Hospital Must Submit Plan of Correction, CMS Says. *The Providence Journal* reported on January 21, 2022, that Rhode Island state-run Eleanor Slater Hospital is required to submit a correction plan to federal regulators by the end of the month to address certain deficiencies uncovered by federal investigators. The hospital declined to share the specifics of the investigation with the public until the correction plan has been submitted. [Read More](#)

Texas

Texas Medicaid Enrollment Increases by 1.2 Million During Public Health Emergency. *Texas Public Radio/Houston Public Media* reported on January 24, 2022, that Texas Medicaid enrollment increased by 1.2 million to reach 5 million between February 2020 and October 2021, due to continuous enrollment rules during the public health emergency (PHE). The state is developing resources to share with families when the PHE ends and Medicaid eligibility redeterminations resume. [Read More](#)

Wisconsin

Wisconsin Lawmakers Introduce Legislation to Scale Back Medicaid Coverage. *Wisconsin Public Radio* reported on January 18, 2022, that Wisconsin Republican lawmakers introduced legislation that would cut off Medicaid to adults without kids if they turn down extra work to meet income requirements. Another measure would ban the state Department of Health Services from automatically renewing eligibility for medical assistance benefits. The measures would likely be vetoed by Governor Tony Evers. [Read More](#)

Wyoming

Wyoming Medicaid Administrator Teri Green Retires After 15 Years. *KGWN* reported on January 21, 2022, that Teri Green has retired as Medicaid agent and senior administrator for the Wyoming Department of Health's Division of Healthcare Financing after 15 years in the role. Wyoming named Jan Stall interim state Medicaid agent and senior administrator while the state searches for a permanent replacement. [Read More](#)

National

Average Net Price of Brand-Name Prescription Drugs in Medicaid Increased 48 Percent in 10 years, CBO Reports. The Congressional Budget Office reported on January 25, 2022, that the average net price of brand-name prescription drugs in Medicaid increased 48.3 percent between 2009 and 2018. Overall average net prescription prices in Medicaid, including brand and generic drugs, declined from \$63 to \$48. [Read More](#)

Insurers Ask Appeals Court to Slash Legal Fees Awarded in Risk-Corridor Settlement. *Modern Healthcare* reported on January 24, 2022, that after winning a \$3.7 billion class action settlement over unpaid Exchange risk-corridor funds, a group of 34 insurers have appealed a federal judge's ruling that earmarked \$184 million to cover legal fees. The legal fees equal five percent of the settlement. [Read More](#)

HHS Awards \$103 Million to Combat Healthcare Worker Burnout. *Modern Healthcare* reported on January 20, 2022, that the U.S. Department of Health and Human Services (HHS) awarded \$103 million in grants to 45 organizations to address healthcare worker burnout and mental health. Grantees included academic medical centers and community health centers, among other organizations. [Read More](#)

Hospital Group Seeks \$25 Billion More in Provider Relief. *Becker's Healthcare* reported on January 21, 2022, that the American Hospital Association (AHA) has asked Congress to add \$25 billion to the Provider Relief Fund and immediately distribute existing funds in the wake of the recent Omicron surge. AHA has also requested that Congress extend Medicare sequester relief, which delays Medicare cuts during the pandemic. [Read More](#)

Medication Assisted Treatment for Substance Use Disorder Rises, CMS Reports. The Centers for Medicare & Medicaid Services (CMS) reported on January 21, 2022, that 32 percent of the Medicaid beneficiaries treated for substance use disorder (SUD) received medication-assisted treatment in 2019, compared to 24 percent in 2018. All told, about 4.7 million Medicaid beneficiaries were treated for SUD in 2019, amounting to about eight percent of the total Medicaid population. [Read More](#)

Medicaid Plans See Key Role for Themselves in Increasing Access to Care, Improving Health Equity for LGBTQI+ Community. *Health Payer Intelligence* reported on January 20, 2022, that Medicaid plans are essential to improving access to care and health equity for the LGBTQI+ community, according to the Association for Community Affiliated Plans. Some strategies Medicaid plans can implement to accomplish these goals are offering coverage for medically necessary gender-affirming services, offering specific plans for individuals with HIV, partnering with providers who specialize in care for LGBTQI+ individuals, and using outreach to engage the LGBTQI+ community. [Read More](#)

Multiple States Issue Rules for Coverage of At-Home COVID Tests for Medicaid Members. *The Kaiser Family Foundation* reported on January 20, 2022, that a number of states have issued rules regarding reimbursement for at-home COVID-19 tests, in accordance with the Centers for Medicare & Medicaid Services' guidelines that tests must be covered for Medicaid enrollees. State have discretion regarding the degree of coverage. For example, North Carolina will cover up to four test kits per Medicaid enrollee per month without a prescription, but only one kit may be submitted per claim. Massachusetts will cover up to eight at-home kits without prior authorization or prescription. Maine and Vermont said pharmacists can prescribe and bill for at-home tests kits for Medicaid enrollees. [Read More](#)

States Prepare to Restart Medicaid Redeterminations, Press for More Visibility on End of Public Health Emergency. *Fierce Healthcare* reported on January 21, 2022, that states are seeking more visibility on when the public health emergency (PHE) will end as they prepare to restart Medicaid eligibility determinations. During a meeting of the Medicaid and CHIP Payment and Access Commission (MACPAC), state officials asked for more time and predictability from the Biden administration. The Centers for Medicare & Medicaid Services has said it would provide a 60-day notice of the end of the PHE. [Read More](#)

Exchange Plan Offerings Increased 20 Percent in 2021, Report Finds. *Fierce Healthcare* reported on January 19, 2022, that the number of individual plans on Affordable Care Act Exchanges grew by 20 percent for the 2022 plan year, according to a report from the Robert Wood Johnson Foundation. Individual plans overall, including Exchange and off-Exchange plans, grew 15 percent. The report predicts growth to continue. [Read More](#)



INDUSTRY NEWS

Change Healthcare Eyes Sale of ClaimsXten to Win Approval of Merger with Optum. *Modern Healthcare* reported on January 25, 2022, that Change Healthcare is considering the divestiture of its ClaimsXten payment integrity business in an effort to win regulatory approval of its pending merger with UnitedHealth Group's Optum subsidiary. UnitedHealth is hoping to complete the acquisition of Change by April 5. [Read More](#)

Francisco Partners to Acquire Data, Analytics Assets of IBM Watson, Form Standalone Company. Investment firm Francisco Partners announced on January 21, 2022, a definitive agreement to acquire the data and analytics assets of IBM's Watson Health business, including health insights, MarketScan, clinical development, social program management, Micromedex, and imaging software offerings. The current management team will serve existing clients in a standalone company. [Read More](#)

Health Network One Receives Investment from H.I.G. Capital. *South Florida Hospital News* reported on October 26, 2021, that Health Network One has received an investment from H.I.G. Capital. Health Network One manages specialty provider networks for more than 20 health plans serving in excess of five million members. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 5, 2021 - Delayed	Louisiana	Awards	1,600,000
2022	Georgia	RFP Release	1,800,000
2022	Nebraska	RFP Release	331,000
January 28, 2022	Rhode Island	Proposals Due	303,500
Feb. 2022 - Mar. 2022	Texas STAR+PLUS	RFP Release	538,000
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 16, 2022	Iowa	RFP Release	745,000
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
February 22, 2022	Delaware	Proposals Due	280,000
March 4, 2022	MississippiCAN, CHIP	Proposals Due	480,000
April 1, 2022	Minnesota MA Families and Children, MinnesotaCare	Proposals Due	470,000
May 2022	Indiana MLTSS	RFP Release	NA
May 3, 2022	Delaware	Awards	280,000
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	850,000
July 1, 2022	Louisiana	Implementation	1,600,000
June 24, 2022	Minnesota MA Families and Children, MinnesotaCare	Awards	470,000
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
Fall 2022	Florida	RFP Release	3,500,000
Sep. 2022 - Nov. 2022	Texas STAR+PLUS	Awards	538,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
May 3, 2022	Delaware	Implementation	280,000
First Quarter 2023	Indiana MLTSS	Awards	NA
January 1, 2023	Tennessee	Implementation	1,500,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	470,000
January 1, 2023	Minnesota Senior Health Options, Senior Care Plus	Implementation	64,000
January 1, 2023	Minnesota Special Needs BasicCare	Implementation	63,000
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

COMPANY ANNOUNCEMENTS

ODG by MCG Vice President Appointed to IAIABC Associate Member Council. ODG by MCG, an MCG Health company and part of the Hearst Health network, announces that the International Association of Industrial Accident Boards and Commissions (IAIABC) has appointed ODG Vice President of Government Affairs, Patrick Robinson, JD, MBA, to a three-year term (beginning January 1, 2022) on the IAIABC Associate Member Council. [Read the press release.](#)

HMA WELCOMES

Andrea Maresca, MPH

Principal, Federal Policy

A skilled legislative and regulatory analyst, Andrea Maresca has a strong track record of leading efforts to inform and shape federal healthcare policies and programs. She joins HMA after serving both the Centers for Medicare & Medicaid Services (CMS) and the National Association of Medicaid Directors (NAMMD).

With strategic analysis and a deep understanding of publicly funded programs, she helps a wide variety of organizations understand changes in the federal policy landscape. She works with clients to connect the dots between the opportunities and challenges presented by federal healthcare policy and the programs and services these organizations provide on the ground.

Tom McCaffery, MPP

Principal

An expert in military and veterans' healthcare, as well as a former health plan and state agency leader, Tom McCaffery is a business, government, and public policy champion. He joins HMA after serving as the senior civilian leader of the Department of Defense Military Health System.

With experience leading internal and external cross-functional teams on strategic initiatives, he has helped organizations navigate political, business, and policy environments and comes ready to help clients succeed.

Kevin Riley, CPA, MBA, FHFMA

Principal

A financial executive with more than two decades of experience in healthcare operations, Kevin Riley is a former CFO who has led financial operations for health systems, hospitals, and national consulting firms.

With demonstrated success in growing revenue, guiding strategic initiatives, and leading financial improvement projects for hospitals, physician groups and other ambulatory operations, he is adept at working within the fee-for-service and value-based population health systems.

Craig Schneider, PhD, MBA

Principal

Dr. Craig Schneider has been a leader in engaging stakeholders to improve care and value for nearly 30 years and developing and implementing payment reform strategies for the past 20 years. Focused on consumer engagement and promoting efficiency and quality, he joins HMA after leading several learning and diffusion projects for the Center for Medicare & Medicaid Services Innovation Center. In addition, he is a policy expert on the topics of health information technology, health information exchange, interoperability, and all-payer claims databases.

A knowledgeable researcher and policy leader, he has the experience and diligence to help clients better understand their needs and develop innovative approaches to meet them.

Matt Wimmer, MBA, MA

Principal

An expert in value-based payment, home and community-based services, and Medicare-Medicaid integration, Matt Wimmer joins HMA after serving as administrator of the Division of Medicaid, Idaho Department of Health and Welfare.

In addition to implementing the state's accountable care program and leading hospital and nursing facility payment reform, he also led the state agency during the onset of the COVID-19 pandemic. His varied executive experience gives him an edge to help guide clients across the Medicaid landscape.

Brandin Bowden, MS

Senior Associate, HMA Community Strategies

A non-profit leader with experience and expertise developing community programs and leading stakeholder engagement, Brandin Bowden has a background in health promotion and a deep interest in equitable strategic visioning and planning.

He has designed and evaluated community-based integrative health programs, including peer mentoring and health education and excels in fostering stakeholder partnerships in order to create interventions that inspire real change.

Susan McGeehan, MGS, LSW

Senior Consultant

Susan McGeehan is a multi-faceted healthcare leader with extensive experience in dual eligible programs, long-term services and supports (LTSS), Medicaid managed care, and care coordination.

With experience and insight into state and federal policy and a commitment to improving systems and services through public and private partnerships, she is ready to help health plans and community-based organizations innovate and better serve client needs.

Erin Mellas

Senior Consultant

Deeply knowledgeable and well versed in operations and payment policy, provider services, and data analysis, Erin Mellas has experience working with national and regional health plans and across lines of business including Medicare, Medicaid, commercial and third-party administrator plans.

Erin has experience developing, orchestrating, and managing successful operational teams. She is skilled in regulatory audits and developing internal auditing programs to ensure adherence to, and reporting of, regulatory policy - and she's ready to help clients navigate the most challenging payment scenarios.

Jackie Prokop, PhD

Senior Consultant

A longtime state leader in Medicaid policy, Jackie Prokop has nearly three decades of experience, including 11 years as director of Michigan's Medicaid policy division. She has authored and directed the development of a wide range of healthcare policies including those for specialized supports for mental health and substance use disorder services.

Deeply engaged and knowledgeable about Medicaid and CHIP, she understands the ins and outs of these complex programs and has the experience and know-how to help clients make sense of the guidance, regulations, and policies.

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- District of Columbia Medicaid Managed Care Enrollment is Up 6.1%, Nov-21 Data
- Kentucky Medicaid Managed Care Enrollment is Flat, Jan-22 Data
- Indiana Medicaid Managed Care Enrollment Is Up 14.9%, 2021 Data
- Iowa Medicaid Managed Care Enrollment is Up 0.7%, Jan-22 Data
- Ohio Dual Demo Enrollment is Up 1.3%, Nov-21 Data
- Ohio Dual Demo Enrollment is Flat, 2021 Data
- Rhode Island Dual Demo Enrollment is Flat, Nov-21 Data
- Rhode Island Dual Demo Enrollment is Up 0.5%, 2021 Data
- Wisconsin Medicaid Managed Care Enrollment is Up 8.1%, Aug-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Delaware D-SNP Model Contract, 2022
- Georgia D-SNP Model Contract, 2022
- Kentucky D-SNP Contracts, 2021
- Mississippi D-SNP Model Contract, 2021-22
- Nevada D-SNP Contracts, 2021-22
- South Carolina D-SNP Contracts, 2022

Medicaid Program Reports, Data and Updates:

- CMS Medicaid Substance Use Disorder Treatment Data Book for 2019, Jan-22
- Indiana MLTSS Stakeholder Update, Jan-22
- Maryland Medicaid State Plan, Nov-21
- Oklahoma Medical Advisory Meeting Materials, 2017-22
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Dec-21
- Rhode Island Medical Care Advisory Committee Meeting Materials, Dec-21
- Texas Quarterly Reports from the HHS Ombudsman Managed Care Assistance Team, FY 2019-21
- Texas Statewide Intellectual and Developmental Disabilities Strategic Plan, Jan-22

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