

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... February 2, 2022



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IN FOCUS

DELAWARE RELEASES MEDICAID MANAGED CARE RFP

This week our *In Focus* section reviews the Delaware request for proposals (RFP) for Diamond State Health Plan (DSHP) and Diamond State Health Plan Plus (DSHP Plus), the state's Medicaid managed care programs. The RFP was released by the Delaware Department of Health and Social Services (DHSS),

Division of Medicaid and Medical Assistance (DMMA) on December 15, 2021. DSHP/DSHP Plus provides integrated physical, behavioral health, and long-term services and supports (LTSS) to approximately 280,000 members. Delaware intends to contract with two or three Medicaid managed care organizations (MCOs). Current incumbents are AmeriHealth Caritas and Highmark Health Options.

Background

DSHP provides coverage to individuals with incomes up to the 100 percent of the federal poverty level (FPL). In 2012, the state created DSHP Plus to include dual eligible, LTSS/nursing facility (NF), and Medicaid buy-in populations. Since then, the state has also added the former foster youth population to DSHP. In 2014, the state implemented the Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program, which provides behavioral health benefits to Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require home and community-based services (HCBS).

DSHP/DSHP Plus operate under a Section 1115 waiver demonstration, with a current renewal effective until December 31, 2023.

DSHP also includes the Delaware Healthy Children Program (DHCP), which covers uninsured children from birth to the age of 19 with a family income at or below 212 percent of the FPL. Families are required to pay a monthly premium.

RFP

Newly awarded MCOs will work with DMMA to achieve the following goals:

1. Member focus, including
 - a. Providing whole person, person-centered care
 - b. Engaging with communities
 - c. Identifying, addressing health-related social needs
 - d. Advancing health equity
2. Accountability
3. Innovation
4. Alignment with other state initiatives

MCOs are expected to be able to implement new Medicaid benefits (including doula services and respite services for children), implement value-based purchasing models, adopt practices to improve health equity, and implement projects addressing social determinants of health.

Timeline

Contracts will be effective January 1, 2023, and run for five years with three optional one-year extensions. MCOs were encouraged to submit a notice of intent to bid by January 14; however, it was not a requirement nor an obligation to submit proposals. Proposals are due March 15, 2022, and awards are expected to be announced on June 1.

RFP Activity	Date
RFP Issued	December 15, 2021
Notice of Intent to Bid	January 14, 2022
Proposals Due	March 15, 2022
Awards	June 1, 2022
Implementation	January 1, 2023

Evaluation

Proposals will be scored on seven topic areas, weighted as follows:

Evaluation	
Topic Area	Weight
Qualifications and Experience	10
Delivery and Coordination of Services	35
Community Engagement, Health Equity, and Health-Related Social Needs	10
Provider Network and Provider Services	10
Value-Based Purchasing	15
Administration and Operations	10
Case Scenarios	10
Total	100%

Following the initial scoring, bidders may be invited to make oral presentations, which will have a weight of 10.

[Link to RFP](#)



HMA MEDICAID ROUNDUP

California

California Lawmakers Pull Bill to Establish Universal Healthcare System. *The Wall Street Journal* reported on January 31, 2022, that a bill to establish a single-payer healthcare system in California was pulled from consideration before a planned vote in the state Assembly. The bill lacked enough support to pass. [Read More](#)

California Delays Release of Medi-Cal Managed Care RFP by One Week. The California Department of Health Care Services announced on January 31, 2022, that the release of the Medi-Cal Managed Care request for proposals (RFP) will be delayed until February 9, one week later than initially anticipated. The implementation date for the new managed care plan contracts will remain January 1, 2024. [Read More](#)

Colorado

Colorado Eyes Reform of Medicaid Behavioral Health System. *KOAA News5* reported on January 26, 2022, that Colorado Regional Accountable Entities must credential and contract new Medicaid behavioral health providers within 90 days of application, according to rules about to take effect from the Colorado Department of Health Care Policy and Financing. The change is among several the state is considering as it looks to reform its behavioral health system for Medicaid members. [Read More](#)

Delaware

Delaware Selects Sandata Technologies for Electronic Visit Verification Program. Sandata Technologies announced on February 1, 2022, that it was selected by Delaware for the state's electronic visit verification (EVV) program, which will include more than 70 provider agencies and 7,000 Medicaid members. EVV program implementation will begin in early 2022, with the full launch by January 1, 2023, aligning with the state's new Medicaid managed care contracts. [Read More](#)

Florida

Florida Collects More Than \$45 Million in Medicaid Fraud, Overpayments in Fiscal 2021. *Florida Politics* reported on January 26, 2022, that the Florida Medicaid Fraud Control Unit recovered more than \$22 million in Medicaid fraud and abuse cases and another \$23 million in overpayments to providers in fiscal 2021, according to the Florida Office of the Attorney General and Agency for Health Care Administration. [Read More](#)

Georgia

Georgia House Speaker Introduces Bill With 85 Percent Minimum MLR Requirement for Medicaid Plans. *Georgia Health News* reported on January 27, 2022, that Georgia House Speaker David Ralston (R-Blue Ridge) introduced a bipartisan mental health bill that also includes an 85 percent minimum medical loss ratio (MLR) requirement for Medicaid plans in the state. Plans that do not meet the requirement would be required to refund money to the state. Georgia is one of only a handful of Medicaid managed care states without a minimum MLR requirement. The bill will be referred to the House Health & Human Services Committee. [Read More](#)

Indiana

Indiana Bill to Extend Medicaid Postpartum Coverage Passes House, Moves to Senate. *WTWO/WAWV* reported on January 28, 2022, that a bill to extend Medicaid coverage for postpartum women to 12 months has passed the Indiana House and has been referred to the Senate. The state's current postpartum coverage period is six weeks. The legislation, co-authored by Representative Tonya Pfaff (D-Vigo County), would also expand Medicaid eligibility for pregnant women to 208 percent of federal poverty. [Read More](#)

Kansas

Kansas Lawmakers Consider Bill to Extend Current Medicaid Plan Contracts Through 2026. *The Kansas City Star* reported on January 27, 2022, that Kansas lawmakers are considering a bill that would extend the state's existing Medicaid managed care contracts through 2026. Kansas is currently expected to release a request for proposals for its KanCare Medicaid managed care program this year, with implementation beginning in January 2024. Current plans are CVS/Aetna, Centene/Sunflower State Health Plan, and UnitedHealthcare. [Read More](#)

Massachusetts

Massachusetts RFP Is Released for Community Behavioral Health Centers. A Massachusetts request for proposals (RFP) was released on February 1, 2022, for a network of Community Behavioral Health Centers (CBHCs) to coordinate and integrate mental health and substance use disorder treatment for MassHealth members. The procurement will be handled by the state's behavioral health vendor Massachusetts Behavioral Health Partnership, a Beacon Health Options company. Responses are due on April 13, awards will be announced on May 25, and implementation is anticipated for January 1, 2023. [Read More](#)

Michigan

Michigan Medicaid Managed Care Outperforms Fee-for-Service on Care Quality, HMA Study Says. *Crain's Detroit Business* published on January 31, 2022, an article sponsored by the Michigan Association of Health Plans, which highlights findings that Medicaid managed care outperforms fee-for-service on quality of care. The findings are based on a study by Health Management Associates, which said managed care outperformed fee-for-service in all categories: child, adult, preventive health, women's health, disease management, and behavioral health. [Read More](#)

Minnesota

Minnesota Governor Recommends Creating MinnesotaCare Buy-In. Minnesota Governor Tim Walz released in January 2022, a budget proposal that recommends creating a MinnesotaCare buy-in program aimed at individuals with incomes that are too high for regular MinnesotaCare. MinnesotaCare is the state's Basic Health Program, which covers individuals up to 200 percent of poverty who are not enrolled in Medicare and do not have access to employer-sponsored insurance. Other proposals in the budget include simplifying the MinnesotaCare premium scale and expanding Medical Assistance eligibility to include former foster children who were enrolled in Medicaid in another state. [Read More](#)

Nebraska

Nebraska Senate Committee Holds Hearing on Bill to Expand Postpartum Medicaid Coverage. *KOLN* reported on January 31, 2022, that the Nebraska Senate Health and Human Services Committee held a hearing on a bill to extend postpartum Medicaid coverage to 12 months. The bipartisan bill could impact 2,000 women across the state, according to Senator Anna Wishart (D-Lincoln), who introduced the bill. [Read More](#)

New Hampshire

New Hampshire Medicaid Recipients Struggle with Administrative Barriers, Report Finds. *The New Hampshire Bulletin* reported on February 1, 2022, that New Hampshire Medicaid members struggle with long wait times when applying for benefits along with other administrative barriers, according to a recent report from Rights & Democracy and The Center for Public Democracy. The report recommends standardizing staff training, writing documents in plain language, developing a real-time eligibility determination process, and alerting applicants to missing documents at the time of their application. New Hampshire has roughly 202,000 Medicaid recipients. [Read More](#)

Northern Mariana Islands

Northern Mariana Islands Governor Vetoes Medicaid Hiring, Retention Bill. *Marianas Variety* reported on February 1, 2022, that Northern Mariana Islands Governor Ralph Torres vetoed a Medicaid hiring and employee retention bill. The bill would have codified the authority of the Medicaid director to reprogram funding; conduct a personnel and retention study of employees involved in eligibility, enrollment, claims processing, and health information technology; and allow for the hiring of Medicaid Enterprise System, data analysis, program integrity, and auditing personnel. [Read More](#)

Northern Mariana Islands Extends Presumptive Medicaid Eligibility Until April 2022. *Marianas Variety* reported on January 27, 2022, that Northern Mariana Islands has extended presumptive Medicaid eligibility until April 2022, allowing individuals immediate access to care while applying for Medicaid. Presumptive eligibility will end when the public health emergency is over. Northern Mariana Islands is a commonwealth of the United States. [Read More](#)

Ohio

Ohio Medicaid Plan Selection Change Will Not Disrupt Care, Medicaid Director Says. *The Statehouse News Bureau* reported on February 2, 2022, that a state policy requiring Medicaid managed care members to select a plan annually will not disrupt care, according to Ohio Medicaid director Maureen Corcoran. Members who do not select a plan will be auto-assigned. Previously, members were automatically reenrolled in their current plan. Enrollees will have opportunities to switch back to their old plans if they are not satisfied with the state's selection. [Read More](#)

Medicaid Members Will Be Required to Select Managed Care Plan Annually or Be Auto-Assigned. *News 5 Cleveland* reported on January 27, 2022, that Ohio Medicaid members will be required to select a managed care plan annually or be auto-assigned one. The change is effective in July when the state ends auto-enrollment as part of a system overhaul called Next Generation. [Read More](#)

Oklahoma

Oklahoma Predicts 150,000 Medicaid Enrollees will Lose Coverage When Public Health Emergency Ends. *Public Radio Tulsa* reported on January 26, 2022, that 150,000 individuals currently enrolled in Medicaid will lose coverage when the federal public health emergency ends, according to Oklahoma Health Care Authority chief executive Kevin Corbett. Corbett told lawmakers the disenrollment period will be six months to a year. [Read More](#)

Pennsylvania

Pennsylvania Counties Receive \$28 Million in Federal Funds for Behavioral Health Programs. Pennsylvania Governor Tom Wolf announced on February 1, 2022, that nearly \$28 million in additional federal funding had been distributed to 30 counties for behavioral health programs. Programs will support crisis intervention, telehealth, student assistance programs, residential treatment services, and assisted outpatient treatment. [Read More](#)

Governor Approves \$225 Million Relief Package for Hospital Staffing Shortage. Pennsylvania Governor Tom Wolf signed on January 26, 2022, legislation that will provide \$225 million to hospitals to recruit and retain health care workers in the face of a staffing shortage. The figure includes \$110 million for critical access hospitals, hospitals with a large share of Medicaid beneficiaries, and hospitals with inpatient behavioral health services. [Read More](#)

South Dakota

South Dakota House Passes Bill to Increase Medicaid Dental Provider Reimbursements. *Keloland News* reported on February 2, 2022, that the South Dakota House of Representatives voted 61-6 to pass legislation that would increase Medicaid reimbursements for dental providers. If enacted, the bill would require the state to publish a reimbursement schedule for Medicaid dental services that better covers the cost of services. [Read More](#)

Texas

Texas Releases RFO for Medicaid Application Maintenance, Development. Texas Health and Human Services (HHS) released on January 27, 2022, a request for offers (RFO) for Application Maintenance and Development services and ongoing support for the state's modernized Medicaid Enterprise Systems (formerly Medicaid Managed Information System). Responses are due on March 15. [Read More](#)

National

CMS Releases 2023 Advance Notice with 8 Percent Rate Increase for Medicare Advantage, Part D Plans. The Centers for Medicare & Medicaid Services (CMS) released on February 2, 2022, the 2023 Advance Notice for Medicare Advantage (MA) and Part D, with a proposed eight percent rate increase. In 2022, plans received a four percent increase. The Advance Notice also includes a variety of proposed payment policy changes and an emphasis on health equity and social determinants of health. Public comments are due March 4 and payment policies for 2023 will be finalized in the 2023 Rate Announcement to be published by April 4. [Read More](#)

Expanding Medicaid in Non-Expansion States Would Cover 2.2 Million, Narrow Racial Gaps in Health Care Access, JEC Report Says. *Financial Regulation News* reported on February 1, 2022, that expanding Medicaid in the 11 remaining non-expansion states would cover 2.2 million individuals and narrow racial gaps in health care access, according to a recently released Joint Economic Committee (JEC) report. The report also found that Medicaid expansion under the Affordable Care Act saved almost 20,000 lives in the four years after enactment, reduced medical debt by \$6 billion, and increased the number of preventative care visits by 41 percent. [Read More](#)

Dual Eligibles Account for Disproportionate Share of Medicare, Medicaid Spending in 2019, Report Finds. The Medicaid and CHIP Payment and Access Commission (MACPAC) and the Medicare Payment Advisory Commission (MedPAC) announced on February 1, 2022, that spending on dual eligibles made up a disproportionate share of Medicare and Medicaid spending in 2019. According to the 2022 *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid*, duals accounted for 34 percent of Medicare spending in 2019 but only 19 percent of Medicare members. Duals accounted for 30 percent of Medicaid spending but only 14 percent of Medicaid members. Total Medicare and Medicaid spending on duals was \$440.2 billion combined in 2019. [Read More](#)

Bipartisan Lawmakers Call for Extending Coverage of Medicare Telehealth Services. *Healthcare IT News* reported on January 31, 2022, that a bipartisan group of 45 U.S. Senators and Representatives called for a short-term extension of Medicare coverage of telehealth services until permanent telehealth laws are passed. In a published letter, the legislators said that organizations need assurances that investments in telehealth are sustainable, while patients need to know that telehealth care will not terminate abruptly. [Read More](#)

One in Five Medicaid Members Ages 12-19 with Opioid Use Disorder Received Treatment, Study Finds. *Health Payer Intelligence* reported on January 31, 2022, that fewer than one in five Medicaid enrollees ages 12 to 19 diagnosed with opioid use disorder received substance use disorder (SUD) treatment from 2015-19, according to an Urban Institute report. The report also found that more than 60 percent of adolescents with opioid use disorder had at least one emergency department visit in the last year. Results are based on survey responses from 31,680 individuals ages 12 to 19 years enrolled in Medicaid or the Children's Health Insurance Program. [Read More](#)

Hospital Readmission Rates for Dual Eligibles Are Only Mildly Impacted by Social Determinants of Health, Study Says. *Modern Healthcare* reported on January 28, 2022, that hospital readmission rates among Medicare-Medicaid dual eligibles varied only minimally across states and communities, suggesting social determinants of health are not a major factor. Instead, “hospitals may have a distinct role in advancing equity for socioeconomically disadvantaged patients,” the study says. [Read More](#)

Proposed Standardized Exchange Plan Requirement Would Stifle Innovation, AHIP Says. *Modern Healthcare* reported on January 27, 2022, that a federal proposal requiring Exchange plans to offer a standardized option for each non-standardized option would stifle innovation and competition, according to America’s Health Insurance Plans (AHIP). The Centers for Medicare & Medicaid Services (CMS) included the proposal in its 2023 payment notice, which also proposes network adequacy reviews and requires essential benefits to be designed based on clinical evidence. [Read More](#)

Exchange Enrollment Hits Record 14.5 Million in 2022. The Centers for Medicare & Medicaid Services announced on January 27, 2022, federal and state-based Exchange enrollment hit a record 14.5 million in 2022. Open enrollment ended on January 15 for the federal Exchange and many state-based Exchanges. Exchanges are still open in California, District of Columbia, Kentucky, New Jersey, New York, and Rhode Island. [Read More](#)

CMS to Provide \$49.4 Million in Grants to Help Boost Medicaid, CHIP Enrollment. The Centers for Medicare & Medicaid Services (CMS) announced on January 27, 2022, that it will offer \$49.4 million in grants to organizations that provide Medicaid and Children’s Health Insurance Program (CHIP) enrollment and renewal assistance to children, families, and pregnant women. Awardees, which will receive up to \$1.5 million each for a three-year period, will include state and local governments, tribal organizations, federal health safety net organizations, not-for-profits, and schools. [Read More](#)

HCBS Provisions in Stalled Build Back Better Act May Still Move Forward, Advocates Say. *Public News Service* reported on January 27, 2022, that advocates are confident that the home and community-based services (HCBS) components of the stalled Build Back Better Act will move forward in some form. The original Build Back Better Act included \$150 billion for Medicaid HCBS. [Read More](#)

Participation in Medicare Shared Savings ACOs to Rise 3 Percent to 11 Million in 2022. *Modern Healthcare* reported on January 26, 2022, that the number of individuals receiving care from providers in Medicare Shared Savings Program Accountable Care Organizations (ACOs) is expected to increase three percent to 11 million in 2022, according to the Centers for Medicare & Medicaid Services (CMS). Participation was 11.2 million in 2020. As of January 1, 66 new ACOs had joined the program, bringing the total to 483. [Read More](#)



INDUSTRY NEWS

GuideWell Completes Acquisition of PR-Based Triple-S Management. *The Jacksonville Daily Record* reported on February 1, 2022, that GuideWell Mutual Holding Corporation has completed the acquisition of Triple-S Management, a managed care plan serving Medicaid, Medicare, and commercial members in Puerto Rico. GuideWell, which is the parent organization of Blue Cross and Blue Shield of Florida, paid \$36 per share or about \$900 million. [Read More](#)

Amedisys Acquires Evolution Health. Amedisys announced on February 2, 2022, the acquisition of Evolution Health, a division of Envision Healthcare that provides home health care services to Medicare members in four states. [Read More](#)

KNR Therapy Merges with Autism Learning Center. KNR Therapy announced on February 1, 2022, a merger with the Georgia-based Autism Learning Center, an applied behavior analysis therapy organization serving children ages two to 18 years old in Georgia and Alabama. KNR is a portfolio company of Shields Capital. [Read More](#)

Cigna Names Charles Berg President of Government Business, Senior Advisor. Cigna Corporation announced on January 31, 2022, that it has named Charles Berg president of U.S. government business and senior advisor. Berg, who most recently was executive chairman of DaVita Medical Group, will lead Cigna's Medicare Advantage and individual and family plan businesses. [Read More](#)

Entrusted Pediatric Home Care Acquires Advanced Medical Pediatric Home Health. Entrusted Pediatric Home Care announced on January 31, 2022, the acquisition of Advanced Medical Pediatric Home Health, which specializes in skilled nursing services in north Texas. [Read More](#)

RFP CALENDAR

RFP information and dates reflect publicly available state information.

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
Feb. 2022 - Mar. 2022	Texas STAR+PLUS	RFP Release	538,000
February 9, 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 9, 2022	California GMC - Sacramento, San Diego	RFP Release	1,091,000
February 9, 2022	California Imperial	RFP Release	75,000
February 9, 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 9, 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
March 4, 2022	MississippiCAN, CHIP	Proposals Due	480,000
March 15, 2022	Delaware	Proposals Due	280,000
April 1, 2022	Minnesota MA Families and Children, MinnesotaCare	Proposals Due	470,000
May 2022	Indiana MLTSS	RFP Release	NA
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
June 1, 2022	Delaware	Awards	280,000
July 2022	MississippiCAN, CHIP	Awards	480,000
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
First Quarter 2023	Indiana MLTSS	Awards	NA
January 1 2023	Delaware	Implementation	280,000
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

HMA NEWS

New this week on HMA Information Services (HMAIS):

Medicaid Data

- Idaho Average Medicaid Enrollment Up 43.1%, FY 2021 Data
- Illinois Dual Demo Enrollment is Up 14.3%, Sep-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 6%, Sep-21 Data
- Louisiana Medicaid Managed Care Enrollment is Up 6.5%, 2021 Data
- New York CHIP Managed Care Enrollment is Down 4.5%, Jul-21 Data
- New York Medicaid Managed Care Enrollment is Up 4.2%, Jul-21 Data
- North Carolina Medicaid Managed Care Enrollment is More Than 1.6 Million, Sep-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 8.2%, Oct-21 Data
- Pennsylvania Medicaid Managed Care Enrollment is Up 8.9%, Nov-21 Data
- Washington Medicaid Managed Care Enrollment is Up 7.4%, 2021 Data
- West Virginia Medicaid Managed Care Enrollment is Up 10.6%, 2021 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Massachusetts MBHP Community Behavioral Health Centers RFP, Feb-22
- Puerto Rico External Quality Review Organization RFP, 2021-22
- Texas Application Maintenance and Development of MES Modernized Systems RFO, Jan-22

Medicaid Program Reports, Data and Updates:

- Florida Control of Medicaid Fraud and Abuse in Fiscal 2020-21 Report, Dec-21
- Idaho Facts, Figures, Trends Annual Publication, 2012-22
- Montana DPHHS Medicaid Report, 2019-21
- Rhode Island State Medicaid Plan, Jan-22
- Texas Financial Statistical Reports by Health Plan and Program, 2020-21

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