

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... February 16, 2022



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IN FOCUS

CALIFORNIA RELEASES MEDI-CAL RFP FOR TWO-PLAN, GMC, REGIONAL MODELS

This week, our *In Focus* section reviews the California Medicaid (Medi-Cal) managed care request for proposals (RFP) released by the California Department of Health Care Services (DHCS) on February 9, 2022. DHCS is procuring contracts for commercial plans for three of the Medi-Cal managed care plan models in 21 counties, serving approximately 3 million beneficiaries.

Contracts will be awarded to one managed care organization (MCO) in each of the Two-Plan model counties, two MCOs in each of the geographic managed care (GMC) model counties, and two MCOs in each of the Regional model counties. This procurement is the largest released by California, rebidding contracts for commercial plans statewide.

Background

California currently has six Medi-Cal managed care plan models that serve 12 million beneficiaries in 58 counties. This RFP will help select commercial (private-sector operated) plans for the Two-Plan, GMC, and Regional Models.

- **Two-Plan:** In a Two-Plan model county, there is a county sponsored plan called the Local Initiative and a commercial plan. This RFP will only procure the commercial plans.
- **GMC:** In a GMC model county, DHCS contracts with multiple commercial plans.
- **Regional:** Regional model counties are rural counties that have not elected to participate as a County Operated Health Systems (COHS) model or as the Local Initiative of a Two-Plan model. In the Regional model, there are two commercial plans for each county.

The remaining 37 counties, including Imperial and San Benito Counties, will be served by the COHS Plans or the new Single-Plan model. As of January 1, 2024, the Imperial and San Benito managed care models will no longer exist.

- **COHS:** In a COHS model county, there is one the Medi-Cal managed care health plan that is run by the county. There is no competitive procurement process. Plans negotiate a contract with the county Board of Supervisors.
- **Imperial and San Benito:** These two models serve the Imperial and San Benito rural counties. In Imperial, there are two commercial plans that serve one or more counties. In San Benito there is one commercial plan; beneficiaries have the option of the commercial plan or to be fee-for-service Medi-Cal. These two models will no longer exist once the newly procured contracts go into effect.
- **Single-Plan:** In a single-plan model county, DHCS will contract with one commercial plan operated through the Local County Health Authority. The Authority must create a commission that will serve as the oversight entity for the delivery of Medi-Cal managed care services in that county. The commission contract may be on a non-bid basis. This model will begin January 1, 2024.

The following is a chart summing up the county transitions:

Plan Model	As of 1/31/2022	As of 1/1/2024	Commercial Plan Awards for this RFP
Two-Plan	14 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare.	14 counties: Alpine, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare.	One award per county.
GMC	2 counties: Sacramento and San Diego.	No Change	Two awards per county.
Regional	18 counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba.	5 counties: Amador, Calaveras, Inyo, Mono, and Tuolumne.	Two awards per county.
Imperial	1 county: Imperial	This plan model will no longer exist.	N/A
San Benito	1 county: San Benito	This plan model will no longer exist.	N/A
COHS	22 counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo.	34 counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Napa, Nevada, Orange, Placer, Plumas, San Benito, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Ventura, Yolo, and Yuba.	N/A
Single-Plan	This plan model does not currently exist.	3 counties: Alameda, Contra Costa, and Imperial.	N/A

Prior to issuing this RFP, in February 2022, California awarded Kaiser Permanente a five-year, statewide Medi-Cal managed care contract. The no-bid agreement, pending legislative approval, would allow Kaiser to continue serving its existing Medi-Cal members while expanding its reach in the state. Kaiser currently serves about 900,000 Medi-Cal members and has direct contracts with DHCS in the two GMC counties. With the new contract, Kaiser will also contract directly with DHCS to serve its Medi-Cal members outside of the GMC counties rather than subcontracting with the other Medi-Cal managed care plans in the non-GMC counties.

RFP

MCOs will offer integrated health care that includes medical, dental, mental health, substance use treatment services and long-term care to Medi-Cal beneficiaries. Additionally, MCOs will need to commit to a range of new requirements that advance health equity and improve population health. Priorities include the delivery of high-quality, culturally competent care and access to providers, and coordination of care across settings and at all levels. All MCOs will also be expected to engage and coordinate with local community partners, invest resources into the community, and make public their performance and health equity activities.

MCOs must submit a proposal for each county they wish to serve. DHCS will make separate awards for each county. If an MCO was awarded a contract for fewer counties than the number for which they have submitted proposals, the MCO must agree to contract with DHCS for the counties where they are selected. Multiple subsidiaries under the same parent organization cannot submit for the same county. If multiple subsidiaries of the same parent organization apply in the same county, DHCS will reject the parent organization for all the proposals submitted in that county.

A voluntary non-binding letter of intent is due March 2 and proposals are due by April 11. The notices of intent to award will be posted on August 9, with the tentative contract awards to be posted on August 22. Contracts are for five years and run from January 1, 2024, through December 31, 2028. DHCS may extend the contracts but does not assure that an extension will occur.

RFP Activity	Date
RFP Issued	February 9, 2022
Voluntary Non-Binding Letter of Intent	March 2, 2022
Proposals Due	April 11, 2022
Notice of Intent to Award	August 9, 2022
Tentative Contract Awards	August 22, 2022
Proposed Start of Agreement	October 10, 2022
Implementation	January 2024

Evaluations

DHCS will calculate final scores per county. Points in the proposal will be multiplied by a weight factor for each section as shown below.

Evaluation Section	Weighted Max Score
Quality Improvement and Health Equity Transformation Program (QIHETP)	Rating Category A Total 53.01%
Network Provider Agreements, Subcontractor and Downstream Subcontractor Agreements, and Contractor's Oversight Duties	
Network and Access to Care	
Mental Health and Substance Use Disorder Benefits	
Population Health Management and Coordination of Care	
MOUs with Third Parties	
Community Supports	
Enhanced Care Management (ECM)	
County-specific Requirements	Rating Category B Total 30.07%
Scope of Services	
Provider Compensation Arrangements	
Organization and Administration of the Plan	
Program Integrity and Compliance Program	
Utilization Management	
RFP Main, Voluntary Letter of Support	Rating Category C Total 15.10%
Member Services	
Management Information System	
Member Grievance and Appeals System	
Provider Relations	
Emergency Preparedness and Response	
Community Based Adult Services (CBAS)	
Marketing	Rating Category D Total 1.82%
Financial Information	
RFP Main, Proposing Firm's Capability	
RFP Main, Executive Summary	

[Link to RFP](#)



HMA MEDICAID ROUNDUP

Florida

Florida Hospitals Face Critical Care Funding Cuts. *Florida Politics* reported on February 15, 2022, that Florida hospitals face critical care funding cuts in fiscal 2023. Hospitals oppose the cuts. [Read More](#)

Florida Health Plan Improperly Denies Claims Due to Technology Glitch. *WUSF Public Media* reported on February 15, 2022, that a subsidiary of Centene incorrectly denied thousands of claims for children with disabilities and serious health issues from October to December 2021. The denials stemmed from a technology glitch related to the merger of Centene's Sunshine State Health Plan and WellCare of Florida. The issue impacted Sunshine Medicaid members and enrollees in the Children's Medical Services Health Plan. [Read More](#)

Florida Lawmaker Proposes Statewide Medicaid Managed Care Procurement, Cap on Market Share. *State of Reform* reported on February 9, 2022, that Florida would institute a statewide Medicaid managed care procurement and cap each plan's market share at 45 percent per region, according to a bill introduced by Representative Sam Garrison (R-Clay) to the House Health Care Appropriations Subcommittee. Florida, which currently procures its Medicaid managed care program by region, would also consolidate the number of regions from 11 to eight. The bill also includes plans to restore Medicaid dental coverage. Florida is expected to conduct its next procurement in fiscal 2023. [Read More](#)

Georgia

House Committee Advances Bill to Increase Medicaid Managed Care Transparency. *Georgia Health News* reported on February 15, 2022, that the Georgia House Health and Human Services Committee advanced a bill (House Bill 1276) that would require Medicaid managed care plans to post reports showing primary care network capacity by county, hospital costs, and prescription drug spending. The bill will now move to the House Rules Committee. [Read More](#)

Indiana

Indiana Bill Could Upend Transition to Medicaid Managed Care for LTSS. *WFYI* reported on February 14, 2022, that a plan to reform Medicaid long-term services and supports (LTSS) in part by transitioning the program to managed care would be upended by a bill recently passed by the state Senate, according to a spokesperson for the Indiana Family and Social Services Agency. The bill would create a pilot program for Medicaid managed LTSS in 10 counties, while continuing to operate a fee-for-service LTSS program in the rest of the state. The bill is expected to be voted on by the House on February 16. [Read More](#)

Senate Committee Advances Bill to Increase Medicaid Rates for Private Ambulance Runs. *The Times of Northwest Indiana* reported on February 10, 2022, that the Indiana Senate Appropriations Committee unanimously advanced legislation to increase rates for private ambulances serving Medicaid to match the rate paid by Medicare. The state already pays the Medicare rate for individuals enrolled in the Healthy Indiana Plan, the state's alternative Medicaid expansion program. The plan was already approved by the House. [Read More](#)

Iowa

House Committee Advances Bill to Tighten Medicaid Eligibility Checks. *The Iowa Capital Dispatch* reported on February 15, 2022, that the Iowa House Human Resources Committee advanced a bill (House Study Bill 698) that would require routine Medicaid eligibility checks and require applicants to complete a questionnaire to confirm their identity. The bill now moves to the House floor for debate. [Read More](#)

Kansas

Governor Proposes Medicaid Expansion Legislation. *KWCH/WIBW* reported on February 10, 2022, that Kansas Governor Laura Kelly proposed legislation to implement Medicaid expansion in 2023. Expansion would cover about 150,000 adults in the state. [Read More](#)

Louisiana

Louisiana Awards Medicaid Managed Care Contracts. The Louisiana Department of Health announced on February 11, 2022, its intent to award Medicaid managed care contracts to CVS/Aetna Better Health, AmeriHealth Caritas, Anthem/Healthy Blue, Humana, and Centene/Louisiana Healthcare Connections to serve the state's 1.7 million Medicaid members. Contract implementation is anticipated July 1, 2022, and the contracts will run for three years with an option to extend up to two more years. Incumbent UnitedHealthcare was also a bidder. Humana was the only non-incumbent awarded a contract. [Read More](#)

Michigan

Governor Allocates \$243.3 Million to Procure Single Dental Medicaid Managed Care Plan. Michigan Governor Gretchen Whitmer announced on February 9, 2022, a proposal to allocate \$243.3 million to increase Medicaid dental coverage in fiscal 2023. The plan, announced in the governor's proposed budget, calls for procuring a single, statewide dental Medicaid managed care plan for the state's Healthy Kids Dental, Healthy Michigan Plan, and adult Medicaid fee-for-service programs. Whitmer also proposed allocating \$4.3 million to increase Medicaid dental procedure reimbursement rates for outpatient hospitals and ambulatory surgical centers, as well as \$20 million to address racial health disparities. [Read More](#)

Mississippi

Mississippi Bill that Would End Contract With Medicaid Managed Care Plan Moves to Senate. *The Commercial Dispatch* reported on February 15, 2022, that a Mississippi House bill that would effectively end the state's Medicaid managed care contract with Centene/Magnolia Health will proceed to the Senate. The House passed the bill, deciding not to have any further debate. The bill would prohibit the state Medicaid program from contracting with a company that has paid more than \$50 million in a settlement agreement with the state. [Read More](#)

Mississippi House Adopts Amendment That Would End Contract with Medicaid Plan. *The Daily Journal* reported on February 10, 2022, that the Mississippi House voted to adopt an amendment that would prohibit Centene/Magnolia Health from holding a Medicaid managed care contract in the state. The bill, which was held on a motion to reconsider and can continue to be debated, would prohibit the state Medicaid program from contracting with any organization that has paid more than \$50 million in settlements to the state. Centene paid \$55 million in a settlement concerning billing, with the plan not admitting fault. [Read More](#)

Senate Passes Bill to Extend Postpartum Medicaid Coverage to 1 Year. *The Mississippi Free Press* reported on February 9, 2022, that the Mississippi Senate passed a bill to extend postpartum Medicaid coverage from 60 days to one year. The bill now moves to the House Medicaid Committee for a hearing. [Read More](#)

Missouri

House Measure that Could Undermine Medicaid Expansion Wins Preliminary Approval. *The Courier-Tribune* reported on February 25, 2022, that the Missouri House gave preliminary approval to a constitutional amendment that could undermine Medicaid expansion in the state by requiring the legislature to appropriate funds for the program annually as lawmakers see fit. A full House vote is still needed to refer the measure to the state Senate. [Read More](#)

Missouri Puts Residency Checks on Hold after Eligible Medicaid Members Are Incorrectly Flagged for Disenrollment. *The Kansas City Star* reported on February 10, 2022, that the Missouri Medicaid program is pausing residency checks through at least the end of February, after eligible members were wrongly flagged for disenrollment. The state is using LexisNexis to identify Medicaid recipients who have moved out of state. [Read More](#)

House Passes Medicaid Expansion Funding Bill. *The Springfield News-Leader* reported on February 10, 2022, that the Missouri House approved a spending bill that includes funds for Medicaid expansion. The bill still needs to pass the state Senate. [Read More](#)

Nevada

Nevada Proposes Adding New Provider Types to Medicaid. The Nevada Department of Human Services announced on February 10, 2022, that it has proposed changes to the state Medicaid alternative benefits plan, allowing community health worker, doula, and licensed pharmacist services. The change is expected to become effective July 1, 2022. [Read More](#)

New Mexico

Senators Propose Increased Medicaid Spending to Offset End of Enhanced Federal Payments. *The Associated Press* reported on February 13, 2022, that New Mexico Senators proposed increasing Medicaid spending by \$240 million in fiscal 2023, in part to offset the expiration of enhanced federal funds related to the pandemic. Total fiscal 2023 Medicaid spending would be \$1.3 billion under the proposal. The proposal also includes funding to extend postpartum Medicaid coverage from 60 days to one year. [Read More](#)

New York

New York Medicaid Managed Care Plans, Advocates Oppose Competitive Bidding Proposal. *Health Payer Specialist* reported on February 9, 2022, that health plans and advocates in New York oppose a state proposal to institute a competitive bidding process for Medicaid managed care contracts. Governor Kathy Hochul included the competitive bidding plan in her fiscal 2023 budget proposal. The proposal would also limit each contracting region to between two and five managed care plans. Currently, New York does not undergo competitive bidding for Medicaid managed care; any plan that meets the state's requirements can compete. New York Medicaid managed care plans serve approximately 5.5 million individuals. [Read More](#)

North Carolina

North Carolina Joint Legislative Panel Could Vote on Medicaid Expansion by November. *The Herald Sun/The Associated Press* reported on February 16, 2022, that a North Carolina joint House and Senate panel created to study health care access and the potential for Medicaid expansion will meet for the first time on February 18. Committee leaders have set the goal of proposing and voting on legislation to expand Medicaid before the November 8, 2022, general elections. [Read More](#)

Ohio

Anthem Completes Acquisition of Ohio Medicaid Managed Care Contract from Paramount. Anthem Blue Cross and Blue Shield announced on February 15, 2022, the completion of its acquisition of Paramount Advantage's Ohio Medicaid managed care contract serving 257,000 individuals. Anthem will work with Paramount to administer benefits until implementing a new contract on July 1, 2022. [Read More](#)

Oregon

House Committee Advances Bill to Minimize Risk of Eligibility Redeterminations. *State of Reform* reported on February 15, 2022, that the Oregon House Committee on Health Care approved a bill (HB 4035) that would require the state to develop a process for conducting Medicaid redeterminations following the end of the public health emergency (PHE), including ways of minimizing the risk of care disruptions for high-risk members. An estimated 302,000 enrollees could lose coverage when the PHE ends. [Read More](#)

South Dakota

Senate Defeats Medicaid Expansion Bill. *Westport-News* reported on February 15, 2022, that the South Dakota Senate rejected a Medicaid expansion bill. Separately, voters will decide on a Medicaid expansion ballot measure in November. [Read More](#)

Senate Committee Advances Medicaid Expansion Legislation. *Keloland News* reported on February 14, 2022, that the South Dakota Senate Health and Human Services Committee advanced a Medicaid expansion bill. Separately, South Dakotans are set to vote on a Medicaid expansion constitutional amendment in November. [Read More](#)

Utah

Utah Seeks Smooth Transition for Medicaid Members After End of Public Health Emergency. *State of Reform* reported on February 14, 2022, that Utah is hoping for a smooth transition for Medicaid members following the end of the public health emergency when eligibility redeterminations resume, according to Jennifer Strohecker, the state Medicaid director. Goals include clear communication about Medicaid eligibility to members and the opportunity to move from one type of coverage to another. [Read More](#)

Washington

Washington Medicaid to Cover Doula Services Under Bill Passed by House. *King 5 News* reported on February 9, 2022, that the Washington Medicaid program would cover doula services under a bill passed by the state House. Doulas would need a state certificate to apply for Medicaid payments. [Read More](#)

West Virginia

Legislators Consider Bills to Create Medicaid Buy-in Program, Lower Insulin Copay Cap. *Public News Services* reported on February 15, 2022, that the West Virginia House is considering legislation to create a Medicaid buy-in program for individuals with incomes slightly above current Medicaid limits. Separately, the state Senate is considering a bill that would lower the insulin copay cap with the goal of capping out-of-pocket costs at \$35 per month. [Read More](#)

Wyoming

Wyoming Residents Support Medicaid Expansion Without Tax Increase, Survey Finds. *The Billings Gazette* reported on February 14, 2022, that Wyoming residents support Medicaid expansion if it does not result in higher taxes or lower K-12 education funding, according to a survey by SDR consulting. A Medicaid expansion bill was introduced to the state legislature in January, after a similar bill was killed last legislative session. [Read More](#)

National

NEMT Can Help Address Social Determinants of Health for Medicaid, Medicare Advantage Beneficiaries, Study Suggests. *Managed Healthcare Executive* reported on February 13, 2022, that non-emergency medical transportation (NEMT) can help address social determinants of health for Medicare and Medicaid members, according to a recent Medical Transportation Access Coalition study prepared by Faegre Drinker Consulting, with data analysis support provided by Wakely, an HMA company. For example, the study points to growing utilization of NEMT for non-medical destinations like social services and grocery stores. [Read More](#)

HHS Announces \$55 Million in Funding for Health Centers to Increase Health Care Access, Quality. The U.S. Department of Health and Human Services (HHS) announced on February 14, 2022, the award of nearly \$55 million to 29 Health Resources and Services Administration (HRSA) health centers to expand use of telehealth, remote patient monitoring, and other forms of virtual care. [Read More](#)

Senate Considers Bill to Improve Integrated Care Quality for Dual Eligible Beneficiaries. *The Ripon Advance* reported on February 14, 2022, that U.S. Senator Tim Scott (R-SC) is sponsoring legislation (The Supporting Care for Dual Eligibles Act, S. 3630) to establish a \$100 million Dual Eligible Quality Care Fund to provide grants to state Medicaid programs to ensure quality integrated care is being provided to dual eligible beneficiaries. The bill has been referred to the Senate Finance Committee. [Read More](#)

Biden Administration to Force Arizona, Montana to End Medicaid Expansion Premiums in 2022. *Kaiser Health News* reported on February 10, 2022, that the Biden Administration will force Arkansas and Montana to phase out Medicaid expansion premiums by the end of 2022. The six other states (Arizona, Georgia, Indiana, Iowa, Michigan, and Wisconsin) that are currently allowed to charge premiums may also be forced to eliminate them. Studies have shown that the fees led to fewer low-income adults signing up for coverage and fewer reenrolling. [Read More](#)

Providers Call for Changes, Not Cancellation of Medicare Global, Professional Direct Contracting Model. *Modern Healthcare* reported on February 14, 2022, that provider organizations are urging the Centers for Medicare & Medicaid Services (CMS) to alter but not cancel the Global and Professional Direct Contracting (GPDC) model, which is one of the currently available Medicare value-based payment models. GPDC, which falls under the broader Medicare Direct Contracting program, has been criticized by some lawmakers. [Read More](#)

CMS Seeks to Recoup Overpayments from Hospitals that Own Nursing Schools. *Modern Healthcare* reported on February 11, 2022, that the Centers for Medicare & Medicaid Services (CMS) is seeking to recoup \$310 million in overpayments made to hospitals that own nursing schools between 2008 and 2018. The effort would impact 118 hospitals. [Read More](#)



INDUSTRY NEWS

ChristianaCare Acquires Crozer Health Medical Group. *Modern Healthcare* reported on February 11, 2022, that Delaware-based hospital system ChristianaCare has agreed to acquire Crozer Health Medical Group from Prospect Medical Holdings. The deal includes four hospitals along with ambulatory centers, clinics, ancillary outpatient services, and other assets. [Read More](#)

RFP CALENDAR

RFP information and dates reflect publicly available state information.

Date	State/Program	Event	Beneficiaries
2022	Georgia	RFP Release	1,800,000
2022	Nebraska	RFP Release	331,000
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
March 29, 2022	Texas STAR+PLUS	RFP Release	538,000
April 1, 2022	Minnesota MA Families and Children, MinnesotaCare	Proposals Due	470,000
April 11, 2022	California Medi-Cal: Two-Plan, GMC, Regional	Proposals Due	3,100,000
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
May 31, 2022	Texas STAR+PLUS	Proposals Due	538,000
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
August 2022	California Medi-Cal: Two-Plan, GMC, Regional	Awards	3,100,000
Fall 2022	Florida	RFP Release	3,500,000
September 2, 2022	New Mexico	RFP Release	800,000
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
November 4, 2022	New Mexico	Proposals Due	800,000
First Quarter 2023	Indiana MLTSS	Awards	NA
January 2023	Texas STAR+PLUS	Awards	538,000
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
September 2023	Texas STAR+PLUS	Implementation	538,000
2024	Indiana MLTSS	Implementation	NA
January 1, 2024	California Medi-Cal: Two-Plan, GMC, Regional	Implementation	3,100,000
Jun. 2024 - Aug. 2024	Texas STAR & CHIP	Implementation	3,700,000
Dec. 2024 - Feb. 2025	Texas STAR Kids	Implementation	166,000

HMA WELCOMES

Gary Cohen, JD - Principal

An executive leader in both the public and private sectors, including serving in the Obama Administration, Gary Cohen has held a variety of senior positions during his 30-year career and has extensive legal, business, and regulatory experience and expertise.

Before joining HMA, he served as vice president of government affairs with Blue Shield of California as well as serving as a member of the Board of Trustees with the Blue Shield of California Foundation. In this capacity, he oversaw all strategy and execution of government affairs activities at the state and federal level along with a variety of related long-term, strategic policy initiatives.

He also previously served as vice president of enterprise regulatory strategy and policy with Kaiser Permanente where he led efforts to develop and implement an enterprise-wide regulatory strategy ensuring all policy and regulatory activities were coordinated and consistent.

During his tenure as director of the Center for Consumer Information and Insurance Oversight (CCII0), in the Obama Administration, he worked with senior administration officials, state insurance regulators, health plans, and other stakeholder groups to put into place ACA required market-wide reforms and to stand up the federal and state Marketplaces.

Gary served as general counsel to CoveredCA and the California Department of Insurance, where he was responsible for a broad range of legal and policy matters. Among the issues he dealt with were two major health plan mergers, reform of the standard disability policy language permitted in the state, and settlement of bid-rigging allegations against major insurance brokers.

He began his state service as general counsel with the California Public Utilities Commission, where he led the legal strategy in response to the state's energy crisis. He has also worked as an attorney in the private sector, as a partner at Kecker, Van Nest & Peters and Sonnenschein Nath Rosenthal (now Dentons LLP), and at Fireman's Fund Insurance Company as well as chief of staff to Congressman John Garamendi (D-03).

Gary earned a bachelor's degree from Brown University and a Juris Doctorate from Stanford.

Paul Fleissner - Senior Consultant

Working to integrate services across systems and communities, Paul Fleissner is a seasoned executive who has developed programs and policies aimed at creating pathways out of poverty for families, building healthier communities, addressing behavioral health needs, and serving vulnerable populations.

Before joining HMA, he served as behavioral health director with the Minnesota Department of Human Services where he directed the operations, policy, and budget of Minnesota's substance use disorder services, mental health services and problem gambling supports. He developed policy and

funding proposals to build effective, equitable systems of care for Minnesotans needing behavioral health services.

For nearly three decades Paul served Olmsted County in various and increasingly senior roles, most recently serving as deputy county administrator. During his long tenure, he built a reputation for being an inclusive and innovative team leader with an ability to foster healthy workplace cultures and help repair those workplaces in crisis.

In his experience with Olmsted County, Paul established and led the Community Services Division which provides social services, public assistance, Veteran's services and housing supports. Working to better operationalize the department, he led the efforts to apply data in order to inform system change and reduce inequities, improving outcomes for diverse populations. Additionally, he fostered unique partnerships to develop innovative services for homeless populations, at-risk families, and youth and adults with behavioral health needs.

An authentic servant leader, Paul has lent his expertise and voice to efforts to pass legislation providing bonding dollars for behavioral health crisis centers and support housing to create a viable behavioral health continuum of care in the state.

He earned a Bachelor of Arts degree in psychology from St. Cloud State University and a Bachelor of Science degree in accounting from Winona State University. He has participated in the Harvard Leadership for a Networked World forum and helped design the University of Minnesota Future Services Institute.

HMA NEWS

Webinar Alert: Summary and Implications of the 2023 Medicare Advantage Advance Notice. During this webinar, consultants from Wakely Consulting Group, an HMA Company, will provide an overview of the proposed changes, with an emphasis on the likely impact that the new rates and policies will have on Medicare Advantage bids, membership growth, quality, and strategy. Speakers will also touch on other recent public statements from federal regulators that could point to additional future changes for Medicare Advantage plans. [Register now](#)

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

Medicaid Data

- Arizona Medicaid Managed Care Enrollment is Up 9.7%, 2021 Data
- Illinois Dual Demo Enrollment is Up 25.9%, Oct-21 Data
- Illinois Medicaid Managed Care Enrollment is Up 6.7%, Oct-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 1.1%, Feb-22 Data
- Maryland Medicaid Managed Care Enrollment Is Up 8.8%, 2021 Data
- Mississippi Medicaid Managed Care Enrollment is Down 1.5%, Jan-22 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 17.4%, Oct-21 Data
- Nebraska Medicaid Managed Care Enrollment Is Up 18.6%, Nov-21 Data
- North Carolina Medicaid Managed Care Enrollment is 1.7 Million, Oct-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Alabama MES Enterprise Data Services RFI, Feb-22
- Alaska MMIS Fiscal Agent Service RFP, 2021
- Alaska MMIS RFP and Contract Documents, 2007-22
- Indiana MMIS M&O and Medicaid Business Operations RFP and Addendums, 2022
- Louisiana Medicaid Managed Care RFP, Proposals, Award, Scoring, and Related Documents, 2021-22
- Mississippi Pharmacy PDL, Supplemental Rebate, Rate Setting and Programmatic Review and Assessment of Core Components RFP, 2021
- Nebraska Data Management and Analytics Contract, 2017-2024
- South Dakota MMIS Provider Services Contract, 2021-32
- Virginia Enterprise Data Warehouse Solution Contract, 2017-21

Medicaid Program Reports, Data and Updates:

- Arizona Medicaid Managed Care Capitation Rates and Actuarial Certification, 2021-22
- Florida Medicaid Managed Care Rate Certification, SFY 2021-22
- Missouri Medicaid State Plan, Feb-22
- Ohio Medicaid Managed Care Capitation Rate Certification and Appendices, CY 2022
- Pennsylvania MLTSS Subcommittee Meeting Materials, 2021-22
- Virginia Commonwealth Coordinated Care Plus Data Books and Capitation Rates, 2016-22

- Virginia Medallion 4.0 Rate Reports, 2019-22
- Wisconsin Medicaid MCO Actuarial Rate Certifications and Capitation Rates, 2018-22

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