

HEALTH MANAGEMENT ASSOCIATES

# HMA Weekly Roundup

Trends in Health Policy

..... March 16, 2022 .....



[RFP CALENDAR](#)

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## THIS WEEK

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- FLORIDA LEGISLATURE PASSES BILL REDUCING NUMBER OF MEDICAID MANAGED CARE REGIONS
- GEORGIA HOUSE PASSES BILL TO CARVE-OUT MEDICAID PHARMACY BENEFITS
- IOWA RELEASES NON-EMERGENCY MEDICAL TRANSPORTATION RFP
- NEW JERSEY SEEKS APPROVAL OF ADULT CONTINUOUS ELIGIBILITY, MATERNAL CARE PROGRAMS IN MEDICAID 1115 WAIVER EXTENSION
- NEW YORK LEGISLATURE REJECTS COMPETITIVE BIDDING FOR MEDICAID MANAGED CARE
- CMS MUST ISSUE DECISION ON TEXAS WAIVER PROGRAMS
- CONGRESS EXTENDS MEDICARE TELEHEALTH COVERAGE IN NEWLY APPROVED BUDGET
- ANTHEM TO BE REBRANDED AS ELEVANCE HEALTH
- **HMA WELCOMES NEW COLLEAGUES**
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## IN FOCUS

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### HOW STAKEHOLDERS CAN PREPARE FOR UNWINDING OF MEDICAID PUBLIC HEALTH EMERGENCY CONTINUOUS ELIGIBILITY

HMA Principal [Jane Longo](#), Federal Policy Principal [Andrea Maresca](#), and a team of experts from across HMA and HMA companies weigh in on the recent guidance to states on preparing for the end of the Public Health Emergency.

This week our *In Focus* section highlights HMA's insights on how stakeholders can prepare for the unwinding of Medicaid's Public Health Emergency Continuous Eligibility policy. One of the most significant issues the U.S. Department of Health and Human Services (HHS) is considering this year is whether and when to end the COVID-19 public health emergency (PHE) declaration. Earlier this week Jane Longo and Andrea Maresca walk through important implications for Medicaid enrollees as well as state Medicaid agencies and stakeholders.

In 2020, the Families First Coronavirus Response Act (FFCRA) offered states federal Medicaid funding at a higher match rate during the PHE if they met certain requirements, including freezing Medicaid eligibility standards, and maintaining continuous coverage for individuals enrolled in Medicaid.<sup>i</sup> The higher federal funding and related requirements are effective during the COVID-19 PHE period. However, once the PHE period ends, states will resume normal eligibility renewal reviews and must prepare for the end of enhanced federal funding.

Medicaid enrollment grew by 13.6 million (19.1 percent) between the start of the COVID-19 pandemic in February 2020 and September 2021.<sup>ii</sup> Analysis conducted by HMA finds that roughly half of the Medicaid growth since the start of the COVID-19 emergency is due to provision of continuous coverage to individuals enrolled in Medicaid during the PHE.<sup>iii</sup> Separately, the Urban Institute projects that as many as 15 million people could lose coverage in 2022 when the PHE and continuous eligibility end.<sup>iv</sup>

The current COVID-19 PHE declaration expires April 16<sup>th</sup> and another extension is likely. While HHS has committed to giving states at least 60 days advance notice before terminating or letting the PHE declaration expire, states and the Centers for Medicare & Medicaid Services (CMS) are already immersed in planning for resumption of full renewals.

The sheer volume of Medicaid enrollment growth due to temporary COVID policies, the complexity of eligibility renewals, and the risk that large numbers of eligible individuals could lose coverage will require an all-hands on deck approach for states, managed care organizations (MCOs), providers, and other stakeholders.

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<sup>i</sup> P.L. 116-127: <https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>

<sup>ii</sup> Kaiser Family Foundation, "Analysis of Recent National Trends in Medicaid and CHIP Enrollment," February 2022: <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/>

<sup>iii</sup> Internal to HMA: Estimated Health Insurance Impact of COVID-19 Economic Downturn

<sup>iv</sup> Urban Institute, "What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency?" September 2021: [https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicare-enrollment-after-the-public-health-emergency\\_0.pdf](https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicare-enrollment-after-the-public-health-emergency_0.pdf)

In addition to a series of resources published in 2021 and 2022, CMS continues to regularly engage state Medicaid agencies and stakeholders to build out their plan for resuming normal operations to address pending applications, verifications, renewals, to improve the overall eligibility determination process going forward, and to implement strategies to minimize loss of coverage by eligible individuals.<sup>v</sup> The federal resources provide clarity on options and strategies available to states, including March 2022 guidance which details specific strategies states may employ. CMS also articulates its expectations for states, for example by requiring that states must complete a post-PHE full renewal for each member before ending coverage. States, health plans, providers and advocates will want to assess this information and adapt it to reflect state-specific landscapes to avoid the loss of coverage by large numbers of eligible individuals.

### **What it Means for Medicaid Partners and Stakeholders**

HMA is working with states and stakeholders to develop operational plans to minimize disruption and administrative burdens for Medicaid eligible individuals, state agencies, state-based Marketplaces, health plans and providers, as well as continue to advance alignment and integration opportunities. These plans include specific actions for states, health plans, providers, advocates, and other stakeholders tailored to reflect the landscape and resources on a state-by-state basis.

Stakeholders will want to be preparing now to respond to the eligibility and enrollment needs of Medicaid enrollees and applicants. Strategies and timeframes for completing the required full renewal will vary by state. Stakeholders will want to:

- Take steps now to prepare to assist Medicaid enrollees and support the full renewal process;

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<sup>v</sup> “Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency”, March 3, 2022: [SHO# 22-001](#); “Medicaid and Children’s Health Insurance Program COVID-19 Health Emergency Eligibility and Enrollment Pending Actions Resolution Planning Tool”, Updated March 3, 2022: [Planning Tool](#); Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operation,” March 3, 2022: [Overview](#); Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations, November 2021: <https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf>; SHO# 21-002 RE: Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, August 13, 2021: <https://www.medicaid.gov/sites/default/files/2021-08/sho-21-002.pdf>

- Monitor evolving state landscapes to learn how Medicaid agencies are planning for the resumption of eligibility and enrollment operations;
- Work across stakeholder groups to provide specific assistance in implementing outreach and assistance plans;
- Communicate with states about planning, outreach, and assistance initiatives.

Based on HMA's work with states and their partners, we identified major components and considerations guiding three major phases of work around renewals: planning, outreach to prepare for resumption of full renewals, and assistance once the renewal process begins. While the details will differ, the overarching issues are applicable in all states, regardless of the goals and parameters each state sets for completing work on the PHE-related backlog of renewals.

Dive into our detailed review of major phases and decision points for stakeholders and our perspectives on the longer-term trends we are engaged in helping stakeholders shape.

<https://www.healthmanagement.com/blog/how-stakeholders-can-prepare-now-for-unwinding-of-medicaid-public-health-emergency-continuous-eligibility/>



## HMA MEDICAID ROUNDUP

### *Alabama*

**House Passes Medicaid Postpartum Coverage Extension in Budget.** *The Times Union* reported on March 15, 2022, that the Alabama House passed a fiscal 2023 budget, which includes funding to extend postpartum coverage for mothers enrolled in Medicaid from two to 12 months. The budget now heads to a joint conference committee slated to meet March 16. [Read More](#)

### *Arizona*

**Arizona Is Preparing to Disenroll Beneficiaries No Longer Eligible For Medicaid, CHIP.** The Arizona Health Care Cost Containment System (AHCCCS) announced on March 15, 2022, that it is readying to begin disenrolling adults and children no longer eligible for Medicaid and KidsCare, the state's Children's Health Insurance Program (CHIP), after the public health emergency (PHE) ends. There are an estimated 500,000 individuals who need to complete the renewal process to determine if they are still eligible for coverage. [Read More](#)

### *Arkansas*

**Arkansas to Begin Updating Medicaid Member Contact Information Ahead of PHE Expiration.** The Arkansas Department of Human Services (DHS) announced on March 14, 2022, that it has established a call center to reach out to Medicaid beneficiaries before the public health emergency (PHE) ends. The goal will be to ensure contact information is up to date so Medicaid members receive renewal notifications. [Read More](#)

### *Connecticut*

**House Committee Shelves Bill Requiring Nursing Homes to Spend 90 Percent of Medicaid Funds on Care.** *The Connecticut Mirror* reported on March 11, 2022, that the Connecticut House Aging Committee shelved a bill (House Bill 5310) that would have required nursing homes to spend at least 90 percent of Medicaid funding on direct patient care. In Connecticut, Medicaid funding covers about 74 percent of nursing home care. [Read More](#)

## Delaware

**House Committee Advances Bill to Provide Health Coverage to Children Illegally in U.S.** *The Associated Press* reported on March 9, 2022, that a Delaware House committee advanced a bill to provide health care coverage to children who are in the country illegally. The bill would impact about 2,000 children in low-income families. The bill now moves to the full House. [Read More](#)

## Florida

**Legislature Passes Bill Reducing Number of Medicaid Managed Care Regions.** *WINK News/CBS Miami* reported on March 13, 2022, that the Florida Legislature passed Senate Bill 1950, which consolidates the state's managed care regions from 11 to nine by combining regions one and two and regions three and four. The Agency for Health Care Administration will begin the process of procuring new Medicaid managed care contracts later this year. [Read More](#)

**FL Hospital, Health Plan Profits Buoyed by COVID-19 Relief, Growth in Medicaid Enrollment, Study Says.** *Health News Florida* reported on March 10, 2022, that hospitals and health plans in Florida generally remained profitable in 2020, buoyed in part by COVID-19 relief funds and gains in Medicaid coverage, according to a report from Allen Baumgarten. [Read More](#)

## Georgia

**House Passes Bill to Carve-Out Medicaid Pharmacy Benefits.** *Georgia Health News* reported on March 9, 2022, that the Georgia House passed a bill (House Bill 1351) that would carve out pharmacy benefits from the state's Medicaid managed care program. Under the bill, pharmacy benefits would be managed by the state Department of Community Health. [Read More](#)

## Iowa

**Iowa Releases Non-Emergency Medical Transportation RFP for Medicaid FFS Population.** The Iowa Department of Human Services issued on March 10, 2022, a request for proposals (RFP) for risk-based non-emergency medical transportation (NEMT) services for the state's fee-for-service (FFS) Medicaid population. Emergency air ambulance and emergency ground ambulance services are excluded. The FFS population is estimated to be between 10,000 and 12,000. Proposals are due on July 22, and awards will be announced on September 1. The contract will begin on January 1, 2023, and run for three years with three one-year extension options. [Read More](#)



## Michigan

**Voters Oppose Carving Behavioral Health Services Into Medicaid Managed Care, Poll Finds.** *The Huron Daily Tribune* reported on March 15, 2022, that 67 percent of Michigan voters are opposed to carving behavioral health services into Medicaid managed care, according to a poll by the Community Mental Health Association of Michigan. In 2021, state Senate Majority Leader Mike Shirkey (R-Clarklake) introduced legislation (Senate Bills 597 and 598) to carve behavioral health and substance use disorder treatment into Medicaid managed care and out of the current 10 regional prepaid inpatient health plans. [Read More](#)

**Michigan Pushes Back Against Audit Flagging \$2.4 Billion in Improper Medicaid Payments.** *The Detroit News* reported on March 11, 2022, that the Michigan Department of Health and Human Services (MDHHS) is pushing back against a state audit estimating \$2.4 billion in Medicaid and Children's Health Insurance Program payments for members who were ineligible or missing eligibility documentation. MDHHS says the methodology "grossly inflated" total improper payments based on a sample of 220 Medicaid members. [Read More](#)

## Mississippi

**Senate Looks to Revive Bill to Extend Postpartum Medicaid Coverage to 1 Year.** *The New Canaan Advertiser* reported on March 14, 2022, that the Mississippi Senate will try to revive a bill to extend postpartum Medicaid coverage from two months to one year, according to Lt. Governor Delbert Hosemann. The House recently failed to vote on the bill (Senate Bill 2033) after it had already passed the Senate. In 2020, approximately 60 percent of births in Mississippi were covered by Medicaid. [Read More](#)

**House Kills Bill to Extend Postpartum Medicaid Coverage to 1 Year.** *The Associated Press* reported on March 9, 2022, that Mississippi House leaders killed a bill that would have extended postpartum Medicaid coverage from two months to one year by not bringing it to a vote. The state Senate passed the bill in February 46-5. In Mississippi, approximately 60 percent of births were covered by Medicaid in 2020. [Read More](#)

## Missouri

**Missouri Is Hit With Lawsuit Over Ending Medicaid Payments to Planned Parenthood.** *Fox 2* reported on March 10, 2022, that Planned Parenthood filed a state lawsuit over Missouri's recently enacted budget, which prohibits Medicaid from paying for any health care services from a provider that also performs abortions. In 2020, the Missouri Supreme Court ruled in favor of Planned Parenthood in a similar dispute. [Read More](#)

## *New Jersey*

**New Jersey Seeks Approval of Adult Continuous Eligibility, Maternal Care Programs in Medicaid 1115 Waiver Extension Request.** The Centers for Medicare & Medicaid Services announced on March 11, 2022, that New Jersey's five-year Medicaid 1115 Waiver Demonstration extension proposal includes several new initiatives, including continuous eligibility for adults; maternal and child health services such as a medically indicated meals pilot program and supportive visitation services; Medicaid-covered housing related services; nursing home diversion and transition services such as housing, caregiver support and nutritional support; behavioral health services to include Certified Community Behavioral Health Clinics; pre-release services for incarcerated individuals; additional subacute psychiatric rehabilitation beds; a community health worker pilot program; and a regional health hub initiative. Public comments will be accepted through April 10, 2022. [Read More](#)

## *New York*

**New York Legislature Rejects Competitive Bidding for Medicaid Managed Care.** *New York Now* reported on March 14, 2022, that the New York State Legislature will not consider Governor Kathy Hochul's proposal to institute competitive bidding for Medicaid managed care contracts as part of deliberations over the state budget. However, the legislature agreed to reverse a 1.5 percent Medicaid rate cut implemented during the pandemic and increase Medicaid provider rates by one percent. Behavioral health providers would see even more significant rate increases under bills from both the Senate and Assembly. [Read More](#)

## *Pennsylvania*

**Pennsylvania May Prevent Providers with Prior Work Stoppages from Joining Medicaid Managed Care Networks.** *The Progress News* reported on March 14, 2022, that the Pennsylvania Department of Human Services is considering contracts that would prevent Medicaid managed care networks from including providers that have had work stoppages in the past five years. The restriction would not apply to providers that subsequently signed collective bargaining agreements. The new Medicaid managed care contracts are set to take affect in July. [Read More](#)

**Pennsylvania Long-Term Care Facilities Call for \$294 Million Funding Increase.** *The Pittsburgh Tribune-Review* reported on March 11, 2022, that trade group LeadingAge PA requested a \$294 million increase in funding for Pennsylvania long-term care (LTC) facilities to offset prior reimbursement shortfalls. According to LeadingAge PA, Medicaid reimbursements underfunded LTC facilities by more than \$86 per member per day in fiscal 2020. [Read More](#)



## Rhode Island

**Legislature Considers Medicaid Reimbursement Rate Increase for Personal Care Providers, Others.** *The Providence Journal Bulletin* reported on March 9, 2022, that Rhode Island lawmakers are considering bills that would increase Medicaid reimbursement rates and establish regular rate reviews for personal care assistants and other providers of social and human services. These programs include home and community-based services that address social, mental, and behavioral health care needs. [Read More](#)

## Texas

**CMS Must Issue Decision on Texas Waiver Programs by March 25, Federal Judge Rules.** *Bloomberg Law* reported on March 14, 2022, that the Centers for Medicare & Medicaid Services (CMS) must issue a final decision on the state-directed payment programs (SDPs) included in Texas' 1115 waiver renewal application by March 25, according to an order issued by U.S. District Court Judge J. Campbell Barker. The waiver was initially approved at the end of the Trump administration, but approval was rescinded by CMS under the Biden administration. Texas claims that CMS waited too long to rescind approval and has failed to collaborate with the state on implementing the SDPs. [Read More](#)

## Washington

**Legislature Expands Eligibility for Charity Care.** *Becker's Hospital Review* reported on March 10, 2022, that the Washington legislature passed House Bill 1616, which expands eligibility for free or reduced-cost out-of-pocket hospital care to over one million individuals with incomes up to 400 percent of poverty, more than doubling the previous level. The bill, which establishes differing discount tiers depending on the hospital providing care, awaits signature from Governor Jay Inslee. [Read More](#)

**Supplemental Budget Allocates Funds for Behavioral Health, Medicaid Eligibility.** *State of Reform* reported on March 9, 2022, that the Washington legislature agreed on a supplemental operating budget for fiscal 2022, including \$100 million in one-time payments for Medicaid home and community-based behavioral health providers and \$86 million for a seven percent behavioral health provider rate increase for Medicaid managed care plans. Another \$46 million is allocated to ensure continuous Medicaid coverage for children under six and eliminate some eligibility certifications at the end of the public health emergency. The budget will return to the House and Senate for final approval. [Read More](#)

## National

**CMS Releases Final DSH Allotments for Fiscal Years 2018-19, Preliminary DSH Allotments for Fiscal Years 2020-21.** The American Hospital Association reported on March 15, 2022, that the Centers for Medicare & Medicaid Services (CMS) released final disproportionate share hospital (DSH) allotments for fiscal 2018 and 2019 and preliminary DSH allotments for fiscal 2020 and 2021. The DSH allotments for fiscal years 2020-21 include adjustments made by the

American Rescue Plan Act and a temporary increase in the Federal Medical Assistance Percentage (FMAP). [Read More](#)

**MACPAC Says Aligning Money Follows Person, HCBS Residency Rules Is Not Supported by Data.** The Medicaid and CHIP Payment Access Commission (MACPAC) said in its March 2022 report to Congress that there is not enough data to support aligning residency criteria for the Money Follows the Person (MFP) demonstration with the settings rule for home and community-based services (HCBS). Both transition Medicaid individuals from institutions into the community. However, the MFP criteria requires participants to be transitioned to specific settings, while the HCBS rule is more expansive. The report also includes chapters on increasing access to vaccines for Medicaid adults and an annual breakdown of Medicaid disproportionate share hospital payments.

**Exchange Enrollment Soars in Texas, Southern States in 2022.** *Fierce Healthcare* reported on March 11, 2022, that Affordable Care Act (ACA) Exchange enrollment in Texas rose 42 percent to more than 1.8 million in 2022. Georgia Exchange enrollment increased 36 percent, Arkansas 33 percent, and South Dakota 32 percent. Nationally, more than 14.5 million people signed up for ACA coverage in 2022, including 5.8 million new enrollees. [Read More](#)

**Congress Extends Medicare Telehealth Coverage in Newly Approved Budget.** *Modern Healthcare* reported on March 9, 2022, that Congress passed a \$1.5 trillion budget, which includes an extension of Medicare coverage of telehealth services for 151 days after the public health emergency ends. Funding for substance use disorder treatment, maternal health care, nursing staffing shortages, and drug discounts for safety net hospitals was also included in the bill. [Read More](#)

**House COVID-19 Relief Bill to be Introduced Soon, Pelosi Says.** *The Hill* reported on March 9, 2022, that a separate COVID-19 relief bill focused on treatments and vaccines to fight potential new variants is expected to be introduced soon, according to House Speaker Nancy Pelosi (D-CA). An emergency aid package worth \$15.6 billion for COVID-19 relief was removed from a broader government funding package. [Read More](#)

**Providers Seek Suspension of Medicare Advantage Prior Authorization During Future Public Health Emergencies.** *Modern Healthcare* reported on March 9, 2022, that providers want Medicare Advantage prior authorization requirements suspended during future public health emergencies (PHE). Providers made the recommendation in response to a proposed Centers for Medicare & Medicaid Services rule about the impact of prior authorization requirements during a PHE. [Read More](#)

**House Passes Bill to Extend Enhanced Federal Medicaid Matching Rate for U.S. Territories.** *The Pacific Daily News* reported on March 10, 2022, that the House passed a federal spending bill that would maintain the current enhanced federal Medicaid matching rates for the U.S. territories through December 2022. The matching rate would otherwise return to the pre-pandemic level on March 11. [Read More](#)



## INDUSTRY NEWS

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**Health Plan Files Lawsuit Against Former Executive.** *Modern Healthcare* reported on March 15, 2022, that Anthem Inc. filed a federal lawsuit against Chad Piper, the former president of its Nebraska Medicaid division. The lawsuit alleges Piper improperly used trade secrets when he joined competitor CareSource and assisted in its Iowa Medicaid managed care bid. CareSource is not party to the lawsuit. [Read More](#)

**Anthem To Be Rebranded as Elevance Health.** *Fierce Healthcare* reported on March 10, 2022, that Anthem will now be known as Elevance Health, pending shareholder approval. Anthem's individual Blue Cross Blue Shield companies will continue to operate under their existing brands. [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
March 29, 2022	Texas STAR+PLUS	RFP Release	538,000
April 2022	Nebraska	RFP Release	331,000
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 11, 2022	Iowa	Proposals Due	780,000
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
August 31, 2022	Iowa	Awards	780,000
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
July 1, 2023	Iowa	Implementation	780,000
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

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## HMA WELCOMES

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### **Tani Hemmila - Managing Principal**

Tani Hemmila leads groups and coalitions in designing and improving systems of care, often at the intersection of practice, payment, and policy. With a background in collective impact, inter-professional leadership, macro social work, and business, Tani is passionate about building sustainable systems changes that help people achieve health and recovery.

A skilled communicator, collaborator, and mission-driven strategist, Tani has expertise in strategic planning, program development, and impact evaluation, ensuring organizations and coalitions clearly define their vision and consistently achieve their goals.

She joins HMA after serving for a decade with the Institute for Clinical Systems Improvement, where she led many multi-stakeholder groups in care delivery and systems transformation, particularly in behavioral health. She led work across Minnesota to improve suicide prevention and intervention in emergency departments, integrate behavioral health into primary care, advance safer opioid prescribing and chronic pain management, and to support the mental health of the healthcare workforce in response to the pandemic.

She was a consultant and practice coach with multiple clients including medical groups in four states as part of COMPASS, a Centers for Medicare & Medicaid Services (CMS) Innovation Center (CCMI)-awarded behavioral health integration project. She has worked with government agencies, private and non-profit organizations, including advocacy groups, health plans, community-based organizations, and healthcare delivery systems large and small and in metro and rural areas.

A committed member of several advisory groups and boards, she earned a Master of Science in healthcare administration and inter-professional leadership from the University of California, San Francisco, and a bachelor's degree in social work from the College of St. Scholastica.

### **Stephanie Nutt - Senior Consultant**

A trained evaluator and public health expert, Stephanie Nutt has spent her career in a variety of healthcare environments including nonprofit patient advocacy, state public health agencies and academic medicine. She has experience designing and administering surveys, conducting focus groups and interviews, analyzing and synthesizing data, and reporting findings to diverse stakeholders. She also has experience in process improvement and program development and implementation.

Before joining HMA, she served in the Department of Women's Health at the University of Texas at Austin's Dell Medical School. While there, she worked closely with faculty and staff to design and execute value-based care models and other clinical programs. In collaboration with faculty, she also selected patient-reported outcomes measurements and executed them to track and collect outcome measures. In her most recent role at the medical school, she

managed research operations supporting the development and execution of more than 50 clinical research projects.

She earned a Master of Public Affairs from Indiana University, a master's degree in legal studies from Texas State University, and a bachelor's degree in political science and religion from Baylor University.

#### **Sarah Oachs - Senior Consultant**

A collaborative health and human services professional, Sarah Oachs has vast experience in organizational leadership and assessments, operations management, and process and systems integration, improvement, and strategic management.

She joins HMA after serving with Olmsted County, MN for more than a decade in increasingly senior roles. Most recently, she was the division administrator overseeing the Division of Health, Housing and Human Services (HHH) where she led departments, established budgets, directed community services, and provided consultation to executives and other departments to ensure cohesive program integration and operations.

With a significant ability to navigate complex stakeholder dynamics, overcome cultural resistance to change, and deliver results aligned with strategic and organizational goals, Sarah served HHH in a number of other roles including administrative director, evaluation and analysis manager, continuous improvement facilitator and quality improvement specialist. She is skilled at policy interpretation and implementation and creating solutions and operational supports across sectors that seek to address social determinants of health and serve vulnerable populations. She has used the Baldrige Performance Excellence framework and Lean Six Sigma certification throughout her career to help organizations achieve these changes.

She earned a Master of Arts in health and human services administration from St. Mary's University in Rochester, MN, and a bachelor's degree in psychology from Augustana University in Sioux Falls, South Dakota.

#### **Kamala Greene Génece, PhD - Principal**

Dr. Kamala Greene Génece is a New York state licensed clinical psychologist with more than 15 years of experience in the design and implementation of addiction treatment programs and utilization of cognitive-behavioral techniques to treat co-occurring substance abuse and mental health disorders.

Before joining HMA she served as chief quality officer for Liberty Behavioral Health Management where she provided executive leadership for two continuum of care inpatient/outpatient addiction treatment programs throughout New York State. In this role, Dr. Genece was responsible for all areas of risk management, quality improvement, environmental safety, patient care, and policy review and maintenance.

A seasoned program developer and facilitator, she served as a senior-level executive and advisor for the Partnership to End Addiction. In this role she drove the development of program and organizational technical assistance programs for the addiction treatment system. Her team helped treatment providers transition to telehealth services, adapt program practices to new state regulations, integrate primary care and mental health services within opioid treatment sites, and implement family-focused treatment strategies.



Dr. Génece also worked as chief clinical officer of the Phoenix Houses, developing and implementing best practices in residential and outpatient substance abuse treatment. She also held positions with Montefiore Medical Center where she managed division-wide staffing and hiring, Wellness Center primary care clinic operations, and grants and budgets as the deputy director of the Division of Substance Abuse (DoSA) and assistant professor of Psychiatry and Behavioral Sciences.

She earned a bachelor's degree in psychology from the University of Virginia, and a Master of Arts and doctoral degrees in clinical psychology from Boston University. Dr. Génece completed her pre-doctoral internship at the Boston Veterans Administration Medical Center (VAMC) and finished her post-doctoral work at the National Center on Addiction and Substance Abuse (CASA) at Columbia University (now known as Partnership to End Addiction).

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## HMA NEWS

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**The Moran Company, an HMA Company principal a featured speaker in Foley Hoag webinar on NTAP program.** The Moran Company, an HMA Company Principal Clare Mamerow, will be a featured speaker in the upcoming Foley Hoag LLP webinar titled, "The New Technology Add-on Payment (NTAP) Program: What Life Sciences Companies Should Know About Medicare's Time-Limited Program." Learn more and [register here](#)

**The re-envisioned role of primary care in FQHCs: accelerating APMs to drive access, patient experience and outcomes.** In October 2021, the Center for Medicare & Medicaid Innovation (the Innovation Center) published a white paper outlining its strategic vision and direction of the healthcare delivery system for Medicare and Medicaid beneficiaries through 2030. This included a focus on high-quality primary care, which they identify as the foundation of our health system, to achieve equitable, whole-person, integrated care and outcomes. [Read more](#)

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

#### **Medicaid Data**

- California Dual Demo Enrollment is Flat, Aug-21 Data
- California Medicaid Managed Care Enrollment is Up 5.3%, Aug-21 Data
- Colorado RAE Enrollment is Up 0.9%, Jan-22 Data
- Kentucky Medicaid Managed Care Enrollment is Up 1.6%, Mar-22 Data
- Louisiana Medicaid Managed Care Enrollment is Up 1.7%, Feb-22 Data
- Maryland Medicaid Managed Care Enrollment Is Flat, Jan-22 Data
- New York CHIP Managed Care Enrollment is Down 4.2%, Sep-21 Data
- New York Medicaid Managed Care Enrollment is Up 4.9%, Sep-21 Data
- Rhode Island Dual Demo Enrollment is Down 1.4%, Jan-22 Data

#### **Public Documents:**

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

- Iowa Medicaid NEMT RFP, Mar-22
- Louisiana Medicaid Managed Care RFP, Proposals, Award, Scoring, and Related Documents, 2021-22
- Minnesota Community Living Infrastructure RFP, Mar-22
- Tennessee Medicare Advantage Dual Special Needs Plan Contracts and Amendments, 2019-22

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

- Arizona Quarterly Progress Reports for CMS, 2019-21
- California COVID-19 Impact on Medi-Cal Utilization, 2021
- Maryland Medicaid Advisory Committee Meeting Materials, Nov-21
- New Mexico HSD Social, Economic, and Health Statistics Data Books, 2020-22
- Pennsylvania Medical Assistance Advisory Committee (MAAC) Meeting Materials, Feb-22
- Pennsylvania MLTSS Subcommittee Meeting Materials, 2021-22
- Texas Medicaid Managed Care Advisory Committee Annual Reports, Dec-21

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