

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in Health Policy

..... July 21, 2021



[RFP CALENDAR](#)
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- KENTUCKY HEALTH PLANS APPEAL RULING THAT WOULD FORCE MEDICAID MANAGED CARE REBID
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IN FOCUS

VT PROPOSES RISK-BEARING, STATE-RUN MEDICAID MANAGED CARE ENTITY

This week our *In Focus* section reviews Vermont's Global Commitment to Health Section 1115 waiver renewal application. In the proposed five-year demonstration extension, Vermont seeks to move the Medicaid population to a new a risk-bearing public, state-run managed care organization (MCO). Under the arrangement, the Department of Vermont Health Access (DVHA) would

transition into the new entity and accept capitated risk for the state's Medicaid population, covering physical and mental health, pharmacy services, substance use disorder (SUD) services, and long-term services and supports (LTSS) beginning January 1, 2022.

Background

The Global Commitment to Health demonstration began serving Medicaid beneficiaries in September 2005. DVHA acts as a public, non-risk prepaid inpatient health plan (PIHP), complying with state and federal statutes, regulations, special terms and conditions, waiver, and expenditure authority. DVHA was paid a per-member-per-month (PMPM) capitation rate by the Vermont Agency of Human Services (AHS) until 2011, when it shifted to being paid at cost. Until 2017, the demonstration operated under a global cap. In its most recent waiver renewal, Vermont secured dedicated funds termed MCO investment dollars which can only be spent on pre-defined programs and services approved by the Centers for Medicare & Medicaid Services (CMS). The total amount of the permitted MCO investment dollars in the current waiver is capped.

The demonstration was expanded in 2018 to cover Medication-Assisted Treatment for opioid use disorder and substance use disorder, and in 2019, to include beneficiaries with serious mental illness or serious emotional disturbance in residential and inpatient settings that qualify as institutions for mental diseases. It is the state's "principal vehicle for major expansions of health coverage, building an extensive ecosystem of public health and health-related services, driving all-payer payment reform, and rebalancing LTSS."

Renewal Application

Under the new extension, DVHA would act as an MCO and would be at risk for managing the Medicaid population. Under this structure, DVHA would be incentivized to develop innovative care models, improve care coordination, and strengthen population health management capabilities. It will be responsible for managing total Medicaid spending and managed care delivery system administration.

If costs exceed capitated payments, the state will not limit Medicaid eligibility or benefits but rather work with CMS to find a mitigation strategy. If costs are below capitated payments, the savings or profits would have to be reinvested in delivery system reforms and service initiatives that advance whole-person health. DVHA will collaborate with the Vermont Department of Health, Department of Disabilities, Aging and Independent Living (DAIL), Department of Mental Health (DMH), Alcohol and Drug Abuse Program (ADAP), Department of Corrections (DOC), and Department of Children and Families (DCF).

The renewal also continues Vermont's All-Payer Accountable Care Organization (ACO) Model Agreement, a statewide, total cost of care model, in which providers under Medicaid, Medicare, and commercial contracts can accept full risk. The ACO model was launched in 2017 with OneCare, a network of providers and hospitals. However, CMS issued a warning to the state for failing to meet enrollment and spending targets in 2018 and 2019. Vermont issued a request for proposals (RFP) for the ACO program in April 2021. Contracts from the RFP will run from January 1, 2022, for two years, with an option to renew for an additional two-year period. DVHA plans to sign an

agreement with one or more ACOs to continue to move away from fee-for-service reimbursement for health care services and transform the health care system to deliver value-based care.

Demonstration goals include:

1. Advancing toward population-wide, comprehensive coverage
2. Implementing innovative care models across the care continuum that produce value
3. Engaging Vermonters in transforming their health
4. Strengthening care coordination and population health management capabilities to encompass the full spectrum of health-related services and supports
5. Accelerating groundbreaking payment reform

DVHA will continue to participate in the state's All-Payer ACO Model Agreement. As a risk-bearing MCO, DVHA and its contracted providers will be able to align incentives through innovative value-based payment (VBP) mechanisms.

DVHA's transition to a risk-bearing managed care plan will be central to the demonstration renewal.

The public comment period on the initiative ends August 8, 2021.

[Link to Pending Application](#)



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Submits Medicaid Expansion Work Incentive Waiver to Federal Regulators. *Modern Healthcare* reported on July 20, 2021, that Arkansas submitted a Medicaid expansion work incentive waiver to federal regulators. The proposed Arkansas Health and Opportunity for Me (ARHOME) waiver is designed to replace the state's inoperative work requirements program. ARHOME allows expansion members who work to continue to enroll in Exchange plans instead of Medicaid fee-for-service. [Read More](#)

California

California Fiscal 2022 Budget Eliminates Asset Test for Dual Eligibles, Expands Access to Medicaid. *Kaiser Health News* reported on July 20, 2021, that California's \$262.6 billion fiscal 2022 budget includes a provision to eliminate the asset test for dual eligibles and instead base Medicaid eligibility solely on income effective July 1, 2022. The change would add about 17,800 dual beneficiaries. Other provisions include expanding Medicaid eligibility to everyone 50 years of age and older regardless of immigration status, extending Medicaid postpartum coverage to one year, and developing online enrollment forms in multiple languages. [Read More](#)

Delaware

Delaware Health Plan, Providers to Offer Medicare Advantage Product in 2022. *Milford Live* reported on July 20, 2021, that Highmark Blue Cross Blue Shield of Delaware, ChristianaCare, and Bayhealth will launch a Medicare Advantage plan by January 1, 2022, pending federal approval. [Read More](#)

Delaware to Release Medicaid Managed Care RFP in December 2021. The Department of Health and Social Services' Division of Medicaid and Medical Assistance (DMMA) announced on July 13, 2021, that it will release a Medicaid managed care request for proposals (RFP) on December 1, 2021. Contracts are expected to be awarded in April 2022, with implementation set to start January 1, 2023. DMMA will host four virtual town hall meetings to solicit feedback from members and providers, including input on goals and procurement priorities. Currently, DMMA contracts with AmeriHealth Caritas Delaware and Highmark Health Options to provide services to more than 240,000 enrollees. [Read More](#)

Florida

Florida Medicaid Enrollment Surpasses State Projections. *The Center Square* reported on July 16, 2021, that Medicaid enrollment in Florida rose from 3.9 million to more than 4.8 million between March 2020 and June 2021, outpacing projections from state economists. Separately, about 2.3 million have purchased Exchange plans. [Read More](#)

Illinois

Hospital Loses Lawsuit Over Medicaid Plan Payment Disputes. *The National Review* reported on July 15, 2021, that a federal judge in Illinois ruled against Saint Anthony Hospital, which had filed a lawsuit seeking to force the state to compel Medicaid managed care plans to pay for services in full and in a timely manner. The judge ruled that the state is not obligated to help enforce federal prompt payment provisions, nor do the provisions grant providers the right to sue the state when the provisions are not enforced. [Read More](#)

Indiana

Indiana Releases Medicaid MLTSS RFI, Sets Timeline for Procurement. The Indiana Family and Social Services Administration released on July 12, 2021, a request for information (RFI) on a new capitated Medicaid managed long term services and supports (MLTSS) program for eligible adults 60 years of age and older. Responses are due August 27. Indiana intends to release a subsequent request for proposals in the first quarter of 2022, with awards expected in the fourth quarter. Contract implementation would tentatively begin in 2024. The state may choose to limit participation in the procurement to vendors that respond to the RFI.

Kansas

Kansas Commission Calls For Medicaid Expansion. *KOAMNewsNow.com* reported on July 15, 2021, that the Kansas Commission on Racial Justice and Equity has recommended that the state implement Medicaid expansion to adults at 138 percent of poverty. The 15-member panel was appointed by Governor Laura Kelly. Approximately 82,000 individuals would be eligible for coverage under the expansion program. [Read More](#)

Kentucky

Kentucky Health Plans Appeal Ruling that Would Force Medicaid Managed Care Rebid. *Louisville Business First* reported on July 20, 2021, that three health plans in Kentucky filed appeals challenging a ruling by Franklin Circuit Court Judge Phillip Shepherd that would force a rebid of the state's Medicaid managed care contracts for a third time. The three health plans are Humana, Molina and UnitedHealthcare. [Read More](#)

Maryland

Maryland Public Comment Period Begins for Medicaid Waiver Renewal. The Centers for Medicare & Medicaid Services (CMS) announced on July 19, 2021, the start of a public comment period through August 18, 2021, for Maryland's HealthChoice section 1115 demonstration renewal application. The state submitted the application last month, seeking to renew the waiver through December 31, 2026. The renewal would modify aspects of the state's Assistance in Community Integration Services Pilot Program, Home Visiting Services Pilot Program, and Residential Treatment for Substance Use Disorder program. It would also add programs for Emergency Triage, Treatment, and Transport; expansion of IMD for SMI population; and a Material Opioid Model. [Read More](#)

Massachusetts

Massachusetts Falls Short on Monitoring Dual Eligibles Receiving Hospice Care, Audit Finds. The Massachusetts Office of the State Auditor released an audit on July 20, 2021, suggesting that the MassHealth Medicaid program is falling short on monitoring dual eligible beneficiaries receiving hospice care. The audit, which looked at \$620 million in hospice claims between January 1, 2015, and July 31, 2019, found that the state failed to ensure it had accurate information in its Medicaid Management Information System (MMIS) about dual eligible members who chose to receive hospice services. Lack of accurate information "creates a higher-than-acceptable risk that the payments...may be improper," the audit said. The audit also found that MassHealth paid for services that were not coordinated by hospice providers, which may have resulted in payment for duplicative services; paid for durable medical equipment that should have been included in members' plan of care; and unnecessarily paid for ambulance and inpatient services for dual eligible members. [Read More](#)

Massachusetts to Submit Medicaid Waiver Renewal Request. *WWLP.com/22 News* reported on July 19, 2021, that Massachusetts is preparing to submit to federal regulators a five-year Section 1115 demonstration renewal waiver for the state's MassHealth Medicaid programs. The renewal would continue to use accountable care organizations to promote value-based care and continue assessments on acute hospitals to further health equity, behavioral health, primary care, and pediatrics. The current waiver expires on June 30, 2022. [Read More](#)

North Carolina

North Carolina Medicaid Plans Join Care Coordination Platform. *The Richmond Observer* reported on July 19, 2021, that North Carolina's five contracted Medicaid managed care plans have joined a platform to help coordinate whole-person care, promote health equity, and address social determinants of health. The platform NCCARE360 is part of the state's Healthy Opportunities initiative, allowing plans to make electronic referrals, communicate in real time, share client information, and track outcomes. The five plans are AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina, Centene, United Healthcare, and Carolina Complete Health. [Read More](#)

Oregon

Oregon Approves Bill to Fund Mental Health Centers. *Jefferson Public Radio* reported on July 19, 2021, that the Oregon legislature approved a bill that allocates \$10 million in federal funds for mobile mental health crisis intervention centers. The bill was co-sponsored by Representative Pam Marsh (D-Ashland). Oregon Medicaid offices will coordinate the mental health units. [Read More](#)

Washington

Washington Medicaid Pharmacy Reimbursement Plan Is Remanded to CMS. *State of Reform* reported on July 14, 2021, that a Washington state Medicaid pharmacy reimbursement plan previously approved by the Centers for Medicare & Medicaid Services (CMS) was remanded to the agency for reconsideration. A U.S. District Court for the Western District of Washington ordered the remand in a case filed by pharmacy groups opposing the reimbursement plan over the level of dispensing fees. If CMS disapproves the plan, the state will have to submit another proposal. [Read More](#)

Wisconsin

Wisconsin Submits Spending Plan for Enhanced Federal Medicaid HCBS Funds. The Wisconsin Department of Health Services (DHS) announced on July 14, 2021, that it submitted to federal regulators a Medicaid home and community-based services (HCBS) spending plan, a requirement for states seeking enhanced federal matching funds. Wisconsin's spending proposal identifies six areas in which to invest the HCBS funding: Medicaid HCBS workforce, provider capacity, and fiscal stability; promoting quality and innovation; tribal long-term care systems; independent living and family/informal caregiver resources; access to HCBS information and services; and assisted living information, analysis, and quality oversight. DHS estimates it will receive approximately \$350 million under the American Rescue Plan Act of 2021, which offers states a temporary 10 percent increase in HCBS matching funds. [Read More](#)

National

MACPAC Announces Series of Reports on Medicaid Access, Payments. The Medicaid and CHIP Payment and Access Commission announced on July 20, 2021, a series of reports on issues impacting access to Medicaid, including mental health parity, housing and health, racial and ethnic disparities, physician acceptance of Medicaid, and base and supplemental Medicaid payments to hospitals. [Read More](#)

Medicaid Claims Face More Denials Than Medicare, Commercial, Study Finds. *Medscape* reported on July 19, 2021, that Medicaid physician claims are denied much more frequently than claims submitted to Medicare or commercial insurance plans, according to a [study](#) released by the Becker Friedman Institute at the University of Chicago. Researchers found that 25 percent of Medicaid claims were denied between 2013 and 2015, compared to 7.3 percent for Medicare and 4.8 percent for commercial insurance. The study also found that the average claim for Medicaid was \$98, compared to \$154 for all payers. [Read More](#)

Rural Hospitals Could Benefit From Coverage Expansion Initiative in Proposed Federal Budget. *Modern Healthcare* reported on July 16, 2021, that rural hospitals could benefit from the proposed \$3.5 trillion federal budget proposal, which includes an initiative to expand Medicaid in the 12 holdout states. Rural hospitals in Florida, Texas, and other non-expansion states are expected to benefit if more people gain coverage. [Read More](#)

House Bill Would Continue Enhanced Medicaid Funding to U.S. Territories for Eight More Years. *Pacific Daily News* reported on July 16, 2021, that a bipartisan House bill would continue to provide enhanced federal Medicaid matching funds for U.S. territories for another eight years. The bill, introduced by U.S. Representatives Darren Soto (D-FL) and Gus Bilirakis (R-FL), would impact Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands and American Samoa. Congress previously approved a temporary increase in Medicaid funding to U.S. territories, which expires at the end of September. The bill was referred to the House Energy and Commerce Committee. [Read More](#)

Use of Medication Treatment for Opioid Use Disorder Rises Among Medicaid Enrollees, Study Says. *HCP Live* reported on July 15, 2021, that the prevalence of medication treatment for opioid use disorder (OUD) among Medicaid enrollees in 11 states increased from 47.8 percent to 57.1 percent from 2014 to 2018, according to a study by the University of Pittsburgh Graduate School of Public Health. Use of medications for OUD included buprenorphine, methadone, or naltrexone. The study analyzed data from Delaware, Kentucky, Maryland, Maine, Michigan, North Carolina, Ohio, Pennsylvania, Virginia, West Virginia, and Wisconsin. [Read More](#)

Exchange Enrollment Tops Two Million To Date During Special Enrollment Period. *Fierce Healthcare* reported on July 14, 2021, that more than two million individuals have enrolled in Exchange plans to date during the extended special enrollment period, which runs February 15 through August 15, according to [data](#) from the Centers for Medicare & Medicaid Services. About 1.5 million signed up through HealthCare.gov and an additional 600,000 signed up through state-based Exchanges. Temporary enhanced subsidies allowed 1.2 million enrollees to select a plan with a premium contribution of \$10 or less. [Read More](#)

CMS Announces Grants for State Community-Based Mobile Crisis Intervention Services. *MyChesCo.com* reported on July 15, 2021, that the Centers for Medicare & Medicaid Services (CMS) announced up to \$15 million in grants will be available to state Medicaid agencies to help develop community-based mobile crisis intervention services for individuals experiencing a mental health or substance use related crisis. Letters of Intent are due July 23, 2021. Final applications must be submitted by August 13, 2021, with implementation set to run from September 30, 2021, through September 29, 2022. [Read More](#)

Senate Democrats Agree to Medicare, Medicaid Expansions in \$3.5 Trillion Federal Budget. *The Hill* reported on July 14, 2021, that Senate Democrats have agreed to a \$3.5 trillion budget deal for the next federal fiscal year, which includes an expansion of Medicare benefits, a program to expand Medicaid in the 12 holdout states, additional funding for home and community-based services, and enhanced premium subsidies for Exchange plans. The lowering of the eligibility age for Medicare to 60 is not expected to be included in the deal. [Read More](#)



INDUSTRY NEWS

AbsoluteCare Appoints Ken Burdick Chairman. AbsoluteCare announced on July 20, 2021, the appointment of Ken Burdick as chairman, succeeding company founder Alan Cohn, who will remain chairman emeritus. Burdick previously served in executive positions at Centene, WellCare, and UnitedHealth Group. AbsoluteCare is a primary care provider serving vulnerable and chronically-ill populations. [Read More](#)

Help at Home Acquires Community Care Systems. Help at Home announced on July 21, 2021, the acquisition of Community Care Systems, a provider of home care services in Illinois. Help at Home, which is also based in Illinois, provides home and community-based care in 13 states. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
Summer 2021	Rhode Island	RFP Release	276,000
June 11, 2021 - Delayed	North Carolina - BH IDD Tailored Plans	Awards	NA
July 1, 2021 - Delayed	Missouri	RFP Release	756,000
August 2021	Texas STAR Health	RFP Release	36,500
August 9, 2021	Indiana Hoosier Healthwise and HIP	Proposals Due	1,200,000
August 31, 2021	Tennessee	Proposals Due	1,500,000
September 3, 2021	Louisiana	Proposals Due	1,600,000
October 2021	Minnesota Seniors and Special Needs BasicCare	RFP Release	120,000
October 1, 2021	Oklahoma	Implementation	742,000
October 8, 2021	Tennessee	Awards	1,500,000
November 2021	Missouri	Awards	756,000
November 5, 2021	Louisiana	Awards	1,600,000
December 22, 2021	Iowa	RFP Release	745,000
Late 2021	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
Late 2021	California GMC - Sacramento, San Diego	RFP Release	1,091,000
Late 2021	California Imperial	RFP Release	75,000
Late 2021	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
Late 2021	California San Benito	RFP Release	7,600
Dec. 2021 - Feb. 2022	Texas STAR+PLUS	RFP Release	538,000
First Quarter 2022	Indiana MLTSS	RFP Release	NA
January 2022	Minnesota MA Families and Children, MinnesotaCare	RFP Release	543,000
January 1, 2022	Minnesota MA Families, Children; MinnesotaCare (metro)	Implementation	548,000
January 1, 2022	Nevada	Implementation	600,000
January 1, 2022	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2022	North Dakota Expansion	Implementation	19,800
January 5, 2022	Ohio	Implementation	2,450,000
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
February 2022	Texas STAR Health	Awards	36,500
July 1, 2022	Rhode Island	Implementation	276,000
July 1, 2022	North Carolina - BH IDD Tailored Plans	Implementation	NA
July 1, 2022	Missouri	Implementation	756,000
July 1, 2022	Louisiana	Implementation	1,600,000
Early 2022 – Mid 2022	California Two Plan Commercial - Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	Awards	1,640,000
Early 2022 – Mid 2022	California GMC - Sacramento, San Diego	Awards	1,091,000
Early 2022 – Mid 2022	California Imperial	Awards	75,000
Early 2022 – Mid 2022	California Regional - Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	Awards	286,000
Early 2022 – Mid 2022	California San Benito	Awards	7,600
Mar. 2022 - May 2022	Texas STAR+PLUS	Awards	538,000
Fourth Quarter 2022	Indiana MLTSS	Awards	NA
Sep. 2022 - Nov. 2022	Texas STAR & CHIP	RFP Release	3,700,000
Dec. 2022 - Feb. 2023	Texas STAR & CHIP	Awards	3,700,000
January 1, 2023	Tennessee	Implementation	1,500,000
January 1, 2023	Minnesota MA Families and Children, MinnesotaCare	Implementation	543,000
January 7, 2022	Indiana Hoosier Healthwise and HIP	Awards	1,200,000
Mar. 2023 - May 2023	Texas STAR Kids	RFP Release	166,000
Jun. 2023 - Aug. 2023	Texas STAR Kids	Awards	166,000
Jun. 2023 - Aug. 2023	Texas STAR Health	Implementation	36,500
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

- Alaska Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Arizona Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Delaware SNP Membership at 5,904, Mar-21 Data
- Florida Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Georgia SNP Membership at 235,151, Mar-21 Data
- Hawaii SNP Membership at 25,949, Mar-21 Data
- Idaho Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Indiana Medicaid Fee for Service vs. Managed Care Penetration, 2014-20
- Iowa SNP Membership at 18,247, Mar-21 Data
- Kansas SNP Membership at 10,754, Mar-21 Data
- Kentucky Medicaid Managed Care Enrollment is Up 13.8%, Jun-21 Data
- Kentucky SNP Membership at 49,467, Mar-21 Data
- Ohio Dual Demo Enrollment is Down 2.2%, Jun-21 Data
- Pennsylvania SNP Membership at 185,405, Mar-21 Data
- Rhode Island Dual Demo Enrollment is Down 1.1%, Jun-21 Data
- South Dakota SNP Membership at 235, Mar-21 Data
- Tennessee TN SNP Membership at 125,858, Mar-21 Data
- Washington SNP Membership at 70,473, Mar-21 Data
- West Virginia SNP Membership at 15,837, Mar-21 Data

Public Documents:

Medicaid RFPs, RFIs, and Contracts:

- Florida AHCA Unified Operations Center Solution ITN, Jul-21
- Hawaii Community Care Services Program (CCS) RFP, Proposals, Scoring, Award and Related Documents, 2020-21
- Hawaii Medicaid External Quality Review and Peer Review Organization Services of Medicaid QUEST Integration Managed Care Organizations, Prepaid Inpatient Health Plan RFI, Jul-21
- Indiana Medicaid Managed Long Term Services and Supports RFI, Jul-21
- Minnesota Administering Grants for Implementation of Electronic Visit Verification RFP, Jul-21
- Missouri Electronic Aggregator Solution for Electronic Visit Verification RFP, 2020
- Nevada Government Accounting Services and Medicaid Auditing RFP, Jul-21
- Puerto Rico Medicaid Enterprise System MMIS Phase III RFP, Jul-21

Medicaid Program Reports, Data and Updates:

- Arkansas Monthly Enrollment and Expenditures Reports, May-21
- Arkansas Health and Opportunity for Me (ARHOME) Waiver Application, Jul-21
- California CalAIM 1115 Waiver and Related Documents, Jun-21
- Georgia Postpartum Extension 1115 Medicaid Waiver Approval, Apr-21
- Maryland HealthChoices 1115 Medicaid Waiver Documents, 2016-21

- Massachusetts MassHealth Section 1115 Demonstration Amendment Request and Related Materials, 2017-21
- Vermont AHS Global Commitment to Health Waiver Demonstration Annual Reports, 2017-21
- Vermont Global Commitment to Health 1115 Waiver Documents, 2015-21

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