HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

November 19, 2014

RFP CALENDAR

DUAL ELIGIBLES CALENDAR

HMA NEWS

Edited by:
Greg Nersessian, CFA
Email

Andrew Fairgrieve
Email

Kartik Raju
Email

THIS WEEK

IN FOCUS

THIRD QUARTER STATE AND MEDICAID COMMENTARY FROM PUBLICLY TRADED FIRMS

This week our *In Focus* provides a brief review of State- and Medicaid-related updates from for-profit and publicly traded health care companies' third quarter earnings reports and conference calls. There were a number of key themes discussed during the quarter and we've included the highlights as well as a few relevant quotations from the companies themselves. Note: most of the conference calls from which the commentary is taken occurred between mid-October and early November, so some comments pre-date the outcome of the mid-term elections.

1) **Hospital Insights on ACA Benefits.** Many Hospitals gave their perspective on the benefit of the ACA including both Medicaid Expansion and Subsidized Exchange Enrollment to their earnings. Companies continued to see a meaningful benefit in the third quarter, although for many the level of benefit was similar to the second quarter.

   - HCA Holdings (HCA): William Rutherford - CFO: "On a year-to-date basis, we've seen a 37% increase in Medicaid admissions and a corresponding 56% decline in uninsured admissions in our 5 expansion states. …We revised our full year health reform benefit guidance, where we now estimate a full year positive impact of approximately 4% versus our previous estimate of 2% to 3%."
   - LifePoint Hospitals (LPNT): Bill Carpenter - CEO: "In our expansion states, our self-pay admits were down north of 70%. And in our expansion states our self-pay ER visits were down more than 60%."
   - Community Health Systems (CYH): Larry Cash - CFO: "In expansion states, self-pay admissions decreased 56%, and our adjusted admissions decreased 53%."
   - Tenet Healthcare (THC): Dan Cancelmi - CFO: "About 40% of our volume growth in the quarter was attributable to the ACA."

2) **Hospital Commentary on Medicaid Expansion Likelihood.** Hospitals also shared their opinions on the states that were likely to expand Medicaid in 2015.

   - Universal Health Services (UHS): Steve Filton – CFO: "The two states that are significant to us that have not yet expanded are Florida and Texas. … I don't think either of those states is about to imminently expand Medicaid. So, we will follow that along with everybody else. But those are clearly the two states that continue to or would make a difference for us if they did expand."
   - HCA Holdings (HCA): Victor Campbell - SVP: "It appears Utah will be next, so we would expect Utah to come on. Indiana was in the mix, but it appears they have withdrawn their application. Tennessee, we would be hopeful going into next year, post the election, that there would be an opportunity here… Florida, we'll just have to wait post-election and see

what happens in terms of the new governor and in terms of the state legislature. And again I say new governor, whether it's the existing governor or a new governor, I think both support it, so the question is really the legislature down there. And I don't want to put odds on that one, but we would hope that they would see the benefits of that reform."

- Community Health Systems (CYH): Wayne Smith - CEO: "Pennsylvania, as you know, has received a waiver from CMS and will be expanding effective January 1, 2015. … Indiana remains committed, but still needs some resolution on its waiver application with CMS. …Utah has just announced that it will expand, and we believe Wyoming will be considering expansion in the 2015 legislative session. …Missouri, we believe, could also expand, but at the earliest, it would be August of 2015. …Tennessee is starting to move in the right direction. Governor Haslam and TennCare officials are holding regular and substantive talks with CMS."

- Tenet Healthcare (THC): Dan Cancelmi - CFO: "I would say other than the Commonwealth of Pennsylvania there is likely to be no other states that expands Medicaid then the states that we operate in. And Pennsylvania is a pretty small state for us."

- LifePoint Hospitals (LPNT): Bill Carpenter - CEO: "Pennsylvania will implement Medicaid expansion on January 1, 2015."

3) **Hospitals Discuss Texas Medicaid Waiver.** A number of hospitals discussed their exposure to the Texas Medicaid Waiver program:

- HCA Holdings (HCA): William Rutherford - CFO: "The company had been accruing approximately $35 million of revenues per quarter associated with the federal match of the uncompensated care program. And for now, we've elected to discontinue accruing the estimated federal-matched portion until there's more insight into this matter."

- Universal Health Services (UHS): Steve Filton – CFO: "HCA announced that it was reversing either some or all of its Texas uncompensated care revenue. We did not do that in part because, we are not in the same counties that CMS targeted with their deferrals. So, we are not in any of those same counties and so we continue to record our Texas uncompensated care revenue at the same rates that we have then."

4) **Discussion of Primary Care Rate Increase Outlook.** Only a small percentage of states are expected to continue funding reimbursement of Primary Care Physicians at Medicare rates once Federal funding runs out. Also known as Medicaid/Medicare parity for short, this topic was discussed by a number of companies who are directly impacted by the law change.

- TeamHealth (TMH): Michael Snow – President and CEO: "We continue to work with other provider groups to advocate for an extension of this program at the federal level, on its current terms, into 2015. There are also a limited number of states which have indicated an intent to continue with the Medicaid Parity Program into 2015, but we do not believe the state initiatives will be a significant benefit to us."

- Mednax (MD): Roger Medel – CEO: ""It'll be 20% to 25% of the parity revenue contribution that will make up, so far, with the existing number of states that have agreed to continue on the Medicaid side."
- Envision Healthcare (EVHC): William Sanger – CEO: "2015 - obviously it's unclear at the moment. So, right now, parity goes away. I do think there is opportunity… working with the industry and working with congressional leaders et cetera to really make sure they understand that [a] lot of these patients really don't have other alternatives, they are not able to get access in primary care."

5) **Updates on High-Cost Hep-C Drugs.** Regarding Hepatitis-C drugs, we received an update from Gilead on Sovaldi and Harvoni, as well as some comments from AbbVie, who is expected to launch their own drug before the end of the year.

- Gilead (GILD): Paul Carter - EVP, Commercial Operations: "At this point only two state Medicaid programs have yet to allow access to Sovaldi." "I would anticipate the same sort of timelines for Harvoni through the state Medicaid systems."
- AbbVie (ABBV): Rick Gonzalez – CEO: "We see the market as being even more attractive than we thought about it a year ago. It's certainly bigger than we thought, it's far more receptive to high curate therapies that are highly tolerable and the market wants alternatives, that's clear."

6) **Health-Related Real Estate Investment Trust (REIT) Observations.** We saw continued consolidation in the REIT sector, Omega Healthcare Investors and Aviv REIT announced their plans to merge in a stock for stock deal. The transaction will create the largest pure-play health care REIT focusing on the skilled-nursing sector.

7) **Outlook for Duals Demonstrations.** The dual eligible programs are developing more slowly than expected:

- Health Net (HNT): Jay Gellert – CEO: "Certain logistical issues have slowed dual enrollment. This is similar to what happened with the rollout of the Medicaid Expansion population and the initial dual opt out rate is higher than expected. With these factors in mind, we have adjusted our year-end 2014 enrollment guidance for duals to approximately 20,000 [from 38,000] and made a corresponding revenue guidance adjustment as well."

8) **Medicaid MCOs on Impact of Enrollment Growth.** A number of Managed Care plans discussed the impact of further Medicaid growth in 2015:

- Aetna suggested a headwind in 2015: Shawn Guertin – CFO: "The projected return to more normalized margins in our Medicaid business after the outperformance we experienced in 2014 and a modest headwind from exiting our Delaware Medicaid contract."
- WellPoint spoke of a tailwind in 2015: Joe Swedish – CEO: "With respect to tailwinds, we believe that the enrollment growth in Medicaid certainly will continue."

9) **MCOs Discussion of HIPF.** Plans are treating the yet-to-be-determined collection of the Health Insurance Providers Fee (HIPF) from certain states differently:

- WellPoint: Wayne DeVeydt – CFO: "Starting with Texas, our previous outlook actually assumed that we would not collect the non-deductibility but did assume we would actually collect the tax. We still believe the tax will be collected and we believe it's a prudent part of sustainable model, just as we assume the non-deductibility should be collected. However, we do not believe we would have a contract signed by the end of this year and accordingly we've excluded that from our guidance now for the full year outlook."
- Centene: Michael Neidorff – CEO: "CMS recently clarified that states should factor in the health insurer fee in setting rates paid to Medicaid's managed care clients. We expect to receive a contract amendment from Texas in the fourth quarter of 2014. This is reflected in our guidance."
- UnitedHealth Group: Austin Pittman: "There is one instance, as you mentioned, that we don't have written agreement yet. We do expect to be paid. We expect all of these to come in before the end of the year. We haven't recorded revenue in that one instance, but we feel very good overall."
- Molina Healthcare (MOH): Mario Molina – CEO: "Even though we received informal acknowledgments from California, New Mexico and Texas, that they are responsible for reimbursing the fee. So far, they have not made formal commitments. We continue to believe that this represents a timing issue and that all of our states will ultimately fund the fee. However, we are less certain that they will formally commit to doing so before the year-end. …Failure to secure formal commitments to reimburse the fee will delay revenue recognition, and we can expect that some states will not provide such formal commitments until next year."

10) **Commentary from Healthcare IT Sector**:

- HMS Holdings expects that its two largest state contracts will be rebid in 2015. William Lucia – CEO: "Our New Jersey contract was scheduled to expire on October 31, but the state recently extended it through April 30 next year. We, therefore, expect the New Jersey RFP will be issued in the next few months. In New York, our contract has an optional one-year extension that runs from January of 2015 through January 2016."
- MMS expects to see an earnings headwind from a smoother ACA enrollment period in 2015: Rick Nadau – CFO: "We expect that a portion of the Affordable Care Act work from Fiscal 2014 may not repeat in Fiscal 2015. We have estimated this to range between $50 million and $100 million of ACA revenue that may not repeat in 2015. While it is difficult to precisely predict what the second enrollment period will look like, our estimates assume the call volumes and talk times will be lower as a result of better functioning technology and websites."

11) **Retail Pharmacy ACA Impacts Shared.** The pharmacy supply chain continues to see a benefit from healthcare reform – particularly within the Medicaid expansion states:

- CVS Health (CVS): Larry Merlo - President and CEO: "We continue to see a modest positive benefit to our script trends from reform and that's largely from the expansion of Medicaid."
- Rite Aid (RAD): Darren Karst – CFO: "Pharmacy same-store script count was up 3.7% reflecting higher utilization, particularly in Medicaid expansion states."

HMA Medicaid Roundup

Alaska

Alaska Elects Pro-Expansion Governor, But Likelihood of Medicaid Expansion is Uncertain. On November 17, 2014, *Modern Healthcare* reported on the prospects of Medicaid expansion in Alaska once Governor-elect Bill Walker takes office next year. During his campaign for Governor, Walker repeatedly criticized the state Legislature for its budgetary and policy decisions, a tactic that might harm his chances of proposing Medicaid expansion for Alaska. Alaska is the only state where the mid-term election resulted in an anti-Expansion Republican incumbent being replaced by a pro-Expansion governor. Read more

California

HMA Roundup – Alana Ketchel (Email Alana)

Alameda Dropped from Duals Demonstration. On November 14, 2014, the Department of Health Care Services announced changes to the Coordinated Care Initiative (CCI) timeline, including the dual eligible demonstration. Alameda County will no longer be participating in the CCI due to stakeholder concerns about the Alameda Alliance's preparedness. The timeline in Orange County is also shifted back at least a month. CalOptima, the plan in Orange County participating in the CCI, will begin passive enrollment no sooner than August 2015. Opt-in enrollment in Orange County will begin no sooner than July 2015. Read more

State Awards Prison Health Contract to Health Net Federal Services. On November 13, 2014, Health Net Federal Services, LLC, a subsidiary of Health Net, Inc., announced that it has entered into a contract with the California Department of Corrections and Rehabilitation (CDCR) to continue providing CDCR a network of community-based specialty health providers. Health Net Federal Services will also provide third-party administration of health care claims, development, and ongoing support for an electronic prior-authorization program for CDCR. The contract was effective as of October 1, 2014 and will last for an initial term of five years, with the option of five one-year extensions at CDCR's option. Read more

Duals Eligibles Experience Rocky Transition to Managed Care. On November 19, 2014, *Kaiser Health News* reported that California's transition of dual eligibles into managed care under the state's demonstration project has been riddled with problems. Many beneficiaries are reporting paperwork and information packets that are hard to understand, and some have been mistakenly shifted to the new insurance coverage or are unaware they were enrolled. The state is also having trouble convincing doctors to participate in the program; some potential

enrollees are opting out of the program because of fear of losing their doctors. State officials acknowledge some transition problems, but say the project will improve beneficiaries' health by coordinating care while simultaneously saving the state an estimated $300 million in the 2014-2015 fiscal year. Read more

State Officials Find Anthem Blue Cross and Blue Shield Overstated Doctor Networks. On November 18, 2014, the *Los Angeles Times* reported that the Department of Managed Health Care have accused Anthem Blue Cross and Blue Shield of California of violating state law by overstating the number of doctors available to patients. State officials found that more than 25 percent of doctors listed by Anthem and Blue Shield were not taking Covered California patients or were no longer at the location listed by the company. These errors are particularly significant, as Anthem and Blue Shield account for nearly 60 percent of enrollment in Covered California. The state will perform a follow-up survey of the insurers in six months to see if they have fixed the problems. Read more

State Sued Over Medi-Cal Coverage Cancellations. On November 18, 2014, *Kaiser Health News* reported that the Western Center on Law & Poverty and other consumer advocacy organizations filed a lawsuit against the California Department of Health Care Services, charging that Medi-Cal beneficiaries are being unfairly dropped from coverage. The groups are filing a restraining order to stop any further cancellations without proper notification. The state has sent the necessary application materials through the mail but the groups say the form is too complicated and provided in only English and Spanish. Read more

High Opt-Out Rate in Duals Demonstration. On November 18, 2014 the *California Healthline* reported that California's dual demonstration, Cal MediConnect, has so far enrolled about 50,000 individuals. However, a little more than 100,000 individuals have chosen to opt out of the program, approximately one quarter of the total targeted population. The state cites a 33 percent opt-out rate and notes that the numbers are skewed by higher than expected rates of opt out in Los Angeles County. Read more

Kaiser Permanente Opens Clinics in Target. On November 17, 2014, the *Los Angeles Times* reported that Kaiser Permanente is partnering with Target Corp. to open four in-store clinics in Southern California. Blue Shield of California is reportedly going to contract with the new Kaiser-run clinics. This allows Kaiser Permanente to treat individuals served by other plans, which is a new strategy for the typically closed health maintenance organization. Read more

State Pledges Funding to Help Keep Mentally Ill Out of Jail. On November 12, 2014, the *Los Angeles Times* reported that Los Angeles County supervisors voted to allocate $40.9 million in state funds for people undergoing mental health crises in order to keep these individuals from being placed in county jails. The funding will be used to open three new 24-hour psychiatric urgent care centers where police can bring individuals underdoing mental health crises. The money would also help pay for an estimated 560 new residential treatment beds and create 14 new crisis response teams that sent mental health workers to respond to incidents involving people believed to be mentally ill. Read more

Medi-Cal Enrollment Grows to 11.3 Million. On November 12, 2014, the *California Healthline* reported that Medi-Cal enrollment has increased by 2.7 million people since October 2013. A total of 11.3 million people are now enrolled in the program, representing roughly 30 percent of the state's population. These numbers could drop in the coming months, as many Californians will not renew their Medi-Cal benefits. Non-renewal rates are up to

50 percent in some counties. However, Medi-Cal is likely to receive more beneficiaries during Covered California's second open enrollment period which lasts until February 2015. Adults now make up the majority (56 percent) of the Medi-Cal population. Read more

Colorado

HMA Roundup - Joan Henneberry (Email Joan)

HCPF Releases RFI for HealthColorado Enrollment Broker. On November 19, 2014, the Colorado Department of Health Care Policy and Financing released a Request for Information (RFI UHA 2015000025) to receive responses from vendors that can provide innovative technologies and service solutions in preparation for a potential Request for Proposals to deliver enrollment broker services for HealthColorado. The vendor must develop strategies for educating clients about Medicaid benefits, assisting clients in enrolling in a health plan and choosing a provider, engaging clients in their health and wellness, and using data to help the Department improve performance and reduce cost. Responses are due by December 12, 2014.

Survey of Small Business Owners Finds Strong Interest in Changing Health Plans in 2015. On November 14, 2014, the *Denver Business Journal* reported on a survey from Delta Dental which found that half of the state's small businesses with less than 50 employees are considering changing insurers next year. Among businesses with 50 to 100 employees, 21 percent of employers are considering new health plans. Delta Dental Director of Sales Mark Thompson explained that the results signify both a growing acknowledgement about how many plans are available to small businesses and an increasing desire among companies to require plans be affordable. Read more

Florida

HMA Roundup – Gary Crayton & Elaine Peters (Email Gary/Elaine)

Senate Democrats Continue Push for Medicaid Expansion in Florida. On November 17, 2014, the *Tampa Tribune* reported that the Florida Senate Democratic Caucus voiced its intent to continue pushing for Medicaid expansion in Florida. While several members of the Senate have previously tried to secure federal dollars for expansion, House Republicans have maintained their stance against expansion. Newly elected leader of the Caucus Sen. Arthenia Joyner is urging the House to reverse its course, as expansion could provide health care coverage to over 1 million Floridians. Read more

AHCA Spends Over $30 Million on Hepatitis C Drugs for Medicaid Beneficiaries So Far. On November 18, 2014, *AP/Health News Florida* reported that Florida Medicaid has spent at least $30.6 million this year on treatments for hepatitis C. According to the Agency for Health Care Administration (AHCA), $26.4 million of that spending was for Sovaldi, a highly effective and expensive treatment. AHCA also paid $4.2 million to six HMOs and other managed care plans for medical expenses associated with the transition of 60 Medicaid patients to managed care programs. The agency has enough money to cover these expenses, since it anticipated the extra expense of specialty drugs when planning its budget. Read more

AP Estimates 10-15 Percent Premium Increase on ACA Silver Plans in Florida. On November 17, 2014, *AP/Health News Florida* reported that premiums for "silver" marketplace plans in the state will increase by 10 to 15 percent, on average, in 2015. The analysis, conducted by AP, compared premiums after averaging them for all silver plans, without taking subsidies into account. The analysis found that premium increases were typically larger in rural areas. Read more

Idaho

Work Group Makes Changes to Medicaid Expansion Proposal in Hopes of Gaining Legislative Support. On November 18, 2014, *AP/*the *Miami Herald* reported that an Idaho work group has tweaked its recommendations on expanding Medicaid eligibility in the state in order to make the plan more palatable to the Republican Legislature. The revised plan would allow adults earning 100 percent to 138 percent of the federal poverty line (FPL) to purchase private insurance coverage using federal Medicaid dollars. Adults earning less than 100 percent of FPL would be provided Medicaid coverage. The previous plan, submitted in August, expanded Medicaid to adults earning up to 138 percent of FPL. Read more

Illinois

Illinois Suspends Auto-Assignment for Harmony, Family Health Network. At the state's Medicaid Advisory Committee (MAC) meeting on November 14, 2014, the Department of Healthcare and Family Services (HFS) announced that as of November 13, 2014, auto-assignment had been halted for Family Health Network (FHN) and WellCare's Harmony Health Plan due to consistently low quality scores. HFS recently published HEDIS scores for the state's three Voluntary MCO program health plans, FHN, Harmony, and Meridian Health Plan, all of which are now predominantly serving mandatory enrollment populations. FHN and WellCare had a significant number of HEDIS measures in the bottom 25th percentile nationally, with some as low as 10th percent nationally. Both plans must submit corrective action plans by December 15, 2014. Additionally, HFS announced it had suspended auto-assignments for the state's largest Accountable Care Entity (ACE), Illinois Partnership for Health. ACEs began enrolling patients in July 2014.

Illinois Medicaid Director Announces Departure. At the state's Medicaid Advisory Committee (MAC) meeting on November 14, 2014, it was announced that current Medical Division Administrator, Theresa Eagleson will be stepping down from her position at the beginning of December 2014. Eagleson has accepted a position as the Executive Director of the Office of Medicaid Innovation at the University of Illinois. Effective December 2, 2014, Jim Parker will serve as the Administrator of the Medical Division. Parker is currently the Deputy Administrator.

State Places Tight Restrictions on Access to New Hepatitis C Drugs. On November 19, 2014, *Kaiser Health News/Chicago Tribune* reported that the state is restricting access to new, highly effective treatments for hepatitis C because of their prohibitive cost. Treatment with new drugs Sovaldi and Harvoni can cost more than $94,000 per patient; use of Sovaldi has already drive the state's Medicaid hepatitis C spending to $22 million this year, up from $6.7 million the

previous year. Because of these steep spending increases, Medicaid officials are now limiting access to the drugs to only the sickest patients. The Illinois Department of Healthcare and Family Services (HFS) has set two dozen additional criteria for accessing the drug. Weekly spending on hepatitis C treatments has dropped by 80 percent since the restrictions were enacted. Read more

Indiana

CMS Approves One-Year Extension of HIP Waiver. On November 17, 2014, *AP/WISHTV* reported that CMS has approved a one-year extension of the Healthy Indiana Plan (HIP). HIP provides health care coverage to nearly 61,000 low-income Hoosiers who do not qualify for Medicaid; the waiver for the program is now set to expire on December 31, 2015. The state and CMS continue to negotiate over HIP 2.0, a proposal from Governor Pence that would extend the HIP program to cover an additional 350,000 Hoosiers. Read more

State Officials Warn Some Hoosiers Might Have to Pay Back Federal Subsidies for Marketplace Insurance if HIP 2.0 is Approved. On November 15, 2014, the *Journal Gazette* reported that Hoosiers who enroll in the federal marketplace for subsidized health insurance would have to pay these subsidies back later if the federal government approves the Healthy Indiana Plan (HIP) 2.0 program. Governor Mike Pence submitted the HIP 2.0 waiver to expand the current HIP to Hoosiers earning between 100 percent and 138 percent of the federal poverty limit starting in 2015. About 25,000 Hoosiers who would be eligible for HIP 2.0 signed up for coverage on the marketplace last year, and still more could sign up in the current open enrollment period. The maximum credit offered to individuals on the exchange is $300; the maximum credit for families is $600. Read more

Louisiana

DHH Announces Behavioral Health Carve-In for Bayou Health. On November 19, 2014, the Louisiana Department of Health and Hospitals (DHH) announced that it plans to integrate Medicaid behavioral health services into Bayou Health managed care beginning December 1, 2015. The state had previously awarded a new three year Louisiana Behavioral Health Partnership (LBHP) contract to Magellan, set to begin March 1, 2015. Instead, DHH intends to negotiate an abbreviated LHBP contract with Magellan up until the Bayou Health plans assume responsibility for behavioral health services. Last month, DHH awarded new Bayou Health contracts to incumbents AmeriHealth Caritas, Centene, United, and WellPoint, as well as new entrant Aetna. Read more

Maine

HMA Roundup – Rob Buchanan (Email Rob)

Court Rejects Governor LePage's Proposal to Tighten Medicaid Eligibility Requirements. On November 17, 2014, *Reuters* reported that the U.S. Circuit Court of Appeals has ruled against a 2012 proposal by Governor Paul LePage to remove non-disabled 19- and 20-year-olds from the state's Medicaid program to help balance the budget. Chief Judge Sandra Lea Lynch explained that the proposal violated the ACA, which forbids states from tightening Medicaid

eligibility requirements for at least nine years. Judge Lynch further explained that the provision was put in place to ensure that children do not lose health insurance as the country's healthcare system transitioned under the ACA. Read more

Michigan

HMA Roundup – Esther Reagan (Email Esther)

UnitedHealth Phases Out Special Needs Plan and Withdraws from Duals Pilot Program in Michigan. On November 14, 2014, *Crain's Detroit Business* reported that UnitedHealthcare Group in Michigan will close its Medicare Advantage dual special needs plan on January 1. The insurer is also withdrawing its participation in a Medicaid-Medicare dual eligible pilot program in metro Detroit. UnitedHealth's departure from the duals pilot program is not expected to affect the integrity of the program, as the Department of Community Health has contracted with five other health plans for the program. UnitedHealthcare will continue to participate in a number of other Medicare, Medicaid, small business and commercial health plans in the state, covering more than 700,000 lives. Read more

Montana

Governor Bullock Unveils New Medicaid Expansion Proposal. On November 18, 2014, the *Montana Standard* reported that Governor Steve Bullock unveiled a new plan to ask the Legislature to expand Medicaid in Montana. The plan is incorporated into the Governor's proposed two-year budget. The plan would use federal money to contract with a private administrator to process claims and run a network of providers to serve the newly covered population. About 70,000 people would gain coverage through this plan. House Minority Leader Chuck Hunter, who proposed an expansion bill last year, supported Bullock's plan, but said he expects the new proposal to face "the same uphill battle this issue faced last session." Read more

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Medical Assistance Advisory Council and Drug Utilization Review Board Issue Notices of 2015 Quarterly Meeting Dates. The Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) released public notices with invitations to the public of their quarterly meeting dates in 2015 for the Medical Assistance Advisory Council (MAAC) and Drug Utilization Review Board (DURB). Meeting dates are listed below:

MAAC	DURB
January 12, 2015 10:00 A.M. – 1:00 P.M.	January 28, 2015 11:00 A.M. – 12:00 P.M.
April 13, 2015 10:00 A.M. – 1:00 P.M.	April 22, 2015 11:00 A.M. – 12:00 P.M.
June 15, 2015 10:00 A.M. – 1:00 P.M.	June 24, 2015 11:00 A.M. – 12:00 P.M.
October 19, 2015 10:00 A.M. – 1:00 P.M.	October 21, 2015 11:00 A.M. – 12:00 P.M.

MAAC meetings will take place at the New Jersey State Police Headquarters Complex, Public Health, Environmental, and Agricultural Laboratory (PHEAL)

Building, 3 Schwarzkopf Drive, Ewing Township, NJ 08628. Contact DMAHS at (609) 588-2600 to register for the meetings.

DURB meetings will take place at DMAHS in Quakerbridge Plaza, Building 7 in Mercerville, New Jersey in Conference Rooms 200 A, B, and C. Registration is not required.

New York

HMA Roundup – Denise Soffel (Email Denise)

Fully Integrated Duals Advantage Demonstration Program Contracts. On November 19, 2014, the Crain's Healthpulse reported that New York has completed contracts with 22 managed long-term care plans to participate in the Fully Integrated Duals Advantage demonstration program (FIDA). The total cost of contracts awarded was $14.6 billion, covering the period from October 2014 – December 2017. The largest contract, for $2.37 billion, went to VNS Choice, who remains involved in a federal fraud investigation. Visiting Nurse Service (VNS) of New York, has settled a civil suit filed by the US Attorney's office that claimed that VNSNY had enrolled Medicaid beneficiaries into its managed long-term care plan, VNS Choice, who did not qualify for the program and were ineligible to receive MLTC benefits. Other large contracts were awarded to GuildNet ($1.8 billion), Managed Health ($1.4 billion) and Elderplan ($1.4 billion). The FIDA demonstration builds on NYS's mandatory managed long-term care program for Medicaid beneficiaries who require more than 120 days of community-based long-term care services. As part of CMS' demonstration program, FIDA plans will receive capitation for both Medicaid and Medicare benefits. Delayed several times, FIDA is scheduled to begin implementation in January 2015 for voluntary enrollment, with passive enrollment beginning three months later.

2015 NY State of Health Marketplace. Year two of the NY State of Health marketplace will introduce several new initiatives designed to make both consumer shopping easier and coverage more accessible, described in a recent press release. The NY State of Health continues to translate many of its informational materials to extend its reach to diverse populations across the state. For 2015, materials will continue to be available in English, Chinese, French, Haitian Creole, Italian, Korean, Russian, and Spanish. Select informational materials will be available in ten new languages: Arabic, Bengali, Hindu, Japanese, Nepali, Polish, Twi, Urdu, Vietnamese, and Yiddish. During the 2015 open enrollment period, NY State of Health will also debut a Spanish version of its website, including an online application for individuals and families, an interactive calendar of events, navigation tools, and new "How To" videos.

Crain's HealthPulse reports that the Department of Health is also launching an advertising campaign ahead of open enrollment, including a significant social media presence and text messages. Getting help with enrollment should also be easier; the call center has 839 workers, an increase of more than a third since the previous enrollment period. The staff promises to answer calls in 10 seconds or less. They also noted that the deductible for silver plans—the most popular tier—will decrease. The state expects that many of those who chose plans last year will be eligible for automatic re-enrollment. Out of 300,000 renewal notices the state sent out, the vast majority of individuals remain eligible.

Capitol Health Care reports that Donna Frescatore, the leader of New York's health insurance exchange, said she expects 350,000 people to sign up for private insurance plans during the 2015 open enrollment period. About 370,000 New Yorkers enrolled during the first year of open enrollment. New York state health officials, using projections from the Urban Institute, estimated that after three years, 615,000 New Yorkers will be enrolled in private plans purchased through the exchange. If Frescatore's prediction holds true, the state would exceed that midway through the second year.

New York City Health and Hospitals Corporation Payer Mix Improves. The payer mix at the New York City Health and Hospitals Corporation (HHC), New York City's public hospital system, has improved. HHC speculates that the change may be due to the Affordable Care Act and larger numbers of people with health insurance. Capital Health Care reports that the percentage of uninsured patients seen at HHC facilities during the first quarter of the fiscal year decreased from 9.2 percent to 7.9 percent. The drop was most significant at Elmhurst Hospital, where the uninsured rate dropped from 11.8 percent to 5.2 percent.

New York-Presbyterian Acquires Hudson Valley Hospital. Continuing the wave of health care mergers in the Lower Hudson Valley, the Establishment Review Committee of the state Public Health and Health Planning Council approved a plan for Hudson Valley Hospital Center in Cortlandt to become part of New York-Presbyterian Healthcare System. The hospital will be known as New York-Presbyterian/Hudson Valley Hospital. LoHud Journal News reports that the hospital will be governed by a 12-member board of trustees, with nine from New York-Presbyterian and three from Hudson Valley Hospital Center. New York-Presbyterian will be able to hire and fire officers, management, and medical staff, as well as the board of trustees that governs the hospital. It will also approve budgets and set the facility's strategic plans.

New York-Presbyterian recently took over Lawrence Hospital Center in Bronxville; Montefiore Medical Center recently bought hospitals in Mount Vernon and New Rochelle, formed an affiliation with White Plains Hospital, and is currently in negotiations with Nyack Hospital. Finally, North Shore-LIJ Health System is negotiating with Phelps Memorial Hospital in Sleepy Hollow and Northern Westchester Hospital in Mt. Kisco.

NYU Langone and Lutheran Medical Center Announce Affiliation. NYU Langone Medical Center and Lutheran Medical Center announced approval by their boards of an affiliation agreement that will bring the two organizations together to create a clinically integrated healthcare provider network for the New York metropolitan area. Regulatory approval for the combination and new health system entity will be sought with the hope that approvals will be completed in 2015. The agreement gives Langone an additional presence in Brooklyn and reflects the changing landscape of the Brooklyn health care delivery system. The idea behind the affiliation is that N.Y.U. can tap into the model Lutheran has developed and Lutheran can rely on Langone's vast resources, funding, and clinical expertise to help it manage population health more effectively, reducing readmission rates.

The NYU press release identifies five activities:

- Creating a fully integrated delivery system in Brooklyn by leveraging Lutheran's existing primary care network, culturally responsive programs, and community relationships across the continuum of care.

- Developing a system-wide, state-of-the-art IT infrastructure and connectivity to support clinical integration and population health management initiatives and analytics.
- Enabling interventions by specialists earlier and more often for chronic conditions.
- Extending access to world class ambulatory care.
- Focusing on key programmatic initiatives including maternal and child health, cancer services, cardiac and vascular services, and physician network development.

Vital Access/Safety Net Provider Program Awards Delayed. New awards for Vital Access Hospitals, which were announced by Governor Cuomo in September, have been delayed as CMS continues to negotiate with NYS over Medicaid payments. $106 million in funding was committed to hospitals treating a high percentage of elderly and lower-income populations, particularly projects at facilities chosen because they were struggling financially. Rep. Bill Owens told Capital he plans to send a letter to CMS urging the federal agency to expedite payments to the state. The delay is also holding up approval of several pending Medicaid state plan amendments.

North Carolina

Medicaid Reform Report Delayed Until December. On November 18, 2014, the Winston-Salem Journal reported that the state's legislative oversight committee on health and human services meeting scheduled for that morning would not include a presentation from the Medicaid reform subcommittee. The report from the subcommittee is now scheduled to be presented on December 9, 2014. There was no reason given for the delay. Read more

Will North Carolina Expand Medicaid? On November 16, 2014, the *Asheville Citizen-Times* reported on the state's continued debate over expanding Medicaid. Expanding Medicaid would bring $51 billion in federal funds into the state over the next decade and would cover approximately 500,000 North Carolinians. Lawmakers in the state hold that traditional Medicaid expansion per the ACA would be a bad decision, arguing that budget overruns in the system must be fixed before it is expanded. Before considering expansion, lawmakers are likely to propose changes to the state's current Medicaid model. Read more

Pennsylvania

HMA Roundup – Matt Roan (Email Matt)

Governor-Elect Wolf Pushes for Full Medicaid Expansion on January 1. On November 17, 2014, *WITF* reported that Governor-Elect Tom Wolf's administration has asked the Corbett administration to abandon the Healthy PA program and implement a full Medicaid expansion effective January 1, 2015, prior to the new Governor taking office. The Healthy PA waiver would require the state to offer a public comment period and to notify CMS prior to suspending or terminating the program. But Governor-elect Wolf's incoming Chief of Staff Katie McGinty argued that since the move to implement a full expansion in place of Healthy PA would not result in a loss of benefits, the public comment period may not be required. McGinty reported that the

incoming administration has been in discussions with CMS regarding their plans for Medicaid and that she expected the Federal government to be cooperative. A Department of Public Welfare spokesperson said that they are working with Wolf's transition team, but that the Department is still focused on implementing Healthy PA for January 1. Read more

Blue Cross of North Eastern PA ACA Plan Premiums Increase. On November 17, 2014, the *Republican Herald* reported that Blue Cross of North Eastern PA (NEPA) will increase premiums for its ACA plan offerings by an average of 6.9 percent for 2015. NEPA has also received approval to increase the premiums for its Blue Care Senior Prescription Drug Plan by 9.5 percent. The insurer is in the process of being acquired by Highmark Inc. after facing financial challenges in the past year, including operating losses and increased capital needs. Read more

Governor-Elect Wolf May Establish State-Based Exchange to Mitigate Impact of Potential Supreme Court Ruling. On November 17, 2014, the *Patriot-News* reported that Governor-Elect Tom Wolf may resurrect plans to build a state-based marketplace in PA. Wolf may opt for a state-based marketplace because the U.S. Supreme Court is preparing to hear arguments in a case that could pull subsidies for health coverage purchased through the federally-facilitated marketplace. At issue in the court case is language in the ACA that ties subsidies to coverage purchased through state-based exchanges. Plaintiffs in the case are arguing that subsidies for coverage purchased through a federally-facilitated marketplace are not allowed, according to the language in the law. Pennsylvania had previously received funding to develop its own marketplace, but the Corbett Administration scrapped the prospect in favor of joining the federally-facilitated marketplace. Approximately 257,000 Pennsylvanians receive subsidies for coverage they have purchased through the federally-facilitated marketplace. Read more

Pennsylvania to Extend Select Plan for Women. On November 16, 2014, the *Pittsburgh Post-Gazette* reported that the Department of Public Welfare (DPW) has decided to extend the Select Plan for Women program. The decision comes in response to concerns raised by consumer advocacy groups when DPW announced previously it would terminate the program at the end of the year. Select Plan offers limited family planning and women's health services to low-income women. The Department had previously announced that Select Plan would be terminated with the implementation of Healthy PA because enrollees would have new coverage options that would offer the same services as Select Plan. Advocacy groups argued that the planned program termination was abrupt and that the Department should extend the program and make efforts to automatically enroll members into other available coverage through Healthy PA. Read more

Governor-Elect Wolf to Inherit $1.85 Billion Budget Shortfall, Tightening Credit. On November 14, 2014, the *Philadelphia Inquirer* reported that Governor-Elect Tom Wolf will face a budget shortfall of approximately $1.85 billion when he takes office next year. The Commonwealth's Independent Fiscal Office projected the budget deficit for SFY 2015-2016. In addition to the budget shortfall, the Commonwealth is facing a credit crunch, with the State Treasurer reporting that a $1.5 billion credit line will likely be maxed out before the end of the year, as the Commonwealth has had to borrow money to cover cash flow deficits in the current fiscal year. The budget situation will hamper the incoming Governor's ability to implement many of his priorities in the first year of his term. Read more

Allegheny Health Network Partners with Celtic Care to Form Home Health Company. On November 12, 2014, *AP/FOX Business* reported that the Allegheny Health Network, a subsidiary of Highmark Inc., has announced a partnership with Celtic Healthcare to form a for-profit Home Health company to compete with Highmark Rival UPMC. Celtic Healthcare currently operates Home Health companies in Illinois, Maryland, and Missouri, as well as in Northeastern and Central Pennsylvania. The partnership with Allegheny would only operate in Western Pennsylvania and will not impact Celtic's other markets. Read more

Texas

HMA Roundup – Lisa Duchon & Dianne Longley (Email Lisa/Dianne)

HHSC Finalizing Contract with Federal Defense Contractor to Monitor Medicaid Spending. On November 16, 2014, *AP/KVUE* reported that the Office of Inspector General for the Texas Health and Human Services Commission (HHSC) is finalizing a $90 million contract with federal defense contractor, 21CT, to monitor the state's Medicaid spending. HHSC first hired 21CT in 2012 to analyze data associated with $28.3 billion in Medicaid spending. The Commission is currently reviewing over 1,100 Medicaid fraud cases. Read more

With Health Care Funding Waiver Set to Expire, Feds Have Leverage to Bring Medicaid Expansion to Texas. On November 11, 2014, the *Texas Tribune* reported that the state must address how it will provide health care to low-income residents as its waiver for health care funding expires in 2016. In 2011, Texas was granted a five-year, $29 billion waiver from CMS, part of which has been used to reimburse hospitals for uncompensated care for poor patients. The state has since maintained its opposition to expanding Medicaid. Executive Director of the National Association of Medicaid Directors, Matt Salo, says that CMS may use the waiver renewal as leverage to get Texas to expanding Medicaid. Medicaid expansion would bring $8 billion in federal dollars to Texas annually and would provide health care coverage for over one million Texans currently in the coverage gap. Read more

With Health Care Funding Waiver Set to Expire, Feds Have Leverage to Bring Medicaid Expansion to Texas. On November 11, 2014, the *Texas Tribune* reported that the state must address how it will provide health care to low-income residents as the state's existing 1115 waiver expires in 2016. In 2011, Texas was granted a five-year, $29 billion waiver from CMS, part of which has been used to reimburse hospitals for uncompensated care for poor patients. The state has since maintained its opposition to expanding Medicaid. Executive Director of the National Association of Medicaid Directors Matt Salo says that CMS may use the waiver renewal as leverage to get Texas to expanding Medicaid. However, with an even more conservative incoming Legislature and Governor, the state is unlikely to expand Medicaid anytime soon. Read more

Utah

Florida-Based Conservative Group Speaks Out Against Governor Herbert's Healthy Utah Medicaid Expansion Plan. On November 15, 2014, the *San Francisco Chronicle* reported that a nonprofit conservative group from Florida is working to derail Utah Governor Gary Herbert's "Healthy Utah" Medicaid expansion alternative plan. The Foundation for Government Accountability launched a website and online petition at unhealthyutah.com, and even sent

letters opposing the plan to Utah residents. During his monthly televised news conference, Governor Herbert said that he believes "the people of Utah and our Legislature are smart enough to reject (this) kind of outside influence." Read more

Washington

HMA Roundup – Doug Porter (Email Doug)

Washington Healthplanfinder Website Temporarily Shut Down. On November 15, 2014, the *Hill* reported that Washington State's insurance marketplace, the Washington Healthplanfinder, was temporarily shut down hours after the second enrollment period began on November 15. System administrators decided to shut down the exchange because the site was not properly calculating tax credits available to users. The website was fixed and back online the following day. Read more

National

Nearly 68 Million Enrolled in Medicaid, According to Latest CMS Report. In the Medicaid and CHIP enrollment report issued by CMS on November 19, 2014, nationwide Medicaid enrollment stood at 67.9 million, up more than 340,000 from August 2014 enrollment totals. Enrollment in states that have expanded Medicaid increased nearly 270,000 since the prior month, with enrollment up more than 20 percent from the previous year. Enrollment in states that have elected not to expand Medicaid still saw increased enrollment of more than 70,000 since the prior month, with total enrollment up more than 6 percent since late 2013. Read more

HRSA Withdraws 340B Drug Program Regulations. On November 17, 2014, *Becker's Hospital Review* reported that the HHS Health Resources and Services Administration (HRSA) has withdrawn regulations for the 340B drug pricing program. The 340B Program gives safety net providers access to medications at deep discounts. Last year, Pharmaceutical Research and Manufacturers of America (PhRMA) filed a lawsuit challenging a final HHS rule expanding the 340B drug program. PhRMA filed the lawsuit in an attempt to exclude all drugs with an "orphan" designation from the final rule, since these drugs are usually extremely expensive. U.S District Judge Rudolph Contreras ruled in favor of PhRMA, concluding that HHS does not have the authority to establish regulations that implement 340B provisions. Read more

Insurance Exchanges Launch on November 15, With Few Glitches. On November 17, 2014, *Kaiser Health News* reported that more than 100,000 Americans signed up for health insurance coverage through the ACA's online insurance exchanges since the second open enrollment period began on November 15. While some consumers and enrollment counselors reported difficulty navigating HealthCare.gov and sporadic delays in accessing the website, the enrollment process involved significantly fewer glitches than last year. State exchanges that reported major problems during the first open enrollment period reported no major issues this time around. Only the Washington State Healthplanfinder marketplace website experienced major problems; these problems were resolved within 24 hours. The Obama

administration expects about 9 million people to get coverage through the exchanges before open enrollment ends February 15. Read more

Rural Hospitals Continue to Experience Financial and Resource Constraints. On November 12, 2014, *USA Today* reported that closures of rural hospitals have made it increasingly difficult for some Americans to access health care. Since the beginning of 2010, 43 rural hospitals (with a combined 1,500 beds) have closed nationwide. Hospital officials argue that the ACA's penalties for re-admitting patients soon after they are released are a major financial burden for rural hospitals, most of which serve the sickest and poorest people who are most likely to be re-admitted. Rural hospital officials also cite low Medicaid and Medicare reimbursements as factors to their financial struggles; some cite that even Medicaid expansion is not sufficient to boost hospital profits. Read more

CMS Says Some Providers and Plans are Obstructing Dual Eligible Demonstrations. On November 11, 2014, *Modern Healthcare* reported that some providers and plans may be trying to dissuade dual-eligible beneficiaries from participating in managed care initiatives. According to Melanie Bella, Director of the Medicare-Medicaid Coordination Office at CMS, some providers and plans are telling patients that they will lose their benefits if they sign up for managed care. Coordinated-care demonstrations are currently operating in five states; CMS and state Medicaid agencies are concerned that low participation could make it difficult to assess the efficacy of the demonstration programs. Read more

Industry News

Affinity CEO Bertram Scott Resigns. On November 14, 2014, *Crain's Healthpulse* reported that Affinity Health Plan President/CEO Bertram Scott has resigned. Scott was named President/CEO in November 2012, succeeding the company's founder Maura Bluestone after she led the health plan for 30 years. Affinity's Controller, Shaunte Tucker, will serve as interim CEO. Glenn MacFarlane, Affinity's Chief Financial Officer, will replace Scott on January 1. Read more

BMC Health Plan Selects Susan Coakley as Next President. On November 12, 2014, the *Boston Business Journal* reported the Boston Medical Center Health Plan Inc. has chosen Susan Coakley as its next president. The nonprofit insurance group provides health care for low-income Massachusetts residents through BMC HealthNet Plan and low-income New Hampshire residents through Well Sense Health Plan. Coakley served as the company's chief legal officer since 2007 and has served as its interim President since March. Read more

RFP Calendar

Date	State	Event	Beneficiaries
December 19, 2014	Missouri	Proposals Due	398,000
January 1, 2015	Michigan Duals	Implementation	70,000
January 1, 2015	Maryland (Behavioral)	Implementation	250,000
January 1, 2015	Delaware	Implementation	200,000
January 1, 2015	Hawaii	Implementation	292,000
January 1, 2015	Tennessee	Implementation	1,200,000
January 1, 2015	New York Behavioral (NYC)	Implementation	NA
January 1, 2015	Texas Duals	Implementation	168,000
January 1, 2015	New York Duals	Implementation	178,000
January/February, 2015	Michigan	RFP Release	1,500,000
February 1, 2015	South Carolina Duals	Implementation	68,000
February 1, 2015	Louisiana	Implementation	900,000
April 1, 2015	Rhode Island (Duals)	Implementation	28,000
April 1, 2015	Puerto Rico	Implementation	1,600,000
July 1, 2015	Washington Duals	Implementation	48,500
July 1, 2015	Missouri	Implementation	398,000
September 1, 2015	Texas NorthSTAR (Behavioral)	Implementation	840,000
September 1, 2015	Texas STAR Health (Foster Care)	Implementation	32,000
October 1, 2015	Arizona (Behavioral)	Implementation	23,000
January 1, 2016	Georgia	Implementation	1,250,000
September 1, 2016	Texas STAR Kids	Implementation	200,000

Dual Eligible Financial Alignment Demonstration Calendar

Below is a summary table of the progression of states toward implementing dual eligible financial alignment demonstrations in 2014 and 2015.

State	Model	Duals eligible for demo	RFP Released	RFP Response Due Date	Contract Award Date	Signed MOU with CMS	Opt- in Enrollment Date	Passive Enrollment Date	Health Plans
Arizona		98,235	Not pursuing Financial Alignment Model						
California	Capitated	350,000	X	3/1/2012	4/4/2012	3/27/2013	4/1/2014	5/1/2014 7/1/2014 1/1/2015	CalOptima; Care 1st Partner Plan, LLC; Community Health Group Partner; Health Net; Health Plan of San Mateo; Inland Empire Health Plan; LA Care; Molina; Santa Clara Family Health Plan; WellPoint/Amerigroup (CareMore)
Colorado	MFFS	62,982				2/28/2014		9/1/2014	
Connecticut	MFFS	57,569						TBD	
Hawaii		24,189	Not pursuing Financial Alignment Model						
Illinois	Capitated	136,000	X	6/18/2012	11/9/2012	2/22/2013	4/1/2014	6/1/2014	Aetna; Centene; Health Alliance; Blue Cross Blue Shield of IL; Health Spring; Humana; Meridian Health Plan; Molina
Iowa		62,714	Not pursuing Financial Alignment Model						
Idaho		22,548	Not pursuing Financial Alignment Model						
Massachusetts	Capitated	90,000	X	8/20/2012	11/5/2012	8/22/2013	10/1/2013	1/1/2014	Commonwealth Care Alliance; Fallon Total Care; Network Health
Michigan	Capitated	105,000	X	9/10/2013	11/6/2013	4/3/2014	1/1/2015	4/1/2015	AmeriHealth Michigan; Coventry; Fidelis SecureCare; Meridian Health Plan; Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan
Missouri		6,380	Not pursuing Financial Alignment Model						
Minnesota		93,165	Not pursuing Financial Alignment Model						
New Mexico		40,000	Not pursuing Financial Alignment Model						
New York	Capitated	178,000	Application			8/26/2013	1/1/2015 4/1/2015	4/1/2015 7/1/2015	
North Carolina	MFFS	222,151						TBD	
Ohio	Capitated	114,000	X	5/25/2012	6/28/2012	12/11/2012	5/1/2014	1/1/2015	Aetna; CareSource; Centene; Molina; UnitedHealth
Oklahoma	MFFS	104,258						TBD	
Oregon		68,000	Not pursuing Financial Alignment Model						
Rhode Island*	Capitated	28,000	X	5/12/2014	9/1/2014		4/1/2015		
South Carolina	Capitated	53,600	X			10/25/2013	2/1/2015	6/1/2015	Absolute Total Care (Centene); Advicare; Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)
Tennessee		136,000	Not pursuing Financial Alignment Model						
Texas	Capitated	168,000	N/A			5/23/2014	3/1/2015	4/1/2015	Amerigroup, Health Spring, Molina, Superior, United
Virginia	Capitated	78,596	X	5/15/2013	TBD	5/21/2013	3/1/2014	5/1/2014	Humana; Health Keepers; VA Premier Health
Vermont		22,000	Not pursuing Financial Alignment Model						
Washington	Capitated	48,500	X	5/15/2013	6/6/2013	11/25/2013	7/1/2015	9/1/2015 11/1/2015 1/1/2016	UnitedHealthcare
	MFFS	66,500	X			10/24/2012		7/1/2013; 10/1/2013	
Wisconsin	Capitated	5,500-6,000	Not pursuing Financial Alignment Model						
Totals	**11 Capitated 5 MFFS**	**1.35M Capitated 513K FFS**	***10***			***11***			

** Phase I enrollment of duals only includes Medicaid benefits. Medicare-Medicare integration to occur within 12 months.*

HMA News

HMA Upcoming Webinar: *"The Republican Midterm Victory and the Potential Impact on Healthcare Reform"*

Tuesday, November 25, 2014 at 1:00 pm ET

The Republican Party scored a major victory over the Democrats in this month's Midterm elections – with important implications for the future of healthcare reform. During this webinar, Kaiser News Network and former NPR correspondent Julie Rovner will assess the likely impact of this important election on key components of the Affordable Care Act, including Marketplace enrollment, Medicaid expansion, delivery system reform, and the political environment that has proponents and opponents of the law in bitter conflict. The session will be moderated by Jack Meyer, who is a managing principal in the Washington, DC office of Health Management Associates. **Register Here**

HMA Q&A: Pennsylvania's Spin on Medicaid Expansion Stresses Managed Care, Cost Sharing

In this Q&A, Health Management Associates experts Mike Nardone and Izanne Leonard-Haak discuss the workings of Healthy PA and whether it's a viable model for other states still considering expansion. **Read more**

HMA Webinar Replays Available:

"Veterans - Benefits and V.A. System Access" **– Replay Link**

"Medicaid in an Era of Health & Delivery System Reform" **– Replay Link**

"Managed Care and Individuals with Intellectual and Developmental Disabilities: Innovative Approaches to Care Coordination" **– Replay Link**

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