

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... October 14, 2015



In Focus



HMA Roundup



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Edited by:
Greg Nersessian, CFA
[Email](#)

Andrew Fairgrieve
[Email](#)

Alona Nenko
[Email](#)

THIS WEEK

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- ARKANSAS CONSULTANT’S REPORT OFFERS MEDICAID EXPANSION ALTERNATIVES
- KENTUCKY HEALTH COOPERATIVE ENDING BUSINESS DEC. 31
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- UTAH MEDICAID EXPANSION BILL FAILS HOUSE, SENATE
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IN FOCUS

QUARTERLY MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q3 2015

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated risk-based managed care in 23 states.¹ Many state Medicaid agencies elect to post to their websites monthly enrollment figures by health plan for their Medicaid managed care population. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. Many of the 23 states have released monthly Medicaid managed care enrollment data through much of the third quarter (Q3) of 2015. This report reflects the most recent data posted.

¹ Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Washington, West Virginia, Wisconsin.

Fourteen of the states in the table below – Arizona, California, Hawaii, Illinois, Indiana, Kentucky, Maryland, Michigan, New Mexico, New York, Ohio, Pennsylvania, Washington, and West Virginia – expanded Medicaid and have seen increased Medicaid managed care enrollment throughout 2014 and into 2015.

- The 23 states in this report account for an estimated 43.5 million Medicaid managed care enrollees as of the end of Q3 2015. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that nationwide Medicaid MCO enrollment has surpassed 50 million on the 50th anniversary of Medicaid.
- Across the 23 states tracked in this report, Medicaid managed care enrollment is up more around 17.4 percent year-over-year, adding a net 6.4 million enrollees from Q3 2014 to Q3 2015, with more than 823,000 new enrollees in Q3 2015 alone.
- The fourteen expansion states listed above have seen Medicaid managed care enrollment increase by more nearly 20 percent in the past year, up to 30.3 million at the end of Q3 2015 from 25.3 million as of Q3 2014.
- The nine states that have not expanded Medicaid at this time have seen Medicaid managed care enrollment increase by nearly 12 percent, up to 13.3 million at the end of Q3 2015 from 11.8 million as of Q3 2014.

Monthly MCO Enrollment by State – April 2015 through September 2015

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Arizona	1,407,861	1,422,527	1,445,390	1,474,301	1,479,567	1,518,761
+/- m/m	19,505	14,666	22,863	28,911	5,266	39,194
% y/y	16.9%	14.3%	12.8%	11.6%	9.2%	10.1%
California	9,518,622	9,674,659	9,748,560	9,847,538	9,875,072	
+/- m/m	148,949	156,037	73,901	98,978	27,534	N/A
% y/y	32.5%	30.9%	25.9%	25.6%	22.9%	
Florida	3,148,658	3,163,400	3,187,093	3,189,488	3,226,374	3,247,648
+/- m/m	23,953	14,742	23,693	2,395	36,886	21,274
% y/y	101.6%	76.5%	50.1%	25.3%	10.3%	11.0%
Georgia	1,295,261	1,300,604	1,309,410	1,320,281	1,318,410	1,311,864
+/- m/m	1,495	5,343	8,806	10,871	(1,871)	(6,546)
% y/y	9.4%	4.2%	0.9%	0.6%	0.9%	0.4%
Hawaii	336,680	329,611	330,355	332,197	324,092	
+/- m/m	1,673	1,982	744	1,842	(8,105)	N/A
% y/y	-1.1%	-1.0%	1.5%	2.8%	0.9%	
Illinois	2,003,650	2,089,516	2,092,225	2,126,215	2,122,161	
+/- m/m	118,407	85,866	2,709	33,990	(4,054)	N/A
% y/y	515.9%	513.8%	478.5%	454.9%	317.8%	
Indiana	880,495	907,130	938,448	1,000,824	1,009,934	
+/- m/m	55,262	26,635	31,318	62,376	9,110	N/A
% y/y	16.6%	19.5%	21.5%	31.8%	32.9%	
Kentucky	1,164,252	1,175,215	1,098,879	1,103,728		1,153,063
+/- m/m	22,675	10,963	(76,336)	4,849	N/A	49,335
% y/y	23.4%	26.7%	18.5%	15.3%		15.1%
Louisiana	957,531	958,698	964,188	965,955	968,644	975,289
+/- m/m	12,424	1,167	5,490	1,767	2,689	6,645
% y/y	8.2%	7.6%	7.6%	7.1%	6.8%	7.1%
Maryland	1,029,505	1,026,144	1,008,400	1,010,062	1,007,195	973,197
+/- m/m	(75,299)	(3,361)	(17,744)	1,662	(2,867)	(33,998)
% y/y	-1.3%	-5.7%	-8.6%	-6.9%	-6.4%	-9.8%
Michigan	1,609,646	1,653,907	1,674,538	1,674,340	1,666,428	1,653,090
+/- m/m	3,323	44,261	20,631	(198)	(7,912)	(13,338)
% y/y	22.2%	21.3%	11.6%	8.1%	12.6%	12.4%

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Mississippi	209,172	319,743	425,692	505,038	501,140	498,108
+/- m/m	3,035	110,571	105,949	79,346	(3,898)	(3,032)
% y/y	42.9%	115.7%	180.8%	225.6%	219.4%	211.7%
Missouri	448,167	458,338	462,963	465,587	462,937	462,905
+/- m/m	8,353	10,171	4,625	2,624	(2,650)	(32)
% y/y	17.1%	18.4%	19.1%	19.4%	17.8%	16.3%
New Mexico	618,881	623,938	628,531	635,826	642,047	645,645
+/- m/m	1,824	5,057	4,593	7,295	6,221	3,598
% y/y	N/A	N/A	N/A	N/A	N/A	11.7%
New York	4,719,072	4,765,018	4,779,783	4,796,585	4,801,805	4,810,119
+/- m/m	46,484	45,946	14,765	16,802	5,220	8,314
% y/y	12.3%	10.6%	9.5%	9.1%	8.6%	7.3%
Ohio	2,318,745	2,344,442	2,336,517	2,363,874	2,421,471	2,430,895
+/- m/m	(110,232)	25,697	(7,925)	27,357	57,597	9,424
% y/y	29.5%	24.6%	15.6%	10.8%	10.7%	8.4%
Pennsylvania	1,702,705	1,735,343	1,892,896	1,935,750	1,977,054	
+/- m/m	19,613	32,638	157,553	42,854	41,304	N/A
% y/y	3.1%	4.9%	13.9%	16.0%	18.5%	
South Carolina	726,022	743,317	765,993	753,976	730,371	705,013
+/- m/m	2,213	17,295	22,676	(12,017)	(23,605)	(25,358)
% y/y	4.3%	4.8%	6.3%	3.7%	-0.9%	-5.7%
Tennessee	1,398,702	1,408,295	1,421,829	1,432,786	1,447,338	1,460,094
+/- m/m	10,872	9,593	13,534	10,957	14,552	12,756
% y/y	12.7%	12.6%	12.8%	12.8%	12.2%	12.0%
Texas	3,766,657	3,774,184	3,794,071	3,804,352		
+/- m/m	40,308	7,527	19,887	10,281	N/A	N/A
% y/y	12.2%	11.1%	10.2%	10.3%		
Washington	1,418,255	1,428,583	1,441,258	1,442,961	1,446,511	
+/- m/m	24,828	10,328	12,675	1,703	3,550	N/A
% y/y	27.4%	20.7%	19.4%	17.7%	16.7%	
West Virginia	205,287	207,718	208,264	209,958	217,115	364,481
+/- m/m	2,388	2,431	546	1,694	7,157	147,366
% y/y	-0.3%	2.8%	2.5%	3.3%	4.6%	80.5%
Wisconsin	793,074	792,993	788,232	791,354	791,270	
+/- m/m	28,332	(81)	(4,761)	3,122	(84)	N/A
% y/y	22.2%	21.3%	19.6%	18.5%	15.9%	

In the state-specific analysis below, we describe recent enrollment trends in the states where we track data.

It is important to note the limitations of the data presented. First, not all states report the data at the same time during the month. Some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-the-month snapshot. Second, in some cases the data is comprehensive in that it covers all of the state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is the key limiting factor in drawing direct ties between the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in **Table 1** and throughout the *In Focus* section should be viewed as a sampling of the enrollment trends across these states, as opposed to a comprehensive comparison, which cannot be developed based on publicly available monthly enrollment data.

State-Specific Analysis

Arizona

Medicaid Expansion Status: Expanded January 1, 2014

Enrollment in Arizona's ALTCS (Arizona's Managed Long Term Care) program, has remained stable over the past year. However, the Medicaid expansion continues to drive increased enrollment in the state's Acute Care managed care program. Through Q3 of 2015, Arizona's MCO enrollment stands at around 1.52 million, having added more than 130,000 members in Q2 and Q3 2015. Overall, September 2015 enrollment is up more than 10 percent year-over-year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Acute Care	1,350,978	1,365,491	1,388,300	1,417,178	1,422,397	1,461,410
ALTCS	56,883	57,036	57,090	57,123	57,170	57,351
Total Arizona	1,407,861	1,422,527	1,445,390	1,474,301	1,479,567	1,518,761
+/- m/m	19,505	14,666	22,863	28,911	5,266	39,194
% y/y	16.9%	14.3%	12.8%	11.6%	9.2%	10.1%

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data through August 2015 shows significant enrollment increases due to the Medicaid expansion, with enrollment up more than 1.5 million since September 2014. As of August 2015, enrollment in managed care neared 9.9 million, a 23 percent increase over the previous year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Two-Plan Counties	5,985,254	6,108,785	6,168,443	6,245,642	6,278,660	
Imperial/San Benito	73,945	76,078	76,579	77,573	78,905	
Regional Model	272,952	278,749	278,800	281,795	285,586	
GMC Counties	997,076	1,007,350	1,017,252	1,025,643	1,042,028	
COHS Counties	2,066,875	2,080,899	2,084,640	2,096,433	2,073,423	
Duals Demonstration	122,520	122,798	122,846	120,452	116,470	
Total California	9,518,622	9,674,659	9,748,560	9,847,538	9,875,072	
+/- m/m	148,949	156,037	73,901	98,978	27,534	
% y/y	32.5%	30.9%	25.9%	25.6%	22.9%	

Florida

Medicaid Expansion Status: Not Expanded

Although not electing to expand Medicaid, Florida began to roll-out its statewide Medicaid managed care program (MMA) in Q2 2014, adding more than 1.5 million new enrollees and bringing September 2015 enrollment to nearly 3.25 million, up 11 percent from a year ago. *(As a note, the managed LTC enrollment figures listed below are a subset of the MMA enrollments and are excluded from the total).*

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
MMA	2,824,677	2,840,851	2,864,172	2,873,077	2,905,278	2,932,366
LTC (Subset of MMA)	86,133	86,636	86,930	87,591	88,474	89,128
SMMC Specialty Plan	137,775	137,680	137,345	132,909	142,223	139,281
FL Healthy Kids	186,206	184,869	185,576	183,502	178,873	176,001
Total Florida	3,148,658	3,163,400	3,187,093	3,189,488	3,226,374	3,247,648
+/- m/m	23,953	14,742	23,693	2,395	36,886	21,274
% y/y	101.6%	76.5%	50.1%	25.3%	10.3%	11.0%

Georgia

Medicaid Expansion Status: Not Expanded

As of September 2015, Georgia Medicaid managed care enrollment stands at more than 1.3 million, roughly flat from a year prior. Despite not expanding Medicaid, nearly 230,000 net new enrollees were added to Georgia's Managed care program in 2014 and the first half of 2015, though enrollment growth has effectively flattened so far in the second half of 2015.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Georgia	1,295,261	1,300,604	1,309,410	1,320,281	1,318,410	1,311,864
+/- m/m	1,495	5,343	8,806	10,871	(1,871)	(6,546)
% y/y	9.4%	4.2%	0.9%	0.6%	0.9%	0.4%

Hawaii

Medicaid Expansion Status: Expanded in 2014

On January 1, 2015, Hawaii implemented its integrated Medicaid managed care program, combining QUEST managed Medicaid and QUEST Expanded Access (QExA), which provides managed Medicaid to the aged, blind, and disabled (ABD) populations. Through August 2015, enrollment in the new program stands at 324,000, down slightly from the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Hawaii	327,629	329,611	330,355	332,197	324,092	
+/- m/m	(7,378)	1,982	744	1,842	(8,105)	
% y/y	-3.8%	-1.0%	1.5%	2.8%	0.9%	

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's three managed care programs topped 2.1 million in Q3 2015, more than three times what it was a year prior, in one of the largest Medicaid managed care expansions in the last few years. Enrollment in the Integrated Care Program (ICP), which serves Medicaid aged, blind, and disabled (ABD) recipients, has largely leveled off, while enrollment in the state's dual eligible financial alignment demonstration has been declining over the first half of the year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Family Health Program	1,825,522	1,914,438	1,920,952	1,957,185	1,952,420	
Integrated Care Program	119,790	119,406	118,510	116,860	119,110	
Duals Demonstration	58,338	55,672	52,763	52,170	50,631	
Total Illinois	2,003,650	2,089,516	2,092,225	2,126,215	2,122,161	
+/- m/m	118,407	85,866	2,709	33,990	(4,054)	
% y/y	515.9%	513.8%	478.5%	454.9%	317.8%	

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of August 2015, enrollment in Indiana's managed care programs (Hoosier Healthwise, Hoosier Care Connect, Care Select, and Healthy Indiana Program (HIP)) stood at more than 1 million, up 32.9 percent from the prior year. In the first half of the year, Indiana launched the Hoosier Care Connect program for ABD Medicaid recipients and also began Medicaid expansion enrollment into the HIP 2.0 waiver program.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Hoosier Healthwise	604,336	602,043	602,450	607,221	607,329	
Hoosier Care Connect	7,535	13,193	29,928	96,004	96,889	
Care Select	34,731	32,287	27,160	7,541	NA	
HIP	233,893	259,607	278,910	290,058	305,716	
Indiana Total	880,495	907,130	938,448	1,000,824	1,009,934	
+/- m/m	55,262	26,635	31,318	62,376	9,110	
% y/y	16.6%	19.5%	21.5%	31.8%	32.9%	

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of September 2015, Kentucky enrolled more than 1.15 million beneficiaries in risk-based managed care. Total enrollment is up 15.1 percent from a year prior.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Kentucky	1,164,252	1,175,215	1,098,879	1,103,728		1,153,063
+/- m/m	22,675	10,963	(76,336)	4,849		49,335
% y/y	23.4%	26.7%	18.5%	15.3%		15.1%

Louisiana

Medicaid Expansion Status: Not Expanded

Despite not expanding Medicaid at this time, Medicaid managed care enrollment in the state's Bayou Health program has steadily increased in 2015, adding more than 50,000 enrollees in 2015 alone. September 2015 data shows total managed care enrollment at more than 975,000, up 7.1 percent from the previous year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Louisiana	957,531	958,698	964,188	965,955	968,644	975,289
+/- m/m	12,424	1,167	5,490	1,767	2,689	6,645
% y/y	8.2%	7.6%	7.6%	7.1%	6.8%	7.1%

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

After enrollment growth of more than 44,000 in Q1 2015, Medicaid managed care enrollment has declined steadily in Q2 and Q3, shedding more than 130,000 net enrollees. September 2015 enrollment of 973,000 is down 9.8 percent from the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Maryland	1,029,505	1,026,144	1,008,400	1,010,062	1,007,195	973,197
+/- m/m	(75,299)	(3,361)	(17,744)	1,662	(2,867)	(33,998)
% y/y	-1.3%	-5.7%	-8.6%	-6.9%	-6.4%	-9.8%

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

Michigan Medicaid managed care enrollment has increased by more than 180,000 in 2015 due to the Medicaid expansion and implementation of the state's duals demonstration, known as MI Health Link. As of September 2015, managed care enrollment was at just over 1.65 million, up 12.4 percent from the previous year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Medicaid	1,609,512	1,645,820	1,659,671	1,646,169	1,631,326	1,610,382
Total MI Health Link	134	8,087	14,867	28,171	35,102	42,708
Total Michigan	1,609,646	1,653,907	1,674,538	1,674,340	1,666,428	1,653,090
+/- m/m	3,323	44,261	20,631	(198)	(7,912)	(13,338)
% y/y	22.2%	21.3%	11.6%	8.1%	12.6%	12.4%

Mississippi

Medicaid Expansion Status: Not Expanded

MississippiCAN, the state's Medicaid managed care program is continuing to grow significantly in 2015. An expansion of the program began in May, with nearly 300,000 new enrollees added in Q2 and Q3, more than doubling enrollment. September enrollment of 498,000 is up more than 211 percent from the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Mississippi	209,172	319,743	425,692	505,038	501,140	498,108
+/- m/m	3,035	110,571	105,949	79,346	(3,898)	(3,032)
% y/y	42.9%	115.7%	180.8%	225.6%	219.4%	211.7%

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care in both the Medicaid and CHIP programs sits at nearly 463,000 as of September 2015. Although not expanding Medicaid at this time, Missouri has seen more than 16 percent growth in managed care enrollees since September 2014.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Medicaid	420,135	431,775	437,649	442,653	442,790	444,526
Total CHIP	28,032	26,563	25,314	22,934	20,147	18,379
Total Missouri	448,167	458,338	462,963	465,587	462,937	462,905
+/- m/m	8,353	10,171	4,625	2,624	(2,650)	(32)
% y/y	17.1%	18.4%	19.1%	19.4%	17.8%	16.3%

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

HMA began tracking Medicaid managed care enrollment in New Mexico in the second half of 2014. As of September 2015, the state's Centennial Care program enrolled more than 645,000 members, with steady enrollment growth in the first three quarters of 2015, adding more than 67,000 lives to managed care, an 11.7 percent increase over the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total New Mexico	618,881	623,938	628,531	635,826	642,047	645,645
+/- m/m	1,824	5,057	4,593	7,295	6,221	3,598
% y/y	N/A	N/A	N/A	N/A	N/A	11.7%

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively enrolled more than 4.8 million beneficiaries as of September 2015, up 7.3 percent over the previous year. More than 325,000 net new lives have been enrolled in 2015 so far, including more than 8,000 duals demonstration enrollees in the FIDA program.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Mainstream MCOs	4,568,293	4,612,140	4,625,458	4,640,322	4,643,334	4,649,686
Managed LTC	128,973	130,405	133,888	133,638	133,814	136,782
Medicaid Advantage	9,091	9,184	9,254	9,355	9,497	9,483
Medicaid Advantage Plus	6,055	6,074	6,152	6,148	6,098	6,140
FIDA (Duals Demo)	6,660	7,215	5,031	7,122	9,062	8,028
Total New York	4,719,072	4,765,018	4,779,783	4,796,585	4,801,805	4,810,119
+/- m/m	46,484	45,946	14,765	16,802	5,220	8,314
% y/y	12.3%	10.6%	9.5%	9.1%	8.6%	7.3%

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

Ohio's Medicaid managed care enrollment has seen significant growth, due to Medicaid expansion (Group 8 enrollees) and the launch of MyCare Ohio, the state's dual eligible financial alignment demonstration. Despite a few months of declining enrollment early in 2015, enrollment stands at more than 2.43 million as of September 2015, up more than 8 percent from the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
CFC Program	1,626,289	1,626,775	1,607,620	1,608,324	1,617,503	1,617,326
ABD Program	163,720	160,673	154,586	151,404	148,195	144,289
Group 8 (Expansion)	434,561	462,719	481,259	511,169	562,463	576,035
MyCare Ohio (Duals)	94,175	94,275	93,052	92,977	93,310	93,245
Total Ohio	2,318,745	2,344,442	2,336,517	2,363,874	2,421,471	2,430,895
+/- m/m	(110,232)	25,697	(7,925)	27,357	57,597	9,424
% y/y	29.5%	24.6%	15.6%	10.8%	10.7%	8.4%

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of Q3 2015, Pennsylvania's Medicaid managed care enrollment sits at nearly 2 million, having added more than 300,000 net new members since Q3 2014, an 18.5 percent increase. Pennsylvania's Healthy PA expansion waiver was transitioned to a traditional Medicaid expansion model in 2015 by the new governor's administration. Expansion enrollments began in January 2015.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Pennsylvania	1,702,705	1,735,343	1,892,896	1,935,750	1,977,054	
+/- m/m	19,613	32,638	157,553	42,854	41,304	
% y/y	3.1%	4.9%	13.9%	16.0%	18.5%	

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care program saw moderate growth in early 2015, before consecutive months of declining enrollment in Q3 2015. September 2015 enrollment stands at 705,000, down 5.7 percent from the prior year. South Carolina has so far seen only limited enrollment in the state's duals demonstration program.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Medicaid	724,624	741,951	764,676	752,588	728,991	703,483
Total Duals Demo	1,398	1,366	1,317	1,388	1,380	1,530
Total South Carolina	726,022	743,317	765,993	753,976	730,371	705,013
+/- m/m	2,213	17,295	22,676	(12,017)	(23,605)	(25,358)
% y/y	4.3%	4.8%	6.3%	3.7%	-0.9%	-5.7%

Tennessee

Medicaid Expansion Status: Not Expanded

As of September 2015, TennCare managed care enrollment totaled more than 1.46 million, up 12 percent from the prior year. Also of note, Tennessee no longer appears to be reporting enrollment with a lag of three or more months.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Tennessee	1,398,702	1,408,295	1,421,829	1,432,786	1,447,338	1,460,094
+/- m/m	10,872	9,593	13,534	10,957	14,552	12,756
% y/y	12.7%	12.6%	12.8%	12.8%	12.2%	12.0%

Texas

Medicaid Expansion Status: Not Expanded

After a period of unavailable enrollment data in late 2014 and into 2015, enrollment figures for the first seven months of 2015 are now available. As of July 2015, enrollment stands at more than 3.8 million, up 10.3 percent from the previous year. Texas began to see its first significant enrollments in the duals demonstration in Q2 2015, with nearly 45,000 enrolled so far.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
STAR	2,808,033	2,807,700	2,819,534	2,829,471		
STAR+PLUS	553,836	544,647	537,641	526,157		
STAR HEALTH	30,847	30,938	31,068	30,960		
CHIP	358,606	363,310	368,023	372,833		
Duals Demo	15,335	27,589	37,805	44,931		
Total Texas	3,766,657	3,774,184	3,794,071	3,804,352		
+/- m/m	40,308	7,527	19,887	10,281		
% y/y	12.2%	11.1%	10.2%	10.3%		

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment has continued to increase on a month-to-month basis, with August 2015 enrollment totaling more than 1.44 million, up 16.7 percent from the prior year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Washington	1,418,255	1,428,583	1,441,258	1,442,961	1,446,511	
+/- m/m	24,828	10,328	12,675	1,703	3,550	
% y/y	27.4%	20.7%	19.4%	17.7%	16.7%	

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of September 2015, West Virginia's managed care program enrolled more than 364,000 members, an increase of more than 80 percent over the prior year, adding nearly 150,000 members in September alone. This enrollment spike was expected, and may continue in coming months, after a court ruling early this year allowed the state to proceed with plans to expand managed care enrollment without competitively rebidding contracts.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total West Virginia	205,287	207,718	208,264	209,958	217,115	364,481
+/- m/m	2,388	2,431	546	1,694	7,157	147,366
% y/y	-0.3%	2.8%	2.5%	3.3%	4.6%	80.5%

Wisconsin

Medicaid Expansion Status: Not Expanded

Across the state's three managed care programs, August 2015 enrollment totals more than 791,000, up 15.9 percent from the year before. Despite not expanding Medicaid at this time, Wisconsin's Medicaid managed care enrollment increased by nearly 100,000 enrollees since Q3 2014.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
BadgerCare+	716,427	716,288	711,181	713,208	712,773	
SSI	33,907	33,922	33,995	33,859	33,823	
LTC	42,740	42,783	43,056	44,287	44,674	
Total Wisconsin	793,074	792,993	788,232	791,354	791,270	
+/- m/m	28,332	(81)	(4,761)	3,122	(84)	
% y/y	22.2%	21.3%	19.6%	18.5%	15.9%	

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services, which pulls together Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, aged, blind, and disabled (ABD) populations, long-term care, accountable care organizations, and patient-centered medical homes. There is also a public documents library with copies of Medicaid RFPs, responses, model contracts, and scoring sheets.

HMA enhances the publicly available information with an overview of the structure of Medicaid in each state, as well as a proprietary HMA Medicaid Managed Care Opportunity Assessment.

For additional information on how to subscribe to HMA Information Services, contact Carl Mercurio at 212-575-5929 or cmercurio@healthmangaement.com.



HMA MEDICAID ROUNDUP

Arkansas

Arkansas Medicaid Expansion Enrollment Drops. On October 10, 2015, *ArkansasOnline* reported that after income verification checks by the Human Services Department, Arkansas Medicaid expansion enrollment fell by 29,219 by the end of September from 263,387 in July. The cost per person of the private option increased from \$484.94 in June to \$491.83 in September. Next year, the state target cost for the private option is \$523.58. [Read More](#)

Report Shows Ending Medicaid Expansion Could Have Substantial Cost to State. On October 8, 2015, *Arkansas News* reported that the consultant, The Stephen Group, hired by the Health Reform Legislative Task Force, presented their report and recommendations to the task force. They concluded that ending Medicaid expansion will have a substantial cost for the state. As first stated in a preliminary report presented in August, reverting to traditional Medicaid programs could cost the state \$438 million between 2017 and 2021. Although, the figure may be less if the state did not renew some optional programs for uncompensated care. The Stephen Group offers three fundamental recommendations for Medicaid expansion: “shifting the focus of the program to being transitional, with the goal of moving people into jobs and off of public assistance; shifting toward managed care; and enhancing eligibility verification and fraud detection to ensure services are not being accessed by people who do not deserve them.” [Read More](#)

Department of Human Services Director to Leave by End of Year. On October 8, 2015, *Chicago Tribune* reported that John Selig, Arkansas’ Director of Human Services, will leave the department. Gov. Asa Hutchinson asked Selig to stay on through January to help with the transition to the “private option” Medicaid expansion plan. [Read More](#)

California

HMA Roundup - Don Novo ([Email Don](#))

California Considering Proposed Daughters of Charity and BlueMountain Deal. On October 14, 2015, *Mercury News* reported that California Attorney General Kamala Harris will decide whether to approve a proposed deal between Daughters of Charity Health System and BlueMountain Capital Management by Nov. 19. The consulting firm, BlueMountain, has offered to keep the hospitals open for at least five years. Harris will be hosting public comment sessions at all six of Daughters’ facilities. Medical Development Specialists said BlueMountain should agree to provide emergency services for at least 10 years, not five, and

continue to participate in Medi-Cal managed care and Medicare programs for about 10 years. [Read More](#)

24-Hour Out-of-Home Care Costs for Children Drop for Some Families. On October 7, 2015, *California Healthline* reported that law AB 564, which raises the threshold for paying a parental fee for families with a child with developmental disabilities in 24-hour out-of-home-care through regional centers, was signed into law, effective July 2016. Families earning between 100 percent and 200 percent of the federal poverty level will be exempt from the fee. Families undergoing certain financial events may be granted a temporary waiver. The law will cost the state approximately \$190,000 a year. [Read More](#)

Over Two Million Californians have Enrolled in Coverage through Covered CA. On October 9, 2015, *Orange County Register* reported that Covered CA, California's State Insurance Marketplace reported that more than two million Californians have signed up for coverage since January 1, 2014. Covered CA identified that 700,000 individuals have dropped coverage, identifying the most common reason as gaining coverage elsewhere, most commonly through an employer. [Read More](#)

Drugmakers Donate 10M to Fight Rx Purchase Price Ballot Proposal. On October 6, 2015, *California Healthline* reported that drug-makers have donated more than \$10 million to defeat the California "Drug Price Relief Act," a proposed ballot initiative that would impose price controls on drug purchases funded directly and indirectly by the state. Supporters of the measure have raised more than \$1.25 million. [Read More](#)

Governor Jerry Brown signed a bill to make physician-assisted death legal in California. On October 6, 2015, *California Healthline* reported that a bill to make physician-assisted death legal in California will not take effect until 90 days after the Legislature votes to end the special session, which is expected to happen early next year. Brown's decision to sign the bill drew both praise and criticism from stakeholders. [Read More](#)

California Children Often Face Waits for Mental Health Care. On October 5, 2015, *California Healthline* reported that California children in mental health crises often face days-long waits in emergency departments before being sent to a mental health care facility that sometimes can be hundreds of miles away. Experts say these waits and long distances can exacerbate children's mental health issues. [Read More](#)

Bill would Subsidize California Farmworkers' Health Plan for Five Years. On October 5, 2015, *California Healthline* reported that a bill by state Sen. Richard Pan would provide funding for the United Farm Workers' health plan for five years and help it comply with Affordable Care Act standards. The plan does not meet ACA standards because it caps annual benefits at \$70,000. The bill has been sent to Gov. Brown. [Read More](#)

Colorado

HMA Roundup - Lee Repasch ([Email Lee](#))

Low-Cost Health Insurer in Colorado Faces Uncertain Future. On October 8, 2016, *Chicago Tribune* reported that Colorado's biggest nonprofit health insurer faces an uncertain future, and its 80,000 or so customers don't know whether their insurer will be able to offer new policies when next year's enrollment period

begins soon. Colorado HealthOP, which emerged from the Affordable Care Act, faces possible insolvency because the U.S. government said it won't be able to cover payments to help stabilize premiums in federal insurance markets. [Read More](#)

Connecticut

Gov. Malloy to Restore \$14.1 Million in Funding to Smaller Hospitals. On October 9, 2015, *The CT Mirror* reported that Gov. Dannel P. Malloy will restore \$14.1 million in funding to six small independent hospitals amidst the political fight over hospital funding cuts. The chief executive of the Connecticut Hospital Association stated that the governor's move is merely a diversion from the \$190 million in cuts unveiled two weeks ago. [Read More](#)

Proposal to Find New Medicaid Payment Method Delayed. On October 7, 2015, *CT News Junkie* reported that Lt. Gov. Nancy Wyman delayed a proposal that would have required the state to find a new payment method for one-third of Connecticut's 700,000 Medicaid patients by July 2016. Implementation will now be January 2017. [Read More](#)

One in Four HUSKY Parents Signed Up For Private Insurance. On October 5, 2015, *The CT Mirror* reported that of the 695 parents whose HUSKY coverage was terminated on Sept. 1st, 166 signed up for private coverage through the exchange. HUSKY Health Connect covers people with disabilities through Medicaid. The cut affected parents of minor children whose income was above 155 percent of the poverty level. Another 18,550 parents are expected to lose coverage next summer. The cut was forecast to save \$2.4 million this fiscal year and \$43.5 million next year. [Read More](#)

Florida

HMA Roundup - Elaine Peters ([Email Elaine](#))

Lawmakers Not Ready to Provide Solutions to LIP Gap. On October 7, 2015, *Tampa Bay Times* reported that lawmakers are showing no urgency to find a solution for the Low Income Pool's shrinking funding. For 2016, LIP was authorized \$608 million in funding, including both federal and local tax dollars, \$400 million lower than the current year, and \$1 billion lower than the pool from 2014. [Read More](#)

Georgia

HMA Roundup - Kathy Ryland ([Email Kathy](#))

Georgia Fails to Comply With Mental Health Settlement to Shift Residents Out of State Mental Hospitals. On October 9, 2015, *AJC.com* reported that Georgia failed a number of key tenets of a 2010 settlement with the Justice Department after an investigation into the abuse and deaths of patients. The federal government found that the state has not done enough to smooth the transition of patients from state hospitals to community residences. Since the settlement, Georgia has established community services and housing for about 9,000 people with mental illness. The Justice Department demanded a corrective action plan by November. [Read More](#)

Illinois

HMA Roundup – Andrew Fairgrieve ([Email Andrew](#))

Health Alliance to Exit Duals Demo at End of December. On October 13, 2015, the Illinois Department of Healthcare and Family Services (HFS) circulated an update on the state’s dual eligible financial alignment demonstration, known as the Medicare-Medicaid Alignment Initiative (MMAI), announcing that Health Alliance will withdraw from the program as of December 31, 2015. Health Alliance is one of two MMAI plans in the Central Illinois region, currently serving 6,012 members as of August. Given that Molina Healthcare will be the only remaining plan in Central Illinois, the MMAI will only accept opt-in enrollments in the region, with no further passive enrollments to be conducted from this point going forward. Health Alliance MMAI enrollees who do not actively opt-in to Molina’s plan or a Medicare Advantage plan will be automatically transitioned to fee-for-service Medicaid and Medicare, effective January 1, 2016.

Iowa

Medicaid Privatization Winning Bidders Sign Contracts. On October 10, 2015, *WCFCourier.com* reported that the State Department of Human Services announced that Amerigroup, AmeriHealth Caritas, UnitedHealthcare, and WellCare were awarded contracts for the Medical Modernization care coordination effort, which shifts Iowa’s \$4.2 billion Medicaid program to a privately run managed care system, despite strong opposition from losing bidders. [Read More](#)

Kentucky

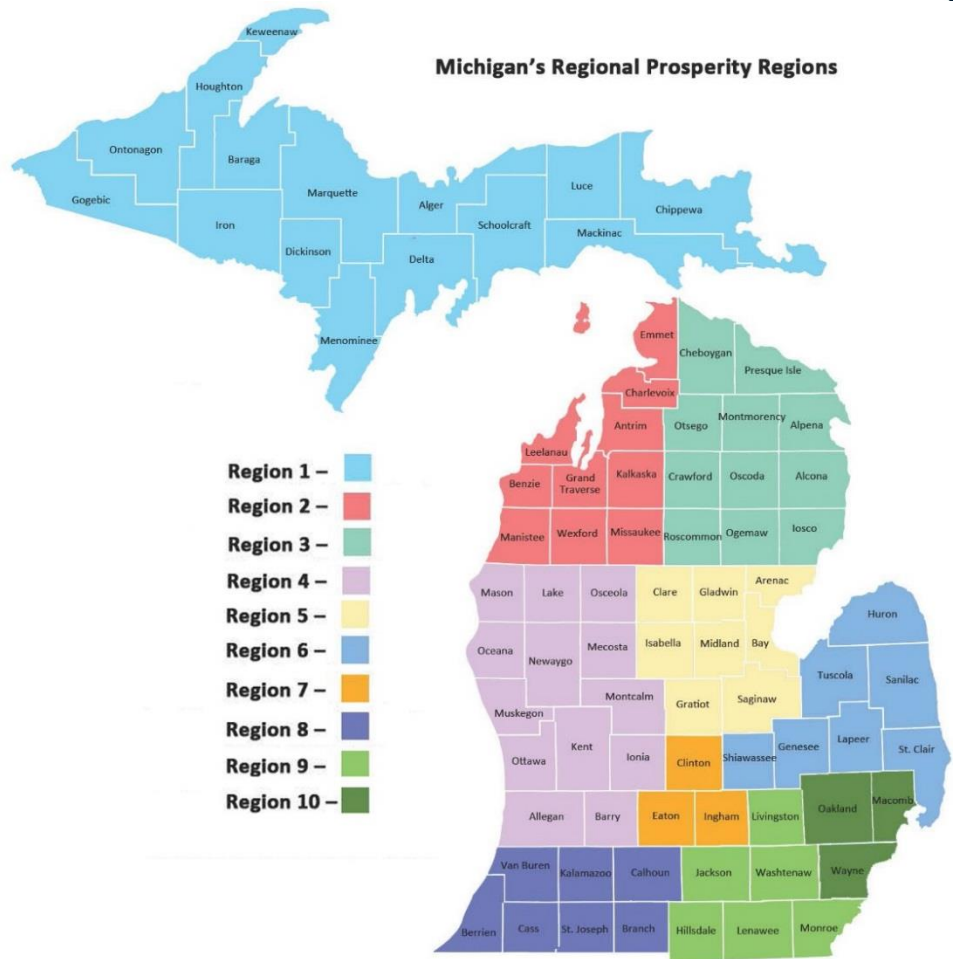
Kentucky Health Cooperative Ending Business Dec. 31. On October 9, 2015, *Kentucky.com* reported that Kentucky Health Cooperative will end current memberships on Dec. 31 and will no longer offer health insurance on the state’s health insurance exchange, Kynect, for open enrollment. Currently, it has 51,000 members who will be affected by the closure. The co-op lost \$50 million last year after selling 75 percent of the private insurance policies purchased on the exchange, exceeding the projected 30,000-customer goal. [Read More](#)

Michigan

HMA Roundup – Eileen Ellis ([Email Eileen](#)) & Esther Reagan ([Email Esther](#))

Michigan Medicaid Managed Care Results Announced. On October 13, 2015, the State of Michigan released the much anticipated results of the procurement of HMOs to serve the Medicaid population. This procurement is for at least five years, with the possibility of up to three one-year extensions. The total cost of the procurement for five years is estimated to be \$35 billion.

Since the prices are set by the state, the health plan selection was based solely on technical scores. Plans were required to bid on entire regions, which were configured differently than in the past. The reconfiguration required a number of the HMOs to expand their service areas to meet the “entire region” requirement. The new regional configuration appears in the map below:



Region 2 and Region 3 were required to be bid together.

The Request for Proposals included a proposed number of HMOs that would be awarded contracts for each of these regions. In each region (other than the Upper Peninsula) the number of plans selected was one more than the proposed maximum number of awards for that region. Proposals from the HMOs were evaluated based on demonstrated competencies and also statements of their proposed approaches to many new initiatives related to population health, care management, behavioral health integration, patient-centered medical homes, health information technology and payment reform.

Not every HMO was successful in each region for which it submitted a bid. Two plans were not successful in any region. One is Sparrow PHP, which is an incumbent plan in Region 7. The other is MI Complete Health (Centene/Fidelis SecureCare) which is not currently a Medicaid plan in any part of the state but does have an Integrated Care Organization contract to serve dual Medicare/Medicaid enrollees in Macomb and Wayne counties as part of Michigan’s dual eligible demonstration.

The following table indicates the regions for which each bidding HMO was and was not successful. In addition, the numerical values show the rank of that plan among the successful bidders for each region. If an HMO is a current contractor for all counties in a region, their result is **shaded green**. If the HMO is a current contractor for some but not all counties in a region, their result is **shaded yellow**.

Technical Evaluation Results

	Region1	Region 2	Region 3	Region 4	Region5	Region 6	Region 7	Region 8	Region 9	Region 10
Aetna Better Health (CoventryCares)					No			Yes - 4	Yes - 4	Yes - 7
Blue Cross Complete				Yes - 3		Yes - 5	Yes - 3		Yes - 3	Yes - 5
HAP Midwest Health Plan						Yes - 6			No	No
Harbor Health Plan										Yes - 8
McLaren Health Plan		Yes - 3	Yes - 3	Yes - 4	Yes - 3	Yes - 3	Yes - 2	Yes - 3	Yes - 6	Yes - 4
Meridian Health Plan of MI		Yes - 1	Yes - 4	Yes - 5	Yes - 2	Yes - 4	No	Yes - 5	Yes - 5	Yes - 3
MI Complete Health (Centene/Fidelis SecureCare)									No	No
Molina Healthcare of MI		Yes - 4	Yes - 1	Yes - 1	Yes - 1	Yes - 2	Yes - 1	Yes - 1	Yes - 1	Yes - 2
Priority Health Choice		No	No	Yes - 6				Yes - 6	No	
Sparrow PHP							No			
Total Health Care										Yes - 6
UnitedHealthcare Comm. Plan		Yes - 2	Yes - 2	Yes - 2	Yes - 4	Yes - 1	Yes - 4	Yes - 2	Yes - 2	Yes - 1
Upper Peninsula Health Plan	Yes - 1									
Plans Selected	1	4	4	6	4	6	4	6	6	8
Sep. 2015 Enrollees	40,500	40,800	38,200	222,500	97,600	168,800	65,200	128,000	113,000	695,700

Bidders have until October 19th to file protests of the results of this procurement. It is likely that there will be several protests by plans that did not succeed in every region they wish to serve.

The new contracts are scheduled to be effective on January 1st. However, the adjudication of protests could delay this effective date. Aside from protests, many current Medicaid enrollees will be forced to change plans if their current HMO was not successful.

DHHS Names Chris Priest Deputy Director of Medical Services

Administration; Medicaid Director. The Michigan Department of Health and Human Services named Chris Priest as Deputy Director of the Medical Services Administration, effective October 12. As Deputy Director, Priest will also serve as the Medicaid Director overseeing several programs, including MICHild and the Healthy Michigan Plan.

New Jersey

HMA Roundup – Karen Brodsky ([Email Karen](#))

Medicaid ACO Implementation Moving Slowly – Waiting on Contracts with MCOs to Produce Sustainable Funding. On October 13, 2015 NJ Spotlight reported on a topic covered by the New Jersey Health Care Quality Institute during its Payment Reform Summit on October 9, 2015. Medicaid ACO experts and supporters expressed concerns about the ability for the new Medicaid ACOs to demonstrate short term success. They acknowledged that success will depend on the ACOs ability to enter into contracts with Medicaid managed care organizations in order to provide care coordination to enrollees with high service utilization. Without these contracts, the ACOs cannot sustain the interventions that would lead to improved health status and produce savings, which in turn would help to fund the ACOs under a gainsharing model. The Nicholson Foundation has provided initial funding to launch the ACOs and

cautioned that the ACOs will need sustainable funding arrangements to show results. [Read More](#)

New York

HMA Roundup - Denise Soffel ([Email Denise](#))

DSRIP Performing Provider System Implementation Plans. The Department of Health has posted [Project Implementation Plans](#) for all Performing Provider Systems participating in the Delivery System Reform Incentive Payment program. The plans, which also serve as the first quarterly report required under the DSRIP waiver amendment, represent PPS activities through June 2015. The reports lay out all the DSRIP milestones, and the tasks related to each milestone, and what progress has been made on each task. It also includes narrative information about the key challenges or risks that are foreseen in project implementation. The report includes two components, a general overview of PPS operations, and project-specific reporting. PPSs will be required to provide updates on their progress towards achieving milestones in subsequent quarterly reports. Based on the reports, the state will calculate the incentive payments for the progress achieved according to the approved DSRIP project plans. These reports will serve as the basis for authorizing incentive payments to Performing Provider Systems for achievement of DSRIP milestones. PPSs will also have the ability to expand upon their initial plans in subsequent quarterly reports as their projects evolve through implementation efforts.

Hearing on Managed Care Transition for Waiver Programs. The NYS Assembly held a hearing on issues around the state's plan to transition two waiver programs, the Nursing Home Transition and Diversion waiver program and the Traumatic Brain Injury waiver program, into Medicaid managed care. The two programs were supposed to be moved into managed care in 2016, but the state recently decided to delay the transition for one year. In response to a question from Assemblymember Richard Gottfried, chair of the Assembly Health Committee, about whether the state anticipates financial savings as a result of the move from fee-for-service to managed care for waiver recipients, the state responded that they do not anticipate any savings for the two years after implementation. As part of the Medicaid Redesign Team Care Management for All initiative, the state believes this will be a better way to organize the health care system.

Health Home Standards and Requirements. The Department of Health has posted new Health Home standards and requirements for health homes, care management providers and managed care organizations. These standards and requirements are meant to explain and clarify the roles and responsibilities of lead health homes, downstream care management providers, and managed care plans. Health homes are required to provide six core services: comprehensive care management, care coordination and health promotion, comprehensive transitional care; enrollee and family support, referral to community and social supports, and use of HIT to link services. Additional standards are enumerated for two subpopulations, individuals enrolled in Assisted Outpatient Treatment and enrollees in Health and Recovery Plans. [Read More](#)

New York Health Cooperative Shutting Down. Health Republic Insurance of New York, the nation's largest co-op, recently announced that it was shutting down, with coverage terminated at the end of the calendar year. Federal and

state regulators made the decision to shut the plan given its likelihood of becoming insolvent. In a further development, Crains Health Pulse [reports](#) that the Department of Financial Services advised the insurer that it cannot renew small-group policies with November and December renewal dates. About half of Health Republic's 215,000 members are insured through small businesses. Some number of those now have just a few weeks to find alternative insurers. The decision was made because of the financial instability of Health Republic and concerns about whether they would be able to pay provider claims given assets on hand. An [article](#) in the Wall Street Journal examines some of the reasons for Health Republic's failure, which they attribute to the challenges of starting up and insurance plan, overly onerous federal requirements and regulation, and underpricing their products. The WSJ piece also looks at the impact of its departure from the market on the remaining health plans offered through New York State of Health, the health exchange.

DSRIP Website for Medicaid Members. The Department of Health has established a web page on its DSRIP web site targeted specifically to Medicaid beneficiaries. The page currently includes information for consumers about the "opt-out." In an effort to improve care coordination and the move to population health management, Performing Provider Systems will be allowed to share personal health information with network providers that are part of its PPS. The opt-out gives Medicaid beneficiaries the right to refuse to have their personal health information included in that data sharing. The state is in the process of sending a mailing to every Medicaid beneficiary across the state, describing DSRIP and the allowable data sharing within the PPS, and outlining the process for opting out. It is an active opt-out; individuals who do not respond will be considered to have agreed to the sharing of their personal health information.

Immigrant Health Access. Mayor Bill de Blasio announced a \$6 million plan to provide the city's undocumented immigrant population with improved access to health care. Under the plan the city will launch a program called Direct Access, a year-long effort to help coordinate access to care to approximately 1,000 uninsured immigrant New Yorkers. The program will be financed through a public-private partnership with the Mayor's Fund to Advance New York City, as well as The Robin Hood Foundation and other private funders. The Direct Access program will not serve as insurance but rather will build on the city's existing health care system and improve care coordination with providers, with the goal of improving health outcomes and lower health care costs. [Read More](#)

North Dakota

New MMIS Goes Live After Delays and Rising Costs. On October 10, 2015, The *Washington Times* reported that the state's new Medicaid Management Information System, ND Health Enterprise, is now running. The budget has risen from \$62.5 million to over \$97.9 million. Delays were caused by the system's complexity and changes in the project's scope due to the implementation of the Affordable Care Act. [Read More](#)

Ohio

HMA Roundup – Mel Borkan ([Email Mel](#))

Federally Qualified Health Centers are Flourishing Across Ohio: FQHCs now number 45 with at least 244 sites across Ohio, an increase from 23 centers and 110 sites in 2002, according to the Ohio Association of Community Health Centers. According to the Bureau of Primary Health Care, those centers employed the equivalent of 3,275 full time workers, an increase of 22% from just two years earlier. New federal grants and Ohio's Medicaid expansion have helped to fund the growth. In fiscal year 2015, FQHCs secured nearly \$29 million in federal grants. FQHCs also help people sign up for Medicaid or private coverage, including through the federally run health-insurance marketplace. The *Dispatch* reports that statewide, 53 percent of patients at Ohio's FQHCs were enrolled in Medicaid in 2014, an increase from 43 percent the previous year and the percent of patients who were uninsured dropped to 19 percent, down from 32 percent.

The combination of additional payer coverage and more federal grant money is helping centers not only serve more people, but enhance the kinds of health care people can receive. Some centers are expanding hours and sites while others may also be adding services such as behavioral health, cardiology, physical therapy and dental services. One center, Lower Lights in central Ohio, may open a nonprofit grocery at its main location to improve the immediate area's access to fresh fruits and vegetables. Centers are now also turning their attention to workforce issues. Ohio's recently passed biennial budget included an Ohio primary care workforce initiative that will supply FQHCs with \$2.7 million annually to help fund more clinical rotation slots for medical, behavioral health and dental students, in addition to advanced practice nurses and physician assistant students. [Read More](#)

Pennsylvania

HMA Roundup – Julie George ([Email Julie](#))

Managed Long Term Services and Supports Subcommittee Meets. The MLTSS Subcommittee of the Pennsylvania Medical Assistance Advisory Committee (MAAC) met on October 9, 2015. Various staff members of the Department of Human Services (DHS), in particular the Office of Long Term Living, provided information regarding the upcoming MLTSS procurement, Community HealthChoices.

Review of Procurement Process. The Community HealthChoices procurement will have two parts and will mirror many aspects of the HealthChoices PH MCO RFP. The Addendum will detail all requirements for bidders. The Draft Agreement will be negotiated to a Final Agreement after bidders are selected, but before Readiness Review. Awarded bidders will be asked to sign a 3 year agreement with an annual amendment process, and two potential option years. Community HealthChoices will include physical health and so will include criteria from the physical HealthChoices program. However, the Department clarified and emphasized that this procurement is not just a medical model, and there will be focus on integration and social supports.

Current Status of RFP and Draft Agreement Development. On September 16, 2015, DHS issued a Concept Paper on MLTSS. In developing the RFP, the

Department has included placeholders in anticipation of feedback to the Concept Paper. The Department has requested feedback from all stakeholders for comments, suggestions, and specific recommendations. There will be mechanisms within the contract for rapid cycle learning. DHS is currently mapping the recipient enrollment process for both the technical and communications components. Per DHS staff, the RFP remains on schedule to be issued on November 16, 2015. There will be a 30 Day Comment period on the Draft Agreement.

Texas

HHSC Awards Texas STAR Kids Contracts. The Health and Human Service Commission announced the winning managed care organizations for Texas STAR Kids, a program providing Medicaid benefits to individuals with disabilities under the age of 21.

STAR Kids MCO	Service Area
Aetna Better Health of Texas, Inc.	Tarrant
Amerigroup	Dallas, El Paso, Harris, Lubbock, MRSA West
Blue Cross and Blue Shield	MRSA Central, Travis
Children’s Medical Center	Dallas
Community First Health Plans	Bexar
Cook Children’s Health Plan	Tarrant
Driscoll Health	Hidalgo, Nueces
Superior Health Plan	Bexar, El Paso, Hidalgo, Lubbock, MRSA West, Nueces, Travis
Texas Children’s Health Plan	Harris, Jefferson, MRSA Northeast
United Healthcare	Harris, Hidalgo, Jefferson, MRSA Central, MRSA Northeast

Utah

UtahAccess+ Medicaid Expansion Fails House, Senate. On October 13, 2015, *Deseret News* reported that UtahAccess+ failed in both the Senate and House. Only seven of the 63 House Republicans voted in favor of the Medicaid expansion plan, and only a few of Senate Republicans. Approximately \$450 million is available to Utah under health care law to expand Medicaid. [Read More](#)

Utah’s Medicaid Expansion Plan Complicated for Providers. On October 10, 2015, *Deseret News* reported that Utah’s Medicaid Director Michael Hales stated that some providers may be misunderstanding what has been proposed for Medicaid expansion. UtahAccess+ would provide beneficiaries an opportunity to collect a subsidy to pay for a private insurance plan. Beneficiaries would also pay low-cost monthly premiums and copays. Medical providers would be required to pay a portion of the cost to implement UtahAccess+. Some providers are concerned that they have too many Medicaid patients, which net smaller reimbursement rates. However, under the proposed plan, newly covered individuals would be covered under commercial reimbursement rates, not Medicaid rates. Additionally, fees for each provider will vary. [Read More](#)

Washington

Washington Releases RFP for Behavioral Health-Administrative Services Organization. On October 7, 2015, the Washington State Health Care Authority released an RFP for Behavioral Health-Administrative Service Organization. Proposals are due November 24, 2015. The Mandatory Letter of Intent to Propose is due Oct. 20 and questions must be submitted by Nov. 3. Contracts are tentatively scheduled for April 1, 2016 through December 31, 2017. HCA anticipates renewals of the contract through 2019.

Wyoming

Wyoming Loses 1 of its 2 Affordable Care Act Insurers. On October 9, 2015, *SF Gate* reported that one of the two companies offering health insurance coverage in Wyoming under the federal health care law has decided to drop out of the program after receiving word that the federal government would be providing drastically less financial help than it expected. The news comes as state leaders debate whether the federal government can be trusted to help pay for expansion of a health insurance program for the working poor. [Read More](#)

Industry Research

Kaiser Releases New Estimates of Eligibility for ACA Coverage Among Uninsured. On October 13, 2015, the Kaiser Family Foundation released an analysis that provides national and state-by-state estimates of eligibility for the Affordable Care Act coverage options among those who are uninsured. As of the beginning of 2015, 32.3 million non-elderly people lacked health coverage in the U.S. Of these, 49 percent are predicted to be eligible for financial assistance to gain coverage through Medicaid or subsidized Marketplace coverage. [Read More](#)



INDUSTRY NEWS

Xerox Books \$385 Million Charge in Third Quarter Over Medicaid Contracts.

On October 13, 2015, *The Washington Post* reported that Xerox announced it will not complete the implementation of new Medicaid payment systems for California and Montana. The company will book a pre-tax charge of \$385 million in the third quarter. In Montana, state officials and Xerox negotiated a new deadline of May 2017 for completion of the project, two years past the original deadline. [Read More](#)

Molina to Acquire Loyola Physician Partners' Medicaid Program. On October 9, 2015, Molina Healthcare announced that Molina Healthcare of Illinois will acquire certain assets of Loyola Physician Partners' Medicaid business, effective first quarter of 2016. Molina will receive the right to transition Loyola's Medicaid members in Cook County and assume certain assets related to the operation of the Medicaid business. Loyola provides a medical home for approximately 20,000 members in Cook County's Medicaid Family Health Program. [Read More](#)

Blue Shield of California Completes Care1st Acquisition. On October 8, 2015, Blue Shield of California announced that it has completed its acquisition of Care1st Health Plan. Blue Shield will now serve Medi-Cal and Medicaid beneficiaries for the first time. The acquisition also increases the company's Medicare and dual enrollment. [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
November 16, 2015	Pennsylvania MLTSS/Duals	RFP Release	450,000
November 17, 2015	Washington (SW - Fully Integrated)	Contract Awards	100,000
November 17, 2015	Pennsylvania HealthChoices	Proposals Due	1,700,000
January 1, 2016	Michigan	Implementation	1,600,000
January 1, 2016	Iowa	Implementation	550,000
January 7, 2016	Indiana	Technical Proposals Due	900,000
January 15, 2016	Pennsylvania MLTSS/Duals	Proposals Due	450,000
April 1, 2016	Washington (SW - Fully Integrated)	Implementation	100,000
May 11, 2016	Indiana	Cost Proposals Due	900,000
June, 2016	Indiana	Contract Awards	900,000
July, 2016	Georgia	Implementation	1,300,000
September 1, 2016	Texas STAR Kids	Implementation	200,000
January 1, 2017	Pennsylvania HealthChoices	Implementation	1,700,000
January 1, 2017	Pennsylvania MLTSS/Duals	Implementation (SW Region)	450,000
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Region)	450,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Regions)	450,000

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				Signed MOU with CMS	Opt-in	Passive	Health Plans
			RFP Released	Response Due Date	Contract Award Date	Enrollment Date		Enrollment Date		
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; Anthem (CareMore)	
Colorado	MFFS	62,982				2/28/2014		9/1/2014		
Connecticut	MFFS	57,569						TBD		
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; Gigna-Health Spring; Humana; Meridian Health Plan; Molina	
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 (exiting demo); Network Health	
Michigan	Capitated	105,000	X	9/10/2013	11/6/2013	4/3/2014	3/1/2015	5/1/2015	AmeriHealth Michigan; Coventry (Aetna); Fidelis SecureCare; Meridian Health Plan; Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan	
New York	Capitated	124,000	Application			8/26/2013	1/1/2015 (Phase 2 Delayed)	4/1/2015 (Phase 2 Delayed)	There are 22 FIDA plans selected to serve the demonstration. A full list is available on the MRT FIDA website.	
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		
Rhode Island*	Capitated	30,000	X	5/12/2014	9/1/2014	7/30/2015	12/1/2015	2/1/2016	Neighborhood INTEGRITY	
South Carolina	Capitated	53,600	X		11/1/2013	10/25/2013	2/1/2015	4/1/2016	Absolute Total Care (Centene); Advicare; Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)	
Texas	Capitated	168,000	N/A	N/A	N/A	5/23/2014	3/1/2015	4/1/2015	Anthem (Amerigroup), Cigna-HealthSpring, Molina, Superior (Centene), United	
Virginia	Capitated	78,596	X	5/15/2013	12/9/2013	5/21/2013	3/1/2014	5/1/2014	Humana; Anthem (HealthKeepers); VA Premier Health	
Washington	Capitated	48,500							Cancelled Capitated Financial Alignment Model	
	MFFS	66,500	X			10/24/2012		7/1/2013; 10/1/2013		
Totals	10 Capitated 5 MFFS	1.3M Capitated 513K FFS	10				12			

* Phase 1 enrollment of duals only includes Medicaid benefits. Medicare-Medicare integration to occur within 12 months.

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT PROGRESS

The table below details state and CMS-reported enrollment data for the dual eligible financial alignment demonstrations in the nine states with active demonstration enrollment.

State	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
California	122,908	123,079	124,239	122,520	122,798	122,846	120,452	116,470	117,307
Illinois	63,731	64,199	60,684	58,338	55,672	52,763	52,170	51,631	49,663
Massachusetts	17,867	17,763	17,797	17,621	17,637	17,705	17,671	17,518	17,337
Michigan					9,216	14,867	28,171	35,102	42,728
New York	17	406	539	6,660	7,215	5,031	7,122	9,062	8,028
Ohio	68,262	66,892	65,657	63,625	63,446	62,958	61,871	62,418	59,697
South Carolina		83	1,205	1,398	1,366	1,317	1,388	1,380	1,530
Texas			58	15,335	27,589	37,805	44,931	56,423	45,949
Virginia	27,333	26,877	27,765	27,349	30,877	29,970	29,507	29,200	29,176
Total Duals Demo Enrollment	300,118	299,299	297,944	312,846	335,816	345,262	363,283	379,204	371,415

HMA NEWS

New this week on the HMA Information Services website:

- **Michigan** Awards Medicaid Managed Care Contracts, Oct-15
- **Indiana** Releases Hoosier Healthwise/HIP RFP, Oct-15
- Public documents such as the **Texas** STAR Kids Award Announcement and the **Virginia** MLTSS Comment Solicitation and Vendor Presentations
- Plus upcoming webinars on *Emerging Tools and Technology for Consumer Engagement in Health Care* and *Risk-Ready Primary Care: The Next Wave in Practice Transformation for a Value-Based Future*

If you would like to subscribe to this online service, which describes the Medicaid programs in 50 states and DC, please contact Carl Mercurio at cmercurio@healthmanagement.com or 212-575-5929.

HMA Principals Designated NCQA PCMH Certified Content Experts

HMA Principals [Lori Weiselberg](#) and [Lynn Dierker](#) recently achieved the National Committee for Quality Assurance's (NCQA) Patient-Centered Medical Home Certified Content Expert™ (PCMH CCE™) status.

[NCQA](#) is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Its certified content experts are required to complete two NCQA educational seminars, pass a comprehensive exam and commit to continuous learning and recertification to maintain the credential.

HMA's team of NCQA Patient-Centered Medical Home Certified Content Experts™ includes Principal [Linda Follenweider](#) and Senior Consultants [Melissa Corrado](#) and [Jodi Bitterman](#). HMA has deep PCMH experience and expertise – we're ready to help your team.

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