

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... November 11, 2015



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IN FOCUS

DUAL ELIGIBLE DEMONSTRATION ENROLLMENT UPDATE

This week, our *In Focus* section reviews publicly available data on enrollment in capitated financial and administrative alignment demonstrations (“Duals Demonstrations”) for beneficiaries dually eligible for Medicare and Medicaid (duals) in nine states: California, Illinois, Massachusetts, Michigan, New York, Ohio, South Carolina, Texas, and Virginia. Each of these states has begun either voluntary or passive enrollment of duals into fully integrated plans providing both Medicaid and Medicare benefits (“Medicare-Medicaid Plans,” or “MMPs”) under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP. Rhode Island has also established a demonstration with CMS, but has not yet begun enrollment. As of October 2015, more than 370,000 duals are enrolled in an MMP, according to state and CMS enrollment reports.

Note on Enrollment Data

Five of the nine states (California, Illinois, Massachusetts, Michigan, and Virginia) report monthly on enrollment in their Dual Demonstration plans, although there is often a lag in the published data. Illinois and Virginia, for example, have not yet reported data for October 2015.

Dual Demonstration plan enrollment is also provided in the CMS Medicare Advantage monthly enrollment reports, which are published around the middle of each month. In the table below, we provide the most current state-reported data, with CMS data supplementing where needed. Historically, we have seen some inconsistencies between state-reported data and the CMS enrollment report, ranging from less than 1 percent in Massachusetts to more than 12 percent in California.

Dual Demonstration Enrollment Overview

Since the beginning of CY 2015, enrollment in Dual Demonstrations has increased more than 24 percent, topping 372,000 as of October 2015.

| State | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| California | 122,520 | 122,798 | 122,846 | 120,452 | 117,449 | 117,307 | 117,179 |
| Illinois | 58,338 | 55,672 | 52,763 | 52,170 | 50,631 | 49,586 | 49,038 |
| Massachusetts | 17,621 | 17,637 | 17,705 | 17,671 | 17,518 | 17,179 | 12,657 |
| Michigan | | 9,216 | 14,867 | 28,171 | 35,102 | 42,728 | 37,072 |
| New York | 6,660 | 7,215 | 5,031 | 7,122 | 9,062 | 8,028 | 9,942 |
| Ohio | 63,625 | 63,446 | 62,958 | 61,871 | 62,418 | 59,697 | 61,428 |
| South Carolina | 1,398 | 1,366 | 1,317 | 1,388 | 1,380 | 1,530 | 1,355 |
| Texas | 15,335 | 27,589 | 37,805 | 44,931 | 56,423 | 45,949 | 56,737 |
| Virginia | 27,349 | 30,877 | 29,970 | 29,507 | 29,200 | 29,176 | 27,138 |
| Total Duals Demo Enrollment | 312,846 | 335,816 | 345,262 | 363,283 | 379,183 | 371,180 | 372,546 |

Sources: State Enrollment Data, CMS Enrollment Data

So far, enrollment in these nine states represents 30 percent of the potential enrollment of more than 1.2 million across all ten capitated demonstration states.

| | Opt-In Enrollment Date | First Passive Enrollment Date | Current Enrollment | Potential Enrollment | % Enrolled (Full Potential) |
|---------------------------|---------------------------|----------------------------------|-----------------------|-------------------------|--------------------------------|
| California | 4/1/2014 | 5/1/2014 | 117,179 | 350,000 | 33.5% |
| Illinois | 4/1/2014 | 6/1/2014* | 49,038 | 136,000 | 36.1% |
| Massachusetts | 10/1/2013 | 1/1/2014 | 12,657 | 97,000 | 13.0% |
| Michigan | 3/1/2015 | 5/1/2015 | 37,072 | 100,000 | 37.1% |
| New York | 1/1/2015 | 4/1/2015 | 9,942 | 124,000 | 8.0% |
| Ohio | 5/1/2014 | 1/1/2015 | 59,697 | 114,000 | 52.4% |
| Rhode Island | 12/1/2015 | 2/1/2016 | | 28,000 | 0.0% |
| South Carolina | 2/1/2015 | 4/1/2016 | 1,355 | 53,600 | 2.5% |
| Texas | 3/1/2015 | 4/1/2015 | 56,737 | 168,000 | 33.8% |
| Virginia | 3/1/2014 | 5/1/2014 | 27,138 | 66,200 | 41.0% |
| Total (All States) | | | 370,815 | 1,236,800 | 30.0% |

*Illinois has halted passive enrollment due to an eligibility processing issue; passive enrollment is set to resume before the end of the year.

Sources: State Enrollment Data, CMS Enrollment Data, HMA Estimates.

South Carolina is the only active demonstration state that has begun voluntary enrollment but not passive enrollment, and Rhode Island is the only state yet to begin enrollment.

Dual Demonstration Enrollment by Health Plan

As of October 2015, more than half (58 percent) of all duals in a Dual Demonstration are enrolled in a publicly-traded MMP. Molina and Anthem are the largest in terms of enrollment with more than 53,600 and 39,200 demonstration enrollees, respectively. Health Net, Aetna, and Centene each have more than 20,000 enrolled members, with United and Humana at more than 19,600 and 16,400, respectively.

| Health Plan | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Molina | 35,709 | 38,221 | 40,069 | 46,271 | 52,147 | 50,577 | 53,622 |
| Anthem | 24,256 | 30,496 | 34,036 | 36,008 | 39,648 | 35,736 | 39,282 |
| Centene | 15,183 | 18,282 | 20,365 | 23,859 | 28,011 | 25,795 | 27,189 |
| Aetna | 21,946 | 24,172 | 25,560 | 26,949 | 26,341 | 27,079 | 26,325 |
| Health Net | 26,946 | 26,957 | 27,409 | 26,031 | 24,555 | 23,868 | 23,201 |
| United | 16,218 | 17,737 | 18,490 | 18,816 | 19,975 | 17,971 | 19,691 |
| Humana | 18,196 | 19,459 | 18,511 | 18,072 | 17,545 | 17,331 | 16,421 |
| CIGNA/HealthSpring | 9,755 | 9,842 | 10,033 | 10,328 | 10,298 | 10,871 | 9,760 |
| WellCare | | 404 | 246 | 352 | 417 | 357 | 325 |
| Total Publicly Traded Plans | 168,209 | 185,166 | 194,719 | 206,334 | 218,937 | 209,228 | 215,816 |

Sources: State Enrollment Data, CMS Enrollment Data

Among non-publicly traded health plans, Inland Empire in California is the largest, with more than 22,000 members, making it the sixth largest MMP overall. LA Care (California), CareSource (Ohio), Meridian (Illinois and Michigan), BCBS of Illinois, and Commonwealth Care Alliance (Massachusetts), all have more than 10,000 enrolled members as of October 2015. Enrollment by non-publicly traded health plans for the past seven months is detailed below.

| Health Plan | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Inland Empire | 22,517 | 22,523 | 22,035 | 22,127 | 22,052 | 22,147 | 22,104 |
| CareSource | 15,306 | 15,172 | 14,998 | 15,027 | 15,236 | 15,085 | 15,308 |
| LA Care | 15,755 | 16,172 | 16,633 | 15,691 | 14,818 | 14,493 | 14,127 |
| BCBS of Illinois (HCSC) | 12,704 | 12,564 | 12,340 | 12,642 | 12,576 | 12,499 | 12,636 |
| Commonwealth Care Alliance | 10,226 | 10,305 | 10,430 | 10,536 | 10,683 | 10,664 | 10,585 |
| Meridian Health Plan | 7,554 | 10,790 | 12,334 | 12,029 | 11,451 | 10,843 | 10,340 |
| Health Plan of San Mateo | 10,113 | 10,087 | 10,030 | 9,963 | 9,900 | 9,849 | 9,806 |
| Care 1st | 10,745 | 10,479 | 10,069 | 9,708 | 9,327 | 9,103 | 8,869 |
| Santa Clara Family Health Plan | 6,375 | 6,690 | 7,043 | 7,518 | 7,392 | 7,735 | 8,177 |
| Health Alliance | 6,593 | 6,469 | 6,081 | 6,089 | 6,012 | 5,993 | 5,923 |
| HAP Midwest Health Plan | 0 | 0 | 0 | 2,970 | 4,888 | 6,603 | 5,718 |
| Virginia Premier | 6,275 | 6,226 | 6,142 | 6,132 | 6,118 | 6,154 | 5,626 |
| Community Health Group Partner | 5,636 | 5,566 | 5,497 | 5,465 | 5,360 | 5,356 | 5,298 |
| AmeriHealth Caritas | 337 | 328 | 319 | 2,429 | 3,838 | 5,024 | 4,074 |
| Upper Peninsula Health Plan | 0 | 2,776 | 4,466 | 4,320 | 4,201 | 4,056 | 3,829 |
| VNS Choice | 0 | 2,094 | 1,748 | 2,399 | 3,089 | 3,113 | 2,991 |
| Managed Health Inc. | 0 | 812 | 548 | 791 | 1,000 | 884 | 2,812 |
| CalOptima | 0 | 0 | 0 | 2 | 979 | 1,706 | 2,623 |
| Network Health | 1,860 | 1,832 | 1,801 | 1,762 | 1,750 | 1,831 | 2,072 |
| GuildNet | 0 | 921 | 717 | 889 | 1,076 | 1,018 | 988 |
| The New York State Catholic Health Plan | 0 | 494 | 284 | 457 | 527 | 394 | 590 |
| Advicare Corp. | 446 | 450 | 453 | 497 | 479 | 585 | 480 |
| Elderplan | 0 | 261 | 177 | 352 | 413 | 344 | 434 |
| Centerlight Healthcare | 0 | 367 | 205 | 319 | 459 | 337 | 344 |
| Independence Care System | 0 | 358 | 245 | 309 | 379 | 320 | 300 |
| MetroPlus Health Plan | 0 | 93 | 99 | 138 | 180 | 190 | 190 |
| Village Senior Services Corp. | 0 | 129 | 36 | 113 | 130 | 88 | 90 |
| Senior Whole Health | 0 | 105 | 62 | 84 | 102 | 99 | 86 |
| AgeWell New York | 0 | 92 | 44 | 95 | 134 | 90 | 67 |
| AlphaCare of New York | 0 | 57 | 41 | 38 | 50 | 53 | 66 |
| Elderserve Health | 0 | 212 | 38 | 167 | 265 | 98 | 52 |
| Centers Plan for Healthy Living | 0 | 86 | 51 | 52 | 71 | 43 | 48 |
| North Shore-LIJ | 0 | 48 | 13 | 32 | 43 | 36 | 40 |
| Integra MLTC | 0 | 107 | 66 | 70 | 121 | 78 | 37 |
| Fallon Total Care | 5,535 | 5,500 | 5,474 | 5,373 | 5,085 | 4,684 | 0 |
| Emblem Health | 0 | 58 | 24 | 12 | 50 | 0 | 0 |
| Catholic Managed Long Term Care | 0 | 23 | 0 | 0 | 12 | 0 | 0 |
| Montefiore HMO | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Local/Other Plans | 137,977 | 150,246 | 150,543 | 156,597 | 160,246 | 161,595 | 156,730 |

Sources: State Enrollment Data, CMS Enrollment Data



HMA MEDICAID ROUNDUP

California

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

Covered California Launches \$29 Million Campaign to Increase Enrollment.

On November 2, 2015, *California Healthline* reported that Covered California launched an advertising campaign worth \$29 million to enroll the uninsured. The exchange will launch targeted efforts for Asian Americans; Blacks; Hispanics; and lesbian, gay, bisexual and transgender individuals. [Read More](#)

Colorado

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

Proposed ColoradoCareYES Campaign to Create Universal Health Care. On November 9, 2015, *The New York Times* reported that the ColoradoCareYES campaign to create universal health care will be included on next year's ballot. The campaign would have employers pay a 7 percent tax on worker's wages and employees pay a 3 percent payroll tax to provide insurance for everyone. Both employers and employees would not have to pay premiums to a private health insurer. The taxes would also raise enough money to cover children and adults who do not work. [Read More](#)

Indiana

Indiana to Pay for Addiction and Mental Health for Convicted Felons. On November 8, 2015, *The Baltimore Sun* reported that Indiana will begin a new initiative called Recovery Works that will pay for addiction and mental health treatment for convicted felons. Eligible felons can be sent to drug and mental health treatment centers instead of jail or prison. The program will receive \$10 million in state funding its first year and \$20 million the second year. Each offender can receive up to \$2500 in vouchers for mental health or addiction assessments, treatments and drug screenings, or to pay for transportation to get them to and from treatment centers. [Read More](#)

Iowa

CMS Questions Iowa's Readiness to Privatize Medicaid; Cites Concerns. On November 6, 2015, *The Gazette* reported that CMS sent a letter to Iowa Medicaid Director Mikki Stier citing concerns over the state's plan to privatize its Medicaid program. CMS stated that it "has significant concerns that the implementation time frames for the transition to managed care may place

access, continuity of care and quality of care for beneficiaries at risk. We are also concerned about the extent to which managed care organizations, providers and Medicaid beneficiaries are prepared for the transition.” Meanwhile, the Iowa Hospital Association, which has opposed the plan, filed a petition with the Polk County District Court to delay the implementation of managed care until a legal conflict is addressed. [Read More](#)

Georgia

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

Hutcheson Medical Center Set to Close. On November 6, 2015, *Northwest GA News* reported that a fifth rural hospital is going out of business in Georgia. Hutcheson Medical Center is set to close on December 4th. Struggling with heavy debt and financial losses, the hospital was ordered to close by a bankruptcy court judge. Hospital officials say the state’s decision to not expand Medicaid has hurt rural health care. [Read More](#)

Kansas

Medicaid Costs Expected to Exceed Budget by \$40.1 Million. On November 5, 2015, *The Wichita Eagle* reported that budget officials are projecting expenditures for human services, including Medicaid, foster care, and welfare, to be \$48.9 million over the approved budget for 2016 with most of the excess expenditures (40.1 million) attributable to KanCare, the state’s privatized Medicaid system. The state general fund share of the Medicaid budget shortfall is \$19.4 million with the remainder coming from federal and other sources. In total, the state will put nearly \$1 billion from its general fund toward KanCare for the fiscal year. [Read More](#)

Massachusetts

Commonwealth Care Alliance Names Christopher Palmieri as CEO. Commonwealth Care Alliance has named Christopher D. Palmieri as the new President and CEO, effective November 2nd. The current CEO, Dr. Robert J. Master, announced his intention to step down earlier this year. Palmieri was previously President and CEO of VNSNY CHOICE Health Plans. [Read More](#)

Nebraska

Senators Propose New Medicaid Expansion Bill Modeled After Arkansas. On November 8, 2015, *JournalStar.com* reported that Senators John McCollister, Kathy Campbell, and Heath Mello are pushing for a new plan that would use Medicaid expansion dollars to purchase private health care insurance for the working poor, modeled after legislation in Arkansas. The bill is currently in the preliminary drafting stage. [Read More](#)

New Hampshire

Bipartisan Commission Recommends Adding Dental Benefits to Medicaid Program. On November 9, 2015, *NHPR* reported that a bipartisan commission released a report recommending the state to add dental coverage to the Medicaid program. Currently, Medicaid covers only treatment of dental trauma, pain, and infection. The commission urges to expand coverage to include preventative and restorative services, if funding is available. [Read More](#)

New York

CMS and New York to Create Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities. On November 5, 2015, CMS announced it is partnering with New York State to create a demonstration coordinating care for Medicare-Medicaid dual eligible enrollees with intellectual and developmental disabilities. The program will be called "Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities" (FIDA-IDD). New York State and CMS are working with Partners Health Plan to offer FIDA-IDD in New York City, Long Island, and Rockland and Westchester Counties. Voluntary enrollment in the program will begin no sooner than April 1, 2016. [Read More](#)

Independent Health Leaves Medicaid Program in Niagara County. On November 10, 2015, *The Buffalo News* reported that Independent Health will no longer provide health insurance through MediSource, the Medicaid program in Niagara County. Its 15,000 members will need to find a new provider by the end of the year. The program lost \$18 million over the past three years and is on track to lose another \$12 million in 2015. Fidelis Care and United Healthcare are the only remaining providers of Medicaid coverage in the county. [Read More](#)

Ohio

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

Behavioral Health Nonprofit May Buy OhioHealth Doctors Hospital-Nelsonville Building. *Columbus Business First* is reporting that a behavioral health nonprofit team comprised of the Athens Ohio-based nonprofit Integrated Services for Behavioral Health and Lancaster based Fairfield Homes Inc. has proposed buying the former OhioHealth Doctors Hospital-Nelsonville. A consultant to OhioHealth said he would take a proposal to senior leaders of OhioHealth next month. The sale to the behavioral health and housing nonprofit may result in complementary health care organizations moving into the site. [Read More](#)

Ohio's Work to Help People Stay in Their Communities and Reduce Medicaid Costs Recognized Nationally. Two recent national studies, one by Mathematica Policy Research (MPR) and one by the Kaiser Commission on Medicaid and the Uninsured (KCMU) recognize Ohio's efforts to help Medicaid enrollees get the support they need to stay in their homes rather than move to institutional settings. The MPR [study](#) focused, in part, on Ohio's effort to meet the "balancing" benchmark of having at least 50 percent of expenditures for long term services and supports (LTSS) invested in non-institutional care. Ohio exceeded this goal in 2014 (reaching nearly 57 percent), after only one year of

participation in the Balancing Incentive Program. The KCMU study reported on Ohio's efforts to transition people with mental illness from institutional care into community settings under the state's Money Follows the Person program. The [report](#) cited Ohio as a leader in transitioning individuals with mental illness, helping over 1,900 individuals return to community living. [Read More](#)

Pennsylvania

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

Pennsylvania Wants Universal Health to Return \$4 Million in Medicaid Payments. Universal Health Services Inc., of King of Prussia (UHS), said Friday that Pennsylvania officials had demanded that seven of its mental hospitals return \$4 million to the state in fiscal 2011 payments made to the hospitals to compensate for losses on Medicaid and uninsured patients. The demand was made in a late September letter from the Pennsylvania Department of Human Services, UHS said in its quarterly filing with the Securities and Exchange Commission. State officials on Friday said the letters went to about 40 of roughly 200 hospitals eligible for the payments, but did not say how much money was demanded back overall. Federal law requires that state Medicaid administrators make so-called "disproportionate share" payments to hospitals that serve a large number of Medicaid and uninsured individuals. UHS said it is contesting the repayments because it thinks the calculation methodology is "inaccurate and conflicts with applicable federal and state laws and regulations." [Read More](#)

Low-Wage PA Nursing Home Workers Rely on Public Assistance. A [report](#) from the Keystone Research Center finds thousands of workers in nursing homes across Pennsylvania need food stamps and Medicaid to make ends meet. The report says low wages in the industry are being subsidized by taxpayers at a rate of about \$118 million a year. Steven Herzenberg, the center's director, says the center estimates that nearly 15,000 nursing home workers need public assistance to supplement their wages. The report says raising the starting pay of nursing home workers to \$15 dollars an hour would put about \$300 million into the hands of workers, and increase local and state tax revenues. A bill just introduced in the General Assembly seeks to end poverty wages in nursing homes. State Sen. Daylin Leach says it would create a Living Wage Certification for facilities that provide a base hourly wage of \$15 - and for those that don't, there would be penalties. According to the Keystone Research Center report, nursing homes in Pennsylvania showed more than \$400 million in profit last year. [Read More](#)

Puerto Rico

Financial Crisis Hurting Health Care System. On November 5, 2015, *The Washington Post* reported that Puerto Rico's fiscal crisis is causing the health care system to experience funding shortages, an inability to borrow money, and a shortage of providers due to an increasing number of doctors, nurses, and medical technicians seeking work in the states. As a result, emergency rooms are packed and some life-saving procedures have months-long waits. The Obama administration has asked Congress to treat Puerto Rico and other U.S. territories the same as states when it comes to Medicaid reimbursements. However, the request is yet to be fulfilled. Puerto Rico is also slated for a sharp reduction in its

Medicare reimbursement rates. Nearly 70 percent of the commonwealth's 3.5 million people rely on Medicare or Medicaid. [Read More](#)

South Dakota

South Dakota Nearing Medicaid Expansion Deal. On November 5, 2015, *Keloland.com* reported that the state is getting closer to a Medicaid expansion deal. The plan would improve access to Indian Health Services, which is fully funded by the federal government, freeing up state dollars. Governor Daugaard, the South Dakota Legislature and the Federal Government all need to approve the plan. [Read More](#)

Texas

House Speaker Strauss Announces Mental Health Committee. On November 9, 2015, *The Texas Tribune* reported that House Speaker Joe Strauss has created a mental health committee to review and make recommendations on the state's behavioral health system. Some issues include substance abuse, care for veterans, identifying illnesses early, and improving delivery of mental health care. [Read More](#)

Vermont

Dartmouth-Hitchcock Medical System Sues Vermont Over Medicaid Policy. On November 9, 2015, *VTDigger.org* reported that the Dartmouth-Hitchcock medical system sued the state to get equal rates to the New Hampshire facility for care delivered to Vermont Medicaid recipients. The lawsuit argues that Vermont's payment policy is unconstitutional because it discriminates against the Lebanon, New Hampshire-based health care provider, treating it differently from Vermont hospitals. [Read More](#)

Virginia

Audit Finds \$21 Million Spent on Recipients No Longer Qualifying for Medicaid Benefits, Other Wastes and Inefficiencies in Medicaid Program. On November 9, 2015, *The Washington Post* reported that the Joint Legislative Audit and Review Commission found numerous wastes and inefficiencies in the Virginia's Medicaid program. Last year, the state spent \$21 million on benefits for recipients who no longer qualified. Additionally, the state took a "passive" approach to recovering money owed from the estates of deceased Medicaid patients. The audit also found delays for people entering and exiting the program. Administration officials said that they are working to fix the flaws in the system. [Read More](#)

Governor McAuliffe to Push for Medicaid Expansion with No Cost Plan. On November 7, 2015, *The Washington Post* reported that Governor Terry McAuliffe will pursue a new strategy to convince Republican legislators to expand Medicaid. McAuliffe's plan will extend health care benefits to 400,000 uninsured citizens at no cost to the state. However, legislators were skeptical of the plan, believing it to mean that there will be a "bed tax" or "provider assessment." When questioned, McAuliffe said it was too soon to share details. [Read More](#)

National

Obama Administration Reminds States They Cannot Unreasonably Restrict Access to Hepatitis C Drugs for Low-Income People. On November 5, 2015, *The Washington Post* reported that the Obama administration contacted state Medicaid directors, reminding them that they cannot unreasonably restrict access to Hepatitis C medication for low-income people and that they are legally obligated to cover prescription medication for the poor. Federal officials are concerned states are imposing unreasonable limitations on which patients can get the new drug. Additionally, CMS sent letters to drug manufacturers requesting information on what they are doing to make the drugs more affordable. [Read More](#)

CMS Admits to Underpaying Dual-Eligible Health Plans; Plans to Modify Risk-Adjustment Model. On November 5, 2015, *Modern Healthcare* reported that after conducting a retrospective analysis of 2014 plan data, CMS admitted to underpaying health plans serving large numbers of dual-eligibles. The agency plans to modify its risk-adjustment model to make up for the underpayment. It sent a [letter](#) to plans with proposed changes to the CMS-HCC Risk Adjustment Model for payment year 2017. [Read More](#)

Regulators Urge Expanding Provider Access on Exchanges. On November 8, 2015, *The New York Times* reported that insurance commissioners are recommending increasing access to doctors and hospitals in health plans sold under the Affordable Care Act. Consumers complain that the narrow networks often do not include specialized care doctors. The National Association of Insurance Commissioners would require that insurers have enough doctors and hospitals in their networks to provide all covered services to consumers “without unreasonable travel or delay.” Under the commissioners’ proposals, in the form of a model state law, insurers and hospitals would be required to inform patients of any possibility that they may be charged extra by any health care professional not in the insurer’s network. [Read More](#)



INDUSTRY
NEWS

No industry news this week

RFP CALENDAR

| Date | State/Program | Event | Beneficiaries |
|-------------------|------------------------------------|-------------------------|---------------|
| November 17, 2015 | Washington (SW - Fully Integrated) | Contract Awards | 100,000 |
| November 17, 2015 | Pennsylvania HealthChoices | Proposals Due | 1,700,000 |
| December 22, 2015 | Nebraska | Proposals Due | 239,000 |
| January 1, 2016 | Michigan | Implementation | 1,600,000 |
| January 1, 2016 | Iowa | Implementation | 550,000 |
| January 7, 2016 | Indiana | Technical Proposals Due | 900,000 |
| March 1, 2016 | Nebraska | Contract Awards | 239,000 |
| 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 | Nebraska | Implementation | 239,000 |

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 capitated model 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:

- **Illinois** Medicaid managed care enrollment up 82.1%, Sep-15 data
- **Arizona** Medicaid MCO enrollment rises 10.1%, Oct-15 data
- Public documents such as **Montana** HELP Program 1115 Demonstration Waiver Approval and Application, 2015, **Pennsylvania** Supreme Court Opinions on Disclosure of MCO Rates to Subcontractors
- Plus upcoming webinars on “*Are You Ready for the Age Wave in Social Programs?*”, “*Oregon and the Future of Medicaid Managed Care*” and “*FQHC Readiness for Value-Based Payments: Priorities for Success*”

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.

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- "[The Residency Program of the Future](#)"
- "[New Models for FQHC Partnerships with Hospitals](#)"
- "[Capitalizing on the Fast-Moving World of Digital Health Innovation](#)"
- "[Rethinking SBIRT](#)"

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