HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

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RFP CALENDAR

DUAL ELIGIBLES CALENDAR

HMA NEWS

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THIS WEEK

IN FOCUS

QUARTERLY MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q2 2016

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 24 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. Nearly all 24 states have released monthly Medicaid managed care enrollment data through the second quarter (Q2) of 2016. This report reflects the most recent data posted.

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

Fifteen of the 24 states in Table 1 (below) – Arizona, California, Hawaii, Illinois, Indiana, Kentucky, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Pennsylvania, Washington, and West Virginia – expanded Medicaid under the Affordable Care Act and have seen increased Medicaid managed care enrollment throughout 2014, 2015, and the first half of 2016.

- The 24 states in this report account for an estimated 46.3 million Medicaid managed care enrollees as of the end of Q2 2016. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment has surpassed 52 million in the first half of 2016. As such, the enrollment data across these 24 states represents between 85 percent and 90 percent of all Medicaid MCO enrollment.
- Across the 24 states tracked in this report, Medicaid managed care enrollment is up 6.3 percent year-over-year, adding a net 2.7 million enrollees since the same time last year, with more than 785,000 new enrollees in the first half of 2016. The impact of the Medicaid expansion on managed care enrollment continues to slow, with year-over-year growth down from 33 percent in Q1 2015.
- The fifteen expansion states listed above have seen Medicaid managed care enrollment increase by nearly 7 percent in the past year, up to 32.5 million at the end of Q2 2016 from 30.4 million as of Q2 2015.
- The nine states that have not expanded Medicaid at this time have seen Medicaid managed care enrollment increase by roughly 5 percent, up to 13.8 million at the end of Q2 2016 from 13.1 million as of Q2 2015.

Table 1 - Monthly MCO Enrollment by State – January 2016 through June 2016

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Arizona	**1,557,296**	**1,547,308**	**1,558,578**	**1,551,544**	**1,551,756**	**1,557,988**
+/- m/m	(3,348)	(9,988)	11,270	(7,034)	212	6,232
% y/y	12.3%	12.6%	12.3%	10.2%	9.1%	7.8%
California	**10,330,763**	**10,431,298**	**10,414,704**	**10,457,404**	**10,480,290**	**10,572,440**
+/- m/m	7,420	100,535	(16,594)	42,700	22,886	92,150
% y/y	13.3%	13.4%	11.2%	9.9%	8.3%	8.5%
Florida	**3,244,618**	**3,311,960**	**3,324,586**	**3,318,698**	**3,338,639**	**3,354,458**
+/- m/m	(8,324)	67,342	12,626	(5,888)	19,941	15,819
% y/y	6.8%	7.4%	6.4%	5.4%	5.5%	5.3%
Georgia	**1,309,916**	**1,312,685**	**1,316,269**	**1,321,840**	**1,318,412**	
+/- m/m	2,755	2,769	3,584	5,571	(3,428)	*N/A*
% y/y	1.2%	1.6%	1.7%	2.1%	1.4%	
Hawaii	**348,264**	**348,474**	**349,344**	**350,307**	**349,579**	**350,358**
+/- m/m	4,979	210	870	963	(728)	779
% y/y	5.8%	4.0%	4.3%	6.2%	5.6%	5.0%
Illinois	**2,066,564**	**2,065,328**	**2,056,198**	**2,052,544**	**2,069,269**	**2,077,898**
+/- m/m	(11,815)	(1,236)	(9,130)	(3,654)	16,725	8,629
% y/y	35.3%	19.3%	9.1%	2.4%	-1.0%	-0.7%
Indiana	**1,062,908**	**1,070,340**	**1,085,426**	**1,088,227**	**1,089,674**	**1,094,268**
+/- m/m	4,896	7,432	15,086	2,801	1,447	4,594
% y/y	38.5%	29.7%	31.5%	23.6%	20.1%	16.6%
Kentucky	**1,210,546**	**1,190,940**	**1,198,425**			
+/- m/m	(20,199)	(19,606)	7,485	*N/A*	*N/A*	*N/A*
% y/y	11.4%	5.8%	5.0%			
Louisiana	**1,087,308**	**1,088,918**	**1,086,071**	**1,080,462**	**1,072,132**	**1,070,519**
+/- m/m	(5,160)	1,610	(2,847)	(5,609)	(8,330)	(1,613)
% y/y	18.3%	16.4%	14.9%	12.8%	11.8%	11.0%

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Maryland	**1,014,536**	**1,016,568**	**1,041,965**	**1,061,396**	**1,077,622**	**1,087,450**
+/- m/m	15,750	2,032	25,397	19,431	16,226	9,828
% y/y	-7.1%	-7.4%	-5.7%	3.1%	5.0%	7.8%
Michigan	**1,685,121**	**1,687,233**	**1,715,485**	**1,720,386**	**1,734,591**	**1,744,002**
+/- m/m	23,611	2,112	28,252	4,901	14,205	9,411
% y/y	10.3%	6.4%	6.8%	6.9%	4.9%	4.1%
Minnesota	**823,633**	**830,176**	**860,428**	**894,708**	**913,029**	**913,570**
+/- m/m	(73,914)	6,543	30,252	34,280	18,321	541
% y/y	3.6%	4.4%	8.2%	12.6%	14.9%	14.9%
Mississippi	**503,347**	**506,798**	**507,404**	**503,546**	**508,893**	**507,173**
+/- m/m	5,045	3,451	606	(3,858)	5,347	(1,720)
% y/y	167.6%	166.3%	146.1%	140.7%	59.2%	19.1%
Missouri	**481,975**	**486,076**	**488,717**	**491,695**	**493,612**	**495,383**
+/- m/m	5,144	4,101	2,641	2,978	1,917	1,771
% y/y	14.4%	12.8%	11.1%	9.7%	7.7%	7.0%
New Mexico	**655,365**	**661,772**	**666,204**	**666,145**	**669,502**	**672,558**
+/- m/m	5,759	6,407	4,432	(59)	3,357	3,056
% y/y	8.8%	8.3%	8.0%	7.6%	7.3%	7.0%
New York	**4,691,216**	**4,668,344**	**4,648,901**	**4,653,676**	**4,678,143**	**4,660,909**
+/- m/m	(152,018)	(22,872)	(19,443)	4,775	24,467	(17,234)
% y/y	1.9%	0.6%	-0.5%	-1.4%	-1.8%	-2.5%
Ohio	**2,394,775**	**2,429,987**	**2,445,720**	**2,446,651**	**2,472,466**	**2,471,005**
+/- m/m	16,567	35,212	15,733	931	25,815	(1,461)
% y/y	-1.1%	-0.7%	0.7%	5.5%	5.5%	5.8%
Pennsylvania	**2,151,262**	**2,170,713**	**2,192,275**			
+/- m/m	23,544	19,451	21,562	*N/A*	*N/A*	*N/A*
% y/y	30.7%	31.0%	30.3%			
South Carolina	**705,144**	**715,515**	**719,127**	**731,431**	**736,926**	**747,178**
+/- m/m	1,740	10,371	3,612	12,304	5,495	10,252
% y/y	-5.3%	-1.6%	-0.6%	0.7%	-0.9%	-2.5%
Tennessee	**1,499,545**	**1,514,993**	**1,525,548**	**1,534,066**	**1,543,757**	**1,549,585**
+/- m/m	10,266	15,448	10,555	8,518	9,691	5,828
% y/y	14.1%	10.2%	9.9%	9.7%	9.6%	9.0%
Texas	**3,853,491**	**3,850,661**	**3,839,558**	**3,849,575**	**3,893,388**	**3,887,530**
+/- m/m	(18,011)	(2,830)	(11,103)	10,017	43,813	(5,858)
% y/y	2.1%	3.3%	1.9%	2.0%	2.6%	2.2%
Washington	**1,463,649**	**1,478,633**	**1,509,359**	**1,517,512**		
+/- m/m	(11,262)	14,984	30,726	8,153	*N/A*	*N/A*
% y/y	9.4%	8.3%	9.0%	7.8%		
West Virginia	**371,244**	**372,634**	**374,969**	**384,197**	**385,730**	**387,123**
+/- m/m	3,586	1,390	2,335	9,228	1,533	1,393
% y/y	85.5%	83.9%	84.8%	87.2%	85.7%	85.9%
Wisconsin	**789,783**	**795,742**	**806,534**	**817,326**	**828,118**	**838,910**
+/- m/m	(5,784)	5,959	10,792	10,792	10,792	10,792
% y/y	7.3%	5.8%	5.5%	3.1%	4.4%	6.4%

Note: In Table 1 above and the state tables below, "+/- m/m" refers to the enrollment change from the previous month. "% y/y" refers to the percentage change in enrollment from the same month in the previous year.

Below, we provide a state-specific analysis of recent enrollment trends in the states where HMA tracks 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 comparing 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 enrollment trends across these states rather than 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 two Medicaid managed care programs has held steady through the first half of 2016. At the end of Q2 2016, Arizona's MCO enrollment stands at around 1.56 million, flat over the past six months. Overall, June 2016 enrollment is up 8 percent year-over-year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute Care	1,502,031	1,492,112	1,503,359	1,496,248	1,496,248	1,502,255
ALTCS	55,265	55,196	55,219	55,296	55,508	55,733
Total Arizona	**1,557,296**	**1,547,308**	**1,558,578**	**1,551,544**	**1,551,756**	**1,557,988**
+/- m/m	*(3,348)*	*(9,988)*	*11,270*	*(7,034)*	*212*	*6,232*
% y/y	*12.3%*	*12.6%*	*12.3%*	*10.2%*	*9.1%*	*7.8%*

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data through June 2016 shows continued enrollment growth, with membership up nearly 250,000 over the last six months. As of June 2016, enrollment in managed care neared 10.6 million, an 8.5 percent increase over the previous year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Two-Plan Counties	6,562,628	6,661,840	6,674,880	6,693,521	6,715,416	6,780,241
Imperial/San Benito	79,986	80,297	80,299	81,119	81,715	82,005
Regional Model	295,635	297,799	297,790	299,700	299,642	299,985
GMC Counties	1,096,382	1,097,114	1,095,932	1,106,174	1,110,322	1,116,107
COHS Counties	2,170,875	2,169,956	2,139,703	2,154,803	2,152,224	2,174,288
Duals Demonstration	125,257	124,292	126,100	122,087	120,971	119,814
Total California	**10,330,763**	**10,431,298**	**10,414,704**	**10,457,404**	**10,480,290**	**10,572,440**
+/- m/m	*7,420*	*100,535*	*(16,594)*	*42,700*	*22,886*	*92,150*
% y/y	*13.3%*	*13.4%*	*11.2%*	*9.9%*	*8.3%*	*8.5%*

Florida

Medicaid Expansion Status: Not Expanded

Although not electing to expand Medicaid at this time, Florida's statewide Medicaid managed care program continues to grow. As of June 2016, enrollment has surpassed 3.3 million, up more than 5 percent from a year ago. (*Note that the managed LTC enrollment figures listed below are a subset of the Managed Medical Assistance (MMA) enrollments and are included in the MMA number; they are not separately added to the total to avoid double counting*).

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MMA	2,956,843	3,008,367	3,015,186	3,012,140	3,027,859	3,038,489
LTC (Subset of MMA)	*90,841*	*90,920*	*90,656*	*90,982*	*91,311*	*91,718*
SMMC Specialty Plan	135,844	151,190	152,397	146,354	149,192	151,743
FL Healthy Kids	151,931	152,403	157,003	160,204	161,588	164,226
Total Florida	**3,244,618**	**3,311,960**	**3,324,586**	**3,318,698**	**3,338,639**	**3,354,458**
+/- m/m	*(8,324)*	*67,342*	*12,626*	*(5,888)*	*19,941*	*15,819*
% y/y	*6.8%*	*7.4%*	*6.4%*	*5.4%*	*5.5%*	*5.3%*

Georgia

Medicaid Expansion Status: Not Expanded

As of May 2016, Georgia Medicaid managed care enrollment stands at more than 1.3 million, roughly flat from a year prior. Georgia has not reported enrollment figures for June 2016 as of publication.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Georgia	**1,309,916**	**1,312,685**	**1,316,269**	**1,321,840**	**1,318,412**	
+/- m/m	*2,755*	*2,769*	*3,584*	*5,571*	*(3,428)*	
% y/y	*1.2%*	*1.6%*	*1.7%*	*2.1%*	*1.4%*	

Hawaii

Medicaid Expansion Status: Expanded January 1, 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 June 2016, enrollment in the new program stands at more than 350,000, up 5 percent from Q2 2015.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Hawaii	**348,264**	**348,474**	**349,344**	**350,307**	**349,579**	**350,358**
+/- m/m	*4,979*	*210*	*870*	*963*	*(728)*	*779*
% y/y	*5.8%*	*4.0%*	*4.3%*	*6.2%*	*5.6%*	*5.0%*

Illinois

Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's three managed care programs sits at more than 2 million as of June 2016, down roughly 1 percent from June 2015. The significant growth due to managed care expansion has leveled off, with enrollment declining in four of the first six months of 2016.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Family Health Program	1,900,568	1,896,329	1,887,993	1,883,909	1,900,700	1,907,692
Integrated Care Program	118,656	119,761	120,317	119,984	121,234	121,988
Duals Demonstration	47,340	49,238	47,888	48,651	47,335	48,218
Total Illinois	**2,066,564**	**2,065,328**	**2,056,198**	**2,052,544**	**2,069,269**	**2,077,898**
+/- m/m	*(11,815)*	*(1,236)*	*(9,130)*	*(3,654)*	*16,725*	*8,629*
% y/y	*35.3%*	*19.3%*	*9.1%*	*2.4%*	*-1.0%*	*-0.7%*

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of June 2016, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is approaching 1.1 million, up 16.6 percent from the prior year. In the first half of

2015, Indiana launched the Hoosier Care Connect program for ABD Medicaid recipients and also began Medicaid expansion enrollment into the HIP 2.0 waiver program.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Hoosier Healthwise	593,180	602,158	604,934	602,818	601,649	601,012
Hoosier Care Connect	97,510	97,840	98,091	97,985	97,935	97,988
HIP	372,218	370,342	382,401	387,424	390,090	395,268
Indiana Total	**1,062,908**	**1,070,340**	**1,085,426**	**1,088,227**	**1,089,674**	**1,094,268**
+/- m/m	*4,896*	*7,432*	*15,086*	*2,801*	*1,447*	*4,594*
% y/y	*38.5%*	*29.7%*	*31.5%*	*23.6%*	*20.1%*	*16.6%*

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of March 2016, Kentucky enrolled nearly 1.2 million beneficiaries in risk-based managed care. Total enrollment is up 5 percent from a year prior. Kentucky has yet to report Q2 2016 enrollment data as of publication.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Kentucky	**1,210,546**	**1,190,940**	**1,198,425**			
+/- m/m	*(20,199)*	*(19,606)*	*7,485*			
% y/y	*11.4%*	*5.8%*	*5.0%*			

Louisiana

Medicaid Expansion Status: Expanded July 1, 2016

Medicaid managed care enrollment in Bayou Health stands at just under 1.1 million, up 11 percent from the previous year. Louisiana recently authorized Medicaid expansion, with an effective enrollment date that began on July 1, 2016. As such, enrollment should see meaningful growth in the second half of 2016.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Louisiana	**1,087,308**	**1,088,918**	**1,086,071**	**1,080,462**	**1,072,132**	**1,070,519**
+/- m/m	*(5,160)*	*1,610*	*(2,847)*	*(5,609)*	*(8,330)*	*(1,613)*
% y/y	*18.3%*	*16.4%*	*14.9%*	*12.8%*	*11.8%*	*11.0%*

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

Medicaid managed care enrollment declined in Maryland throughout 2015, reversing course in 2016. There have been nearly 90,000 net new members in the first half of the year. As of June 2016, enrollment stands at nearly 1.1 million, up 7.8 percent from the prior year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Maryland	**1,014,536**	**1,016,568**	**1,041,965**	**1,061,396**	**1,077,622**	**1,087,450**
+/- m/m	*15,750*	*2,032*	*25,397*	*19,431*	*16,226*	*9,828*
% y/y	*-7.1%*	*-7.4%*	*-5.7%*	*3.1%*	*5.0%*	*7.8%*

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

Michigan Medicaid managed care enrollment has increased by more than 82,000 over the past six months, continuing growth trends from 2015 due to the continued Medicaid expansion impact and the launch of the state's Medicaid-

Medicare dual eligible financial alignment demonstration. As of June 2016, managed care enrollment has surpassed 1.7 million, up 4.1 percent from the previous year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Medicaid	1,650,824	1,654,498	1,683,445	1,688,620	1,703,778	1,705,235
Total MI Health Link	34,297	32,735	32,040	31,766	30,813	38,767
Total Michigan	**1,685,121**	**1,687,233**	**1,715,485**	**1,720,386**	**1,734,591**	**1,744,002**
+/- m/m	*23,611*	*2,112*	*28,252*	*4,901*	*14,205*	*9,411*
% y/y	*10.3%*	*6.4%*	*6.8%*	*6.9%*	*4.9%*	*4.1%*

Minnesota

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2016, enrollment across Minnesota's multiple managed Medicaid programs sits at more than 913,000, up 14.9 percent from the prior year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Parents/Kids	497,495	497,879	511,381	530,521	541,648	549,632
Expansion Adults	149,613	145,712	150,686	157,531	160,656	163,019
Senior Care Plus	13,677	13,555	13,473	13,567	13,669	13,895
Senior Health Options	35,291	35,324	35,221	35,459	35,619	35,796
Special Needs BasicCare	50,542	50,455	50,501	51,308	51,456	51,241
PIN Program	402	402	402	380	380	371
Minnesota Care	76,613	86,849	98,764	105,942	109,601	99,616
Total Minnesota	**823,633**	**830,176**	**860,428**	**894,708**	**913,029**	**913,570**
+/- m/m	*(73,914)*	*6,543*	*30,252*	*34,280*	*18,321*	*541*
% y/y	*3.6%*	*4.4%*	*8.2%*	*12.6%*	*14.9%*	*14.9%*

Mississippi

Medicaid Expansion Status: Not Expanded

MississippiCAN, the state's Medicaid managed care program grew significantly in 2015. An expansion of the program began in May 2015, adding more than 300,000 enrollees to the program. Despite a leveling off of enrollment growth, Medicaid managed care membership stands at more than 507,000 as of June 2016, up nearly 20 percent from last year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Mississippi	**503,347**	**506,798**	**507,404**	**503,546**	**508,893**	**507,173**
+/- m/m	*5,045*	*3,451*	*606*	*(3,858)*	*5,347*	*(1,720)*
% y/y	*167.6%*	*166.3%*	*146.1%*	*140.7%*	*59.2%*	*19.1%*

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care enrollment in the Medicaid and CHIP programs, combined, sits at more than 495,000 as of June 2016. Although the state has not expanded Medicaid, Missouri has seen steady growth in managed care membership, with the first half of 2016 enrollment up 7 percent from the previous year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Medicaid	465,455	469,382	472,086	475,385	477,432	479,390
Total CHIP	16,520	16,694	16,631	16,310	16,180	15,993
Total Missouri	**481,975**	**486,076**	**488,717**	**491,695**	**493,612**	**495,383**
+/- m/m	*5,144*	*4,101*	*2,641*	*2,978*	*1,917*	*1,771*
% y/y	*14.4%*	*12.8%*	*11.1%*	*9.7%*	*7.7%*	*7.0%*

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2016, the state's Centennial Care program had enrolled more than 672,000 members, with steady enrollment growth throughout 2015 and into 2016, a 7 percent increase over the prior year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total New Mexico	**655,365**	**661,772**	**666,204**	**666,145**	**669,502**	**672,558**
+/- m/m	*5,759*	*6,407*	*4,432*	*(59)*	*3,357*	*3,056*
% y/y	*8.8%*	*8.3%*	*8.0%*	*7.6%*	*7.3%*	*7.0%*

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively enrolled nearly 4.7 million beneficiaries as of June 2016, down 2.5 percent over the previous year. After positive enrollment growth throughout 2015, the first half of 2016 has seen four out of six months of declining enrollment.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Mainstream MCOs	4,487,098	4,463,963	4,442,285	4,439,785	4,462,472	4,442,644
Managed LTC	146,276	148,682	151,492	154,333	157,067	159,942
Medicaid Advantage	9,626	8,294	8,313	8,462	8,568	8,727
Medicaid Advantage Plus	5,625	5,573	5,661	5,728	5,759	5,838
HARP	36,349	35,803	35,349	39,751	38,907	38,278
FIDA (Duals Demo)	6,242	6,029	5,801	5,617	5,370	5,480
Total New York	**4,691,216**	**4,668,344**	**4,648,901**	**4,653,676**	**4,678,143**	**4,660,909**
+/- m/m	*(152,018)*	*(22,872)*	*(19,443)*	*4,775*	*24,467*	*(17,234)*
% y/y	*1.9%*	*0.6%*	*-0.5%*	*-1.4%*	*-1.8%*	*-2.5%*

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

Ohio's Medicaid managed care enrollment has seen significant growth in the past two years, due to Medicaid expansion ("Group 8" enrollees) and the launch of MyCare Ohio, the state's dual eligible financial alignment demonstration. After a full quarter of declining enrollment at the end of 2015, the first half of 2016 has produced net enrollment growth of more than 92,000 members, with total enrollment nearing 2.5 million, up 5.8 percent from the prior year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
CFC Program	1,583,314	1,612,658	1,620,431	1,618,224	1,635,604	1,632,975
ABD Program	130,206	126,567	124,197	120,844	117,397	113,787
Group 8 (Expansion)	590,166	599,446	608,597	615,742	627,518	632,328
MyCare Ohio (Duals)	91,089	91,316	92,495	91,841	91,947	91,915
Total Ohio	**2,394,775**	**2,429,987**	**2,445,720**	**2,446,651**	**2,472,466**	**2,471,005**
+/- m/m	*16,567*	*35,212*	*15,733*	*931*	*25,815*	*(1,461)*
% y/y	*-1.1%*	*-0.7%*	*0.7%*	*5.5%*	*5.5%*	*5.8%*

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of Q1 2016, Pennsylvania's Medicaid managed care enrollment sits at nearly 2.2 million, up more than 30 percent in the past year. Pennsylvania has not reported data beyond March 2016 at this time.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Pennsylvania	**2,151,262**	**2,170,713**	**2,192,275**			
+/- m/m	*23,544*	*19,451*	*21,562*			
% y/y	*30.7%*	*31.0%*	*30.3%*			

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care program saw consecutive months of declining enrollment in 2015 before ending with two positive months of growth to close out the year. June 2016's 747,000 members are down 2.5 percent from last year. South Carolina has so far seen only limited enrollment in the state's duals demonstration program.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Medicaid	703,455	714,151	717,303	725,477	731,230	741,759
Total Duals Demo	1,689	1,364	1,824	5,954	5,696	5,419
Total South Carolina	**705,144**	**715,515**	**719,127**	**731,431**	**736,926**	**747,178**
+/- m/m	*1,740*	*10,371*	*3,612*	*12,304*	*5,495*	*10,252*
% y/y	*-5.3%*	*-1.6%*	*-0.6%*	*0.7%*	*-0.9%*	*-2.5%*

Tennessee

Medicaid Expansion Status: Not Expanded

As of June 2016, TennCare managed care enrollment totaled nearly 1.6 million, up 9 percent from the prior year. TennCare enrollment has grown consistently, adding more than 60,000 members in the past six months.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Tennessee	**1,499,545**	**1,514,993**	**1,525,548**	**1,534,066**	**1,543,757**	**1,549,585**
+/- m/m	*10,266*	*15,448*	*10,555*	*8,518*	*9,691*	*5,828*
% y/y	*14.1%*	*10.2%*	*9.9%*	*9.7%*	*9.6%*	*9.0%*

Texas

Medicaid Expansion Status: Not Expanded

As of June 2016, Texas managed care enrollment stands at nearly 3.9 million across the state's five managed care programs, up roughly 2 percent from last year.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
STAR	2,858,917	2,845,512	2,831,495	2,839,454	2,875,902	2,870,029
STAR+PLUS	534,611	534,467	535,503	537,512	540,194	541,348
STAR HEALTH	30,619	30,994	31,299	31,380	31,666	31,669
CHIP	51,200	47,752	45,143	43,298	41,556	40,428
Duals Demo	378,144	391,936	396,118	397,931	404,070	404,056
Total Texas	**3,853,491**	**3,850,661**	**3,839,558**	**3,849,575**	**3,893,388**	**3,887,530**
+/- m/m	*(18,011)*	*(2,830)*	*(11,103)*	*10,017*	*43,813*	*(5,858)*
% y/y	*2.1%*	*3.3%*	*1.9%*	*2.0%*	*2.6%*	*2.2%*

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment as of April 2016 exceeded 1.5 million, 7.8 percent from the prior year. Washington has yet to report May or June 2016 data at this time.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total Washington	**1,463,649**	**1,478,633**	**1,509,359**	**1,517,512**		
+/- m/m	*(11,262)*	*14,984*	*30,726*	*8,153*		
% y/y	*9.4%*	*8.3%*	*9.0%*	*7.8%*		

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2016, West Virginia's managed care program had enrolled more than 390,000 members, an increase of 86 percent over the prior year. This enrollment spike was expected after a 2015 court ruling allowed the state to proceed with plans to expand managed care enrollment without competitively rebidding contracts.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Total West Virginia	**371,244**	**372,634**	**374,969**	**384,197**	**385,730**	**387,123**
+/- m/m	*3,586*	*1,390*	*2,335*	*9,228*	*1,533*	*1,393*
% y/y	*85.5%*	*83.9%*	*84.8%*	*87.2%*	*85.7%*	*85.9%*

Wisconsin

Medicaid Expansion Status: Not Expanded

Across the state's three managed care programs, June 2016 enrollment totals nearly 840,000, up 6.4 percent from the year before.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
BadgerCare+	707,429	713,328	723,770	734,212	744,654	755,096
SSI	36,045	36,029	36,227	36,425	36,623	36,821
LTC	46,309	46,385	46,537	46,689	46,841	46,993
Total Wisconsin	**789,783**	**795,742**	**806,534**	**817,326**	**828,118**	**838,910**
+/- m/m	*(5,784)*	*5,959*	*10,792*	*10,792*	*10,792*	*10,792*
% y/y	*7.3%*	*5.8%*	*5.5%*	*3.1%*	*4.4%*	*6.4%*

More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which pulls together Medicaid enrollment data, health plan financials, and the latest on expansions, waivers, duals, 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 this 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

Alabama

Governor Bentley Proposes Lottery to Raise Funds for Medicaid. *AL.com* reported on July 27, 2016, that Alabama Governor Robert Bentley will call a special session of the state Legislature to consider a lottery to help fund state services, including Medicaid. The lottery could raise a projected $225 million a year. Most in need of funding is the Alabama Medicaid Agency, which serves one million residents. To continue to provide services and to move ahead with a plan to transition Medicaid to a program featuring provider-led Regional Care Organizations, the agency needs $785 million. Lawmakers approved a budget that appropriated $700 million. The Legislature will need to approve the lottery bill by August 24 of this year in order to get it on the ballot for the general election on November 8. Read More

California

Rural Health Clinic Network Re-Opens Doors to New Patients. *California Healthline* reported on July 29, 2016, that Redding, California-based Shasta Community Health Center is re-opening its doors to new patients after a two-year moratorium. The network of rural health clinics stopped taking new adult patients when it was hit with an overwhelming influx of individuals following enacting of the Affordable Care Act. The number of people insured under Medi-Cal doubled to approximately 40,000 in the region that the health center serves. The health center has increased primary care capacity and now serves 60,000 individuals. Read More

Colorado

State Faces Pressure to Ease Restrictions on Hepatitis C Drugs. *The Denver Post* reported on July 29, 2016, that Denver Health Medical Center and the American Civil Liberties Union are asking Colorado Medicaid to ease restrictions on Hepatitis C drugs. Denver Health Medical Center said in a letter that the restrictions are exacerbating health disparities and causing death. The ACLU argued in a letter that the restrictions are illegal and contradict CMS guidelines released in November. The state said the CMS guideline isn't a mandate. In Colorado, Medicaid only covers the drugs in the final two stages of liver damage. The department has spent $26.6 million on prescription drugs for 326 hepatitis C patients. The cost of treating all Medicaid patients with the disease is estimated to be $1.14 billion. The state's drug utilization review board is scheduled to meet August 16 to hear testimony from those pushing for new a policy. Read More

Georgia

HMA Roundup – Kathy Ryland (Email Kathy)

State Rejects Appeals of Medicaid Managed Care Awards. *Albany Herald* reported on July 30, 2016, that the Georgia Department of Administrative Services rejected appeals by United/AmeriChoice, Humana, and AmeriHealth Caritas concerning the state's Medicaid managed care contract awards last September. The three unsuccessful bidders had argued that there were issues with the contract evaluation process and the scoring of proposals. Amerigroup, Centene Peach State, WellCare, and CareSource were the winners. Contracts will begin a year from now, at the earliest. Read More

Indiana

Medicaid Lockout Waiver Request Denied by CMS. *Modern Healthcare* reported on August 2, 2016, that the Centers for Medicare & Medicaid Services (CMS) denied Indiana's request to lock individuals out of Medicaid coverage for six months if they do not renew their coverage in a timely manner. CMS Medicaid Director Vikki Wachino said in a letter that a lockout could cause 18,850 individuals to lose coverage annually. However, Indiana does already have permission to lock out individuals above a certain income level for failing to pay into a health savings account. The HSA requirement resulted in 2,677 disenrollments in the first year. Indiana plans to continue to pursue the lockout issue in its next waiver request. Read More

Kentucky

Governor Bevin to Delay Submission of Medicaid Waiver. *WKU* reported on August 2, 2016, that Kentucky Governor Matt Bevin is delaying the submission of a state Medicaid waiver for federal approval in light of a large number of public comments concerning the proposal. Kentucky had expected to submit the waiver to the U.S. Department of Health and Human Services by August 1, 2016. However, advocacy groups such as Kentucky Voices for Health have argued that the plan to charge Medicaid patients monthly premiums and co-pays for doctor visits will increase emergency room visits. The proposal would also increase the penalty for unnecessary emergency room use to as much as $75, from just $8, and expand work requirements for beneficiaries. Medicaid Health Plans of America also expressed concerns that the proposal would be an administrative burden for plans. Read More

Minnesota

Individuals With Disabilities Get Favorable Ruling in HCBS Waiver Class Action Lawsuit. *Twin Cities Pioneer Press* reported on July 30, 2016, that a class action lawsuit against the Minnesota Department of Human Services, originally filed in August 2015, has been allowed to proceed. The lawsuit claims 5,000 individuals with disabilities under the Home and Community Based Service Waiver program were deprived of over $1 billion in services. Patients were placed on waiting lists for years or were incorrectly told they were ineligible. The plaintiffs say the state has been receiving waiver funds for two decades without fully providing waiver services to those eligible. Read More

New Hampshire

Medicaid Director Katie Dunn to Step Down. *Union Leader* reported on August 1, 2016, that New Hampshire Medicaid Director Katie Dunn has accepted a senior policy advisor position with a national policy organization. Deputy Medicaid Director Deborah Fournier will serve as the interim Medicaid Director while the state looks for a permanent replacement. Dunn had served as the state's Medicaid director for more than 10 years and spent a total of 23 years with the state's Department of Health and Human Services. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

New Report Questions Behavioral Health Parity in Marketplace Plans. The Seton Hall Law School, Center for Health & Pharmaceutical Law & Policy has released a report from a study on access to behavioral health (BH) care, including mental health and substance use disorder (SUD) services in New Jersey's qualified health plans. Several potential barriers to BH services were identified that may lead to gaps in BH coverage as required under the Affordable Care Act. For example:

1. Advocates expressed network adequacy concerns, including inadequate numbers of certain BH provider types, challenges in accessing providers who speak a patient's preferred language, and providers not having flexible hours or offices located on public transportation lines.
2. Advocates and providers shared concerns that utilization management strategies for BH conditions are more frequent and demanding than for medical/surgical services.
3. Plans lacked transparency about benefits and coverage terms aside from cost-sharing information.
4. Formulary exclusions of commonly prescribed BH and SUD medications for which there was no therapeutic alternative.
5. Numerous and high cost-sharing tiers for BH medications, and cost-sharing for FDA-approved tobacco cessation preventive interventions, in violation of federal Marketplace rules on waiving cost-sharing on preventive services.
6. Gaps in the state's regulatory process to monitor coverage parity requirements and enforce the provisions. Read More

Rutgers Telemedicine Initiative Sparks Legislation. *NJ Spotlight* reported on July 18, 2016, that Rutgers School of Nursing and Rutgers Business School are working in partnership with SmartCareDoc, a telemedicine platform that is part of Telemed Ventures, on a pilot program to bring telemedicine to a select number of residents living in Newark, New Jersey. This initiative seeks to improve care for 10 Newark residents in public housing by connecting them to providers from the Rutgers School of Nursing's community health center using laptops with a secure internet connection. As this is not currently a billable doctor's visit in New Jersey, Senator Joseph Vitale announced last Friday that he intends on holding another round of legislative hearings on a new version of a bill that would authorize health care practitioners to provide health care services

through telemedicine. Last fall, Senator Vitale led a series of hearings for a telemedicine bill in hopes of addressing the shortage of health care providers in underserved areas; however, the bill was met with opposition by New Jersey physicians. They were concerned they would be replaced by physicians outside of the state, not fully compensated for the care they provide, and unable to form relationships with their patients. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

Four State-subsidized Brooklyn Hospitals to Create a New, Non-profit Entity. A report in *Politico* indicates that four financially troubled hospitals serving low-income communities in Brooklyn have signed a non-binding letter of intent to create a not-for-profit entity. The four hospitals (Brookdale University Hospital and Medical Center, Interfaith Medical Center, Kingsbrook Jewish Medical Center, and Wyckoff Heights Medical Center) have been the subject of much study and discussion as the state tries to reduce its financial support for the institutions without harming the health care infrastructure of the medically underserved communities that rely on them. According to Politico, each of the four hospitals is dependent upon state subsidies that are costing taxpayers more than $300 million this year, and could cost the state as much as $2 billion over the next five years. The new entity is meant to facilitate the development of an integrated delivery system. The state has committed $700 million in capital funding to support system transformation in Brooklyn, which presumably could be awarded to the new joint entity. The state has also commissioned Northwell Health to conduct a feasibility study on options for health care in central and northeastern Brooklyn, part of a broader plan to reshape health care in one of the most economically challenging regions of the state. Results from the Northwell study are due September 1, and could lead to new management relationships, partnerships or collaborations among the hospitals. A press release announcing the Northwell study last April noted that these four hospitals are unusual in that they have not created partnerships with other health systems, but remain stand-alone institutions, leaving them less well prepared to undergo the kind of system transformation that is occurring in other parts of the state. Read More

North Carolina

State Meets with Parents, Advocates of Children with Complex Care Needs Over Proposed Cuts. *North Carolina Health News* reported on July 28, 2016, that North Carolina Medicaid held a stakeholders meeting with parents, advocates, and providers concerning proposed cuts and other changes to the Community Alternatives Program for Children (CAP/C), which serves children with complex health care needs in the "medically fragile" category of eligibility. In April, the state announced a plan to reduce CAP/C service hours. During the stakeholder meeting, advocates also complained about other problems, such as late payments and non-payments to case managers, provider shortages and waiting lists in certain small counties, and overall poor communication. The stakeholder meetings will be held weekly from August to September. Read More

Audit Finds Improper Oversight of Medicaid DME Payments. The *Winston-Salem Journal* reported on August 3, 2016, that the North Carolina Department of Health and Human Services did not provide proper oversight of Medicaid durable medical equipment (DME) claims and contractors, according to a State Auditor's report. These type of claims are identified as "high risk for waste and abuse" by CMS. The agency spent $170 million on 1.35 million DME claims during the fiscal year ending Sept. 30, 2015. Using an FBI estimate that fraudulent claims account for 3 percent to 10 percent of health care expenditures, the audit found that North Carolina could have paid $5.1 million to $17 million in fraudulent claims. The audit suggested that the state legislature may want to review laws requiring proposed contracts of more than $1 million to be reviewed by the Attorney General or a designee and consider penalizing agencies that do not get a review or perform inadequate reviews. Read More

Ohio

HMA Roundup – Mel Borkan (Email Mel)

Kasich Administration Announces Nation-Leading Delivery of Better Primary Care. Governor John R. Kasich has announced that in January 2017, Ohio will launch a comprehensive primary care (CPC) program to allow the state's four largest private health insurance plans, along with Medicaid and Medicare, to pay for value rather than volume as part of the ongoing work to improve the health of citizens across the state. Ohio has set aside $60 million in 2018, when the program is fully implemented, to pay bonuses to participating primary care doctors. They will receive $4 per patient each month on top of existing fees paid for the services they provide. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Health Insurance Companies Request Substantial 2017 Rate Increases. Insurance Commissioner Teresa Miller held a public hearing on July 27 to hear testimony from both health insurance providers and consumers pertaining to proposed rate changes for 2017. The Insurance Department is currently conducting its review of filed rate requests in advance of open enrollment for 2017 health insurance coverage, which begins on November 1, 2016. Representatives from six major health insurance companies requested double-digit increases in rates. According to the Insurance Department, the proposed average increases are 25.4 percent to 48.1 percent for Highmark companies, 0.9 percent to 16.2 percent for UPMC companies, 17.2 percent for Aetna Health Inc., and 19.9 percent to 22.5 percent for Independence Blue Cross. Those interested in submitting written comments can do so at ra-rateform@pa.gov. Read More

State to Stop Requiring Public Nursing Homes to Pay Portion of Medicaid Costs. *The Morning Call* reported on July 31, 2016, that by 2019 Pennsylvania will no longer require county-owned nursing homes to cover 10 percent of Medicaid patient costs. The state will also expand the use of Medicaid managed care to include nursing home stays. The 10 percent requirement was a significant financial burden for public nursing homes, which largely serve Medicaid members. The requirement will be phased out, beginning in Pittsburgh next summer, Philadelphia in January 2018, and the rest of the state by January 2019. Read More

DHS Issues RFP for Medical Assistance Transportation Program Services. Pennsylvania's Department of Human Services released a Request for Proposals to satisfy a need for Medical Assistance Transportation Program (MATP) services in Philadelphia County for the benefit of individuals eligible for Pennsylvania's Medical Assistance Program. Bids must be received by DHS on September 13, 2016. For all RFP-related documents, please click here.

Hospitals Lag in Share of Charity Care. Analysis of data from the Pennsylvania Health Care Costs Containment Council concluded that, of Pennsylvania's 170 hospitals in 2014, 63 percent provided charity care equal to less than one percent of their net patient revenue. There are 39 hospitals in the state, or 23 percent, that provided less than one-quarter of one percent in charity care; 10 hospitals provided no charity care at all. Pennsylvania is one of the few large states that does not have any publicly funded, general acute-care hospitals, making its low overall average more surprising. For the past four years, CMS has been requiring hospitals to report charity care. Starting this year, new rules implemented by the Internal Revenue Service require nonprofit hospitals to post notices about the availability of charity care. In Pennsylvania, charity-care issues are getting attention because, three years after the state Supreme Court issued its ruling defining what is a "purely public charity," which includes nonprofit hospitals, the issue could be put on the ballot. Some lawmakers are pushing for a change to the state constitution that would give the legislature power to define charity care. Read More

Texas

HHSC Announces Medicaid to Pay for Mosquito Repellent to Control Zika Virus Transmission. The Texas Health and Human Services Commission announced on August 3, 2016, that the state's Medicaid program will pay for mosquito repellent for women aged 10 to 45 or who are pregnant in an effort to control the transmission of the Zika virus. Medicaid, CHIP, CHIP-Perinate, Healthy Texas Women, and Family Planning will all cover two cans of repellent per month through October 31 for eligible women. Read More

Industry News

Molina Enters New York With Total Care Acquisition. Molina Healthcare announced on August 1, 2016, that it had completed the acquisition of Universal American's Total Care Medicaid plan, marking the company's entry into the New York Medicaid market. Total Care has 38,000 Medicaid Managed Care, Health and Recovery Plans (HARP) and Child Health Plus (CHP) member in Cortland, Onondaga, Oswego and Tompkins counties. Universal American said the sale will allow it to focus on its Medicare Advantage and Medicare ACO lines. Read More

Aetna Drops Plan to Expand ACA Exchange Business. *The Wall Street Journal* reported on August 2, 2016, that Aetna is reevaluating its participation in the Affordable Care Act health insurance Exchanges in light of a projected $300 loss on the business in 2016. The company also said it would drop plans to expand into five additional states. Aetna has 838,000 members who purchased coverage on one of 15 state Exchanges in which the company offers health plans. Other insurers that recently announced they would pull back from the Exchanges include United, Humana, and Anthem, leaving states like Oklahoma with only one Exchange insurer statewide. Read More

Kindred Healthcare Acquires In-home Care Licenses From Arkansas Department of Health. Kindred Healthcare announced on August 1, 2016, that it had completed the previously announced acquisition of the Arkansas Department of Health's in-home health care, hospice, and personal care agency licenses for $39 million. Kindred said it would retain all current employees of the operations, which serve 72 of 75 counties in the state. Read More

Epic Health Services Acquires Michigan-based Pediatric Special Care. *PE Hub* reported on August 1, 2016, that Dallas, Texas-based Epic Health Services, a Webster Capital company providing pediatric and adult home health services, has acquired Southfield, Michigan-based Pediatric Special Care. Pediatric Special Care is the only pediatric nursing and medical equipment company in Michigan. It serves 140 individuals in the Detroit metropolitan area. Epic serves a total of about 47,000 members in 18 states. The private duty nursing portion of Pediatric Special Care will be rebranded as Epic Health Services, while the home medical equipment business will be rebranded as Epic Medical Solutions. Read More

Molina to Acquire 290,000 Medicare Advantage Lives from Aetna, Humana. Molina Healthcare announced on August 2, 2016, that the company has agreed to acquire Medicare Advantage assets from Aetna and Humana for approximately $117 million, exclusive of regulatory capital. Molina plans on funding the transactions with cash, but has received a debt commitment letter from Barclays to support the financial obligations. If approved by the Centers for Medicare & Medicaid Services (CMS), the acquisition will result in 290,000 Medicare Advantage members transitioning to Molina. The announcement

comes in the middle of the United States Department of Justice suit against Aetna and Humana's merger. Read More

Molina 2Q16 Profits Beat Expectations. *Modern Healthcare* reported on July 28, 2016, that Molina Healthcare beat profit expectations in the second quarter of 2016. The company reported an improved medical loss ratio in the second quarter in Ohio, Texas, and Puerto Rico markets. Overall, the company experienced strong revenue growth in the second quarter. Molina provides health coverage to 4.23 million members. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
August 22, 2016	Pennsylvania HealthChoices	Proposals Due	1,700,000
August 25, 2016	Nevada	Proposals Due	420,000
August, 2016	Massachusetts MassHealth ACO - Full	Applications Open	TBD
September 12, 2016	Rhode Island	Proposals Due	231,000
September 22, 2016	Nevada	Contract Awards	420,000
September, 2016	Massachusetts MassHealth ACO - Pilot	Selection	TBD
September, 2016	Washington, DC	RFP Release	200,000
October 1, 2016	Missouri (Statewide)	Contract Awards	700,000
November 1, 2016	Arizona ALTCS (E/PD)	RFP Release	30,000
November 1, 2016	Texas STAR Kids	Implementation	200,000
November, 2016	Oklahoma ABD	RFP Release	177,000
December 1, 2016	Massachusetts MassHealth ACO - Pilot	Implementation	TBD
December 9, 2016	Virginia MLTSS	Contract Awards	212,000
December, 2016	Massachusetts MassHealth ACO - Full	Selection	TBD
January 1, 2017	Pennsylvania HealthChoices	Implementation	1,700,000
January 1, 2017	Nebraska	Implementation	239,000
January 1, 2017	Minnesota SNBC	Implementation (Remaining Counties)	45,600
January 18, 2017	Arizona ALTCS (E/PD)	Proposals Due	30,000
January, 2017	Oklahoma ABD	Proposals Due	177,000
February, 2017	Rhode Island	Implementation	231,000
March 7, 2017	Arizona ALTCS (E/PD)	Contract Awards	30,000
May 1, 2017	Missouri (Statewide)	Implementation	700,000
May, 2017	Oklahoma ABD	Implementation	177,000
July 1, 2017	Nevada	Implementation	420,000
July 1, 2017	Pennsylvania MLTSS/Duals	Implementation (SW Region)	100,000
July 1, 2017	Virginia MLTSS	Implementation	212,000
August, 2017	Georgia	Implementation	1,300,000
October 1, 2017	Arizona ALTCS (E/PD)	Implementation	30,000
October, 2017	Massachusetts MassHealth ACO - Full	Implementation	TBD
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Region)	145,000
March, 2018	North Carolina	RFP Release	1,500,000
June, 2018	North Carolina	Proposals Due	1,500,000
September, 2018	North Carolina	Contract awards	1,500,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Regions)	175,000
July 1, 2019	North Carolina	Implementation	1,500,000

Dual Eligible Financial Alignment Demonstration Implementation Status

Below is a summary table of the progression of states toward implementing a dual eligible financial alignment demonstration.

State	Model	Opt- in Enrollment Date	Passive Enrollment Date	Duals Eligible For Demo	Demo Enrollment (June 2016)	Percent of Eligible Enrolled	Health Plans
California	Capitated	4/1/2014	5/1/2014 7/1/2014 1/1/2015	350,000	119,814	34.2%	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)
Illinois	Capitated	4/1/2014	6/1/2014	136,000	48,218	35.5%	Aetna; Centene; Blue Cross Blue Shield of IL; Cigna-Health Spring; Humana; Meridian Health Plan; Molina
Massachusetts	Capitated	10/1/2013	1/1/2014	97,000	13,038	13.4%	Commonwealth Care Alliance; Network Health
Michigan	Capitated	3/1/2015	5/1/2015	100,000	38,767	38.8%	AmeriHealth Michigan; Coventry (Aetna); Fidelis SecureCare; Meridian Health Plan; HAP Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan
New York	Capitated	1/1/2015 *(Phase 2 Delayed)*	4/1/2015 *(Phase 2 Delayed)*	124,000	5,480	4.4%	There are 17 FIDA plans selected to serve the demonstration. A full list is available on the MRT FIDA website.
New York - IDD	Capitated	4/1/2016	None	20,000	217	1.1%	Partners Health Plan
Ohio	Capitated	5/1/2014	1/1/2015	114,000	62,009	54.4%	Aetna; CareSource; Centene; Molina; UnitedHealth
Rhode Island	Capitated	7/1/2016	10/1/2016	25,400			Neighborhood INTEGRITY
South Carolina	Capitated	2/1/2015	4/1/2016	53,600	5,419	10.1%	Absolute Total Care (Centene); Advicare; Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)
Texas	Capitated	3/1/2015	4/1/2015	168,000	42,069	25.0%	Anthem (Amerigroup), Cigna-HealthSpring, Molina, Superior (Centene), United
Virginia	Capitated	3/1/2014	5/1/2014	66,200	26,975	40.7%	Humana; Anthem (HealthKeepers); VA Premier Health
Total Capitated	**10 States**			**1,254,200**	**362,006**	**28.9%**	

Note: Enrollment figures in the above chart are based on state enrollment reporting, where available, and on CMS monthly reporting otherwise.

HMA News

Castillo, Burkholder to Discuss Operational, Organizational Priorities for Building Integrated Delivery Systems at HMA Conference on Vulnerable Populations in Chicago, Oct. 10-12, 2016

Dan Castillo, Chief Executive of LA County USC Medical Center, and Wendy Burkholder, Chief Clinical Operating Officer of Arizona-based District Medical Group, will outline the type of system-wide operational, organizational, and policy changes required by health systems when transforming into integrated delivery systems.

Castillo and Burkholder will speak during a special session at HMA's inaugural conference on "*The Future of Publicly Sponsored Healthcare: Building Integrated Delivery Systems for Vulnerable Populations*," October 10-12 in Chicago. The topic of their session is "Operational and Organizational Priorities Facilitating the Transition to Integrated Care Delivery."

This premier event, presented by HMA and HMA's Accountable Care Institute, will address key issues facing health systems, hospitals, clinics and provider practices seeking to integrate care in an environment of rising quality and cost expectations. More than 30 speakers have been confirmed to date. **Early Bird registration is now open.** Click here for complete conference details or contact Carl Mercurio at (212) 575-5929 or cmercurio@healthmanagement.com.

Final Medicaid Managed Care Rules Implementation Assistance for Medicaid Managed Care Organizations

On April 25, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the final Medicaid managed care rules to modernize federal Medicaid managed care regulations. Many of the new rules go into effect July 2017. The hard work of implementing the new Medicaid managed care regulations will fall squarely on the shoulders of states and Medicaid managed care health plans. For managed care plans, they must step up their operational, administrative, and reporting capabilities to accommodate new state oversight requirements across all aspects of the contract performance.

The final rule unifies requirements across all forms of managed care, including managed care organizations (MCOs) operating under comprehensive risk contracts, prepaid inpatient and ambulatory plans (PIHPS and PAHPS), and primary care case management (PCCM), recognizing variation in size and scope. The broad implications of the new rules for health plans are:

- More standardized approaches across and within states, particularly in financial management
  - Medical Loss Ratio and other rate setting issues
  - Appeals and grievances policies and timelines
  - Provider enrollment shifted to the state level
  - Encounter data and annual reports
- Specific policy standards and requirements related to MLTSS
- Substantial new reporting and oversight requirements
- Some areas of considerable state flexibility—particularly in delivery system reform

- Quality strategy still to be developed

On May 17, 2016 HMA provided the free webinar "Preparing for the New Medicaid Managed Care Regulations." During this webinar, HMA experts provided a framework for assessing the final rule, analyzing your organizational needs, and implementing the operational and functional changes needed. HMA experts provided an overview of the final rule and outlined the HMA Impact Analysis and Implementation Tool, a rigorous process for identifying opportunities and challenges the new rules pose to managed care organizations. **Click here to view this webinar.**

In preparation for this significant overhaul to Medicaid managed care regulations, HMA geared the managed care regulation Impact Analysis and Implementation Tool toward MCOs. The purpose of the tool is to help MCOs understand and assess the impact of the new regulations. It can be used to complete a gap analysis and serve as a tracking document and work plan/project plan to bring the organization into compliance. The tool can also help MCOs proactively engage in discussions with states about implementing the new rules.

Organizations can purchase the tool as a stand-alone, or work with HMA to help complete the analysis, manage implementation, and/or incorporate new requirements into operations. HMA also can amend the tool to address compliance for non-MCO organizations.
For more information about the tool or assistance from HMA in implementation, operations, education and training, or understanding the impact of the new rules to your organization, please contact *your current HMA project manager/contact* or:

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Health Management Associates (HMA) is an independent health care research and consulting firm, specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Phoenix, Arizona; Portland, Oregon; Sacramento, San Francisco, and Southern California; Seattle, Washington; Tallahassee, Florida; and Washington, DC.

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