

HEALTH MANAGEMENT ASSOCIATES  
**HMA Weekly Roundup**

Trends in State Health Policy

..... April 26, 2017 .....



In Focus



HMA Roundup



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## IN FOCUS

### QUARTERLY MEDICAID MANAGED CARE ENROLLMENT UPDATE - Q1 2017

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 25 states.<sup>1</sup> Many state Medicaid agencies elect to post monthly enrollment figures by health plan for their Medicaid managed care population to their websites. This data allows for the timeliest analysis of enrollment trends across states and managed care organizations. Nearly all 25 states have released monthly Medicaid managed care enrollment data through the first quarter (Q1) of 2017. This report reflects the most recent data posted.

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

Seventeen of the 25 states in Table 1 (below) – Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, 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 as a result of expansion.

- The 25 states in this report account for an estimated 48 million Medicaid managed care enrollees as of the end of Q1 2017. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment has surpassed 54 million in the first quarter of 2017. As such, the enrollment data across these 25 states represents close to 90 percent of all Medicaid MCO enrollment.
  - States with managed care that don't publish monthly enrollment reports are Delaware, District of Columbia, Kansas, Massachusetts, Nebraska, New Hampshire, New Jersey, Nevada, Oregon, Rhode Island, Utah and Virginia.
- Across the 25 states tracked in this report, Medicaid managed care enrollment is up 4.9 percent year-over-year as of March 2017, adding more than 2.2 million net new enrollees since March 2016.
- The seventeen expansion states listed above have seen net Medicaid managed care enrollment increase by nearly 2.1 million members, or 6.2 percent, in the past year, to 35.3 million members at the end of Q1 2017.
- The eight states that have not yet expanded Medicaid have seen net Medicaid managed care enrollment increase by roughly 150,000 members, roughly 1.2 percent, to around 12.7 million members at the end of Q1 2017.

**Table 1 - Monthly MCO Enrollment by State – October 2016 through March 2017**

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Arizona</b>	<b>1,602,441</b>	<b>1,611,159</b>	<b>1,614,991</b>	<b>1,615,089</b>	<b>1,617,588</b>	<b>1,617,167</b>
+/- m/m	9,918	8,718	3,832	98	2,499	(421)
% y/y	4.7%	4.4%	3.5%	3.5%	4.4%	3.6%
<b>California</b>	<b>10,680,854</b>	<b>10,706,780</b>	<b>10,726,467</b>	<b>10,746,701</b>	<b>10,804,390</b>	<b>10,841,508</b>
+/- m/m	100,111	25,926	19,687	20,234	57,689	37,118
% y/y	5.0%	4.5%	3.9%	4.0%	3.6%	4.1%
<b>Florida</b>	<b>3,378,365</b>	<b>3,395,807</b>	<b>3,392,659</b>	<b>3,409,312</b>	<b>3,403,637</b>	<b>3,400,808</b>
+/- m/m	1,264	17,442	(3,148)	16,653	(5,675)	(2,829)
% y/y	4.5%	4.5%	4.3%	5.1%	2.8%	2.3%
<b>Georgia</b>	<b>1,303,921</b>	<b>1,305,148</b>	<b>1,295,702</b>			
+/- m/m	(7,118)	1,227	(9,446)	N/A	N/A	N/A
% y/y	0.2%	0.2%	-0.9%			
<b>Hawaii</b>	<b>356,626</b>	<b>356,617</b>	<b>356,445</b>			
+/- m/m	689	(9)	(172)	N/A	N/A	N/A
% y/y	5.5%	8.2%	3.8%			
<b>Illinois</b>		<b>2,043,748</b>	<b>2,052,965</b>		<b>1,966,377</b>	<b>1,983,627</b>
+/- m/m	N/A	(81,187)	9,217	N/A	(86,588)	17,250
% y/y		-2.3%	-1.2%		-4.8%	-3.5%
<b>Indiana</b>	<b>1,120,442</b>	<b>1,122,762</b>	<b>1,120,195</b>	<b>1,124,963</b>		
+/- m/m	10,855	2,320	(2,567)	4,768	N/A	N/A
% y/y	8.4%	7.8%	5.9%	5.8%		
<b>Iowa</b>	<b>608,425</b>	<b>607,929</b>	<b>605,708</b>	<b>618,392</b>		
+/- m/m	2,271	(496)	(2,221)	12,684	N/A	N/A
% y/y	N/A	N/A	N/A	N/A		
<b>Kentucky</b>	<b>1,216,355</b>	<b>1,232,783</b>	<b>1,230,664</b>			
+/- m/m	4,594	16,428	(2,119)	N/A	N/A	N/A
% y/y	-0.9%	-0.1%	0.0%			

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Louisiana</b>	<b>1,373,469</b>	<b>1,401,043</b>	<b>1,413,184</b>	<b>1,430,252</b>	<b>1,451,754</b>	<b>1,466,469</b>
+/- m/m	19,130	27,574	12,141	17,068	21,502	14,715
% y/y	40.4%	43.3%	29.4%	31.5%	33.3%	35.0%
<b>Maryland</b>	<b>1,113,364</b>	<b>1,130,325</b>	<b>1,133,389</b>	<b>1,137,113</b>	<b>1,150,165</b>	<b>1,157,159</b>
+/- m/m	4,903	16,961	3,064	3,724	13,052	6,994
% y/y	10.3%	13.2%	13.5%	12.1%	13.1%	11.1%
<b>Michigan</b>	<b>1,764,946</b>	<b>1,774,008</b>	<b>1,777,714</b>	<b>1,794,404</b>	<b>1,799,306</b>	<b>1,814,658</b>
+/- m/m	26,557	9,062	3,706	16,690	4,902	15,352
% y/y	7.7%	7.6%	7.0%	6.5%	6.6%	5.8%
<b>Minnesota</b>	<b>903,822</b>	<b>907,043</b>	<b>902,343</b>	<b>878,263</b>	<b>895,355</b>	<b>906,540</b>
+/- m/m	(30,860)	3,221	(4,700)	(24,080)	17,092	11,185
% y/y	13.7%	14.1%	13.5%	10.5%	12.6%	14.0%
<b>Mississippi</b>	<b>489,352</b>	<b>487,864</b>	<b>488,399</b>	<b>491,073</b>	<b>489,593</b>	N/A
+/- m/m	(2,309)	(1,488)	535	2,674	(1,480)	
% y/y	-1.4%	-1.7%	-2.0%	-2.4%	-3.4%	
<b>Missouri</b>	<b>504,445</b>	<b>507,088</b>	<b>507,618</b>	N/A	N/A	N/A
+/- m/m	3,470	2,643	530			
% y/y	8.1%	7.6%	6.5%			
<b>New Mexico</b>	<b>684,522</b>	<b>687,164</b>	<b>690,045</b>	<b>694,013</b>	<b>697,689</b>	<b>700,810</b>
+/- m/m	1,303	2,642	2,881	3,968	3,676	3,121
% y/y	5.8%	5.8%	6.2%	5.9%	5.4%	5.2%
<b>New York</b>	<b>4,668,327</b>	<b>4,652,369</b>	<b>4,636,684</b>	<b>4,632,203</b>	<b>4,635,859</b>	<b>4,658,721</b>
+/- m/m	5,767	(15,958)	(15,685)	(4,481)	3,656	22,862
% y/y	-3.2%	-3.9%	-4.3%	-1.3%	-0.7%	0.2%
<b>Ohio</b>	<b>2,461,962</b>	<b>2,455,873</b>	<b>2,478,698</b>	<b>2,498,780</b>	<b>2,518,144</b>	<b>2,526,742</b>
+/- m/m	(9,142)	(6,089)	22,825	20,082	19,364	8,598
% y/y	1.5%	1.5%	4.2%	4.3%	3.6%	3.3%
<b>Pennsylvania</b>	<b>2,252,811</b>	<b>2,257,495</b>	<b>2,266,614</b>	<b>2,273,484</b>	<b>2,287,369</b>	N/A
+/- m/m	7,155	4,684	9,119	6,870	13,885	
% y/y	7.6%	7.1%	6.5%	5.7%	5.4%	
<b>South Carolina</b>	<b>761,888</b>	<b>761,312</b>	<b>763,677</b>	<b>762,418</b>	<b>767,421</b>	<b>770,035</b>
+/- m/m	854	(576)	2,365	(1,259)	5,003	2,614
% y/y	11.6%	10.2%	8.6%	8.1%	7.3%	7.1%
<b>Tennessee</b>	<b>1,544,940</b>	<b>1,565,932</b>	<b>1,559,209</b>	<b>1,542,563</b>	<b>1,514,370</b>	<b>1,480,077</b>
+/- m/m	(7,044)	20,992	(6,723)	(16,646)	(28,193)	(34,293)
% y/y	5.1%	5.7%	4.7%	2.9%	0.0%	-3.0%
<b>Texas</b>		<b>3,934,587</b>				
+/- m/m	N/A	7,235	N/A	N/A	N/A	N/A
% y/y		1.6%				
<b>Washington</b>	<b>1,575,544</b>	<b>1,594,148</b>	<b>1,607,495</b>	<b>1,650,621</b>	<b>1,645,698</b>	<b>1,607,436</b>
+/- m/m	3,964	18,604	13,347	43,126	(4,923)	(38,262)
% y/y	9.0%	9.8%	9.0%	12.8%	11.3%	6.5%
<b>West Virginia</b>	<b>389,537</b>	<b>388,104</b>	<b>385,032</b>	<b>382,624</b>	<b>383,901</b>	<b>380,100</b>
+/- m/m	(321)	(1,433)	(3,072)	(2,408)	1,277	(3,801)
% y/y	6.2%	4.8%	4.7%	3.1%	3.0%	1.4%
<b>Wisconsin</b>	<b>793,696</b>	<b>794,162</b>	<b>793,294</b>	<b>787,096</b>	<b>793,055</b>	<b>798,959</b>
+/- m/m	(5,395)	466	(868)	(6,198)	5,959	5,904
% y/y	-0.4%	-0.2%	-0.3%	-0.3%	-0.3%	-1.0%

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 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 seen growth in Q3 2016 and into Q1 2017, adding a net 24,600 members. At the end of Q1 2017, Arizona's MCO enrollment stands at nearly 1.62 million, up 3.6 percent year-over-year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Acute Care	1,543,787	1,552,366	1,556,186	1,556,150	1,558,637	1,558,147
ALTCS	58,654	58,793	58,805	58,939	58,951	59,020
<b>Total Arizona</b>	<b>1,602,441</b>	<b>1,611,159</b>	<b>1,614,991</b>	<b>1,615,089</b>	<b>1,617,588</b>	<b>1,617,167</b>
+/- m/m	9,918	8,718	3,832	98	2,499	(421)
% y/y	4.7%	4.4%	3.5%	3.5%	4.4%	3.6%

### California

#### Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data through March 2017 shows an overall trend of enrollment growth, with membership up more than 260,000 over the last six months. As of March 2017, enrollment in managed care is approximately 10.84 million, a 4.1 percent increase over the previous year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Two-Plan Counties	6,835,057	6,866,412	6,885,830	6,885,583	6,938,389	6,968,032
Imperial/San Benito	82,918	82,963	83,299	83,852	84,213	84,271
Regional Model	301,153	300,477	300,151	302,243	303,482	304,455
GMC Counties	1,160,359	1,159,273	1,159,428	1,164,846	1,169,019	1,171,021
COHS Counties	2,185,864	2,183,552	2,184,158	2,195,373	2,193,510	2,198,116
Duals Demonstration	115,503	114,103	113,601	114,804	115,777	115,613
<b>Total California</b>	<b>10,680,854</b>	<b>10,706,780</b>	<b>10,726,467</b>	<b>10,746,701</b>	<b>10,804,390</b>	<b>10,841,508</b>
+/- m/m	100,111	25,926	19,687	20,234	57,689	37,118
% y/y	5.0%	4.5%	3.9%	4.0%	3.6%	4.1%

### Florida

#### Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program covers just over 3.4 million beneficiaries as of March 2017, up 2.3 percent from the prior year. (*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.*)

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
MMA	3,060,005	3,077,246	3,075,270	3,092,585	3,085,322	3,071,659
LTC (Subset of MMA)	93,937	94,077	94,320	94,524	94,844	94,803
SMMC Specialty Plan	149,819	150,267	149,910	152,181	151,974	161,576
FL Healthy Kids	168,541	168,294	167,479	164,546	166,341	167,573
<b>Total Florida</b>	<b>3,378,365</b>	<b>3,395,807</b>	<b>3,392,659</b>	<b>3,409,312</b>	<b>3,403,637</b>	<b>3,400,808</b>
+/- m/m	1,264	17,442	(3,148)	16,653	(5,675)	(2,829)
% y/y	4.5%	4.5%	4.3%	5.1%	2.8%	2.3%

### Georgia

#### Medicaid Expansion Status: Not Expanded

As of January 2017, Georgia Medicaid managed care enrollment stands at nearly 1.3 million, down 1.0 percent from a year prior. Georgia has not reported enrollment figures for February or March as of publication.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Georgia</b>	<b>1,303,921</b>	<b>1,305,148</b>	<b>1,295,702</b>	<b>1,296,381</b>		
+/- m/m	(7,118)	1,227	(9,446)	679		
% y/y	0.2%	0.2%	-0.9%	-1.0%		

### Hawaii

#### Medicaid Expansion Status: Expanded January 1, 2014

Through December 2016, enrollment in the Hawaii Medicaid managed care program stands at more than 356,000, up 3.8 percent from Q4 2015. Hawaii has not reported Q1 2017 enrollment figures at the time of publication.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Hawaii</b>	<b>356,626</b>	<b>356,617</b>	<b>356,445</b>			
+/- m/m	689	(9)	(172)			
% y/y	5.5%	8.2%	3.8%			

### Illinois

#### Medicaid Expansion Status: Expanded January 1, 2014

Illinois enrollment across the state's four managed care programs sits at just under 2 million as of March 2017, down 3.5 percent from March 2016. In the third quarter of 2016, Illinois began enrolling dual eligible members who opt out of the duals demonstration in mandatory Managed Long Term Supports and Services (MLTSS) in the Greater Chicago region, with more than 27,000 members now enrolled.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Family Health Program		1,849,859	1,857,784		1,777,029	1,791,810
Integrated Care Program		119,813	120,826		114,176	114,735
Duals Demonstration		46,591	46,669		47,492	49,435
MLTSS		27,485	27,686		27,680	27,647
<b>Total Illinois</b>		<b>2,043,748</b>	<b>2,052,965</b>		<b>1,966,377</b>	<b>1,983,627</b>
+/- m/m		(81,187)	9,217		(86,588)	17,250
% y/y		-2.3%	-1.2%		-4.8%	-3.5%

Indiana

**Medicaid Expansion Status: Expanded in 2015 through HIP 2.0**

As of January 2017, enrollment in Indiana’s managed care programs – Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP) – has surpassed 1.1 million, up 5.8 percent from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Hoosier Healthwise	604,943	605,412	601,632	601,179			
Hoosier Care Connect	96,130	94,705	94,567	94,133			
HIP	419,369	422,645	423,996	429,651			
<b>Indiana Total</b>	<b>1,120,442</b>	<b>1,122,762</b>	<b>1,120,195</b>	<b>1,124,963</b>			
+/- m/m	10,855	2,320	(2,567)	4,768			
% y/y	8.4%	7.8%	5.9%	5.8%			

Iowa

**Medicaid Expansion Status: Expanded January 1, 2014**

Iowa launched its new statewide Medicaid managed care program in April of 2016. Enrollment across all populations sits at more than 618,000 as of January 2017. Enrollment data for February and March are not available as of the time of publication.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Traditional Medicaid	428,324	429,031	428,048	433,237		
Iowa Wellness Plan	141,824	140,619	139,895	144,794		
hawk-i	38,277	38,279	37,765	40,361		
<b>Total Iowa</b>	<b>608,425</b>	<b>607,929</b>	<b>605,708</b>	<b>618,392</b>		
+/- m/m	2,271	(496)	(2,221)	12,684		
% y/y						

Kentucky

**Medicaid Expansion Status: Expanded January 1, 2014**

As of December 2016, Kentucky enrolled more than 1.2 million beneficiaries in risk-based managed care. Total enrollment is effectively flat from a year prior.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Kentucky</b>	<b>1,216,355</b>	<b>1,232,783</b>	<b>1,230,664</b>			
+/- m/m	4,594	16,428	(2,119)			
% y/y	-0.9%	-0.1%	0.0%			

Louisiana

**Medicaid Expansion Status: Expanded July 1, 2016**

Medicaid managed care enrollment in Bayou Health stands at more than 1.46 million as of March 2017, up 35 percent from the previous year. Louisiana’s Medicaid expansion began on July 1, 2016, and is the major driver of MCO enrollment growth since Q3 2016.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Louisiana</b>	<b>1,373,469</b>	<b>1,401,043</b>	<b>1,413,184</b>	<b>1,430,252</b>	<b>1,451,754</b>	<b>1,466,469</b>
+/- m/m	19,130	27,574	12,141	17,068	21,502	14,715
% y/y	40.4%	43.3%	29.4%	31.5%	33.3%	35.0%

**Maryland**

**Medicaid Expansion Status: Expanded January 1, 2014**

Maryland’s Medicaid managed care enrollment has shown steady growth over the past year, with March 2017 enrollment coming in at more than 1.15 million, up 11.1 percent from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Maryland</b>	<b>1,113,364</b>	<b>1,130,325</b>	<b>1,133,389</b>	<b>1,137,113</b>	<b>1,150,165</b>	<b>1,157,159</b>
+/- m/m	4,903	16,961	3,064	3,724	13,052	6,994
% y/y	10.3%	13.2%	13.5%	12.1%	13.1%	11.1%

**Michigan**

**Medicaid Expansion Status: Expanded April 1, 2014**

Michigan’s Medicaid and CHIP managed care growth trends over the past year have continued into 2017. As of March 2017, managed care enrollment has surpassed 1.8 million, up 5.8 percent from the previous year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Medicaid	1,727,941	1,737,352	1,740,877	1,757,652	1,762,535	1,777,244
MI Health Link (Duals)	37,005	36,656	36,837	36,752	36,771	37,414
<b>Total Michigan</b>	<b>1,764,946</b>	<b>1,774,008</b>	<b>1,777,714</b>	<b>1,794,404</b>	<b>1,799,306</b>	<b>1,814,658</b>
+/- m/m	26,557	9,062	3,706	16,690	4,902	15,352
% y/y	7.7%	7.6%	7.0%	6.5%	6.6%	5.8%

**Minnesota**

**Medicaid Expansion Status: Expanded January 1, 2014**

As of March 2017, enrollment across Minnesota’s multiple managed Medicaid programs sits at more than 906,000, up 14 percent from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Parents/Kids	551,652	552,492	547,365	551,327	551,921	550,720
Expansion Adults	161,050	160,462	157,997	161,668	165,614	169,525
Senior Care Plus	14,399	14,439	14,423	16,090	16,007	15,838
Senior Health Options	36,669	36,789	37,084	37,050	37,190	37,190
Special Needs BasicCare	51,780	52,012	51,464	50,342	50,471	50,478
PIN Program	360	357	347	0	0	0
Minnesota Care	87,912	90,492	93,663	61,786	74,152	82,789
<b>Total Minnesota</b>	<b>903,822</b>	<b>907,043</b>	<b>902,343</b>	<b>878,263</b>	<b>895,355</b>	<b>906,540</b>
+/- m/m	(30,860)	3,221	(4,700)	(24,080)	17,092	11,185
% y/y	13.7%	14.1%	13.5%	10.5%	12.6%	14.0%

**Mississippi**

**Medicaid Expansion Status: Not Expanded**

MississippiCAN, the state’s Medicaid managed care program, grew significantly in 2015. However, net enrollment declines over the past year have reversed some of this growth. Medicaid managed care membership stands at more than 489,000 as of February 2017, down 3.4 percent from last year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Mississippi</b>	<b>489,352</b>	<b>487,864</b>	<b>488,399</b>	<b>491,073</b>	<b>489,593</b>	
+/- m/m	(2,309)	(1,488)	535	2,674	(1,480)	
% y/y	-1.4%	-1.7%	-2.0%	-2.4%	-3.4%	



## Missouri

**Medicaid Expansion Status: Not Expanded**

Missouri managed care enrollment in the Medicaid and CHIP programs sits at more than 507,000 as of December 2016. Although the state has not expanded Medicaid, Missouri has seen steady growth in managed care membership, with end of 2016 enrollment up 6.5 percent from the previous year. Missouri is set to expand Medicaid managed care geographically in the coming months.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total Medicaid	488,321	491,002	491,553			
Total CHIP	16,124	16,086	16,065			
<b>Total Missouri</b>	<b>504,445</b>	<b>507,088</b>	<b>507,618</b>			
+/- m/m	3,470	2,643	530			
% y/y	8.1%	7.6%	6.5%			

## New Mexico

**Medicaid Expansion Status: Expanded January 1, 2014**

As of March 2017, the New Mexico's Centennial Care program enrolls more than 700,000 members, with steady enrollment growth throughout 2016 and into 2017, a 5.2 percent increase over the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total New Mexico</b>	<b>684,522</b>	<b>687,164</b>	<b>690,045</b>	<b>694,013</b>	<b>697,689</b>	<b>700,810</b>
+/- m/m	1,303	2,642	2,881	3,968	3,676	3,121
% y/y	5.8%	5.8%	6.2%	5.9%	5.4%	5.2%

## New York

**Medicaid Expansion Status: Expanded January 1, 2014**

New York's Medicaid managed care programs collectively enrolled just under 4.66 million beneficiaries as of March 2017, roughly flat from the previous year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Mainstream MCOs	4,406,558	4,380,494	4,363,641	4,355,428	4,352,628	4,375,639
Managed LTC	170,530	173,259	175,662	178,260	179,849	181,237
Medicaid Advantage	8,380	8,324	8,386	8,392	8,269	8,266
Medicaid Advantage Plus	6,318	6,392	6,589	6,637	6,775	6,942
HARP	71,256	78,656	77,054	78,211	83,142	81,472
FIDA/FIDA-IDD (Duals)	5,285	5,244	5,352	5,275	5,196	5,165
<b>Total New York</b>	<b>4,668,327</b>	<b>4,652,369</b>	<b>4,636,684</b>	<b>4,632,203</b>	<b>4,635,859</b>	<b>4,658,721</b>
+/- m/m	5,767	(15,958)	(15,685)	(4,481)	3,656	22,862
% y/y	-3.2%	-3.9%	-4.3%	-1.3%	-0.7%	0.2%



Ohio

**Medicaid Expansion Status: Expanded January 1, 2014**

As of March 2017, enrollment across all four Ohio Medicaid managed care programs has surpassed 2.5 million, up 3.3 percent from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
CFC Program	1,613,886	1,604,245	1,618,971	1,636,609	1,647,154	1,647,249
ABD Program	116,417	120,461	124,651	129,044	131,862	137,418
Group 8 (Expansion)	636,896	629,802	634,523	631,204	634,256	636,097
MyCare Ohio (Duals)	94,763	101,365	100,553	101,923	104,872	105,978
<b>Total Ohio</b>	<b>2,461,962</b>	<b>2,455,873</b>	<b>2,478,698</b>	<b>2,498,780</b>	<b>2,518,144</b>	<b>2,526,742</b>
+/- m/m	(9,142)	(6,089)	22,825	20,082	19,364	8,598
% y/y	1.5%	1.5%	4.2%	4.3%	3.6%	3.3%

Pennsylvania

**Medicaid Expansion Status: Expanded as of 2015**

Midway through the first quarter of 2017, Pennsylvania's Medicaid managed care enrollment sits at nearly 2.3 million, up 5.4 percent in the past year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Pennsylvania</b>	<b>2,252,811</b>	<b>2,257,495</b>	<b>2,266,614</b>	<b>2,273,484</b>	<b>2,287,369</b>	
+/- m/m	7,155	4,684	9,119	6,870	13,885	
% y/y	7.6%	7.1%	6.5%	5.7%	5.4%	

South Carolina

**Medicaid Expansion Status: Not Expanded**

South Carolina's Medicaid managed care programs saw steady growth which has largely continued into 2017. March 2017's 770,000 members represent 7.1 percent growth in the past year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total Medicaid	754,026	751,701	754,243	753,437	758,727	761,539
Total Duals Demo	7,862	9,611	9,434	8,981	8,694	8,496
<b>Total South Carolina</b>	<b>761,888</b>	<b>761,312</b>	<b>763,677</b>	<b>762,418</b>	<b>767,421</b>	<b>770,035</b>
+/- m/m	854	(576)	2,365	(1,259)	5,003	2,614
% y/y	11.6%	10.2%	8.6%	8.1%	7.3%	7.1%

Tennessee

**Medicaid Expansion Status: Not Expanded**

As of March 2017, TennCare managed care enrollment totaled 1.48 million, down 3 percent from the prior year. The past six months have seen net enrollment decline by more than 70,000 members.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Tennessee</b>	<b>1,544,940</b>	<b>1,565,932</b>	<b>1,559,209</b>	<b>1,542,563</b>	<b>1,514,370</b>	<b>1,480,077</b>
+/- m/m	(7,044)	20,992	(6,723)	(16,646)	(28,193)	(34,293)
% y/y	5.1%	5.7%	4.7%	2.9%	0.0%	-3.0%

Texas

**Medicaid Expansion Status: Not Expanded**

Enrollment reporting out of Texas has been limited in the past six months. As of November 2016, Texas managed care enrollment stands at more than 3.93 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016. November 2016 enrollment is up 1.6 percent from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STAR		2,928,960				
STAR+PLUS		529,966				
STAR HEALTH		32,086				
Duals Demo		36,218				
CHIP		407,357				
STAR KIDS		163,662				
<b>Total Texas</b>		<b>3,934,587</b>				
+/- m/m		7,235				
% y/y		1.6%				

Washington

**Medicaid Expansion Status: Expanded January 1, 2014**

Washington's Medicaid managed care enrollment as of March 2016 stands a little over 1.6 million. This represents a 6.5 percent increase from the prior year.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total Washington</b>	<b>1,575,544</b>	<b>1,594,148</b>	<b>1,607,495</b>	<b>1,650,621</b>	<b>1,645,698</b>	<b>1,607,436</b>
+/- m/m	3,964	18,604	13,347	43,126	(4,923)	(38,262)
% y/y	9.0%	9.8%	9.0%	12.8%	11.3%	6.5%

West Virginia

**Medicaid Expansion Status: Expanded January 1, 2014**

As of March 2017, West Virginia's managed care program enrolls roughly 380,000 members, up just 1.4 percent year-over-year. Overall Medicaid MCO enrollment has declined by nearly 10,000 members in the past six months.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Total West Virginia</b>	<b>389,537</b>	<b>388,104</b>	<b>385,032</b>	<b>382,624</b>	<b>383,901</b>	<b>380,100</b>
+/- m/m	(321)	(1,433)	(3,072)	(2,408)	1,277	(3,801)
% y/y	6.2%	4.8%	4.7%	3.1%	3.0%	1.4%

Wisconsin

**Medicaid Expansion Status: Not Expanded**

Across the state's three managed care programs, March 2017 enrollment totals nearly 800,000, down 1 percent from the year before.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
BadgerCare+	709,101	709,468	708,458	702,302	708,092	713,769
SSI	36,241	36,321	36,311	36,303	36,421	36,349
LTC	48,354	48,373	48,525	48,491	48,542	48,841
<b>Total Wisconsin</b>	<b>793,696</b>	<b>794,162</b>	<b>793,294</b>	<b>787,096</b>	<b>793,055</b>	<b>798,959</b>
+/- m/m	(5,395)	466	(868)	(6,198)	5,959	5,904
% y/y	-0.4%	-0.2%	-0.3%	-0.3%	-0.3%	-1.0%

### More Information Available from HMA Information Services

More detailed information on the Medicaid managed care landscape is available from HMA Information Services (HMAIS), which collects 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@healthmanagement.com](mailto:cmercurio@healthmanagement.com).



## HMA MEDICAID ROUNDUP

### *Arizona*

**Advocates, Other Groups Express Concerns Over Proposed Changes to Medicaid.** *Arizona Public Media* reported on April 19, 2017, that approximately 60 organizations have expressed concerns over the Arizona Health Care Cost Containment System's (AHCCCS) proposed changes to the state's Medicaid program. The organizations submitted written comments to AHCCCS on the proposed changes, which include a five-year lifetime limit on enrollment for able-bodied adults and work requirements. Last year, CMS rejected a similar proposal. However, Arizona officials say the new administration is more open to working with states and increasing flexibility. [Read More](#)

### *Arkansas*

**Legislature to Reconvene for Special Session; Medicaid Expansion Changes May Be Discussed.** *NWAHomepage.com* reported on April 23, 2017, that the Arkansas House and Senate will reconvene for a special session with Governor Asa Hutchinson after the legislature adjourns on May 1. The joint session has not been publicly announced, and Governor Hutchinson has not released an agenda, but possible changes to the state's Medicaid expansion program, Arkansas Works, may be on the table. In March, the Governor announced he would seek a federal waiver to cap eligibility at 100 percent of the federal poverty level and add a work requirement for most adults without disabilities. [Read More](#)

### *District of Columbia*

**DHCF Issues Medicaid Accountable Care Organizations RFI.** The District of Columbia released a Request for Information (RFI) on April 19, 2017, to solicit feedback on the potential implementation of Medicaid Accountable Care Organizations (ACOs). Responses are due May 19, 2017. The Department of Health Care Finance (DHCF) is considering Medicaid ACOs that would take on shared-risk and population-based payment approaches over time. DHCF is seeking feedback from health plans, provider networks, independent providers, hospital organizations, consumers, advocates, and other interested stakeholders. [Read More](#)

## Florida

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

**House Approves Medicaid Work Requirements, Drops Premium Proposal.** *The Miami Herald* reported on April 26, 2017, that the Florida House approved a broad Medicaid bill, including work-related requirements for certain beneficiaries. However, the House dropped a proposal to charge Medicaid beneficiaries monthly premiums of \$10 to \$15. With the exception of individuals with disabilities, older adults, and children, Medicaid beneficiaries would have to show they are working, seeking employment, or in job training. [Read More](#)

**Florida Blue Cites Provider Relationships as Key to Profits on Exchange.** *Health News Florida* reported on April 24, 2017, that while several health insurers have left Florida's Exchange market due to financial losses, Florida Blue says it is turning a profit. Chief executive Pat Geraghty attributes the company's success to its strong partnerships with providers in the state. He notes that recent rate negotiations with providers led to lower increases in the individual market in Florida. Florida Blue currently has 1 million Exchange members in Florida. [Read More](#)

## Iowa

**University of Iowa Lowers 2017 Profit Projections, Cites Claims Denials.** *The Gazette* reported on April 19, 2017, that University of Iowa Health Care (UIHC) is lowering its operating income projections for 2017 by more than half, citing an increase in Medicaid managed care claim denials. [Read More](#)

## Kansas

**Work Continues on Extension of KanCare Waiver, Set to Expire this Year.** *KCUR* reported on April 24, 2017, that Kansas officials are working to obtain federal approval to extend the state's KanCare Medicaid managed care waiver program, currently set to expire at the end of 2017. The state's request for a one-year extension was denied in January by the Centers for Medicare & Medicaid Services, which said in a letter that the state wasn't doing enough to hold Medicaid managed care plans accountable. Meanwhile, state officials are working on a KanCare 2.0 waiver, but will need another year to finalize the proposal. [Read More](#)

## Maine

**Maine to Request Federal Approval for Medicaid Work Requirements, Premiums.** *State and Capitol* reported on April 25, 2017 that Maine plans to request federal waiver approval for changes to the state's MaineCare Medicaid program, including work requirements, asset limits, and premiums. Governor Paul LePage first announced the plan in January. The Maine Department of Health and Human Services will hold hearings and accept public comments before submitting the waiver request to the Centers for Medicare & Medicaid Services for approval. The 30-day public comment period will run from April

25 to May 25, and the two public hearings will be held on May 17 and May 18. [Read More](#)

## Michigan

**Legislative Committees Advance Competing Models Around Integration of Medicaid Managed Care, Behavioral Health.** *Crain's Detroit Business* reported on April 19, 2017, that a Michigan House panel advanced a financing model that would allow Medicaid managed care plans and community mental health agencies in Kent County to join forces and pilot fully integrated physical and behavioral care. The panel also advanced a second financing model to create a statewide prepaid inpatient behavioral health plan. The article states, "The two competing financing models are seen as a compromise with Medicaid health plans and the public behavioral health service industry." Separately, a state Senate subcommittee voted to work toward a single contracting model by Sept. 30, 2020. Mental health advocates have [urged](#) Governor Rick Snyder and state legislators to oppose the proposal. [Read More](#)

## Nebraska

**Legislative Committee to Take No Action on Medicaid Expansion Proposal.** *U.S. News* reported on April 19, 2017, that the Nebraska Legislature's Health and Human Services Committee opted to make no decision on a proposed Medicaid expansion bill until uncertainty around the future of Affordable Care Act (ACA) is further resolved. The committee chose to not kill the bill in case new ACA replacement legislation provides block grants, which could be used to fund expansion. [Read More](#)

## New York

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

**Department of Health to Host Budget, FIDA Webinars.** The New York Department of Health is hosting two webinars on Friday, April 28. The [first](#), at 1 pm, will review the 2017-18 Global Cap Enacted Budget, focusing on the Medicaid-specific components of the enacted budget. During the [second](#) webinar, at 2 pm, the Division of Long Term Care will be providing a stakeholder webinar with a status update on the Fully Integrated Duals Advantage (FIDA) program.

**GuildNet Withdrawing from Nassau, Suffolk, and Westchester Counties.** In March 2017, GuildNet notified its 4,500-plus members in New York's Nassau, Suffolk and Westchester counties that its managed long-term care plan "...will no longer offer Managed Long Term Care (MLTC) services" in these counties, effective June 1, 2017. While the notice sent to plan enrollees indicated that GuildNet will no longer offer services after June 1, the Department of Health has stated that GuildNet will continue services in June and later for anyone still enrolled in the plan. The Department of Health did not indicate how long GuildNet members would be given to transfer to other MLTC plans. In the interim, if a member has not transferred their enrollment to a different plan, GuildNet will continue to provide services at the same level of care. Further, GuildNet will continue to pay the home care agency providing services to individual members after June 1, even if that home care agency's contract with

GuildNet ends on June 1. GuildNet will continue to participate in both the Medicaid Advantage Plus and FIDA programs. [Read More](#)

**Value Based Payment Quality Measure Sets for Measurement Year 2017.** The Department of Health has updated the DSRIP – Value Based Payment Resource Library to include the VBP Quality Measure Sets for Measurement Year 2017 for four different VBP arrangements:

- Total Care for the General Population/Integrated Primary Care (TCGP/IPC) Quality Measure Set
- Health and Recovery Plans (HARP) Quality Measure Set
- HIV/AIDS Quality Measure Set
- Maternity Care Quality Measure Set

As outlined in New York’s VBP Roadmap, the state has established a common set of quality measures for each VBP arrangement based on national standards and the recommendations from the Clinical Advisory Groups. The measure sets provide a high-level overview of the process for measure set development as well as the listing of measures for the 2017 Measurement Year. The measure sets include all Category 1 (approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible) and Category 2 (measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic; to be investigated during the 2017 pilot program) measures for use in contracting between Managed Care Organizations and VBP Contractors. These Measure Sets can now be found in the new tab titled “VBP Quality Measures” on the [DSRIP – VBP Resource Library webpage](#).

**Health Republic Posts Losses.** Health Republic Insurance of New York, the insurance co-operative established to participate in New York’s health exchange, recently posted its financial audit for 2015. As reported in Crain’s HealthPulse, the balance sheet of the now-defunct insurer Health Republic showed liabilities exceeded assets by \$364 million as of Dec. 31, 2015. The plan was shut down by New York regulators in November 2015 due to its insolvency. Crain’s notes that Health Republic’s failure was caused by a flawed strategy for attracting customers with low premiums, as well as congressional cuts to the risk-corridor program, aimed at backstopping the nascent Affordable Care Act marketplaces. [Read More](#)

**Affinity Health Plan Names Former Aetna Medicaid Executive as CEO.** Affinity Health Plan announced the appointment of former Aetna executive Michael Murphy as president and chief executive officer . Murphy served as the head of a multi-state region of Aetna’s Medicaid business. Previously, Murphy also served as CEO of Coventry Health Care Plans and St. Louis, Missouri-based Mercy Health Plans. [Read More](#)

## *North Carolina*

**House Democrats Propose Medicaid Expansion Bill, Funded Partly by Hospital Assessment.** *Winston-Salem Journal* reported on April 20, 2017, that North Carolina House Democrats have proposed a Medicaid expansion bill partially funded by a hospital tax. The bill would also repeal a state law passed in 2013 by Republican legislators that requires the Governor to obtain legislative approval to expand Medicaid. The proposal is likely to face opposition from House Republicans, who have filed separate legislation to



implement Medicaid premiums and work requirements. The Democrats' bill marks the party's third attempt at expansion. [Read More](#)

## Ohio

HMA Roundup - Jim Downie ([Email Jim](#))

**House Finance Committee Delays MLTSS Implementation, Imposes Work Requirements on Medicaid Expansion Participants.** *The Columbus Dispatch* reported on April 24, 2017, that the Ohio House Finance Committee is set to report out amendments to the 2018-2019 Budget. Among the changes will be delaying the implementation of Managed Long Term Services and Supports until 2021. The language also creates a study group to consider the LTSS transition to managed care. In addition, the Amended Budget will require the Ohio Department of Medicaid to submit an 1115 waiver to modify eligibility for the Medicaid Expansion. The waiver is to include work requirements for able-bodied adults. [Read More](#)

**Nursing Homes Seek Medicaid MLTSS Delay Until 2021.** *Cleveland.com* reported on April 24, 2017, that Ohio nursing homes are asking state lawmakers to push back the implementation date of a proposed Medicaid managed long term services and supports (MLTSS) program until 2021. Ohio Governor John Kasich included in his recent budget proposal the transition of most Medicaid LTSS beneficiaries into managed care beginning January 1, 2018. Currently, MLTSS is only provided to select beneficiaries in the state's dual eligible demonstration, MyCare Ohio. Ohio Health Care Association executive director Peter Van Runkle said that patients covered in MyCare Ohio have seen coverage denials rise, while LTSS providers are reporting inaccurate and delayed payments. [Read More](#)

## Pennsylvania

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

**Governor's Office Publishes Infographic Explaining Community HealthChoices Versus HealthChoices.** The Rehabilitation & Community Providers Association reported on April 19, 2017, that Pennsylvania Governor Wolf's administration issued an infographic titled, *Understanding Community HealthChoices vs HealthChoices*, outlining the similarities, differences, eligibility requirements, and timelines for implementation for the two programs. Community HealthChoices will provide managed care for dual eligibles and long-term services and supports (LTSS) recipients, beginning January 2018. [Read More](#)

**Western Pennsylvania Insurers Noncommittal About Future if \$7 Billion in Federal Subsidies Cut.** *The Tribune-Democrat* reported on April 22, 2017, that Western Pennsylvania's two leading insurers, UPMC Health Plan and Highmark Blue Cross Blue Shield, have yet to announce how they will react if the federal government cuts \$7 billion in subsidies to insurance companies that participate in Affordable Care Act Exchanges. Representatives for both companies said they will announce their plans for next year within the next month. In Pennsylvania, plans must be filed with the Insurance Department by May 22. [Read More](#)

## *Rhode Island*

**EOHHS Announces Medicaid MCO Contract Awards.** The Rhode Island Executive Office of Health and Human Services (EOHHS) announced on April 20, 2017, that it had signed Medicaid managed care contracts with Neighborhood Health Plan of Rhode Island, Tufts Health Plan, and UnitedHealthcare Community Plan. The contract term is five years, with five possible one-year extensions. [Read More](#)

**Medicaid Spending to Exceed Projections, Driven by Eligibility System Issues.** *Providence Journal* reported on April 21, 2017, that Rhode Island Medicaid spending is expected to be \$30 million more than initial projections this fiscal year because of problems with the state's new computer eligibility verification system. The system, known as the Unified Health Infrastructure Project, was supposed to save the state \$80 million in fiscal year 2016-17; however, technical problems resulted in thousands of ineligible recipients receiving Medicaid benefits. [Read More](#)

## *National*

**States Look to Reinsurance Programs to Stabilize Exchanges, Premiums.** *Kaiser Health News* reported on April 25, 2017, that the Trump administration and a number of states are working to establish reinsurance programs and policies to help protect insurers from high-cost Exchange members. Under a reinsurance program, the federal and/or state government pays insurance claims above a certain threshold, limiting the amount of financial risk plans are exposed to and incentivizing insurers to set lower premiums. The federal Affordable Care Act (ACA) reinsurance program ended this year. On March 13, 2017, Health and Human Services (HHS) Secretary Tom Price sent a letter to Governors asking for reinsurance proposals and strategies to help cover the costs of consumers with expensive medical needs, which states can pursue through Section 1332 State Innovation Waivers. Alaska, Minnesota, and Idaho have already implemented reinsurance programs following double-digit increases in Exchange premiums, and both Oklahoma and Maine are considering reinsurance programs as well. [Read More](#)

**White House Pressures House GOP Leaders to Vote on ACA Repeal; Bill Not Yet Ready.** *Politico* reported on April 20, 2017, that the Trump administration is pressuring House GOP leaders to vote on Affordable Care Act repeal and replace legislation next week, before the end of the President's first 100 days in office. However, lawmakers are saying the legislation is not yet complete, and others doubt there is enough time to pass a bill so quickly. The latest repeal and replace proposals would allow states to opt out of community rating and minimum benefit requirements on the Exchanges. [Read More](#)

**Home Care Worker Shortage a Concern for Aging Population.** *Kaiser Health News* reported on April 26, 2017, that a shortage of home health aides and nursing assistants is raising concerns about maintaining care for older adults and individuals with disabilities. Low wages and shrinking pool of workers willing to take on the job is driving the shortage. The U.S. Bureau of Labor Statistics estimates that there will be a need for an additional 1.1 million home health aide and personal care workers by 2024. [Read More](#)

**Rural Areas to Be Hit Hard if Exchange Marketplaces Are Not Stabilized, Advocates Warn.** *The Hill* reported on April 19, 2017, that health care advocates are warning that rural areas will be hit hard if the Trump administration and Congress do not stabilize the Affordable Care Act (ACA) Exchanges. Rural areas already have fewer options than urban areas. In 2017, for example, about 41 percent of rural areas only had one insurer. If insurers continue to exit, some areas may have no carriers, leaving hospitals to care for a higher uninsured population. U.S. Senators Lamar Alexander (R-TN) and Bob Corker (R-TN) will introduce the Health Care Options Act of 2017 to provide subsidies to individuals even if there is no insurer in their marketplace. Meanwhile, the White House is unclear whether it will continue to support cost-sharing subsidies for insurers. [Read More](#)

**Insurers Express Concerns to CMS Over Potential Loss of Cost-Sharing Subsidies.** *The Washington Examiner* reported on April 18, 2017, that insurers voiced concerns about the potential loss of cost-sharing reduction subsidies during a recent meeting with Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS). Insurers at the meeting included Molina Healthcare, Geisinger Health Plan, the Blue Cross Blue Shield Association, and Oscar Health Insurance. Insurers have been pressing CMS to continue to distribute the subsidies, expected to total \$7 billion in 2017, which help reduce out-of-pocket costs for low-income beneficiaries. The meeting comes as insurers prepare to submit Exchange plan pricing for the 2018 plan year. [Read More](#)

**Medicaid Innovation Accelerator Program National Webinar Scheduled for May 2.** As part of CMS's Medicaid Innovation Accelerator Program (IAP) Reducing Substance Use Disorder (SUD) program area, we are sharing what we have learned from working with states on SUD delivery system reform through our national learning webinars. We invite you to join our next national learning webinar on Tuesday, May 2, 2017, from 3:30 – 5:00 PM EST. In the webinar entitled "*Assessing SUD Provider and Service Capacity*," featured states and federal partners will discuss strategies and methods to assess and monitor their provider and service treatment capacity for substance use disorder services, in particular, services designed to address opioid use disorders. The strategies discussed on the webinar will be applicable to a wide variety of states interested in learning different approaches to conducting service capacity assessments as part of SUD provider network development planning efforts. On this webinar, participants will learn about approaches for identifying and addressing provider network and service gaps from a representative from the Substance Abuse and Mental Health Service Administration (SAMHSA). In addition, the webinar will feature two state speakers, one from Michigan Medicaid who will discuss the different data sets that the state has pulled together to develop a comprehensive picture of their SUD system; and speakers from Virginia Medicaid who will discuss how the state has assessed and developed its SUD provider network. *HMA is one of several organizations working as a subcontractor under a CMCS contract with Truven Health Analytics, an IBM company, to provide support to CMCS on the Medicaid Innovation Accelerator Program (IAP). HMA is providing CMCS with subject matter expert assistance for the Reducing Substance Use Disorder (SUD) and Beneficiaries with Complex Needs and High Costs (BCN) tracks through webinars, coaching assistance to participating states, resource papers and bi-weekly program updates.* [Webinar Registration Link](#)



## INDUSTRY NEWS

**Centene Reaffirms Commitment to ACA Exchanges for 2018.** *ABC News* reported on April 25, 2017, that Centene has reaffirmed its commitment to the Affordable Care Act (ACA) exchanges for 2018. Centene's Exchange enrollment is up 74 percent to nearly 1.2 million since last year. Centene did not break out financial results from its Exchange business. However, overall profits in the first quarter of 2017 surpassed analysts' expectations. Many major insurers are still weighing decisions on 2018 Exchange participation. [Read More](#)

**Partners HealthCare Signs Letter of Intent to Acquire Care New England Health System.** *Modern Healthcare* reported on April 19, 2017, that Massachusetts-based Partners HealthCare has signed a letter of intent to acquire Rhode Island-based Care New England Health System. Care New England chose to merge with Partners after reviewing over 12 other health care organizations. A prior deal to merge with Massachusetts-based Southcoast Health System fell through. A merger would require state and federal approval. [Read More](#)

**HCA to Acquire Memorial Health in Georgia.** *Georgia Health News* reported on April 20, 2017, that hospital company HCA has signed a letter of intent to acquire the assets of Georgia-based Memorial Health and the Chatham County Hospital Authority for \$710 million. The main asset is Memorial University Medical Center, a 604-bed safety-net hospital in Savannah, Georgia that has been struggling financially. The deal is expected to close by the end of the year. [Read More](#)

**Express Scripts to Lose Anthem Contract in 2019 After Year-Long Dispute.** *Modern Healthcare* reported on April 24, 2017, that Anthem Inc. will not renew its contract with pharmacy benefit manager Express Scripts at the end of 2019. The announcement marks the end of a year-long dispute over pass-through savings from negotiated drug prices. Anthem filed a lawsuit against Express Scripts in March 2016 for \$15 billion. Anthem's contract currently accounts for approximately 18 percent of Express Scripts' annual revenues, making it the company's largest client. [Read More](#)

## RFP CALENDAR

Date	State/Program	Event	Beneficiaries
April 28, 2017	Alaska Coordinated Care Demonstration	Proposals Due	TBD
Spring 2017	Virginia Medallion 4.0	RFP Release	700,000
May 1, 2017	Missouri (Statewide)	Implementation	700,000
May 15, 2017	Illinois	Proposals Due	2,700,000
May 22, 2017	Washington (FIMC - North Central RSA)	Contract Awards	66,000
June 12, 2017	MississippiCAN	Contract Awards	500,000
June 30, 2017	Illinois	Contract Awards	2,700,000
July 1, 2017	Wisconsin Family Care (GSR 1, 4, 5, 6)	Implementation	14,000
July 1, 2017	Nevada	Implementation	420,000
July 1, 2017	Georgia	Implementation	1,300,000
July 17, 2017	Texas CHIP (Rural, Hidalgo Service Areas)	Proposals Due	85,000
July, 2017	Ohio MLTSS	RFA Release	130,000
August 1, 2017	Virginia MLTSS	Implementation - Tidewater	20,000
August, 2017	Alabama ICN (MLTSS)	RFP Release	25,000
September 1, 2017	Virginia MLTSS	Implementation - Central	23,000
Summer 2017	Florida	RFP Release	3,100,000
Summer 2017	Massachusetts One Care (Duals Demo)	Procurement Release	TBD
October 1, 2017	Arizona ALTCS (E/DP)	Implementation	30,000
October 1, 2017	Virginia MLTSS	Implementation - Charlottesville/Western	17,000
October 1, 2017	Texas CHIP (Rural, Hidalgo Service Areas)	Contract Awards	85,000
October, 2017	Alabama ICN (MLTSS)	Proposals Due	25,000
October, 2017	Ohio MLTSS	Contract Awards	130,000
November 1, 2017	Virginia MLTSS	Implementation - Roanoke/Alleghany, Southwest	23,000
November 2, 2017	Arizona Acute Care/CRS	RFP Release	1,600,000
Fall 2017	Virginia Medallion 4.0	Contract Awards	700,000
December 1, 2017	Virginia MLTSS	Implementation - Northern/Winchester	26,000
December 18, 2017	Massachusetts	Implementation	850,000
January 1, 2018	Illinois	Implementation	2,700,000
January 1, 2018	Pennsylvania HealthChoices	Implementation (SW, NW Zones)	640,000
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SW Zone)	100,000
January 1, 2018	Alaska Coordinated Care Demonstration	Implementation	TBD
January 1, 2018	Washington (FIMC - North Central RSA)	Contract Awards	66,000
January 1, 2018	Virginia MLTSS	Implementation - CCC Demo, ABD in Medallion 3.0	105,000
January 25, 2018	Arizona Acute Care/CRS	Proposals Due	1,600,000
Winter 2018	Massachusetts One Care (Duals Demo)	Contract Awards	TBD
March, 2018	North Carolina	RFP Release	1,500,000
March 1, 2018	Pennsylvania HealthChoices	Implementation (NE Zone)	315,000
March 8, 2018	Arizona Acute Care/CRS	Contract Awards	1,600,000
April, 2018	Oklahoma ABD	Implementation	155,000
June, 2018	North Carolina	Proposals Due	1,500,000
July 1, 2018	Pennsylvania HealthChoices	Implementation (SE Zone)	830,000
July 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Zone)	145,000
July 1, 2018	MississippiCAN	Implementation	500,000
July, 2018	Alabama ICN (MLTSS)	Implementation	25,000
July, 2018	Ohio MLTSS	Implementation	130,000
August 1, 2018	Virginia Medallion 4.0	Implementation	700,000
September 1, 2018	Texas CHIP (Rural, Hidalgo Service Areas)	Implementation	85,000
September, 2018	North Carolina	Contract awards	1,500,000
October 1, 2018	Arizona Acute Care/CRS	Implementation	1,600,000
January 1, 2019	Pennsylvania HealthChoices	Implementation (Lehigh/Capital Zone)	490,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2019	Texas STAR+PLUS Statewide	Implementation	530,000
January, 2019	Massachusetts One Care (Duals Demo)	Implementation	TBD
July 1, 2019	North Carolina	Implementation	1,500,000
January 1, 2020	Texas STAR, CHIP Statewide	Implementation	3,400,000

## DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION IMPLEMENTATION STATUS

Below is a summary table of state dual eligible financial alignment demonstration status.

State	Model	Opt-in Enrollment Date	Passive Enrollment Date	Duals Eligible For Demo	Demo Enrollment (Jan. 2017)	Percent of Eligible Enrolled	Health Plans
California	Capitated	4/1/2014	5/1/2014 7/1/2014 1/1/2015	350,000	114,804	32.8%	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	45,469	33.4%	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	16,039	16.5%	Commonwealth Care Alliance; Network Health
Michigan	Capitated	3/1/2015	5/1/2015	100,000	36,752	36.8%	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	4,827	3.9%	There are 15 FIDA plans currenting serving the demonstration. A full list is available on the MRT FIDA website.
New York - IDD	Capitated	4/1/2016	None	20,000	448	2.2%	Partners Health Plan
Ohio	Capitated	5/1/2014	1/1/2015	114,000	69,634	61.1%	Aetna; CareSource; Centene; Molina; UnitedHealth
Rhode Island	Capitated	7/1/2016	10/1/2016	25,400	9,934	39.1%	Neighborhood Health Plan of RI
South Carolina	Capitated	2/1/2015	4/1/2016	53,600	8,981	16.8%	Absolute Total Care (Centene); Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)
Texas	Capitated	3/1/2015	4/1/2015	168,000	50,924	30.3%	Anthem (Amerigroup); Cigna-HealthSpring; Molina; Superior (Centene); United
Virginia	Capitated	3/1/2014	5/1/2014	66,200	28,835	43.6%	Humana; Anthem (HealthKeepers); VA Premier Health
<b>Total Capitated</b>	<b>10 States</b>			<b>1,254,200</b>	<b>386,647</b>	<b>30.8%</b>	

\* New York's Duals Demonstration program, FIDA, has been extended through December 2019. FIDA will be expanding into Region 2, which includes Suffolk and Westchester Counties, effective March 1, 2017. FIDA began in NYC and Nassau Counties in 2014, but expansion into Region 2 was delayed. Currently one plan has been approved to offer FIDA in Region 2; other plans will be added as they complete readiness review. Enrollment in FIDA in Region 2 will be voluntary; no passive enrollment.

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



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## HMA NEWS

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### **HMAIS Business Partners Showcase Now Available to a Broader Audience on the HMAIS Website**

HMA Information Services (HMAIS) launched its Business Partners Showcase earlier this year, a special program allowing companies to post product literature, press releases, company brochures, white papers, sales contacts, and other promotional materials on the HMAIS website.

HMAIS has more than 1,500 readers, including every national Medicaid managed care organization and many local and regional plans. Organizations that subscribe to HMAIS can promote their products and services to Medicaid plans at no extra charge.

We're happy to announce that we have broadened the reach of the Business Partners Showcase by making it available on the public HMAIS website, in addition to the subscription-only site.

<https://hmais.healthmanagement.com/business-partners/>

Here's how it works.

1. The Business Partner Showcase puts your literature right in front of top managed care executives and key decision makers who rely on HMAIS content for strategic planning, competitive assessment, operations, and development. Your company gets a dedicated page in the HMAIS Business Partner Showcase, where you can include all your relevant literature. All you need to do is provide us with the materials, and we'll load them onto the site.
2. Another 25,000 key industry contacts read HMA's free Weekly Roundup of Medicaid news and information. Any time you have an announcement, we'll include a headline and link to your press release in the Industry News section of the Weekly Roundup. This highly respected and well-read publication will enhance awareness of your products and services.
3. Finally, you get unlimited access to the HMAIS Medicaid database for every current employee of your organization. HMAIS is a widely used repository of information about each state's Medicaid program, including Medicaid managed care enrollment, financials, utilization, procurements, and a Public Documents Library of Medicaid RFPs, responses, model contracts, scoring sheets, and more.

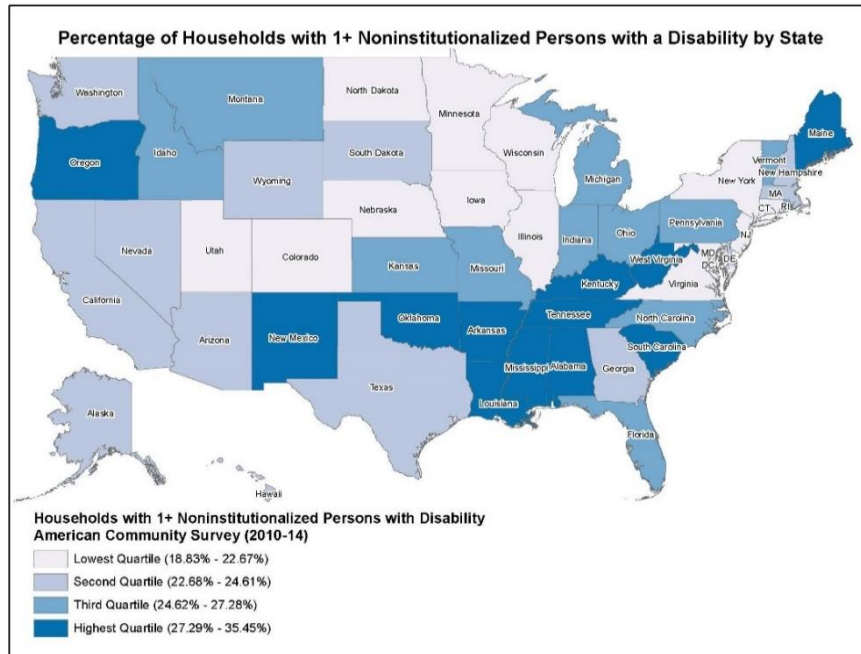
For additional information and to see a demonstration of HMAIS, contact Carl Mercurio at (646) 590-0236 or [cmercurio@healthmanagement.com](mailto:cmercurio@healthmanagement.com).

*Note: Certain restrictions apply. Neither HMAIS nor any of its affiliated companies (including HMA) endorse or recommend any commercial products, processes or services. Therefore, any mention of products, processes or services in the Service or on any HMAIS or HMA-related website is not an endorsement or recommendation. Further, neither HMAIS nor any of its affiliated companies (including HMA) control or guarantee the currency, accuracy, relevance or completeness of information found on linked external websites.*



**HMA Weekly Informatics Series: Percentage of Households with One or More Noninstitutionalized Persons with a Disability**

Over the next few weeks, the HMA Weekly Roundup and HMA Information Services (HMAIS) will showcase a series of maps and other key informatics. . Our third map in the series highlights data on **the percentage of households with one or more noninstitutionalized persons with a disability by state**. There is a growing body of evidence showing that individuals with disabilities experience health disparities in clinical preventive services.



What does your service area look like? HMA can drill down to county, zip code, or census tract - adding to the depth and breadth of knowledge around the health indicators affecting your community. For more information, contact **Anissa Lambertino** at [alambertino@healthmanagement.com](mailto:alambertino@healthmanagement.com) or (312)641-5007.

**SAHF Reports on Lessons Learned in the Pursuit of Joint Initiatives between Affordable Housing Providers and Medicaid Managed Care Programs**

On April 25, 2017, Stewards of Affordable Housing for the Future (SAHF), in partnership with Health Management Associates (HMA), and with support from the Kresge Foundation, released its report, *The Path to Partnership: Lessons Learned in the Pursuit of Joint Initiatives between Affordable Housing Providers and Medicaid Managed Care Programs*. Beginning in 2014, SAHF engaged its experienced nonprofit housing provider members in efforts to foster collaborative relationships with Medicaid payers to implement joint initiatives that would demonstrate and assess the contributions of service-enriched housing to the healthcare system. SAHF members who participated in this matchmaking activity included Mercy Housing, Volunteers of America (VOA) and National Church Residences. HMA conducted market scans, identified potential partners and facilitated in early planning, which resulted in joint initiatives in Atlanta, Georgia; Denver, Colorado; and Pittsburgh, Pennsylvania. The report identifies lessons learned from the efforts to date. [Link to SAHF Report](#)

*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 Albany, New York; 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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*Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.*