HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

July 12, 2017

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- UNITEDHEALTH GROUP, VISTA EQUITY PARTNERS PLAN TO ACQUIRE ADVISORY BOARD COMPANY
- LOGISTICARE NAMES NEW CEO
- CERNER CORP. CHAIRMAN, CEO PATTERSON PASSES AWAY
- EARLY BIRD REGISTRATION DISCOUNT EXPIRES JULY 15 FOR HMA CONFERENCE ON FUTURE OF MEDICAID; MORE THAN 200 ALREADY REGISTERED TO ATTEND

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IN FOCUS

QUARTERLY MEDICAID MANAGED CARE ENROLLMENT UPDATE – Q2 2017

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated, risk-based managed care in 27 states.[1] 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 27 states have released monthly Medicaid managed care enrollment data through the second quarter (Q2) of 2017. This report reflects the most recent data posted.

Seventeen of the 27 states in Table 1 (below) – Arizona, California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, 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 27 states in this report account for an estimated 49.4 million Medicaid managed care enrollees as of the end of Q2 2017. Based on HMA estimates of MCO enrollment in states not covered in this report, we believe that, nationwide, Medicaid MCO enrollment is nearing 55 million midway through 2017. As such, the enrollment data across these 27 states represents more than 90 percent of all Medicaid MCO enrollment.
    - States with managed care that do not publish monthly enrollment reports are Delaware, District of Columbia, Kansas, Massachusetts, New Hampshire, New Jersey, Nevada, Rhode Island, Utah and Virginia.
- Across the 27 states tracked in this report, Medicaid managed care enrollment is up 3.3 percent year-over-year as of June 2017, adding nearly 1.6 million net new enrollees since June 2016.
- The 18 expansion states listed above have seen net Medicaid managed care enrollment increase by 1.2 million members, or 3.4 percent, in the past year, to 36.3 million members at the end of Q2 2017.
- The nine states that have not yet expanded Medicaid have seen net Medicaid managed care enrollment increase by roughly 380,000 members, or 3 percent, to just over 13 million members at the end of Q2 2017.

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

Table 1 - Monthly MCO Enrollment by State – January 2017 through June 2017

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Arizona	**1,615,089**	**1,617,588**	**1,617,167**	**1,616,920**	**1,622,091**	**1,620,491**
+/- m/m	98	2,499	(421)	(247)	5,171	(1,600)
% y/y	3.5%	4.4%	3.6%	4.0%	4.4%	3.8%
California	**10,746,701**	**10,804,390**	**10,841,508**	**10,844,812**	**10,854,028**	**10,833,973**
+/- m/m	20,234	57,689	37,118	3,304	9,216	(20,055)
% y/y	4.0%	3.6%	4.1%	3.7%	3.6%	2.5%
Florida	**3,409,312**	**3,403,637**	**3,400,808**	**3,380,733**	**3,388,679**	**3,370,302**
+/- m/m	16,653	(5,675)	(2,829)	(20,075)	7,946	(18,377)
% y/y	5.1%	2.8%	2.3%	1.9%	1.5%	0.5%
Georgia	**1,296,381**					**1,292,403**
+/- m/m	679	N/A	N/A	N/A	N/A	(3,978)
% y/y	-1.0%					-2.4%
Hawaii	**361,044**	**359,778**	**356,448**			
+/- m/m	4,599	358,674	(3,330)	N/A	N/A	N/A
% y/y	3.7%	3.2%	2.0%			
Illinois		**1,966,377**	**1,983,627**	**1,969,457**	**1,949,742**	
+/- m/m	N/A	(86,588)	17,250	(14,170)	(19,715)	N/A
% y/y		-4.8%	-3.5%	-4.0%	-5.8%	
Indiana	**1,124,963**		**1,145,173**	**1,138,131**		
+/- m/m	4,768	N/A	20,210	(7,042)	N/A	N/A
% y/y	5.8%		5.5%	4.6%		
Iowa	**618,392**	**617,745**	**617,103**	**614,927**	**613,525**	**611,588**
+/- m/m	12,684	(647)	(642)	(2,176)	(1,402)	(1,937)
% y/y	N/A	N/A	N/A	2.5%	1.5%	0.6%
Kentucky	**1,275,445**	**1,274,155**	**1,271,545**	**1,238,153**	**1,238,323**	**1,251,273**
+/- m/m	44,781	(1,290)	(2,610)	(33,392)	170	12,950
% y/y	5.4%	7.0%	6.1%	1.7%	2.6%	1.7%
Louisiana	**1,430,252**	**1,451,754**	**1,466,469**	**1,461,812**		
+/- m/m	17,068	21,502	14,715	(4,657)	N/A	N/A
% y/y	31.5%	33.3%	35.0%	35.3%		
Maryland	**1,140,931**	**1,149,980**	**1,165,175**	**1,170,055**	**1,165,439**	
+/- m/m	7,062	9,049	15,195	4,880	(4,616)	N/A
% y/y	12.5%	13.1%	11.8%	10.2%	8.1%	
Michigan	**1,794,404**	**1,799,306**	**1,814,658**	**1,845,179**	**1,846,561**	**1,843,559**
+/- m/m	16,690	4,902	15,352	30,521	1,382	(3,002)
% y/y	6.5%	6.6%	5.8%	7.3%	6.5%	5.7%
Minnesota	**878,263**	**895,355**	**906,540**	**923,468**	**910,690**	**921,373**
+/- m/m	(24,080)	17,092	11,185	16,928	(12,778)	10,683
% y/y	10.5%	12.6%	14.0%	16.2%	14.6%	15.9%
Mississippi	**491,073**	**489,593**	**488,853**	**489,302**		
+/- m/m	2,674	(1,480)	(740)	449	N/A	N/A
% y/y	-2.4%	-3.4%	-3.7%	-2.8%		
Missouri	**506,238**	**502,106**	**502,049**	**500,609**	**742,424**	
+/- m/m	(1,380)	(4,132)	(57)	(1,440)	241,815	N/A
% y/y	5.0%	3.3%	2.7%	1.8%	50.4%	
Nebraska	**225,746**	**226,286**	**226,314**	**226,835**	**226,690**	**227,847**
+/- m/m	N/A	540	28	521	(145)	1,157
% y/y	N/A	N/A	N/A	N/A	N/A	N/A
New Mexico	**694,013**	**697,689**	**700,810**	**698,723**	**695,889**	**692,787**
+/- m/m	3,968	3,676	3,121	(2,087)	(2,834)	(3,102)
% y/y	5.9%	5.4%	5.2%	4.9%	3.9%	3.0%
New York	**4,632,203**	**4,635,859**	**4,658,721**	**4,665,355**	**4,679,089**	**4,699,230**
+/- m/m	(4,481)	3,656	22,862	6,634	13,734	20,141
% y/y	-1.3%	-0.7%	0.2%	0.3%	0.0%	0.8%
Ohio	**2,498,780**	**2,518,144**	**2,526,742**	**2,541,714**	**2,353,267**	**2,554,558**
+/- m/m	20,082	19,364	8,598	14,972	(188,447)	201,291
% y/y	4.3%	3.6%	3.3%	3.9%	-4.8%	3.4%
Oregon	**846,720**	**846,758**	**865,701**	**881,286**	**895,687**	
+/- m/m	(15,320)	38	18,943	15,585	14,401	N/A
% y/y	-10.8%	-12.3%	-11.7%	-6.8%	-4.5%	
Pennsylvania	**2,273,484**	**2,287,369**	**2,297,906**		**2,296,670**	
+/- m/m	6,870	13,885	10,537	N/A	(1,236)	N/A
% y/y	5.7%	5.4%	4.8%		3.9%	

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
South Carolina	**762,418**	**767,421**	**770,035**	**777,374**	**774,266**	**775,542**
+/- m/m	(1,259)	5,003	2,614	7,339	(3,108)	1,276
% y/y	8.1%	7.3%	7.1%	6.3%	5.1%	3.8%
Tennessee	**1,542,563**	**1,514,370**	**1,480,077**	**1,461,966**	**1,454,231**	**1,412,063**
+/- m/m	(16,646)	(28,193)	(34,293)	(18,111)	(7,735)	(42,168)
% y/y	2.9%	0.0%	-3.0%	-4.7%	-5.8%	-8.9%
Texas		**3,940,351**				
+/- m/m	N/A	5,764	N/A	N/A	N/A	N/A
% y/y		2.6%				
Washington	**1,650,621**	**1,645,698**	**1,607,436**	**1,641,363**	**1,639,214**	**1,633,172**
+/- m/m	43,126	(4,923)	(38,262)	33,927	(2,149)	(6,042)
% y/y	12.8%	11.3%	6.5%	8.2%	4.8%	4.2%
West Virginia	**399,630**	**429,907**	**426,030**	**426,994**	**425,889**	**425,666**
+/- m/m	14,598	30,277	(3,877)	964	(1,105)	(223)
% y/y	7.6%	15.4%	13.6%	11.1%	10.4%	10.0%
Wisconsin	**787,096**	**793,055**	**798,959**	**799,068**	**797,109**	**796,716**
+/- m/m	(6,198)	5,959	5,904	109	(1,959)	(393)
% y/y	-0.3%	-0.3%	-1.0%	-0.3%	-0.8%	-0.7%

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 been stable in the first half of 2017, adding a net 5,500 members. At the end of Q2 2017, Arizona's MCO enrollment stands at more than 1.62 million, up 3.8 percent year-over-year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Acute Care	1,556,150	1,558,637	1,558,147	1,557,554	1,562,577	1,560,782
ALTCS	58,939	58,951	59,020	59,366	59,514	59,709
Total Arizona	**1,615,089**	**1,617,588**	**1,617,167**	**1,616,920**	**1,622,091**	**1,620,491**
+/- m/m	*98*	*2,499*	*(421)*	*(247)*	*5,171*	*(1,600)*
% y/y	*3.5%*	*4.4%*	*3.6%*	*4.0%*	*4.4%*	*3.8%*

California

Medicaid Expansion Status: Expanded January 1, 2014

Medi-Cal managed care enrollment data through June 2017 shows minimal growth, with membership up less than 110,000 over the last six months. As of June 2017, enrollment in managed care is approximately 10.83 million, a 2.5 percent increase over the previous year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Two-Plan Counties	6,885,583	6,938,389	6,968,032	6,980,683	6,986,698	6,980,600
Imperial/San Benito	83,852	84,213	84,271	84,557	84,710	84,539
Regional Model	302,243	303,482	304,455	303,860	303,233	302,438
GMC Counties	1,164,846	1,169,019	1,171,021	1,168,492	1,173,281	1,167,287
COHS Counties	2,195,373	2,193,510	2,198,116	2,191,229	2,189,735	2,181,807
Duals Demonstration	114,804	115,777	115,613	115,991	116,371	117,302
Total California	**10,746,701**	**10,804,390**	**10,841,508**	**10,844,812**	**10,854,028**	**10,833,973**
+/- m/m	*20,234*	*57,689*	*37,118*	*3,304*	*9,216*	*(20,055)*
% y/y	*4.0%*	*3.6%*	*4.1%*	*3.7%*	*3.6%*	*2.5%*

Florida

Medicaid Expansion Status: Not Expanded

Florida's statewide Medicaid managed care program has seen slight declines in total covered lives in the first half of the year, and now covers just 3.37 million beneficiaries as of June 2017, up just 0.5 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*).

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
MMA	3,092,585	3,085,322	3,071,659	3,049,477	3,055,670	3,035,430
LTC (Subset of MMA)	*94,524*	*94,844*	*94,803*	*95,428*	*95,491*	*96,785*
SMMC Specialty Plan	152,181	151,974	161,576	160,840	162,083	162,551
FL Healthy Kids	164,546	166,341	167,573	170,416	170,926	172,321
Total Florida	**3,409,312**	**3,403,637**	**3,400,808**	**3,380,733**	**3,388,679**	**3,370,302**
+/- m/m	*16,653*	*(5,675)*	*(2,829)*	*(20,075)*	*7,946*	*(18,377)*
% y/y	*5.1%*	*2.8%*	*2.3%*	*1.9%*	*1.5%*	*0.5%*

Georgia

Medicaid Expansion Status: Not Expanded

As of June 2017, Georgia's Medicaid managed care program enrolled just under 1.3 million members, down slightly from the previous reporting period and down 2.4 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Georgia	**1,296,381**					**1,292,403**
+/- m/m	*679*					*(3,978)*
% y/y	*-1.0%*					*-2.4%*

Hawaii

Medicaid Expansion Status: Expanded January 1, 2014

Through March 2017, enrollment in the Hawaii Medicaid managed care program stands at more than 356,000, up 2.0 percent from Q1 2016. Hawaii has not reported Q2 2017 enrollment figures at the time of publication.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Hawaii	**361,044**	**359,778**	**356,448**			
+/- m/m	*4,599*	*358,674*	*(3,330)*			
% y/y	*3.7%*	*3.2%*	*2.0%*			

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 May 2017, down 5.8 percent from the previous May. The state's managed care programs lost more than 100,000 net enrollees so far in the first half of 2017.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Family Health Program		1,777,029	1,791,810	1,776,850	1,757,943	
Integrated Care Program		114,176	114,735	114,619	113,983	
Duals Demonstration		47,492	49,435	50,147	49,393	
MLTSS		27,680	27,647	27,841	28,423	
Total Illinois		**1,966,377**	**1,983,627**	**1,969,457**	**1,949,742**	
+/- m/m		*(86,588)*	*17,250*	*(14,170)*	*(19,715)*	
% y/y		*-4.8%*	*-3.5%*	*-4.0%*	*-5.8%*	

Indiana

Medicaid Expansion Status: Expanded in 2015 through HIP 2.0

As of April 2017, enrollment in Indiana's managed care programs—Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Program (HIP)—is nearing 1.2 million, up 4.6 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Hoosier Healthwise	601,179		620,944	616,746		
Hoosier Care Connect	94,133		94,920	93,903		
HIP	429,651		429,309	427,482		
Indiana Total	**1,124,963**		**1,145,173**	**1,138,131**		
+/- m/m	*4,768*		*20,210*	*(7,042)*		
% y/y	*5.8%*		*5.5%*	*4.6%*		

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 611,000 as of June 2017. Despite some slight enrollment declines month-to-month in 2017, June 2017 enrollment is still up more than half a percent from June 2016..

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Traditional Medicaid	433,237	432,527	431,180	428,945	427,391	426,071
Iowa Wellness Plan	144,794	144,174	144,164	143,551	143,639	142,994
hawk-i	40,361	41,044	41,759	42,431	42,495	42,523
Total Iowa	**618,392**	**617,745**	**617,103**	**614,927**	**613,525**	**611,588**
+/- m/m	*12,684*	*(647)*	*(642)*	*(2,176)*	*(1,402)*	*(1,937)*
% y/y				*2.5%*	*1.5%*	*0.6%*

Kentucky

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, Kentucky enrolled more than 1.25 million beneficiaries in risk-based managed care. Total enrollment is up a little under 2 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Kentucky	**1,275,445**	**1,274,155**	**1,271,545**	**1,238,153**	**1,238,323**	**1,251,273**
+/- m/m	*44,781*	*(1,290)*	*(2,610)*	*(33,392)*	*170*	*12,950*
% y/y	*5.4%*	*7.0%*	*6.1%*	*1.7%*	*2.6%*	*1.7%*

Louisiana

Medicaid Expansion Status: Expanded July 1, 2016

Medicaid managed care enrollment in Bayou Health stands at more than 1.46 million as of April 2017, up 35.3 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.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Louisiana	**1,430,252**	**1,451,754**	**1,466,469**	**1,461,812**		
+/- m/m	*17,068*	*21,502*	*14,715*	*(4,657)*		
% y/y	*31.5%*	*33.3%*	*35.0%*	*35.3%*		

Maryland

Medicaid Expansion Status: Expanded January 1, 2014

Maryland's Medicaid managed care enrollment has shown relatively steady growth over the past year, with May 2017 enrollment coming in at more than 1.16 million, up 8.1 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Maryland	**1,140,931**	**1,149,980**	**1,165,175**	**1,170,055**	**1,165,439**	
+/- m/m	*7,062*	*9,049*	*15,195*	*4,880*	*(4,616)*	
% y/y	*12.5%*	*13.1%*	*11.8%*	*10.2%*	*8.1%*	

Michigan

Medicaid Expansion Status: Expanded April 1, 2014

Michigan's Medicaid managed care growth trend over the past year has generally continued into 2017. As of June 2017, managed care enrollment has surpassed 1.8 million, up 5.7 percent from the previous year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Medicaid	1,757,652	1,762,535	1,777,244	1,807,530	1,808,661	1,805,574
MI Health Link (Duals)	36,752	36,771	37,414	37,649	37,900	37,985
Total Michigan	**1,794,404**	**1,799,306**	**1,814,658**	**1,845,179**	**1,846,561**	**1,843,559**
+/- m/m	*16,690*	*4,902*	*15,352*	*30,521*	*1,382*	*(3,002)*
% y/y	*6.5%*	*6.6%*	*5.8%*	*7.3%*	*6.5%*	*5.7%*

Minnesota

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, enrollment across Minnesota's multiple managed Medicaid programs sits at more than 921,000, up 15.9 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Parents/Kids	551,327	551,921	550,720	558,992	547,947	552,241
Expansion Adults	161,668	165,614	169,525	173,987	173,316	176,399
Senior Care Plus	16,090	16,007	15,838	15,937	16,033	16,055
Senior Health Options	37,050	37,190	37,190	37,475	37,560	37,529
Special Needs BasicCare	50,342	50,471	50,478	51,012	51,304	51,200
Minnesota Care	61,786	74,152	82,789	86,065	84,530	87,949
Total Minnesota	**878,263**	**895,355**	**906,540**	**923,468**	**910,690**	**921,373**
+/- m/m	*(24,080)*	*17,092*	*11,185*	*16,928*	*(12,778)*	*10,683*
% y/y	*10.5%*	*12.6%*	*14.0%*	*16.2%*	*14.6%*	*15.9%*

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 18 months have reversed some of this growth. Medicaid managed care membership stands at just over 489,000 as of April 2017, down 2.8 percent from last year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Mississippi	**491,073**	**489,593**	**488,853**	**489,302**		
+/- m/m	*2,674*	*(1,480)*	*(740)*	*449*		
% y/y	*-2.4%*	*-3.4%*	*-3.7%*	*-2.8%*		

Missouri

Medicaid Expansion Status: Not Expanded

Missouri managed care enrollment in the Medicaid and CHIP programs sits at more than 742,000 as of May 2017. In the first month of the state's geographic managed care expansion, roughly 240,000 new members were added in the new region, bringing total enrollment up more than 50 percent from May 2016.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Medicaid	490,573	486,199	485,815	484,602	717,275	
Total CHIP	15,665	15,907	16,234	16,007	25,149	
Total Missouri	**506,238**	**502,106**	**502,049**	**500,609**	**742,424**	
+/- m/m	*(1,380)*	*(4,132)*	*(57)*	*(1,440)*	*241,815*	
% y/y	*5.0%*	*3.3%*	*2.7%*	*1.8%*	*50.4%*	

Nebraska

Medicaid Expansion Status: Not Expanded

This is our first quarterly report to include Nebraska, which began reporting monthly enrollment data with the launch of the Heritage Health Medicaid managed care program. As of June 2017, the program enrolled nearly 228,000 members.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Nebraska	**225,746**	**226,286**	**226,314**	**226,835**	**226,690**	**227,847**
+/- m/m		*540*	*28*	*521*	*(145)*	*1,157*

New Mexico

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, the New Mexico's Centennial Care program enrolls more than 692,000 members. Enrollment in the first six months of 2017 has been relatively stable, with total enrollment up 3 percent from June 2016.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total New Mexico	**694,013**	**697,689**	**700,810**	**698,723**	**695,889**	**692,787**
+/- m/m	*3,968*	*3,676*	*3,121*	*(2,087)*	*(2,834)*	*(3,102)*
% y/y	*5.9%*	*5.4%*	*5.2%*	*4.9%*	*3.9%*	*3.0%*

New York

Medicaid Expansion Status: Expanded January 1, 2014

New York's Medicaid managed care programs collectively enrolled just under 4.7 million beneficiaries as of June 2017, roughly flat from the previous year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Mainstream MCOs	4,355,428	4,352,628	4,375,639	4,379,280	4,385,880	4,401,670
Managed LTC	178,260	179,849	181,237	183,589	185,477	187,564
Medicaid Advantage	8,392	8,269	8,266	8,160	8,058	8,024
Medicaid Advantage Plus	6,637	6,775	6,942	7,167	7,468	7,793
HARP	78,211	83,142	81,472	82,020	87,051	88,946
FIDA/FIDA-IDD (Duals)	5,275	5,196	5,165	5,139	5,155	5,233
Total New York	**4,632,203**	**4,635,859**	**4,658,721**	**4,665,355**	**4,679,089**	**4,699,230**
+/- m/m	*(4,481)*	*3,656*	*22,862*	*6,634*	*13,734*	*20,141*
% y/y	*-1.3%*	*-0.7%*	*0.2%*	*0.3%*	*0.0%*	*0.8%*

Ohio

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, enrollment across all four Ohio Medicaid managed care programs has surpassed 2.55 million, up 3.4 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
CFC Program	1,636,609	1,647,154	1,647,249	1,651,121	1,519,968	1,628,892
ABD Program	129,044	131,862	137,418	143,279	138,642	188,544
Group 8 (Expansion)	631,204	634,256	636,097	640,355	592,036	628,681
MyCare Ohio (Duals)	101,923	104,872	105,978	106,959	102,621	108,441
Total Ohio	**2,498,780**	**2,518,144**	**2,526,742**	**2,541,714**	**2,353,267**	**2,554,558**
+/- m/m	*20,082*	*19,364*	*8,598*	*14,972*	*(188,447)*	*201,291*
% y/y	*4.3%*	*3.6%*	*3.3%*	*3.9%*	*-4.8%*	*3.4%*

Oregon

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, enrollment in the Oregon Coordinated Care Organization (CCO) Medicaid managed care program sits at just under 896,000, down 4.5 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Oregon (CCO)	**846,720**	**846,758**	**865,701**	**881,286**	**895,687**	
+/- m/m	*(15,320)*	*38*	*18,943*	*15,585*	*14,401*	
% y/y	*-10.8%*	*-12.3%*	*-11.7%*	*-6.8%*	*-4.5%*	

Pennsylvania

Medicaid Expansion Status: Expanded as of 2015

As of May 2017, Pennsylvania's Medicaid managed care enrollment sits at nearly 2.3 million, up 3.9 percent in the past year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Pennsylvania	**2,273,484**	**2,287,369**	**2,297,906**		**2,296,670**	
+/- m/m	*6,870*	*13,885*	*10,537*		*(1,236)*	
% y/y	*5.7%*	*5.4%*	*4.8%*		*3.9%*	

South Carolina

Medicaid Expansion Status: Not Expanded

South Carolina's Medicaid managed care programs collectively enroll 775,000 members, which represents 3.8 percent growth in the past year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Medicaid	753,437	758,727	761,539	769,113	766,179	767,627
Total Duals Demo	8,981	8,694	8,496	8,261	8,087	7,915
Total South Carolina	**762,418**	**767,421**	**770,035**	**777,374**	**774,266**	**775,542**
+/- m/m	*(1,259)*	*5,003*	*2,614*	*7,339*	*(3,108)*	*1,276*
% y/y	*8.1%*	*7.3%*	*7.1%*	*6.3%*	*5.1%*	*3.8%*

Tennessee

Medicaid Expansion Status: Not Expanded

As of June 2017, TennCare managed care enrollment totaled 1.4 million, down nearly 9 percent from the prior year. Enrollment has declined in each of the past six months, losing nearly 150,000 net members in the first half of the year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Tennessee	**1,542,563**	**1,514,370**	**1,480,077**	**1,461,966**	**1,454,231**	**1,412,063**
+/- m/m	*(16,646)*	*(28,193)*	*(34,293)*	*(18,111)*	*(7,735)*	*(42,168)*
% y/y	*2.9%*	*0.0%*	*-3.0%*	*-4.7%*	*-5.8%*	*-8.9%*

Texas

Medicaid Expansion Status: Not Expanded

Enrollment reporting out of Texas has been limited in the past nine months. As of February 2017, Texas managed care enrollment stands at more than 3.94 million across the state's six managed care programs, having launched STAR KIDS in the second half of 2016. Enrollment is up 2.6 percent from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
STAR		2,917,094				
STAR+PLUS		519,105				
STAR HEALTH		31,931				
Duals Demo		46,785				
CHIP		425,436				
STAR KIDS		163,506				
Total Texas		**3,940,351**				
+/- m/m		*5,764*				
% y/y		*2.6%*				

Washington

Medicaid Expansion Status: Expanded January 1, 2014

Washington's Medicaid managed care enrollment as of June 2017 stands a little over 1.63 million. This represents a 4.2 percent increase from the prior year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Washington	**1,650,621**	**1,645,698**	**1,607,436**	**1,641,363**	**1,639,214**	**1,633,172**
+/- m/m	*43,126*	*(4,923)*	*(38,262)*	*33,927*	*(2,149)*	*(6,042)*
% y/y	*12.8%*	*11.3%*	*6.5%*	*8.2%*	*4.8%*	*4.2%*

West Virginia

Medicaid Expansion Status: Expanded January 1, 2014

As of June 2017, West Virginia's managed care program enrolls roughly 425,000 members, up roughly 10 percent year-over-year.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total West Virginia	**399,630**	**429,907**	**426,030**	**426,994**	**425,889**	**425,666**
+/- m/m	*14,598*	*30,277*	*(3,877)*	*964*	*(1,105)*	*(223)*
% y/y	*7.6%*	*15.4%*	*13.6%*	*11.1%*	*10.4%*	*10.0%*

Wisconsin

Medicaid Expansion Status: Not Expanded

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

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
BadgerCare+	702,302	708,092	713,769	713,425	711,224	710,792
SSI	36,303	36,421	36,349	36,338	36,421	36,367
LTC	48,491	48,542	48,841	49,305	49,464	49,557
Total Wisconsin	**787,096**	**793,055**	**798,959**	**799,068**	**797,109**	**796,716**
+/- m/m	*(6,198)*	*5,959*	*5,904*	*109*	*(1,959)*	*(393)*
% y/y	*-0.3%*	*-0.3%*	*-1.0%*	*-0.3%*	*-0.8%*	*-0.7%*

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@healthmanagaement.com.

HMA Medicaid Roundup

Alaska

CMS Approves 1332 Waiver for Reinsurance Program. The Centers for Medicare & Medicaid Services (CMS) approved on July 7, 2017, Alaska's 1332 State Innovation Waiver to fund a state-run reinsurance to stabilize the Exchange market, effective January 1, 2018 through December 31, 2022. The waiver requested to redirect $51.6 million in federal funding for premium subsidies toward the state's reinsurance program in an effort to prevent insurers from passing costs to consumers through higher premiums. Alaska's Exchange currently has only one carrier and has seen premiums rise by 203 percent. Read More

California

HMA Roundup – Julia Elitzer (Email Julia)

L.A. Care Health Plan Tests Program to Help Physicians Treat Patients with Mental Illness. *California Healthfax* reported on July 10, 2017, that L.A. Care Health Plan is rolling out a program that connects physicians with specialists online to treat patients with mental illness. The pilot program allows primary care physicians to manage behavioral health issues for some patients using online consults with mental health specialists. The L.A. Care Management program was launched in 2016 and includes 115 primary care providers who provide care for L.A. Care Health Plan members. The program allows primary care physicians to conduct consults with mental health specialists at the Los Angeles County Department of Mental Health (LADMH) to help treat patients with mild-to-moderate mental health issues instead of referring them to psychiatrists. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

SEAS Contract to be Awarded to The North Highland Company. Florida's Agency for Health Care Administration (AHCA) on July 10, 2017, recommended The North Highland Company, LLC be awarded the Strategic Enterprise Advisory Services (SEAS) contract, effective July 2017 through June 2022. The SEAS vendor will provide the expertise needed to develop the technical standards and propose solutions for the Florida Medicaid Enterprise System (MES) in accordance with Centers for Medicare & Medicaid Services conditions and standards, including MITA 3.0, and provide strategic, programmatic, and technical advisory services for AHCA. The SEAS vendor is

precluded from competing for a contract award for the upcoming Independent Verification & Validation (IV&V) services; Florida MES Systems Integrator (SI) services; the FMMIS module procurements; the MITA business-aligned module procurements; and any other Florida related MES procurements. Read More

Georgia

Georgia Would See Increased Funding Under Senate Health Bill. *Georgia Health News* reported on July 10, 2017, the Senate Better Care Reconciliation Act (BCRA) could increase funding for older adults and individuals with disabilities in Georgia. Under the proposed per capita structure in the BCRA bill, there is an adjustment formula that would increase Medicaid funding for states, including Georgia, that spend less than the national average on a per capita basis for select populations. Read More

Illinois

House Overrides Budget Veto After Two-Year Stalemate. *The New York Times* reported on July 6, 2017, that the Illinois House voted to override Governor Bruce Rauner's budget veto, ending a two-year impasse that had impacted the state's ability to pay Medicaid claims in a timely manner. Read More

State Ordered to Start Paying Down Medicaid Claims Backlog. *Modern Healthcare* reported on June 30, 2017, that a U.S. District Judge in Illinois has ordered the state to start paying down a $3 billion Medicaid provider claims backlog. The state is required to pay $2 billion over the next fiscal year and to promptly pay new Medicaid bills. The state is entering its third year without a budget. Read More

Medicaid MCO Threatens to Pull Out of Illinois. *Chicago Tribune* reported on July 6, 2017, that Aetna threatened to withdraw from the Illinois Medicaid managed care program if the state does not pay money that is owed. In a court filing, Aetna said that state owes it $698 million. The insurer said it will file a notice of intent to terminate its contracts with the state on or before December 31 if it is not repaid. Illinois currently owes $3 billion to health care providers. In June, a federal judge ordered the state to start paying $293 million toward Medicaid bills each month and another $1 billion over the next year. Read More

Iowa

Medicaid MCOs Seek Higher Fiscal 2018 Reimbursements. *The Des Moines Register* reported on July 3, 2017, that Iowa's three Medicaid managed care plans are seeking millions of dollars in higher reimbursements for fiscal 2018 to help offset heavy losses. Currently, each company receives $70 million to $150 million in monthly state and federal payments. The state is considering alternatives to increasing payments, including a potentially expanded risk corridor program. Read More

Kentucky

Governor Proposes Eliminating Phase-in Period for Medicaid Work Requirements. *The Hill* reported on July 5, 2017, that Kentucky Governor Matt Bevin has submitted a plan to immediately impose a 20-hour per week work requirement on Medicaid beneficiaries, rather than phasing in the requirement over time. The plan, which was submitted to the Centers for Medicare and Medicaid Services, amends the state's pending Helping to Engage and Achieve Long Term Health (HEALTH) 1115 waiver. The requirement would apply to able-bodied adults on Medicaid as soon as the waiver is approved. The original proposal called for five hours initially, then ramping up to 20 over a year. The Trump administration is expected to approve the waiver. Read More

Massachusetts

Governor Baker Proposes Numerous Changes to MassHealth. *The Boston Globe* reported on June 30, 2017, that Massachusetts Governor Charlie Baker is proposing several changes to the state's MassHealth Medicaid program, including moving about 140,000 adults to subsidized Exchange plans with less generous coverage and higher out-of-pocket costs. Baker also proposed eliminating eligibility for non-disabled adults in two-person households with annual incomes of $16,240 to $21,600. Other proposals include a fee on employers to help pay state health care costs, limits on prescription drug choices, and new requirements for tiered insurance plans. A joint conference committee is still hearing from advocates and legislators regarding the proposals. Read More

Montana

Insurers Warn ACA Repeal, Replacement Would Destabilize Market, Increase Costs. *Kaiser Health News* reported on July 10, 2017, that health insurers in Montana have warned against the current congressional effort to repeal and replace the Affordable Care Act (ACA). The state's insurers cautioned that cuts to Medicaid and other provisions in the House and Senate health bills would destabilize the current market and increase premiums. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Governor Issues Plan to Transfer the Division of Mental Health and Addiction Services to Department of Health. On July 11, 2017, *NJ Spotlight* reported that Reorganization Plan No. 001-2017 was filed with the state legislature that would transfer all mental health and addiction functions from the Department of Human Services (DHS) to the Department of Health (DOH). The Division of Developmental Disabilities will remain under DHS. The Plan states that the transfer is necessary "to improve health care, remove bureaucratic obstacles to the integration of physical and behavioral health care, and effectively address substance use disorder as the public health crisis that it is." It goes further into the rationale for the relocation citing numerous reports that maintain the benefits of taking preventive measures and treating the

"whole person" with a delivery system that supports it. The transfer would move the following functions to DOH: 1) clinical expertise in behavioral health, 2) inpatient programs (including State-run psychiatric hospitals), 3) the commitment of individuals to inpatient programs, and 4) community-based care and supportive housing programs. The Commissioners of Human Services and Health will be charged with jointly determining the appropriateness of the transfer of personnel, positions, records, funding or equipment. The transfer is scheduled to become effective 60 calendar days after the Plan's filing date of June 29, 2017, pending approval by the Assembly and Senate. Read more

Lawmakers Reach Agreement on Horizon Bill, Clearing Way for SFY18 Budget Approval. New Jersey passed a budget for state fiscal year 2018 behind schedule on July 3, 2017 following a contentious standoff between lawmakers and Governor Christie. A key obstacle was a bill, S-2, that would have given the state access to Horizon Blue Cross and Blue Shield's reserve funds, putting the insurer at risk for paying claims and other unmet liabilities. Face-to-face meetings with Horizon CEO Robert Marino, Senate president, Stephen Sweeney and Assembly speaker, Vincent Prieto on July 3rd resulted in compromises to the bill setting "a cap on Horizon's reserves at 725 percent Risk Based Capital (RBC), a metric used throughout the insurance industry," according to NJBIZ. Read more here and here.

Proposed budget bill would raise personal care services rates. On June 26, 2017 Sen. Sarlo and O-Toole introduced NJ S 18 to appropriate resources for the fiscal year 2017-18. If passed, the bill will appropriate an increase in the hourly rate for fee-for-service personal care services from $18.00 to $19.00.

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Legislative Session Summary. The New York Legislature completed its 2017 session in June. A total of 53 bills passed the Health Committee of both houses of the legislature. They will be sent to the governor over the next 6 months for signature or veto. Bills related to the budget include:

- *A7763/S5661* - Establishes the enhanced safety net hospital program to provide for the payment, solely by the state, of enhanced medical assistance payments to certain hospitals. The state budget for fiscal year 2017-18 includes appropriations for Enhanced Safety Net Hospitals and Critical Access Hospitals. These appropriations are intended to support the role these institutions play in stabilizing underserved communities. It is necessary to enact a statutory program with a payment rate adjustment in order to assure the financial viability of safety net providers. The definition of "enhanced safety net hospital" is based on ratios of patients served who are either enrolled in Medicaid or uninsured, as well as public hospitals, State University hospitals, and federally designated sole community and critical access hospitals.
- *A8338/S6559* - Expands payments for reserved bed days in residential health care facilities. This bill would undo a provision enacted in this year's budget, and restore the state's Medicaid reserve bed day reimbursement methodology that held a resident's nursing home bed,

for up to 14 days annually, during hospital stays. New York has had a long standing policy under which nursing homes with high occupancy rates are paid a reduced Medicaid rate to hold a resident's same bed if they end up having to be admitted to the hospital, ensuring that residents can return to the same facility, room and bed. Since April 1, 2017 when reserve bed day payments were to cease, there has been considerable confusion and disruption. This legislation restores the statute and reserve bed day payments as they existed prior to April 1, 2017 to ensure that nursing homes, nursing home residents and the hospitals and health care system are not adversely affected.

Bills limiting the reach of Medicaid managed care include:

- *A7581/S5774* - Excludes outpatient blood clotting factor products and other related services and treatments from managed care coverage for medical assistance recipients. Blood clotting factor products were carved into the Medicaid managed care benefit as of April 2017. The bill would reinstate the provision of blood clotting factor and related treatment and services furnished in connection with the care of hemophilia and other blood clotting disorders to Medicaid beneficiaries outside of Medicaid managed care. This bill has already been vetoed by the governor.
- *A7866/S6012* - Relates to school-based health centers. The bill would permanently carve-out School-Based Health Centers (SBHC) from the state's Medicaid Managed Care (MMC) program. Since 1985, SBHCs have been "carved-out" of the MMC program, being paid under fee-for-service. This bill, if signed by the Governor, would end plans to end the carve-out as of July 1, 2018. SBHCs will be required to negotiate the terms and conditions of payment by managed care plans.

Bills likely to be controversial:

- *A5036B/S4845B* - Relates to adoptee rights. This bill would allow an adopted person who is at least eighteen years of age to request from the court from which the order of adoption was made, or from the supreme court, a certified copy of his or her original birth certificate and/or a medical history form if available.
- *A5175A/S1241A* - Relates to notice of eligibility for medical assistance under the excess income program. This legislation would require the Department of Health to include information with the eligibility notice to individuals who qualify for the excess income program of the option to participate in a qualifying trust as a means of qualifying for medical assistance. This legislation's goal is to make more people aware of the trust option by requiring information regarding individual and pooled special needs trusts to be included in eligibility notices. A trust allows the individual to receive their public benefits while maintaining a supplemental fund to cover costs such as living expenses, attorney fees, additional non covered medical care, personal expenses etc.
- *A7277A/S1869A* - Authorizes nurse practitioners to execute orders not to resuscitate and orders relating to life sustaining treatments. This bill would add "attending nurse practitioner," to the list of health care providers who are authorized to execute an order not to resuscitate, as well as orders pertaining to life sustaining treatments.

- A8516/S6800 - Relates to accrual of causes of action for medical, dental and podiatric malpractice. The bill would amend the statute of limitations for medical, dental or podiatric malpractice to include a discovery of injury rule for failure to diagnose cancer or a malignant tumor, allowing the current two and half year statute of limitations to run from the date an injured patient discovers, or should have discovered, that their injury was caused by malpractice. Known as Lavern's Law, this bill would remove a loophole in current law, which allows a patient's rights to expire without the patient even knowing that she had any rights. The bill would not mandate that any claim be deemed meritorious - instead, the bill would merely prevent the state statute of limitations from being used as a shield from professionally negligent medical misconduct.

A complete list of bills passed by both health committees is available upon request. The full text of these bills can be found here. http://public.leginfo.state.ny.us/navigate.cgi

New York Releases Draft Application for Care Coordination Organizations for People with Intellectual/Developmental Disabilities. The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is working to expand the Health Home program to serve individuals with intellectual and/or developmental disabilities (I/DD). Initial enrollment of individuals with I/DD in Health Homes is anticipated to begin July 2018. Health Homes designated to serve individuals with I/DD will also be known as People First Care Coordination Organization Health Homes (CCO/HHs). The delivery of specialized Health Home services for the I/DD population will be the first phase and foundation for the transition to managed care serving the I/DD population. It is anticipated that CCO/HHs will expand and transition from the provision of Health Home care management to specialized Managed Care Organizations (I/DD MCOs) or enter agreements with existing I/DD or other MCOs to provide Health Home care management to the I/DD population. The state will be seeking Applications from qualified parties interested in becoming a designated Health Homes to serve individuals with I/DD. As a first step, the state has posted a draft of the Health Home Application to Serve Individuals with I/DD for stakeholder review and comment. Comments on the draft Application and Letters of Interest are due on or before August 4, 2017. Read More

Increases in Drug Costs for Medicaid Managed Care Plans. A recent report by the United Hospital Fund presents recent trends for spending on prescription drugs across Medicaid managed care plans (the report also examines the small group commercial market). The brief presents per member per month (PMPM) data over time. Among Medicaid Managed Care plans PMPM drug spending rose an average of 21 percent between 2013 and 2015. Although considerable variation was seen across plans, drug expenses trended upwards across the board. HealthNow BCBS, which operates in western and northeastern New York, reported the highest PMPM spending in 2015 ($135.84 PMPM) and Amerigroup, now known as Empire BlueCross BlueShield Health Plus, the lowest ($66.38 PMPM). Taken together, MMC plans reported an average $15.59 PMPM increase in 2015 compared to 2013, which translates to a roughly 21 percent average increase over 2013. In 2015, PMPM drug expenses

exceeded hospital inpatient PMPM spending for half of the plans surveyed. Read More

Stakeholder Meeting on the Future of Integrated Care for Dual Eligibles in New York. The Department of Health's Division of Long Term Care, together with the Centers for Medicare and Medicaid Services, is convening a stakeholder meeting on the future of integrated care in New York State. This will be the first of a series of sessions designed to facilitate conversations on what is envisioned for the State's integrated care programs, particularly the Fully Integrated Dual Advantage (FIDA) program after the demonstration expires in 2019. The meeting will take place Thursday, July 20th from 11:30am-2:00pm at 290 Broadway, 30th floor (rooms 1-2). For in-person attendance you must RSVP no later than July 17th to fida@health.ny.gov. Participation is also available via webcast here.

Growth in New York's Medicaid Managed Long-Term Care Program. The United Hospital Fund has released an issue brief that charts the growth in NY's managed long-term care plans, as well as a history of policy changes that led to that growth. During the 2017-18 budget deliberations, the state noted that unanticipated growth in MLTC enrollment was a key source of increased Medicaid spending, raising concerns about NY exceeding spending under its Global Medicaid Spending Cap. Read More

Managed Long Term Care Workforce Investment Program Draft Application Posted. The New York Department of Health has posted a draft of its Long Term Care Workforce Investment Organization Application for public comment. The Long Term Care Workforce Investment Program includes up to $245 million for initiatives to retrain, recruit and retain healthcare workers in the long–term care sector. The initiative targets direct care workers, with the goals of supporting the critical long term healthcare workforce infrastructure through retraining, redeployment, and enhancing skillsets. Through the Workforce Investment Program, the Department of Health (DOH) will require MLTC plans to contract with DOH–designated workforce training centers to:

- Invest in initiatives to attract, recruit and retain long term care workers in the areas they serve;
- Develop plans to address reductions in health disparities by focusing on the placement of long–term care workers in medically underserved communities;
- Consistently analyze the changing training and employment needs of the area that the program serves;
- Provide for broad participation and input from stakeholders; and
- Support the expansion of home care and respite care, enabling those in need of long–term care to remain in their homes and communities and reduce New York´s Medicaid costs associated with long–term care.

The draft application and further background about the Managed Long Term Care (MLTC) Workforce Investment Program can be found here.

Governor Cuomo Opposes Medicaid Funding Changes from Faso-Collins Amendment. *The New York Times* reported on July 3, 2017, that New York Governor Andrew Cuomo proposed a new property tax on counties to offset Medicaid funding losses proposed in federal health care reform legislation. The funding losses, which are specifically aimed at New York, are included in the

Faso-Collins Amendment, named for U.S. Representatives Christopher Collins (R-Lancaster) and John Faso (R-Kinderhook). The amendment would end a 13 percent tax on counties (excluding New York City) used to fund Medicaid. Read More

Ohio

HMA Roundup – Jim Downie (Email Jim)

House Overrides 11 Governor Kasich Vetoes, Not Medicaid Expansion Freeze. *The Columbus Dispatch* reported on July 6, 2017 that the Ohio House has voted to override 11 of Governor Kasich's 47 vetoes of provisions in House Bill 49, Ohio's biennial state operating budget. Not among the Medicaid initiative overrides was the proposed Medicaid Expansion Freeze. Some of the items upheld by the House include: legislative oversight of the addition of any new optional Medicaid eligibility groups, changes to the health insuring corporation franchise fee, Nursing Facility reimbursement changes, and a requirement the administration resubmit to CMS the Healthy Ohio Waiver request. Read More

Premier Health Plan to Exit Exchange Market in 2018. *The Cincinnati Enquirer* reported on June 30, 2017 that Dayton-based Premier Health Plan will leave the Ohio exchange as of January 1, 2018. Renee George, president of Premier Health Plan cited uncertainty surrounding the future of the Affordable Care Act as the reason for the decision. Read More

Oregon

Senate Advances Bill to Extend Medicaid to Children Brought into Country Illegally. *The Oregonian* reported on July 3, 2017, that the Oregon Senate advanced a bill that would extend Medicaid coverage to children brought into the country illegally. The state would begin covering approximately 15,000 additional children in January 2018 if the bill passes. Governor Kate Brown originally included the measure in her December budget proposal, and it has remained a top priority for Democrats in the state. The bill is now headed to the House for review. Read More

Oregon Sees 17 Percent Drop in Cardiac Arrests in Multnomah County After Medicaid Expansion. *Modern Healthcare* reported on June 30, 2017, that the number of cardiac arrests among newly insured individuals in Multnomah County, OR, which includes Portland, dropped 17 percent after the state expanded Medicaid in 2014, according to a study by the Journal of the American Heart Association. The data is for out-of-hospital cardiac arrests for individuals ages 45-64. Researchers attribute the improvement to newly insured people receiving preventive care. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

DHS Secretary Leaves Wolf Administration for Geisinger Health. Pennsylvania Department of Health Secretary Karen Murphy is leaving Governor Tom Wolf's administration to take a position at Geisinger Health, an integrated hospital and insurer system. Murphy will start in September as an

executive vice president, chief innovation officer, and founding director of the Steele Institute for Healthcare Innovation at Geisinger. Governor Wolf stated that Murphy was a valuable member of the administration and played a big role in the state's efforts to combat the heroin and opioid epidemic. Prior to becoming Secretary of Health, Murphy served as director of the State Innovation Models Initiative, a $900 million Centers for Medicare & Medicaid Services investment designed to accelerate healthcare innovation across the United States. Read More

Budget Passes into Law without Governor's Signature, Revenue Bill Still Outstanding. At the end of June, Pennsylvania's General Assembly passed a $32 billion spending plan for the 2017-2018 fiscal year that increased funding for public schools, early childhood and special education, and services for individuals with intellectual and developmental disabilities. It also includes a planned merger of the Department of Corrections and the Board of Probation and Parole, as well as a proposed merger of the Departments of Health and Human Services. Governor Tom Wolf's initial budget proposal included a proposal to put four existing departments — Aging, Health, Human Services and Drug and Alcohol Programs — under one umbrella. Governor Wolf had until midnight, July 10 to sign the budget, allow it to become law without signing it, or veto it in whole or in part. He let it pass into law without a signature or any vetoes. The appropriations bill, now law, keeps the Department of Aging separately intact, as well as Drug and Alcohol Programs. However, Pennsylvania is still without a complete budget as an accompanying revenue bill has yet to be agreed upon by the Senate, House and Wolf Administration. The disagreement between Republican lawmakers, who control both legislative chambers, and Wolf centers around how much to borrow to close the $1.4 billion deficit from 2016-17 and how much revenue will come from recurring vs. one-time sources to cover the $800 million in additional revenues needed for 2017-18. Read More

Legislature Looks at Changes to Medicaid Program Before Enacting Budget. *Pittsburgh Post-Gazette* reported on July 12, 2017, Pennsylvania's General Assembly is considering a bill that would add work requirements for adults who do not have disabilities enrolled in the state's Medicaid program, potentially disrupting the process to enact the budget for FY17-18. If the Human Services Code bill passes, the Department of Human Services would also be required to "lock-in" Medicaid beneficiaries to their managed care plan and submit a request to the Federal government to charge premiums to families with children with disabilities. Read More

Medical Assistance Advisory Committee June 29 Meeting. Jennifer Burnett, Deputy Secretary of the Office of Long Term Living (OLTL), provided an update to the committee. While OLTL is in a blackout period regarding the Independent Enrollment Broker procurement, Burnett did say that the awards were not likely to be announced in August as there is a stay in place. There is an emergency procurement in place for the existing vendor to continue providing services. National Provider Identifiers are soon to be required of all Home Health workers, even those employed through the consumer model of home health services. Also, a Beneficiary Support System will be forming and in place by mid-2018. BSS is a CMS requirement for MLTSS. A Procurement will be forthcoming for this initiative. On June 30, the department released procurement for the Medicaid External Quality Review Organization, another CMS requirement. The solicitation, EQRO RFP #1015, is due August 25, 2017.

Texas

HHS Deputy Executive Commissioner to Step Down July 14. Texas Health and Human Services (HHS) announced that Gary Jessee, Deputy Executive Commissioner for Medical and Social Services, will leave the position on July 14. Chief Deputy Executive Commissioner Cecile Young will act interim until a new commissioner is hired. Jessee has been with the department for over 20 years. Read More

Texas Submits Medicaid Family Planning Waiver Excluding Providers That Support or Perform Abortions. *Modern Healthcare* reported on July 7, 2017, that Texas has submitted a Medicaid waiver to reinstate federal funding for the state's family planning program that excludes providers that provide abortions, as well as their affiliated providers. The state's program, Healthy Texas Women, lost federal funding in 2013 after it stopped reimbursing services performed at Planned Parenthood. The program has been state-funded since then, and Texas now aims to resume federal funding in the midst of a $2 billion budget shortfall. The Centers for Medicare & Medicaid Services (CMS) is accepting public comments on the waiver through August 4. Read More

Wisconsin

Family Care and IRIS Managed Care Contracts for Dane County Awarded. The Wisconsin Department of Health Services announced on July 7, 2017, that it has chosen the managed care organizations to provide Family Care and IRIS (Include, Respect, I Self Direct) long-term services and supports (LTSS) in Dane County. Care Wisconsin and My Choice Family Care were chosen to serve Family Care members, while Advocates4U, Connections, First Person Care Consultants, and TMG will serve IRIS members. The expansion of the Family Care and IRIS programs into Dane County should reduce a wait list of 450 people. Family Care and IRIS provide LTSS to older adults and adults with intellectual and physical disabilities. Read More

Lawmakers Propose Letting Individuals Buy Into Medicaid through Exchange. *Milwaukee Journal Sentinel* reported on July 5, 2017, that Wisconsin Rep. Eric Genrich (D-Green Bay) and Sen. LaTonya Johnson (D-Milwaukee) are proposing to allow individuals to buy into the state's Medicaid program, BadgerCare Plus, through the health insurance Exchange. Individuals would be allowed to use tax credits to help pay for the coverage. As many as 243,000 people would be eligible. However, the legislation is unlikely to pass the Republican-controlled Legislature. Read More

National

Revised Senate Health Bill to Keep ACA's Investment Income, Payroll Taxes. *The New York Times* reported on July 11, 2017, that the Senate's revised health care bill will likely preserve the Affordable Care Act's (ACA's) investment income tax and payroll tax on wealthier Americans. The taxes will generate a total of $231 billion over the next 10 years, according to the Congressional nonpartisan Joint Committee on Taxation. Senator John Cornyn (R-TX) said some of this money will be used to help insurers contain consumer

premiums and deductibles. The new bill will reportedly also provide $45 billion over a decade to help states combat abuse of opioid drugs. Read More

Senate Aims to Release Revamped BCRA Bill with Consumer Freedom Option. *Politico* reported on July 10, 2017, Senate Republicans are aiming to reveal a new draft of the Better Care Reconciliation Act (BCRA) by the end of this week. The bill will include the Consumer Freedom Option, an amendment by Senators Ted Cruz (R-TX) and Mike Lee (R-UT) that would permit insurance companies to sell plans that are not compliant with the Affordable Care Act if they also sell compliant plans in that state. A Congressional Budget Office re-scoring of the bill, which may not include an analysis of the amendment, is expected to be released early next week. Republicans hope to vote on the bill by the end of next week. Read More

Senate Health Bill Could Impact Funding for Millions of Children with Special Health Care Needs. *Kaiser Health News* reported on July 10, 2017, the Senate's Better Care Reconciliation Act (BCRA) could put millions of children with disabilities and other special health care needs at risk due to reduced federal funding under per capita caps. BCRA currently exempts children from the per capita cap calculations who qualify under the "disabled" category in the bill, but exemption relies on strict criteria. As a result, an estimated 1.2 million children would qualify for the exemption, while another 4 to 5 million children with disabilities and other special needs would not. As a result, states will receive less funding for their care, which families and advocates warn would lead to cuts to services, and significant financial burdens for families. Read More

Two Moderate Republicans Predicting BCRA's Demise. *ABC News* reported on July 9, 2017, that two moderate Republican Senators are predicting the demise of the Better Care Reconciliation Act (BCRA). Many are also skeptical of initiating efforts to repeal the Affordable Care Act and replace it later, following reports of opposition from their constituents during the July 4th recess. Senator Mitch McConnell (R-KY) has also indicated that if the Senate bill fails, he may pursue a smaller bill and would reportedly be open to negotiating with Democrats. Read More

Study Shows Medicaid Beneficiaries Satisfied with Coverage, Care. *NPR* reported on July 10, 2017, that Medicaid beneficiaries are generally satisfied with both their coverage and care, according to a study conducted by Harvard's Chan School of Public Health. On average, individuals enrolled in Medicaid rated the program a 7.9 out of 10. Analyzing data collected by the Centers for Medicare & Medicaid Services (CMS), researchers found that three percent of beneficiaries were unable to receive care, contradicting arguments of many Republicans and other critics of the program that doctors often do not accept Medicaid. Read More

Number of QHP Applications for the Federal Exchanges Drops 38 Percent for 2018. The Centers for Medicare & Medicaid Services (CMS) announced on July 10, 2017, that 141 qualified health plans (QHP) applied to provide coverage on the federal Exchanges in 2018, down 38 percent from 227 applications the previous year, and down nearly 50 percent from plan year 2016. In 2017, the number of insurers ultimately participating on the date of open enrollment was 26 percent less than the number that applied. CMS Administrator Seema Verma stated that this is "further proof that the

Affordable Care Act is failing." Rates for 2018 will be finalized in August. Read More

Non-Expansion States to Receive $737 Billion Less in Medicaid Money Under Senate Health Bill. *Casper Star-Tribune* reported on July 9, 2017, that states that did not expand Medicaid under the Affordable Care Act will receive $737 billion less in Medicaid funding by 2026 under the Senate Better Care Reconciliation Act (BCRA), according to a policy brief from the Wyoming Hospital Association. The impact is attributed to higher per capita funding rates. The brief, authored by Mat Reidhead of the Missouri Hospital Association, was created with input from all 19 non-expansion states' hospital associations and is co-signed by the Idaho, Nebraska, Wyoming, Missouri, Texas and Wisconsin organizations. The brief estimates expansion states will receive $1,987 per capita by 2026, while the non-expansion states will receive $1,192. Read More

INDUSTRY NEWS

Active Day Acquires three Hamilton County Adult Centers. Active Day announced on May 1, 2017, that it has acquired and began operating three adult day health service centers in Ohio, serving over 400 members in total. The three centers were previously managed by the Hamilton County Board of Developmental Disabilities. Active Day now operates 86 centers in 12 states. Read More

Cigna to Exit Connecticut Individual Market in 2018. *Hartford Business Journal* reported on July 6, 2017, that Cigna will pull out of the Connecticut individual health plan market in 2018. Currently, Cigna has 568 individual plan enrollees. The move will not affect Cigna's employer-sponsored plans. Read More

Kindred Healthcare to Sell Skilled Nursing Facility Business for $700 Million. Kindred Healthcare announced on June 30, 2017, that it will sell its skilled nursing facility business consisting of 89 nursing centers and seven assisted living facilities in 18 states to BM Eagle Holdings, LLC for $700 million in cash. In addition to the cash proceeds, anticipated working capital liquidation, tax benefits, retained assets, and other items will result in a total value of $910 million to Kindred, after transaction and severance costs. Read More

HCA to Acquire Community Health Systems Texas Hospital. HCA Healthcare announced on July 11, 2017, that it will acquire Texas-based Weatherford Regional Medical Center, a subsidiary of Community Health Systems, with 103 beds. The deal is still subject to regulatory approval and is expected to close by fall 2017. HCA operates 174 hospitals, 119 freestanding surgery centers, and other outpatient centers in 20 states and the United Kingdom. Read More

NantWorks Acquires Six California Hospitals. The *Los Angeles Times* reported on July 5, 2017, that NantWorks acquired Verity Health, an operator of six California hospitals, including St. Vincent Medical Center and St. Francis Medical Center. The deal closed on June 30, 2017. NantWorks chair, Patrick Soon-Shiong, stated that the hospitals need hundreds of millions of dollars worth of new equipment and other upgrades. NantWorks also plans to expand oncology, transplant, orthopedic, and cardiology services at the facilities. Read More

Civitas Solutions Acquires Utah-based Country Life Care Center. Civitas Solutions announced on July 5, 2017, that it has acquired Utah-based Country Life Care Center, which provides post-acute specialty rehabilitation services. Country Life had revenues of $9 million in the 12-month period prior to the acquisition. Read More

UnitedHealth Group, Vista Equity Partners Plan to Acquire Advisory Board Company. *Bloomberg* reported on July 6, 2017 that UnitedHealth Group is planning to acquire the Advisory Board Company's health care division, while Vista Equity Partners would acquire the Advisory's education business. The deal has not yet been finalized. Read More

LogistiCare Names New CEO. Providence Service Corporation and its subsidiary, LogistiCare Solutions LLC, announced on July 7, 2017, the appointment of Jeff Felton as LogistiCare's new chief executive officer, effective July 10, 2017. Felton previously served as president of McKesson Connected Care and Analytics and has also held positions at Cardinal Health, Baxter Healthcare, and Procter and Gamble. Read More

Cerner Corp. Chairman, CEO Patterson Passes Away. *Modern Healthcare* reported on July 9, 2017, that Missouri-based Cerner Corp. Chairman and CEO Neal Patterson passed away. Vice Chairman Cliff Illig will take over as chairman and interim CEO while the board completes a succession planning effort. Patterson and Illig founded Cerner Corp., a health information technology solutions company, 38 years ago. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
Early Summer 2017	Virginia Medallion 4.0	RFP Release	700,000
July 17, 2017	Texas CHIP (Rural, Hidalgo Service Areas)	Proposals Due	85,000
July, 2017	Delaware	Contract Awards (Optional)	200,000
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
Summer 2017	Illinois	Contract Awards	2,700,000
Summer 2017	Florida Statewide Medicaid Managed Care (SMMC)	RFP Release	3,100,000
Summer 2017	Massachusetts One Care (Duals Demo)	Procurement Release	TBD
September 1, 2017	New Mexico	RFP Release	700,000
September 1, 2017	Virginia MLTSS	Implementation - Central	23,000
October 1, 2017	Arizona ALTCS (E/PD)	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
November 15, 2017	New Mexico	Proposals Due	700,000
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	Delaware	Implementation (Optional)	200,000
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
March 15, 2018	New Mexico	Contract Awards	700,000
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 1, 2019	New Mexico	Implementation	700,000
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 (June 2017)	Percent of Eligible Enrolled	Health Plans
California	Capitated	4/1/2014	5/1/2014 7/1/2014 1/1/2015	350,000	117,302	33.5%	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	50,064	36.8%	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	16,809	17.3%	Commonwealth Care Alliance; Network Health
Michigan	Capitated	3/1/2015	5/1/2015	100,000	39,046	39.0%	AmeriHealth Michigan; Coventry (Aetna); Michigan Complete Health; Meridian Health Plan; HAP Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan
New York*	Capitated	1/1/2015	4/1/2015	124,000	4,566	3.7%	There are 14 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	561	2.8%	Partners Health Plan
Ohio	Capitated	5/1/2014	1/1/2015	114,000	74,347	65.2%	Aetna; CareSource; Centene; Molina; UnitedHealth
Rhode Island	Capitated	7/1/2016	10/1/2016	25,400	13,717	54.0%	Neighborhood Health Plan of RI
South Carolina	Capitated	2/1/2015	4/1/2016	53,600	7,915	14.8%	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	39,919	23.8%	Anthem (Amerigroup); Cigna-HealthSpring; Molina; Superior (Centene); United
Virginia	Capitated	3/1/2014	5/1/2014	66,200	27,194	41.1%	Humana; Anthem (HealthKeepers); VA Premier Health
Total Capitated	**10 States**			**1,254,200**	**391,440**	**31.2%**	

** 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.

HMA NEWS

Early Bird Registration Discount Expires July 15 for HMA Conference on Future of Medicaid; More Than 200 Already Registered to Attend, September 11-12 in Chicago

Be sure to register soon for HMA's conference, *The Future of Medicaid is Here: Implications for Payers, Providers and States*, September 11-12, 2017, at the Renaissance Chicago Downtown Hotel. The Early Bird registration rate of $1495 per person expires on July 15. After that, the registration rate goes up to $1695 per person.

More than 200 people are already registered to attend, and many more are expected. Visit the conference website for complete details: https://2017futureofmedicaid.healthmanagement.com/ or contact Carl Mercurio at 212-575-5929 or cmercurio@healthmanagement.com. Group rates and sponsorships are available.

A high-level list of 37 industry-leading speakers, including health plan executives and state Medicaid directors, will address the challenges and opportunities for organizations serving Medicaid and other vulnerable populations given the priorities of the new Administration and Congress.

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