HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

October 18, 2017

THIS WEEK

IN FOCUS

SENATORS MURRAY, ALEXANDER REACH BIPARTISAN DEAL ON HEALTH BILL

This week, our *In Focus* section reviews the bipartisan health deal reached by Senators Patty Murray (D-WA) and Lamar Alexander (R-TN), both members of the Senate's Health, Education, Labor, & Pensions (HELP) Committee. Bipartisan talks around a bill to stabilize insurance markets have been ongoing for months, with discussions resuming after the Senate pulled a vote on the Graham-Cassidy reform bill last month. The Murray-Alexander bill, for which a discussion draft has been circulated, seeks to stabilize insurance markets through several key actions around cost-sharing reduction (CSR) payments to insurers and Section 1332 waivers, as well as several additional provisions. Below, we provide a summary of the key provisions as they stand.

Cost-Sharing Reduction Payments

Under the Affordable Care Act (ACA), qualifying Exchange plans are eligible to receive CSR payments, which are made to the insurers to reduce out-of-pocket costs, including deductibles, copayments, and coinsurance, to

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beneficiaries. Enrollees with incomes at or below 250 percent of the federal poverty level who purchase a Silver plan on the Exchange are eligible for CSR payments. Late last week, President Donald Trump signed an executive order to immediately terminate CSR payments to insurers, a move many insurers had anticipated, but that is at least partially driving increased premiums and lower insurer participation for 2018. Federal outlays for CSR payments are roughly $7 billion a year. The Murray-Alexander agreement would fund CSR payments for the remainder of 2017, as well as for 2018 and 2019. This provision is aimed at providing pricing stability for Exchange insurers, as well as encourage insurers to remain in Exchange markets for the next two years.

Section 1332 Waivers

The ACA provided for states to apply for Section 1332 waivers to waive certain provisions of the law and implement insurance market innovations. The Murray-Alexander bill would make several changes to the Section 1332 waiver process to allow for greater state flexibility and expedited review and approval. The bill modifies language around affordability and budget neutrality, allowing for coverage that is "comparable" in affordability, rather than "as affordable as" coverage absent the waiver. Additionally, states may use the entire life of the 1332 waiver, which would be extended from five to six years under the bill, to calculate budget neutrality. Further, the Murray-Alexander bill would cut the Centers for Medicare & Medicaid Services (CMS) review time of 1332 waiver proposals in half, from 180 days to 90 days, as well as provide an expedited 45-day review option. Finally, the bill allows for automatic approval of waivers that have previously been approved.

Authorization of Funding for State Reinsurance Programs

The Murray-Alexander bill would authorize funding for state-initiated reinsurance programs; however, it does not provide funding for the programs, except if excess savings are generated under the bill. Alaska received approval this summer to establish a state-based reinsurance program under a 1332 waiver.

Expanded Access to High-Deductible Exchange Plans

Under current law, enrollment in high-deductible "catastrophic" coverage plans on the Exchange is limited to individuals age 30 or younger. The Murray-Alexander bill would expand enrollment in these plans, which are not eligible for Exchange subsidies, to individuals of any age.

Enrollment Outreach Funding

The Murray-Alexander bill would restore funding that had been pulled by the Trump Administration for enrollment outreach. The funds will be distributed to states, but would be returned to the federal government for enrollment outreach purposes if not fully used by the state.

Interstate Compact Regulations

The ACA established an option for interstate compacts, allowing insurance to be sold across state lines, but as of yet, no regulations have been issued by CMS. The Murray-Alexander bill would require CMS to publish regulations and guidance around this option for states.

HMA Roundup

HMA MEDICAID ROUNDUP

California

HMA Roundup – Julia Elitzer (Email Julia)

State Orders Surcharge on Qualifying Exchange Plans as CSR Uncertainty Continues. *CaliforniaHealthline* reported on October 11, 2017, that California has ordered insurers to add a 12.4 percent surcharge to certain qualifying health plans next year, given continued uncertainty over the future of federal cost sharing reduction (CSR) subsidies. All told, the state expects premiums for Exchange plans to rise 25 percent next year. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

AHCA Releases Statewide Medicaid Prepaid Dental Health Program ITN. Florida's Agency for Health Care Administration (AHCA) released an Invitation to Negotiate (ITN) for the Statewide Medicaid Prepaid Dental Health Program on October 16, 2017. The state intends to procure up to four (4) contracts to provide statewide medically necessary dental services. The anticipated deadline for receipt of responses is January 12, 2018. The anticipated notice of intent to award is June 1, 2018. Read More

AHCA Cuts Medicaid HMO Rates 3.7 Percent, Increases MLTC Rates. *CBS Miami* reported on October 11, 2017, that Florida reduced Medicaid HMO rates by 3.7 percent, or a total of roughly $300 million, and increased rates by 2.4 percent for plans that offer managed long term care (MLTC), effective October 1. According to Milliman, the state's actuarial firm, the reduction is attributable to lower-than-expected increases in pharmaceutical costs and nearly $500 million in recurring Medicaid reductions made to hospitals. Read More

Low Income Pool Funding Lower than Anticipated. *Florida Politics* reported on October 12, 2017, that Florida will have about $790.4 million in supplemental Medicaid funds for the Low Income Pool (LIP) program for fiscal 2018. The Agency for Health Care Administration will leverage $303 million in funding from counties to draw down an additional $487 million in federal Medicaid dollars. Governor Rick Scott had previously predicted the Trump administration would allow for $1.5 billion in total LIP funding. Last year, the state received $590 million total. Read More

Senate May Tap Rainy Day Fund to Fill $1.6 Billion Budget Gap. *TC Palm* reported on October 11, 2017, that Florida Senate President Joe Negron (R-Stuart) indicated the state may need to tap into its rainy day fund to fill a $1.6 billion budget hole. The state is facing budget pressure from rising Medicaid costs, lower tax revenues, and increased student enrollment. Florida

Medicaid spending is expected to increase another $358 million this year. Read More

Georgia

Advocacy Groups File Lawsuit Over School Segregation of Children with Disabilities. *AJC.com* reported on October 11, 2017, that several advocacy groups filed a lawsuit in U.S. District Court in Atlanta against the state of Georgia, arguing that the placement of children with disabilities in schools run by the Georgia Network for Educational and Therapeutic Support (GNETS) is unconstitutional. The lawsuit claims that the disproportionate placement of African American children into these schools violates the equal protection laws, that GNETS is in violation of its own regulations, and that the schools provide substandard education. Read More

Indiana

County Hospitals Buy, Lease Nursing Homes to Enhance Medicaid Payments. *Kaiser Health News* reported on October 18, 2017, that nearly 90 percent of Indiana's nursing homes have been leased or purchased by county hospitals to take advantage of increased federal payments made possible by the Medicaid funding formula. Nursing homes leased or owned by city or county governments receive higher federal Medicaid payments. In the case of Indiana, federal funding rose 30 percent per Medicaid resident. Other states, including Pennsylvania and Michigan, are also taking advantage of the strategy. Read More

Kansas

KanCare Waiver Receives One-Year Extension Approval from CMS. *KCUR* reported on October 16, 2017, that the Centers for Medicare & Medicaid Services temporarily extended the Kansas Medicaid managed care program waiver, known as KanCare, by one year. KanCare was originally slated to expire on December 31. The previous administration had initially denied the extension, claiming the program lacked sufficient oversight, and asked the state to submit a corrective action plan. The extension also allows Kansas to continue its safety net pool. Read More

Maine

Medicaid Expansion Vote May be Impacted by Federal Efforts to Dismantle ACA. *The Wall Street Journal* reported on October 16, 2017, that President Donald Trump's efforts to weaken the Affordable Care Act (ACA) could impact voters' decisions on whether to expand Medicaid in Maine during next month's election. Advocates for Medicaid expansion believe that Republican efforts to dismantle the federal health care law, including recent executive orders, could garner the support needed to expand Medicaid through a ballot initiative. Read More

Massachusetts

EOHHS Awards Medicaid MCO Contracts to Boston Medical Center, Tufts Health Plan. The Massachusetts Executive Office of Health and Human Services (EOHHS) announced on October 3, 2017, that MassHealth has awarded Boston Medical Center Health Plan (BMCHP) and Tufts Health Public Plans Medicaid managed care contracts, effective March 2018. Contracts run five years through December 2022. The other bidders were CeltiCare Health (Centene), Fallon Community Health Plan, Health New England, and Neighborhood Health Plan. BMCHP and Tufts will serve approximately 150,000 to 200,000 MassHealth members. The remaining 900,000 members will be covered by one of the 17 new Accountable Care Organizations (ACOs). Read More

Michigan

DHHS Recommends BCBS-MI, Delta Dental for Healthy Kids Dental Contract. The Michigan Department of Health and Human Services (MDHHS) announced on October 17, 2017, that it recommends Blue Cross Blue Shield of Michigan and Delta Dental of Michigan for the Healthy Kids Dental program contract, which will be effective October 1, 2018. The dental benefits program provides dental services, including X-rays, cleanings, fillings, extractions, and sealants, at no cost to approximately one million Medicaid-enrolled children throughout the state. The State Administrative Board will determine whether to approve the recommendation before contracts are final.

Spectrum Health CEO to Retire at End of Year. *mLive* reported on October 18, 2017, that Richard Breon, president and chief executive of Spectrum Health, will retire at the end of the year. Spectrum Health is the largest provider in West Michigan and includes Grand Rapids community hospitals, Butterworth Health Corporation, and Blodgett Memorial Medical Center. Read More

New Hampshire

State May Move "Medically Frail" to Medicaid to Stabilize Individual Exchange Market. *The Concord Monitor* reported on October 16, 2017, that a New Hampshire commission of legislators and stakeholders is considering reforming the "medically frail" designation system and moving all eligible medically frail individuals into Medicaid, in an effort to stabilize the individual Exchange market. Under the state's current Medicaid expansion program, individuals designated as medically frail can either enroll in traditional Medicaid or an Alternative Benefit Plan on the Exchange. The commission is examining ways to better identify these individuals as well as the impact of shifting them into Medicaid managed care plans. New Hampshire's individual market premiums are expected to rise by over 50 percent for some plans. Read More

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Horizon Blue Cross Blue Shield and AmeriHealth File to Raise Premiums. *NJBiz* reported on October 18, 2017, that New Jersey's two largest insurers, Horizon Blue Cross Blue Shield of New Jersey (Horizon) and AmeriHealth New Jersey (AmeriHealth), filed to raise their health insurance premiums due to uncertainties around the cost-sharing subsidies. Plans offered by Horizon are expected to increase by 16 to 28 percent and plans offered by AmeriHealth are expected to increase an average of 17.1 percent. Read more

First LGBT Health Care Conference held in New Jersey. On October 6, 2017, NJTV News and myCentralJersey.com reported that more than 200 advocates gathered to discuss LGBT health care for the first time in Bridgewater. The Robert Wood Johnson University Hospital in Somerset helped organize the conference through a grant from Sanofi. It also opened the first specialized primary care center for the LGBT community in the state called PROUD Family Health. The conference included coverage about LGBT health concerns, LGBT legal rights, forms of discrimination, federal support services for LGBT community, and concerns of LGBT seniors. Read more here and here.

New York

HMA Roundup – Denise Soffel (Email Denise)

State Releases DSH Payments to NYC Public Hospital System. Upon completing a preliminary analysis of the financial status of hospitals eligible to receive Disproportionate Share Hospital (DSH) Payments, New York State has agreed to release $360 million of the $380 million owed to NYC Health + Hospitals, New York City's public hospital system. The state had withheld the funds due to cuts in the DSH program that went into effect on October 1; in response the city had threatened to sue the state. In a letter to NYC H+H President Stanley Brezenoff, New York Medicaid Director Jason Helgerson went on to note that subsequent DSH allocations will be determined once the state is informed of Congressional action to restore DSH funding. The letter goes on to say that an initial review of hospitals' finances suggests that no hospital is in imminent threat of insolvency, and that the state has established a reserve fund in the event a hospital is on the brink of insolvency. Read More

Department of Health Reconsiders Regulation for Cardiac Catheterization Labs. The New York Department of Health is reconsidering how it approves cardiac catheterization labs that perform percutaneous coronary intervention. The state has used volume as the deciding factor, requiring cardiac catheterization labs to perform a minimum number of procedures, based on evidence that higher volume leads to better quality and outcomes. As part of the state's Regulatory Modernization Team, that regulation is being re-evaluated. As reported in Politico New York Health Care, as a result of hospital consolidation, a physician may operate at more than one site, meaning that the number of procedures performed at any one site will be lower. Further, evidence shows that mortality rates at high-volume hospitals are no better than at low-volume hospitals. Recommendations from the Regulatory Modernization Team will be forwarded to the Department of Health for consideration.

New York State Commissioner of Health Weighs in on CHIP Program. Dr. Howard Zucker, Commissioner of New York's Department of Health, has indicated that New York will soon experience a budget shortfall for the state's CHIP program should Congress fail to extend the program. In a letter to Acting Health and Human Services Secretary Eric Hargan and Centers for Medicare & Medicaid Services Administrator Seema Verma he indicated that New York cannot continue the current program without federal funding. He indicated that the state would need to call a Special Session of the legislature to respond to the funding gap, but that it was unlikely that the state would be able to replace a potential loss of up to $1 billion in federal funding. Currently 350,000 children across the state are enrolled in CHIP. In comparison, over 2 million children under the age of 18 are enrolled in New York's Medicaid program. Read More

Governor's Office Announces Awards for Supportive Housing. Governor Andrew Cuomo announced 169 conditional awards to agencies in 47 counties across New York that will provide support services and operating funding for at least 1,200 units of supportive housing for homeless persons with special needs, conditions or other challenges. The awards are part of the Governor's $2.6 billion, 5-year plan to develop 6,000 units of Supportive Housing. The awards will total up to $30 million in service and operating funding for supportive housing units for homeless persons with special needs, conditions or other challenges. Targeted homeless populations include veterans, victims of domestic violence, frail or disabled senior citizens, young adults with histories of incarceration, homelessness or foster care, chronically homeless individuals and families, individuals eligible for Medicaid Redesign Team funds, as well as individuals with health, mental health and/or substance use disorders. The funds are intended to provide the service and operating funding needed to operate permanent supportive housing units. Applicants are expected to secure separate capital funding to finance the development and construction of their housing project. Read More

North Carolina

State on Track to Submit Medicaid Managed Care Waiver Amendment. *The Winston-Salem Journal* reported on October 10, 2017, that North Carolina is on pace to submit a waiver amendment needed to implement a statewide Medicaid managed care program. The state hopes to gain approval from the Centers for Medicare & Medicaid Services (CMS) in Spring 2018, with a targeted implementation date of July 1, 2019. The state plans to release an RFP for three to five statewide managed care plans and up to 10 provider-led entities to be selected in the fall of 2018. The proposal was approved by the General Assembly in 2016, with Governor Roy Cooper unveiling a plan to oversee the initiative in August 2017. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Insurance Department Announces Approved 2018 Rates. On October 16, 2017, Pennsylvania Insurance Department-approved 2018 rates for the individual and small employer market were announced by Acting Insurance Commissioner Jessica Altman. The average rate increase is 30.6 percent in the

individual market. Altman attributes much of the increase to the recent announcement by President Trump that the federal government will not make any cost-sharing reduction payments. Original projections indicated an increase of 7.6 percent. Read More

State Treasurer Approves Short-Term Loan to cover Medicaid Payments as Budget Stalemate Continues. State Treasurer Joe Torsella authorized a $700 million short-term loan to ensure Pennsylvania can make upcoming Medicaid payments on time. This new loan, from Treasury's Short-Term Investment Pool, is only intended to carry the general fund over until the state gets a federal reimbursement. According to Torsella, the general fund is estimated to run out of money again on October 27, 2017. Read More

Governor Formally Nominates Four Acting Secretaries to Serve Permanently. On October 12, 2017, Pennsylvania Governor Tom Wolf nominated Acting Secretary of Health Dr. Rachel Levine, Acting Secretary of Human Services Teresa Miller, Acting Secretary of Drug and Alcohol Programs Jennifer Smith, and Acting Insurance Commissioner Jessica Altman to serve permanently in their respective roles, pending approval by the Pennsylvania Senate. Dr. Rachel Levine, also Pennsylvania's Physician General, has been Acting Secretary of Health since June. Teresa Miller, formerly Pennsylvania's Insurance Commissioner, has been Acting Secretary of Human Services since August. Jennifer Smith, previously Deputy Secretary, has been Acting Secretary of Drug and Alcohol Programs since January. Jessica Altman was Chief of Staff for the Insurance Department, before being appointed Acting Insurance Commissioner in August. Read More

National

CMS Will Permit Exchange Plans to Adjust Premium Rates Beyond September Deadline. *CQ* reported on October 16, 2017, that the Centers for Medicare & Medicaid Services will allow health insurers to adjust Exchange premiums rates after the September 27, 2017, deadline to account for the potential loss of cost-sharing reduction subsidies. The Trump administration has stated it will end the subsidies; however, bipartisan legislation in the Senate would maintain the subsidies for another two years. Read More

Nineteen States Sue Trump Administration Over Order to Halt CSR Payments. *ABC 7 New York/Associated Press* reported on October 14, 2017, that 19 states have filed a lawsuit against President Donald Trump's administration for halting the Affordable Care Act (ACA) cost-sharing reduction (CSR) subsidies. The lawsuit claims the Trump Administration violated a federal law by ending a legally mandated system that was currently in operation. Congressional Democrats are currently working on a bipartisan deal to restore CSR funding by the end of 2017. The subsidies, worth $7 billion this year, help lower out-of-pocket costs, including co-payments and deductibles, for individuals in qualifying plans on the Exchange. Without the payments, insurers are likely to increase premiums or exit the market. The Congressional Budget Office previously estimated that premiums would increase by 20 percent without the CSR payments. Read More

Trump Signs Executive Order to Expand Association Health Plans. *CNBC* reported on October 12, 2017, that President Trump has signed an executive order directing the Department of Labor to "consider expanding

access to Association Health Plans," including the sale of coverage across state lines. The order also allows the rollback of limits on short-term health plans and expands a program that permits employers to set aside pre-tax dollars to pay for employee premiums. The order is not expected to impact the next Exchange open enrollment period. Read More

Medicaid Innovation Accelerator Program National Webinar Scheduled for October 26. As part of CMS's Medicaid Innovation Accelerator Program (IAP) Reducing Substance Use Disorder (SUD) program area, CMS is sharing what they have learned from working with states on SUD delivery system reform through national learning webinars. All are invited to join the next national learning webinar on **Thursday, October 26, 2017 from 2:00 PM – 3:30 PM ET**. The October webinar, *Medicaid Value-Based Payment Approaches for SUD*, will address opportunities to incorporate SUD related services in value-based payment approaches. The webinar will draw upon both the Health Care Payment Learning and Action Network (HCPLAN) framework and other key considerations for incentivizing value when purchasing SUD services. Utilizing the HCPLAN framework, which describes a continuum of value-based payment (VBP) approaches, the webinar will highlight SUD examples across that continuum. *HMA is one of several organizations working as a subcontractor under a Center for Medicaid and CHIP Services (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 Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program areas through webinars, technical support assistance to participating states, resource papers, and bi-weekly program updates.* To participate in this webinar, register here.

Industry News

CareSource CEO Pamela Morris to Retire in 2018. *Dayton Daily News* reported on October 12, 2017, that CareSource CEO Pamela Morris will retire in May 2018. Morris has led the company for 28 years. She will assist CareSource with a national search for a new executive and assist with the transition. CareSource serves 1.8 million individuals in Ohio, Kentucky, Indiana, Georgia, and West Virginia. Read More

Anthem to Launch PBM; Taps CVS Health for Claims Processing. Anthem, Inc. announced on October 18, 2017, that it will launch its own pharmacy benefit management (PBM) business in 2020 after its existing PBM contract with Express Scripts expires. CVS Health will handle claims processing and retail distribution under a five-year contract. The new PBM will be called IngenioRX. Read More

Dignity Health, Catholic Health Initiatives Continue Merger Pursuit. *Modern Healthcare* reported on October 13, 2017, that Dignity Health announced in a call with investors that it is continuing to pursue a merger with Catholic Health Initiatives. The companies had first signed a nonbinding agreement to evaluate an alignment in October 2016. The merger would result in the largest not-for-profit hospital company in the nation, with combined revenue of $28 billion. Last month, Dignity Health said they were in the "final stages" of the due diligence process. Read More

Tenet to Sell MacNeal Hospital to Loyola, Explores Sale of Other Chicago-Area Hospitals. *The Chicago Tribune* reported on October 11, 2017, that Tenet Healthcare Corp. plans to sell MacNeal Hospital to Loyola Medicine, and is reportedly considering the sale of three other Chicago-area hospitals. MacNeal is a 368-bed community hospital in the Chicago suburb of Berwyn. Terms weren't disclosed. Tenet is also reportedly in discussions to sell Weiss Memorial Hospital, Westlake Hospital, and West Suburban Medical Center. Read More

Invo Healthcare Acquires Autism Home Support Services. Invo Healthcare (Invo) announced on October 16, 2017, that it had acquired Autism Home Support Services (AHSS), a leading provider of Applied Behavioral Analysis (ABA) based in Illinois. AHSS provides ABA therapy services to children diagnosed with autism spectrum disorder in Illinois, Michigan, and Colorado. Invo provides behavioral health and therapeutic services to 60,000 individuals with special needs and autism in 30 states. Read More

Lee Equity Partners, FFL Partners to Acquire Controlling Interest in Summit Behavioral Healthcare. Summit Behavioral Healthcare LLC announced on October 11, 2017, that it has signed a definitive agreement to sell a controlling interest in the company to Lee Equity Partners and FFL Partners. The investment will expand Summit's addiction treatment and behavioral health services. Trey Carter with remain chairman and chief executive. Summit is a

Tennessee-based company that develops and operates a network of addiction treatment and behavioral health centers throughout the country. Read More

Nursing Home Chain Nears Court Deadline on Alleged $300 Million in Unpaid Rent. *Reuters* reported on October 16, 2017, that HCR ManorCare, a nursing home chain, has until October 18, 2017, to respond to a lawsuit filed by its landlord, Quality Care Properties Inc. The lawsuit claims that ManorCare owes more than $300 million in unpaid rent across 292 skilled nursing and assisted living locations. The lawsuit seeks to replace ManorCare's management with a court-appointed receiver to oversee the facilities. Read More

Hospital M&A Activity in 2017 on Track to Surpass Last Year. *Modern Healthcare* reported on October 17, 2017, that merger and acquisition activity among hospitals and health systems in 2017 is on track to surpass last year and is expected to continue at a similar pace in 2018. Providers are consolidating to strengthen their position against policy changes, reimbursement cuts, and rising costs, as well as to participate in new risk-sharing payment models. Read More

COMPANY ANNOUNCEMENTS

"InfoMC and MCG Health Partner to Integrate Evidence-Based Care Guidelines into Incedo Healthcare Management Platform" Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
Timeline to be Revised	Alabama ICN (MLTSS)	RFP Release	25,000
October, 2017	Texas CHIP (Rural, Hidalgo Service Areas)	Contract Awards	85,000
October, 2017	Massachusetts MassHealth ACO - Full	Implementation	TBD
Timeline to be Revised	Alabama ICN (MLTSS)	Proposals Due	25,000
November 1, 2017	Florida Statewide Medicaid Managed Care (SMMC)	Proposals Due	3,100,000
November 1, 2017	Virginia MLTSS	Implementation - Roanoke/Alleghany, Southwest	23,000
November 2, 2017	Arizona Acute Care/CRS	RFP Release	1,600,000
November 3, 2017	New Mexico	Proposals Due	700,000
November 17, 2017	Texas STAR+PLUS Statewide	RFP Release	530,000
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 10, 2018	Texas STAR+PLUS Statewide	Proposals Due	530,000
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 1, 2018	Massachusetts	Implementation	850,000
March 8, 2018	Arizona Acute Care/CRS	Contract Awards	1,600,000
March 15, 2018	New Mexico	Contract Awards	700,000
April 1, 2018	New Hampshire	RFP Release	160,000
April 16, 2018	Florida Statewide Medicaid Managed Care (SMMC)	Contract Awards	3,100,000
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
Timeline to be Revised	Alabama ICN (MLTSS)	Implementation	25,000
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
November 1, 2018	New Hampshire	Proposals Due	160,000
January 1, 2019	Florida Statewide Medicaid Managed Care (SMMC)	Implementation	3,100,000
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	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	160,000
January, 2019	Texas STAR+PLUS Statewide	Contract Awards	530,000
January, 2019	Massachusetts One Care (Duals Demo)	Implementation	TBD
July 1, 2019	North Carolina	Implementation	1,500,000
July 1, 2019	New Hampshire	Implementation	160,000
September 1, 2019	Texas STAR+PLUS Statewide	Implementation	530,000
September 1, 2019	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 (Centene); 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%**	

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

HMA News

HMA Expands National Footprint, Opens Office in Raleigh, N.C.

Health Management Associates continues its growth with the opening of a new office in Raleigh, N.C. HMA now has nearly 200 multidisciplinary consultants and 21 offices from coast to coast. In September, HMA announced a strategic partnership with Community Care of North Carolina, Inc. (CCNC) that will leverage the complementary skills and expertise of both organizations in order to offer consulting services to providers and payers working to create innovative solutions for the challenges of today's health care landscape.

The opening of the Raleigh office solidifies this partnership and enables HMA to better serve its growing client base and continue its more than 30-year commitment to helping clients stay ahead of the curve by developing and implementing effective strategies to deliver and pay for the care of vulnerable populations.

With clinical and operational expertise in health care transformation, health policy development, private clinical practice, and health system and hospital administration, the HMA Raleigh office is being led by Managing Principal Roxane Townsend, MD, and Senior Consultant Jeannine Hinton.