HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

September 23, 2015

RFP CALENDAR

DUAL ELIGIBLES CALENDAR

HMA NEWS

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THIS WEEK

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IN FOCUS

PENNSYLVANIA, VIRGINIA PROVIDE UPDATES ON MLTSS PLANS

This week, our *In Focus* section reviews updates from Pennsylvania and Virginia on their plans for implementing managed long-term services and supports (MLTSS) programs. Pennsylvania released an extensive MLTSS concept paper last week, providing updates on covered populations, expectations of contracted health plans, and timing. Virginia, meanwhile, provided an update on MLTSS program design and timing, including the announcement that the state will not continue its dual eligible demonstration past 2017. We previously reviewed Pennsylvania and Virginia MLTSS developments in our June 10 and June 17 *Weekly Roundups.*

Pennsylvania MLTSS Update

Pennsylvania released the concept paper for the Community HealthChoices (CHC) program on September 16, 2015. The proposed program, which will provide MLTSS statewide with first phase of implementation beginning in 2017,

is soliciting comments on the concept paper through October 16. The state plans to release an RFP in November 2015.

Covered Populations

CHC will cover an estimated 450,000 individuals receiving LTSS and dual eligibles, regardless of their LTSS needs. This includes:

- Adults age 21 or older who require Medicaid LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility or an intermediate care facility for individuals with other related conditions (ICF/ORC);
- Current participants in DHS Office of Long Term Living (OLTL) waiver programs who are 18 to 21 years old; and
- Dual eligibles age 21 or older whether or not they need or receive LTSS.

Persons in the CHC population will also be able to enroll in the Pennsylvania Living Independence For the Elderly (LIFE) program, and persons currently enrolled in LIFE will not be transitioned to a CHC plan unless they ask to be enrolled.

Excluded Populations

The CHC population excludes the following:

- Act 150 program participants (a non-Medicaid program for low-income individuals with disabilities);
- Individuals receiving their services through the lottery-funded Options program;
- Persons with intellectual/developmental disabilities (ID/DD) who receive services through the DHS Office of Developmental Programs; or
- Residents of state-operated nursing facilities, including the State Veterans' Homes.

Service Inclusions and Carve-Outs

The CHC benefit package will include nursing facility services provided at non-state facilities and HCBS currently covered in the Aging, OBRA, Independence, COMMCare, AIDS, and Attendant Care waiver programs. A full list of covered services planned for inclusion in the CHC program is included in the concept paper appendix.

Behavioral health services will continue to be provided by the state's county-based BH-MCOs, outside the CHC program; however, CHC-MCOs will be expected to coordinate with the BH-MCOs.

Updates on RFP, Health Plan Participation

The state intends to release a RFP on November 16, 2015, with anticipated awards to two-to-five plans in each of the five existing managed care regions. The number of awards will depends on the number of meritorious bids received and the number of eligible participants in each region.

CHC-MCOs must offer a D-SNP for dual eligible participants, although dual eligible participants in the CHC program will not be required to enroll in the same plan for their CHC-MCO and D-SNP services.

CHC-MCOS must meet NCQA accreditation as well as forthcoming LTSS expanded accreditation standards.

Updated MLTSS Timing

Implementation is slated to begin January 1, 2017, in the Southwest region, and the following January in the Southeast. The final three regions will go live in 2019.

Milestone	Date
Concept Paper Comments Due	October 16, 2015
RFP Released	November 16, 2015
Pre-Proposal Conference	December 2, 2015
Proposals Due	January 15, 2016
Contract Awards Announced	March, 2016
Implementation - Phase 1 (SW Region)	January 1, 2017
Implementation - Phase 2 (SE Region)	January 1, 2018
Implementation - Phase 3 (NE, NW, Lehigh/Capital Regions)	January 1, 2019

Virginia MLTSS Update

Virginia provided an updated fact sheet on September 15, 2015, with revised plans for its Medicaid MLTSS initiative. In the June 17, 2015, *Weekly Roundup*, we estimated that the Virginia MLTSS program could enroll close to 110,000 individuals, with annual Medicaid expenditures of more than $2.1 billion.

Covered Populations

Virginia's MLTSS populations will include all fully dual eligible individuals for Medicaid services only, as well as individuals receiving LTSS either in an institutional setting or in one of the state's six home and community-based services (HCBS) waivers.

This includes approximately 50,000 full-benefit dual eligibles not currently receiving any form of managed care, around 20,000 non-dual individuals receiving LTSS, and the roughly 30,000 dual eligibles enrolled in the Commonwealth Coordinated Care (CCC) capitated dual eligible demonstration. The state has also announced that rather than continue the CCC program beyond 2017, it will sunset on its original date, and CCC enrollees transitioned to the MLTSS program for Medicaid services. Medicare benefits will be provided to the duals population on a wrap-around basis.

Excluded Populations

Individuals enrolled in the Day Support for Persons with Intellectual Disabilities (DS); Intellectual Disabilities (ID); and Individual and Family Developmental Disabilities Support (DD) waivers may be enrolled in managed care for their physical health benefits only, with LTSS services delivered through their existing waiver programs.

Additionally, individuals residing in an ICF-IID will be excluded from the MLTSS program until after it is implemented, at which time it will be determined if they will be included in MLTSS.

Service Carve-Outs

The only services that are planned to be carved-out of the MLTSS program at this time are dental services, school health services, and the DS, ID, and DD

waiver services described in the section above. However, the updated fact sheet notes that additional service carve-outs may be considered.

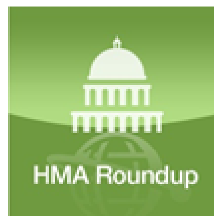
Updates on RFP, Health Plan Participation

MLTSS health plans will be selected through a competitive procurement process. To be eligible, plans must have achieved or be working toward NCQA accreditation and approval from CMS to operate as a dual eligible special needs plan (D-SNP).

The program will operate statewide with plans awarded on a regional basis according to a phased-in schedule. Each region will have at least two MLTSS health plan options.

Timing of MLTSS Implementation

A target date for the MLTSS RFP is not set at this time but is expected in the Spring of 2016; however, the program is set to begin implementation in Spring of 2017. Enrollees in the CCC demonstration will not be transitioned until the end of 2017 when CCC sunsets, unless they opt out of the CCC once the MLTSS program is implemented.



HMA Medicaid Roundup

Arkansas

Task Force to Release Report on Reforming Arkansas' Health Care System. On September 19, 2015, *The City Wire* reported that the Health Reform Legislative Task Force will release a report on reforming the state's overall health care system. The report will come in three volumes: an assessment of the state's current health care offerings; a set of recommendations regarding Medicaid and the private option; and a set of ideas and initiatives. The recommendations will include a decision tree on the state's private option as well as for traditional Medicaid. Read More

Connecticut

Governor Malloy Orders Emergency Cuts, Including Medicaid. On September 18, 2015, *The CT Mirror* reported that Governor Dannel P. Malloy ordered $103 million in emergency cuts due to a weak stock market. Malloy's rescissions include a $63.8 million cut to Medicaid programs within the Department of Social Services, which will cost hospitals a total of $190 million in state and federal funds. Acute care facilities will take the largest hit. The rescissions also cut $4.7 million in grants for mental health and substance abuse treatment. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

Judge Rules Controversial Screening Tool that Excluded Select Children is Invalid. On September 22, 2015, *Miami Herald* reported that a Florida judge has ruled a screening tool that excluded thousands of impoverished children from the state's Children's Medical Services Network program is invalid and was never formally approved by the state. CMS coordinates medical care for chronically ill and disabled children. The judge ordered the Department of Health to immediately cease using the Screening Tool as a method of determining eligibility for CMS. Read More

AHCA Announces Medicaid Managed Care Plans Improving Quality of Care. On September 22, 2015, the Agency for Health Care Administration announced that plans participating in the Statewide Medicaid Managed care program are improving the quality of care. The plans scored higher than the national average in more than half of the performance metrics on the Healthcare Effectiveness Data and Information Set. Read More

Department of Health Creates Advisory Panel for Children's Medical Services Plan's Transition to Managed Care. On September 21, 2015, *Florida Health* reported that the state Department of Health has created an advisory panel to aid in the transition of the Children's Medical Services Plan from a direct service provider network to a managed care plan. The team will recommend best practices for administration of the plan. The first meeting is expected to take place in October and will be open to the public. Read More

Lawmakers Question if Mandatory Medicaid Managed Care Program is Saving Money. On September 17, 2015, *Politico Florida* reported that lawmakers are questioning if Florida's mandatory Medicaid managed care program is saving money. Data on the program, which has been in effect for a year, shows Medicaid costs have not slowed. Florida's chief economist Amy Baker said that the state does not know how it will unfold as it goes forward since the state has only one year of data to examine. She also stated that caseload increases and more expensive prescription drugs are a major reason why Medicaid costs are growing. Read More

Illinois

Illinois to Fund Services for Disabled Children and Seniors Without Budget. On September 17, 2015, *The Baltimore Sun* reported that Illinois will begin paying for intervention services for young children with developmental disabilities and for services assisting seniors in their homes despite the fact that the state still does not have a budget. Lawmakers have warned that Illinois is spending billions of dollars over what it is making. However, Illinois Comptroller Leslie Munger determined that intervention services for children up to age 3 should be paid for under a previously issued consent decree. Separately, a federal judge ruled that a program helping seniors avoid nursing homes is covered by a court order. The state budget for the fiscal year that began July 1 is still being debated by majority Democrats and Republican Gov. Bruce Rauner. Read More

Iowa

Two State Senators Seek to Stop or Slow Iowa Medicaid Managed Care Privatization. On September 14, 2015, *Quad-City Times* reported that two Democratic state senators are seeking to stop or slow down Iowa's Medicaid managed care privatization. Senators Armanda Ragan and Liz Mathis sent a letter to federal officials stating the Governor's unilateral decision to close two mental health institutes has caused three deaths and the unilateral decision to privatize Medicaid is on the same path. Iowa officials have just requested waivers from the federal administration to privatize Medicaid beginning January 1. Read More

Kentucky

Kentucky Sees Largest Drop in Uninsured in 2014. On September 16, 2015, *Chicago Tribune* reported that Kentucky saw the rate of uninsured fall 5.8 percent last year, the largest drop in the nation, tied with Nevada and West Virginia. Kentucky has been a Medicaid expansion state since 2013. Medicaid enrollment increased by 400,000 individuals. Overall, states that expanded Medicaid had an

average uninsured rate of 9.8 percent, compared to 13.8 percent for states that did not expand. Read More

Kentucky Medicaid Officials Addressing MCO Reimbursement Complaints. On September 16, 2015, *The Richmond Register* reported that state Medicaid officials have begun addressing complaints from lawmakers and health providers regarding reimbursement from managed care organizations. Providers claim that MCO's were slow to pay claims and often denied authorization for claims. Deputy Commissioner Lis Lee stated that several changes were made to MCO contracts this year. Each MCO now gets the same capitation payments and will operate under a medical loss ratio of 85 percent. Read More

Massachusetts

Capitation Rate Adjustments Approved for One Care Demonstration. One Care announced that MassHealth and CMS have approved capitation rate adjustments to better reflect additional services and the complex care management. An open meeting was held Wednesday, September 23, 2015.

Montana

Blue Cross Blue Shield of Montana Likely to Win Medicaid Expansion Contract. On September 18, 2015, *KPAX* reported that Blue Cross Blue Shield of Montana scored the highest among the companies bidding to manage the state's Medicaid expansion contract. In second place was PacificSource. The results will be posted next week. If the expansion plan is approved, Montana will become the first state to have a private insurer manage the entire program. Expansion would be implemented early next year and provide coverage to as many as 70,000 individuals. BCBS-MT estimated that only 18,600 people would sign up for coverage in the first six months, and 23,300 by June 2017. Read More

New Hampshire

New Hampshire Cancels RFP Seeking Medicaid MCO. New Hampshire has cancelled an RFP seeking a managed care organization to provide fully at risk Medicaid Managed Care medical and long-term care services. The RFP was originally released April 1, 2015. Read More 2

New York

HMA Roundup – Denise Soffel (Email Denise)

New York's All-Payer Database. The NYS Health Foundation released a report on the status of New York's All-Payer Database. New York State passed legislation in 2011 enabling the creation of an APD, which would bring together encounter and payment data from Medicare, Medicaid, and commercial insurers. The state is in the process of developing regulations and policies related to the APD on matters such as state authority; price and quality transparency; stakeholder access and use; data release; and governance. The report, prepared by the APCD Council, presents lessons learned from other states that have developed, or are developing, similar systems and highlights the

perspectives of key stakeholders in New York. The report includes the following recommendations:

- Develop a phased approach to APD data release;
- Develop price transparency tools;
- Include self-funded data sources in the APD;
- Develop a stakeholder engagement and communications process regarding the APD startup functions; and
- Formalize an APD data quality program.

New York City Health and Hospitals Corporation Plans Reorganization. Capital New York reports that the president of New York City's public hospital system, the NYC Health and Hospitals Corporation, is changing its corporate structure to allow for an increased focus on ambulatory care and long-term care. The reorganization is part of a strategy to address the system's billion-dollar deficit. The reorganization moves away from geographic regions and instead will organized around three lines of service: in-patient care, long-term and post-acute care, and ambulatory care. Each line of service will have an executive vice president who reports directly to HHC's central office. The idea is to "eliminate some bureaucracy so ambulatory and post-acute services can grow more quickly over the next five years and have equal weight with the HHC board as in-patient hospital care operators who have traditionally dominated the discussion."

MVP Health Insurance Ratings Upgrade. MVP Health Insurance Co. received a ratings upgrade from A.M. Best. The upgrading of the ratings of MVP reflects significant improvement in operating results through mid-2015, which is projected to continue into 2016. The rating affirmations reflect the companies' strong brand recognition in New York and well-established network with geographic outreach activities throughout the state. AM Best notes that MVP's acquisition of Hudson Health Plan, a Medicaid managed care plan, in 2013, has contributed to MVP's performance in the Medicaid market.

NCQA 2015-16 Health Plan Ratings. NCQA recently posted health plan ratings for both Medicaid and commercial plans. The report includes information about eight plans that participate in New York's Medicaid program. CDPHP was the plan that scored highest with a score of 4.5; none of the plans received NCQA's highest rating of 5. Only one of the 5 higher-scoring plans, HealthPlus Amerigroup, operates in New York City. Two plans, HealthPlus Amerigroup and WellCare, received low performance scores for customer satisfaction.

Nursing Home Transition. The transition of Medicaid beneficiaries who require a nursing home level of care into Medicaid managed care began in February 2015 in NYC, and was completed across the state as of July 2015. So far this has affected 700 people: 75 individuals who had already been enrolled in managed care who became nursing home eligible, and 610 individuals newly enrolled in Medicaid who are nursing home-eligible. Beneficiaries already residing in nursing homes are exempt from mandatory enrollment, but will have the option of enrolling on a voluntary basis beginning October 1.

Fully Integrated Duals Advantage (FIDA). Enrollment in NY's duals demonstration program, FIDA, actually declined between August and September. Enrollment now stands at 7,280, down from 7,676 in August; 57,735 duals have opted out of the program. The decrease in enrollment occurred

despite the passive enrollment of an additional 1,020 individuals. The Department of Health and CMS are hosting FIDA provider events in September to describe the FIDA program, and highlight best practices and experiences with the program.

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Division of Developmental Disabilities (DDD) releases Quality Improvement Stakeholder Input Report. On September 22, 2015 the Department of Human Services, DDD released a report that summarizes the findings of eight focus groups across the state, including 217 stakeholders on the topic of quality in supports and services. The focus groups of family members and professionals were asked key questions about what people with disabilities want in their lives, what do paid supporters and provider agencies need to do to respond to those preferences, and what should the evaluation of quality look like. The report details the findings of the focus groups and includes recommendations for how DDD should obtain and use data related to quality in services and supports. A complete copy of the report can be found here.

U.S. Census Bureau Survey Shows Smaller Increase in the Number of New Jersey Residents with Insurance than Forecasted. On September 17, 2015 NJ Spotlight reported that the 2014 American Community Survey conducted by the Census Bureau found an increase in the number of state residents with health insurance from 7.63 million to 7.87 million. The increase of 234,200 individuals represents about 45 percent of the original forecast in an Urban Institute survey in 2014. The rate of New Jersey residents without health insurance dropped from 13.2 percent to 10.9 percent in one year. Read more.

New Jersey Health Care Quality Institute (NJHCQI) leader retires – Linda Schwimmer named new President and CEO. On September 18, 2015 NJBIZ reported that David Knowlton, long time CEO of NJHCQI retired. NJHCQI convenes and provides technical assistance to stakeholders concerned about health policy in New Jersey. Linda Schwimmer joined the organization in 2013 as Vice President and worked for the state and an insurance carrier prior to joining NJHCQI. Read more.

ICD-10 billing Procedures Released by Medicaid Agency. On September 18, 2015 the New Jersey Department of Human Services, Division of Medical Assistance and Health Services released two newsletters to hospitals and all other providers to provide the billing procedures for provider claims with service dates on or after October 1, 2015, using ICD-10-CM diagnosis codes. The newsletters include guidance to providers on many issues, e.g., appropriate circumstances for "splitting" a professional claim, a complete list of 2016 ICD-10-CM valid codes, and fee-for-service error codes that address ICD-10-CM reporting issues. The newsletters (Medicaid Alert – MA2015-05 and MA2015-06) can be found on www.njmmis.com under the "Recent Newsletters" tab.

North Carolina

North Carolina to Privatize $15 Billion Medicaid Program. On September 17, 2015, *The Charlotte Observer* reported that a House Bill is seeking to privatize North Carolina's Medicaid program. If approved, three insurers would be given

contracts. Under the contracts companies will be required to spend at least 88 percent of the money on care and increased costs for enrollees will need to be at least 2 percentage points below national Medicaid spending growth. The state still needs federal approval. Vetoes on the bill are expected next week. Read More

Tennessee

Attorney General: Medicaid Expansion Needs Lawmaker Approval. On September 18, 2015, *The Tennessean* reported that a new opinion from Attorney General Herbert Slatery argues that Medicaid expansion needs lawmaker approval to be implemented. Governor Bill Haslam had reached a deal with federal officials to expand Medicaid and had said he would not pursue expansion without legislative approval. However, expansion failed in the General Assembly earlier this year so supporters are urging Haslam to push forward on his own. Alaska had also expanded Medicaid through executive action. Read More

Texas

Texas Releases RFP for Medicaid Management Information System Takeover. On September 16, 2015, Texas released an RFP for the Texas Medicaid Management Information System Takeover. Proposals are due December 11, 2015. Contract awards will be announced on January 31, 2017 and contracts will start February 1, 2017. Read More

Texas Judge Temporarily Halts Children's Therapy Cuts in Medicaid. On September 22, 2015, the *Texas Tribune* reported that a judge has temporarily halted the planned Medicaid children's therapy cuts to be implemented on October 1. The judge clarified that the temporary injunction is not a permanent action, but acknowledged the risk that the cuts could jeopardize the health of children receiving therapy services. The planned cuts were estimated to save the state $350 million and could impact as many as 60,000 child users of therapy services. Read More

United Testing Initiative to Pay for Housing of High-Risk Members. On September 21, 2015, *The Texas Tribune* reported that UnitedHealthcare is contracting with local homeless coalitions in Houston and Austin to find health plan members with no stable place to live. United will work with those members to find subsidized housing and help coordinate their care. As a result, United hopes the high-risk members will make fewer expensive visits to emergency rooms. If the initiative is unsuccessful, the insurer will take a loss. Read More

Vermont

Vermont Budget Officials Looks for Cause of Spike in Medicaid Spending. On September 23, 2015, *VPR* reported that less than three months into the new state fiscal year, Vermont officials are estimating that a spike in Medicaid spending could come in more than $60 million over budget. While officials recognize that certain factors, such as new high-cost drugs, could be part of the issue, it appears that increased utilization is driving the bulk of the increase in spending. Read More

Virginia

DSRIP Concept Paper Released, State Soliciting Comments. In addition to issuing guidance on its MLTSS program, discussed above, Virginia also released a detailed concept paper on its DSRIP planning. It is soliciting comments on its concept, due October 19, 2015 at 4:00pm EDT. Ultimately, Virginia intends to consolidate MLTSS and the Continuum of Care for Individuals with Substance Use Disorders (SUD) in its DSRIP planning. The concept paper addresses four primary objectives: delivery system integration through the creation of Virginia Integration Partners (VIPs), construction of a data platform for integration and usability, creation and expansion of community capacity, and payment reform within Medicaid that aligns with Medicare payment policies. Revenue streams for Virginia's share of the DSRIP funding are being explored. Virginia anticipates filing its application for a DSRIP waiver in December. The concept paper can be found here.

National

2014 Uninsured Rate Lowers to 10.4 Percent; Household Income Sees No Improvement. On September 16, 2015, *The New York Times* reported that in 2014, although the uninsured rate fell to 10.4 percent, down from 13.3 percent in 2013, median household income and the poverty rate saw no improvements. The census suggested that one major government program was working – the Affordable Care Act. High unemployment rates, however, yielded no improvements in wages and income. Rate of medical coverage increased approximately 4 percentage points for blacks, Asians, and Hispanics, and 2 percentage points for non-Hispanic whites. The biggest gains in coverage occurred among households with incomes less than $50,000 a year. Read More

HHS Campaign To Pursue Individuals Who Have Declined Coverage. On September 22, 2015, *Kaiser Health News* reported that the Department of Health and Human Services will launch a vigorous campaign this fall targeting individuals who have refused to sign up for coverage in the last two years. Approximately half of those who qualify for coverage on the exchanges are aged 18 to 34 and may think they do not need insurance. Furthermore, 40 percent of the uninsured who qualify earn between 139 and 250 percent of the poverty level and nearly 60 percent of the uninsured are either confused about how tax credits work or do not they are available. HHS will be targeting the 10.5 million uninsured individuals. Read More

Industry News

Everett Clinic to Merge with DaVita HealthCare Partners. On September 21, 2015, *Herald Net* reported that Everett Clinic announced plans to merge with Colorado-based DaVita HealthCare Partners. The Everett Clinic will keep its name and continue to be led by a physician board. The merger will still need to be reviewed by the Federal Trade Commission to see if it raises antitrust issues. Read More

Universal Health Services to Buy Foundations Recovery Network for $350 Million. On September 18, 2015, *Business Insider* reported that Universal Health Services will buy the addiction treatment facility company Foundations Recovery Network for $350 million. The purchase was approved and will be completed within a few weeks. Read More

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
September 16, 2015	Pennsylvania HealthChoices	RFP Release	1,700,000
September 30, 2015	Washington (SW - Fully Integrated)	Proposals Due	100,000
October 1, 2015	Montana Expansion (TPA)	Contract Awards	70,000
October 1, 2015	Florida Healthy Kids	Implementation	185,000
October 1, 2015	Arizona (Behavioral)	Implementation	23,000
October, 2015	Indiana	RFP Release	900,000
November 16, 2015	Pennsylvania MLTSS/Duals	RFP Release	450,000
November 17, 2015	Washington (SW - Fully Integrated)	Contract Awards	100,000
November 17, 2015	Pennsylvania HealthChoices	Proposals Due	1,700,000
December 31, 2015	Indiana	Proposals Due	900,000
January 1, 2016	Michigan	Implementation	1,600,000
January 1, 2016	Iowa	Implementation	550,000
January 15, 2016	Pennsylvania MLTSS/Duals	Proposals Due	450,000
April 1, 2016	Washington (SW - Fully Integrated)	Implementation	100,000
July, 2016	Georgia	Implementation	1,300,000
September 1, 2016	Texas STAR Kids	Implementation	200,000
January 1, 2017	Pennsylvania HealthChoices	Implementation	1,700,000
January 1, 2017	Pennsylvania MLTSS/Duals	Implementation (SW Region)	450,000
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Region)	450,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Regions)	450,000

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION CALENDAR

Below is a summary table of the progression of states toward implementing dual eligible financial alignment demonstrations in 2014 and 2015.

State	Model	Duals eligible for demo	RFP Released	RFP Response Due Date	Contract Award Date	Signed MOU with CMS	Opt- in Enrollment Date	Passive Enrollment Date	Health Plans
California	Capitated	350,000	X	3/1/2012	4/4/2012	3/27/2013	4/1/2014	5/1/2014 7/1/2014 1/1/2015	CalOptima; Care 1st Partner Plan, LLC; Community Health Group Partner; Health Net; Health Plan of San Mateo; Inland Empire Health Plan; LA Care; Molina; Santa Clara Family Health Plan; Anthem (CareMore)
Colorado	MFFS	62,982				2/28/2014		9/1/2014	
Connecticut	MFFS	57,569						TBD	
Illinois	Capitated	136,000	X	6/18/2012	11/9/2012	2/22/2013	4/1/2014	6/1/2014	Aetna; Centene; Health Alliance; Blue Cross Blue Shield of IL; Cigna-Health Spring; Humana; Meridian Health Plan; Molina
Massachusetts	Capitated	90,000	X	8/20/2012	11/5/2012	8/22/2013	10/1/2013	1/1/2014	Commonwealth Care Alliance; Fallon Total Care (*exiting demo*); Network Health
Michigan	Capitated	105,000	X	9/10/2013	11/6/2013	4/3/2014	3/1/2015	5/1/2015	AmeriHealth Michigan; Coventry (Aetna); Fidelis SecureCare; Meridian Health Plan; Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan
New York	Capitated	124,000	Application			8/26/2013	1/1/2015 *(Phase 2 Delayed)*	4/1/2015 *(Phase 2 Delayed)*	There are 22 FIDA plans selected to serve the demonstration. A full list is available on the MRT FIDA website.
North Carolina	MFFS	222,151						TBD	
Ohio	Capitated	114,000	X	5/25/2012	6/28/2012	12/11/2012	5/1/2014	1/1/2015	Aetna; CareSource; Centene; Molina; UnitedHealth
Oklahoma	MFFS	104,258						TBD	
Rhode Island*	Capitated	30,000	X	5/12/2014	9/1/2014	7/30/2015	12/1/2015	2/1/2016	Neighborhood INTEGRITY
South Carolina	Capitated	53,600	X		11/1/2013	10/25/2013	2/1/2015	4/1/2016	Absolute Total Care (Centene); Advicare; Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)
Texas	Capitated	168,000	N/A	N/A	N/A	5/23/2014	3/1/2015	4/1/2015	Anthem (Amerigroup), Cigna-HealthSpring, Molina, Superior (Centene), United
Virginia	Capitated	78,596	X	5/15/2013	12/9/2013	5/21/2013	3/1/2014	5/1/2014	Humana; Anthem (HealthKeepers); VA Premier Health
Washington	Capitated	48,500				*Cancelled Capitated Financial Alignment Model*			
	MFFS	66,500	X			10/24/2012		7/1/2013; 10/1/2013	
Totals	**10 Capitated 5 MFFS**	**1.3M Capitated 513K FFS**	***10***			***12***			

** Phase I enrollment of duals only includes Medicaid benefits. Medicare-Medicare integration to occur within 12 months.*

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION ENROLLMENT PROGRESS

The table below details state and CMS-reported enrollment data for the dual eligible financial alignment demonstrations in the nine states with active demonstration enrollment.

State	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
California	122,908	123,079	124,239	122,520	122,798	122,846	120,452	116,470
Illinois	63,731	64,199	60,684	58,338	55,672	52,763	52,170	51,631
Massachusetts	17,867	17,763	17,797	17,621	17,637	17,705	17,671	17,518
Michigan					9,216	14,867	28,171	35,102
New York	17	406	539	6,660	7,215	5,031	7,122	9,062
Ohio	68,262	66,892	65,657	63,625	63,446	62,958	61,871	62,418
South Carolina		83	1,205	1,398	1,366	1,317	1,388	1,380
Texas			58	15,335	27,589	37,805	44,931	56,423
Virginia	27,333	26,877	27,765	27,349	30,877	29,970	29,507	29,200
Total Duals Demo Enrollment	**300,118**	**299,299**	**297,944**	**312,846**	**335,816**	**345,262**	**363,283**	**379,204**

HMA NEWS

New this week on the HMA Information Services website:

- 12 of 13 states request Duals Demo extension
- **Pennsylvania** Releases RFP for HealthChoices Medicaid Managed Care
- Public documents including the **Texas** MMIS Takeover RFP and the **New Hampshire** cancellation notice for the Medicaid managed care RFA
- Upcoming webinars on Battling Opioid Addiction: Public Policy and Healthcare Strategies for an Epidemic and Emerging Tools and Technology for Consumer Engagement in Health Care

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