HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

August 17, 2016

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THIS WEEK

IN FOCUS

HMA WEEKLY ROUNDUP – AUGUST 17, 2016

This week, our *In Focus* section is taking a break. Below, we provide our regular HMA Roundups, Industry News, RFP and Duals Calendars, and HMA News sections. We also want to take a moment to remind our readers about the HMA Information Services (HMAIS) Daily Roundup, which includes breaking industry news and state-by-state updates from HMA consultants in the field. The Daily Roundup is available only to HMAIS subscribers and includes advance content from the HMA Weekly Roundup, which continues to be distributed to readers every Wednesday evening. In other words, HMAIS subscribers have a leg up on the competition by getting breaking news and analysis first. For more information about HMAIS and the Daily Roundup please contact Carl Mercurio at cmercurio@healthmanagement.com or 212-575-5929.

HMA MEDICAID ROUNDUP

Alabama

Special Session to Consider State Lottery, Oil Settlement to Fund Medicaid. *Montgomery Advertiser* reported on August 12, 2016, that Alabama Governor Robert Bentley will make two proposals during an August 15, 2016, special legislative session to address the state's Medicaid budget shortfall. One proposal will be to amend the Alabama Constitution to allow a statewide lottery, which could bring in $225 million to $427 million in revenues. The lottery would be available in 2018. Governor Bentley will also ask lawmakers to distribute funds from a 2010 oil spill settlement to Medicaid. Read More

California

Nurses Experience Licensing Delays of Up to Six Months. *Kaiser Health News* reported on August 17, 2016, that California nurses are experiencing delays as long as six months in receiving their licenses. The state Board of Registered Nursing has a backlog of at least 2,000 applications. Patricia McFarland, CEO of the Association of California Nurse Leaders, said that a new computer system was "a significant contributing factor in the delays." A board spokeswoman acknowledged that the system is time-consuming and that more staff is needed to expedite licensing. Nearly 24,000 licenses were issued in fiscal 2016, of which more than half were for new nurses. Read More

Colorado

State May Have to Pay Back $38 Million in CHIP Bonuses Following Audit. *The Denver Post* reported on August 16, 2016, that Colorado may have to return $38 million in federal bonus payments tied to increased enrollment in the state Children's Health Insurance Program (CHIP). An audit by the U.S. Department of Health and Human Services found that Colorado CHIP enrollment increases were inflated because the state included blind and disabled children, a category excluded from earlier tallies. State officials stated that the guidelines for bonus eligibility were unclear. The bonuses, paid between 2009 and 2013, were meant to offset the costs of increased caseloads for children. Read More

Connecticut

Governor's Administration Announces Plan to Privatize I/DD Services, Lay Off 605 Employees. *The CT Mirror* reported on August 16, 2016, that Connecticut Governor Dannel Malloy announced a plan to privatize services for individuals with intellectual and developmental disabilities. The move is expected to result in 605 job cuts at the Department of Developmental Services (DDS), or 25 percent of the full-time workforce. The state will privatize 40 out of 61 state-run group homes, which is expected to save $70 million annually by next fiscal year. According to DDS commissioner Morna Murray, the plan mirrors national trends. The plan is part of a broader reorganization and savings initiative ordered by the Governor and legislature in May. Read More

Florida

HMA Roundup – Elaine Peters (Email Elaine)

State Economists Expect $1.4 Billion Budget Surplus. *The Palm Beach Post* reported on August 15, 2016, that Florida is expected to post a $1.4 billion budget surplus for the fiscal year ending June 30, 2017, according to economists. However, economists scaled back state tax revenue collections by $267 million for this year and next, citing lower than expected sales taxes and reduced tourism. Read More

Idaho

Medicaid Expansion Will Likely be Discussed During Legislative Session. *KIVI-TV6* reported on August 12, 2016, that the Idaho state legislature is likely to discuss the possibility of expanding Medicaid. A study supportive of Medicaid expansion produced by Idaho Voices for Children was presented to a legislative workgroup evaluating solutions to help the working poor who can't afford health insurance but make too much for assistance. Read More

Illinois

HMA Roundup – Andrew Fairgrieve (Email Andrew)

State to Release Draft Waiver Application for Behavioral Health Reform. *The Civic Federation* reported on August 11, 2016, that Illinois will release a draft Section 1115 Demonstration waiver application on August 19, 2016, as part of a plan to reform the state's behavioral health care programs. The proposal comes as the state struggles with budget issues that are straining human services agencies, including behavioral health providers. Public hearings for the plan will be held on August 24 in Chicago and August 25 in Springfield. According to a recent Medicaid Advisory Committee meeting, the state plans to submit the final 1115 waiver proposal to the Centers for Medicare & Medicaid services by mid-September. Read More

General Fund Projected to Be $1 Billion Less Next Fiscal Year. *Illinois News Network* reported on August 15, 2016, that the Illinois General Fund is projected to be $1 billion less in fiscal year 2017 than in fiscal 2016, according to a report from the state Commission on Government Forecasting and Accountability. About two-thirds of the shortfall would be from unavailability of certain federal

Medicaid funds and a third would be from lower corporate, sales, and personal income taxes. Read More

Kansas

Legislators Open to Medicaid Expansion Discussion. *The Wichita Eagle* reported on August 13, 2016, that some Kansas legislators are beginning to express support for discussing Medicaid expansion after the Senate primary elections. As health care organizations and the Kansas Hospital Association push for expansion, Governor Sam Brownback said that the state needs to eliminate all waiting lists and place work requirements on eligibility prior to considering expansion. Newly elected moderate Republicans are open to discussing expansion, but have expressed concerns that Governor Sam Brownback would veto any legislation. Read More

Public Forums on KanCare Rate Reductions Cancelled. *Kansas Health Institute* reported on August 16, 2016, that Kansas officials have cancelled a series of public forums scheduled for next week regarding a proposed 4 percent KanCare provider rate cut. The forums were to take place in Overland Park, Topeka, Wichita, Pittsburg, and Dodge City. Public comments will instead be accepted by letter or through email at KanCareReductions@kdheks.gov. LeadingAge Kansas CEO Debra Zehr said she thinks the state is trying to avoid public opposition to the planned reimbursement cuts. A state spokeswoman said the public comment by letter or email is more thorough and effective. Read More

Louisiana

Louisiana Reaches 74 Percent of Medicaid Expansion Enrollment Goal in Two Months. *WBRZ News* reported on August 10, 2016, that Louisiana Medicaid sign-ups have reached 278,031 since expansion, which is 74 percent of the state's goal of 375,000 by June 2017. Of those newly enrolled, two-thirds were female, 40 percent were between the ages of 25 and 39, and nearly 23,000 were SNAP recipients. Read More

Louisiana Medicaid to Cover Mosquito Repellent for Pregnant Women. *KSLA News* reported on August 10, 2016, that Lousiana Medicaid will begin covering mosquito repellant for pregnant women or those trying to conceive. The state has reported 19 travel-related cases of the virus. The program will cover specific repellents approved by the Environmental Protection Agency, and Medicaid patients must obtain a prescription from their doctor. Read More

Massachusetts

Baystate Health Lays Off 300, Faces $75 Million Shortfall. *The Boston Globe* reported on August 12, 2016, that Springfield, Massachusetts-based Baystate Health System is laying off 300 people to help offset a $75 million budget shortfall. The layoffs are expected to save $20 million. Baystate cited insufficient federal reimbursements, particularly in Medicaid but also in Medicare, as the main driver of the system's budget issues. Read More

Nebraska

Health Plans Await Judge's Ruling on Medicaid Award Protest. *The Omaha World-Herald* reported on August 12, 2016, that a U.S. District Judge in Nebraska must soon decide whether to grant a preliminary injunction blocking implementation of the state's recent Medicaid managed care contract award. Centene, UnitedHealthcare, and WellCare won contracts to serve 233,000 Medicaid managed care members in the state. Aetna and AmeriHealth Caritas have disputed the final award, which was announced in March. After more than three hours of oral arguments on August 11, U.S. District Judge Robert Rossiter took the matter under advisement. Read More

New Hampshire

New Hampshire Submits Medicaid Expansion Waiver. *Politico* reported on August 15, 2016, that New Hampshire has asked for federal approval to amend its Medicaid expansion program. The amendments, which were submitted to the Centers for Medicare & Medicaid Services, would institute co-pays for non-emergency ER stays, work requirements, new standards for validating citizenship, and changes to cost-sharing requirements. Medicaid expansion in the state was authorized under the New Hampshire Health Protection Program, a Section 1115 Demonstration waiver. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

Delivery System Reform Incentive Payment Program Funds Flow. New York State has posted funds flow documents for each of the 25 Performing Provider Systems (PPSs) participating in the Delivery System Reform Incentive Payment (DSRIP) Program . Out of a total of $842 million awarded to date, less than $200 million has been spent. The percentage of awarded funds expended varies widely across PPSs, ranging from 60 percent for the Westchester Medical PPS to less than 5 percent for Care Compass and NYU Lutheran. The individual funds flow documents include spending by provider category (Practitioner – Primary Care Provider (PCP), Practitioner – Non-Primary Care Provider (PCP), Hospital, Clinic, Health Home/Case Management, Mental Health, Substance Abuse, Nursing Home, Pharmacy, Hospice) as well as spending on Project Management for the 4th quarter of DSRIP year 1 spending. During that quarter, more than half of the $92 million expended went to project management functions, a reflection of the complexity of managing DSRIP implementation and reporting functions. An additional 24 percent of spending went to hospitals. DSRIP has recognized that reducing avoidable hospital use may cause financial instability for hospitals during a transition period, and has allowed funds to flow to hospitals to compensate for revenue losses. An explicit goal of DSRIP is to build up community-based primary care, yet spending to primary care providers for the quarter amounted to only 4.2 percent of overall PPS spending. Community-based organizations (CBOs), viewed as critical partners in addressing social determinants of health, received only 3.2 percent of total expenditures amounting to less than $3 million statewide, and 10 of the 25 PPSs have not shared any funding with CBO. Maimonides allocated the greatest share of its award for the quarter to CBOs, although it should be noted that Maimonides

includes payments to the SEIU 1199 Training Fund as a CBO payment. Read More

Department of Health Publishes Delivery System Reform Incentive Payment Newsletter. The New York State Department of Health has begun publishing a monthly newsletter entitled "DSRIP Digest." The newsletter will share information about Performing Provider System (PPS) projects from across the state and success stories, as well as providing recent news and upcoming events. The inaugural July issue can be found here. Read More

Department of Health Releases NY State of Health 2016 Open Enrollment Report. The New York State Department of Health has released a report summarizing enrollment through NY State of Health (NYSOH), the state's official health plan marketplace, during the 2016 open enrollment period. More than 2.8 million New Yorkers enrolled for health coverage through NYSOH during the 2016 open enrollment period, an increase of 700,000 over the previous year's 2.1 million total. Of these, almost 2 million enrolled in Medicaid, 272,000 enrolled in Qualified Health Plans (QHPs) (54 percent of whom received some financial assistance), and 380,000 enrolled in the Essential Plan (the state's Basic Health Program). For 2016, 15 plans offered individual coverage through a QHP and 14 plans offered an Essential Plan product. Fidelis Care dominated enrollment in both of these markets, with 26 percent of individual QHP enrollment and 23 percent of Essential Plan enrollment. The report, which is available on the NYSOH website, includes enrollment at the plan and county level, as well as demographic information about marketplace enrollees. Read More

HealthNow Partnering with Amerigroup. BlueCross BlueShield of Western New York will partner with Amerigroup Partnership Plan to help administer and manage the company's Medicaid managed care programs. HealthNow, a Medicaid managed care plan operated by BlueCross BlueShield of Western New York, had been evaluating its participation in Medicaid managed care for almost two years, including possible partnerships with other plans. HealthNow had announced in August 2014 that it would exit the Medicaid program in six western New York counties following $40 million in losses over three years. Its enrollment has been frozen pending resolution, and has declined from a high of 46,000 to 24,000 in July 2016, a decline of 48 percent. BlueCross BlueShield anticipates the full transition of management services to Amerigroup by the end of 2016. The agreement is limited to BlueCross BlueShield's public state-sponsored programs and does not impact any other lines of business, nor reflect any broader long-term strategy. Amerigroup Corporation serves more than six million Medicaid members nationwide, including 460,000 Medicaid members in downstate New York through Empire HealthPlus. It maintains similar alliances with several partners across the country who participate or desire to participate in Medicaid programs. Read More

Comptroller's Office Finds $12.1 Million in Medicaid Overpayments. *Rockland Times* reported on August 11, 2016, that the New York Medicaid program made $12.1 million in overpayments in 2015, according to an audit by the state comptroller's office. Capitated payments to Managed Long-Term Care plans for members who were no longer enrolled accounted for $7.1 million in overpayments alone. Auditors also found overpayments for low-birth weight newborns, inpatient claims, and duplicate billings. The state has recovered approximately $2.1 million of the overpayments to date. Read More

Office of Mental Health Releases Guidance on Licensed Behavioral Health Practitioner Benefit under Medicaid Managed Care. The New York State Office of Mental Health released guidance allowing Medicaid managed care plans to reimburse clinics that are licensed through the Office of Mental Health for services provided at off-site locations. The benefit is referred to as Licensed Behavioral Health Practitioner (LBHP) services. The new service is being offered under New York State's Medicaid Section 1115 Waiver, which also allows the move of Medicaid-funded Behavioral Health services into Managed Care. The change is intended to facilitate integration of behavioral health services with primary care and physical health services. This change is only applicable to Medicaid MCOs and does not affect other Medicaid plans (e.g. Medicaid Advantage Plus [MAP], Managed Long Term Care [MLTC], Fully Integrated Duals Advantage [FIDA]), or services reimbursed by Medicaid fee-for-service.

New York Releases RFA for LIFT Population Health. The New York State Department of Health Office of Quality and Patient Safety released a Request for Applications under its State Health Innovation Plan / State Innovation Model Initiative. The Linking Interventions For Total Population Health (LIFT Population Health) initiative will support prevention activities that align with and leverage other health system redesign efforts in a target community. LIFT Population Health awardees will implement a spectrum of coordinated and linked prevention activities (i.e., traditional clinical preventive interventions, innovative clinical preventive interventions that extend outside the clinical setting, and total population or community-wide interventions) that focus on one of five specified issues:

1. Prevent and Control Obesity and Diabetes
2. Prevent and Reduce Tobacco Use
3. Prevent Cardiovascular Disease and Control High Blood Pressure
4. Reduce and Control Asthma
5. Prevent and Detect Cancer

The applicant should be prepared to serve as the lead organization of a coalition working to collaboratively address the specific health issue selected. A total of up to five individual awards (up to three awards in areas with populations between 50,000 and 250,000 residents and up to two awards in areas with more than 250,000 residents) will be funded. Applicants must be nonprofit organizations or municipalities including, but not limited to: local health departments, community-based organizations, volunteer organizations, hospitals, and professional organizations. Applications are due September 30, 2016. Read More

Mount Sinai Health System and Stony Brook Medicine Announce Affiliation. Stony Brook Medicine and the Mount Sinai Health System announced that they are entering into an affiliation agreement that includes collaboration on research, academic programs, and clinical care initiatives, effective immediately. The institutions launched the partnership to heighten academic and research synergies and to promote discovery, provide expanded clinical trials for both institutions, and achieve breakthroughs in understanding and treating disease. The Icahn School of Medicine at Mount Sinai and Stony Brook University will collaborate to develop a wide range of research programs in fields including biomedical engineering and computer science; drug discovery and medicinal chemistry sciences; neuroscience, neurology and psychiatry; basic biology and

novel therapeutics; and, public health and health systems. The alliance will capitalize on Stony Brook's expertise in mathematics, high-performance computing, imaging, and the physical and chemical sciences, and Mount Sinai's strengths in biomedical and clinical research, and health policy and outcomes. Read More

Department of Health Division of Long Term Care to Host Home and Community-Based Services Plan Webinar. The New York State Department of Health Division of Long Term Care is hosting a webinar on the Home and Community-Based Services (HCBS) Final Rule Statewide Transition Plan on August 18, 2016 from 9:30 – 10:30 am. The HCBS Final Rule Statewide Transition Plan Webinar will provide an overview of the state's plan to come into compliance with the HCBS final rule, deliverables and priority concepts for agencies and providers of HCBS. New York's efforts to address areas noted in CMS' response to the state's initial submission will be reviewed. It will also include information on the public comment process and time for questions and answers. Read More

Department of Financial Services to Hold Public Hearing Regarding Anthem Acquisition of Cigna. The New York State Department of Financial Services is holding a public hearing on the proposed acquisition of Cigna Life Insurance Company of NY by Anthem, Inc. The hearing is meant to allow stakeholders to comment on the potential impacts the acquisition might have on consumers and the insurance marketplace in the state. The hearing is scheduled for September 8 at 10 am in New York City. Read More

North Carolina

State Halts Enrollment in Children's CAP/C Program, Pending Waiver Renewal. *The News & Observer* reported on August 15, 2016, that North Carolina has halted enrollment in the state's Community Alternatives Program for Children (CAP/C) Medicaid waiver program, which offers in-home nursing care to children with complex health needs. Instead, eligible children will be placed on a waiting list. The state is preparing a waiver renewal application, which must be approved before enrollment can resume. The CAP/C waiver had been scheduled to expire in July 2015; however, it has continued to operate under temporary extension agreements. Meanwhile, state officials had anticipated CAP/C waiver enrollment of approximately 1,700, but enrollment surged to around 2,400 as of June 2016. Read More

Ohio

HMA Roundup – Mel Borkan (Email Mel)

State Could Lose More than $1 Billion in Revenues from Potential MCO Tax Change. *Cleveland.com* reported on August 10, 2016, that Ohio would lose $558 million in revenues in fiscal 2018 and $578 million in fiscal 2019 if the state is no longer permitted to levy its current sales tax on Medicaid managed care organizations. The Centers for Medicare and Medicaid Services notified states that the MCO sales tax may no longer comply with federal rules. Read More

PASSPORT Home and Community Waiver Considers Adding a New Shared Living Service. On August 15, the Ohio Department of Medicaid posted a public notice and request for comments regarding the proposed addition of a new Shared Living service to the PASSPORT home and community-based services (HCBS) waiver. Comments must be submitted by September 15, 2016. The new Shared Living service will provide the option of a live-in caregiver for PASSPORT recipients who qualify. The Shared Living service includes personal care, chore, individual living assistance and homemaker tasks appropriate to an individual's needs. The service also assists individuals with managing the household, handling personal affairs, and self-administration of medications.

CareSource Provides "Life Services" Connections. *The Columbus Dispatch* reported that CareSource, one of several insurance companies that Ohio Medicaid applicants can choose, recently launched a program called Life Services. The service helps members find work and educational opportunities. CareSource Director Karin VanZant said members reported that help getting jobs would improve their lives. VanZant says that CareSource has 1.3 million Medicaid clients and is using its influence to get help for its members from companies, schools and other resources. CareSource is funding all of its Life Services currently. Read More

Pennsylvania

HMA Roundup – Julie George (Email Julie)

Changes Announced for Patient Safety Liaison Program. The Pennsylvania Patient Safety Authority announced on August 10, 2016, plans to improve its Patient Safety Liaison program, which offers educational guidance and facilitates collaboration among 570 healthcare facilities in the state. Adjustments to the program will include the addition of month-long topic concentrations, targeting of specific facilities with a greater need for resources, and focusing on reporting and data analysis tools. Authority Executive Director Regina Hoffman said that the changes are part of a broader plan to continue improving patient safety. Read More

Rhode Island

Rhode Island Medicaid Director to Step Down. *The Providence Journal* reported on August 11, 2016, that Rhode Island Medicaid Director Anya Rader Wallack will be leaving her post after serving for 10 months. Deputy Medicaid Directors Deb Florio and Darren McDonald will lead the Medicaid program during the search for a new director. Read More

National

Insurer Exits from ACA Exchanges Prompt Concern, Search for Remedies. *Modern Healthcare* reported on August 16, 2016, that major insurer exits from the Affordable Care Act Exchanges are raising concerns about choice, competition, and the affordability of Exchange plan products. Potential solutions being discussed by policymakers include government-run Exchange plans or requiring insurers to offer Exchange plans if they participate in Medicare Advantage or Medicaid managed care. Jeff Myers, president and CEO of

Medicaid Health Plans of America, said his organization would oppose putting conditions on plan participation. Read More

Bipartisan Congressional Group Urges Reform of IMD Exclusion. *NJ Spotlight* reported on August 15, 2016, that a bipartisan Congressional group is seeking to expand access to addiction treatment through reform of the Institutions for Mental Disease (IMD) exclusion. The exclusion prohibits states from using federal Medicaid dollars to pay for mental health and substance abuse services for adults treated at residential facilities with more than 16 beds. In April 2016, the U.S. Department of Health and Human Services issued new rules that amended the exclusion and enabled states to use Medicaid managed care programs to pay for up to 15 days of treatment. However, the bipartisan group states that this is insufficient, as many patients require more than 15 days of residential care. Read More

Medicaid Expansion Makes Economic Sense for States, Study Finds. The Urban Institute released a report on August 9, 2016, which found that expanding Medicaid in the 19 states that have not done so would result in $7 to $8 in federal funding for each $1 in state spending. Expansion in these states would result in $54.1 billion in additional state spending and $404.4 billion in additional federal spending. In addition, the number of uninsured would fall by an estimated 4.1 million to 5 million. Read More

Medicaid Expansion Costs Are Higher than Expected, CMS Says. *The Associated Press* reported on August 12, 2016, that the cost of expanding Medicaid under the Affordable Care Act was about 49% higher than expected in 2015, according to a report from the Centers for Medicare and Medicaid Services. CMS said the cost of expansion was $6,366 per person in 2015, with sicker-than-expected enrollees and the timing of claims reporting among the possible reasons for the higher cost trends. About 9 million to 10 million people are covered under Medicaid expansion programs in various states. Read More

Federal Officials Use CMS, ACF Funding for Zika Vaccine Research. *KTIC* reported on August 12, 2016, that to initiate research for a Zika virus vaccine, federal officials will use $81 million in funding from the Centers for Medicare & Medicaid Services and the Administration for Children and Families. U.S. Department of Health and Human Services Secretary Sylvia Burwell stated that $34 million will be transferred within the National Institutes of Health and $47 million will go to Biomedical Advanced Research and Development Authority. President Barack Obama has requested $1.9 billion in Zika funding, but Congress has yet to approve the request. Read More

Industry News

Aetna to Exit Insurance Exchanges in 11 States in 2017. Aetna announced on August 15, 2016, that it will reduce its insurance Exchange participation, following a second-quarter 2016 pretax loss of $200 million in its individual health plan business. Aetna will exit 11 states in 2017; it will remain in Delaware, Iowa, Nebraska, and Virginia. In announcing the move, Aetna chief executive Mark Bertolini said the company is encouraged that the U.S. Department of Health and Human Services is considering modifications to the Exchange plan risk-adjustment program. He also said Aetna would consider expanding its Exchange presence again "should there be meaningful exchange-related policy improvements." Read More

Antitrust Trial on Anthem's Proposed Acquisition of Cigna to Begin November 21. *Politico* reported on August 15, 2016, that the federal antitrust trial over Anthem's proposed acquisition of Cigna will begin November 21. According to Bloomberg, a U.S. District Judge set the trial date for November and did not promise a ruling before the end of the year, despite Anthem's request for decision by year-end 2016 to ensure compliance with state regulations by the merger's April 30, 2017 deadline. Cigna has not offered to extend the merger deadline. The Justice Department filed the suit in July, arguing that the combination of the two companies would reduce competition in the health insurance market. A separate antitrust trial over Aetna's proposed acquisition of Humana will begin on December 5. Read More

BrightStar Care Plans to Expand into Philadelphia with 26 New Home Care Locations. *Home Health Care News* reported on August 15, 2016, that Chicago, Illinois-based BrightStar Care will add 26 new home care locations in Philadelphia in the next two to three years. BrightStar hopes to open a total of 50 new locations this year across the country. The company currently has more than 300 locations. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
August 25, 2016	Nevada	Proposals Due	420,000
August, 2016	Massachusetts MassHealth ACO - Full	Applications Open	TBD
September 6, 2016	Pennsylvania HealthChoices	Proposals Due	1,700,000
September 12, 2016	Rhode Island	Proposals Due	231,000
September 22, 2016	Nevada	Contract Awards	420,000
September, 2016	Massachusetts MassHealth ACO - Pilot	Selection	TBD
September, 2016	Washington, DC	RFP Release	200,000
October 1, 2016	Missouri (Statewide)	Contract Awards	700,000
October, 2016	Massachusetts	RFP Release	860,000
November 1, 2016	Arizona ALTCS (E/PD)	RFP Release	30,000
November 1, 2016	Texas STAR Kids	Implementation	200,000
November, 2016	Oklahoma ABD	RFP Release	177,000
December 1, 2016	Massachusetts MassHealth ACO - Pilot	Implementation	TBD
December 9, 2016	Virginia MLTSS	Contract Awards	212,000
December, 2016	Massachusetts MassHealth ACO - Full	Selection	TBD
January 1, 2017	Pennsylvania HealthChoices	Implementation	1,700,000
January 1, 2017	Nebraska	Implementation	239,000
January 1, 2017	Minnesota SNBC	Implementation (Remaining Counties)	45,600
January 18, 2017	Arizona ALTCS (E/PD)	Proposals Due	30,000
January, 2017	Oklahoma ABD	Proposals Due	177,000
February, 2017	Rhode Island	Implementation	231,000
March 7, 2017	Arizona ALTCS (E/PD)	Contract Awards	30,000
May 1, 2017	Missouri (Statewide)	Implementation	700,000
May, 2017	Oklahoma ABD	Implementation	177,000
July 1, 2017	Nevada	Implementation	420,000
July 1, 2017	Pennsylvania MLTSS/Duals	Implementation (SW Region)	100,000
July 1, 2017	Virginia MLTSS	Implementation	212,000
August, 2017	Georgia	Implementation	1,300,000
October 1, 2017	Arizona ALTCS (E/PD)	Implementation	30,000
October, 2017	Massachusetts MassHealth ACO - Full	Implementation	TBD
October, 2017	Massachusetts	Implementation	860,000
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Region)	145,000
March, 2018	North Carolina	RFP Release	1,500,000
June, 2018	North Carolina	Proposals Due	1,500,000
September, 2018	North Carolina	Contract awards	1,500,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Regions)	175,000
July 1, 2019	North Carolina	Implementation	1,500,000

Dual Eligible Financial Alignment Demonstration Implementation Status

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

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

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

HMA News

Leveraging Data and Health IT Solutions to Be Addressed at HMA Conference on Vulnerable Populations in Chicago, October 10-12, 2016

Representatives from the Chesapeake Regional Information System (CRISP) and New York-based Hudson River HealthCare will discuss how to leverage existing IT systems to create individualized care management plans for members with complex medical conditions. The discussion will take place during a special session at HMA's inaugural conference on "*The Future of Publicly Sponsored Healthcare: Building Integrated Delivery Systems for Vulnerable Populations*," October 10-12, 2016, in Chicago, Illinois.

Speakers during the session will include David Horrocks, President, CRISP; Hope Glassberg, Vice President Strategic Initiatives and Policy, Hudson River HealthCare; and Jim Sinkoff, Chief Financial Officer, Hudson River HealthCare. Additional speakers will be announced.

The session is titled, "Leveraging Data and Healthcare IT Solutions for Population Health Management of Vulnerable Populations."

This premier event, presented by HMA and HMA's Accountable Care Institute, will address key issues facing health systems, hospitals, clinics and provider practices seeking to integrate care in an environment of rising quality and cost expectations. More than 35 speakers have been confirmed to date. Registration is now open. Visit https://fpsh.healthmanagement.com/ for complete conference details or contact Carl Mercurio at (212) 575-5929 or cmercurio@healthmanagement.com.

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

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