HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

August 20, 2014

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THIS WEEK

The HMA Weekly Roundup will not publish next Wednesday, August 27, 2014. We will resume regular publication on Wednesday, September 3, 2014.

IN FOCUS

WASHINGTON ISSUES FOSTER CARE MANAGED CARE RFP

This week our *In Focus* section reviews the request for proposals (RFP) issued by the Washington State Health Care Authority (HCA) on July 31, 2014, to provide managed care for the foster care, adoption assistance, and foster alumni populations. A 2013 law requires HCA to transition all Medicaid children into managed care; the inclusion of the foster care population will complete that transition. HCA intends to award a contract to a single statewide managed care plan and is limiting eligible bidders to plans with a current Medicaid managed care contract with the state.

Target Population

The RFP covers an estimated 25,500 child and young adult lives, the vast majority of which are currently in a fee-for-service (FFS) arrangement, as detailed in the table below, based on 2014 data.

Foster Care Population	FFS	MCO	Total
Foster Care and Adoption Support Children	22,546	2,113	24,659
Former Foster Care	865	61	926
Total Population	**23,411**	**2,174**	**25,585**

American Indian and Alaskan Native (AI/AN) children will be excluded from mandatory enrollment for the time being; however, AI/AN children may voluntarily enroll in the managed foster care program.

Timeline and Contract Award Details

Interested bidders must have submitted a mandatory letter of intent by Tuesday, August 12, 2014 to be considered. Final bids are due on September 10, with anticipated award announcements on September 29, 2014. Implementation is scheduled for January 1, 2015. The initial contract term will run for two years, through the end of 2016, with two optional extension years.

Timeline	Date
RFP Released	July 31, 2014
Mandatory Letter of Intent Due	August 12, 2014
HCA Response to Questions	August 20, 2014
Proposals Due	September 10, 2014
Award Announcement	September 29, 2014
Contract Start Date	November 1, 2014
Implementation	January 1, 2015

Evaluation Criteria

Bidders will be evaluated primarily on their technical proposal, which includes behavioral health and coordination between foster care systems, and a cost proposal. Bidders who submitted a letter of intent were provided with cost proposal information, including an actuarial analysis provided by Milliman.

Evaluation Criteria	Points Possible	Percentage
RFP Compliance/Management Review	Pass/Fail	N/A
Network Adequacy	100	7%
Technical Proposal	1,000	67%
Management Proposal	100	7%
Cost Proposal	300	20%
Total Points Possible	**1,500**	

Current Medicaid Managed Care Market

Molina is currently the largest Medicaid managed care plan in Washington with more than 442,600 enrollees or 37 percent of the market. Combined with local not-for-profit Community Health Plan of Washington, these two plans account for nearly two-thirds of all enrollment. Centene's Coordinated Care Corporation, United Healthcare, and WellPoint's Amerigroup Washington account for roughly the other third. There are also 19 local and tribal authorities and other small health plans that account for less than 20,000 total enrollees or 1 percent of the market.

Health Plan	Enrollment	Percent
Molina Healthcare of Washington Inc	442,675	37%
Community Health Plan Of Washington	305,370	25%
Coordinated Care Corporation (Centene)	169,634	14%
United Healthcare	156,751	13%
Amerigroup Washington (WellPoint)	111,890	9%
19 Tribal/Local Authorities/Other	17,903	1%
Total Managed Care Enrollment	**1,204,223**	

Link to RFP Documents

http://www.hca.wa.gov/rfp/Forms/contracts_view.aspx

HMA Medicaid Roundup

California

HMA Roundup – Alana Ketchel

Audit Identifies Hundreds of Instances of Medi-Cal Fraud. On August 19, 2014, the *Los Angeles Times* reported on a state audit which uncovered more than $93 million in potentially fraudulent Medi-Cal payments made to substance abuse clinics across the state. The report comes after an investigation by the Center for Investigative Reporting and CNN last year that revealed substance abuse clinics in LA County were billing Medi-Cal for patients not treated by the clinics. Highlights from this week's audit include 323 instances in which the state reimbursed providers for services to dead clients as well as an additional $1 million in potentially unauthorized payments to clinics. The report recommends that the Department of Health Care Services coordinate with counties to recover unauthorized payments and establish methods of consistently monitoring for fraudulent activity. Read more

Hospice Consolidation Trend. On August 14, 2014, *MedCity News* reported on new cases of hospice consolidation in California. The nation's second oldest hospice, Hospice by the Bay, is considering an affiliation with Sutter Health, citing the increased stability such a relationship would offer. Hospices are facing 2 percent cuts in Medicare payments on top of a 2 percent cut due to sequestration, according to the National Hospice and Palliative Care Organization. Read more

State Audit Reviews Medi-Cal MCO Access. On August 14, 2014, the *Los Angeles Times* reported that a legislative committee approved an audit to assess whether the state is providing adequate access to care through the Medi-Cal managed care program. Legislators cited constituent reports about inaccurate provide directories and other difficulties Medicaid beneficiaries are facing in accessing medical services. Read more

Various Bills Head to Final Floor Votes. On August 14, 2014, the *Health Access Blog* reported that several healthcare-related bills passed the Appropriations Committee and are headed to the full Legislature for a final vote by the end of August. Some key bills include:

- **SB964:** Requires DMHC to perform annual reviews for access to care and network adequacy separately for Medi-Cal managed care and the individual market
- **SB 1176:** Holds insurers accountable to track out-of-pocket costs and reimburse when consumers hit the maximum

- **SB 1124:** Limits Medi-Cal estate recovery funding to long-term care
- **SB 18:** Ensures that the state accepts $6 million from the California Endowment to fund Medi-Cal renewal assistance, with a Federal match
- **AB 2533:** Ensures timely access to necessary care at in-network cost sharing Read more

Medi-Cal Enrollment Impresses, But How Will State Handle These New Beneficiaries? On August 13, 2014, the *Los Angeles Times* reported on the unforeseen challenges caused by massive Medicaid enrollment in California. About 2.2 million Californians have signed up for Medi-Cal, the state's Medicaid program, since January 2014. But the costly healthcare needs of these new enrollees, low reimbursements to providers, and an antiquated enrollment system raise questions about whether the state Medicaid system can in fact provide new enrollees with high-quality care at low cost. Read more

Colorado

Connect for Health Colorado Board Names Interim CEO. On August 15, 2014, the Board of Directors for Connect for Health Colorado named Gary Drews as interim Chief Executive Officer for the health insurance marketplace, effective August 25. Drews formally served as the CFO for the Colorado Health Foundation. He replaces former CEO Patty Fontneau, who left this month to become President of Private Exchange Business for Cigna. The Board expects to choose and name a permanent CEO later this year. Read more

District of Columbia

DC MCO Opens Mental Health Clinic to Address Lack of Coverage for Low-Income Residents. On August 14, 2014, the *Washington Business Journal* reported on the efforts of several DC medical providers to increase access to mental health services for children enrolled in Medicaid. Low Medicaid reimbursements often dissuade providers from treating Medicaid children; because of this, the HSC Health Care System decided to open its own behavioral health clinic to address its patients' needs. Preliminary data from HSC shows that improving access to critical behavioral health services in the community has led to a 13 percent decline in emergency room visits over the first five months of 2014 compared to the same period in 2013. Inpatient admissions also declined during the same period. Read more

Florida

Pediatricians Could See Increase in Historically Low Medicaid Reimbursements. On August 18, 2014, the *Miami Herald* reported that pediatricians in Florida could receive higher reimbursements for treating Medicaid recipients, depending on the upcoming verdict in a Medicaid reimbursement class action lawsuit. Several pediatricians, dentists, and nine children filed a lawsuit in 2005 against the Agency for Health Care Administration, the Department of Children and Families and the Department of Health, claiming that the state violated federal law by providing inadequate Medicaid services to children and that their care had been hampered by low Medicaid payments to providers. A federal judge is expected to rule on this case

in October. The ruling could influence the quality and access to care for low-income residents in the long term, as ACA-enacted increases in Medicaid reimbursements are set to expire on December 31. Read more

Georgia

State to Offer Greater Health Plan Choices for 2015 under State Health Benefit Plan. On August 14, 2014, *Georgia Health News* reported that members of the Georgia State Health Benefit Plan (SHBP) will have more plan choices and, in some cases, no increase in their health insurance premiums next year under rates approved by the Department of Community Health (DCH) board. SHBP's 650,000 members, which include state employees, teachers, other school personnel, retirees and dependents, will have choices among plans offered by three health insurers, rather than a single insurance company this year. UnitedHealthcare and Kaiser Permanente will join current plan provider Blue Cross and Blue Shield (BCBS) in offering plans next year. DCH officials said health insurance premiums for some beneficiaries would change; those who stay on a BCBS Health Reimbursement Account option will see no increase in premiums. The new offering will also provide HMO options from all three insurers. The wider health plan options are being offered in response to objections from several groups of SHBP beneficiaries following changes in the health plan which started in January of this year. Read more

Idaho

Work Group Once More Calls for Medicaid Expansion. On August 14, 2014, *AP*/the *Idaho Times-News* reported that a work group has for the second time submitted a recommendation to Governor Butch Otter to expand Medicaid in the state in order to provide health care coverage to low-income residents. The group made a similar recommendation in 2012 that was ignored by both the governor and legislators. Read more

Illinois

OIG Audit Finds State Overdrew Funds from Federal Medicaid Account. On August 18, 2014, the *Chicago Tribune* reported that Illinois overdrew money from a federal Medicaid account by an average of $60 million per quarter over a three-year period because of poor accounting withdrawal practices, according to a federal audit by the DHHS Office of Inspector General (OIG). The OIG report found that the state's improper accounting in FY2010-FY2012 left it unable to repay the federal government until two to six months later, thereby causing the federal government to lose as much as $792,000 in interest. Auditors also found the state deposited federal Medicaid dollars directly into its general revenue fund, leaving the state without a sufficient balance to repay its overdrawn dollars from the federal Medicaid account. Read more

Kansas

Kansas Mental Health System under Increasing Stress. On August 18, 2014, the Kansas Health Institute reported on the consequences and origins of Kansas' overwhelmed mental health care system. In 1990, lawmakers passed the Mental Health Reform Act agreeing to adequately fund the state's community mental health centers in exchange for their help in diverting would-be patients from state-run hospitals. But community mental health centers across the state report that state funding has not kept pace with the increasing demands for care in their communities. A large portion of this increased demand comes from uninsured Kansans needing treatment. Mental health advocates argue that the lack of funding (and hence limited services) in community mental health centers has also contributed to the growing number of mentally ill inmates in the state's prison system. Mental healthcare providers fear that if lackluster budgeting for mental healthcare persists, the solvency of community mental health centers will be at risk. Read more

Louisiana

DHH Releases RFP for Behavioral Health Services Management. On August 15, 2014, the Louisiana Department of Health and Hospitals released RFP #305 for the management of behavioral health services in the state. The purpose of the RFP is to solicit proposals from qualified behavioral health managed care entities to manage behavioral health services that serve adults with serious mental illness and/or substance abuse disorders; child and adult populations who have specialized behavioral health needs; eligible youth that are involved with the Department of Health and Hospitals, the Office of Juvenile Justice, the Department of Children and Family Services, and/or the Louisiana Department of Education; and a special population of children eligible for the Coordinated System of Care. The goal of this initiative is to increase access to behavioral health services for the populations most in need. Letters of Intent are due on August 25, 2014, and proposals are due October 8, 2015. Read more

Maryland

Maryland Health Officials Are Confident That Revamped Marketplace Will be Functional for Open Enrollment in November. On August 19, 2014, the *Washington Post* reported that Maryland's rebuilt health insurance Marketplace should be up and running by the start of open enrollment on November 15. After a trouble-ridden website launch during the first open enrollment period in 2013-2014, the state is now investing at least $40 million to rebuild its Marketplace using technology developed by Connecticut. Chairman of the Marketplace board Joshua Sharfstein said that despite confidence in its capabilities, the Marketplace is still preparing backup plans and manual processes that can be used if the site encounters any problems. Read more

Massachusetts

Insurers Call for Higher Payments from Massachusetts to Cover Medicaid Patients. On August 20, 2014, the *Boston Globe* reported that health insurers are pushing for Governor Deval Patrick to increase payments they receive from the state for covering Medicaid beneficiaries. This year alone, insurers reported a combined $140 million in losses for covering Medicaid patients. The insurers explain that the high cost of the hepatitis C drug, Sovaldi, coupled with a surge of newly-insured residents needing treatment for serious medical issues created this deficit. State officials are expected this week to propose higher reimbursement rates to insurers for the fiscal year beginning in October that will reflect updated data on medical and drug costs. Read more

Massachusetts Health Connector Seeks Additional $80 Million in Federal Funding. On August 15, 2014, the *Boston Herald* reported that Massachusetts is seeking an additional $80 million in federal funding for the Massachusetts Health Connector, bringing the total cost of the Marketplace website initiative to $254 million. Part of these funds will be used to pay technology vendor Optum, which was hired by the state to replace CGI and create a new, better functioning Marketplace interface. Maydad Cohen, Special Assistant to Governor Deval Patrick, says that the state has enough time to fix any problems with the site before open enrollment begins in November. Read more

Minnesota

National Right to Work Foundation Tries to Stop Election for Unionization of Personal Home Care Workers. On August 19, 2014, the *Minnesota Star Tribune* reported that a legal decision is imminent on whether to stop the union election of personal care providers in Minnesota. If permitted, it would be the largest unionization election in the state's history. The election would determine whether 27,000 personal home health care workers will be represented by the Service Employees International Union (SEIU). A legal injunction was initiated by the National Right to Work Foundation, which opposes unionization. Read more

New Hampshire

Residents Voice Concerns as State Moves Forward with Medicaid Care Management Transition. On August 11, 2014, the *Concord Monitor* reported on the complexities involved with New Hampshire's transition to a Medicaid managed care system. Step 1 of the program began last December, at which point some Medicaid recipients were required to enroll in the care management system. Those who were able to opt out of the program this year will need to enroll when Step 2 takes effect. Beneficiaries have expressed concern that transitioning to managed care might affect their access to community-based services or other medical treatment they are currently receiving. Read more

New Jersey

HMA Roundup – Karen Brodsky (Email Karen)

Up to 9,600 New Jersey Residents Could Lose Marketplace Coverage If They Cannot Prove Citizenship or Permanent Residency Status. New Jersey residents who signed up for health care coverage through the Marketplace have until September 5, 2014 to produce documents that would verify they are a citizen or legal resident in order to remain enrolled with their plan. *NJ Spotlight* reports that these individuals have a discrepency between their applications and federal records that needs to be resolved, or their coverage will end on September 30, 2014. Read more.

North Carolina

Task Force Offers Recommendations for Improving Rural Health. On August 18, 2014, the *Raleigh News & Observer* reported on recommendations by the Task Force on Rural Health to improve health care outcomes for the 2.2 million residents living in the state's 60 rural counties. The task force, led by the North Carolina Institute of Medicine and the state government's Office of Rural Health and Community Care, recommends focusing on economic development as a means of improving community health. The task force argues that by increasing communication between all sectors of rural economies, whether health-related or non-health related, the state can learn how to better allocate resources to maximize healthcare access and quality. Read more

Ohio

MyCare Ohio Releases Latest Duals Enrollment Figures. This month, *MyCare Ohio* announced its latest duals enrollment numbers. The state selected five private health plans to coordinate physical, behavioral and long-term care services in 29 pilot counties for Ohioans receiving both Medicaid and Medicare. As of August 7, 2014, *MyCare Ohio* plans have enrolled 103,349 Ohioans, processed 358,857claims, and paid provider bills totaling $103 million. Read more

Pennsylvania

HMA Roundup – Matt Roan

Jewish Healthcare Foundation and UPMC Team Up to Reduce Nursing Home Hospital Admissions. On August 17, 2014, the Pittsburgh Post-Gazette reported that the Jewish Healthcare Foundation in Pittsburgh, with backing from the University of Pittsburgh Medical Center, has launched an eight-week research project as part of a larger effort to address avoidable hospitalizations of nursing home residents. Research regarding the drivers of inpatient admissions among nursing home residents has been ongoing for the past two years under a $19.2 million grant from CMS. The Jewish Healthcare Foundation is serving as the educational subcontractor to UPMC who is the primary grantee. The eight-week project will be conducted by JHF who will use interns to collect data on the availability of primary care in Allegheny County and survey regional

universities to see where information about the HPV vaccine is being distributed. Read more

Texas

County Judges Urge Texas HHSC to Address Medicaid Coverage Gap. On August 14, 2014, the *American-Statesman* reported that judges from Texas' six largest counties – Travis, Dallas, El Paso, Harris, Tarrant and Bexar – have called on members of the State Health and Human Services Committee to come up with a state-based solution for caring for 1.9 million Texans living without healthcare coverage. In a letter to HHSC, the judges discuss ways that the state might negotiate with the federal government to provide more care to low-income Texans without broadly expanding Medicaid. Read more

Virginia

Commonwealth Coordinated Care Program Released Latest Enrollment Figures. This month, the Commonwealth Coordinated Care (CCC) Medicare-Medicaid Plan (MMP) program released its latest enrollment numbers. As of August 1, 2014, there were 11,176 Virginians enrolled in the CCC program. This includes 2,825 individuals who have opted into the CCC program across the five CCC regions. Approximately 13,000 individuals are scheduled to auto-enroll in CCC on September 1 in the Central Virginia Area. Read more

Wisconsin

Legislative Fiscal Bureau Calls for Medicaid Expansion. On August 17, 2014, *AP*/the *Minnesota Star Tribune* reported on a recent memo from the Fiscal Bureau to Governor Scott Walker, which urges the Governor to expand Medicaid eligibility in the state. The state could have saved $206 million in its current two-year budget and provided healthcare coverage to 120,000 uninsured Wisconsinites had it expanded Medicaid; the state will save $261 to $315 million if Walker agrees to expansion in the 2015-2017 budget. Walker continues to defend his opposition to expansion, citing doubts that the federal government will be able to honor its commitment to cover the program's costs in the long run. Read more

Froedtert Considers Getting Into Health Insurance Business. On August 13, 2014, the *Milwaukee Journal Sentinel* reported that Froedtert Health System is considering getting into the business of selling health insurance in Wisconsin. Froedtert is negotiating with Ministry Health Care to buy an interest in Network Health with the goal of introducing a new health insurance plan in southeastern Wisconsin. The health plan would be tied to a network of facilities including Froedtert, Columbia St. Mary's, and Wheaton Franciscan Healthcare. While this means the health plan would have a more restrictive provider network than other plans, it would also lead to increased price competition among other health systems offering health plans. Several health systems in the state, though none in the Milwaukee area, already have their own insurance plans. Read more

National

Medicaid Programs Receive Pushback for Setting Limitations on Access to Sovaldi. On August 19, 2014, *Governing* reported on the objections associated with "prior authorization" requirements for accessing the highly efficacious but extremely expensive treatment for hepatitis C, Sovaldi. Several state Medicaid programs are placing limitations on the drug's availability in order to curb soaring drug costs; these states are receiving legal pushback from advocacy groups and infected individuals who argue that limiting access to the drug is unfair and potentially harmful to those infected. The Medicaid programs enforcing limitations argue that the drug's manufacturer, Gilead Sciences, has released limited data to prove the efficacy of the drug. Read more

Hospitals Reconsider Charity Care for Patients Who Opt Out of Health Coverage. On August 18, 2014, *Kaiser Health News* reported that some hospitals across the country are scaling back help for those who could have signed up for health care coverage but chose not to do so. The move aims to address concerns that providing charity care could dissuade Americans from signing up for government-subsidized coverage. Read more

Industry News

MAXIMUS Releases "DecisionPoint" Solutions to Simplify Medicaid Program Management. On August 19, 2014, government services provider MAXIMUS announced that it has released a new set of solutions, called DecisionPoint, to help states navigate the complexities of Medicaid Expansion. DecisionPoint combines comprehensive data with proven processes and technology to empower states to make fast, accurate Medicaid program decisions. MAXIMUS President Bruce Caswell said that the solutions were designed to help Medicaid directors "simplify program management and ensure the right people get the right services, all while maximizing use of taxpayer dollars." The DecisionPoint solutions address areas such as program integrity, provider management services, premium assistance, informal dispute resolution, and business intelligence. Read more

WellCare Appoints Drew Asher as Senior VP. On August 14, 2014, WellCare Health Plans, Inc. announced that Andrew Asher will join the company as Senior Vice President, effective August 29. The company anticipates that Asher will be appointed as Chief Financial Officer by the board of directors effective in November. Asher is currently the CFO of Aetna's Local and Regional Businesses and previously spent 15 years with Coventry Health Care in various roles. In his new role with WellCare, Asher will report to Dave Gallitano, Chairman of the Board and CEO. Read more

RFP Calendar

Date	State	Event	Beneficiaries
TBD	Delaware	Contract awards	200,000
TBD	Texas NorthSTAR (Behavioral)	Contract Awards	840,000
September 1, 2014	Texas Rural STAR+PLUS	Implementation	110,000
September 10, 2014	Washington Foster Care	Proposals due	25,500
September 12, 2014	Indiana ABD	Proposals Due	85,000
September 26, 2014	Louisiana	Proposals Due	900,000
October 9, 2014	Arizona (Behavioral)	Proposals Due	23,000
October 24, 2014	Louisiana	Proposals Due	900,000
October 30, 2014	Texas STAR Kids	Proposals Due	175,000
January 1, 2015	Michigan Duals	Implementation	70,000
January 1, 2015	Maryland (Behavioral)	Implementation	250,000
January 1, 2015	Delaware	Implementation	200,000
January 1, 2015	Hawaii	Implementation	292,000
January 1, 2015	Tennessee	Implementation	1,200,000
January 1, 2015	New York Behavioral (NYC)	Implementation	NA
January 1, 2015	Washington Foster Care	Implementation	25,500
January 1, 2015	Texas Duals	Implementation	168,000
January 1, 2015	New York Duals	Implementation	178,000
January, 2015	Georgia	RFP Release	1,250,000
February 1, 2015	Washington Duals	Implementation	48,500
February 1, 2015	Louisiana	Implementation	900,000
April 1, 2015	Rhode Island (Duals)	Implementation	28,000
April 1, 2015	Puerto Rico	Implementation	1,600,000
September 1, 2015	Texas NorthSTAR (Behavioral)	Implementation	840,000
September 1, 2015	Texas STAR Health (Foster Care)	Implementation	32,000
October 1, 2015	Arizona (Behavioral)	Implementation	23,000
September 1, 2016	Texas STAR Kids	Implementation	200,000

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
Arizona		98,235	Not pursuing Financial Alignment Model						
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	Alameda Alliance; 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; WellPoint/Amerigroup (CareMore)
Colorado	MFFS	62,982				2/28/2014		7/1/2014	
Connecticut	MFFS	57,569						TBD	
Hawaii		24,189	Not pursuing Financial Alignment Model						
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; Health Spring; Humana; Meridian Health Plan; Molina
Iowa		62,714	Not pursuing Financial Alignment Model						
Idaho		22,548	Not pursuing Financial Alignment Model						
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; Network Health
Michigan	Capitated	105,000	X	9/10/2013	11/6/2013	4/3/2014	1/1/2015	4/1/2015	AmeriHealth Michigan; Coventry; Fidelis SecureCare; Meridian Health Plan; Midwest Health Plan; Molina Healthcare; UnitedHealthcare; Upper Peninsula Health Plan
Missouri		6,380	Not pursuing Financial Alignment Model						
Minnesota		93,165	Not pursuing Financial Alignment Model						
New Mexico		40,000	Not pursuing Financial Alignment Model						
New York	Capitated	178,000				8/26/2013	1/1/2015 4/1/2015	4/1/2015 7/1/2015	
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	
Oregon		68,000	Not pursuing Financial Alignment Model						
Rhode Island	Capitated	28,000	X	5/12/2014	9/1/2014		4/1/2015		
South Carolina	Capitated	53,600	X			10/25/2013	7/1/2014	1/1/2015	Absolute Total Care (Centene); Advicare; Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth); WellCare Health Plans
Tennessee		136,000	Not pursuing Financial Alignment Model						
Texas	Capitated	168,000				5/23/2014	3/1/2015	4/1/2015	Amerigroup, Health Spring, Molina, Superior, United
Virginia	Capitated	78,596	X	5/15/2013	TBD	5/21/2013	3/1/2014	5/1/2014	Humana; Health Keepers; VA Premier Health
Vermont		22,000	Not pursuing Financial Alignment Model						
Washington	Capitated	48,500	X	5/15/2013	6/6/2013	11/25/2013	2/1/2015	4/1/2015	Regence BCBS/AmeriHealth; UnitedHealth
	MFFS	66,500	X			10/24/2012		7/1/2013; 10/1/2013	
Wisconsin	Capitated	5,500-6,000	X	Not pursuing Financial Alignment Model					
Totals	**11 Capitated 5 MFFS**	**1.35M Capitated 513K FFS**	***12***			***11***			

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

‡ Capitated duals integration model for health homes population.

HMA NEWS

HMA Correctional Health Expertise Tapped for Stateline Article

Link to Article

HMA Managing Principal Donna Strugar-Fritsch is a featured expert in Christine Vestal's story, "Too Sick for Prison Health Care." The *Stateline* article, which has appeared in *Governing* and *Kaiser Health News*, takes a look at providing health care to an aging prison population and what that means for states. A nationally recognized correctional health care expert, Donna has a BSN with a master's in public administration and is a certified correctional health care professional. Donna is located in HMA's San Francisco office. She and HMA consultants across the country are using their vast expertise to help states navigate the challenges associated with prison health care.