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HEALTH MANAGEMENT ASSOCIATES

HMA Investment Services Weekly Roundup Trends in State Health Policy

IN FOCUS: KEY TAKEAWAYS FROM THE HMA/KAISER FAMILY FOUNDATION MEDICAID MANAGED CARE SURVEY

HMA ROUNDUP: CALIFORNIA MMIS TRANSITION TO ACS UNDERWAY; GEORGIA TAX REVENUES IMPROVE; NEW JERSEY WAIVER APPLICATION INCLUDES PLAN TO INTEGRATE PAYMENT FOR DUAL ELIGIBLES; NEW MEDICAID DIRECTOR ASSUMES OFFICE IN PENNSYLVANIA

OTHER HEADLINES: WASHINGTON MEDICAID MANAGED CARE RFP RELEASED; KENTUCKY WAIVER APPROVED

PRIVATE COMPANY NEWS: CLEARVIEW CAPITAL ACQUIRES CHILD HEALTH HOLDINGS
HMA SUPPORTED CLEARVIEW CAPITAL'S DUE DILIGENCE ON THIS TRANSACTION.

SEPTEMBER 14, 2011

Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

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IN FOCUS: KEY TAKEAWAYS FROM THE HMA/KAISER FAMILY FOUNDATION MEDICAID MANAGED CARE SURVEY

This week, our In Focus section reviews the key findings of the Kaiser Commission on Medicaid and the Uninsured (KCMU) report, *A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey*, released Tuesday, September 13, 2011. The report was prepared by Kathleen Gifford, Vernon Smith, and Dyke Snipes of Health Management Associates, and Julia Paradise from the Kaiser Family Foundation. The survey was released in conjunction with a public briefing at the Kaiser Family Foundation offices in Washington, D.C. Vernon Smith and Julia Paradise were on hand to present the findings, followed by commentary and perspective from the North Carolina and New York Medicaid directors, as well as the deputy director of Managed Care Operations from Texas. The survey of all 50 states and D.C. focused on the following key topics:

- Medicaid managed care models in operation
- Medicaid MCO expansion into previously excluded beneficiary groups
- Broad patterns in risk-based managed care
- Outreach, marketing and health plan selection
- MCO payment methodologies and practices
- Carve-out benefits
- Primary care case management (PCCM) programs
- Non-comprehensive prepaid health plans (PHPs)
- Quality measurement and monitoring; quality improvement
- Care coordination efforts
- Medicaid managed long-term care (MLTC)
- Managed care initiatives for dual-eligibles
- Medicaid managed care and health care reform

Links to the report and presentations below:

Link to report: [\(PDF\)](#)

Link to presentations: [\(.WMV Video\)](#); [\(.MP3 Audio\)](#)

The survey results presented in the report reflect Medicaid managed care-related data as of October 1, 2010, and were collected from states using a standard survey instrument. In the section below, we have pulled out a number of key findings from the report and include a table of Medicaid managed care enrollment figures by plan and state.

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Key Findings

Nearly all states operate comprehensive Medicaid managed care programs, which in total cover about 66 percent of all Medicaid beneficiaries.

Across all 50 states and D.C., only three states (Alaska, New Hampshire and Wyoming) reported that they did not have any Medicaid managed care as of October 2010. Overall, 36 of the 48 states with comprehensive managed care programs reported contracting with risk-based managed care organizations (MCOs), and 31 reported operating a primary care case management (PCCM) program. Over 26 million Medicaid beneficiaries are enrolled in MCOs, and 8.8 million are enrolled in PCCM programs; together, these beneficiaries in comprehensive managed care represent 65.9 percent of all Medicaid beneficiaries. When Medicaid beneficiaries who receive a limited set of services through a managed care plan (as discussed next) are also counted, the share of all beneficiaries who are enrolled in managed care is larger.

Half the states with MCOs and/or PCCM programs also contract with non-comprehensive prepaid health plans (PHP) to provide specific categories of services.

The types of services most commonly provided by non-comprehensive PHPs, which are risk-based, limited-benefit plans, are inpatient and outpatient behavioral health services and substance abuse treatment. A number of states also contract with non-comprehensive PHPs to provide dental care, non-emergency transportation, or prescription drugs – all services that are frequently carved out of MCO contracts.

States are increasingly mandating managed care for previously exempt or excluded Medicaid beneficiaries.

States have long mandated that most children, pregnant women, and parents and other caretaker adults in Medicaid enroll in managed care. A majority of states reported that for at least one Medicaid managed care program and/or geographic area, they also mandate enrollment in managed care for children with disabilities receiving Supplemental Security Income (SSI), children with special health care needs, and seniors and people with disabilities who are not dually eligible for Medicare and Medicaid.

Risk-based comprehensive managed care

Almost two-thirds of Medicaid MCO enrollees are in health plans that primarily or exclusively serve Medicaid.

In addition, for-profit plans account for a little over half of all Medicaid MCO enrollment. Roughly 60 percent of Medicaid MCO enrollees are in non-publicly traded plans. Medicaid MCO enrollment is distributed about evenly between local and national plans.

Auto-assignment rates appear to vary widely.

Auto-assignment rates may provide a useful signal of how well Medicaid beneficiaries understand the managed care system and their choices within it. Across the 26 states that reported auto-assignment rates, half (13 states) reported rates of 20 percent or less; four states reported rates higher than 50 percent. More than two-thirds of states with MCOs use third-party enrollment brokers to provide plan information to beneficiaries and assist them in choosing an MCO; a small number of vendors dominate the market. Most states

allow MCOs to conduct outreach and marketing to Medicaid beneficiaries within federal rules.

Most states set MCO capitation rates administratively and risk-adjust their rates.

Three-quarters of the states with MCOs reported that they used administrative rate-setting with actuaries to establish MCO rates. Other approaches states reported using are negotiation and competitive bidding, and some states combine multiple methods. Most states adjust their capitation rates for age and eligibility category, and about two-thirds adjust for health status. Risk-sharing arrangements with MCOs, such as stop-loss/reinsurance or risk corridors, are in place in half the states.

Over half the states with MCOs include a pay-for-performance (P4P) component in their payment to plans.

Capitation withholds and bonus payments were reported most frequently. Examples of other approaches are shared savings, auto-assignment preference, and enhanced capitation.

A limited number of states have a minimum medical loss ratio (MLR) requirement for MCOs participating in Medicaid.

Eleven states indicated that they have a minimum MLR requirement for plans, 21 states reported that they do not, and three states said they plan to establish one in the future. Minimum MLRs ranged from 80 percent in three states to 93 percent in one state for MCOs serving aged and disabled Medicaid beneficiaries.

Managed long-term care and managed care initiatives for dual eligibles

Over half the states operate PACE sites, and 11 states reported additional capitated managed long-term care (MLTC) programs.

A total of 29 states operate PACE sites, which are paid on a risk basis to provide and coordinate the full range of medical and long-term services and supports for Medicaid enrollees; however, total PACE enrollment nationally is only about 20,000. Eleven states also reported operating non-PACE, capitated MLTC programs as of October 2010, with aggregate enrollment of over 400,000. Some of these programs encompass only long-term services and supports, but others include acute medical care as well. Most include only Medicaid services, but programs in three states also include Medicare services. States highlighted numerous operational challenges associated with MLTC programs, such as contracting with Medicare Advantage Special Needs Plans, coordinating with physical health MCOs, slow enrollment growth, and plan difficulty contracting with Boarding Homes.

Half the states reported enrollment of dual eligibles in (non-PACE) Medicaid managed care arrangements, on either a voluntary or mandatory basis.

Overall, 25 states reported that they enroll dual eligibles in some kind of non-PACE Medicaid managed care arrangement, on either a voluntary or a mandatory basis. In some states, dual eligibles are enrolled in comprehensive managed care; in others, dual eligibles may be enrolled in non-comprehensive PHPs for specific categories of services but

remain in fee-for-service or in other managed care arrangements for all other Medicaid-covered services.

In many states, broader efforts focused on dual eligibles are expanding or getting underway.

Twenty-one states reported on plans to expand or modify current programs or initiate new programs focused on dual eligibles, including 15 states that received grant funding under the ACA initiative “State Demonstrations to Integrate Care for Dual Eligible Individuals,” administered by the new Medicare-Medicaid Coordination Office in CMS, to design new approaches to better coordinate care for dual eligibles and integrate Medicare and Medicaid financing. Twenty-one states reported that they contract with Medicare Advantage Special Needs Plans to provide care for dual eligibles.

Medicaid managed care and health reform

States expect to rely increasingly on managed care in the near term.

Continued budget pressures and interest in improving service delivery and payment systems are fueling plans in many states to expand the use of managed care in Medicaid, including mandatory managed care for additional Medicaid populations and in new geographic areas.

Severe budget pressures remain a key challenge for states, and new demands associated with health reform also emerge as issues.

The lingering effects of the recession—reduced tax revenues, high unemployment, and high demand for Medicaid and other human services—all continue to generate intense pressure on states already struggling to meet competing needs with limited resources. States cited additional challenges stemming from health reform, in particular, increased Medicaid enrollment, adequacy of provider networks, Exchange development, and development of systems for claiming the proper federal matching rate. Some states also cited a need for more flexibility to integrate care for dual eligibles. More general pressures, including required implementation of new procedure codes (ICD-10) and strains on state administrative capacity, were raised as well.

Key health reform implications for Medicaid managed care are yet to come into focus in many states.

A little over half the states with MCOs (20) reported that their plans had or could develop sufficient network capacity to handle increased Medicaid enrollment expected under health reform, while one state said its plans could not. Nine states reported that they did not know whether or not their MCOs could develop the capacity, and six states did not respond to this question. Uncertainty was wider regarding Medicaid MCOs’ interest in becoming Exchange plans, especially regarding state intentions to require Medicaid MCOs to participate in the Exchanges or Exchange plans to participate in Medicaid. The widespread uncertainty may be an indication that more immediate issues and pressures still eclipse health reform in many Medicaid programs.

Managed Care Enrollment

The table below lists Medicaid managed care enrollment by state and health plan as of October 1, 2010, and appears as Appendix 3 in the report.

Medicaid Managed Care Enrollment by Plan, State

State (No. of Contracts)	Name	Enrollment Composition*	Non-Profit or For-Profit	Publicly Traded	National or Local	Enrollment as of 10/1/2010
AZ (19)	Arizona Physicians IPA, Inc. (United)	Mixed	For-Profit	X	National	249,236
	Bridgeway Health Solutions (Centene)	Mixed	For-Profit	X	National	17,588
	Care 1st Health Plan	Mixed	For-Profit		National	50,343
	Comprehensive Medical & Dental (CMDP)	Medicaid only	Non-Profit		Local	9,616
	Health Choice Arizona	Mixed	For-Profit	X	National	194,095
	Mercy Care Plan-Acute	Mixed	Non-Profit		Local	304,422
	Phoenix Health Plan	Mixed	For-Profit	X	National	195,250
	Pima Health Plan	Medicaid only	Non-Profit		Local	1,803
	University Family Care	Mixed	Non-Profit		Local	71,105
	Maricopa Health Plan	Medicaid only	Non-Profit		Local	53,041
	Bridgeway Health Solutions (Centene)	Mixed	For-Profit	X	National	2,991
	Division of Developmental Disabilities	Medicaid only	Non-Profit		Local	22,908
	Cochise Health Systems	Medicaid only	Non-Profit		Local	881
	Evercare Select	Mixed	For-Profit	X	National	3,093
	Mercy Care Plan-ALTCS	Mixed	Non-Profit		Local	8,596
	Pima Health System	Medicaid only	Non-Profit		Local	4,353
	Pinal/Gila County LTC	Medicaid only	Non-Profit		Local	1,476
	Scan LTC	Mixed	Non-Profit		National	2,921
	Yavapai County LTC	Medicaid only	Non-Profit		Local	995
CA (42)	Alameda Alliance for Health	Medicaid only	Non-Profit		Local	101,109
	Anthem Blue Cross - Alameda	Mixed	For-Profit	X	National	28,381
	Contra Costa Health Plan	Medicaid only	Non-Profit		Local	61,357
	Anthem Blue Cross - Contra Costa	Mixed	For-Profit	X	National	11,576
	Health Net - Fresno	Mixed	For-Profit	X	Local	117,761
	Anthem Blue Cross - Fresno	Mixed	For-Profit	X	National	87,260
	Kern Health Systems	Medicaid only	Non-Profit		Local	107,566
	Health Net - Kern	Mixed	For-Profit	X	National	32,471
	LA Care	Medicaid only	Non-Profit		Local	846,303
	Health Net - LA	Mixed	For-Profit	X	National	441,359
	Inland Empire Health Plan - Riverside	Medicaid only	Non-Profit		Local	187,889
	Molina Health Care - Riverside	Mixed	For-Profit	X	National	40,969
	Inland Empire Health Plan - San Bernardino	Medicaid only	Non-Profit		Local	213,974
	Molina Health Care - San Bernardino	Mixed	For-Profit	X	National	57,317
	San Francisco Health Plan	Medicaid only	Non-Profit		Local	39,445
	Anthem Blue Cross - San Francisco	Mixed	For-Profit	X	National	11,756
	Health Plan of San Joaquin	Medicaid only	Non-Profit		Local	77,037
	Anthem Blue Cross - San Joaquin	Mixed	For-Profit	X	National	27,125
	Santa Clara Family Health	Medicaid only	Non-Profit		Local	102,146
	Anthem Blue Cross - Santa Clara	Mixed	For-Profit	X	National	33,875
	Anthem Blue Cross - Stanislaus	Mixed	For-Profit	X	National	50,001
	Health Net - Stanislaus	Mixed	For-Profit	X	National	23,015
	Anthem Blue Cross - Tulare	Mixed	For-Profit	X	National	75,585
	Health Net - Tulare	Mixed	For-Profit	X	National	31,158
	Partnership Health Plan of CA	Medicaid only	Non-Profit		Local	155,717
	Central California Alliance for Health	Medicaid only	Non-Profit		Local	179,588
	CenCal	Medicaid only	Non-Profit		Local	92,285
	CalOptima	Medicaid only	Non-Profit		Local	366,605
	Health Plan of San Mateo	Medicaid only	Non-Profit		Local	59,712
	Family Mosaic - San Francisco	Medicaid only	Non-Profit		Local	104
	Anthem Blue Cross - Sac	Mixed	For Profit	X	National	91,820
	Health Net - Sacramento	Mixed	For Profit	X	National	51,588
	Kaiser Foundation - Sac	Mixed	Non-Profit		National	27,058
	Molina Healthcare - Sac	Mixed	For Profit	X	National	28,045
	Care 1st Health Plan - SD	Mixed	For Profit		National	14,855
	Community Health Group - SD	Mixed	Non-Profit		Local	101,178
	Health Net - San Diego	Mixed	For Profit	X	National	31,373
	Kaiser - San Diego	Mixed	Non-Profit		National	13,521
	Molina Healthcare - San Diego	Mixed	For Profit	X	National	61,058

CA cont.	KP Cal - Marin	Mixed	Non-Profit		National	933
	AIDS Healthcare Foundation - LA	Medicaid only	Non-Profit		National	778
	Senior Care Action Network	Mixed	Non-Profit		Local	2,500
CO (1)	Denver Health	Mixed	Non-Profit		Local	43,432
CT (3)	Aetna Better Health	Mixed	For-Profit	X	National	92,815
	AMeriChoice by United Healthcare	Mixed	For-Profit	X	National	49,065
	Community Health Network of CT	Medicaid only	Non-Profit		Local	249,498
DC (2)	Chartered Health Plan	Medicaid only	For-Profit		Local	114,036
	UnitedHealthCare Community Plan (Unison)	Medicaid only	For-Profit		Local	54,670
DE (2)	Delaware Physicians Care (Aetna)	Mixed	For-Profit	X	National	98,636
	Unison (now United HealthCare Community Plan)	Mixed	For-Profit	X	National	51,422
FL (24)	Amerigroup	Mixed	For-Profit	X	Local	172,376
	Coventry dba Buena Vista	Mixed	For-Profit	X	Local	22,666
	Coventry dba Vista	Mixed	For-Profit	X	Local	20,912
	Citrus	Mixed	For-Profit	X	Local	55,351
	Freedom	Mixed	For-Profit		Local	16,578
	HealthEase	Medicaid only	For-Profit	X	Local	157,079
	Personal Health Plan dba Healthy Palm Beaches	Medicaid only	For-Profit		Local	11,350
	Humana	Mixed	For-Profit	X	Local	51,468
	JMH Health Plan	Medicaid only	For-Profit		Local	15,176
	Medica	Mixed	For-Profit		Local	4,361
	Molina	Medicaid-only	For-Profit	X	Local	58,456
	AHF MCO dba Positive Healthcare	Medicaid only	Non-Profit		Local	58
	Preferred Medical Plan	Mixed	For-Profit		Local	15,960
	Simply Health Care	Medicaid only	For-Profit		Local	4,340
	Staywell	Medicaid only	For-Profit	X	Local	190,266
	Sunshine State Health Plan	Medicaid only	For-Profit	X	Local	116,201
	United	Mixed	For-Profit	X	Local	109,832
	Universal	Mixed	For-Profit		Local	54,137
	Better Health	Medicaid only	For-Profit		Local	31,375
	DOH Children's Medical Services	Medicaid only	Non-Profit		Local	6,805
	Shands Jax dba First Coast Advantage	Medicaid only	Non-Profit		Local	45,645
	South Florida Community Care Network	Medicaid only	Non-Profit		Local	40,297
	Integral	Medicaid only	Non-Profit	X	Local	10,065
	Prestige	Medicaid only	For-Profit		Local	46,672
GA (3)	Amerigroup Georgia Managed Care Organization, Inc.	Medicaid only	For-Profit	X	National	266,942
	Peach State Health Plan, Inc. (Centene)	Medicaid only	For-Profit	X	National	302,497
	WellCare of Georgia, Inc.	Medicaid only	For-Profit	X	National	555,225
HI (5)	AlohaCare	Medicaid only	Non-Profit		Local	75,752
	Hawaii Medical Service Association (HMSA)	Mixed	Non-Profit		Local	114,034
	Kaiser Permanente Hawaii	Mixed	Non-Profit		National	25,416
	Evercare (United)	Mixed	For-Profit	X	National	19,625
	Ohana Health Plan (WellCare)	Mixed	For-Profit	X	National	22,229
IL (3)	Harmony Health Plan (WellCare)	Medicaid only	For-Profit	X	National	141,082
	Meridian Health Plan	Medicaid only	For-Profit		Local	1,201
	Family Health Network	Medicaid only	Non-Profit		Local	52,749
IN (5)	Anthem - Hoosier Healthwise	Mixed	For-Profit	X	National	171,572
	Anthem - Healthy Indiana Plan	Mixed	For-Profit	X	National	29,190
	MDwise - Hoosier Healthwise	Medicaid only	Non-Profit		Local	292,331
	MDwise - Healthy Indiana Plan	Medicaid only	Non-Profit		Local	13,451
	Managed Health Services - Hoosier Healthwise (Centene)	Medicaid only	For-Profit	X	National	217,733
KS (2)	Children's Mercy Family Health Partners	Medicaid only	Non-Profit		Local	(blank)
	UniCare - Wellpoint	Medicaid only	For-Profit	X	National	(blank)
KY (1)	University Health Care, Inc. (d/b/a/ Passport Health Care Plan)	Mixed	Non-Profit		National	168,638
MA (9)	Boston Medical Center HealthNet Plan	Medicaid only	Non-Profit		Local	193,793
	Fallon Community Health Plan	Mixed	Non-Profit		Local	13,190
	Neighborhood Health Plan	Mixed	Non-Profit		Local	144,975
	Network Health	Medicaid only	Non-Profit		Local	123,854

MA cont.	Health New England	Mixed	Non-Profit		Local	5,049
	Commonwealth Care Alliance	Mixed	Non-Profit		Local	2,833
	EverCare	Mixed	For-Profit	X	National	5,131
	NaviCare	Mixed	Non-Profit		Local	549
	Senior Whole Health	Mixed	For-Profit		Local	6,778
MD (7)	Amerigroup Community Care	Medicaid only	For-Profit	X	National	194,496
	Diamond Plan from Coventry Health Care	Mixed	For-Profit	X	National	11,244
	Jai Medical Systems	Medicaid only	For-Profit		Local	13,070
	Medstar Family Choice	Medicaid only	For-Profit		Local	27,470
	Maryland Physicians Care	Medicaid only	For-Profit		Local	130,507
	Priority Partners	Medicaid only	For-Profit		Local	183,400
	UnitedHealthcare	Mixed	For-Profit	X	National	125,233
MI (14)	BlueCaid of Michigan	Mixed	Non-Profit		Local	20,363
	CareSource of Michigan	Medicaid only	Non-Profit		Local	37,477
	Health Plan of Michigan	Medicaid only	For-Profit		Local	272,099
	HealthPlus Partners, Inc.	Medicaid only	Non-Profit		Local	70,330
	McLaren Health Plan	Mixed	Non-Profit		Local	78,550
	Midwest Health Plan	Medicaid only	For-Profit		Local	69,888
	Molina Healthcare of Michigan	Medicaid only	For-Profit	X	National	218,123
	OmniCare Health Plan, Inc. (Coventry)	Mixed	For-Profit	X	National	51,351
	PHP-MM Family Care	Medicaid only	Non-Profit		Local	18,400
	Priority Health Government Programs, Inc.	Medicaid only	Non-Profit		Local	61,541
	ProCare Health Plan, Inc.	Medicaid only	For-Profit		Local	1,687
	Total Health Care	Medicaid only	Non-Profit		Local	52,482
	United Healthcare of the Great Lakes Health Plan, Inc.	Mixed	For-Profit	X	National	229,732
Upper Peninsula Health Plan	Medicaid only	Non-Profit		Local	29,269	
MN (8)	Blue Plus	Mixed	Non-Profit		Local	112,423
	HealthPartners	Mixed	Non-Profit		Local	51,500
	Medica	Mixed	Non-Profit		Local	133,838
	IMCare	Medicaid only	Non-Profit		Local	5,158
	Metropolitan Health Care	Medicaid only	Non-Profit		Local	15,633
	PrimeWest Health	Medicaid only	Non-Profit		Local	19,651
	South Country Alliance	Medicaid only	Non-Profit		Local	30,062
	UCare Minnesota	Mixed	Non-Profit		Local	104,095
MO (6)	Blue Advantage Plus of Kansas City	Mixed	For-Profit		Local	30,782
	Children's Mercy Family Health Partners	Medicaid only	Non-Profit		Local	55,704
	Harmony Health Plan of Missouri (WellCare)	Medicaid only	For-Profit	X	National	16,304
	HealthCare USA (Coventry)	Medicaid only	For-Profit	X	National	195,253
	Missouri Care Health Plan (Aetna)	Mixed	For-Profit	X	National	97,372
Molina Healthcare of Missouri	Mixed	For-Profit	X	National	31,645	
MS (2)	Magnolia Health Plan (Centene)	Medicaid only	For-Profit	X	National	0
	United Healthcare	Mixed	For-Profit	X	National	0
NE (2)	Coventry Nebraska	Mixed	For-Profit	X	National	
	Share Advantage (United)	Mixed	For-Profit	X	National	
NJ (4)	Amerigroup NJ	Medicaid only	For-Profit	X	National	133,574
	Healthfirst NJ	Medicaid only	Non-Profit		National	21,363
	Horizon NJ Health	Mixed	Non-Profit		Local	467,463
	AmeriChoice of NJ	Mixed	For-Profit	X	National	351,722
NM (4)	Presbyterian health plan	Mixed	Non-Profit		Local	157,400
	Lovelace Health Plan	Mixed	For-Profit		National	82,000
	Molina Health Plan	Medicaid only	For-Profit	X	National	73,400
	Blue Cross Blue Shield	Mixed	Non-Profit		National	22,150
NV (2)	Amerigroup	Medicaid only	For-Profit	X	National	75,913
	Health Plan of Nevada (United Health)	Mixed	For-Profit	X	National	95,453
NY (30)	Affinity Health Plan	Medicaid only	Non-Profit		Local	238,607
	Amerigroup	Medicaid only	For-Profit	X	National	99,286
	Amida Care SN	Medicaid only	Non-Profit		Local	2,081
	Capital District Physicians Health Plan	Mixed	Non-Profit		Local	61,757
	Excelsus Health Plan	Mixed	Non-Profit		Local	124,398
	GHI	Medicaid only	For-Profit		National	4,103

NY cont.	Health Insurance Plan of Greater New York	Mixed	Non-Profit		National	250,141	
	HealthFirst PHSP	Medicaid only	Non-Profit		Local	435,083	
	HealthNow/BCBS-WNY/Community Blue	Mixed	Non-Profit		Local	41,088	
	HealthPlus	Medicaid only	Non-Profit		Local	278,309	
	Hudson Health Plan	Medicaid only	Non-Profit		Local	79,731	
	Independent Health Association	Mixed	Non-Profit		Local	37,521	
	MetroPlus Health Plan	Medicaid only	Non-Profit		Local	372,796	
	MetroPlus Health Plan SN	Medicaid only	Non-Profit		Local	3,894	
	MVP Health Plan	Mixed	Non-Profit		Local	35,024	
	Neighborhood Health Providers	Medicaid only	Non-Profit		Local	193,480	
	NYPS Select Health SN	Medicaid only	Non-Profit		Local	1,988	
	NYS Catholic Health Plan	Medicaid only	Non-Profit		Local	543,726	
	NYS Catholic Health Plan 1199	Medicaid only	Non-Profit		Local	3,662	
	SCHC Total Care	Medicaid only	Non-Profit		Local	37,826	
	United Healthcare Plan of NY	Mixed	For-Profit	X	National	243,034	
	Univera Community Health	Medicaid only	Non-Profit		Local	39,115	
	WellCare Of New York	Medicaid only	For-Profit	X	National	75,234	
	VNS Choice	Medicaid only	Non-Profit		Local	8,487	
	OH (7)	GuildNet	Medicaid only	Non-Profit		Local	6,295
		HomeFirst	Medicaid only	Non-Profit		Local	3,597
	Comprehensive Care Management	Medicaid only	Non-Profit		Local	2,537	
	Senior Health Partners Inc	Medicaid only	Non-Profit		Local	2,393	
	CCM Select	Medicaid only	Non-Profit		Local	1,764	
	Independence Care Systems	Medicaid only	Non-Profit		Local	1,578	
	Buckeye Community Health Plan (Centene)	Medicaid only	For-Profit		National	159,607	
	CareSource	Medicaid only	Non-Profit		National	812,503	
	Molina Healthcare of Ohio	Medicaid only	For-Profit	X	National	241,153	
	Paramount Advantage	Medicaid only	For-Profit		Local	88,559	
	Unison Health Plan of Ohio	Mixed	For-Profit	X	National	122,351	
	WellCare of Ohio	Medicaid only	For-Profit	X	National	102,014	
	Amerigroup Community Care	Medicaid only	For-Profit	X	National	56,453	
OR (15)	Care Oregon	Medicaid-only	Non-Profit		Local	135,113	
	Cascade Comprehensive	Medicaid-only	For-Profit		Local	9,021	
	Central Oregon Individual Health Solutions	Mixed	Non-Profit		National	31,918	
	Doctors of the Oregon Coast South	Medicaid-only	For-Profit		Local	105,111	
	DCIPA	Medicaid-only	For-Profit		Local	145,118	
	Family Care	Medicaid-only	For-Profit		Local	45,508	
	Inter Community Health Network	Mixed	Non-Profit		Local	26,139	
	Kaiser Permanente Oregon Plus	Mixed	Non-Profit		National	116,511	
	Lane IPA	Medicaid	For-Profit		Local	41,899	
	Marion/Polk Community Health Plan	Medicaid	For-Profit		Local	53,683	
	Mid Rogue IPA	Medicaid	For-Profit		Local	18,970	
	ODS Community Health	Medicaid	For-Profit		Local	9,930	
	Oregon Health Management Services	Medicaid	For-Profit		Local	4,996	
	Providence Health Plan	Mixed	Non-Profit		National	208,581	
	Tuality Health	Mixed	Non-Profit		Local	96,581	
PA (9)	Aetna Better Health	Mixed	For-Profit	X	National	31,144	
	AmeriChoice of Pennsylvania	Mixed	For-Profit	X	National	76,900	
	AmeriHealth Mercy Health Plan (AMHP)	Medicaid only	Non-Profit		National	107,067	
	Coventry Cares	Mixed	For-Profit	X	National	9,249	
	Gateway Health Plan	Medicaid only	For-Profit		Local	250,196	
	Health Partners of Philadelphia	Medicaid only	Non-Profit		Local	165,191	
	Keystone Mercy Health Plan	Medicaid only	Non-Profit		National	303,318	
	Unison Health Plan	Mixed	For-Profit	X	National	151,985	
	UPMC for You	Mixed	Non-Profit		Local	137,089	
RI (3)	Neighborhood Health Plan of Rhode Island	Medicaid only	Non-Profit		Local	85,444	
	UnitedHealthcare of New England	Mixed	For-Profit	X	National	38,336	
	Blue Cross Blue Shield of Rhode Island	Mixed	Non-Profit		Local	10,156	
SC (4)	Absolute Total Care (Centene)	Medicaid only	For-Profit	X	National	88,998	
	BlueChoice Health Plan	Mixed	For-Profit		Local	30,620	
SC cont.	First Choice Health Plan	Medicaid only	Non-Profit		National	201,127	
	Unison Health Plan of SC (United)	Mixed	For-Profit	X	National	70,688	

TN (3)	AmeriGroup Tennessee, Inc.	Mixed	For-Profit	X	National	200,204
	UnitedHealthcare Plan of the River Valley, Inc.	Mixed	For-Profit	X	National	554,210
	Volunteer State Health Plan, Inc.	Medicaid only	For-Profit		Local	465,029
TX (16)	Amerigroup	Medicaid only	For-Profit	X	National	455,105
	Superior Health Plan & Bankers Reserve (Centene)	Medicaid only	For-Profit	X	National	307,557
	Texas Children's Health Plan	Medicaid only	Non-Profit		Local	198,081
	Community Health Choice	Medicaid only	Non-Profit		Local	125,916
	Evercare/United Health	Mixed	For-Profit	X	National	69,825
	Parkland Health Plan	Medicaid only	Non-Profit		Local	156,070
	Community First Health Plans	Medicaid only	Non-Profit		Local	83,775
	Aetna	Mixed	For-Profit	X	National	58,134
	Cook Children's Health Plan	Medicaid only	Non-Profit		Local	60,990
	Molina	Medicaid only	For-Profit	X	National	29,542
	Driscoll Children's Health Plan	Medicaid only	Non-Profit		Local	42,707
	El Paso First Health Plans	Medicaid only	Non-Profit		Local	48,441
	SHA dba FirstCare Health Plans	Mixed	Non-Profit		National	28,801
	UniCare (WellPoint)	Mixed	For-Profit	X	National	17,456
Bravo (HealthSpring)	Mixed	For-Profit	X	National	0	
UT (1)	Molina	Medicaid only	For-Profit	X	National	52,100
VA (5)	Anthem HealthKeepers	Mixed	For-Profit	X	National	193,529
	CareNet by Southern Health (Coventry)	Mixed	For-Profit	X	National	21,821
	Optima Family Care	Mixed	Non-Profit		Local	137,607
	Virginia Premier	Medicaid only	For-Profit		Local	139,801
	Amerigroup	Medicaid only	For-Profit	X	National	34,602
WA (6)	Molina Healthcare of Washington	Medicaid only	For-Profit	X	National	333,473
	Community Healthcare of Washington	Medicaid only	Non-Profit		Local	224,256
	Clark United Providers	Medicaid only	For-Profit		Local	41,954
	Asuris Northwest Health	Mixed	Non-Profit		Local	2,880
	Regence BlueShield	Mixed	Non-Profit		National	38,945
	Group Health Cooperative	Mixed	Non-Profit		National	21,088
WI (18)	Children's Community Health Plan	Medicaid only	Non-Profit		Local	37,062
	CommunityConnect Health Plan	Medicaid only	For-Profit		Local	8,241
	Compcare	Mixed	For-Profit		Local	29,434
	Dean Health Plan	Mixed	For-Profit		Local	41,027
	Dean Southeast	Mixed	For-Profit		Local	3,415
	Group Health Cooperative of Eau Claire	Mixed	Non-Profit		Local	40,020
	Group Health Cooperative of South Central	Mixed	Non-Profit		Local	4,132
	Gunderson Lutheran Health Plan	Mixed	Non-Profit		Local	16,465
	Health Tradition Health Plan	Mixed	For-Profit		Local	9,021
	Independent Care Health Plan	Medicaid only	For-Profit		Local	3,009
	Managed Health Services	Medicaid only	For-Profit	X	National	39,056
	MercyCare Insurance Company	Mixed	For-Profit		Local	15,071
	Molina	Medicaid only	For-Profit	X	National	30,538
	Network Health Plan	Mixed	For-Profit		Local	37,873
	Physicians Plus Insurance Company	Mixed	Non-Profit		Local	7,527
	Security Health Plan	Mixed	For-Profit		Local	52,250
UnitedHealthcare	Mixed	For-Profit	X	National	237,874	
Unity Healthplans Insurance Co	Mixed	Non-Profit		Local	12,187	
WV (3)	UniCare Health Plan of WV (WellPoint)	Mixed	For-Profit	X	National	79,563
	Carelink Health Plan (Coventry)	Mixed	For-Profit	X	National	53,726
	The Health Plan	Mixed	Non-Profit		National	27,559
Total Enrollment						26,475,260

Source: Kaiser Commission on Medicaid and the Uninsured, *A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey* by Julia Paradise, Kathy Gifford, Vernon Smith and Dyke Snipes, September 13, 2011.

HMA MEDICAID ROUNDUP

California

HMA Roundup – Stan Rosenstein

The Department of Health Care Services (DHCS) has made the decision to allow ACS to start up claims processing under its contract, replacing Hewlett-Packard as the state's fiscal agent. ACS won the bid after the Department rejected HP's bid based on technical reasons. ACS was originally scheduled to start claims processing last February, but that was delayed, as ACS was not ready. The transition is underway, and claims processing shifts over fully in early October. ACS is owned by Xerox. This should not have any effect on health plans, but there is a risk that fee-for-service provider payments could be delayed. The Department has set up contingency plans, but some delays may still occur in the changeover process.

In the news

- **Calif. Medicaid Expansion: A Lifeline For Ex-Convicts**

California has embarked on an ambitious expansion of its Medicaid program, three years ahead of the federal expansion that the health law requires in 2014. At least one-half million people are expected to gain coverage—mostly poor adults who never qualified under the old rules because they did not have children at home. Among those who stand to benefit right now are ex-offenders. Inmates often leave California prisons with no consistent place to get medical care. Now many of those getting out of prison and other poor adults in California are being enrolled in a Medicaid-like program where they will be covered for preventive care, prescription drugs, specialty visits, mental health and substance abuse—pervasive problems that when left untreated, researchers say, can lead offenders right back to prison or jail. ([NPR](#))

- **Reduced state dental benefits create dire situation for patients**

In the two years since California sharply reduced dental benefits for roughly 3 million Medi-Cal recipients, dentists say the situation has become dire for patients who are waiting until their infections land them in an emergency room or teeth have to be immediately pulled. Medi-Cal, California's version of Medicaid, still pays for necessary extractions for adults but no longer covers cleaning, X-rays, fillings, root canals or dentures, dentists said. As a result, dentists and researchers said patients are having teeth pulled but not repaired or replaced. That affects their appearance, chances of finding work, and odds of contracting gum disease. Since children are still covered under Medi-Cal, dentists often compete for pediatric patients. But many families do not know that their children are eligible or cannot find dentists in their neighborhoods. Free clinics are trying to pick up the slack and see more dental patients. ([LA Times](#))

Georgia

HMA Roundup – Mark Trail

Good news for Georgia revenues, as August 2011 collections were up \$108 million or 9.1% year over year. We expect that much of the revenue boost will be directed toward the state's rainy day fund.

The Department of Community Health (DCH) budget was approved last week, with no cuts required from the Governor's office. The Governor is holding DCH harmless for several factors, including projected enrollment growth and the loss of federal Medicaid matching rate enhancements under ARRA. Additionally, no provider rate cuts are projected for the balance of this fiscal year or as of yet for FY 2013. With the positive revenue outlook noted above, there is little urgency to take cost-cutting action.

The Medicaid redesign consultant, Navigant, has begun staging their work, organizing participation for 30 focus groups going to take place across the state. These focus groups will not be open to the public.

Indiana

HMA Roundup – Cathy Rudd

The legislative Medicaid Oversight committee is scheduled to meet on Wednesday, September 14. Topics covered will include program integrity, the Healthy Indiana Plan (HIP) waiting list, and cost containment. Additionally, there will be discussion of a cut in the pharmacy dispensing fee, which has been the subject of litigation. The state tried to implement a cut from \$4.90 to \$3.00 but was blocked by a court injunction in response to a suit filed by a pharmacists association. ([Link to committee meeting agenda](#))

Michigan

HMA Roundup – Esther Reagan

Significant news out of Michigan this week is that Exchange design and implementation activity will be organized the Michigan Licensing and Regulatory Affairs office, rather than under the Department of Community Health (DCH).

New Jersey

HMA Roundup – Eliot Fishman

The state Department of Human Services submitted a formal application to the federal government late Friday seeking permission for a global waiver that would allow New Jersey to redesign large parts of the state's Medicaid program. As a reminder, the state began transitioning 45,000 aged, blind, and disabled beneficiaries into managed care in August. In addition, the waiver contemplates transitioning 110,000 dual eligible beneficiaries into capitated managed care organizations that integrate both Medicare and Medicaid covered benefits by January 1, 2012. We view this timeline as unrealistic. Other key provisions include:

- Medicaid and CHIP will be consolidated under one authority.

- Health insurance premium assistance will be included.
- Enrollment practices will be streamlined.
- Flexibility will be achieved through ACO-like and medical home-like models.
- Pilot programs will be explored to address the behavioral health and developmental disability populations.
- Care will transition away from institutional settings and into more community-based settings.

Included in the waiver are ideas to promote home- and community-based care instead of institutionalization or nursing homes, where appropriate; expand in-home behavioral health support services to serve children up to age 21 dually diagnosed with mental health disorders and developmental disabilities; and integrate primary, acute, long-term, and behavioral healthcare. The state's well-publicized plan to limit eligibility for low-income childless adults was dropped from the final waiver application. ([Link to waiver](#))

In the news

- **Christie administration nixes plan that would have cut Medicaid coverage for thousands of New Jersey residents**

Thousands of New Jersey's working poor will keep their health insurance under a new administration proposal to restructure Medicaid, abandoning a controversial plan that would have drastically reduced the number of eligible recipients. In May, the state Department of Human Services proposed tightening the income requirements for New Jersey FamilyCare, an offshoot of Medicaid. About 23,000 New Jerseyans would have been denied Medicaid coverage under the eligibility freeze. ([NJ.com](#))

Pennsylvania

HMA Roundup – Izanne Leonard-Haak

The new state Medicaid director took office on September 12. Vince Gordon, the new deputy secretary for Medical Assistance programs, worked previously with AmeriHealth Mercy in network development.

The state has issued an RFI on shared living options in response to the high costs of home and community-based services (HCBS). Although the original deadline for responses was August 18, the deadline has been extended to September 30. The RFI seeks input on services delivered to the intellectually disabled community, for which the state has historically exceeded its budget allotment. Additionally, a lawsuit just settled between the state and the federal government requires that the state transition intellectually disabled beneficiaries out of institutional care settings and into community-based services.

The state is planning to reduce adult dental benefits as of September 30, 2011. A summary of the dental benefit changes is available [here](#).

OTHER HEADLINES

Kentucky

- **U.S. approves Kentucky's statewide Medicaid plan**

Kentucky has cleared a key hurdle in its plan to implement a statewide system of managed care for Medicaid members outside the Jefferson County region, state officials said Friday. The federal Centers for Medicaid and Medicare Services (CMS) has approved the plan by Kentucky to provide health care to about 560,000 people throughout the state under contracts with three, private managed care companies. Officials with the Cabinet for Health and Family Services told lawmakers last month they expected to win the required approval from CMS. Kentucky awarded contracts to the three companies this year and plans to start the new program Oct. 1. The goal is to save money and provide better health care to Kentuckians on Medicaid, according to the cabinet. Services will not change for about 170,000 people in Jefferson and 15 surrounding counties who receive Medicaid services through Passport Health Plan, a non-profit agency that operates under a separate contract with the state. And the changes will not apply to people in nursing homes or in special Medicaid programs for the disabled. ([Courier-Journal](#))

Massachusetts

- **Sale of two hospitals wins Attorney General's approval**

Massachusetts Attorney General yesterday signed off on the sale of a pair of nonprofit community hospitals, Morton Hospital in Taunton and the bankrupt Quincy Medical Center, to the for-profit hospital chain Steward Health Care System. But the approval imposed multiple conditions on the deal that are meant to safeguard patients and employees of the financially struggling hospitals. They included a guarantee that Boston-based Steward will not sell either one for at least five years, that it will keep making capital improvements after five years, and that it will continue providing in-hospital psychiatric beds and other services of at least the same scope that the Taunton and Quincy hospitals now offer. ([Boston Globe](#))

Missouri

- **SynCare fires last of staff**

A week after the state ended its relationship with SynCare, the embattled Medicaid contractor, the company on Friday laid off its workers and circulated a terse memo threatening to dock their final paychecks under a variety of conditions. Friday's events replicate the circumstances that initially placed SynCare in the public eye. On August 12, the firm missed payroll and then laid off 29 employees. Providers, Medicaid clients, and the employees themselves subsequently revealed problems with SynCare's performance under its state contract. The Missouri Department of Health and Senior Services last week responded to the outpouring of criticism by terminating SynCare's \$5.5 million contract. The department and the company have squabbled publicly over whether the company quit or was fired. The health department will now take over Medicaid screening functions. ([Columbia Tribune](#))

Washington

- **Health Care Authority to Create Innovated Delivery System with Joint Procurement of Healthy Options, Basic Health**

The Health Care Authority opened bidding on September 13 on a 2012 contract that will provide managed care for more than 700,000 Medicaid clients and Basic Health subscribers, establishing an innovative, person-centered, and cost-effective health care delivery system that will dovetail with national health care reform in 2014. The Request for Proposals issued today also leverages the state's purchasing power by consolidating the Medicaid managed care program called Healthy Options with the state's Basic Health Plan, which provides coverage for the working poor. Other populations in this procurement include Healthy Options clients such as foster children and Social Security Income recipients. Selected managed care organizations will provide contracted services beginning July 1, 2012. Successful bidders must have provider networks in place that can meet the needs of the individuals in the service areas the bidders propose to serve throughout the 18-month contract. This contract also features initiatives that will encourage innovation, cost savings, and better performance measurements.

The Healthy Options program currently provides fully capitated, managed care services for approximately 700,000 Temporary Assistance to Needy Families (TANF) and TANF-related Children's Health Insurance Program (CHIP) clients, which is about 60 percent of Washington's total Medicaid/CHIP population. HCA intends to add Medicaid clients who are eligible for Supplemental Security Income (SSI) but not Medicare to the Healthy Options population. Basic Health provides subsidized health coverage for approximately 37,000 low-income adults.

Originally scheduled for a release in July, the procurement planning period was extended into September to give the agency additional time to respond and analyze stakeholder feedback to the draft Request for Proposals distributed earlier this year.

United States

- **Feds: Company agrees to pay \$150 million over Medicaid fraud charges**

A Maryland-based home health services company has agreed to pay a record \$150 million in civil and criminal damages to settle charges that it engaged in a nationwide scheme to defraud Medicaid and other federal programs, according to federal prosecutors. The details of the settlement with Maxim Healthcare Services were announced Monday in a press conference at the U.S. Attorney's office in the District of New Jersey, in Newark. Maxim Healthcare Services is a leading provider of home health services throughout the United States and bills federal health care programs for care it provides to patients. "This is the largest civil recovery in a home health care services suit ever," Tony West, Assistant U.S. Attorney General of the Civil Division of the Department of Justice, told reporters on Monday. The criminal complaint in the case accuses Maxim of submitting more than \$61 million in fraudulent billings over a six-year period to Medicaid and the Veterans Administration for services that it either did not perform or that were not reimbursable under the programs' guidelines. ([CNN](#))

- **NAIC Tells OPM Multistate Carriers May Have Unfair Advantage in Exchanges**

The National Association of Insurance Commissioners (NAIC), in leaning on federal regulators to ensure a level playing field between new multistate plans slated to be offered through the health reform law's state Insurance Exchanges and their smaller competitors, underscores a growing concern that these large plans may end up dominating the lowest-risk pools in the Exchange market. On June 16, the U.S. Office of Personnel Management requested comment on a provision in the reform law that directs OPM to contract with at least two health insurers to offer multistate qualified health plans through the state Insurance Exchanges in 2014. One of the plans must be offered by a not-for-profit insurer. OPM is now in the process of developing guidelines for these multistate plans. In an August 10 letter to OPM signed by NAIC President and Iowa Insurance Commissioner Susan Voss, NAIC expressed concerns that these multistate plans had the potential to disrupt local markets and create adverse selection. Comments were due August 2. In its letter, NAIC urged OPM to require multistate plans to meet all state laws and regulatory requirements. ([AIS Health - Free Registration Required](#))

PRIVATE COMPANY NEWS

- **Clearview Capital Acquires Child Health Holdings (d.b.a. Pediatric Health Choice)**

Clearview Capital today announced that it has acquired Child Health Holdings, Inc., from Harbert Private Equity. Headquartered in Tampa, FL Child Health Holdings, d.b.a. Pediatric Health Choice, is the premier provider of alternative-site health care services for medically complex, technology-dependent, and behaviorally challenged children. The transaction closed on September 2. Child Health Holdings is the third platform investment Clearview has established in the past nine months. *HMA supported Clearview's due diligence on this transaction.* ([Press Release](#))

RFP CALENDAR

Below we provide our updated Medicaid managed care RFP calendar. The events are color coded by state/program and are listed in date order. Washington's RFP timeline has been added to the calendar.

Date	State	Event	Beneficiaries
September 15, 2011	Nebraska	RFP Released	60,000
September 15, 2011	Kentucky RBM	Contract awards	N/A
September 29, 2011	Washington	Bidders conference	800,000
October 1, 2011	Kentucky	Implementation	460,000
October 1, 2011	Arizona LTC	Implementation	25,000
October 1, 2011	Kentucky RBM	Implementation	N/A
October 3, 2011	Massachusetts Behavioral	Contract awards	386,000
October 7, 2011	Hawaii	Proposals due	225,000
October 15, 2011	New Hampshire	RFI Released	N/A
October, 2011	Pennsylvania	RFP Released	565,000
November 14, 2011	Hawaii	Contract awards	225,000
November, 2011	Pennsylvania	Proposals due	565,000
December 1, 2011	Hawaii	Implementation	225,000
December 2, 2011	Washington	Proposals due	800,000
January 1, 2012	Virginia	Implementation	30,000
January 1, 2012	Louisiana	Implementation	892,000
January 15, 2012	New Hampshire	Contract awards	N/A
December 2, 2011	Washington	Contract awards	800,000
March 1, 2012	Texas	Implementation	3,200,000
March 1, 2012	Massachusetts Behavioral	Implementation	386,000
Early 2012	Nebraska	Contract awards	60,000
April 1, 2012	New York LTC	Implementation	200,000
July 1, 2012	Washington	Implementation	800,000
July 1, 2012	Florida	LTC RFP released	2,800,000
July 1, 2012	New Hampshire	Implementation	N/A
September 1, 2012	Pennsylvania	Implementation - New West Zone	270,000
January 1, 2013	Florida	TANF/CHIP RFP released	2,800,000
March 1, 2013	Pennsylvania	Implementation - New East Zone	295,000
October 1, 2013	Florida	LTC enrollment complete	2,800,000
October 1, 2013	Florida	TANF/CHIP enrollment complete	2,800,000

HMA RECENTLY PUBLISHED RESEARCH

NGA Center for Best Practices: State Health Insurance Exchanges and Children's Coverage: Issues for State Design Decisions

Tom Dehner, Managing Principal

Caroline Davis, Senior Consultant

Lillian Spuria, Principal

As states consider implementation options under the Affordable Care Act, they face a series of critical decisions that will affect the design of Insurance Exchanges. Many of those decisions have the potential to affect health insurance options for children and how they obtain and retain coverage.

This issue brief was developed based on input during a daylong meeting hosted by the National Governors Association Center for Best Practices. Participants at the meeting included state government officials, general health care experts, federal representatives, and individuals from nonpartisan health policy institutions. ([Link to brief](#))

UPCOMING HMA APPEARANCES

America's Health Insurance Plans - Exchange Conference: Integrating Medicaid, CHIP and other Related Programs in Exchanges

Mike Nardone, featured speaker

September 15, 2011

Washington, D.C.

Keys to Success: Unlocking Critical Issues Involved in Creating an Arizona Health Insurance Exchange - Sponsored by St. Luke's Health Initiatives

Donna Strugar-Fritsch, featured speaker

September 16, 2011

Phoenix, Arizona

Western Association of Medicaid Pharmacy Administrators

Vernon K. Smith, keynote speaker

September 19, 2011

Anchorage, Alaska

Nixon Peabody - Investing in Health Care: Current Challenges and Opportunities

Greg Nersessian, featured speaker

October 19, 2011

Boston, Massachusetts