

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... September 24, 2014



RFP CALENDAR

DUAL ELIGIBLES
CALENDAR

HMA NEWS

Edited by:
Greg Nersessian, CFA
[Email](#)

Andrew Fairgrieve
[Email](#)

Kartik Raju
[Email](#)

THIS WEEK

- IN FOCUS: NCQA ANNUAL MEDICAID MCO RANKINGS FOR 2014/2015 REVIEWED
- VIRGINIA LEGISLATORS REJECT MEDICAID EXPANSION
- COLORADO DIVISION OF INSURANCE RELEASES 2015 RATES
- UNINSURED NEW JERSEY RESIDENTS REDUCED BY CLOSE TO HALF
- NEW YORK DUR BOARD RECOMMENDS LIMITED SOVALDI COVERAGE
- NEW YORK DELAYS TRANSITION OF BEHAVIORAL, NURSING FACILITY SERVICES TO MANAGED CARE
- NUMBER OF MARKETPLACE INSURERS TO INCREASE 25 PERCENT FOR NEXT ENROLLMENT PERIOD
- PROVIDENCE SERVICE CORP. TO ACQUIRE MATRIX MEDICAL NETWORK
- HMA EXPERTS WEIGH IN ON GAO'S ASSESSMENT OF ARKANSAS PRIVATE OPTION EXPANSION

IN FOCUS

NCQA ANNUAL MEDICAID MCO RANKINGS FOR 2014/2015 REVIEWED

This week our *In Focus* section reviews the annual Medicaid health plan rankings released on September 18, 2014 by the National Committee for Quality Assurance (NCQA). NCQA provides annual rankings and quality scores of private commercial health plans serving employers and the individual market, Medicare Advantage plans, and Medicaid managed care organization (MCO) health plans. Below, we briefly summarize the NCQA rating methodology, highlight those top performing Medicaid plans nationally, and provide an overview of how the larger multistate Medicaid MCOs performed in this year's NCQA report.

Full rankings available at: <http://healthplanrankings.ncqa.org/>

NCQA Methodology Overview

NCQA rankings are based on a health plans overall score on a scale of 1-100 across three subcategories: consumer satisfaction, prevention, and treatment. The summary tables below provide a ranked score of 1-5 (5 being the best) for each of these three categories. Additionally, plans are scored on whether or not they receive NCQA accreditation. NCQA notes that it only ranks health plans that publicly report their quality information. As such, out of nearly 260 Medicaid health plans, just over half (131) have been ranked by NCQA. An additional 38 Medicaid plans have partially reported data but do not receive a NCQA ranking. High-level descriptions of the subcategories from NCQA are provided below:

- **Consumer satisfaction:** Measures what patients reported about the experiences of their care in a survey, including their experiences with physicians, services to which they had access, and customer service: **25 points.**
- **Prevention and Treatment (standardized rates for clinical measures):** Clinical prevention measures the proportion of eligible members who received preventive services. Treatment measures the proportion of eligible members who received the recommended care for certain conditions: **60 points.**
- **NCQA Accreditation standards score:** Whether the plan earned NCQA's Accreditation (i.e., actual NCQA Accreditation standards score divided by possible NCQA Accreditation standards score): **15 points.**

A detailed methodology document for the 2014-2015 rankings is available [here](#).

Top 20 Medicaid MCOs, 2014/2015

As in years past, the top 20 NCQA-ranked Medicaid MCOs for 2014/2015 are largely local and regional health plans, with larger multistate health plans taking six of the top 20 spots on this year's list. The top four MCOs are all in Massachusetts – Network Health, Fallon Health, Neighborhood Health Plan, and Boston Medical Center's HealthNet Plan. UnitedHealthcare has two plans in the top 20, in Rhode Island and New York. Meridian also has two plans in the top 20, in Michigan and Illinois. WellPoint and WellCare each have one plan in the top 20, both in New York.

2014/2015				2014/2015	NCQA
Rank	Plan Name	States	Type	Score	Accreditation
1	Network Health	MA	HMO	87.1	Yes
2	Fallon Health	MA	HMO	86.9	Yes
3	Neighborhood Health Plan	MA	HMO	85.9	Yes
4	Boston Medical Center HealthNet Plan	MA	HMO	85.8	Yes
5	Neighborhood Health Plan of Rhode Island	RI	HMO	85.8	Yes
6	Kaiser Foundation Health Plan - Hawaii	HI	HMO	85.7	Yes
7	UnitedHealthcare Community Plan	RI	HMO	85.5	Yes
8	AMERIGROUP New York	NY	HMO	85.2	Yes
9	Meridian Health Plan of Michigan	MI	HMO	85	Yes
10	Meridian Health Plan of Illinois	IL	HMO	84.8	Yes
11	Priority Health	MI	HMO	84.4	Yes
12	Upper Peninsula Health Plan	MI	HMO	83.2	Yes
13	Security Health Plan of Wisconsin	WI	HMO	83.2	Yes
14	WellCare of New York	NY	HMO	83.1	Yes
15	Capital District Physicians' Health Plan	NY	HMO	83	Yes

2014/2015		2014/2015		NCQA	
Rank	Plan Name	States	Type	Score	Accreditation
16	UnitedHealthcare Community Plan	NY	HMO	83	Yes
17	MedStar Family Choice	MD	HMO	82.9	Yes
18	Medica	MN	HMO	82.8	Yes
19	Passport Health Plan	KY	HMO	82.5	Yes
20	Health Partners of Philadelphia	PA	HMO	82.3	Yes

Rhode Island, New York, Massachusetts, Minnesota, and Pennsylvania are the top five states in terms of average NCQA score for 2014/2015, while Mississippi, Texas, Kentucky, Louisiana, and the District of Columbia were the bottom five.

Aetna

Aetna (includes Coventry) operates three health plans in the top 50 (up from two last year) and seven in the top 100 (up from six last year) for 2014/2015.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
Aetna / Coventry								
Delaware Physicians Care	DE	27	34	▲ 7	81.7	81.8	▼ -0.1	Yes
HealthAmerica Pennsylvania	PA	45	82	▲ 37	80.3	78	▲ 2.3	Yes
Coventry Cares of Michigan	MI	49	28	▼ -21	80.1	82.5	▼ -2.4	Yes
Coventry Health Care of Virginia	VA	53	63	▲ 10	79.9	79.8	▲ 0.1	Yes
Aetna Better Health	PA	58	83	▲ 25	79.6	77.8	▲ 1.8	Yes
HealthCare USA of Missouri	MO	84	64	▼ -20	78.5	79.7	▼ -1.2	Yes
Coventry Health Care of West Virginia	WV	92	125	▲ 33	77.5	63.2	▲ 14.3	Yes
Coventry Health Care of Nebraska	NE	116	119	▲ 3	71.7	65.7	▲ 6	Yes
CoventryCares of Kentucky	KY	130	123	▼ -7	62.9	63.3	▼ -0.4	No (In process)
Aetna Better Health of Texas (Tarrant)	TX	134	NR		59	NA		No
Aetna Better Health of Texas (Bexar)	TX	136	NR		58.3	NA		No
Coventry Health Care of Delaware	MD	NR	121		NA	63.7		No (In process)
Mercy Care Plan	AZ	NR	NR		NA	NA		No
Coventry Health Care of Florida	FL	NR	NR		NA	NA		Yes
Coventry Health Plan of Florida	FL	NR	NR		NA	NA		Yes
Aetna Better Health	IL	NR	NR		NA	NA		No

AmeriHealth Caritas

Two of AmeriHealth's plans rated by NCQA are ranked in the top 50, with three total in the top 100.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
AmeriHealth Caritas								
AmeriHealth Caritas Health Plan	PA	24	25	▲ 1	82	82.6	▼ -0.6	Yes
Keystone First	PA	34	27	▼ -7	81.4	82.5	▼ -1.1	Yes
Select Health of South Carolina	SC	61	40	▼ -21	79.6	81.1	▼ -1.5	Yes
Arbor Health Plan	NE	123	NR		67.4	NA		Yes (Interim)
AmeriHealth Caritas Louisiana	LA	NR	NR		NA	NA		Yes (Interim)
AmeriHealth District of Columbia	DC	NR	NR		NA	NA		No (In process)
Florida True Health	FL	NR	NR		NA	NA		Yes (Interim)

Centene

Centene received a top 50 ranking for two health plans, with seven total plans ranked in the top 100.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
Centene								
Superior HealthPlan	TX	40	29	▼ -11	80.7	82.3	▼ -1.6	Yes
Peach State Health Plan	GA	43	42	▼ -1	80.4	81	▼ -0.6	Yes
Managed Health Services	WI	55	117	▲ 62	79.8	67	▲ 12.8	Yes
Managed Health Services	IN	67	58	▼ -9	79.2	79.8	▼ -0.6	Yes
Absolute Total Care	SC	81	79	▼ -2	78.6	78.5	▲ 0.1	Yes
Sunshine State Health Plan (Reform)	FL	85	89	▲ 4	78.4	77	▲ 1.4	Yes

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
Centene								
Buckeye Community Health Plan	OH	98	94	▼ -4	76.5	76.5	→ 0	Yes
Sunshine State Health Plan (Nonreform)	FL	101	100	▼ -1	76.2	75	▲ 1.2	Yes
IlliniCare Health Plan	IL	NR	NR		NA	NA		Yes
CeltiCare Health Plan of Massachusetts	MA	NR	NR		NA	NA		Yes
Home State Health Plan	MO	NR	NR		NA	NA		No (In process)
Louisiana Healthcare Connections	LA	NR	NR		NA	NA		Yes
Magnolia Health Plan	MS	NR	NR		NA	NA		Yes
Sunflower State Health Plan	KS	NR	NR		NA	NA		Yes
Superior HealthPlan Network (STAR)	TX	NR	NR		NA	NA		No
Superior HealthPlan Network (STARPLUS)	TX	NR	NR		NA	NA		No
Coordinated Care Health	WA	NR	NR		NA	NA		Yes

Molina

Molina operates two MCOs ranked in the top 50 for 2014/2015, with all nine of Molina's plans included in NCQA's rankings in the top 100.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
Molina								
Molina Healthcare of Michigan	MI	35	22	▼ -13	81.3	82.9	▼ -1.6	Yes
Molina Healthcare of Texas	TX	56	47	▼ -9	79.7	80.8	▼ -1.1	Yes
Molina Healthcare of Utah	UT	60	48	▼ -12	79.6	80.7	▼ -1.1	Yes
Molina Healthcare of New Mexico	NM	70	66	▼ -4	79.1	79.6	▼ -0.5	Yes
Molina Healthcare of Washington	WA	80	69	▼ -11	78.6	79.6	▼ -1	Yes
Molina Healthcare of Ohio	OH	82	71	▼ -11	78.6	79.2	▼ -0.6	Yes
Molina Healthcare of Wisconsin	WI	93	122	▲ 29	77.3	63.7	▲ 13.6	Yes
Molina Healthcare of California Partner Plan	CA	95	96	▲ 1	76.9	76.3	▲ 0.6	Yes
Molina Healthcare of Florida	FL	100	97	▼ -3	76.3	75.9	▲ 0.4	Yes

UnitedHealthcare

United has two plans in the top 20, five plans in the top 50, and a total of 11 plans ranked in the top 100 by NCQA for 2014/2015.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
UnitedHealth								
UnitedHealthcare Community Plan	RI	7	8	▲ 1	85.5	85.2	▲ 0.3	Yes
UnitedHealthcare Community Plan	NY	16	17	▲ 1	83	83.7	▼ -0.7	Yes
UnitedHealthcare Community Plan	MI	25	16	▼ -9	82	83.8	▼ -1.8	Yes
UnitedHealthcare Plan of the River Valley (Middle)	TN	39	32	▼ -7	80.7	81.9	▼ -1.2	Yes
UnitedHealthcare Plan of the River Valley (East)	TN	44	57	▲ 13	80.3	79.9	▲ 0.4	Yes
UnitedHealthcare Community Plan	MD	68	62	▼ -6	79.2	79.8	▼ -0.6	Yes
UnitedHealthcare Plan of the River Valley (West)	TN	75	74	▼ -1	79	79	→ 0	Yes
UnitedHealthcare Community Plan	DE	76	56	▼ -20	78.9	80	▼ -1.1	Yes
UnitedHealthcare Community Plan	PA	77	78	▲ 1	78.7	78.8	▼ -0.1	Yes
UnitedHealthcare Community Plan	NE	86	52	▼ -34	78.4	80.5	▼ -2.1	Yes
UnitedHealthcare Community Plan	OH	90	92	▲ 2	77.8	76.7	▲ 1.1	Yes
UnitedHealthcare Community Plan (Reform)	FL	111	95	▼ -16	73.4	76.4	▼ -3	Yes
UnitedHealthcare Community Plan (Nonreform)	FL	113	103	▼ -10	73.1	74.4	▼ -1.3	Yes
UnitedHealthcare Community Plan (CAN)	MS	117	114	▼ -3	71.2	68.6	▲ 2.6	Yes
UnitedHealthcare Community Plan of Louisiana	LA	131	NR		62.5	NA		No (In process)
UnitedHealthcare Community Plan	NM	NR	77		NR	78.8		Yes
AmeriChoice by UnitedHealthcare	CT	NR	NR		NA	NA		No
UnitedHealthcare Community Plan	TX	NR	NR		NA	NA		No
UnitedHealthcare Community Plan of Washington	WA	NR	NR		NA	NA		No
Health Plan of Nevada	NV	NR	NR		NA	NA		No
UnitedHealthcare Community Plan	WI	NR	NR		NA	NA		No
UnitedHealthcare Community Plan (KS) - CAHPS	KS	NR	NR		NA	NA		Yes (Interim)
UnitedHealthcare Community Plan (KS) - Medicaid	KS	NR	NR		NA	NA		Yes (Interim)
UnitedHealthcare Community Plan (KS) - LT Care	KS	NR	NR		NA	NA		Yes (Interim)
UnitedHealthcare Community Plan HI QExA	HI	NR	NR		NA	NA		Yes
UnitedHealthcare Community Plan HI QExA (Quest)	HI	NR	NR		NA	NA		Yes

WellCare

WellCare operates one health plan in the top 50 and five total in the top 100 for 2014/2015.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
WellCare								
WellCare of New York	NY	14	116	▲ 102	83.1	67.6	▲ 15.5	Yes
WellCare of Georgia	GA	59	49	▼ -10	79.6	80.7	▼ -1.1	Yes
WellCare of Florida	FL	64	60	▼ -4	79.3	79.8	▼ -0.5	Yes
WellCare of Florida (HealthEase)	FL	78	80	▲ 2	78.7	78.1	▲ 0.6	Yes
WellCare Health Insurance of Arizona (ABD)	HI	94	88	▼ -6	77.3	77.2	▲ 0.1	Yes
WellCare Health Insurance of Arizona (AZ Medicaid)	HI	105	NR		74.9	NA		Yes
Missouri Care Health Plan	MO	109	105	▼ -4	74	73.9	▲ 0.1	Yes
Harmony Health Plan of Illinois	IL	115	131	▲ 16	72.1	57.4	▲ 14.7	Yes
WellCare of South Carolina	SC	128	NR		64.7	NA		Yes (Interim)
WellCare of Kentucky	KY	129	124	▼ -5	63.4	63.2	▲ 0.2	No (In process)

WellPoint

WellPoint (includes Amerigroup health plans) now operates five top-50 plans, and nine top-100 plans in NCQA's 2014/2015 rankings.

Medicaid Health Plan	State	2014 Rank	2013 Rank	Change	2014 Score	2013 Score	Change	NCQA Accreditation
WellPoint / Amerigroup								
AMERIGROUP New York	NY	8	NR		85.2	NA		No (Scheduled)
AmeriGroup Georgia Managed Care	GA	32	54	▲ 22	81.4	80.3	▲ 1.1	Yes
AMERIGROUP Tennessee	TN	36	33	▼ -3	81.3	81.8	▼ -0.5	Yes
AMERIGROUP Maryland	MD	46	37	▼ -9	80.2	81.5	▼ -1.3	Yes
AMERIGROUP New Jersey	NJ	48	67	▲ 19	80.2	79.6	▲ 0.6	Yes
AMERIGROUP Texas	TX	63	NR		79.3	NA		No (In process)
HealthKeepers	VA	73	41	▼ -32	79	81.1	▼ -2.1	Yes
Anthem Blue Cross and Blue Shield in Indiana	IN	88	85	▼ -3	78.4	77.6	▲ 0.8	Yes
AMERIGROUP Nevada	NV	90	90		76.7	76.7		Yes
Blue Cross of California Partnership Plan	CA	106	108	▲ 2	74.5	73.3	▲ 1.2	Yes
AMERIGROUP Florida	FL	125	118	▼ -7	66.4	66.5	▼ -0.1	No
AMERIGROUP Community Care of New Mexico	NM	NR	72		NA	79.1		No
UNICARE Health Plan of West Virginia	WV	NR	76		NA	78.8		Yes
Amerigroup Insurance Company	TX	NR	NR		NA	NA		No (Scheduled)
AMERIGROUP Washington	WA	NR	NR		NA	NA		No
Health Plus Amerigroup	NY	NR	NR		NA	NA		No
Amerigroup Kansas	KS	NR	NR		NA	NA		Yes (Interim)
AMERIGROUP Louisiana	LA	NR	NR		NA	NA		Yes
AMERIGROUP Nevada	NV	NR	NR		NA	NA		Yes
Compcare Health Services Insurance (Region 5)	WI	NR	NR		NA	NA		No
Compcare Health Services Insurance (Region 6)	WI	NR	NR		NA	NA		No
Compcare Health Services Insurance (Region 1-4)	WI	NR	NR		NA	NA		No



HMA MEDICAID ROUNDUP

Alaska

Moda and Premera Take Different Approaches to 2015 Marketplace Plan Options. On September 20, 2014, the *Alaska Dispatch News* reported that the two health insurance companies participating in Alaska's federally facilitated marketplace are taking opposite approaches on their 2015 individual policies. Moda Health has opted to cancel individual policies that do not comply with the ACA in 2015, a decision that will affect 800 Alaskans. A spokesman for Moda explains that the company's decision will help it focus on one pool of consumers to create more stability in this market. Meanwhile, Premera Blue Cross Blue Shield will allow members to hold on to non-ACA compliant policies through 2016 (about 3,200 Alaskans hold such policies). A spokesperson for Premera explained that the individual market in Alaska is not large enough to spread the costs of the most expensive members and keep premiums down; so, the company is opting to give consumers as much choice as possible in their choice of plans. [Read more](#)

California

HMA Roundup – Alana Ketchel

Covered California Addresses Enrollment and Coverage Issues. On September 22, 2014, the *Los Angeles Times* reported that Covered California has pledged to correct issues with enrollment and dropped coverage. The insurance exchange failed to promptly send insurance applications to health plans, which affected 20,000 individuals. Another 10,000 people had their insurance prematurely canceled as their income review demonstrated they were eligible for Medi-Cal, resulting in a gap in coverage. Covered California is continuing to reach out to approximately 50,000 individuals who need to demonstrate lawful presence in the U.S. by Oct. 31 to maintain coverage. [Read more](#)

Brown Signs Healthcare Bills into Law.

- **SB 1039: Expanded Role for Pharm Techs.** On September 17, 2014, the Sacramento Business Journal reported that Governor Brown signed SB 1039, which will allow pharmacy technicians to have an expanded role under supervision of pharmacists. The role includes packaging emergency supplies, sealing emergency containers, performing monthly checks of drug supplies and reporting irregularities. Hospitals must also create policies to ensure appropriate repackaging. The goal of the law is to further leverage pharmacy personnel to improve efficiency. [Read more](#)

- **AB 357: Medi-Cal Children's Advisory Panel.** On September 18, 2014, the *California Healthline* reported that the Governor signed AB 357, which will institute a Medi-Cal Children's Health Advisory Panel. The Department of Health Care Services officially opposed the creation of the advisory panel, deeming it unnecessary. Assembly Member Richard Pan will now continue the existing 15-member Healthy Families Advisory Board. The Governor noted that once the Department completes its separate stakeholder group review, advocates should be open to changes in how children's issues will be discussed. [Read more](#)
- **AB 2051: Shorter Medi-Cal Application Process for Community Clinics.** On September 19, 2014, the *California Healthline* reported that the Governor signed AB 2051, which will shorten the application review process for community clinics that seek to serve Medi-Cal beneficiaries. The Department of Health Care Services now has 30 days to process clinic certifications, while currently the process could take more than 180 days. [Read more](#)

Medi-Cal Faces New Lawsuit Over Application Backlog. On September 18, 2014, *Kaiser Health News* reported that a number of organizations in California filed a lawsuit against the Department of Health Services, citing the backlog of Medi-Cal applications that have contributed to delays in care. Advocates say the backlog is forcing vulnerable individuals to postpone treatment or pay cash to see doctors. As part of the suit, the state would have to process cases within 45 days and grant provisional Medi-Cal benefits while applicants' income is being verified. [Read more](#)

New Checks on Psych Meds for Foster Children. On September 18, 2014, the *San Jose Mercury News* reported that beginning October 1, doctors will be required to get additional authorization to provide antipsychotics to vulnerable children. Under a new Department of Health Care Services policy, a state pharmacist must now prove medical necessity for each antipsychotic prescription before being able to provide the medications to children under 18 who are covered by Medi-Cal. The special authorization had been required for children five and younger, but will now be expanded to all youth. [Read more](#)

Colorado

Colorado Division of Insurance Releases 2015 Rates. On September 22, 2014, the Colorado Health Institute reported on the 2015 health insurance rates recently published by the state Division of Insurance. All 2015 policies will increase by 1.18 percent on average over 2014 policies. However, plan prices vary greatly, from an increase of more than 50 percent to a decrease of nearly 38 percent. Consumers in the individual market will see modest price increases (0.20 percent on average) if they bought a plan through the Connect for Health Colorado exchange, compared to those who bought plans off the marketplace (2.4 percent). Small group policy prices will increase more for policies on Connect for Health (5.95 percent) compared to policies purchased outside the marketplace (1.90 percent). The Colorado Health Institute also published this 2015 Insurance Rates Analysis which includes a map of the Division of Insurance's redesigned regional rating areas. [Read more](#)

Florida

AHCA Releases Statewide Medicaid Enrollment Numbers for September. The Agency for Health Care Administration (AHCA) reported the September enrollment numbers for the Managed Medical Assistance (MMA) program. About 2.72 million (75.8%) of the state's 3.58 million Medicaid beneficiaries have been enrolled into an MMA Plan; this includes 2.58 million beneficiaries enrolled in Standard MMA plans and 137,000 beneficiaries enrolled in Specialty MMA plans. Staywell (WellCare), Sunshine Health (Centene), and Amerigroup continue to have the largest presence statewide. Comprehensive statewide MMA enrollment (by region) is provided in the table below.

Statewide Medicaid Enrollment - September 2014								
Total MMA	Type	R1	R2	R3	R4	R5	R6	R7
MMA STANDARD CAPITATED	MMAC	85,934	94,346	221,574	253,886	154,527	359,054	329,321
MMA SPECIALTY CAPITATED	MMASC	225	2,976	532	7,029	5,408	8,970	8,892
MMA CHILD WELFARE CAPITATED	MMACC	915	781	2,088	2,555	1,845	3,192	2,413
MMA CHILDREN'S MSN	CMSMA	1,765	4,801	6,232	5,929	3,941	8,047	7,768
SUBTOTAL SMMC		88,839	102,904	230,426	269,399	165,721	379,263	348,394
PACE	PACE					151		1
FEE FOR SERVICE	FFS	28,507	28,455	75,073	80,790	60,506	108,243	108,244
FEE FOR SERVICE - out of state	FFS							
TOTAL ALL		117,346	131,359	305,499	350,189	226,378	487,507	456,638

Statewide Medicaid Enrollment - September 2014							
Total MMA	Type	R8	R9	R10	R11	TOTAL	Market Share
MMA STANDARD CAPITATED	MMAC	182,008	216,382	213,542	467,124	2,577,698	72.00%
MMA SPECIALTY CAPITATED	MMASC	483	4,942	4,501	9,838	53,796	1.50%
MMA CHILD WELFARE CAPITATED	MMACC	1,625	1,837	2,175	2,473	21,899	0.60%
MMA CHILDREN'S MSN	CMSMA	5,082	5,515	7,227	5,330	61,637	1.70%
SUBTOTAL SMMC		189,198	228,676	227,445	484,765	2,715,030	75.80%
PACE	PACE	219	92		395	858	0.00%
FEE FOR SERVICE	FFS	52,149	70,166	74,318	177,362	863,813	24.10%
FEE FOR SERVICE - out of state	FFS					1,593	0.00%
TOTAL ALL		241,566	298,934	301,763	662,522	3,581,294	100.00%

Hawaii

Cash-Strapped Hawaii Public Hospitals Forced to Cut Staff and Services. On September 20, 2014, *AP/Modern Healthcare* reported that public hospitals across Hawaii are reducing staff and cutting services because of budget shortfalls. The shortfalls persist in part because the state's rural regions cannot generate enough revenue to support operational costs. Rising healthcare costs and low Medicare and Medicaid reimbursements also contribute to hospital deficits. [Read more](#)

Indiana

Hoosiers Express Concerns About HIP 2.0 During Public Comment Period. September 22, 2014, the *Times of Northwest Indiana* reported that public comments submitted to the US Department of Health and Human Services regarding Governor Mike Pence's Healthy Indiana Plan (HIP) 2.0 have been overwhelmingly negative. Pence proposed HIP 2.0 as an alternative to ACA Medicaid expansion for Indiana; the plan would offer health plans to all non-disabled adults ages 19-64 who earn between 23 percent and 138 percent of the federal poverty level. Some commenters argued that it is unwise to enroll as

many as 400,000 low-income Hoosiers for the new plan, considering the current Healthy Indiana Plan (HIP) has had limited success. At the same time, a few enthusiastic comments were submitted by medical and hospital groups in support of HIP 2.0. [Read more](#)

Kansas

As Herbert Gets Closer to Medicaid Expansion Deal, GOP Resistance to the Plan Persists. On September 18, 2014, *AP/the Kansas City Star* reported that some Republican lawmakers are still resistant to Governor Gary Herbert's plan for an alternative Medicaid expansion in Utah. Several lawmakers have expressed disapproval that the "work requirement" in the initial expansion proposal has now been downgraded to a "work effort," which would direct beneficiaries into job search and training programs. Rep. Jim Dunnigan, one of the chairman of the state's Health Reform Task Force, told *AP* that "for some legislators, "(the lack of a work requirement) is a deal breaker." [Read more](#)

Kentucky

Lawmakers Aim to Improve, Revamp Services for the Elderly. On September 21, 2014, *AP/Modern Healthcare* reported that state lawmakers are working to improve access to home and community-based services for Kentucky's elderly. The state's Medicaid cost for a nursing home bed is around \$48,000 per year, compared to the \$15,000 per year cost of maintaining someone at home with waiver services. Interest in home and community-based services is high; the state has struggled to keep up with demand, forcing the elderly to remain on waiting lists or enter nursing homes earlier than necessary. To meet demand for home and community care options and achieve the financial benefits of such services, officials are trying to have regulations rewritten and approved by next spring. [Read more](#)

Louisiana

Former Louisiana Health Secretary Bruce Greenstein Indicted on Perjury. On September 23, 2014, *AP/the Washington Post* reported that Governor Bobby Jindal's former health secretary Bruce Greenstein was charged by a state grand jury with lying about his involvement in the award of a now-canceled \$200 million Medicaid contract. Greenstein provided testimony regarding the state's Medicaid claims processing contract with IT contractor CNSI, which was terminated because Greenstein, formerly a Vice President of CNSI, exchanged frequent communication with CNSI during the bidding process. Greenstein resigned a week after the contract was terminated and denied influencing the contract award. [Read more](#)

New Hampshire

NH Marketplace Expects to Offer More Choices in Second Open Enrollment Period. On September 21, 2014, *AP/Modern Healthcare* reported that four more insurance companies, including two private companies and two co-ops, are expected to sell health plans through the state's new marketplace. Currently, Anthem Blue Cross and Blue Shield is the only insurer offerings plans in the

marketplace. Harvard Pilgrim, Assurant, Maine Community Health and Minuteman submitted proposals this summer to offer plans beginning in the second open enrollment period, which begins November 15. If all four proposals are approved, the number of plans available to residents will increase from 14 to 50, and every hospital in the state will be included in at least three provider networks. [Read more](#)

New Jersey

HMA Roundup – Karen Brodsky ([Email Karen](#))

Number of Uninsured New Jersey Residents Reduced by Close to Half. On September 22, 2014, *NJ Spotlight* reported that the number of uninsured residents in New Jersey dropped from 21.2 percent to 11.5 percent over 10 months as a result of the implementation of the federal Marketplace and Medicaid Expansion. According to the Health Reform Monitoring Survey (conducted by the Urban Institute), about 520,000 more individuals have health insurance in the state, exceeding original projections, despite technical difficulties with healthcare.gov and the state's backlog in processing Medicaid applications. [Read more](#)

New Mexico

Medicaid Rolls Continue to Increase in New Mexico. On September 19, 2014, *Albuquerque Business First* reported that New Mexico continues to experience robust enrollment into its Medicaid program. During a board meeting for the New Mexico Health Insurance Exchange, state Human Services Department Secretary Sidonie Squier said that 731,000 residents are enrolled in Medicaid, with 164,000 joining the program since the first of the year. This represents nearly one third of the state's population. [Read more](#)

New York

HMA Roundup – Denise Soffel

Drug Utilization Review Board Recommends Limited Coverage for Sovaldi. On September 18, 2014, *Capital NY* reported that the Drug Utilization Review Board is recommending that coverage for Sovaldi, a costly drug for the treatment of hepatitis C, be limited. Patients with advanced stages of the disease and those who have also been diagnosed with liver disease, HIV and other conditions associated with hepatitis C infection would have the highest priority to receive the drug. The recommendations also suggest that recipients be monitored for high-risk behavior such as alcohol and drug use, which may impact the effectiveness of the treatment. These guidelines, if implemented, would limit the drug to about 60 percent of the 60,000 Medicaid beneficiaries with hepatitis C. The recommendations require approval from the state's health commissioner. [Read more](#)

Medicaid Managed Care Update. The Department of Health provided the following program updates at the quarterly Medicaid Managed Care Advisory Review Panel meeting.

Plan Updates:

- Fidelis Care began operations in Jefferson County on September 1. It now operates in every county across the state, the only Medicaid managed care plan to have state-wide presence.
- HealthNow announced its intent to withdraw from the Medicaid managed care market in July, and enrollment in the plan was halted. Those plans are now on hold as the organization explores its options. HealthNow had indicated that it was financially unviable to continue operations in the Medicaid market, as it was not making enough money to sustain its product. HealthNow has not met the state's quality metrics in recent years, and is thus ineligible for quality incentive payments.

Program Updates:

- The nursing home carve-in has again been delayed, and is now scheduled for January 2015. CMS has not yet approved the carve-in. They are requiring three things of the state: that a conflict-free assessment be implemented; that an independent participant ombudsman program is in place 30 days before the nursing home transition begins; and that the finalized rate structure promote community integration.

Helgerson Announces Change in Implementation Date for Behavioral Health Transition to Medicaid Managed Care. On September 19, 2014, NYS Medicaid Director Jason Helgerson wrote to the Medicaid Redesign Team Behavioral Health Work Group with an update on the timeline for the transition of Behavioral Health (BH) services to managed care. The implementation date for the transition of adult BH services in New York City is now April 1, 2015. BH Adults for the rest of the state will begin October 1, 2015. The delay will allow more time for continued planning and preparation for the BH systems transition; plans and providers to collaborate and further develop their networks; Health IT infrastructure development and expansion; and obtaining needed Federal approval for these new services and design. [Read more](#)

Employment First Strategy for Individuals with Disabilities. Governor Cuomo signed an executive order establishing the Employment First Commission. The commission will create an "employment first" policy that makes competitive, integrated employment the first option when determining supports and services for people with disabilities. The policy is intended to increase employment and reduce poverty for individuals with disabilities, particularly intellectual and developmental disabilities. The Governor's Executive order can be seen [here](#).

North Carolina

DHHS Secretary Presents Medicaid Office Improvements, Reviews Options for Medicaid Expansion in North Carolina. On September 17, 2014, AP/the *News & Observer* reported that North Carolina Health and Human Services Secretary Dr. Aldona Wos is collecting information to put together a viable Medicaid expansion option for the state. While the General Assembly and Governor McCrory declined to accept ACA Medicaid expansion last year, citing financial shortfalls in the state's Medicaid office, McCrory said in July that he would be willing to consider expansion if such shortfalls were repaired. Wos told the Joint Legislative Program Evaluation Oversight Committee that the agency's financial and structural improvements have opened up opportunities for expansion. Wos also told the Legislative Watchdog Committee that Medicaid

should not be removed from DHHS because doing so “would result in wasted taxpayer dollars and disruption to the citizens we serve, our providers and the entire healthcare delivery system in the State of North Carolina.” [Read more](#)

Ohio

State Releases Latest MyCare Ohio Enrollment Numbers. On September 19, 2014, the Governor’s Office of Health Transformation provided an update on enrollment into *MyCare Ohio* plans. To date, *MyCare Ohio* plans have enrolled 100,954 Ohioans, processed 869,596 claims, and paid provider bills totaling \$288,096,585. A table of MyCare Ohio enrollment by region and health plan is provided [here](#).

Pennsylvania

HMA Roundup – Matt Roan

Feuding Healthcare Companies UPMC and Highmark Connected by Finances. On September 22, 2014, the *Pittsburgh Post-Gazette* reported that despite the ongoing feud between Pittsburgh healthcare giants UPMC and Highmark, recently released audited financial reports from UPMC suggest that UPMC may be more reliant on revenue from Highmark than previously assumed. The UPMC 2014 audited financial reports show that 31 percent of its hospital system’s net patient revenue came from Highmark. The Medicare program was the only other payer contributing a higher percentage of revenue at 33 percent. UPMC had previously reported that 19 percent of its “gross patient revenue” came from rival Highmark. The significance of Highmark payments to UPMC facilities has raised questions about UPMC’s decision to not renew network provider agreements with Highmark. The rift between the two companies stems from Highmark’s acquisition of the West Penn Allegheny Hospital system (now called Allegheny Health) which directly competes with UPMC hospitals, as well UPMCs continued investment in growing its own health plan, which competes with Highmark’s insurance offerings. [Read more](#)

Philadelphia Start-up Developing Predictive Modeling Tool to Help Consumers Select ACA Health Plans. On September 21, 2014, the *Philadelphia Inquirer* reported that Picwell, a Philadelphia-based start-up company, is hoping to use technology to help consumers make sense of the health insurance options available to them through the ACA. The firm has developed software that analyzes 900,000 plan selection variables including claims history, lifestyle data and pricing information to make individualized recommendations of plans that are most likely to meet a consumer’s needs. The system ranks plans based on these criteria and estimates out of pocket costs based on projected utilization of the consumer. The company is working to incorporate consumer satisfaction surveys into the tool so that users can see how people like them rate the plans. The software would be free for consumers to use, and Picwell hopes to market its tool to state-based exchanges which would offer it on their marketplace websites. While the tool will not be available for this year’s open enrollment period, the company hopes to have it deployed for the 2015 open enrollment. [Read more](#)

Health Partners Garners Top Spot in NCQA Pennsylvania Medicaid Health Plan Rankings. According to national Medicaid Managed Care plan ranking released by the National Committee for Quality Assurance (NCQA), Health

Partners of Philadelphia is the top ranked Medicaid plan in Pennsylvania. NCQA rankings are based on HEDIS scores, consumer satisfaction as measured by CAHPS surveys and NCQA accreditation standards. Health Partners is a non-profit hospital-owned health plan which serves approximately 187,000 enrollees in Philadelphia and its surrounding counties. [Read more](#)

Name Change for Pennsylvania Department of Public Welfare Approved by Legislature. On September 19, 2014, the *Citizen's Voice* reported that the PA General Assembly has passed a bill to officially change the name of the Department of Public Welfare (DPW) to the Department of Human Services. Pennsylvania was the last remaining state to have an agency with a moniker that included the word "Welfare." Advocates of the change pointed out that cash assistance, which was traditionally known as welfare, makes up a small fraction of the scope of services that DPW provides. DPW is the umbrella agency that includes the state's Medicaid Program, SNAP, Child Welfare, Mental Health and Substance Abuse services, services for people with disabilities and Long Term Care services. The name change is expected to cost approximately \$1 million, which will be spread over several years as stationary and business cards are replaced as current stocks run out, websites are updated, and signs are replaced based on normal wear and tear. [Read more](#)

PA Auditor General to Investigate Mandatory Overtime for Healthcare Workers. On September 19, 2014, the *Citizen's Voice* reported that the office of PA Auditor General Eugene DePasquale will audit the state's Department of Labor and Industry to assess the enforcement Act 102, a state law prohibiting excessive mandatory overtime for healthcare workers. The announcement comes in the wake of complaints from nurses at a Wilkes-Barre hospital system, who have lodged formal complaints that their employer, Community Health Systems, has not complied with the state law. Act 102 was passed in 2008 and prohibits mandatory overtime for healthcare workers except during narrowly defined emergencies. Prior to the passage of the law, mandatory overtime was used by hospital administration to address staffing shortages. [Read more](#)

Virginia

VA Legislators Reject Medicaid Expansion in Special Session. On September 18, 2014, the *Washington Post* reported that Virginia House Republicans killed a Medicaid expansion bill without giving it a formal vote. GOP leadership called for the special legislative session and allowed a new bill for expansion to make it to the House floor; but the lawmakers used a procedural move to prevent the measure from advancing to a final vote. [Read more](#)

Washington

HealthPathWashington Duals Program Delayed Because of Bidder Drop-Out. On September 18, 2014, the *Business Examiner* reported that United HealthCare and Community Health Plan of Washington are delaying the implementation of the managed care model, HealthPathWashington, until July 2015. Developed by the Health Care Authority and the Department of Social and Health Services, HealthPathWashington will use health plans to deliver a fully integrated set of benefits to dually-eligible residents. The program will be introduced in King and Snohomish counties before a state-wide rollout. The federal government gave the state permission to move ahead with the program in October 2012; Regence

BlueShield, one of the original bidders for the project, chose to drop its participation, thus delaying the implementation date. [Read more](#)

Washington, Alabama and Nevada to Participate in Medicaid Transformation Project. On September 17, 2014, the National Governor's Association announced that Alabama, Nevada and Washington will participate in a year-long project to examine ways to spur changes in how states pay for Medicaid and other health care services. The states will work with experts within the NGA for Best Practices, other national experts and peers to identify ways to accelerate the pace of statewide Medicaid reforms by examining financing issues, stakeholder relations, data analytics, quality reporting, performance metrics and evaluation, the role of managed care and workforce development. [Read more](#)

National

Number of Marketplace Insurers to Increase 25 Percent for Next Enrollment Period. On September 23, 2014, *Kaiser Health News* reported that the number of health insurance companies offering plans in the marketplaces will increase by 25 percent when open enrollment reopens in November. According to the US Department of Health and Human Services, 77 new insurers will be offering coverage in at least 44 states; this includes 36 states that use the federally-facilitated marketplace and 8 states that run their own exchanges. Increased participation reflects insurers' understanding that the marketplaces represent a promising business opportunity. [Read more](#)

Medicaid Enrollment Nears 67.2 Million in July, According to Latest CMS Report. The Centers for Medicare & Medicaid Services (CMS) issued its latest monthly Medicaid and CHIP enrollment report for July 2014 on September 22, 2014. As of the end of July, Medicaid/CHIP enrollment across all states stood at 67,199,262, up more than 370,000 from June 2014, a sign that enrollment will likely continue to grow through the end of the year. Enrollments are up nearly 14 percent across all states, as compared to a July-September 2013 average used as the pre-ACA baseline. Across Medicaid expansion states, enrollment is up nearly 20 percent, while states that have not expanded Medicaid have seen a 5 percent increase. Kentucky, Nevada, Oregon, and Vermont have all seen Medicaid enrollment increase by more than 50 percent over the past year. [Read more](#)

Medicaid Bankruptcy Ruling Could Give Struggling Facilities a Change to Turn Around. On September 22, 2014, the *Wall Street Journal* reported that a federal judge's ruling blocking Medicaid officials from cutting off funding to a Florida nursing home could help financially struggling facilities survive by filing for bankruptcy. U.S. Bankruptcy Court Judge Michael Williamson told Medicaid officials they must continue paying for patients at the Rehabilitation Center of St. Petersburg while bankruptcy lawyers work to reorganize the facility. Medicaid officials threatened to pull funding for the facility on August 3 after health inspectors found residents with "very poor hygiene" and unattended medication carts with expired medicine. Medicaid officials are appealing Williamson's ruling. [Read more](#)

Research Reveals First Glimpse into Consumer Experience for New Medicaid Enrollees. On September 19, 2014, the *Washington Post* reported on new findings that provide one of the earliest insights into people's experiences under the expanded Medicaid program. Research firm Perry Undem held six focus groups

in Chicago, Denver, and Portland, Oregon this summer to learn about new beneficiaries' experience with their new coverage. All focus group members said they feel better off with their new coverage and less worried about seeing a doctor for chronic health problems. But some people reported having difficulty finding a primary care providers, specialists and dentists in their area. Some also had trouble accessing specific services like mental healthcare services. [Read more](#)

7.3 Million Americans Still Enrolled in ACA Marketplace Health Plans. On September 18, 2014, the *New York Times* reported that 7.3 million people who bought private health insurance under the ACA have paid their premiums and are still enrolled. President Obama announced in April that 8 million people had signed up for coverage through the state and federal marketplaces; CMS Administrator Marilyn Tavenner explained that enrollment might have decreased because individuals got employer-sponsored insurance, found out they qualify for Medicaid, or decided not to pay their premiums. [Read more](#)



INDUSTRY News

GuideWell Aims to Expand its Reach in Florida and the Nation. On September 18, 2014, *Health News Florida* reported that GuideWell, Florida's largest health insurer and the parent of Blue Cross Blue Shield of Florida, is planning for significant growth in Florida and the rest of the nation. At the Medifuture conference in Tampa last week, Chairman and CEO Pat Geraghty told participants that GuideWell is "here to be the best health solutions company in the United States." As the parent company of Florida Blue, which currently covers over 15 million Floridians, GuideWell aims to promote future growth by direct consumer outreach via retail locations and establishing its own healthcare facilities. [Read more](#)

Providence Service Corporation to Acquire Matrix Medical Network. On September 18, 2014, Providence Service Corporation announced that it has entered into an agreement to acquire CCHN Group Holdings, Inc. (Matrix Medical Network), a Scottsdale, Arizona provider of in-home health assessment and care management services for Medicare Advantage health plans. Matrix spans 33 states and includes a workforce of over 600 nurse practitioners. Providence will acquire Matrix for an aggregate purchase price of \$400 million, comprised of \$360 million in cash and 946,722 shares of Providence common stock with a value of \$40 million. [Read more](#)

RFP CALENDAR

Date	State	Event	Beneficiaries
TBD	Delaware	Contract awards	200,000
TBD	Texas NorthSTAR (Behavioral)	Contract Awards	840,000
September 26, 2014	Louisiana	Proposals Due	900,000
October 9, 2014	Arizona (Behavioral)	Proposals Due	23,000
October 24, 2014	Louisiana	Contract Awards	900,000
October 30, 2014	Texas STAR Kids	Proposals Due	175,000
December, 2014	Georgia	RFP Release	1,250,000
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
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
July 1, 2015	Washington Duals	Implementation	48,500
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
January 1, 2016	Georgia	Implementation	1,250,000
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		9/1/2014	
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	7/1/2015	9/1/2015 11/1/2015 1/1/2016	UnitedHealthcare
	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 Experts Weigh In on GAO's Assessment of Arkansas' Private Option Medicaid Expansion

The Government Accountability Office (GAO) recently issued a report on the Arkansas "Private Option" Medicaid expansion approved last year, claiming in their assessment that HHS "did not ensure budget neutrality" in its approval. HMA's Carl Mercurio conducted a Q&A with HMA's Joan Henneberry and Cathy Rudd to discuss the implications of the GAO findings. [Read more](#)

HMA UPCOMING APPEARANCES

Community Healthcare Care Association of New York State (CHCANYS) Statewide Conference and Clinical Forum 2014

Vern K. Smith, PhD – Keynote Speaker

October 19, 2014

White Plains, New York

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; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Olympia, Washington; Sacramento, San Francisco, and Southern California; Tallahassee, Florida; and Washington, DC. <http://healthmanagement.com/about-us/>

Among other services, HMA provides generalized information, analysis, and business consultation services to investment professionals; however, HMA is not a registered broker-dealer or investment adviser firm. HMA does not provide advice as to the value of securities or the advisability of investing in, purchasing, or selling particular securities. Research and analysis prepared by HMA on behalf of any particular client is independent of and not influenced by the interests of other clients.