

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... September 27, 2017



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IN FOCUS

REVIEW OF MEDICAID MANAGED CARE PROCUREMENT LANDSCAPE IN 2017

This week, our *In Focus* section reviews the Medicaid managed care procurement landscape for 2017, including those requests for proposals (RFPs) and other procurement vehicles that were awarded, are currently out to bid, or are expected to be released before the end of the calendar year. By year's end, we anticipate there will have been at least 16 procurements awarded or issued this year across 13 states, covering more than 13 million Medicaid or CHIP members, and accounting for more than \$76 billion in annual spending when fully implemented.

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Medicaid Managed Care Awards in 2017

So far in 2017, there have been five Medicaid managed care awards, the most significant being the Illinois rebid and statewide expansion (2.7 million members, \$14 billion annual spend), and the Pennsylvania HealthChoices rebid (1.7 million members, \$10.5 billion annual spend). Pennsylvania contract awards have been announced, but are still pending the outcome of the protest process.

	Est. Membership	Est. Contract Size (\$M)	New Spending (\$M)	Rebid Spending (\$M)
Awarded				
Illinois	2,700,000	\$14,000	\$4,500	\$9,500
MississippiCAN	500,000	\$2,800	\$0	\$2,800
Pennsylvania HealthChoices	1,700,000	\$10,500	\$0	\$10,500
Washington D.C.	190,000	\$860	\$0	\$860
Wisconsin LTC	11,000	\$500	\$500	\$0
Total	5,101,000	\$28,660	\$5,000	\$23,660

Awarded Health Plans	
Illinois	Statewide Contracts: BCBS of IL; Harmony Health Plan (WellCare); IlliniCare (Centene); Meridian Health; Molina Healthcare Cook County Contracts: CountyCare Health Plan; NextLevel Health DCFS Youth: IlliniCare (Centene)
MississippiCAN	Magnolia Health (Centene); Molina Healthcare; UnitedHealthcare
Pennsylvania HealthChoices	Southeast: Gateway Health; Health Partners Plans; PA Health and Wellness (Centene); UPMC for You; Vista-Keystone First Health Plan Southwest: Gateway Health; PA Health and Wellness (Centene); UPMC for You; Vista-AmeriHealth Caritas Health Plan Lehigh/Capital: Gateway Health; Geisinger Health Plan; Health Partners Plans; PA Health and Wellness (Centene) Northeast: Gateway Health; Geisinger Health Plan; UPMC for You Northwest: Gateway Health; UPMC for You; Vista-AmeriHealth Caritas Health Plan
Washington D.C.	AmeriHealth Caritas; Trusted Health Plan; Amerigroup (Anthem)
Wisconsin LTC	Family Care: Care Wisconsin; My Choice Family Care; Community Link; Lakeland Care IRIS: Advocates4U; Connections; First Person Care Consultants; TMG

Medicaid Procurements Currently Underway

There are seven procurements currently in various stages of the process, with Massachusetts (850,000 members, \$7.1 billion annual spend) set to announce awards any day now. Delaware’s procurement (200,000 members, \$1.7 billion annual spend) allowed for the option to award, but did not require it; the state may elect to use the responses to the request for qualifications to inform a later procurement. Texas CHIP (rural service areas only - 85,000 members, \$250 million annual spend) is also expected to be announced before the end of the year, while Florida (combined 3.1 million members, \$15 billion annual spend) and New Mexico awards (700,000 members, \$4.5 billion annual spend) are expected in the first half 2018. Virginia’s Medallion 4.0 procurement (700,000 members, \$3.5 billion annual spend) did not target an award date; however, contracts are scheduled to be implemented August 1, 2018.

	Est. Membership	Est. Contract Size (\$M)	New Spending (\$M)	Rebid Spending (\$M)
Underway				
Delaware	200,000	\$1,700	\$0	\$1,700
Florida SMMC-LTC ¹	100,000	\$3,000	\$0	\$3,000
Florida SMMC-MMA	3,100,000	\$12,000	\$0	\$12,000
Massachusetts	850,000	\$7,100	\$1,100	\$6,000
New Mexico	700,000	\$4,500	\$0	\$4,500
Texas Rural CHIP	85,000	\$250	\$0	\$250
Virginia Medallion 4.0	700,000	\$3,500	\$0	\$3,500
Total	5,735,000	\$32,050	\$1,100	\$30,950

¹ FL LTC membership excluded from total as already counted in MMA

Medicaid Procurements Expected by End of 2017

There are a further four states expected to release meaningful Medicaid managed care procurements before the end of the year. The largest of the four being Arizona's Acute Care program rebid (1.6 million members), followed by the Texas STAR+PLUS rebid (530,000 members), which includes long-term services and supports (LTSS). Not included in this list is the potential Alabama Integrated Care Network procurement for individuals with LTSS needs, which has been delayed pending a revised timeline.

	Est. Membership	Est. Contract Size (\$M)	New Spending (\$M)	Rebid Spending (\$M)
Expected in 2017				
Arizona Acute Care/CRS	1,600,000	\$6,500	\$0	\$6,500
Kansas KanCare	400,000	\$2,800	\$0	\$2,800
Pennsylvania CHIP	175,000	\$450	\$0	\$450
Texas STAR+PLUS	530,000	\$5,600	\$0	\$5,600
Total Expected in 2017	2,705,000	\$15,350	\$0	\$15,350
Total 2017 RFPs	13,441,000	\$76,060	\$6,100	\$69,960

2017's procurement activity, both in contract awards and procurements issued, is estimated to impact 13.4 million beneficiaries, more than 20 percent of the roughly 55 million Medicaid managed care beneficiaries nationwide. Procurement activity in 2017 will result in the rebid of roughly \$70 billion in current annual Medicaid managed care spending, and will result in an estimated \$6.1 billion in new managed care spending when fully implemented.

Look Ahead to 2018 Medicaid Managed Care Activity

Both New Hampshire (~160,000 members) and North Carolina (1.8 million members) have concretely indicated plans to release Medicaid managed care procurements in the first half of 2018, New Hampshire's to rebid the existing program, while North Carolina will represent one of the most significant new Medicaid managed care opportunities in years. Texas is also very likely to release a reprocurement for the STAR program (2.9 million members) and potentially the CHIP program (425,000 members) in 2018, as the state indicated its intentions to align all Medicaid managed care program start dates to September 1, 2019. North Carolina and Texas STAR alone would account for nearly 5 million Medicaid managed care beneficiaries out to bid.

Beyond these opportunities, there are a number of states that could potentially see procurement activity in 2018 based on contract timing and other factors. These potential opportunities include:

- Louisiana (1.46 million members) - Louisiana is in the process of reviewing current MCO contracts; a decision on whether to extend beyond 2018 contract term is expected in coming weeks.
- Puerto Rico (1.6 million members) - Puerto Rico's MiSalud managed care contracts technically expire in 2018, but are likely to be extended through May of 2019. Based on this timeframe, a 2018 procurement is highly likely.
- Washington (1.6 million members) - Washington is in the process of transitioning to Fully Integrated Managed Care statewide, with a goal of full implementation by 2020. So far, two regions - North Central (66,000 members) and Southwest (110,000 members) - have been procured, with the rest of the state to be procured on a regional basis in the coming years.



HMA MEDICAID ROUNDUP

California

LA County Health Director Mitchell Katz Joins NYC Health + Hospitals. The *Los Angeles Times* reported on September 23, 2017, that Mitchell Katz, M.D., director of the Los Angeles County Health Agency and the Department of Health Services, will join NYC Health + Hospitals Corp. in January. The Los Angeles Board of Supervisors expects to fill Katz' two positions separately. [Read More](#)

Medi-Cal Faces Lawsuit from Mexican Americans Over Reimbursement Rates. The *Pew Charitable Trusts* reported on September 22, 2017, that the Mexican American Legal Defense and Education Fund (MALDEF) has filed a lawsuit in state court, arguing that low Medi-Cal provider reimbursement rates in California are discriminatory. MALDEF argues that rates started to decline as the number of Hispanic Medicaid recipients increased. Nearly half of Medi-Cal recipients in California are Hispanic. [Read More](#)

Kaiser Permanente to Open Retail Clinics in Target Stores. *Patient Engagement HIT* reported on September 15, 2017, that Kaiser Permanente plans to open dozens of health clinics in Target stores in California. Kaiser plans to open 31 Target Clinics inside Target stores in Southern California over the next three years, expanding the pilot program it launched in 2014. The clinic roll-out will begin in November 2017. [Read More](#)

District of Columbia

District Updates Health Systems Plan, 'Roadmap' to Certificate of Need. *Washington Business Journal* reported on September 22, 2017, that the District of Columbia has released a five-year update to its Health Systems Plan, which acts as a roadmap to guide the DC Department of Health's certificate of need approval process. The plan recommends that CON applicants address promoting the use of appropriate primary care services, reducing emergency department use, strengthening behavioral health integration, and dealing with barriers to accessing hospital and surgical services. [Read More](#)

Florida

HMA Roundup - Elaine Peters ([Email Elaine](#))

Governor Scott to Propose New Laws, Funding to Combat Opioid Abuse. Florida Governor Rick Scott announced on September 26, 2017, that he will propose new legislation and more than \$50 million in funding for fiscal 2019 to combat opioid abuse in the state. The legislation would place a three-day limit

on prescriptions, require providers who prescribe opioids to participate in the Florida Prescription Drug Monitoring Program, require continuing education courses on responsibly prescribing opioids, and fight unlicensed pain management clinics. The proposed \$50 million would fund substance abuse treatment, counseling and recovery services, and the Florida Violent Crime and Drug Control Council. [Read More](#)

Office of Insurance Regulations Announced Proposed Rates for 2018. The Florida Office of Insurance Regulations announced on September 26, 2017 the submission of proposed rates for the 2018 Federal Patient Protection & Affordable Care Act (PPACA) health insurance plans. On average, there was a 44.7 percent increase in the rates. Individuals with silver plans are not expected to see a change in out-of-pocket expenses since the federal premium subsidy will absorb the extra cost. The proposed rates will take effect on January 1, 2018. [Read More](#)

AHCA Releases Medicaid Managed Care MMA, LTC Capitation Rate Development Reports. The Florida Agency for Health Care Administration (AHCA) released the October 2017 - September 2018 capitation rate development report for the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) and Long Term Care (LTC) programs. On average, overall MMA rates decreased 0.8 percent from June 2016 (program changes were not accounted for in this calculation; there was a 3.7 percent decrease when those program changes were accounted for).

Illinois

CountyCare to Acquire 160,000 Medicaid Members from Family Health Network. *Crain's Chicago Business* reported on September 20, 2017, that CountyCare will acquire 160,000 Medicaid members in Cook County, Illinois, from Family Health Network, which is exiting the state Medicaid market. CountyCare, which is owned by Cook County Health & Hospitals System, will have more than 300,000 Medicaid members after the transaction. Financial terms were not disclosed. Family Health has an additional 60,000 members outside Cook County, expected to be transitioned to an as-yet unnamed insurer effective January 1. [Read More](#)

HFS Awards NextLevel Medicaid Managed Care Contract for Cook County. The Illinois Department of Healthcare and Family Services (HFS) announced on September 22, 2017, that it has awarded NextLevel Health a Medicaid managed care contract for Cook County. The contract is effective January 1, 2018, for four years, with options to renew for an additional four years. The other RFP awards were announced in August, with statewide contracts awarded to BCBS of Illinois, WellCare's Harmony Health, Centene's IlliniCare, Meridian Health, and Molina Healthcare; a Cook County only contract was awarded to CountyCare. [Read More](#)

Louisiana

BCBS-LA to Partner with Ochsner Health System. Ochsner Health System announced on September 12, 2017, a partnership with Blue Cross and Blue Shield of Louisiana (BCBS-LA) to address health care costs, quality, and access. The first product under the partnership, called Blue Connect, will provide

BCBS-LA members with preferred access to Ochsner providers, same-day appointments, telehealth services, and concierge-type access to care. [Read More](#)

Mississippi

State Legislature Proposes Limits to Medicaid Managed Care. *The Daily Journal* reported on September 25, 2017, that Mississippi state legislators have proposed a Medicaid Technical Amendments bill in order to reauthorize the Division of Medicaid and limit Medicaid managed care in the state. The bill will be considered in the 2018 session. Governor Phil Bryant stated that he supports both Medicaid managed care and the Division of Medicaid. [Read More](#)

New York

HMA Roundup - Denise Soffel ([Email Denise](#))

NYC Health + Hospitals Names New President. Mayor Bill de Blasio announced that Dr. Mitchell Katz will be nominated to the NYC Health + Hospitals Board of Directors for appointment as President and CEO of the public health system. NYC Health + Hospitals is the largest public system in the nation, with a \$7.2 billion budget. It operates a large network of outpatient, neighborhood-based primary and specialty care centers, as well as eleven acute care hospitals, trauma centers, nursing homes, post-acute care centers, a home care agency, and MetroPlus health plan. The agency has been without a permanent CEO since former CEO Ram Raju stepped down last November. Dr. Katz is currently the Director of the Los Angeles County Health Agency, a newly created agency that combines the Departments of Health Services, Public Health, and Mental Health into a single entity. For the past five years, Dr. Katz served as the Director of the Los Angeles County Department of Health Services, the second largest public safety net system in the United States. Before he came to Los Angeles Dr. Katz was the Director and Health Officer of the San Francisco Department of Health for 13 years. He is a graduate of Yale College and Harvard Medical School. He completed an internal medicine residency at UCSF Medical School and was an RWJ Clinical Scholar. [Read More](#)

Department of Health Begins Children's Medicaid Transformation Implementation. The New York State Department of Health is beginning to implement a series of changes to Medicaid services for children:

- Consolidating six 1915-c waivers under the 1115 Medicaid Redesign Team waiver so that all children in the state's Medicaid program are eligible for the same set of home and community based services;
- Shifting care management to health homes;
- Adding six new state plan services for children, some of which are currently offered through waiver programs.

DOH and its State Agency partners are beginning a series of monthly webinars on the transition. These webinars will provide a forum for children's 1915(c) waiver providers, health homes, and other providers to receive important information regarding the Children's Transition and to ask questions. The first

in the series is scheduled for September 29, 2017 from 10 am - 12 pm ([Link to Webinar Registration](#)), and will focus on the Medicaid Children's Draft Transition Plan and Stakeholder feedback and questions. [Read More](#)

Visiting Nurse Service of New York to Face Medicare and Medicaid Fraud Case. *The New York Times* reported on September 26, 2017, that U.S. District Judge Alison Nathan ordered Visiting Nurse Service of New York (VNSNY) to face whistleblower claims, accusing the organization of violating the federal and state False Claims Act. The former vice president of operations, Edward Lacey, filed a lawsuit claiming that the not-for-profit health home agency falsely billed Medicare and Medicaid for services adding up to hundreds of millions of dollars that it did not provide to patients in New York. [Read More](#)

North Carolina

Provider-Led Plan to Bid for Medicaid Managed Care Contract. *Winston-Salem Journal* reported on September 25, 2017, that North Carolina Provider Owned Plans, a Medicaid managed care organization owned by 11 providers, is moving forward with plans to bid for a contract to serve the state's Medicaid managed care program. President Lisa Farrell stated that the company is "more than halfway there in laying the groundwork for the organization." Other insurers expected to bid are Blue Cross Blue Shield of NC, Aetna, and UnitedHealthcare. [Read More](#)

Medicaid 'Pregnancy Medical Home' Found to Generate Savings. *WRAL.com* reported on September 22, 2017, that a Medicaid program in North Carolina called "Pregnancy Medical Home," which pairs a pregnancy care manager with high-risk pregnant women, is saving tens of millions of dollars and reducing emergency room trips. North Carolina has approximately 54,000 pregnant Medicaid beneficiaries, of which half are in the Pregnancy Medical Home. There are about 420 pregnancy care managers stationed at hospitals and county health departments across the state. The program is run by Community Care of North Carolina. [Read More](#)

Ohio

HMA Roundup - Jim Downie ([Email Jim](#))

Ohio Department of Medicaid Proposes to Reduce Hospital Reimbursement Rates to Close Budget Hole. *Gongwer Ohio* reported on September 22, 2017 that in the Joint Medicaid Oversight Committee (JMOC) Meeting, Medicaid Director Barbara Sears outlined the Ohio Department of Medicaid plan to close a gap in funding created with the recently passed budget. The Department estimates the shortfall at \$1.3 Billion over the biennium (all funds). JMOC Members were skeptical of the department's analysis and expressed concerns with the impact of the cuts. [Read More](#); [Read More](#)

Pennsylvania

HMA Roundup - Julie George ([Email Julie](#))

Housing Affordability and Rehabilitation Enhancement Funding Application Webinar Scheduled. This webinar will provide an opportunity to learn how to apply for Pennsylvania Housing Affordability and Rehabilitation

Enhancement (PHARE) funding, administered by the Pennsylvania Housing Finance Agency. PHARE Application 101, is being presented to help organizations and individuals interested in applying for Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding, administered by PHFA. PHARE funds have been used to leverage an additional \$470 million investment in housing in Pennsylvania since 2012. The webinar will be an opportunity to hear about the details of the program as well as ask questions related to components of the RFP and application process. [Read More](#)

Puerto Rico

Most Hospitals Remain Closed Following Hurricane Maria. The *Los Angeles Times* reported on September 26, 2017, that most hospitals in Puerto Rico remain closed in the aftermath of Hurricane Maria. Of the 69 hospitals on the island, only 11 have fuel or power. Emergency room visits have increased while some doctors cannot get to the hospitals due to road obstructions. The U.S. Department of Health and Human Services has coordinated federal disaster medical assistance teams to arrive in Puerto Rico. [Read More](#)

National

Graham-Cassidy Bill Pulled After Senator Collins Announces Intention to Vote 'No'. *Politico* reported on September 26, 2017, that the Senate will no longer vote on the Graham-Cassidy bill. Vice President Mike Pence told Republicans to keep working and not give up. [Read More](#). The decision comes after Senator Susan Collins (R-ME) announced she will vote "no" on the bill, noting that the legislation does not protect people with pre-existing conditions and would heavily cut Medicaid funding. *CNN* reported on September 25, 2017, that Senator Collins is the third Republican Senator to come out publicly against the bill, severely diminishing the prospects of passage. Senator Collins' announcement came shortly after the Congressional Budget Office (CBO) released a partial score on the bill. The CBO estimates the bill would cause millions to lose coverage, but would reduce the deficit by \$133 billion between 2017 and 2026. [Read More](#)

Senators to Resume Bipartisan Negotiations on Cost Sharing Subsidies. *CQ* reported on September 27, 2017, that Senators are restarting bipartisan negotiations on individual market stabilization reforms. Senate Health, Education, Labor and Pensions (HELP) Committee Chairman Lamar Alexander (R-TN) and Patty Murray (D-WA) will resume talks on a bill that would fund cost-sharing reduction (CSR) payments and provide other mechanisms to stabilize the individual market. Negotiations were paused to concentrate on the Graham-Cassidy Affordable Care Act repeal bill. Democrats are asking for commitment to multiple years of CSR payments, \$500 million in advertising and enrollment outreach funding that was reduced by the Trump administration, and funds for reinsurance programs. Republicans say they are willing to work on a short-term stabilization bill. [Read More](#)

Republican Senators May Consider New ACA Repeal Through Fiscal 2018 Budget Resolution. *Politico* reported on September 25, 2017, that Senate Republicans are not giving up on their attempt to repeal and replace the Affordable Care Act. They are reportedly already considering the addition of

language in the fiscal 2018 or 2019 budget resolutions to address repeal and replace. [Read More](#)

Community Health Centers Struggle as Congress Weighs Funding Reauthorization for FY 2018. *Kaiser Health News* reported on September 27, 2017, that community health centers nationwide are continuing to struggle as Congress has still not voted on reauthorizing billions of dollars to 1,400 centers for the fiscal year 2018 budget. The matter had been tabled during Republican efforts focused on repealing the Affordable Care Act with the Graham-Cassidy bill. Senate Finance Committee Chairman Orrin Hatch (R-UT) urged his colleagues to work with the Senate health committee on a deal. The Community Health Center Fund represents 70 percent of all federal grants to health centers and about a fifth of their annual revenue, while Medicaid reimbursements account for 40 percent. Failure to address health center funding could cost 51,000 jobs, 2,800 location closures, and cause 9 million people to lose access to health care services, according to a budget document that the Health and Human Services Department gave Congress in July. [Read More](#)

Trump Administration to Shut Down Healthcare.gov on Sundays. *Kaiser Health News* reported on September 22, 2017, that the Trump administration will shut down the Healthcare.gov federal Exchange for maintenance from 12 a.m. to 12 p.m. ET every Sunday except December 10, beginning on the first day of open enrollment. Critics note that Sundays are an ideal time for many working individuals to shop for healthcare. The Administration had already shortened the open enrollment period to 45 from 90 days. The Sunday shutdowns technically reduce open enrollment to 42 days. More than three dozen states use the Healthcare.gov Exchange enrollment platform. [Read More](#)



INDUSTRY NEWS

Aetna, Meals on Wheels America Collaborate on New Patient Care Coordination Program for Seniors. Aetna announced on September 27, 2017, that it is collaborating with Meals on Wheels America on a new national program to improve patient care coordination for seniors. The program will provide access to critical health and social services, integrating Meals on Wheels' daily meals, social supports, and critical safety checks. It will first be piloted in several markets to identify best practices for improving health outcomes. [Read More](#)

Appalachian Regional Healthcare Merges with Highlands Health System. *Modern Healthcare* reported on September 21, 2017, that two Kentucky health systems, Appalachian Regional Healthcare and Highland Health Systems, will merge. Highlands Regional Medical Center and outpatient facilities in Floyd, Johnson, Martin and Magoffin counties will join Appalachian Regional Healthcare, a not-for-profit health system that serves individuals across Eastern Kentucky and Southern West Virginia. They hope to finalize the agreement by early next year. The terms of the merger were not disclosed. [Read More](#)

CVS to Limit Duration, Dosage of Opioid Prescriptions. *The Wall Street Journal* reported on September 21, 2017, that CVS Health Corp. will limit the duration of opioid prescriptions to seven days and the maximum daily dosage to 90 morphine milligram equivalents (MMEs) effective February 2018. Prescriptions above the new limits will be sent back to the prescribing physician to be reviewed. The limits are an attempt to help battle opioid addiction. [Read More](#)

Envision Subsidiary Under Investigation for Overcharging Patients. *The Kansas City Star* reported on September 26, 2017, that EmCare, an Envision Healthcare subsidiary, is being investigated by U.S. Senator Claire McCaskill (D-MO) for overcharging patients. Senator McCaskill requested information about billing practices, including whether physicians received bonuses for ordering more lab or imaging tests. EmCare staffs hospitals nationwide. [Read More](#)

COMPANY ANNOUNCEMENTS

"MCG Health Partners with Performance Clinical Systems to Reduce Redundancy and Costs in Utilization Management Processes." [Read More](#)

RFP CALENDAR

Date	State/Program	Event	Beneficiaries
TBD	Delaware	Contract Awards (Optional)	200,000
September, 2017	Massachusetts	Contract Awards	850,000
<i>Timeline to be Revised</i>	Alabama ICN (MLTSS)	RFP Release	25,000
October 1, 2017	Arizona ALTCS (E/PD)	Implementation	30,000
October 1, 2017	Virginia MLTSS	Implementation - Charlottesville/Western	17,000
October 1, 2017	Texas CHIP (Rural, Hidalgo Service Areas)	Contract Awards	85,000
October, 2017	Massachusetts MassHealth ACO - Full	Implementation	TBD
<i>Timeline to be Revised</i>	Alabama ICN (MLTSS)	Proposals Due	25,000
November 1, 2017	Florida Statewide Medicaid Managed Care (SMMC)	Proposals Due	3,100,000
November 1, 2017	Virginia MLTSS	Implementation - Roanoke/Alleghany, Southwest	23,000
November 2, 2017	Arizona Acute Care/CRS	RFP Release	1,600,000
November 3, 2017	New Mexico	Proposals Due	700,000
November 17, 2017	Texas STAR+PLUS Statewide	RFP Release	530,000
December 1, 2017	Virginia MLTSS	Implementation - Northern/Winchester	26,000
December 18, 2017	Massachusetts	Implementation	850,000
January 1, 2018	Delaware	Implementation (Optional)	200,000
January 1, 2018	Illinois	Implementation	2,700,000
January 1, 2018	Pennsylvania HealthChoices	Implementation (SW, NW Zones)	640,000
January 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SW Zone)	100,000
January 1, 2018	Alaska Coordinated Care Demonstration	Implementation	TBD
January 1, 2018	Washington (FIMC - North Central RSA)	Contract Awards	66,000
January 1, 2018	Virginia MLTSS	Implementation - CCC Demo, ABD in Medallion 3.0	105,000
January 10, 2018	Texas STAR+PLUS Statewide	Proposals Due	530,000
January 25, 2018	Arizona Acute Care/CRS	Proposals Due	1,600,000
Winter 2018	Massachusetts One Care (Duals Demo)	Contract Awards	TBD
March, 2018	North Carolina	RFP Release	1,500,000
March 1, 2018	Pennsylvania HealthChoices	Implementation (NE Zone)	315,000
March 1, 2018	Massachusetts	Implementation	850,000
March 8, 2018	Arizona Acute Care/CRS	Contract Awards	1,600,000
March 15, 2018	New Mexico	Contract Awards	700,000
April 1, 2018	New Hampshire	RFP Release	160,000
April 16, 2018	Florida Statewide Medicaid Managed Care (SMMC)	Contract Awards	3,100,000
June, 2018	North Carolina	Proposals Due	1,500,000
July 1, 2018	Pennsylvania HealthChoices	Implementation (SE Zone)	830,000
July 1, 2018	Pennsylvania MLTSS/Duals	Implementation (SE Zone)	145,000
July 1, 2018	MississippiCAN	Implementation	500,000
<i>Timeline to be Revised</i>	Alabama ICN (MLTSS)	Implementation	25,000
August 1, 2018	Virginia Medallion 4.0	Implementation	700,000
September 1, 2018	Texas CHIP (Rural, Hidalgo Service Areas)	Implementation	85,000
September, 2018	North Carolina	Contract awards	1,500,000
October 1, 2018	Arizona Acute Care/CRS	Implementation	1,600,000
November 1, 2018	New Hampshire	Proposals Due	160,000
January 1, 2019	Florida Statewide Medicaid Managed Care (SMMC)	Implementation	3,100,000
January 1, 2019	Pennsylvania HealthChoices	Implementation (Lehigh/Capital Zone)	490,000
January 1, 2019	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2019	New Mexico	Implementation	700,000
January 1, 2019	New Hampshire	Contract Awards	160,000
January, 2019	Texas STAR+PLUS Statewide	Contract Awards	530,000
January, 2019	Massachusetts One Care (Duals Demo)	Implementation	TBD
July 1, 2019	North Carolina	Implementation	1,500,000
July 1, 2019	New Hampshire	Implementation	160,000
September 1, 2019	Texas STAR+PLUS Statewide	Implementation	530,000
September 1, 2019	Texas STAR, CHIP Statewide	Implementation	3,400,000

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION IMPLEMENTATION STATUS

Below is a summary table of state dual eligible financial alignment demonstration status.

State	Model	Opt-in Enrollment Date	Passive Enrollment Date	Duals Eligible For Demo	Demo Enrollment (June 2017)	Percent of Eligible Enrolled	Health Plans
California	Capitated	4/1/2014	5/1/2014 7/1/2014 1/1/2015	350,000	117,302	33.5%	CalOptima; Care 1st Partner Plan, LLC; Community Health Group Partner; Health Net; Health Plan of San Mateo; Inland Empire Health Plan; LA Care; Molina; Santa Clara Family Health Plan; Anthem (CareMore)
Illinois	Capitated	4/1/2014	6/1/2014	136,000	50,064	36.8%	Aetna; Centene; Blue Cross Blue Shield of IL; Cigna-Health Spring; Humana; Meridian Health Plan; Molina
Massachusetts	Capitated	10/1/2013	1/1/2014	97,000	16,809	17.3%	Commonwealth Care Alliance; Network Health
Michigan	Capitated	3/1/2015	5/1/2015	100,000	39,046	39.0%	AmeriHealth Michigan; Coventry (Aetna); Michigan Complete Health (Centene); Meridian Health Plan; HAP Midwest Health Plan; Molina Healthcare; Upper Peninsula Health Plan
New York	Capitated	1/1/2015	4/1/2015	124,000	4,566	3.7%	There are 14 FIDA plans currenting serving the demonstration. A full list is available on the MRT FIDA website.
New York - IDD	Capitated	4/1/2016	None	20,000	561	2.8%	Partners Health Plan
Ohio	Capitated	5/1/2014	1/1/2015	114,000	74,347	65.2%	Aetna; CareSource; Centene; Molina; UnitedHealth
Rhode Island	Capitated	7/1/2016	10/1/2016	25,400	13,717	54.0%	Neighborhood Health Plan of RI
South Carolina	Capitated	2/1/2015	4/1/2016	53,600	7,915	14.8%	Absolute Total Care (Centene); Molina Healthcare of South Carolina; Select Health of South Carolina (AmeriHealth)
Texas	Capitated	3/1/2015	4/1/2015	168,000	39,919	23.8%	Anthem (Amerigroup); Cigna-HealthSpring; Molina; Superior (Centene); United
Virginia	Capitated	3/1/2014	5/1/2014	66,200	27,194	41.1%	Humana; Anthem (HealthKeepers); VA Premier Health
Total Capitated	10 States			1,254,200	391,440	31.2%	

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

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