

HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

..... October 23, 2013



In Focus



HMA Roundup



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IN FOCUS

MEDICAID MCO ENROLLMENT UPDATE – Q3 2013

This week, our *In Focus* section reviews recent Medicaid enrollment trends in capitated risk-based managed care in 20 states. Many state Medicaid agencies elect to post monthly enrollment figures by health plan to their websites for their Medicaid managed care population. We believe this data allows for the timeliest analysis of enrollment trends across states and managed care organizations. Many of these 20 states have released monthly Medicaid managed care enrollment data through much of the third quarter (Q3) of 2013.

In the discussion below, we describe recent enrollment trends in the states where we track data. We also provide company-specific data for eight Medicaid managed care organizations.

It is important to note the limitations of the data that is presented. First, we note that not all states report the data at the same time during the month. As a result, some of these figures reflect beginning-of-the-month totals, while others reflect an end-of-

the-month snapshot. Second, in some cases the data are comprehensive in that they cover all of the state-sponsored health programs for which the state offers managed care; in other cases, the data reflects only a subset of the broader managed Medicaid population. This is a significant limitation of the data and the key limiting factor in drawing direct ties between the data described below and figures reported by publicly traded Medicaid MCOs. Consequently, the data we review in Table 1 and throughout the *In Focus* section should be viewed as a sampling of the enrollment trends across these states as opposed to a comprehensive summary, which, unfortunately, is not available on a monthly basis.

Table 1 - Medicaid Managed Care Monthly Enrollment April 2013 – Sept. 2013

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Arizona	1,109,083	1,110,431	1,112,618	1,115,389	1,112,950	1,121,300
+/- m/m	2,266	1,348	2,187	2,771	(2,439)	8,350
% y/y	-2.1%	-1.5%	-0.8%	-0.6%	-1.4%	-0.9%
California	4,350,559	4,433,364	4,477,338	4,483,987	4,518,918	4,555,793
+/- m/m	248,564	82,805	43,974	6,649	34,931	36,875
% y/y	14.4%	16.0%	16.6%	16.4%	17.6%	17.8%
Florida	1,181,019	1,215,503	1,211,106	1,208,278	1,215,325	1,225,455
+/- m/m	(53,768)	34,484	(4,397)	(2,828)	7,047	10,130
% y/y	1.5%	2.8%	1.7%	0.4%	0.9%	1.5%
Georgia						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Hawaii	287,911	289,217	288,276	288,406	289,544	
+/- m/m	778	1,306	(941)	130	1,138	N/A
% y/y	1.9%	2.5%	1.5%	2.7%	2.3%	
Illinois	233,999	234,672	240,177	244,171	247,205	250,895
+/- m/m	(1,420)	673	5,505	3,994	3,034	3,690
% y/y	10.6%	10.0%	12.0%	13.1%	12.9%	12.8%
Indiana			763,929	763,975	761,810	
+/- m/m	N/A	N/A	N/A	N/A	(2,165)	N/A
% y/y			N/A	N/A	N/A	
Kentucky				671,258	671,258	669,328
+/- m/m	N/A	N/A	N/A	N/A	N/A	(1,930)
% y/y				N/A	N/A	N/A
Louisiana	898,941	898,612	896,319	892,637	893,451	879,348
+/- m/m	(2,172)	(329)	(2,293)	(3,682)	814	(14,103)
% y/y	57.9%	56.7%	2.4%	1.9%	1.6%	-1.9%
Maryland	806,545	810,233	806,492	810,924	814,189	809,402
+/- m/m	2,168	3,688	(3,741)	4,432	3,265	(4,787)
% y/y	3.5%	4.7%	4.2%	3.9%	3.9%	2.8%
Michigan	1,240,995	1,247,547	1,244,601	1,251,332	1,240,558	1,246,875
+/- m/m	3,458	6,552	(2,946)	6,731	(10,774)	6,317
% y/y	0.5%	1.2%	1.2%	1.1%	1.3%	1.2%
Missouri	420,788	418,056	415,637			
+/- m/m	(1,109)	(2,732)	(2,419)	N/A	N/A	N/A
% y/y	-1.8%	-1.6%	0.5%			
New York	3,972,390	3,994,647	3,999,187	4,032,144	4,041,320	4,054,974
+/- m/m	35,964	22,257	4,540	32,957	9,176	13,654
% y/y	10.0%	9.1%	8.7%	8.6%	7.5%	7.1%
Ohio	1,643,450	1,639,974	1,637,024	1,659,135	1,671,325	1,694,414
+/- m/m	(577)	(3,476)	(2,950)	22,111	12,190	23,089
% y/y	1.9%	1.2%	1.1%	2.8%	3.9%	5.7%
Pennsylvania	1,618,467	1,621,931	1,620,154	1,621,687	1,619,749	
+/- m/m	211,314	3,464	(1,777)	1,533	(1,938)	N/A
% y/y	26.1%	26.2%	26.2%	27.9%	27.9%	
Tennessee	1,185,487	1,193,572	1,194,594			
+/- m/m	(6,678)	8,085	1,022	N/A	N/A	N/A
% y/y	-1.6%	-0.5%	-0.7%			

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Texas	3,529,371	3,539,701	3,550,031	3,507,643	3,518,019	3,491,621
+/- m/m	(3,229)	10,330	10,330	(42,388)	10,376	(26,398)
% y/y	2.2%	2.4%	0.5%	-0.1%	0.6%	0.5%
Washington	797,351	803,204	801,232	806,085	807,425	807,810
+/- m/m	(8,907)	5,853	(1,972)	4,853	1,340	385
% y/y	14.3%	15.4%	16.9%	8.4%	8.0%	5.6%
West Virginia	170,939	171,596	171,763	170,377	170,612	170,326
+/- m/m	(1,372)	657	167	(1,386)	235	(286)
% y/y	0.4%	2.4%	1.2%	2.3%	1.1%	2.2%
Wisconsin	724,696	734,281	745,212	742,152	743,787	739,277
+/- m/m	39,901	9,585	10,931	(3,060)	1,635	(4,510)
% y/y	-2.4%	-1.6%	0.0%	0.2%	2.2%	2.1%

Source: State Medicaid Agency websites

State Specific Analysis

Arizona

Arizona's MCO enrollment, particularly in the ALTCS program (Arizona's managed long-term care program), has remained stable over the past two quarters, with limited month to month fluctuations, largely in acute care enrollment. Year-over-year enrollment has steadily improved in the past six months and is down just slightly from end of Q3 2012 at -0.9 percent.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Acute Care	1,058,248	1,059,445	1,061,490	1,064,129	1,061,613	1,069,731
ALTCS	50,835	50,986	51,128	51,260	51,337	51,569
Total Arizona	1,109,083	1,110,431	1,112,618	1,115,389	1,112,950	1,121,300
+/- m/m	2,266	1,348	2,187	2,771	(2,439)	8,350
% y/y	-2.1%	-1.5%	-0.8%	-0.6%	-1.4%	-0.9%

California

As anticipated, the transition of Healthy Families enrollees into Medi-Cal managed care, which began in January 2013, significantly impacted enrollments, adding more than 500,000 enrollees the first three quarters of 2013, and bringing total Medicaid managed care enrollments in California above 4.5 million as of the end of Q3. September 2013 enrollment is up 17.8 percent from the previous year. Additionally, we note that Medi-Cal managed care began expanding into most of the remaining rural counties in June of this year, with potential enrollments of 280,000 additional managed care lives.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Two-Plan Counties	3,789,366	3,862,360	3,902,063	3,907,108	3,933,799	3,969,444
GMC Counties	591,306	601,369	607,453	609,327	617,375	619,300
Total California	4,350,559	4,433,364	4,477,338	4,483,987	4,518,918	4,555,793
+/- m/m	248,564	82,805	43,974	6,649	34,931	36,875
% y/y	14.4%	16.0%	16.6%	16.4%	17.6%	17.8%

Florida

Florida managed care enrollments totaled more than 1.2 million in September 2013, up 1.5 percent on a year-over-year basis. This does not include Florida Healthy Kids (CHIP) enrollments (see table below).

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
MMCP	1,028,587	1,052,397	1,047,250	1,043,744	1,043,906	1,041,453
Reform Pilot	152,432	163,106	163,856	164,534	162,654	163,463
SMMC LTC					8,765	20,539
Total Florida	1,181,019	1,215,503	1,211,106	1,208,278	1,215,325	1,225,455
+/- m/m	(53,768)	34,484	(4,397)	(2,828)	7,047	10,130
% y/y	1.5%	2.8%	1.7%	0.4%	0.9%	1.5%

Below we have provided Q2 and Q3 enrollments by health plan for the Florida Healthy Kids program. We will continue to provide these figures on a monthly basis in future quarterly enrollment reporting.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
WellCare	82,547	83,820	83,726	82,941	83,594	83,582
UnitedHealthcare	68,412	69,629	69,901	69,301	69,887	69,811
Amerigroup	59,672	60,121	59,711	58,840	58,767	58,439
Vista (Coventry)	21,075	21,237	21,183	21,028	21,045	20,865
Florida Health Care Plans	4,352	4,376	4,343	4,269	4,286	4,247
Sunshine State HP (Centene)	893	925	966	982	1,050	1,067
Blue Care	343	342	346	335	325	330
Total FL Healthy Kids	237,294	240,450	240,176	237,696	238,954	238,341

Georgia

Georgia has not reported Medicaid managed care enrollment numbers since March 2013, when total enrollment stood at 1.13 million.

Hawaii

Hawaii's managed care enrollment in both the QUEST managed Medicaid and QUEST Expanded Access (QExA) managed Medicaid aged, blind, and disabled (ABD) programs has held fairly constant through Q2 and Q3 2013. Between the two programs, enrollment is up 2.3 percent from the previous year, at just over 289,500 total enrollees.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total QUEST	242,105	243,269	242,340	242,409	243,380	
Total QExA	45,806	45,948	45,936	45,997	46,164	
Total Hawaii	287,911	289,217	288,276	288,406	289,544	
+/- m/m	778	1,306	(941)	130	1,138	
% y/y	1.9%	2.5%	1.5%	2.7%	2.3%	

Illinois

As of September 2013, Illinois managed care plans enrolled more than 295,000 Medicaid lives, up more than 14 percent from the previous year. Enrollment in the Suburban Chicago Integrated Care Program (ICP), which serves Medicaid Aged, Blind, and Disabled (ABD) recipients, is up more than 23 percent over September 2012 as geographic expansions have begun in Q3 and will continue into Q4 2013 and into 2014. Voluntary MCO enrollment has added nearly 17,000 new enrollees since April 2013.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Voluntary MCO	233,999	234,672	240,177	244,171	247,205	250,895
+/- m/m	(1,420)	673	5,505	3,994	3,034	3,690
% y/y	10.6%	10.0%	12.0%	13.1%	12.9%	12.8%
ICP	35,603	35,491	35,797	39,166	39,929	44,524
+/- m/m	(403)	(112)	306	3,369	763	4,595
% y/y	0.2%	-1.2%	0.1%	8.8%	11.0%	23.4%
Total Illinois	269,602	270,163	275,974	283,337	287,134	295,419
+/- m/m	(1,823)	561	5,811	7,363	3,797	8,285
% y/y	9.1%	8.4%	10.3%	12.5%	12.6%	14.3%

Indiana

This is the first quarter we have presented Indiana managed care enrollment across Hoosier Healthwise, Care Select, and Healthy Indiana Program (HIP). As of August 2013, Indiana enrolled nearly 762,000 across these three programs. We will continue to provide monthly Indiana enrollment going forward.

Indiana	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Hoosier Healthwise			692,918	694,930	694,075	
Care Select	N/A	N/A	34,368	32,719	32,006	
HIP			36,643	36,326	35,729	
Indiana Total			763,929	763,975	761,810	
+/- m/m				46	(2,165)	

Kentucky

This is also the first quarter we have been able to present managed care enrollment in Kentucky. As of September 2013, Kentucky enrolled more than 671,000 beneficiaries in risk-based managed care. We will continue to provide monthly Kentucky enrollment figures going forward.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Kentucky	N/A	N/A	N/A	N/A	671,258	671,258
+/- m/m						0
% y/y						

Louisiana

Having gone live early in 2012, Louisiana's Bayou Health Medicaid managed care program enrollment peaked at around 900,000 Medicaid beneficiaries in early 2013. Enrollment has declined since, down more than 20,000 members over Q2 and Q3 2013. September 2013 total enrollment is down just slightly from the previous year at -1.9 percent.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Louisiana	898,941	898,612	896,319	892,637	893,451	879,348
+/- m/m	(2,172)	(329)	(2,293)	(3,682)	814	(14,103)
% y/y	57.9%	56.7%	2.4%	1.9%	1.6%	-1.9%

Maryland

As of September 2013, Maryland enrolled more than 809,000 Medicaid managed care lives. Month-to-month enrollments have been positive for four of the last six months, and year-over-year enrollment is up 2.8 percent. As a note, Maryland typically revises previous enrollment data over time, so past months' enrollment figures may change slightly going forward.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Maryland	806,545	810,233	806,492	810,924	814,189	809,402
+/- m/m	2,168	3,688	(3,741)	4,432	3,265	(4,787)
% y/y	3.5%	4.7%	4.2%	3.9%	3.9%	2.8%

Michigan

As of the end of Q3 2013, Michigan Medicaid managed care enrollment remains relatively stable, between 1.24 and 1.26 million enrollees. Despite the occasional monthly dip in enrollment, Michigan managed care enrollment is up 1.2 percent on a year-over-year basis.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Michigan	1,240,995	1,247,547	1,244,601	1,251,332	1,240,558	1,246,875
+/- m/m	3,458	6,552	(2,946)	6,731	(10,774)	6,317
% y/y	0.5%	1.2%	1.2%	1.1%	1.3%	1.2%

Missouri

Missouri managed care enrollments in both the Medicaid and CHIP programs have declined slightly over the first half of 2013, with Q2 ending at more than 415,000 enrolled lives, up just half a percent over the previous year. Missouri has not reported monthly enrollment data since June 2013.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Medicaid	376,458	374,012	371,862			
Total CHIP	44,330	44,044	43,775			
Total Missouri	420,788	418,056	415,637			
+/- m/m	(1,109)	(2,732)	(2,419)			
% y/y	-1.8%	-1.6%	0.5%			

New York

New York's Medicaid managed care programs continue to grow, enrolling more than 4.05 million total lives across the state's five managed care programs, up 7.1 percent over the previous year. The most significant growth has occurred in the MLTC program, which has added more than 30,000 lives in 2013 so far.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Mainstream MCOs	3,438,363	3,455,762	3,456,470	3,481,690	3,487,244	3,495,196
Family Health Plus	428,467	428,288	428,248	431,326	432,509	434,577
Managed LTC	92,488	97,134	100,536	104,872	107,089	110,401
Medicaid Advantage	9,320	9,517	9,891	10,063	10,179	10,386
Medicaid Advantage Plus	3,752	3,946	4,042	4,193	4,299	4,414
Total New York	3,972,390	3,994,647	3,999,187	4,032,144	4,041,320	4,054,974
+/- m/m	35,964	22,257	4,540	32,957	9,176	13,654
% y/y	10.0%	9.1%	8.7%	8.6%	7.5%	7.1%

Ohio

After a hiatus in enrollment data reporting, Ohio has been providing timely monthly enrollment data for all of Q2 and Q3 of 2013. Enrollment has grown in Q3, adding nearly 60,000 members across both the CFC and ABD programs from July through September 2013. The year-over-year numbers below are based on the change relative to December 2011, the last date of enrollment data reported prior to the hiatus.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
CFC	1,519,531	1,515,974	1,513,718	1,500,181	1,510,065	1,524,273
ABD	123,919	124,000	123,306	158,954	161,260	170,141
Total Ohio	1,643,450	1,639,974	1,637,024	1,659,135	1,671,325	1,694,414
+/- m/m	(577)	(3,476)	(2,950)	22,111	12,190	23,089
% y/y	1.9%	1.2%	1.1%	2.8%	3.9%	5.7%

Pennsylvania

Q1 and Q2 of 2013 brought significant growth in the Pennsylvania HealthChoices program due to its expansion into the New East and New West regions. As of September 2013, enrollment is up above 1.6 million, a 27.9 percent increase year-over-year.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Pennsylvania	1,618,467	1,621,931	1,620,154	1,621,687	1,619,749	
+/- m/m	211,314	3,464	(1,777)	1,533	(1,938)	
% y/y	26.1%	26.2%	26.2%	27.9%	27.9%	

Tennessee

Tennessee's TennCare Medicaid managed care program ended Q2 2013 at just under 1.2 million total enrollees, down 0.7 percent from the previous year. As of publication, no Q3 2013 data have been made available. This is typical, as Tennessee typically delays enrollment data by approximately three months.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Tennessee	1,185,487	1,193,572	1,194,594			
+/- m/m	(6,678)	8,085	1,022			
% y/y	-1.6%	-0.5%	-0.7%			

Texas

After significant enrollment expansions in 2012, Texas managed care enrollment has largely stabilized, with modest fluctuation in month to month enrollment. Across Q2 and Q3 of 2013, total enrollment is down roughly 40,000 enrollees, with year over year enrollment up just slightly at half of one percent.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
STAR	2,518,984	2,524,125	2,529,266	2,489,600	2,494,060	2,466,469
STAR+PLUS	407,865	408,792	409,719	408,309	410,245	410,938
STAR HEALTH	30,394	30,585	30,776	31,111	31,106	31,050
CHIP	572,128	576,199	580,270	578,623	582,608	583,164
Total Texas	3,529,371	3,539,701	3,550,031	3,507,643	3,518,019	3,491,621
+/- m/m	(3,229)	10,330	10,330	(42,388)	10,376	(26,398)
% y/y	2.2%	2.4%	0.5%	-0.1%	0.6%	0.5%

Washington

On July 1, 2012, newly procured managed care plans began to serve both the Basic Health and Healthy Options programs. Enrollment has grown overall since, with end of Q2 2013 enrollment up nearly 17 percent over the previous year and Q3 2013 enrollment up 5.6 percent.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total Washington	797,351	803,204	801,232	806,085	807,425	807,810
+/- m/m	(8,907)	5,853	(1,972)	4,853	1,340	385
% y/y	14.3%	15.4%	16.9%	8.4%	8.0%	5.6%

West Virginia

West Virginia managed care enrollments continue to hold steady. As of September 2013, over 170,000 lives were enrolled in managed care plans, up 2.2 percent from the year prior.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Total West Virginia	170,939	171,596	171,763	170,377	170,612	170,326
+/- m/m	(1,372)	657	167	(1,386)	235	(286)
% y/y	0.4%	2.4%	1.2%	2.3%	1.1%	2.2%

Wisconsin

Managed care enrollment dropped off sharply in November 2012, as UnitedHealthcare pulled out of the Southeast BadgerCare+ region. However, enrollment has rebounded through the first three quarters of 2013, with September 2013 enrollment up 2.1 percent from the year prior.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
BadgerCare+	650,464	659,758	670,870	667,577	669,124	664,525
SSI	33,485	33,671	33,586	33,588	33,569	33,697
LTC	40,747	40,852	40,756	40,987	41,094	41,055
Total Wisconsin	724,696	734,281	745,212	742,152	743,787	739,277
+/- m/m	39,901	9,585	10,931	(3,060)	1,635	(4,510)
% y/y	-2.4%	-1.6%	0.0%	0.2%	2.2%	2.1%

Select Company Analysis

Where available, we have included total Medicaid enrollments as reported in Q2/Q3 2013 company financial statements.

Aetna

With Aetna's acquisition of Coventry in Q2 2013, we now track enrollment in ten Aetna states. Across eight of these ten states, Aetna enrolled more than 808,000 Medicaid beneficiaries in September 2013, and more than 1.1 million lives when accounting for missing data in Pennsylvania and Missouri.

Aetna	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Arizona	294,270	294,842	295,516	296,071	295,299	296,476
+/- m/m	786	572	674	555	(772)	1,177
% y/y	-1.5%	-0.8%	-0.1%	0.2%	-0.7%	-0.8%
Florida	51,749	54,211	54,634	54,822	55,829	57,240
+/- m/m	1,065	2,462	423	188	1,007	1,411
% y/y	17.2%	20.6%	19.5%	17.2%	18.5%	19.5%
Illinois	17,832	17,745	17,819	17,975	17,913	18,647
+/- m/m	(209)	(87)	74	156	(62)	734
% y/y	-1.3%	-2.4%	-1.3%	-0.6%	-0.9%	2.6%
Kentucky					259,076	255,168
+/- m/m	N/A	N/A	N/A	N/A	N/A	(3,908)
% y/y					N/A	N/A
Maryland	14,920	15,607	15,841	15,547	13,434	9,997
+/- m/m	508	687	234	(294)	(2,113)	(3,437)
% y/y	5.6%	14.9%	18.8%	18.9%	5.5%	-19.6%
Michigan	39,869	39,431	39,098	39,121	38,734	38,782
+/- m/m	(379)	(438)	(333)	23	(387)	48
% y/y	-11.5%	-11.5%	-11.5%	-11.0%	-10.4%	-9.7%
Missouri	255,038	253,691	252,822			
+/- m/m	(1,476)	(1,347)	(869)	N/A	N/A	N/A
% y/y	356.4%	373.5%	166.4%			
Pennsylvania	61,657	63,040	64,084	65,328	66,434	
+/- m/m	291	1,383	1,044	1,244	1,106	N/A
% y/y	6.4%	9.7%	12.4%	16.6%	21.2%	
Texas	69,044	69,441	69,838	68,915	69,338	68,821
+/- m/m	(125)	397	397	(923)	423	(517)
% y/y	-5.2%	-5.2%	-4.8%	-5.2%	-3.3%	-3.6%
West Virginia	62,903	63,220	63,270	62,719	62,992	63,022
+/- m/m	(377)	317	50	(551)	273	30
% y/y	2.7%	5.0%	2.8%	4.3%	3.0%	4.3%
Total Aetna	973,607	976,328	977,000	620,498	879,049	808,153
+/- m/m	(336)	2,721	672	398	(525)	(4,462)
% y/y	42.7%	43.3%	44.1%			

Source: State Medicaid Enrollment data

Centene

We track monthly enrollment data in 11 states where Centene operates risk-based health plans. Across nine of these 11 states, Centene covered more than 1.8 million lives in Q3 2013. Centene's nationwide Medicaid enrollment is around 2.6 million, as reported in Q3 2013 financial statements.

Centene	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Arizona	22,173	22,133	22,065	22,053	21,904	21,992
+/- m/m	93	(40)	(68)	(12)	(149)	88
% y/y	1.9%	-2.8%	-2.5%	-2.5%	-2.9%	-2.4%
Florida	209,697	213,452	211,798	210,435	211,211	213,762
+/- m/m	(459)	3,755	(1,654)	(1,363)	776	2,551
% y/y	5.6%	6.6%	5.4%	3.6%	3.4%	3.6%
Georgia						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Illinois	17,771	17,746	17,978	21,189	21,571	22,744
+/- m/m	(194)	(25)	232	3,211	382	1,173
% y/y	1.9%	0.0%	1.5%	18.3%	20.5%	26.9%
Indiana			200,049	200,437	199,235	
+/- m/m	N/A	N/A	N/A	388	(1,202)	N/A
% y/y			N/A	N/A	N/A	
Louisiana	161,054	160,337	156,348	155,243	154,932	152,084
+/- m/m	(4,357)	(717)	(3,989)	(1,105)	(311)	(2,848)
% y/y	49.6%	50.1%	-7.3%	-6.8%	-6.9%	-10.0%
Missouri	59,425	59,265	58,737			
+/- m/m	787	(160)	(528)	N/A	N/A	N/A
% y/y	N/A	N/A	N/A			
Ohio	156,073	155,596	154,873	163,554	165,232	168,978
+/- m/m	(50)	(477)	(723)	8,681	1,678	3,746
% y/y	-1.5%	-1.8%	-0.8%	4.8%	6.2%	8.6%
Texas	929,260	930,876	932,492	925,553	928,707	921,970
+/- m/m	(156)	1,616	1,616	(6,939)	3,154	(6,737)
% y/y	7.5%	7.7%	3.6%	2.6%	2.7%	2.2%
Washington	61,652	63,390	66,110	69,825	73,305	76,154
+/- m/m	947	1,738	2,720	3,715	3,480	2,849
% y/y	N/A	N/A	N/A	107.2%	108.6%	88.6%
Wisconsin	38,623	38,834	38,986	38,526	38,367	37,928
+/- m/m	131	211	152	(460)	(159)	(439)
% y/y	-1.9%	-2.6%	-1.7%	-2.2%	-0.6%	-0.8%
Total Centene	1,655,728	1,661,629	1,859,436	1,806,815	1,814,464	1,615,612
+/- m/m	(3,258)	5,901	(2,242)	6,116	7,649	383
% y/y						

Source: State Medicaid Enrollment data

Health Net

We track Health Net's monthly enrollment data in Arizona and California where the company covered more than 940,000 combined Medicaid members through September 2013, an increase of more than 22 percent from the previous year.

Health Net	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Arizona						974
+/- m/m	N/A	N/A	N/A	N/A	N/A	974
% y/y						N/A
California	863,172	919,056	927,085	927,929	931,702	940,175
+/- m/m	24,657	55,884	8,029	844	3,773	8,473
% y/y	14.3%	21.4%	21.6%	21.2%	21.9%	22.1%
Total Health Net	863,172	919,056	927,085	927,929	931,702	941,149
+/- m/m	24,657	55,884	8,029	844	3,773	9,447
% y/y	14.3%	21.4%	21.6%	21.2%	21.9%	22.3%

Source: State Medicaid Enrollment data

Humana

We track Humana's monthly enrollment data in Florida and Kentucky, where the company covers a nearly 70,000 combined Medicaid members through September 2013. In Florida, Humana enrollment losses from CY 2012 have reversed, with Q3 2013 enrollment up 14.2 percent from the prior year.

Humana	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Florida	51,208	52,364	52,691	53,177	53,421	53,929
+/- m/m	497	1,156	327	486	244	508
% y/y	15.4%	17.1%	16.4%	15.6%	14.6%	14.2%
Kentucky					15,840	15,840
+/- m/m	N/A	N/A	N/A	N/A	N/A	0
% y/y					N/A	N/A
Total Humana	51,208	52,364	52,691	53,177	69,261	69,769
+/- m/m	497	1,156	327	486	244	508
% y/y	15.4%	17.1%	16.4%	15.6%	48.5%	47.7%

Source: State Medicaid Enrollment data

Molina

We track monthly enrollment data in eight of the states where Molina operates risk-based health plans. Across these states, Molina experienced healthy enrollment growth through 2012 and into 2013. Enrollments for September 2013 show 31 percent growth from the prior year, with enrollment in these eight states above 1.5 million. Molina reported total enrollments of 1.847 million in Q2 2013 financial reports.

Molina	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
California	233,864	234,757	238,488	240,164	245,957	246,576
+/- m/m	13,701	893	3,731	1,676	5,793	619
% y/y	32.0%	31.6%	34.3%	35.7%	40.3%	40.6%
Florida	75,464	79,441	80,394	81,576	82,202	82,978
+/- m/m	1,078	3,977	953	1,182	626	776
% y/y	9.4%	14.5%	15.9%	16.7%	16.9%	17.8%
Illinois						189
+/- m/m	N/A	N/A	N/A	N/A	N/A	189
% y/y						N/A
Michigan	205,248	204,726	203,451	202,979	200,593	200,338
+/- m/m	(1,333)	(522)	(1,275)	(472)	(2,386)	(255)
% y/y	-2.8%	-2.4%	-2.5%	-2.7%	-2.9%	-3.3%
Ohio	240,496	239,977	237,955	262,564	258,763	260,041
+/- m/m	(798)	(519)	(2,022)	24,609	(3,801)	1,278
% y/y	-2.4%	-2.6%	-1.4%	8.8%	7.8%	8.4%
Texas	253,447	251,417	249,387	246,525	244,476	242,052
+/- m/m	(3,364)	(2,030)	(2,030)	(2,862)	(2,049)	(2,424)
% y/y	-11.0%	-11.5%	-13.3%	-11.6%	-11.0%	-10.5%
Washington	390,328	392,782	391,930	392,911	390,980	388,150
+/- m/m	(5,631)	2,454	(852)	981	(1,931)	(2,830)
% y/y	14.9%	15.3%	15.6%	4.2%	1.8%	-0.3%
Wisconsin	99,009	96,439	97,806	96,222	95,887	95,023
+/- m/m	13,355	(2,570)	1,367	(1,584)	(335)	(864)
% y/y	138.1%	131.8%	134.3%	130.0%	133.2%	130.5%
Total Molina	1,497,856	1,499,539	1,499,411	1,522,941	1,518,858	1,515,347
+/- m/m	17,008	1,683	(128)	23,530	(4,083)	(3,700)
% y/y	24.9%	25.5%	24.8%	32.1%	31.8%	31.3%

Source: State Medicaid Enrollment data

UnitedHealth

We track monthly enrollment data in 12 states where UnitedHealth operates risk-based health plans. Within these 12 states, UnitedHealth covered 2.2 million lives at the end of Q2 2013, more than 55 percent of United's reported 3.95 million total Medicaid lives in Q3 2013.

UnitedHealth	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Arizona	243,851	243,913	244,762	245,982	245,136	247,726
+/- m/m	216	62	849	1,220	(846)	2,590
% y/y	-1.2%	-1.0%	-0.4%	-0.1%	-1.2%	-0.2%
Florida	118,838	122,839	123,068	123,203	124,950	127,649
+/- m/m	1,655	4,001	229	135	1,747	2,699
% y/y	11.9%	15.8%	12.6%	10.8%	11.5%	13.1%
Hawaii	29,138	29,883	30,256	30,601	30,216	N/A
+/- m/m	637	745	373	345	(385)	
% y/y	39.3%	42.0%	43.3%	34.4%	27.4%	
Louisiana	250,617	256,803	256,516	257,359	254,192	255,860
+/- m/m	886	6,186	(287)	843	(3,167)	1,668
% y/y	70.0%	63.5%	15.7%	13.7%	12.9%	9.1%
Maryland	151,876	152,770	151,960	153,252	154,514	154,145
+/- m/m	438	894	(810)	1,292	1,262	(369)
% y/y	6.4%	7.7%	6.8%	6.5%	6.6%	5.6%
Michigan	230,477	230,870	230,566	231,838	229,273	229,527
+/- m/m	(351)	393	(304)	1,272	(2,565)	254
% y/y	-4.3%	-3.5%	-3.3%	-3.3%	-2.8%	-2.5%
Ohio	114,227	114,087	114,353	161,562	161,052	164,796
+/- m/m	(156)	(140)	266	47,209	(510)	3,744
% y/y	-4.2%	-4.3%	0.0%	41.2%	41.2%	44.4%
Pennsylvania	168,032	168,075	168,081	168,337	168,250	N/A
+/- m/m	(1,131)	43	6	256	(87)	
% y/y	-18.8%	-18.3%	-17.6%	-12.2%	-11.7%	
Tennessee	558,590	563,036	563,728			
+/- m/m	(3,242)	4,446	692	N/A	N/A	N/A
% y/y	-0.6%	0.6%	0.5%			
Texas	170,313	171,318	172,323	170,983	172,741	172,614
+/- m/m	452	1,005	1,005	(1,340)	1,758	(127)
% y/y	0.2%	1.9%	1.6%	1.5%	2.7%	3.4%
Washington	45,907	47,246	47,614	48,769	50,284	52,541
+/- m/m	586	1,339	368	1,155	1,515	2,257
% y/y	N/A	N/A	N/A	98.0%	95.9%	75.8%
Wisconsin	119,488	120,770	121,430	120,603	120,598	119,308
+/- m/m	1,005	1,282	660	(827)	(5)	(1,290)
% y/y	-59.7%	-59.4%	-59.2%	-59.3%	-58.6%	-58.8%
Total UnitedHealth	2,201,354	2,221,610	2,224,657	1,712,489	1,711,206	1,524,166
+/- m/m	995	20,256	3,047	51,560	(1,283)	11,426
% y/y	2.9%	3.9%	0.6%			

Source: State Medicaid Enrollment data

WellCare

We track monthly enrollment data in seven states where WellCare operates risk-based Medicaid health plans. Across five of these states, we estimated Q3 2013 enrollment at around 925,000, not including enrollment in Georgia, after the loss of Ohio enrollment to begin the third quarter. WellCare reported nearly 1.8 million Medicaid covered lives as of Q2 2013.

WellCare	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Florida	377,234	384,601	382,204	379,119	376,521	377,445
+/- m/m	(1,632)	7,367	(2,397)	(3,085)	(2,598)	924
% y/y	4.1%	3.2%	2.0%	0.8%	0.6%	1.4%
Georgia						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Hawaii	33,109	33,830	34,153	34,430	34,363	
+/- m/m	564	721	323	277	(67)	N/A
% y/y	39.4%	41.8%	43.2%	32.0%	23.1%	
Illinois	140,029	138,876	139,453	140,066	141,218	141,778
+/- m/m	(1,576)	(1,153)	577	613	1,152	560
% y/y	5.8%	4.5%	4.3%	4.3%	4.2%	3.8%
Kentucky					273,842	273,842
+/- m/m	N/A	N/A	N/A	N/A	N/A	0
% y/y					N/A	N/A
Missouri	106,325	105,100	104,078			
+/- m/m	(420)	(1,225)	(1,022)	N/A	N/A	N/A
% y/y	94.3%	88.1%	94.2%			
Ohio	92,835	91,419	89,000	0	0	0
+/- m/m	(950)	(1,416)	(2,419)	(89,000)	0	0
% y/y	-7.7%	-9.1%	-5.1%	-100.0%	-100.0%	-100.0%
Total WellCare	749,532	753,826	748,888	553,615	825,944	793,065
+/- m/m	(4,014)	4,294	(4,938)	(91,195)	(1,513)	1,484
% y/y						

Source: State Medicaid Enrollment data

WellPoint

WellPoint's Amerigroup acquisition significantly bolstered the company's risk-based Medicaid enrollments. After the acquisition, WellPoint reported 4.323 million total covered lives in Q3 2013. The twelve states in which we now track WellPoint enrollments make up roughly 2.5 million lives, around half of their total Medicaid business. Without Georgia and Tennessee enrollment, Q3 2013 enrollment across nine states is around 2.0 million after the loss of 49,000 lives in Ohio.

WellPoint	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
California	382,854	383,076	385,590	384,671	383,384	386,683
+/- m/m	2,293	222	2,514	(919)	(1,287)	3,299
% y/y	-14.6%	-15.1%	-14.4%	-14.4%	-14.2%	-13.4%
Florida	184,723	186,967	184,197	182,173	179,709	177,020
+/- m/m	(1,426)	2,244	(2,770)	(2,024)	(2,464)	(2,689)
% y/y	0.1%	0.3%	-1.6%	-3.6%	-4.5%	-6.0%
Georgia						
+/- m/m	N/A	N/A	N/A	N/A	N/A	N/A
% y/y						
Indiana			241,106	241,851	241,972	
+/- m/m	N/A	N/A	N/A	745	121	N/A
% y/y			N/A	N/A	N/A	
Louisiana	135,831	131,909	131,044	131,036	128,448	129,038
+/- m/m	(372)	(3,922)	(865)	(8)	(2,588)	590
% y/y	42.5%	45.9%	-8.1%	-7.2%	-6.7%	-9.8%
Maryland	214,024	215,637	215,562	217,610	219,531	219,689
+/- m/m	1,409	1,613	(75)	2,048	1,921	158
% y/y	3.5%	4.9%	4.9%	5.1%	5.8%	5.6%
Ohio	52,561	51,676	49,516	0	0	0
+/- m/m	(557)	(885)	(2,160)	(49,516)	0	0
% y/y	-4.6%	-6.2%	-6.8%	-100.0%	-100.0%	-100.0%
Tennessee	195,543	196,840	197,148			
+/- m/m	(1,048)	1,297	308	N/A	N/A	N/A
% y/y	-1.7%	-0.5%	-0.7%			
Texas	732,225	731,782	731,339	718,089	716,008	707,593
+/- m/m	(3,760)	(443)	(443)	(13,250)	(2,081)	(8,415)
% y/y	1.2%	2.1%	-1.6%	-3.1%	-3.0%	-3.4%
Washington	26,942	27,512	27,754	28,469	29,505	31,396
+/- m/m	205	570	242	715	1,036	1,891
% y/y	N/A	N/A	N/A	72.4%	112.7%	83.0%
Wisconsin	21,423	21,587	21,873	21,732	21,723	21,386
+/- m/m	153	164	286	(141)	(9)	(337)
% y/y	-3.1%	-3.6%	-2.6%	-2.0%	-0.7%	-0.4%
West Virginia	81,289	81,465	81,433	80,658	80,587	80,320
+/- m/m	(715)	176	(32)	(775)	(71)	(267)
% y/y	-1.2%	0.4%	-0.5%	0.3%	-1.0%	-0.2%
Total WellPoint	2,027,415	2,028,451	2,266,562	2,006,289	2,000,867	1,753,125
+/- m/m	(3,818)	1,036	(2,995)	(63,125)	(5,422)	(5,770)
% y/y						

Source: State Medicaid Enrollment data



HMA MEDICAID ROUNDUP

Alaska

HMA Roundup

Handful of Successful Online Enrollees. In an October 17, 2013 article, the Anchorage Daily News reported that two people had successfully enrolled in plans using the healthcare.gov portal at Enroll Alaska's offices. Likewise, the Alaska Primary Care Association noted five successful sign-ups across the 25 community health centers across the state. These numbers do not reflect individuals who may have been successful enrolling online without assistance from certified counselors and navigators. Because of the web site's inconsistency and well-publicized glitches, Enroll Alaska noted that 1,500 Alaskans have clarified their interest but cannot complete the process. ([Read more](#))

Chamber of Commerce Makes Medicaid Expansion a Priority. Alaska Public Media reports that at last week's annual policy forum, the Alaska State Chamber of Commerce adopted Medicaid expansion as one of its top legislative priorities. The chamber qualified its support for expansion on the condition that federal funding commitments are maintained. The impetus for the Chamber's position is that tax dollars paid by state businesses would, otherwise, be directed toward other states that do pursue expansion. Alaska State Senator Bill Wielechowski believes that this endorsement of expansion will be critical in passing legislation during the upcoming legislative session. ([Read more](#))

California

HMA Roundup

Medi-Cal Streamlined Enrollment System Can Benefit from Other States' Experience. An October 21, 2013 article from California Healthline highlights that California is in the midst of streamlining its eligibility and enrollment system for Medi-Cal, leveraging overlapping income and eligibility determinations from other state-run benefits programs. Eight other states have already implemented "Express Lane Eligibility," which aims to shorten Medicaid application processing times and administrative costs. Louisiana and Alabama were cited as beneficiaries of support from the Maximizing Enrollment project, which emphasizes shared data across agencies rather than siloed redundant processes. ([Read more](#))

LA County Projects Substance Abuse Treatments to Grow Due to ACA. California Healthline published an October 21 story that cites experts in LA County who are predicting substance abuse treatment services will grow significantly faster due to the Affordable Care Act. Wayne Sugita, deputy director of the Substance Abuse

Prevention and Control Division, expects that a significant portion of the region's substance abuse population will qualify for subsidized coverage. LA County now has more than 240,000 eligible people who require substance abuse services, but the ACA should increase that eligible population to over 300,000. An operator of a treatment center believes there are capacity constraints due to federal regulations that only reimburse for residential centers with fewer than 16 beds. Michael Ballue of Behavioral Health Services CMS says that policies will place a greater focus on social workers and physician involvement, rather than family therapists. However, some fear that the stigma attached to substance abuse may ultimately still diminish any potential increase of demand as changing attitudes and institutional support for the services will take time. ([Read more](#))

Community-Based Adult Services Stakeholder Meeting to Consider Managed Care Delivery System. On October 23, 2013, the Department of Health Care Services and the Department of Aging will hold the first of five stakeholder meetings to consider adapting its current 1115 Medicaid waiver to cover community based Adult Day Services (CBAS) under Medi-Cal managed care. A CBAS stakeholder workgroup will discuss CBAS as a Long-Term Supports and Services (LTSS) managed care benefit under the waiver, as well as the current state requirement that centers be not-for-profit. ([Read more](#))

California Leveraging Community First Choice Option to Increase Federal Matching Funds for IHSS. California Healthline highlights California as one of just two states leveraging the Community First Choice Option (CFCO), which boosts the Federal share of Medicaid funding for home and community based personal care services. (Oregon is the other state.) California did not have to significantly adjust its In Home Supportive Services (IHSS) program to qualify for the enhanced Federal match. Diane Justice, senior program director for the National Academy for State Health Policy, notes that California and Oregon have a well-established infrastructure of attendant services and supports, in contrast to most other states. ([Read more](#))

LA County Audit Finds Lax Oversight of Drug Treatment Centers that Receive Medi-Cal Funding. In an October 18, 2013 audit released by LA County's Auditor-Controller, Wendy Watanabe, it was determined that LA county authorities failed to provide adequate regulatory oversight and enforcement for Drug Medi-Cal clinics. In FY 2012-2013, the Department of Public Health paid 147 providers some \$80 million for substance abuse treatment and control, but suspended 53 County program providers for fraudulent activities. The audit cited county officials for failing to enforce its regulations, for recovering just a fraction of improper payments, and for inadequate provider monitoring. ([Read more](#))

Covered California Marketplace Data Updated. Covered California (the state's insurance exchange) provided an update on exchange statistics. From October 13-19, the exchange website had 500K unique visits (2.2M since inception) with 125.9K applications being started (up from 94.5K MTD as reported last week). Note this week's release again did not update the number of applications that were determined to be eligible for Medi-Cal or private exchange coverage, though that figure was roughly 28,700 in the initial report. The state plans to release total October enrollment figures in November.

Colorado

HMA Roundup—Joan Henneberry

Colorado HealthOP Information Now Online. The Colorado HealthOP recently announced that health insurance plan information is now available on their website, allowing individuals to search for providers in the plan's network. The CO-OP reports that all plans include not only the required 100% covered wellness visit but a second first-dollar covered annual primary care visit. When members complete three specific preventive health measures each year, they are upgraded to enhanced plans at no additional cost. No data are available yet on how many individuals have enrolled in HealthOP through the state exchange.

Connecticut

HMA Roundup

Access Health CT Offers Enrollment Statistics. On October 17, 2013, Access Health CT provided enrollment statistics for its first two weeks of operations. Through October 15, there were 1,857 exchange customers who enrolled in Medicaid, while 1,897 enrolled in private plans and 93 in CHIP. Nearly 60 percent of private plan customers were eligible for Federal subsidies. The number of applications in the first week, totaled 1,358 but fell more than half to 621 in the second week.

Florida

HMA Roundup – Gary Crayton and Elaine Peters

Florida Officials Aim to Expand Low Income Pool Program. In an October 17, 2013 article, the Tampa Bay Times wrote that Florida officials are looking to expand the state's Low Income Pool (LIP) program from \$1 billion to almost \$3 billion annually, just months after the legislature rejected Medicaid expansion. Justin Senior, deputy secretary for Medicaid at the Agency for Health Care Administration, said that the agency is exploring a bigger LIP program, which could assist hospitals cover charity care or fund premium support for low-income Floridians. The state hopes to link its additional funding request to its application for a three-year extension of its Medicaid privatization waiver, which will be submitted in November. Federal approval of its waiver renewal would still require the legislature to pass bills that would implement the changes in time for the FY 2014-2015 year, which begins July 1, 2014. ([Read more](#))

Rubio Calls for Delay in Individual Mandate. On October 22, 2013, Sen. Marco Rubio announced he would introduce a bill that would delay the individual mandate penalty, in part due to the well-publicized problems with healthcare.gov. In addition, Rubio noted the high rate of uninsured among Hispanics, while labeling the lack of a functioning Spanish-language enrollment site "inexcusable." Rubio proposes that the individual mandate should not be enforced until six months after the Government Accountability Office certifies that the federally facilitated exchange website is fully functional.

Aetna/Coventry Awarded Additional Contract in Region 11. On October 22, 2013, the Agency for Health Care Administration announced that Coventry had been granted an additional contract award in Region 11, following the company's protest filing of prior award announcements.

Gov. Scott Complains About Washington's Inability to Reach a Long-Term Debt Compromise. On October 17, 2013, following a sixteen day Federal Government shutdown, Gov. Rick Scott issued a statement that decried Washington lawmakers for having their "heads in the sand about our economic future". Scott contrasted the state's paydown of some \$3.5 billion in debt over the last three years, in contrast to the "unchecked debt" at the Federal level.

Kaiser Family Foundation Reports 764,000 Floridians in the "Coverage Gap". On October 16, 2013, the Kaiser Family Foundation released a study that estimates Florida has nearly 764,000 uninsured residents in the "coverage gap": making too much income to qualify for Medicaid, but not enough to receive Federal subsidies for health plans available on the state's exchange. Florida is second only to Texas, which has some 1.05 million people in the coverage gap.

Georgia

HMA Roundup – Mark Trail

Georgia Ranks Sixth in Medicaid Recoveries. The Atlanta Journal Constitution published an October 21, 2013 article that features Georgia's success in recovering improper Medicaid payments. Pew Charitable Trusts ranked Georgia sixth in the nation for Medicaid recoveries, totaling about \$100 million in 2012 from fraud cases, that may be payable over many years. With just 36 employees in its Medicaid fraud unit in 2012, Georgia recorded the nation's best ratio of fraud recoveries per employee. The Department of Community Health's inspector general, Rob Finlayson, noted that actual dollars returned to the state and federal governments exceeded \$56 million in the past two fiscal years, with about 35 percent of the total going to the state. [Read more](#)

Attorney General Olens Advises ACA Critics to Focus on Fixes, Rather than Repeal. Atlanta's NPR station WABE reports that at an October 21 panel discussion, Georgia Attorney General Sam Olens advised critics of the Affordable Care Act to move away from repealing the law and focus on fixing it. However, a lawsuit brought by Oklahoma that challenges Federal subsidies for plans offered on health exchanges could be critical in undermining a key element of the law. Olens emphasized that the "30 hour" threshold for full time employees has created structural distortions in hiring patterns and undermined the income security of the working class. Likewise, the dropping of spousal coverage by many employers reflects a problem with the current law that should be addressed. [Read more](#)

Idaho

HMA Roundup

Corizon Wins New Contract with Idaho Board of Corrections. This past week, the Idaho Board of Correction awarded Corizon Health a five-year contract, effective January 1, 2014, with two additional two-year renewal options to deliver medical and mental health care to 7,100 state inmates and prisoners held at the Idaho Correctional Center, run by Corrections Corporation of America (effective July 1,

2014). In the procurement, Corizon achieved the highest overall score, among four bidders, which included Centurion, Correctional Healthcare Companies, and NaphCare Inc.

Indiana

HMA Roundup – Cathy Rudd

Indiana May Lose \$63 Million in Tobacco Funds Due to Limited Smoking Cessation Efforts. Last week, the IndyStar reported that a federal arbitration panel determined that Indiana failed to do enough to collect funds from smaller cigarette manufacturers and would lose nearly \$63 million in annual tobacco funds, representing almost half of its 2013 allocation. The state plans an appeal of the decision. The 1998 nationwide settlement had intended funds to promote tobacco cessation programs, but most states have progressively shifted the use of settlement money toward other health programs. State Rep. Gregory Porter, D-Indianapolis reported hearing of the decision last week, although the ruling had been issued in September. [Read more](#)

Louisiana

HMA Roundup

State Treasurer Criticizes Privatization of Public Hospitals. In an October 18, 2013 letter to the News-Star, Louisiana's Treasurer, John Kennedy, criticized the Jindal Administration's plan to privatize public hospitals as a maneuver designed to draw down more federal Medicaid matching funds by leveraging lease payments from private operators. Kennedy noted that CMS had previously rejected similar proposals to increase matching funds and that the privatization plan does not generate any projected cost savings. Kennedy pushed the state to seek prior review of its strategy from CMS before implementing it, else the state's health care delivery system would be "at financial risk."

Kentucky

HMA Roundup

Beshear Champions ACA with a State-Run Exchange and Medicaid Expansion. The New York Times ran an October 20 feature on Gov. Steven L. Beshear and his efforts to advocate for the Affordable Care Act, despite public opinion in the state. Kentucky is one of the only southern states to pursue Medicaid expansion and run its own exchange. It has also been one of the few bright spots on the map in securing enrollments, at the rate of about 1,000 per day. Beshear characterizes his support as a moral decision, rather than a political one, given the state's low rankings in health status. [Read more](#)

Maine

HMA Roundup

Gov. LePage Signals Openness to Medicaid Expansion. In an October 20 article, the Portland Press Herald reports the surprising development that Gov. Paul LePage is open to consider Medicaid expansion vehicles being pursued by other states, such as Arkansas and Iowa. LePage's spokesperson, Adrienne Bennett, noted that the flexibility demonstrated by the Obama Administration in considering state-crafted solutions is a constructive stance that could work for Maine. Democrats and advocates are encouraged by the new conciliatory comments. However, some Republicans noted skepticism and concern that Maine's Medicaid program was already generous and could become unsustainable with an expansion of eligibility. [Read more](#)

Massachusetts

HMA Roundup

MassHealth Updates One Care Enrollment Figures. Recently, MassHealth released an update on enrollment in its dual eligible demonstration program, One Care. As of October 1, 2013, out of 83,000 total eligibles, 1,783 had enrolled in plans, with nearly two thirds choosing the Commonwealth Care Alliance. By October 15, the overall enrollment figure had grown markedly to 2,827. Auto enrollment will occur in three rounds during first year of demonstration (beginning in January 2014), with a target of 8,600 auto enrollees in the first round. The state is finalizing contract with an Ombudsman vendor in the coming weeks and will be implementing its Early Indicators Project to monitor key implementation metrics. Below, we present summary enrollment tables:

Massachusetts Duals Demonstration: One Care Enrollment Update

Enrollment by Rating Category (Oct 1, 2013)

Rating Category	Enrollees	%
F1: Facility-Based Care	4	0.2%
C3: High Community Needs	284	15.9%
C2: High Behavioral Health	269	15.1%
C1: Community Other	1,226	68.8%
TOTAL	1,783	100.0%
<i>Total eligible*</i>		83,000
		2.1%

Enrollment by Plan (Oct 1, 2013)

Plan	Enrollees	%
Commonwealth Care Alliance	1,193	66.9%
Fallon Total Care	259	14.5%
Network Health	331	18.6%
TOTAL	1,783	100.0%

Enrollment Update (Oct 15, 2013)

Enrollment (Oct 15)	2,827
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** Total eligible for passive enrollment is comprised of dual eligibles living in counties with at least two One Care Plans.*

New Hampshire

HMA Roundup

New Hampshire to Hold Medicaid Expansion Special Session. Following last week's vote by the state's Executive Council to authorize Gov. Maggie Hassan to call a special session, New Hampshire legislators will attempt to hammer out a Medicaid expansion agreement between November 7 and November 21. In the October 15 Report of the Commission to Study Expansion of Medicaid Eligibility, six of nine voting members opted to adopt the recommendations to expand eligibility to 138 percent of Federal Poverty Income levels, structure the expansion under a managed care model, and deliver individual premium assistance for newly eligible between 100 and 138 percent of Federal Poverty Income level. [Read more](#)

New York

HMA Roundup – Denise Soffel

New York State Managed Long Term Care Report Evaluates and Ranks Health Plans. In a comprehensive report released on October 15, 2013, the Long Term Care Community Coalition offers an assessment of the transformational implementation of mandatory managed long term care (MLTC) for all Medicaid recipients requiring nursing home care. Although current nursing home residents covered by Medicaid will be grandfathered under the traditional fee-for-service program, future nursing home residents will need to enroll in a private MLTC plan whose network will inevitably be more restrictive than the current system. The report evaluates and ranks MLTC plans based on such criteria as network adequacy, quality metrics, staffing ratios, and regulatory violations/complaints. The authors warn of the potential for MLTC plans to direct seniors and the disabled to substandard facilities based on pricing discounts to avoid a "race to the bottom." [Link to Report](#)

NY State Transfers Approved Applications to Insurers. The Daily News reports that the New York State Health Department has made the first transfer of thousands of approved ACA applications to insurers on October 21, 2013. Separately, on October 23, 2013 (as of 9AM), the NY State of Health (NYSOH) announced that nearly 174,000 New Yorkers had completed the full application process and were deemed eligible for insurance plans since the Oct. 1 launch. New York State accounts for roughly 30 percent of the total applications completed nationwide. [Read more](#)

NYS Medicaid Growth Since 2008 Largely Due to Upstate and Downstate Suburbs. This week, the New York City Independent Budget Office released a report on Medicaid trends that highlighted a shift in the source of New York State Medicaid enrollment growth. From 2000 to 2008, New York City drove two-thirds of the statewide expansion in Medicaid enrollees, it has only represented 44 percent of the state's growth from 2008 to 2012. Indeed, while the state's Medicaid enrollment grew by 83 percent from 2000 to 2012, New York City's growth lagged at 75 percent, compared to 87 percent upstate and nearly 132 percent in the downstate suburbs. Furthermore, while the statewide Medicaid cost per enrollee was \$8,900 in 2012, New York City's average cost of \$9,000 per enrollee was well below the \$10,700 average for downstate suburbs. [Link to Report](#)

North Carolina

HMA Roundup

Gov. McCrory Cites Presumptive Eligibility As a Potential Cause for North Carolina to Expand Medicaid. At a Heritage Foundation speech on October 21, 2013, Gov. Pat McCrory indicated that the state might have to adopt Medicaid “whether we want to or not” due to the application of presumptive eligibility rules that would require Medicaid payments to hospitals for bills accrued until full eligibility checks can be completed. While Republicans in the legislature rejected Medicaid expansion last year, North Carolina could revisit the decision once the state reforms its Medicaid program to implement tighter cost controls. [Read more](#)

North Dakota

HMA Roundup

BCBS of ND Asked by Obama Administration Not to Publicize Enrollment Figures. On October 21, 2013, at a public forum, a representative of Blue Cross Blue Shield of North Dakota said that the Obama Administration asked the plan not to publicize exchange enrollment figures. Nonetheless, a spokesman indicated on October 2, 2013 that the plan had just 20 statewide enrollees from the exchange. [Read more](#)

Ohio

HMA Roundup

Ohio Controlling Board Approves Medicaid Expansion Funds. On October 21, 2013, following an earlier move by the Kasich Administration to bypass the legislature in pursuit of Medicaid expansion, Ohio’s Controlling Board approved by a 5-2 vote the spending request to fund expansion using federal-only funds. The decision paves the way for the state’s Medicaid program to apply \$2.5 billion in federal funds to fully cover the cost of the newly eligible Medicaid beneficiaries earning up to 138 percent of Federal Poverty Level Income as of January 1, 2014.

Medicaid Chief of Staff Appointed New Director of Department of Job and Family Services. On October 18, 2013, Michael Colbert, director of the Department of Job and Family Services, resigned and was replaced by Cynthia Callender Dungey who had served as chief of staff at the Department of Medicaid. Dungey oversaw daily operations and the implementation of a new Medicaid Management Information System.

Oregon

HMA Roundup

Oregon Health Plan Fast Track Medicaid Enrollment Picks Up the Slack for Glitchy Exchange Site. Despite snafus that have delayed Cover Oregon’s online marketplace, the state’s Health Authority has successfully signed up 56,000 new Medicaid beneficiaries using a fast-track enrollment system. According to Nick Budnick at the Oregonian, the state’s proactive outreach to 260,000 food stamp beneficiaries helped to accelerate the process of Medicaid enrollment. [Read more](#)

Oregon Experimenting with New Delivery Methods. According to Kaiser Health News, the state of Oregon is experimenting with new delivery methods, such as planting psychologists in primary care doctors' offices, to improve coordination of care and outcomes. Hiring willing specialists to change their approach to care to increase services to Medicaid patients was initially a challenge for some health systems, but demonstrable savings offer hope that patients will no longer skip out on necessary care given the convenience factor of seeing multiple clinicians in one visit. [Read more](#)

Pennsylvania

HMA Roundup – Matt Roan

Uninsured Rate on the Rise in PA. According to a report commissioned by the Hospital and Health System Association of Pennsylvania, the number of Pennsylvanians without health insurance increased by approximately 156,000 between 2011 and 2012. This uptick in the uninsured population occurred despite national trends of slight decreases in the number of those without insurance over the same time period. The study also found that fewer than 60 percent of employers in Pennsylvania offer their employees healthcare benefits. In all the study found that nearly 1.3 million Pennsylvanians were uninsured, resulting in an uninsured rate of 13.8 percent, which despite the recent increase is still below the national average of 17.7 percent. Of note from the study finding, the uninsured population is not concentrated in the Commonwealth's urban centers, nearly 80 percent of the uninsured come from outside the cities of Philadelphia and Pittsburgh. [Read more](#)

Human Services Block Grant Expanded to 10 Additional Counties. Gov. Tom Corbett has announced that 10 counties have been approved for addition to the Commonwealth's Human Services Block Grant program. With the additional counties, 30 of Pennsylvania's 67 counties are now receiving block grants. The Block Grant Program which was implemented last year combines seven distinct funding streams that support county-administered human services programs, and gives counties flexibility to shift resources between the programs. Programs supported by the block grant include drug and alcohol treatment, behavioral health community supports, services to individuals with intellectual disabilities, and child welfare services.

CHIP Waiting Period Eliminated. Gov. Corbett signed legislation last week re-authorizing and making changes to the Commonwealth's Children's Health Insurance Program (CHIP). The bill extends the program through 2015, and eliminates the 6 month waiting period that was imposed on families with incomes greater than 200% of poverty. The waiting period, also known as a "go bare" period required children to be without insurance for 6 months prior to becoming eligible for CHIP. The purpose of the provision was to discourage families from dropping other available coverage in order to receive CHIP benefits. The Governor has focused on the CHIP program as part of his Healthy PA initiative, increasing the marketing of the program, and eliminating the waiting period will encourage enrollment in CHIP and decrease the number of uninsured children in the Commonwealth. Approximately 188,000 children are currently receiving benefits through CHIP across Pennsylvania. [Read more](#)

Hospitals Continue to Feel the Pain of Inadequate Medicaid Outpatient Payments. The Pittsburgh Post-Gazette published a story about the “lagging outpatient reimbursement “from Medicaid, which has remained unchanged for nearly 22 years, according to Denis Lukes, vice president of payor relations and reimbursement for the Hospital Council of Western Pennsylvania. A recent hospital council survey points to a marked drop in operating margins from 4.44 percent in the June quarter last year to 1.81 percent in this past June quarter. [Read more](#)

South Dakota

HMA Roundup

South Dakota State Medical Association Urges Medicaid Expansion. According to the Rapid City Journal, Dr. Daniel Heinemann, president of the South Dakota State Medical Association, told a group of South Dakota physicians that Medicaid expansion is critical to provide for lower cost preventative care and to reduce emergency room visits. Governor Dugaard has not yet decided on whether to expand Medicaid, although he has doubts about the Federal Government’s ability to make good on its funding commitments over the long term. Heinemann points out that costs will be borne by someone and, absent expansion, cost shifting would further exacerbate the cost of private insurance. [Read more](#)

Texas

HMA Roundup – Dianne Longley and Linda Wertz

Texas to Shut Down its High Risk Insurance Pool at Year-End. The Texas Tribune reports that the state will shut down its high risk insurance pool by year-end, pushing the 23,000 beneficiaries into private plans available on the federally facilitated exchange. Advocates emphasize early transitions would make sense to avoid lapses in coverage or changes in network providers. Moreover, they view the essential health benefits covered on the exchange plans to be superior and, often, far less costly to members. [Read more](#)

Virginia

HMA Roundup

McDonnell Administration Considering Private Option Medicaid Expansion Vehicle. On October 21, 2013, Health and Human Resources Secretary William A. Hazel Jr. presented to the Medicaid Innovation and Reform Commission a “private option for low-income adults” that would tap Federal Medicaid expansion funds for premium assistance in private managed care plans. The commission is slated to meet again later this year, following the gubernatorial election, to assess whether or not to pursue Medicaid expansion or some alternative. Although the Senate has shown a possibility for expansion, the House of Delegates appears unlikely to approve it. New managed care contracts and participant cost-sharing initiatives are underway, but plans to manage the care of the elderly and disabled must be in place. The Richmond Times Dispatch notes that Hazel is concerned about losing available Federal funds with any delays in implementing a Medicaid expansion option. [Read more](#)

Washington

HMA Roundup – Doug Porter

Washington's Health Benefit Exchange Touts Enrollment Statistics. On October 21, 2013, Washington's Health Benefit Exchange touted more than 35,500 Washington residents who have newly enrolled in coverage using the online marketplace, Healthplanfinder. Of that figure, 31,000 have enrolled in Medicaid coverage. There were 56,000 additional Washington residents who had completed applications, missing only the first premium payment, and another 14,000 applicants who completed their Medicaid applications, save for the final step.

Molina Adds Seattle Children's to Exchange Plan Networks. On October 22, 2013, Seattle Children's announced an agreement with Molina Healthcare of Washington to be an in-network provider for Molina's plans offered on the state's exchange. The announcement follows a lawsuit Seattle Children's had filed requesting the insurance office remove all plans on the exchange that excluded the medical center from their networks. [Read more](#)

Wyoming

HMA Roundup

Wyoming Department of Health Schedules Public Forums for Managed Care Study. According to the Wyoming Star Tribune, the Wyoming Department of Health has scheduled five forums to gather input on a potential expansion of managed care to its Medicaid program. The study will evaluate outcomes-based pay, care coordination models, and emerging patient-centered medical home models. Medicaid officials hope to complete the study in the spring. [Read more](#)

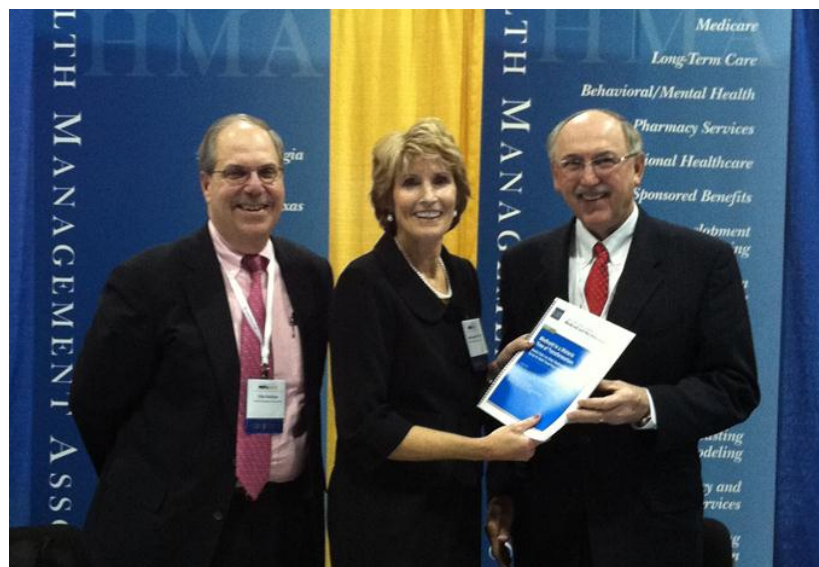
National

HMA Roundup

Systems Issues Persist on Federal Insurance Exchange. On Tuesday October 22, CMS Director Marilyn Tavenner indicated on a call with the nation's Medicaid Directors that the federal exchange was still not able to enroll eligible Medicaid beneficiaries into the program and was not likely to be ready to do so on the November 1 date it had previously targeted. Tavenner did not provide an updated timeframe for this functionality to be on-line. Additionally, HHS officials also confirmed this week that the enrollment portion of the Spanish-language version of the online exchange was not working, despite assurances in September that it would be ready by this week. Facing mounting criticism of the federal exchange's roll-out, HHS Secretary Kathleen Sebelius announced that the agency has enlisted outside experts to assist in the effort including former OMB director Jeffrey Zieints and "veterans of top Silicon Valley companies." Another contractor, Terremark, a subsidiary of Verizon Communications, has added servers to spread out the processing load, said two people familiar with the project. Beginning Thursday October 24th, the House of Representatives will conduct hearings with administration officials, including HHS Secretary Kathleen Sebelius, and contractors who worked on the Web site. [Read more](#)

Financial Challenges Remain Daunting for Co-Ops. According to government reviews and a federal audit one co-op has closed, another is struggling, and at least nine more have been projected to have financial problems. Evergreen Health in Maryland is one of at least three co-ops forecast to have financial problems in internal application reviews by Deloitte, a contractor for the Department of Health and Human Services. The review said the Maryland co-op initially did not qualify for funding because its financial statements "indicate a tenuous ability to remain financially solvent." The reviews also found that New York's co-op had overly high debt and may have been overstating assets, while New Jersey's co-op was projected to have expenses grow faster than revenue, "a negative indicator of the co-op's ability to remain financially solvent." In Vermont, the state denied the co-op a license in a scathing report that said it would lose millions of dollars. HHS terminated the co-op's \$33.8 million in loans last month, forcing it to dissolve. In Ohio, co-op chief operating officer Briggs Hamor said the federal restrictions are posing "a ton of challenges." His co-op, InHealth Mutual, missed the deadline to get licensed in time for the exchange this year. The co-ops' failure would leave taxpayers potentially on the hook for nearly \$1 billion in defaulted loans. The financial obstacles for co-ops were exacerbated following an April 2011 federal budget deal which reduced start-up funding for the newly-created entities by \$2.2 billion, according to people familiar with the negotiations. [Read more](#)

Medicaid Managed Care Adoption to Expand in 2014. HMA Managing Principal Vernon Smith presented at the Medicaid Health Plans of America annual conference earlier this week predicting that roughly 85% of Medicaid enrollees will be in managed care organizations by 2020. This compares to today, when currently nearly half of Medicaid enrollees are in managed care and roughly 78% of reimbursements come from fee-for-service. According to Smith, states making some sort of managed care change will grow next year to 35, up from 28 this year and 20 in 2012, he said. The growth comes from more care coordination initiatives and handling beneficiaries dually enrolled in Medicare. Michael Rashid, MHPA board chair, also noted the increase in Medicaid managed care during his address. "Traditional fee-for-service Medicaid -- to be honest -- has become a thing of the past." [Read more](#)



Pictured at Medicaid Health Plans of America Conference (L-R): HMA's Mike Nardone (PA), Izanne Leonard-Haak (PA), Vernon Smith (MI)

In 30 States, Plans Serving Medicaid Beneficiaries Also Offer Exchange Coverage.

According to an analysis conducted by Avalere, Consumers in 30 states (60%) will have the option of at least one plan operating as both a qualified health plan (QHP) in the health insurance exchange and as a Medicaid managed care organization (MMCO). In these states, Medicaid beneficiaries may be able to enroll in a plan offered by the same insurer in the exchange based on whether their income increases over time. Avalere's analysis also found that consumers in 22 states (44%) will have two or more plans acting as both an MMCO and a QHP, which will offer greater choice among carriers straddling both markets. Some states, including California and Nevada, are pursuing strategies to further encourage plans to participate in both the Medicaid and exchange markets.

Medicaid Health Plans of America Names Jeff Myers as New President and CEO.

The board of directors of Medicaid Health Plans of America (MHPA), the leading trade association representing the Medicaid managed care industry, today announced government affairs veteran Jeff Myers as its new president and chief executive officer. Myers will succeed Joe Moser, MHPA's interim executive director and director of government affairs, who was recently appointed Medicaid Director for the state of Indiana. Myers began his career in government relations and health care in Congress working for U.S. Representatives Don Sundquist and Alex McMillan, leading McMillan's health staff during the attempt at health reform in 1994. From there he served as Representative Fred Upton's legislative director and health staff for the Energy and Commerce Health Subcommittee. Myers' prior experience also includes serving as the senior vice president of policy and government relations at the American Health Care Association (AHCA). His government relations work prior to AHCA includes representing Cephalon, Biogen Idec, Pharmacia, and Hoffman-LaRoche before the legislative and executive branches.

Judge Rules Legal Challenge to Subsidies on Federal Exchange Can Move Forward.

At a court hearing, U.S. District Judge Paul Friedman in Washington, D.C., declined to grant a preliminary injunction sought by a group of individuals and small businesses that in a lawsuit call the subsidies unlawful. Friedman ruled their lawsuit could move forward and said he would rule on its overall merits by mid-February, rejecting an argument from the Obama administration that the suit was too speculative to be considered. The latest round of legal challenges to the Affordable Care Act, also known as "Obamacare," focuses on whether the 2010 law allows for subsidies in all states or only in states that have set up exchanges. The suit was brought by a mix of individuals and businesses from Texas, Kansas, Missouri, Tennessee, West Virginia and Virginia. The plaintiffs argue the subsidies are unlawful and impose a burden by forcing them to purchase the insurance or else pay a penalty. [Read more](#)

AHIP to Push for Two-Year Delay of Premium Tax in New Budget Talks.

AHIP head Karen Ignani said last Thursday that she'll push lawmakers to include a two-year implementation delay of the new health law insurance tax in the budget agreement that they must negotiate by Dec. 13. Under Ignani's plan, the taxes would start in 2016 rather than 2014.

States' Medicaid decisions Cost Community Health Centers. Kaiser Health News reports on a new study by George Washington University researchers that estimates that 518 health centers in the more than two dozen states not expanding Medicaid will lose out on \$555 million next year because their uninsured patients won't get Medicaid or federally subsidized coverage in the new online health insurance marketplaces. The 582 health centers in states expanding Medicaid can expect to gain about \$2 billion in funding next year from seeing more patients in line to get coverage, the study said.

State Based Exchanges Drive Increases in Medicaid Eligibility. A Kaiser Health New article recently noted that In several states, most of the people enrolling through new online insurance marketplaces are signing on to Medicaid. For example, about 30,000 of the more than 35,000 people enrolled in the Washington exchange have signed up for Medicaid. About 20,000 of the people who qualified for Medicaid in Washington gained coverage through the expansion, while the rest were eligible under existing coverage rules. About two-thirds of people enrolling through Kentucky's marketplace also qualify for Medicaid, said a spokeswoman. [Read more](#)



INDUSTRY News

Centene Corporation Reports Third Quarter 2013 Results. On October 22, 2013, Centene Corporation announced third quarter 2013 results that featured revenues of \$2.7 billion, a medical loss ratio of 87.7 percent, EPS of \$0.87 (up \$0.07 year over year), and operating cash flows of \$130.7 million. The company highlighted its Sunshine State Health Plan subsidiary's award of contracts in 9 of 11 regions in Florida's Managed Medical Assistance (MMA) program, a MassHealth CarePlus Award in all five regions in Massachusetts, a Texas Star Plus contract in two Medicaid Rural Service Areas, a correctional health contract in Tennessee (as well as one in Minnesota recently), and an overall increase in managed care membership from 2.5 million in the September 2012 quarter to 2.6 million in the September 2013 quarter.

WellPoint Reports Third Quarter 2013 Results. On October 23, 2013, WellPoint reported third quarter 2013 results. Specific to its state-sponsored business, the company noted that Medical enrollment decreased sequentially by 158,000 members, or 0.4 percent, during the third quarter of 2013, primarily in the Medicaid business. The company attributed the decline to the transition of the Healthy Families program to Medi-Cal in California and the expiration of the Company's Medicaid contract in Ohio, a business acquired via the Amerigroup transaction.

Health Net "All In" on ACA, with Exchange Offerings in California, Arizona and Oregon. On October 20, 2013, the LA Times published a feature story on Health Net, which has aggressively pursued exchange opportunities, in contrast to other publicly traded health insurers. CEO Jay Gellert said that the company is "all in with the Affordable Care Act". The company hopes to see millions of new customers in California, Arizona, and Oregon, but remains alert to the possibility that new enrollees could be sicker and costlier than its current membership base.

RFP CALENDAR

Date	State	Event	Beneficiaries
TBD	Wisconsin MLTC (Select Regions)	Contract awards	10,000
November 1, 2013	Rhode Island MLTC	Implementation	22,700
November 1, 2013	Florida LTC (Regions 2,10)	Implementation	11,935
November 1, 2013	Hawaii	Proposals Due	292,000
November 21, 2013	Tennessee	Proposals Due	1,200,000
December 1, 2013	New Hampshire	Implementation	130,000
December 1, 2013	Florida LTC (Region 11)	Implementation	17,257
December 30, 2013	Delaware	RFP Release	200,000
"Early 2014"	North Carolina	RFP Release	TBD
January 1, 2014	Massachusetts CarePlus (ACA)	Implementation	305,000
January 1, 2014	Massachusetts Duals	Implementation	115,000
January 1, 2014	New Mexico	Implementation	510,000
January 1, 2014	Wisconsin MLTC (Select Regions)	Implementation	10,000
January 1, 2014	Virginia Duals	Implementation	79,000
January 6, 2014	Hawaii	Contract Awards	292,000
February 1, 2014	Illinois Duals	Implementation	136,000
February 1, 2014	Florida LTC (Regions 5,6)	Implementation	19,538
March 1, 2014	Florida LTC (Regions 1,3,4)	Implementation	18,971
April 1, 2014	California Duals	Implementation	456,000
April 1, 2014	Ohio Duals	Implementation	115,000
April 1, 2014	Idaho Duals	Implementation	17,700
May 1, 2014	Washington Duals	Implementation	48,500
June 30, 2014	Delaware	Contract awards	200,000
July 1, 2014	South Carolina Duals	Implementation	68,000
July 1, 2014	New York Duals	Implementation	178,000
July 1, 2014	Michigan Duals	Implementation	70,000
September 1, 2014	Vermont Duals	Implementation	22,000
September 1, 2014	Texas Rural STAR+PLUS	Operational Start Date	110,000
October 1, 2014	Florida acute care	Implementation (All Regions)	2,800,000
January 1, 2015	Hawaii	Implementation	292,000
January 1, 2015	Tennessee	Implementation	1,200,000

DUAL ELIGIBLE FINANCIAL ALIGNMENT DEMONSTRATION CALENDAR

Below is a summary table of the progression of states toward implementing dual eligible financial alignment demonstrations in 2013 and 2014.

State	Model	Duals eligible for demo	RFP Released	RFP Response Due Date	Contract Award Date	Signed MOU with CMS	Enrollment effective date	Health Plans
Arizona		98,235	Not pursuing Financial Alignment Model					
California	Capitated	456,000	X	3/1/2012	4/4/2012	3/27/2013	4/1/2014	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
Colorado	MFFS	62,982					11/1/2013	
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	2/1/2014	Aetna; Centene; Health Alliance; Blue Cross Blue Shield of IL; Health Spring; Humana; Meridian Health Plan; Molina
Iowa	MFFS	62,714					TBD	
Idaho	Capitated	22,548	June 2013	TBD	August 2013		4/1/2014	Blue Cross of Idaho
Massachusetts	Capitated	109,636	X	8/20/2012	11/5/2012	8/22/2013	1/1/2014	Commonwealth Care Alliance; Fallon Total Care; Network Health
Michigan	Capitated	70,000	X	9/10/2013	TBD		7/1/2014	
Missouri	MFFS†	6,380					10/1/2012	
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	7/1/2014	
North Carolina	MFFS	222,151					TBD	
Ohio	Capitated	114,000	X	5/25/2012	Scoring: 6/28/12	12/11/2012	4/1/2014	Aetna; CareSource; Centene; Molina; UnitedHealth
Oklahoma	MFFS	104,258					TBD	
Oregon		68,000	Not pursuing Financial Alignment Model					
Rhode Island	Capitated	28,000	X	3/27/2013	August 2013		11/1/2013*	Neighborhood Health Plan of RI
South Carolina	Capitated	68,000	Summer 2013	TBD	TBD		7/1/2014	
Tennessee		136,000	Not pursuing Financial Alignment Model					
Texas	Capitated	214,402					1/1/2014	
Virginia	Capitated	78,596	X	5/15/2013	6/27/2013	5/21/2013	1/1/2014	Humana; VA Premier; WellPoint/Amerigroup
Vermont	Capitated	22,000	10/1/2013	TBD	TBD		9/1/2014	
Washington	MMFS Capitated	115,000	X X	5/15/2013	6/6/2013	MMFS Only	MMFS: 7/1; 10/1/2013 Capitated: 5/1/2014	Regence BCBS/AmeriHealth; UnitedHealth
Wisconsin	Capitated	5,500-6,000	X	Not pursuing Financial Alignment Model				
Totals	14 Capitated 6 MFFS	1.5M Capitated 485K FFS	9					

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

** Wisconsin is completing a comment period on a draft MOU with CMS. Finalized MOU will determine implementation date.

† Capitated duals integration model for health homes population.

HMA NEWS

“State Innovation Models: Early Experiences and Challenges of an Initiative to Advance Broad Health System Reform.”

Sharon Silow-Carroll, Author

JoAnn Lamphere, Author

In September 2013, the Commonwealth Fund released a report authored by Sharon Silow-Carroll and JoAnn Lamphere of Health Management Associates that reviewed the new models of care delivery and payment in states participating in the State Innovation Models (SIM) Initiative. ([Link to Report](#))

“Health Insurance Exchanges”

American Institute of CPAs Healthcare Industry Conference

Barbara Markham Smith, Presenter

November 15, 2013

New Orleans, Louisiana

“Where Payor Meets Provider: Managing in a World of Managed Care”

HCap Conference sponsored by: Lincoln Healthcare Group

Greg Nersessian, Panelist

December 5, 2013

Washington, DC

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