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HEALTH MANAGEMENT ASSOCIATES

*HMA Investment Services Weekly Roundup  
Trends in State Health Policy*

**IN FOCUS:** MCO ENROLLMENT UPDATE – Q1 2012

**HMA ROUNDUP:** NEW YORK REVISES DUAL INTEGRATION PROPOSAL; ILLINOIS DUAL INTEGRATION RFP DELAYED UNTIL MAY 4; INCUMBENT VALUEOPTIONS WINS MASSACHUSETTS MEDICAID BEHAVIORAL HEALTH RFP

**OTHER HEADLINES:** KANSAS SUBMITS MEDICAID WAIVER TO CMS WITH DELAY IN MCO ENROLLMENT FOR DEVELOPMENTALLY DISABLED; COLORADO EXPANDS MEDICAID EARLY TO SOME ADULTS; WISCONSIN MEDICAID CUTS APPROVED BY CMS; AMERIGROUP COMPLETES ACQUISITION OF HEALTH PLUS

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**MAY 2, 2012**

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

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## IN FOCUS: MANAGED CARE ENROLLMENT UPDATE Q1 2012

This week, our *In Focus* section reviews recent Medicaid MCO enrollment trends in 13 states. Many state Medicaid agencies elect to post to their website monthly enrollment figures by health plan for their Medicaid managed care population. We believe this data allows for the most timely analysis of enrollment trends across states and managed care organizations. As the discussion below describes, 13 states<sup>1</sup> have released monthly Medicaid managed care enrollment data through most of the first quarter of 2012.

In the discussion below, we describe recent enrollment trends in the states where we track data. We also provide company-specific data for 10 Medicaid managed care organizations. Before continuing, however, 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 tallies 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 only reflects a subset of the broader population. For example, the state of Florida posts Medicaid managed care enrollment on a monthly basis for its Medicaid and Medicaid Reform populations but not for its Healthy Kids (CHIP) programs. This is a significant limitation of the data and the key limiting factor in drawing direct ties between the data described below and figures publicly reported by Medicaid MCOs. As such, the data we review in Table 1 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.

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<sup>1</sup> AZ, CA, FL, HI, IL, LA, MD, MI, MO, SC, TX, WV, WI

Table 1 - Medicaid Managed Care Monthly Enrollment October 2011 – April 2012

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Arizona</b>	<b>1,210,860</b>	<b>1,196,801</b>	<b>1,180,837</b>	<b>1,169,340</b>	<b>1,160,342</b>	<b>1,148,086</b>	<b>1,137,709</b>
+/- m/m	(10,411)	(14,059)	(15,964)	(11,497)	(8,998)	(12,256)	(10,377)
% y/y	1.1%	-1.0%	-1.7%	-2.2%	-3.0%	-3.7%	-4.5%
<b>California</b>	<b>3,553,075</b>	<b>3,596,016</b>	<b>3,620,487</b>	<b>3,659,651</b>	<b>3,687,119</b>	<b>3,752,840</b>	
+/- m/m	36,959	42,941	24,471	39,164	27,468	65,721	
% y/y	11.6%	12.2%	12.3%	12.4%	13.2%	13.3%	
<b>Florida</b>	<b>1,103,916</b>	<b>1,105,811</b>	<b>1,144,977</b>	<b>1,150,999</b>	<b>1,161,940</b>	<b>1,151,228</b>	<b>1,163,410</b>
+/- m/m	(11,780)	1,895	39,166	6,022	10,941	(10,712)	12,182
% y/y	2.5%	1.0%	2.9%	3.9%	3.7%	2.0%	3.0%
<b>Georgia</b>	<b>1,118,306</b>	<b>1,115,759</b>	<b>1,114,934</b>				
+/- m/m	3,735	(2,547)	(825)				
% y/y	-0.6%	10.2%	-1.2%				
<b>Hawaii</b>	<b>44,238</b>	<b>44,370</b>	<b>44,600</b>	<b>44,536</b>	<b>44,631</b>	<b>44,661</b>	
+/- m/m	431	132	230	(64)	95	30	
% y/y	5.7%	5.7%	4.1%	3.9%	3.8%	3.6%	
<b>Illinois</b>	<b>205,733</b>	<b>206,859</b>	<b>209,069</b>	<b>211,038</b>	<b>211,627</b>	<b>211,675</b>	<b>211,542</b>
+/- m/m	1,400	1,126	2,210	1,969	589	48	(133)
% y/y	5.5%	6.2%	6.7%	7.4%	7.9%	8.1%	7.9%
<b>Louisiana</b>					<b>253,051</b>	<b>258,502</b>	<b>569,379</b>
+/- m/m						5,451	310,877
% y/y					0.0%	0.0%	0.0%
<b>Maryland</b>	<b>754,664</b>	<b>755,489</b>	<b>760,041</b>	<b>762,326</b>	<b>763,643</b>	<b>764,087</b>	
+/- m/m	5,238	825	4,552	2,285	1,317	444	
% y/y	7.6%	6.8%	6.3%	6.0%	5.5%	4.9%	
<b>Michigan</b>	<b>1,221,282</b>	<b>1,217,684</b>	<b>1,224,888</b>	<b>1,226,733</b>	<b>1,228,180</b>	<b>1,229,799</b>	<b>1,234,814</b>
+/- m/m	10,907	(3,598)	7,204	1,845	1,447	1,619	5,015
% y/y	0.8%	-0.4%	0.2%	0.3%	-0.1%	0.2%	-0.2%
<b>Missouri</b>	<b>425,905</b>	<b>427,299</b>	<b>428,184</b>	<b>427,995</b>	<b>428,573</b>		
+/- m/m	(598)	1,394	885	(189)	578		
% y/y	-0.2%	-0.3%	-0.2%	-0.3%	-1.0%		
<b>New York</b>	<b>2,987,600</b>	<b>3,016,811</b>	<b>3,036,100</b>	<b>3,055,389</b>	<b>3,074,678</b>	<b>3,093,967</b>	<b>3,113,256</b>
+/- m/m	(6,118)	29,211	19,289	19,289	19,289	19,289	19,289
% y/y	5.8%	5.6%	5.7%	5.8%	5.7%	5.9%	6.5%
<b>Ohio</b>	<b>1,647,209</b>	<b>1,641,025</b>	<b>1,639,154</b>				
+/- m/m	(32,057)	(6,184)	(1,871)				
% y/y	4.4%	3.7%	2.7%				
<b>South Carolina</b>	<b>438,950</b>	<b>439,651</b>	<b>443,215</b>	<b>448,328</b>	<b>450,048</b>	<b>449,064</b>	<b>452,120</b>
+/- m/m	(2,822)	701	3,564	5,113	1,720	(984)	3,056
% y/y	12.1%	10.9%	10.7%	10.5%	10.2%	9.8%	9.1%
<b>Tennessee</b>	<b>1,216,222</b>	<b>1,211,113</b>					
+/- m/m	1,337	(5,109)					
% y/y	0.2%	0.0%					
<b>Texas</b>	<b>2,545,173</b>	<b>2,611,879</b>	<b>2,623,120</b>	<b>2,605,814</b>	<b>2,615,889</b>	<b>3,093,588</b>	<b>3,278,690</b>
+/- m/m	8,810	66,706	11,241	(17,306)	10,075	477,699	185,102
% y/y	15.7%	18.2%	17.6%	15.4%	12.7%	33.3%	40.9%
<b>Wisconsin</b>	<b>703,592</b>	<b>709,165</b>	<b>710,523</b>	<b>707,220</b>	<b>708,261</b>	<b>705,863</b>	
+/- m/m	(4,323)	5,573	1,358	(3,303)	1,041	(2,398)	
% y/y	9.7%	8.9%	5.5%	3.5%	1.4%	1.1%	
<b>Washington</b>	<b>709,319</b>	<b>710,260</b>	<b>703,845</b>				
+/- m/m	5,156	941	(6,415)				
% y/y	2.4%	1.9%	0.0%				
<b>West Virginia</b>	<b>167,890</b>	<b>170,099</b>	<b>171,838</b>	<b>168,104</b>	<b>171,215</b>	<b>170,370</b>	<b>170,174</b>
+/- m/m	1,517	2,209	1,739	(3,734)	3,111	(845)	(196)
% y/y	5.2%	5.7%	6.3%	0.5%	1.5%	2.3%	1.4%

Source: State Medicaid Agency websites

## State Specific Analysis

### Arizona

Continuing a trend from 2011, Q1 2012 enrollment has continued to decline, with Arizona managed care enrollment down by more than 80,000 lives in the past seven months. Enrollment began to drop off in September 2011 and has since shed an average of more than 10,000 lives per month. Overall, year-over-year enrollment as of April 2012 is down 4.5 percent.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Total Arizona</b>							
Acute Care	1,159,271	1,145,074	1,129,057	1,117,429	1,108,529	1,096,019	1,085,450
LTC	51,589	51,727	51,780	51,911	51,813	52,067	52,259
<b>Total Arizona</b>	<b>1,210,860</b>	<b>1,196,801</b>	<b>1,180,837</b>	<b>1,169,340</b>	<b>1,160,342</b>	<b>1,148,086</b>	<b>1,137,709</b>
+/- m/m	(10,411)	(14,059)	(15,964)	(11,497)	(8,998)	(12,256)	(10,377)
% y/y	1.1%	-1.0%	-1.7%	-2.2%	-3.0%	-3.7%	-4.5%

### California

At the end of September 2011, California enrolled over 3.5 million lives in MCO plans. Enrollment grew consistently through Q4 2011 and Q1 2012, adding more than 235,000 total lives. This brings March 2012 final enrollment well above 3.7 million lives. California's MCO enrollments have grown consistently from month to month, with year-over-year growth rates holding steady in the 11 percent to 13 percent range.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>Total California</b>	<b>3,553,075</b>	<b>3,596,016</b>	<b>3,620,487</b>	<b>3,659,651</b>	<b>3,687,119</b>	<b>3,752,840</b>
+/- m/m	36,959	42,941	24,471	39,164	27,468	65,721
% y/y	11.6%	12.2%	12.3%	12.4%	13.2%	13.3%

### Florida

Florida managed care enrollments have continued a general trend upward over the past seven months, with only two months - October 2011 and March 2012 - of negative enrollment. As of April 2012, Florida Medicaid enrolls more than 1.1 million total lives, up three percent on a year-over-year basis.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
MMCP	953,396	954,259	989,633	994,384	1,004,446	995,256	1,006,240
Reform Pilot	150,520	151,552	155,344	156,615	157,494	155,972	157,170
<b>Total Florida</b>	<b>1,103,916</b>	<b>1,105,811</b>	<b>1,144,977</b>	<b>1,150,999</b>	<b>1,161,940</b>	<b>1,151,228</b>	<b>1,163,410</b>
+/- m/m	(11,780)	1,895	39,166	6,022	10,941	(10,712)	12,182
% y/y	2.5%	1.0%	2.9%	3.9%	3.7%	2.0%	3.0%

## Hawaii

From October 2011 through March 2012, Hawaii's two Medicaid managed care programs added roughly 5,000 total lives, bringing total enrollment above 283,000. Enrollment growth has gradually slowed over the past six months, but remains strong on a year-over-year basis, with March 2012 up 6.4 percent from the previous year. In January, Hawaii announced winners in a rebid of QUEST contracts serving TANF Medicaid Lives. The three incumbents were awarded new contracts, with the two plans serving ABD lives in the QExA program - WellCare and United - also winning QUEST bids. These contracts go live on July 1, 2012.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Total QUEST	234,224	235,665	237,013	237,031	238,069	238,929
Total QExA	44,238	44,370	44,600	44,536	44,631	44,661
<b>Total Hawaii</b>	<b>278,462</b>	<b>280,035</b>	<b>281,613</b>	<b>281,567</b>	<b>282,700</b>	<b>283,590</b>
+/- m/m	4,354	1,573	1,578	(46)	1,133	890
% y/y	7.5%	7.2%	7.0%	6.6%	6.7%	6.4%

## Illinois

The steady growth seen in Illinois MCOs has continued, with more than 15,000 net lives added in Q4 2011 and the first four months of 2012. This growth brings total enrollment up to 247,000. April 2012 enrollment represents a 7.9 percent increase in year-over-year enrollment in the voluntary MCO program, while the addition of the Integrated Care Program for non-dual Medicaid ABD lives brings year-over-year enrollment up by 26 percent. The Integrated Care Program has enrolled 35,500 of an expected 40,000 as of April 2012.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Voluntary MCO</b>	<b>205,733</b>	<b>206,859</b>	<b>209,069</b>	<b>211,038</b>	<b>211,627</b>	<b>211,675</b>	<b>211,542</b>
+/- m/m	1,400	1,126	2,210	1,969	589	48	(133)
% y/y	5.5%	6.2%	6.7%	7.4%	7.9%	8.1%	7.9%
<b>Integrated Care Program</b>	<b>31,722</b>	<b>32,650</b>	<b>33,264</b>	<b>34,892</b>	<b>35,214</b>	<b>35,436</b>	<b>35,518</b>
+/- m/m	4,634	928	614	1,628	322	222	82
<b>Total Illinois</b>	<b>237,455</b>	<b>239,509</b>	<b>242,333</b>	<b>245,930</b>	<b>246,841</b>	<b>247,111</b>	<b>247,060</b>
+/- m/m	6,034	2,054	2,824	3,597	911	270	(51)
% y/y	21.8%	23.0%	23.7%	25.2%	25.9%	26.2%	26.0%

## Louisiana

This is our first quarterly managed care enrollment update to include Louisiana's statewide Medicaid managed care expansion, currently in the second of three geographic rollout phases. April's enrollment shows the rollout of the second phase, GSA B. The third and final phase, GSA C, will go live on June 1, 2012, and is expected to bring total Medicaid managed care enrollment up to approximately 875,000 lives.

	Feb-12	Mar-12	Apr-12
<b>Total Louisiana</b>	<b>253,051</b>	<b>258,502</b>	<b>569,379</b>
+/- m/m	0	5,451	310,877

## Maryland

As of March 2012, Maryland enrolled just over 764,000 Medicaid managed care lives. Month-to-month enrollment increases have slowed consistently over the past six months, although total enrolled lives are up nearly 10,000 from October 2011 to March 2012. Year-over-year enrollment is up 4.9 percent.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>Total Maryland</b>	<b>754,664</b>	<b>755,489</b>	<b>760,041</b>	<b>762,326</b>	<b>763,643</b>	<b>764,087</b>
+/- m/m	5,238	825	4,552	2,285	1,317	444
% y/y	7.6%	6.8%	6.3%	6.0%	5.5%	4.9%

## Michigan

Michigan Medicaid managed care enrollments showed a net loss in covered lives in Q3 2011, but have shown steady growth in enrollment over the December 2011 through April 2012 period. April 2012 enrollment is just under what it was one year ago.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Total Michigan</b>	<b>1,221,282</b>	<b>1,217,684</b>	<b>1,224,888</b>	<b>1,226,733</b>	<b>1,228,180</b>	<b>1,229,799</b>	<b>1,234,814</b>
+/- m/m	10,907	(3,598)	7,204	1,845	1,447	1,619	5,015
% y/y	0.8%	-0.4%	0.2%	0.3%	-0.1%	0.2%	-0.2%

## Missouri

Missouri Medicaid managed care enrollments have remained relatively flat over the past five months, adding just under 3,000 lives between October 2011 and February 2012. Total February 2012 enrollment in both Medicaid and CHIP plans was just over 428,500, down one percent on a year-over-year basis.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12
Total Medicaid	379,485	379,932	381,061	381,569	382,143
Total CHIP	46,420	47,367	47,123	46,426	46,430
<b>Total Missouri</b>	<b>425,905</b>	<b>427,299</b>	<b>428,184</b>	<b>427,995</b>	<b>428,573</b>
+/- m/m	(598)	1,394	885	(189)	578
% y/y	-0.2%	-0.3%	-0.2%	-0.3%	-1.0%

## South Carolina

South Carolina enrolled more than 10,000 new lives in HMO plans in the last seven months. For Q4 2011 and through Q1 2012, South Carolina has seen consistent double-digit or near-double-digit year-over-year growth in HMO enrollment.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>HMO total</b>	<b>438,950</b>	<b>439,651</b>	<b>443,215</b>	<b>448,328</b>	<b>450,048</b>	<b>449,064</b>	<b>452,120</b>
+/- m/m	(2,822)	701	3,564	5,113	1,720	(984)	3,056
% y/y	12.1%	10.9%	10.7%	10.5%	10.2%	9.8%	9.1%
PCCM/Other	157,988	160,289	164,408	167,938	169,552	170,102	172,599
+/- m/m	7,130	2,301	4,119	3,530	1,614	550	2,497
% y/y	40.2%	39.3%	40.6%	41.3%	40.5%	37.3%	34.6%
<b>Total South Carolina</b>	<b>596,938</b>	<b>599,940</b>	<b>607,623</b>	<b>616,266</b>	<b>619,600</b>	<b>619,166</b>	<b>624,719</b>
+/- m/m	4,308	3,002	7,683	8,643	3,334	(434)	5,553
% y/y	18.4%	17.3%	17.5%	17.5%	17.1%	16.2%	15.1%

## Texas

As of December 2011, Texas had enrolled more than 2.6 million lives in MCO plans. By April 2012, the number of enrolled lives is nearing 3.3 million. In March and April 2012, Texas added more than 660,000 managed care lives through expansions in the STAR and STAR+PLUS managed care programs into several new regions in the state. As of April 2012, year-over-year managed care enrollment is up more than 40 percent. In February 2012, prior to the expansion, year-over-year enrollment was up more than 12 percent.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
STAR	1,678,517	1,729,422	1,746,861	1,730,605	1,738,488	2,154,523	2,325,107
STAR+PLUS	281,025	283,025	281,464	281,956	279,952	358,692	365,122
STAR HEALTH	31,952	32,102	32,245	31,791	31,789	31,506	31,508
CHIP	553,679	567,330	562,550	561,462	565,660	548,867	556,953
<b>Total Texas</b>	<b>2,545,173</b>	<b>2,611,879</b>	<b>2,623,120</b>	<b>2,605,814</b>	<b>2,615,889</b>	<b>3,093,588</b>	<b>3,278,690</b>
+/- m/m	8,810	66,706	11,241	(17,306)	10,075	477,699	185,102
% y/y	15.7%	18.2%	17.6%	15.4%	12.7%	33.3%	40.9%

## West Virginia

West Virginia enrolled roughly 166,500 million lives in MCO plans at the end of June 2011. Q3 enrollments declined by more than 2,000 lives but rebounded in Q4, finishing the year at nearly 172,000 enrolled lives. Despite a sluggish 2011, the strong Q4 brought year-over-year enrollment up 6.3 percent as of December 2011. Enrollment in Q1 of 2012 has remained relatively flat.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Total West Virginia</b>	<b>167,890</b>	<b>170,099</b>	<b>171,838</b>	<b>168,104</b>	<b>171,215</b>	<b>170,370</b>	<b>170,174</b>
+/- m/m	1,517	2,209	1,739	(3,734)	3,111	(845)	(196)
% y/y	5.2%	5.7%	6.3%	0.5%	1.5%	2.3%	1.4%

## Wisconsin

Enrollment growth trends in Wisconsin have continued to slow over the past six months. Although March 2012 is up roughly one percent from a year earlier, at nearly 706,000 lives, the rate of year-over-year enrollment growth has steadily fallen from more than 16 percent in early 2011, to just over one percent in 2012.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
BadgerCare+	670,645	676,087	677,400	674,174	675,071	672,535
SSI	32,947	33,078	33,123	33,046	33,190	33,328
<b>Total Wisconsin</b>	<b>703,592</b>	<b>709,165</b>	<b>710,523</b>	<b>707,220</b>	<b>708,261</b>	<b>705,863</b>
+/- m/m	(4,323)	5,573	1,358	(3,303)	1,041	(2,398)
% y/y	9.7%	8.9%	5.5%	3.5%	1.4%	1.1%



## Select Company Analysis

### Aetna

We track monthly enrollment data in four states where Aetna operates. Aetna lost nearly 100,000 managed care lives on January 1, 2012, when Connecticut discontinued its managed care program. With the losses in Connecticut and Arizona's consistent enrollment decline, Aetna's total covered lives were down more than 17 percent on a year-over-year basis in February 2012 to 431,000 lives out of 1.17 million total Medicaid lives reported in Q1 2012 financial statements. Missouri has not yet reported for March 2012.

Aetna	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Arizona	315,727	312,314	308,827	306,463	304,475	301,637
+/- m/m	(3)	(3,413)	(3,487)	(2,364)	(1,988)	(2,838)
% y/y	0.9%	-1.0%	-1.4%	-1.6%	-2.2%	-2.7%
Connecticut	99,394	100,005	97,396	0	0	0
+/- m/m	158	611	(2,609)	(97,396)	0	0
% y/y	4.2%	4.3%	1.0%	0.0%	0.0%	0.0%
Missouri	52,338	52,701	53,046	52,997	53,526	
+/- m/m	(38)	363	345	(49)	529	
% y/y	6.3%	4.5%	4.4%	5.1%	4.9%	
Texas	68,293	71,555	72,496	72,161	73,037	71,323
+/- m/m	224	3,262	941	(335)	876	(1,714)
% y/y	13.8%	17.6%	17.0%	13.9%	19.0%	16.7%
<b>Total Aetna</b>	<b>535,752</b>	<b>536,575</b>	<b>531,765</b>	<b>431,621</b>	<b>431,038</b>	<b>372,960</b>
+/- m/m	341	823	(4,810)	(100,144)	(583)	
% y/y	3.5%	2.7%	1.8%	-17.4%	-17.3%	

Source: State Medicaid Enrollment data

### Amerigroup

We track monthly enrollment data in six of the eleven states where Amerigroup operates. Unfortunately, Georgia, Ohio, and Tennessee have not updated enrollment reports with any 2012 data at this time. Within the three states that have reported monthly enrollment through March, Amerigroup covers over 900,000 lives. In Q1 2012 financial statements, Amerigroup reported total Medicaid enrollments of more than 2.1 million across all states. We note that Amerigroup has enrolled another 50,000 lives in Louisiana's BAYOU HEALTH, not captured below, during the April 2012 phase of the regional expansion.

Amerigroup	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Florida	173,350	173,357	178,806	180,100	182,421	181,893
+/- m/m	(2,297)	7	5,449	1,294	2,321	(528)
% y/y	0.6%	0.2%	2.5%	3.0%	2.9%	2.2%
Louisiana					44,715	44,283
+/- m/m						(432)
% y/y						
Texas	589,537	607,373	612,059	606,736	607,365	676,262
+/- m/m	(1,675)	17,836	4,686	(5,323)	629	68,897
% y/y	10.1%	13.2%	13.2%	10.9%	7.6%	20.0%
<b>Total Amerigroup</b>	<b>762,887</b>	<b>780,730</b>	<b>790,865</b>	<b>786,836</b>	<b>834,501</b>	<b>902,438</b>
+/- m/m	(3,972)	17,843	10,135	(4,029)	47,665	67,937
% y/y	7.8%	10.0%	10.6%	9.0%	12.5%	21.7%

Source: State Medicaid Enrollment data

## Centene

We track monthly enrollment data in seven of the nine states where Centene operates risk-based health plans. Unfortunately, Georgia has not updated its monthly enrollment figures recently. Within the six states that have reported monthly enrollment through March 2012, Centene covers over 1.17 million lives. These states cover just over 50 percent of Centene's nationwide Medicaid enrollment of 2.14 million, as reported in Q1 2012 financial statements. Across these states, Centene has experienced sequential monthly enrollment growth in five of the last six months, with major gains in enrolled lives in February and March 2012, as a result of managed care expansions in Louisiana and Texas. We note that Centene has enrolled another 56,000 lives in Louisiana, not captured below, added in the April 2012 phase of expansion.

Centene	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Arizona	22,375	22,298	22,070	21,876	21,841	21,750
+/- m/m	1,408	(77)	(228)	(194)	(35)	(91)
% y/y	8.7%	8.5%	7.3%	6.1%	5.4%	4.9%
Florida	184,151	186,090	195,410	196,976	199,500	196,713
+/- m/m	(917)	1,939	9,320	1,566	2,524	(2,787)
% y/y	58.5%	43.9%	1.3%	6.1%	6.6%	5.3%
Louisiana					51,158	51,217
+/- m/m					0	59
% y/y					N/A	N/A
South Carolina	78,397	79,512	81,904	83,856	85,342	85,732
+/- m/m	(7,089)	1,115	2,392	1,952	1,486	390
% y/y	-11.9%	-10.5%	-7.9%	-5.8%	-2.9%	2.6%
Texas	482,020	490,674	491,070	488,971	491,545	780,501
+/- m/m	1,348	8,654	396	(2,099)	2,574	288,956
% y/y	18.0%	19.0%	17.9%	16.3%	11.0%	76.1%
Wisconsin	40,341	40,838	40,535	40,005	40,080	39,745
+/- m/m	(342)	497	(303)	(530)	75	(335)
% y/y	-20.2%	8.8%	7.1%	-1.3%	-2.5%	-3.2%
<b>Total Centene</b>	<b>807,284</b>	<b>819,412</b>	<b>830,989</b>	<b>831,684</b>	<b>889,466</b>	<b>1,175,658</b>
+/- m/m	(5,592)	12,128	11,577	695	57,782	286,192
% y/y	17.9%	19.0%	9.8%	9.9%	14.1%	51.6%

Source: State Medicaid Enrollment data

## Coventry

We track monthly enrollment data in four states where Coventry operates risk-based health plans. Coventry also operates a Medicaid managed care plan in Pennsylvania where monthly enrollment figures are not available. Across all states, Coventry enrolls 924,000 Medicaid lives, as reported in Q1 2012 financial statements. Across these four states, Coventry experienced strong enrollment growth in February 2012, driven almost entirely by enrollment growth in Missouri. February total covered lives for these four states were up more than 14 percent on a year-over-year basis. Aside from Missouri, which has not yet reported March enrollment figures, enrollments have remained largely stable, with enrollment declines in Michigan offset by growth in West Virginia.

Coventry	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Florida	41,885	41,887	42,969	43,794	43,915	43,500
+/- m/m	(120)	2	1,082	825	121	(415)
% y/y	-3.9%	-4.1%	-0.8%	2.5%	3.0%	3.0%
Michigan	46,359	46,002	45,638	45,475	45,381	45,221
+/- m/m	(153)	(357)	(364)	(163)	(94)	(160)
% y/y	-9.7%	-9.9%	-9.5%	-9.4%	-9.5%	-8.8%
Missouri	191,720	191,860	191,881	193,004	246,217	
+/- m/m	(342)	140	21	1,123	53,213	
% y/y	-1.7%	-1.7%	-1.4%	-0.7%	25.9%	
West Virginia	58,305	59,539	59,674	61,109	61,109	61,240
+/- m/m	449	1,234	135	1,648	1,648	221
% y/y	9.7%	10.6%	10.0%	5.8%	5.8%	6.5%
<b>Total Coventry</b>	<b>338,269</b>	<b>339,288</b>	<b>340,162</b>	<b>343,382</b>	<b>396,622</b>	<b>149,961</b>
+/- m/m	(166)	1,019	874	3,220	53,240	
% y/y	-1.4%	-1.3%	-0.7%	-0.3%	14.6%	

Source: State Medicaid Enrollment data

## Health Net

We track Health Net's monthly enrollment data in California where the company covered nearly 700,000 Medicaid members through March 2012. The figures listed below do not include enrollment in the state's Healthy Families program, which is operated separately and for which monthly enrollment data is not available. We note that Health Net's Fresno contract (123,000 lives) was awarded in March to a local plan called CalViva for whom Health Net is serving as a subcontractor.

Health Net	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
California	656,005	664,300	669,507	676,674	684,316	697,641
+/- m/m	8,160	8,295	5,207	7,167	7,642	13,325
% y/y	-8.7%	-8.1%	-8.1%	-8.2%	-7.3%	13.4%

Source: State Medicaid Enrollment data

## Humana

We track Humana's monthly enrollment data in Florida where the company covered 44,000 Medicaid members through March. Humana reported 621,500 Medicaid lives in the third quarter of 2011, most of which is in Puerto Rico. In Florida, Humana has continued to shed Medicaid membership in four out of the last six months. Enrollment is down 13.2 percent year over year.

Humana	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Florida	45,042	43,658	44,094	44,943	44,910	44,200
+/- m/m	(2,065)	(1,384)	436	849	(33)	(710)
% y/y	-12.5%	-16.1%	-15.4%	-13.3%	-12.7%	-13.2%

Source: State Medicaid Enrollment data

## Molina

We track monthly enrollment data in six of the 10 states where Molina operates risk-based health plans. Across these states, Molina has experienced sequential monthly enrollment growth the last six months. This growth was driven by contract wins in Texas (rural CHIP, Dallas STAR+PLUS) and the acquisition of Abri Health Plan in Wisconsin. The only state reported below where Molina has experienced net disenrollment in the last year is Michigan. The expansion contracts in Texas added more than 112,000 covered lives in a single month alone, bringing Texas enrollment up more than 114 percent in the last year. Although Missouri has not reported March enrollment yet, we expect that the increase in Texas enrollment puts Molina's covered lives in these six states up roughly 20 percent year-over-year.

Molina	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
California	196,893	199,233	199,971	201,796	201,222	201,434
+/- m/m	1,081	2,340	738	1,825	(574)	212
% y/y	6.7%	6.6%	6.0%	6.5%	6.4%	6.5%
Florida	64,666	65,329	67,765	68,044	68,719	68,473
+/- m/m	(275)	663	2,436	279	675	(246)
% y/y	10.6%	9.2%	11.0%	10.9%	8.6%	5.5%
Michigan	208,530	207,398	211,972	211,791	211,289	211,173
+/- m/m	712	(1,132)	4,574	(181)	(502)	(116)
% y/y	-4.4%	-5.4%	-3.0%	-2.9%	-3.1%	-2.6%
Missouri	80,077	80,623	81,096	81,114	81,716	
+/- m/m	11	546	473	18	602	
% y/y	0.1%	0.5%	0.7%	-0.3%	-1.0%	
Texas	144,265	148,527	148,660	149,396	150,360	262,818
+/- m/m	2,947	4,262	133	736	964	112,458
% y/y	64.4%	69.3%	69.0%	68.3%	24.3%	114.7%
Wisconsin	40,997	41,130	41,473	41,594	41,863	41,622
+/- m/m	(182)	133	343	121	269	(241)
% y/y	38.4%	10.8%	15.1%	5.8%	5.2%	4.7%
<b>Total Molina</b>	<b>735,428</b>	<b>742,240</b>	<b>750,937</b>	<b>753,735</b>	<b>755,169</b>	<b>785,520</b>
+/- m/m	4,294	6,812	8,697	2,798	1,434	
% y/y	11.7%	10.6%	11.6%	11.1%	5.8%	

Source: State Medicaid Enrollment data

## UnitedHealth

We track monthly enrollment data below in seven of nine states where UnitedHealth operates risk-based health plans. Within these seven states, UnitedHealth covers 1.18 million lives, or approximately one-third of UnitedHealth's reported 3.59 million total covered lives (Q1 2012). In this subset of markets, UnitedHealth saw several months of consistent declines in total enrollment until expansion and new business contracts went live in Texas and Louisiana, adding more than 100,000 lives during February and March 2012 and bringing year-over-year enrollment in these states up 12.5 percent. UnitedHealth has enrolled another 80,000 lives in Louisiana under the second phase of the Medicaid managed care rollout in April 2012 (not reflected below).

UnitedHealth	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Arizona	261,406	258,674	255,055	252,845	250,938	248,733
+/- m/m	2,446	(2,732)	(3,619)	(2,210)	(1,907)	(2,205)
% y/y	3.6%	1.2%	0.4%	0.2%	-0.4%	-0.9%
Florida	114,035	113,299	114,303	113,111	111,607	108,363
+/- m/m	(1,752)	(736)	1,004	(1,192)	(1,504)	(3,244)
% y/y	3.8%	1.9%	1.2%	-1.0%	-4.3%	-7.8%
Louisiana					59,736	63,656
+/- m/m					0	3,920
% y/y					N/A	N/A
Michigan	240,905	240,084	241,999	242,040	241,829	240,980
+/- m/m	2,080	(821)	1,915	41	(211)	(849)
% y/y	4.9%	3.2%	3.4%	2.9%	2.0%	1.7%
South Carolina	75,187	73,643	70,834	70,313	69,610	68,307
+/- m/m	(693)	(1,544)	(2,809)	(521)	(703)	(1,303)
% y/y	6.4%	2.9%	-1.6%	-3.5%	-5.3%	-7.6%
Texas	104,992	106,176	105,528	105,331	104,726	158,769
+/- m/m	378	1,184	(648)	(197)	(605)	54,043
% y/y	20.0%	20.8%	20.2%	18.4%	16.9%	76.5%
Wisconsin	292,419	294,282	295,595	294,607	295,369	295,801
+/- m/m	(777)	1,863	1,313	(988)	762	432
% y/y	19.4%	13.7%	11.3%	7.1%	4.2%	4.3%
<b>Total UnitedHealth</b>	<b>1,088,944</b>	<b>1,086,158</b>	<b>1,083,314</b>	<b>1,078,247</b>	<b>1,133,815</b>	<b>1,184,609</b>
+/- m/m	1,682	(2,786)	(2,844)	(5,067)	55,568	50,794
% y/y	9.4%	6.7%	5.6%	3.8%	7.7%	12.5%

Source: State Medicaid Enrollment data

## WellCare

We track monthly enrollment data in five of the six states where WellCare operates risk-based Medicaid health plans (New York excluded). However, Georgia and Ohio have not reported enrollment numbers for 2012 at this time. Within the three states below, WellCare covers more than 507,000 Medicaid lives, as of February 2012, approximately 35 percent of WellCare's reported enrollment across all states of 1.48 million (Q1 2012). After year-over-year declines in enrollment for much of the latter part of 2011, WellCare has experienced sequential monthly enrollment growth in early 2012, with February 2012 enrollment up a little over one percent annually.

WellCare	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Florida	331,570	332,226	343,879	353,970	358,465	356,792
+/- m/m	(3,162)	656	11,653	10,091	4,495	(1,673)
% y/y	-4.5%	-4.3%	-1.2%	2.4%	3.4%	3.3%
Illinois	132,528	133,068	133,610	133,484	133,046	132,303
+/- m/m	(276)	540	542	(126)	(438)	(743)
% y/y	-5.4%	-5.4%	-4.7%	-3.9%	-3.8%	-3.8%
Missouri	16,253	16,335	16,463	16,361	16,374	
+/- m/m	(30)	82	128	(102)	13	
% y/y	0.0%	0.2%	0.7%	0.6%	-0.5%	
<b>Total WellCare</b>	<b>480,351</b>	<b>481,629</b>	<b>493,952</b>	<b>503,815</b>	<b>507,885</b>	<b>489,095</b>
+/- m/m	(3,468)	1,278	12,323	9,863	4,070	
% y/y	-4.6%	-4.4%	-2.1%	0.6%	1.3%	

Source: State Medicaid Enrollment data

## WellPoint

We track monthly enrollment data in four states where WellPoint operates risk-based health plans. Within these four states, WellPoint covers 548,000 lives, or approximately 30 percent of the company's 1.87 million total reported lives (Q1 2012). In this subset of markets, WellPoint has experienced monthly enrollment growth in three of the last six months, with March posting a net loss in covered lives of more than 16,000 due to a lost contract in Texas. Prior to March 2012, WellPoint had shown consistent monthly increases in year-over-year enrollment growth in these four markets.

WellPoint	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
California	433,240	435,856	435,121	436,295	436,349	442,947
+/- m/m	323	2,616	(735)	1,174	54	6,598
% y/y	5.5%	6.3%	6.4%	6.6%	7.5%	4.9%
Texas	20,958	22,400	22,883	22,621	22,448	0
+/- m/m	366	1,442	483	(262)	(173)	(22,448)
% y/y	-8.8%	2.4%	8.5%	11.4%	33.8%	-100.0%
Wisconsin	23,128	23,180	22,998	22,641	22,625	22,407
+/- m/m	(415)	52	(182)	(357)	(16)	(218)
% y/y	-20.4%	-21.1%	-22.0%	-7.3%	-8.7%	-9.2%
West Virginia	82,625	83,482	83,125	82,008	83,312	82,695
+/- m/m	1,088	857	(357)	(1,117)	1,304	(617)
% y/y	4.6%	4.6%	4.0%	-0.6%	0.2%	0.5%
<b>Total WellPoint</b>	<b>559,951</b>	<b>564,918</b>	<b>564,127</b>	<b>563,565</b>	<b>564,734</b>	<b>548,049</b>
+/- m/m	1,362	4,967	(791)	(562)	1,169	(16,685)
% y/y	3.4%	4.4%	4.6%	5.1%	6.4%	0.3%

Source: State Medicaid Enrollment data

## HMA MEDICAID ROUNDUP

### Illinois

#### HMA Roundup – Jane Longo / Matt Powers

Last Thursday, April 26, 2012, the Illinois Department of Healthcare and Family Services (HFS) announced that, after discussion with CMS regarding the dual integration demonstration, the state does not expect a year two (2014) expansion of the geographic areas. The geographic area for year one includes two regions – the Greater Chicago counties and Central Illinois counties. Plans may offer to serve dual eligible beneficiaries in one or both of these regions.

We have been hearing that the dual integration RFP, originally scheduled for release on Monday, April 30, 2012, has been delayed. The state is targeting a release date of Friday, May 4, 2012.

#### Illinois Care Coordination and Budget Timeline – Key Dates and Milestones

Date	Care Coordination	Budget/Medicaid Cuts
January 2012	<b>Phase I RFP Released</b> Complex Adults, no MCOs	
February 2012	75 LOIs received	<b>Gov. Address, Feb. 22.</b> Call for \$2.7B in Medicaid cuts.
March 2012		HFS released menu of possible cuts and associated savings.
April 2012	<b>Phase I RFP Delayed</b> <b>Phase II RFP Release</b> Complex Children	<b>Gov. Budget Proposal</b> April 19, 2012
May 2012	<b>Dual Integration RFP</b> To be released May 4 (tentative)	Legislative Scheduled Session ends May 31, 2012
June 2012 through August 2012	<b>Phase I RFP Due June 15, 2012</b> <b>Dual Integration RFP Winners</b> To be announced July 1, 2012 <b>Medicaid MCO RFP</b> Summer 2012, may be delayed	If nothing passes, Legislature moves to extended session with two-thirds majority required to pass a law.
January 2013	<b>Phase I, Phase II, Duals</b> Go live January 1, 2013 <b>Medicaid MCOs</b> Depends on possible delay	

*NOTE – all elements in the table are estimates and subject to change*

## *Massachusetts*

### **HMA Roundup - Tom Dehner**

Massachusetts announced a preliminary RFP award to incumbent ValueOptions to serve the behavioral health needs of more than 350,000 Medicaid lives in the state's PCCM program.

#### **In the news**

- **In Massachusetts, Hope For Higher Salaries If Health Care Inflation Slows**

As Massachusetts' state legislators put the finishing touches on a major health care cost-control bill, there is still one big question: How much could it save? A recent report claims employers and employees could see between \$8 billion and \$34.5 billion in savings over nine years. The Massachusetts House and Senate are both expected to release bills soon that will establish a target for cutting health care costs. ([Kaiser Health News](#))

- **MA payment-reform bill would overhaul how health-care providers are paid**

In the next few months, Massachusetts is expected to take up legislation that would overhaul how doctors, hospitals and other providers are paid. The forthcoming payment-reform bill is expected to include many incentives for hospitals to accept "global payments," or a flat fee for all the care delivered for a specific person or group of people. The hope is to take away the financial incentives to provide more care when less might be equally effective. ([Washington Post](#))

## *Michigan*

### **HMA Roundup - Esther Reagan**

From the HMA [Michigan Update](#):

#### **Medicaid Managed Care Enrollment Activity**

As of April 1, 2012, there were 1,234,814 Medicaid beneficiaries enrolled in 14 Medicaid Health Plans (HMOs), an increase of 5,015 since March 1, 2012. The number of Medicaid beneficiaries eligible for managed care enrollment increased in April as well - there were 1,293,173 eligible beneficiaries, up from 1,290,444 in March. There was also an increase in the number of Medicaid beneficiaries dually eligible for Medicare ("duals") enrolled in Medicaid HMOs to receive their Medicaid benefits - there were 19,704 duals enrolled in April, up from 18,565 in March, an increase of 1,139.

As the table below reflects, Molina Healthcare of Michigan has the most dual enrollees, about 36 percent of the total; UnitedHealthcare Community Plan has about 24 percent of the total; Meridian Health Plan of Michigan has almost 14 percent of the total (but the most voluntary enrollees); and the other 11 plans share the remaining 26 percent.



<b>April 2012 Enrollment</b>			
<b>Medicaid Health Plan</b>	<b>Voluntary Enrollees</b>	<b>Auto-Assigned Enrollees</b>	<b>Total Enrollees</b>
BlueCaid of MI	133	44	177
CareSource MI	220	336	556
HealthPlus Partners	419	101	520
McLaren Health Plan	688	88	776
Meridian Health Plan of MI	2,199	464	2,663
Midwest Health Plan	491	493	984
Molina Healthcare of MI	1,290	5,777	7,067
OmniCare Health Plan	262	60	322
PHP Mid-MI Family Care	116	23	139
Priority Health Govt. Programs	493	434	927
Pro Care Health Plan	11	15	26
Total Health Care	327	99	426
UnitedHealthcare Comm. Plan	1,682	3,036	4,718
Upper Peninsula Health Plan	234	169	403
<b>Total</b>	<b>8,565</b>	<b>11,139</b>	<b>19,704</b>

#### **Integrated Care for Dual Eligibles**

On April 26, 2012, DCH submitted its proposal to the Centers for Medicare & Medicaid Services (CMS) for an integrated care program to serve duals. The proposal is only minimally different from the version shared for public comment by DCH in March. The proposal is expected to be published by CMS for public comment in early May. DCH also sent a notice to Medicaid HMOs via their state association on April 26, recommending that they "not attempt to submit an application to CMS by May 24 to participate in Michigan's integrated care demonstration." Michigan will not be implementing the integrated care initiative on January 1, 2013. Following submission of its proposal, the state will be negotiating with CMS for flexibility in the timeline that would apply to Michigan plans. Michigan hopes to implement this initiative in the middle of 2013 and, to meet this implementation goal, will seek an alternative schedule specific to Michigan that would allow interested organizations to submit their demonstration applications to CMS in late 2012. If Michigan is unable to negotiate a modified schedule for CMS certification that would apply to all management entities intending to participate as a demonstration plan, implementation will be deferred to January 1, 2014.

#### **Michigan Budget - Current Year**

In last month's edition of The Michigan Update we reported on House Bill (HB) 4289, a supplemental appropriation being considered by the Legislature with additional current year funding for multiple departments, including DCH. In early April the legislatively-approved bill was presented to Governor Rick Snyder. On April 12, 2012, he approved the bill but with one veto. He vetoed language that would distribute any surplus Disproportionate Share Hospital (DSH) capacity in the current fiscal year to hospitals that receive a smaller share of the existing \$45 million pool of state-supported DSH funds. Sup-

plemental funding was approved for DCH to restore chiropractic benefits for adults on Medicaid and to provide additional funding for Graduate Medical Education.

### **Michigan Budget - Next Year**

Also in last month's edition of The Michigan Update we reported on the Legislature's actions on a DCH budget bill SB 950 and HB 5365 for fiscal year 2012-2013. On April 24, 2012, the Senate approved its proposed appropriation with approval by the House the following day. Neither version changed appreciably from what we reported last month, and they differ in a number of areas. A Joint Conference Committee will be appointed to resolve differences. Action is not likely until after the results of the Consensus Revenue Estimating Conference are available in mid-May.

## *New York*

### **HMA Roundup - Denise Soffel**

#### **Duals Integration Planning**

NYS released a draft of its Dual Integration Planning contract application, originally due to CMS in April, on March 22, 2012. As a result of extensive stakeholder comments, the state asked for and received an extension of 30 days to file its proposal with CMS. The updated proposal will include significant modifications to the original proposal.

The original proposal included two phases. Phase I, building directly on the mandatory MLTC program currently being implemented, would passively enroll individuals residing in the eight counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester into a fully-integrated managed care plan, with the ability to opt out of that plan. Revisions to Phase I include a more explicitly capitated approach.

Phase II, affecting all duals who are not part of the MLTC mandate program, is being replaced with a health home strategy that will be a managed fee-for-service option. Nursing home residents are dropped from the proposal completely.

The updated proposal will be posted on May 3, 2012 for additional public comments prior to submission to CMS on May 25. The state also plans to host two additional stakeholder events to generate further input into its planning.

#### **Health Plus**

On May 1, 2012 Amerigroup completed its acquisition of Health Plus, one of the oldest and largest Medicaid managed care plans in the state. Health Plus was one of New York's earliest participants in Medicaid managed care as part of the Southwest Brooklyn mandatory enrollment demonstration, a §1915(b) waiver program, which began in 1992. The not-for-profit provider-sponsored plan had 320,000 members. The new plan, to be called *HealthPlus, an Amerigroup Company*, will operate in the five boroughs of New York City, and suburban Nassau and Putnam Counties. Prior to its acquisition of Health Plus, Amerigroup had 107,000 enrollees. Long-time Health Plus CEO Tom Early is stepping down after 17 years.

## **Budget Update**

Governor Andrew M. Cuomo, Tuesday, May 1, 2012, announced that New York Medicaid spending finished the 2011-12 fiscal year \$14 million under the Medicaid Global Spending Cap without reducing benefits, while providing health insurance coverage to an additional 140,000 low income New Yorkers.

The Governor also announced that the initiatives proposed by the Medicaid Redesign Team (MRT) and adopted by the Legislature last year will lead to major savings for state and federal taxpayers. The MRT initiatives will save a total of \$34.3 billion over the next five years- divided between the state and federal government. Personal care spending is on the decline with per-recipient spending reduced to 2006 levels, and spending on home care has been reduced by \$300 million since 2010. Without the MRT initiatives, state spending would have grown by \$2.3 billion in the 2011-12 fiscal year.

## *Pennsylvania*

### **HMA Roundup - Izanne Leonard-Haak**

State tax revenue collections for the key month of April are coming in about \$40 million to \$50 million above estimates so far, Revenue Secretary Dan Meuser told a Pittsburgh area business group Monday. That means the state's estimated revenue shortfall for fiscal 2011-12 has shrunk to the \$350 million range from estimates earlier this year of a \$700 million shortfall.

The Hospital Association of Pennsylvania said this week that hospitals in the state lost 11 cents on every dollar of Medicaid services provided in the previous year. The Association projects losses will increase to 27 cents by fiscal 2015. If rates are not adjusted, the Association projects \$5.28 billion in losses to hospitals statewide between now and 2015.

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## OTHER HEADLINES

### Arizona

- **Arizona's new KidsCare to help thousands**

A new version of Arizona's children's health-insurance program opened Tuesday and eventually will cover nearly 22,000 low-income kids. About 500 Arizona children already have signed up for KidsCare II, created under a two-year deal between three hospital systems that won federal approval last month. The agreement also brings more than \$220 million in federal funding to offset the costs of caring for uninsured patients at hospitals and clinics operated by Phoenix Children's Hospital, Maricopa Integrated Health System and University of Arizona Health Network. Those three hospital groups will contribute roughly \$125 million combined this year and next year to trigger the new federal Medicaid funding. ([AZ Central.com](#))

### Arkansas

- **Beebe says Medicaid crisis likely means cuts to services**

Some cuts in services are likely as the state deals with a looming Medicaid crisis, Gov. Mike Beebe said today. The governor said raising taxes also is an option, though he is not planning to propose any tax hikes. The state Medicaid program is expected to see a shortfall of between \$250 million and \$400 million in the fiscal year that begins July 1, 2013. ([Arkansas News](#))

### California

- **Senate Committee Approves New Type of Nursing Home**

A new idea elbowed its way into the familiar pile of health care legislation in the Senate Committee on Health yesterday. A nursing home model -- the "Green House Project" -- bucks the cold, institutional feel of many long-term care facilities. The idea is to have a small facility laid out like a regular home, with living areas such as a dining room and kitchen, as well as a private room and bathroom for each patient. ([California Healthline](#))

### Colorado

- **Colorado Extends Medicaid To Some Adults Without Kids**

The state is one of just a few that is expanding Medicaid ahead of a bigger push called for in 2014 by the federal health law. Starting in mid-May, Colorado will begin offering Medicaid to adults who make less than \$1,080 per year (10 percent FPL). Though the state estimates that there are 50,000 people who meet the income bar, Colorado will only be able to offer the health coverage to 10,000 people. Those people will be chosen by lottery in each county. Colorado hospitals volunteered to pay a new fee to state Medicaid, and that money pulls in the federal matching funds. That, in turn, allows the state to offer Medicaid to more people. It's a win for the hospitals, because more people on Medicaid means fewer unpaid hospital bills. ([NPR.org](#))

## Georgia

- **No out-of-state insurers offer plans in Georgia**

A new law that allows Georgians to buy health insurance plans approved by other states was envisioned as free-market solution that would lower prices and increase choices. So far, the law has failed to produce results: Not a single insurer is offering a policy under the new law. The law is directed only at consumers who buy health plans in the individual market, where people often find relatively few choices and high prices. It does not apply to Georgians who get insurance through employers. ([Atlanta Journal Constitution](#))

## Kansas

- **Kansas Submits Medicaid Waiver Application**

Kansas has officially applied for permission to overhaul its Medicaid program. Gov. Sam Brownback and Lt. Gov. Jeff Colyer said the state turned in its application Thursday to the Centers for Medicare and Medicaid Services. The 50-page documents outlines Kansas' proposal for turning the state's program providing health care to the poor, disabled and elderly to three companies. Dubbed "KanCare," it would launch in 2013. ([WIBW.com](#))

- **Gov. Sam Brownback agrees to modify Medicaid plan**

Gov. Sam Brownback agreed last Wednesday to modify his plans for overhauling the Medicaid program in Kansas, following months of pressure from advocates for the developmentally disabled. Brownback announced that his administration is endorsing a proposal for a one-year exclusion of long-term services for the developmentally disabled from contracts turning Medicaid's management over to three private, managed-care companies. The conservative Republican governor's administration expects to issue the contracts this summer, with the companies taking over Jan. 1, 2013. ([Dodge Globe](#))

## Kentucky

- **Coventry owes provider \$17M in back payments, lawsuit alleges**

Coventry Health and Kentucky Spirit Health Plan are facing lawsuits by Eastern Kentucky's largest healthcare system for allegedly failing to promptly pay claims, owing the provider at least \$17 million combined. Appalachian Regional Healthcare (ARH) has filed two separate lawsuits against the insurers, which contract with Kentucky to manage its Medicaid program. ARH claims in both of the suits that it hasn't been properly reimbursed for care provided to Medicaid patients, reported the Lexington Herald-Review. ([Fierce Health Payer](#))

## Maine

- **Maine DHHS shortfall now projected at \$82.5 million**

After weeks of intensive review of the Department of Health and Human Services' Medicaid payment records, the agency is projecting a budget year 2013 shortfall of \$82.5 million, down from the original \$89 million. ([Bangor Daily News](#))

## Maryland

- **Hospitals could face rate freeze in Maryland**

Maryland officials face a decision Wednesday on a controversial plan that would effectively freeze payment rates to hospitals in the state over the next year. Hospital representatives say they could be forced to lay off workers if the proposal is approved by the Health Services Cost Review Commission – an independent agency made up of seven commissioners appointed by the governor. ([Washington Post](#))

- **New web portal provides county by county health data**

A new state web portal was recently launched that provides this and other health data for every county in Maryland. The Maryland Department of Health and Mental Hygiene partnered with the Hilltop Institute at the University of Maryland at Baltimore County to create the website that uses data about Medicaid recipients. The website can be found at <http://www.md-medicaid.org/ia-maps>. The interactive website has data on chronic diseases, such as asthma, diabetes and hypertension. It also includes information on health practices, such as flu shots and dental visits. There are also maps with data on mental health conditions and substance abuse. ([Baltimore Sun](#))

## Minnesota

- **Congress puts Minnesota Medicaid on the hot seat**

Minnesota's national reputation for being a leader in health care took some hits in Congress with more questions about whether the state manipulated the rate certification process in the Medicaid program to wrongly obtain federal dollars. Meanwhile, the state's commissioner for human services faced a bipartisan grilling Wednesday, April 25, on how she handled a \$30 million payment to the state last year from UCare, a health plan based in Minneapolis that manages care for Medicaid patients. The testimony came before a subcommittee on oversight and government reform in the U.S. House, where Democrats from the Minnesota congressional delegation tried to cast blame for any questions about the state's Medicaid program on the administration of Republican Gov. Tim Pawlenty. ([Twin Cities Pioneer Press](#))

## Missouri

- **Mo. senators reject attempt to intervene in dispute over Medicaid MCO contract**

Missouri senators on Wednesday rebuffed a legislative attempt to intervene in a dispute over Missouri's \$1.1 billion Medicaid managed care program after some lawmakers contended it would be inappropriate for them to meddle in state contracting decisions. Under an administrative policy change, the state decided to limit the number of insurers getting Medicaid managed care contracts this year to three companies. In the past, the state had allowed any firm that met the bidding criteria to compete to cover a portion of the roughly 430,000 Medicaid recipients included in the managed care pool. ([The Republic](#))

## New Hampshire

- **Hospitals ask CMS to intervene in state Medicaid battle**

Ten New Hampshire hospitals that are battling Granite State regulators over recent changes in Medicaid reimbursement have now asked the federal government to intervene, reported the New Hampshire Union Leader. They are asking for waiver denials, a rejection of an application to move the program to managed care and holding back of Medicaid funds. State lawmakers recently passed a state budget that included \$250 million in cuts to the disproportionate share program that affect New Hampshire's 13 largest hospitals, according to the Herald. Consequently, the hospitals sued in state court, claiming they were not provided with a period of time to comment on the cuts. ([Fierce Health Finance](#))

## New Mexico

- **State seeks approval of Medicaid revamp**

The administration of Republican Gov. Susana Martinez asked the federal government to sign off on a proposed redesign of New Mexico's Medicaid program this week. The application, submitted to the federal Centers for Medicare and Medicaid Services on Wednesday, formally requests that the state be given flexibility to manage the state's Medicaid program, which serves one of every four New Mexicans, or roughly 560,000 individuals. The application triggers what potentially could be months of negotiations between the state and federal government on what the final redesign will look like, if approved. But the timing of the state's request, two days before a new federal rule is set to go into effect (on Friday) requiring more public input when states seek such flexibility, has raised questions among program advocates. ([Santa Fe New Mexican](#))

## Wisconsin

- **Feds approve Wisconsin Medicaid cuts**

The federal government on Friday approved state Medicaid cuts expected to cause about 17,000 adults to lose state health coverage and 30,000 more to pay higher premiums. The changes are scaled back from a proposal that would have turned away nearly 65,000 people, including 29,000 children. The approved cuts save \$28 million in state money, officials said. Other proposed cuts await federal approval. ([Leader-Telegram](#))

## National

- **Skeptics Question Federal Official about Plan to Move Frail Patients into Managed Care**

The federal official who oversees care for those eligible for both Medicare and Medicaid faced tough questions on Tuesday about an Obama administration plan to allow states to move up to 2 million patients into managed care. States are eager to try the program because if it saves money, they get to keep part of it. So far, 27 states have asked to participate. The program, which will affect 2 million of the 9 million beneficiaries who are dually eligible for Medicare and Medicaid, will start in January. But critics told Melanie Bella, director of the federal Medicare-Medicaid Coordination Office, that she is moving too quickly to shift this population into managed care. (CQ Healthbeat)

- **GAO: CMS oversight of Medicaid managed care programs needs improvement**

A recent report by the Government Accountability Office (GAO) noted that oversight by the Centers for Medicare & Medicaid Services of state Medicaid managed care programs was inconsistent and did not ensure the quality of the data used to set rates. GAO noted that it found significant gaps in CMS's oversight of 2 of the 26 states reviewed – in one case, CMS had not reviewed a state's rates in multiple years and had not completed a full review of another state's rates since the actuarial soundness requirements became effective. It blamed variation in practices across CMS regional offices contributed to these gaps and other inconsistencies in the agency's oversight of states' rate setting. ([Healthcare Payer News](#))

- **High stakes for HIV-positive Americans in health care debate**

For many HIV-positive Americans, and those who advocate on their behalf, these are days of anxious waiting as the Supreme Court ponders President Barack Obama's health care overhaul. This HIV community – made up of activists, health professionals and an estimated 1.2 million people living with HIV – has invested high hopes in the Affordable Care Act, anticipating that it could dramatically improve access to life-saving care and treatment. The act is now in limbo as the high court deliberates on its constitutionality, notably its requirement that most Americans obtain health insurance. A ruling could come in June. ([USA Today](#))

- **Medicaid Fraud Highlighted As Program Expansion Approaches**

Both the federal government and the states need to do a better job of detecting and halting Medicaid fraud, particularly in light of the program expansion called for in the health overhaul, lawmakers said Wednesday. The panels focused on different varieties of alleged fraud in Minnesota, Texas and New York, with lawmakers grilling both state and federal officials about the situations and possible solutions. One of cases explored potential fraud in the Minnesota Medicaid managed care program. ([CQ Healthbeat](#))

- **States To Receive More Federal Medicaid Funding for Community-Based Services**

States could receive an increased federal Medicaid match if they provide home-based services that allow enrollees to remain in the community rather than be admitted to a hospital or a nursing home, according to a new Affordable Care Act (ACA) [rule](#) released by the U.S. Department of Health and Human Services (HHS) this week. It's called the Community First Choice Option, established under the ACA. States would receive an additional 6 percent in their federal Medicaid match (which ranges from 50 to 75 percent currently) for participating in the program, according to HHS. The services are intended for individuals who would otherwise need an institutional level of care at a hospital or nursing home. They are intended to allow such individuals to remain in their home and community while being able to perform daily tasks and access health services, according to HHS. ([Governing Magazine](#))



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## COMPANY NEWS

- **Amerigroup Completes Acquisition of Health Plus**

Amerigroup Corporation this week announced that its New York health plan has received the necessary regulatory approvals and closed the previously announced acquisition of Health Plus, one of the largest Medicaid managed care companies in New York currently serving more than 320,000 members. The acquisition is effective May 1, 2012. ([Amerigroup Press Release](#))

- **HMS Holdings slides on weak Medicaid business**

HMS Holdings Corp. said Friday that its profit fell 28 percent in the first quarter on weak Medicaid business, and the company cut its full-year forecasts. The company helps government programs track fraud and improper payments. It said new Medicare rules on claim transactions hurt its Medicaid business, although it said those problems were "temporary." HMS also said that some clients held off on making contract decisions while the Supreme Court weighs the 2010 health care law. ([Bloomberg Business Week](#))

- **Molina Healthcare fights to keep growing**

Healthcare companies are tripping over themselves to profit from a flood of government contracts for treating the poor and disabled, and a family-run company in Long Beach with nearly \$5 billion in revenue is trying to stay ahead of the pack. Amid the growing competition, Molina Healthcare Inc. is facing new hurdles. It has lost two key state contracts in Ohio and Missouri and its shares have tumbled 23% in recent weeks. J. Mario Molina, the company's 53-year-old chief executive, said that these are temporary setbacks and that the company remains in expansion mode. ([Los Angeles Times](#))

## RFP CALENDAR

Below we provide our updated Medicaid managed care RFP calendar. The events are color coded by state/program and are listed in date order.

Date	State	Event	Beneficiaries
May 4, 2012	Illinois Duals	RFP Released	172,000
May 18, 2012	Kansas	Contract awards	313,000
May 25, 2012	Ohio Duals	Proposals due	115,000
June 1, 2012	Louisiana	Implementation (GSA C)	300,000
June 15, 2012	Illinois Duals	Proposals due	172,000
June 20, 2012	Florida CHIP	Contract awards	225,000
July 1, 2012	New York LTC	Implementation	200,000
June 4, 2012	Massachusetts Duals	Proposals due	115,000
July 1, 2012	Arizona - Maricopa Behav.	RFP Released	N/A
July 1, 2012	Washington	Implementation	800,000
July 1, 2012	Hawaii	Implementation	225,000
July 1, 2012	Florida	LTC RFP released	90,000
July 1, 2012	New Hampshire	Implementation	130,000
July 1, 2012	Nebraska	Implementation	75,000
July 1, 2012	Missouri	Implementation	425,000
July 1, 2012	Virginia Behavioral	Implementation	265,000
July 15, 2012	California (Central Valley)	Implementation	N/A
July 30, 2012	Ohio Duals	Contract awards	122,000
July 30, 2012	Massachusetts Duals	Contract awards	115,000
July 31, 2012	Illinois Duals	Contract awards	172,000
July/August, 2012	Georgia	RFP Released	1,500,000
September 1, 2012	Pennsylvania	Implementation - New West Zone	175,000
September 20, 2012	Ohio Duals	Contracts finalized	115,000
October, 2012	Arizona - Maricopa Behav.	Proposals due	N/A
October 1, 2012	Florida CHIP	Implementation	225,000
November, 2012	Arizona - Acute Care	RFP Released	1,100,000
January, 2013	Arizona - Maricopa Behav.	Contract awards	N/A
January, 2013	Arizona - Acute Care	Proposals due	1,100,000
January 1, 2013	Georgia	Contract awards	1,500,000
January 1, 2013	Kansas	Implementation	313,000
January 1, 2013	Florida	TANF/CHIP RFP released	2,800,000
January 1, 2013	Ohio	Implementation	1,650,000
January 1, 2013	Illinois Duals	Implementation	172,000
January 1, 2013	Massachusetts Duals	Implementation	115,000
February 1, 2013	Ohio Duals, NW, NC, EC	Implementation	35,000
March, 2013	Arizona - Acute Care	Contract awards	1,100,000
Mid-late March 2013	California Dual Eligibles	Implementation	500,000
March 1, 2013	Pennsylvania	Implementation - New East Zone	290,000
April 1, 2013	Ohio Duals, NE	Implementation	32,000
May 1, 2013	Ohio Duals, C, WC, SW	Implementation	48,000
Spring 2013	Arizona Duals	3-way contracts signed	120,000
July 1, 2013	Michigan Duals	Implementation	211,000
October 1, 2013	Florida	LTC enrollment complete	90,000
January 1, 2014	New York Duals	Implementation	TBD
January 1, 2014	Arizona Duals	Implementation	120,000
January 1, 2014	Hawaii Duals	Implementation	24,000
February 1, 2014	Georgia	Implementation	1,500,000
October 1, 2014	Florida	TANF/CHIP enrollment complete	2,800,000

## DUAL INTEGRATION PROPOSAL STATUS

Below we provide an ongoing look at states as they progress toward implementing dual eligible integration demonstrations in 2013 and 2014.

State	Model	Duals eligible for demo	Released by State	Date	Submitted to CMS	Date	Deadline for Plans to submit applications	3-way contracts signed	Open enrollment ends	Enrollment effective date
Arizona	Capitated	115,065	X	4/17/2012			N/A*	Spring 2013	N/A	1/1/2014
California*	Capitated	800,000	X	4/4/2012			5/24/2012	9/20/2012	12/7/2012	1/1/2013
Colorado	MFFS	59,982	X	4/13/2012			N/A	N/A	N/A	1/1/2013
Connecticut	MFFS	57,568	X	4/9/2012			N/A	N/A	N/A	12/1/2012
Hawaii	Capitated	24,189	X	4/17/2012			TBD	7/1/2013	TBD	1/1/2014
Illinois	Capitated	172,000	X	2/17/2012	X	4/11/2012	5/24/2012	9/20/2012	12/7/2012	1/1/2013
Idaho	Capitated	17,219	X	4/13/2012			5/24/2012	9/20/2012	12/7/2012	1/1/2014
Massachusetts	Capitated	109,636	X	12/7/2011	X	2/16/2012	5/24/2012	9/20/2012	12/7/2012	1/1/2013
Michigan	Capitated	198,644	X	3/5/2012			5/24/2012	TBD	TBD	7/1/2013
Minnesota	Capitated	93,165	X	3/19/2012			5/24/2012	9/20/2012	12/7/2012	1/1/2013
North Carolina	MFFS	222,151	X	3/15/2012			N/A	N/A	N/A	1/1/2013
New York	Capitated	460,109	X	3/22/2012			TBD	TBD	TBD	1/1/2014
Ohio	Capitated	122,409	X	2/27/2012	X	4/2/2012	5/25/2012	9/20/2012	12/7/2012	1/1/2013
Oklahoma	MFFS	79,891	X	3/22/2012			N/A	N/A	N/A	7/1/2013
Oregon	MFFS	68,000	X	3/5/2012			N/A	N/A	N/A	1/1/2013
South Carolina	Capitated	68,000	X	4/16/2012			TBD	9/20/2012	TBD	1/1/2014
Tennessee	Capitated	136,000	X	4/13/2012			TBD	TBD	TBD	1/1/2014
Texas	Capitated	214,500	X	4/12/2012			TBD	TBD	TBD	1/1/2014
Virginia	Capitated	56,884	X	4/13/2012			TBD	TBD	TBD	1/1/2014
Vermont	Capitated	22,000	X	3/30/2012			TBD	TBD	TBD	1/1/2014
Washington	Capitated	115,000	X	3/12/2012			5/24/2012	9/20/2012	12/7/2012	1/1/2013
Wisconsin	Capitated	17,600	X	3/16/2012			5/24/2012	9/20/2012	12/7/2012	1/1/2013

\*Duals eligible for demo based on approval of 10 county expansion.

\* Acure Care Managed Care RFP Responses due January 2013; Maricopa Co. Behavioral RFP Responses due October 2012. Duals will be integrated into these programs.

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## HMA WELCOMES...

### **Wade Miller, Principal - Atlanta, Georgia**

Wade Miller will join the Atlanta office as a Principal. Wade is an Information Technology expert with more than fifteen years of experience in health care information systems development and management consulting, with a focus on large-scale project management, strategic planning and system development, and testing and implementation. Wade comes to HMA from FourThought Group where he was an Executive Consultant for over seven years, and led projects in Alabama, Georgia, Indiana, Massachusetts, South Dakota and Vermont. He has also been working as a subcontractor to HMA on the Puerto Rico Health Benefit Exchange Planning Project, and the Connecticut Health Benefit Exchange IT Assessment and Planning Project. Prior to consulting, Wade was the Chief Information Officer for the Georgia Department of Community Health and served as the Chief Executive for all information systems issues for the Department, including networking and hardware/software support, IT strategic planning and budgeting, system procurements and implementations (MMIS, PBM, and others), and was the Department's liaison to their fiscal agent, the Georgia Technology Authority, and CMS. Earlier in his career, Wade was a Senior Consultant/Project Manager with Fox Systems, and a Systems Manager with the Arizona Health Care Cost Containment System. Wade earned his Bachelor of Science degree at Arizona State University.

### **Ana Taras, Senior Consultant - New York, New York**

Ana Taras will join the New York office as a Senior Consultant. Ana is an experienced manager in ambulatory health care planning and development, and comes to HMA from the William F. Ryan Community Health Center where, most recently, she has served as the Chief Planning and Development Officer. The Ryan Center is a large FQHC network with 15 sites in Manhattan and an operating budget of approximately \$43 million. Ana oversaw all planning and development activities including development of all government contracts and grants, and all foundation proposals; served as the Corporate Compliance Officer and oversaw all compliance and regulatory activities including State of NY and FQHC regulations, and Joint Commission accreditation; participated in facility design and staffing of new sites; and oversaw Center operations on evenings and Saturdays on a scheduled basis. Earlier in her career, Ana was a Senior Program Associate in the Office of Public Health at the New York Academy of Medicine, and a Psychiatric Technician at the Institute of Living in Hartford, Connecticut. Ana earned her Bachelor of Science degree at Tufts University, and her Master of Public Health degree at Columbia University.

### **Shawne Marsh, Principal – Los Angeles, California**

Shawne Marsh will join the LA office as a Principal. Shawne has over fifteen years of healthcare management experience in the public and private sectors with both a health plan and a hospital. She comes to HMA from CalOptima where, most recently, she has served as the Director of Strategic Development. In this role, Shawne developed, facilitated, implemented, and monitored the annual strategic planning process across the organization; was responsible for project management of large scale, executive projects that spanned the entire organization and required significant stakeholder input, including health care reform planning and readiness; developed business plans for new products, including the implementation of a Healthy Kids product line; and provided organization-wide support in the analysis and implementation of clinical, process improvement and/or provider network projects and initiatives. Prior to her work at CalOptima, Shawne served as the Director of Managed Care and Plan Administrator at the Good Samaritan Regional Medical Center in Corvallis, Oregon. Shawne was responsible for all hospital, physician, and ancillary payer agreements, development of a comprehensive provider network, and gaining licensure as a Third Party Administrator. Shawne earned her Bachelor of Science degree at California State University, Chico, and her Master of Public Health degree at Oregon State University.

### **Debby McNamara, Senior Consultant – Tallahassee, Florida**

Debby McNamara will join the Tallahassee office as a Senior Consultant. Debby has nearly fifteen years of healthcare experience in the public sector, and comes to HMA from Florida's Agency for Health Care Administration (AHCA). Most recently, Debby has served in the Medicaid Bureau of Health Systems Development and has been Special Projects Coordinator with a focus on Medicaid managed care. She also was responsible for monitoring managed care quality, and tracking and reporting complaints and grievances. Prior to this role, Debby served as the Bureau Chief of the Bureau of Quality Management and had programmatic oversight of managed care quality, research and evaluation contracts, the Project Management Office, and Medicaid encounter data. Before joining AHCA, Debby worked at Florida's Department of Health in the Correctional Medical Authority and was responsible for the coordination and facilitation of mental health care audits in Florida prisons. Earlier in her career, she was a Psychological Specialist with the Florida Department of Corrections and conducted individual psychotherapy, group therapy and case management. Debby earned two Bachelor of Science degrees (the first in Psychology and the second in Information Studies), and her Master of Social Work degree, all at Florida State University.

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## HMA RECENTLY PUBLISHED RESEARCH

### **Webcast: Proven Steps To Clinical Efficiency**

**Sharon Silow-Carroll, Managing Principal**

April 9, 2012: When hospitals seek to enhance value in care delivery, their goal is two-fold: improve quality while using resources as effectively as possible. Bill Santamour of Hospitals & Health Networks (H&HN) talks with Sharon Silow-Carroll of Health Management Associates (HMA) about four hospitals that have successfully done just that by better managing service lines, harnessing data and technology and rethinking clinical staffing. ([H&HN Magazine - Link to Webcast](#))

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## UPCOMING HMA APPEARANCES

### **19th Annual Princeton Conference: States' Role in Health Care Reform: Possibilities to Improve Access and Quality - Medicaid: Current and Future Challenges**

**Kathy Gifford, Presenter**

*May 23, 2012*

*Princeton, New Jersey*

### **Princeton, New Jersey 19th Annual Princeton Conference: States' Role in Health Care Reform: Possibilities to Improve Access and Quality - How are States Progressing in Setting Up State-Based Exchanges?**

**Jennifer Kent, Presenter**

*May 24, 2012*

*Princeton, New Jersey*

### **AcademyHealth Annual Research Meeting - The Impact of the ACA on State Policy: Early Findings**

**Jennifer Edwards, Panel Facilitator**

*June 25, 2012*

*Orlando, Florida*

### **AcademyHealth Annual Research Meeting - Health Insurance Exchanges: Progress to Date**

**Joan Henneberry, Panel Facilitator**

*June 25, 2012*

*Orlando, Florida*