

November 10, 2016

State Medicaid Integration Tracker[©]

Welcome to the State Medicaid Integration Tracker[®]

The **State Medicaid Integration Tracker[®]** is published each month by the National Association of States United for Aging and Disabilities (NASUAD). It is intended to provide a compilation of states' efforts to implement integrated care delivery-system models. Only publicly available and documented activities are included in this tracker.

This tracker includes new updates for each state that occurred during the most recent month. For comprehensive information on each state, as well as archived versions of the tracker, please visit: <http://nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker>

The **State Medicaid Integration Tracker[®]** focuses on the status of the following state actions:

1. Managed Long Term Services and Supports (MLTSS)
2. State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives
3. Other LTSS Reform Activities, including:
 - Balancing Incentive Program
 - Medicaid State Plan Amendments under §1915(i)
 - Community First Choice Option under §1915(k)
 - Medicaid Health Homes

NASUAD uses many information sources to learn what is happening across the country in these areas. NASUAD's sources include: the CMS website on Managed Long Term Services and Supports ([link](#)), the CMS website on State Demonstrations to Integrate Care for Dual Eligible Individuals ([link](#)), the CMS Balancing Incentive Program website ([link](#)), the CMS website on Health Homes ([link](#)), the CMS list of Medicaid waivers ([link](#)), state Medicaid Agency websites, interviews with state officials, and presentations by state agencies. NASUAD lists sources for each update, as well as hyperlinks to related CMS and state documents and materials.

For more information, please contact **Damon Terzaghi** (dterzaghi@nasuad.org) or **Adam Mosey** (amosey@nasuad.org)

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Overview

<p>Managed LTSS:</p>	<p>AZ, CA, DE, FL, HI, IA, IL, KS, LA, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, WI</p>
<p>Medicare-Medicaid Care Coordination Initiatives:</p> <p>*: Financial Alignment (FA) demonstration proposal approved by CMS</p> <p>**: Pursuing alternative initiative</p>	<p>CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI*, SC*, TX*, VA*, WA*</p>
<p>Other LTSS Reform Activities:</p> <p>*: Approved by CMS</p>	
<ul style="list-style-type: none"> Balancing Incentive Program: 	<p>AR*, CT*, GA*, IL*, IN*, IA*, KY*, LA*, ME*, MD*, MA*, MS*, MO*, NE*, NV*, NH*, NJ*, NY*, OH*, PA*, TX*</p>
<ul style="list-style-type: none"> Medicaid State Plan Amendments under §1915(i): <p>SPA withdrawn:</p>	<p>AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MN, MS*, MT*, NV*, OR*, SC, WI*</p> <p>TX, WA</p>
<ul style="list-style-type: none"> Community First Choice option under §1915(k): <p>SPA withdrawn:</p>	<p>AR, CA*(2), CO, CT, MD*, MN, MT*, NY*, OR*, TX*, WA*, WI</p> <p>AZ, LA</p>
<ul style="list-style-type: none"> Medicaid Health Homes: 	<p>AL*, AZ, AR, CA, CT, DE, DC, ID*, IL, IN, IA*(3), KS*, KY, ME*(2), MD*, MI*, MN, MS, MO*(2), NV, NH, NJ*, NM, NY*(3), NC*, OH*(2), OK*, OR*, RI*(3), SD*, VT*(2), WA*, WV, WI*(2)</p>

State Updates

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<p>Arizona</p>	<p>Managed LTSS Program</p> <p>On November 1, 2016, the Arizona Health Care Cost Containment System (AHCCCS) released a request for proposals (RFP) to reprocore contracts for the state’s managed long term services and supports (MLTSS) system, known as the Arizona Long Term Care System (ALTCS). The RFP will cover approximately 26,000 beneficiaries that are elderly or have a physical disability, and does not include individuals with intellectual or development disabilities (I/DD). Currently, three managed care organizations (MCOs)—Mercy Care Plan, UnitedHealthcare, and Bridgeway Health Solutions—operate across Arizona, receiving an average per-member-per-month (PMPM) capitated payment of \$3,323. Key provisions of the RFP include:</p> <ul style="list-style-type: none"> ○ All health plans awarded under the RFP are required to operate a Dual Eligible Special Needs Plans (D-SNP) by January 1, 2018, and the state aims to improve coordination for dual eligible members moving forward; ○ New contracts will consolidate operations into three geographic services areas or GSAs, which are North, South and Central; and ○ Proposals for the RFP are due by January 23, 2017, with anticipated implementation beginning October 1, 2017. <p>Bidder proposals will be evaluated on four areas: program, capitation, access to care/network, and administrative. (Source: RFP 11/1/2016; HMA Weekly Roundup 11/2/2016)</p>
<p>Arkansas</p>	<p>Managed LTSS Program</p> <p>On October 25, 2016, Arkansas Online reported Arkansas is again considering transitioning its Medicaid program to managed care, this time however looking to utilize a provider-led system as opposed to managed care organizations (MCOs). The new plan was discussed at a recent meeting of the Arkansas Health Reform Legislative Task Force. If implemented, Arkansas expects that the new program would save money by decreasing emergency department (ED) use and unnecessary hospitalizations, as well as generate additional revenue through a tax on the new managed care plans. A tentative plan, including recommendations for proceeding, is due to the governor by November 30, 2016. (Source: ArkansasOnline 10/25/2016)</p>

Iowa	<p>Managed LTSS Program</p> <p>On August 26, 2016, the Iowa Department of Human Services (DHS) released a report containing data for the first quarter of the state’s new managed care program, Iowa Health Link , which includes April, May and June 2016. Three MCOs—Amerigroup, AmeriHealth, and UnitedHealthcare—coordinate care for Iowa Medicaid beneficiaries. Of the 567,813 beneficiaries, the breakdown by plan is as follows:</p> <ul style="list-style-type: none"> ○ Amerigroup - 184,134, or 32 percent; ○ Amerihealth - 208,381, or 37 percent; and ○ UnitedHealthcare - 175,298, or 31 percent. <p>Beneficiaries have the ability to disenroll from one plan and enroll in another within the first 90 days of their IA Health Link enrollment. Of the three MCOs, UnitedHealthcare had approximately 9,000 members change plans, Amerigroup 4,000, and AmeriHealth 1,000.</p> <p>In terms of LTSS, as of June 2016 Iowa has 13,879 individuals (38 percent of LTSS enrollees) receiving facility-based services—that is, residents residing in an ICF/ID or nursing facility. 62 percent of LTSS beneficiaries, or 22, 586 individuals, receive home and community based services (HCBS). The LTSS managed care enrollment population of 36,465 breaks down by health plan as follows:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr style="background-color: #1a3d4d; color: white;"> <th>Plan</th> <th>Total LTSS Enrollment</th> <th>Percent in institutional settings</th> <th>Percent in home and community based settings</th> </tr> </thead> <tbody> <tr> <td>Amerigroup</td> <td>7,597</td> <td>59</td> <td>41</td> </tr> <tr> <td>Amerihealth Caritas</td> <td>22,496</td> <td>25</td> <td>75</td> </tr> <tr> <td>UnitedHealthcare</td> <td>6,372</td> <td>59</td> <td>41</td> </tr> </tbody> </table> <p>The Iowa DHS spent approximately \$331 million on Iowa Health Link, which is \$22 million less than the state projects it would have spent without the implementation of statewide managed care. The state also believes that it is on track to save \$110 million for the first year. (Source: IA MCO Report 8/26/2016)</p> <p>On October 31, 2016, Radio Iowa reported that Iowa would pay the three MCOs an additional \$33 million. The state still expects to reap more than \$140 million from the transition, and the additional funds are being allocated largely due to rapidly increasing prescription drug costs. (Source: Radio Iowa 10/31/2016)</p>	Plan	Total LTSS Enrollment	Percent in institutional settings	Percent in home and community based settings	Amerigroup	7,597	59	41	Amerihealth Caritas	22,496	25	75	UnitedHealthcare	6,372	59	41
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<p>Massachusetts</p>	<p>Managed LTSS Program</p> <p>On November 4, 2016, the Centers for Medicare and Medicaid Services (CMS) formally approved Massachusetts request to extend the state’s Section 1115 waiver through June 30, 2022. The provisions of the waiver, which were outlined in the August 2016 edition of the State Medicaid Integration Tracker[®], include additional Delivery System Reform Incentive Payments (DSRIP), implementation of three innovative Accountable Care Organization (ACO) models, and better integration of LTSS services. (Source: CMS Approval Letter 11/4/2016; August 2016 Tracker 8/24/2016)</p>
<p>Oklahoma</p>	<p>Managed LTSS Program</p> <p>The Oklahoma Health Care Authority (OHCA) is developing a request for proposals (RFP) regarding the implementation of SoonerHealth+, a fully capitated statewide care coordination model aimed at the state’s Aged, Blind and Disabled (ABD) populations. Enrollment into the program is anticipated to happen over three years within the following parameters:</p> <ul style="list-style-type: none"> • Year 1: SoonerCare Choice Medicaid only members; “full benefit” dual eligible members; Advantage and Medically Fragile waiver members; I/DD state plan only members. • Year 2: I/DD waiver beneficiaries. • Year 3: residents of long term care facilities. <p>Service areas will be broken down into two East and West regions, and plans will be allowed to bid for one or two regions (two meaning they would operate statewide). MCO proposals will be evaluated on access, quality, and person – and family-centered care coordination. OHCA’s target date for releasing the RFP is November or December 2016. (Source: OKHCA.gov 8/31/2016; Stakeholder Meeting 9/13/2016)</p>

<p>Pennsylvania</p>	<p>Managed LTSS Program</p> <p>On August 30, 2016, Pennsylvania Department of Human Services (DHS) announced the three MCOs selected by the state to manage the state’s MLTSS program, Community HealthChoices: AmeriHealth Caritas, Centene Corp., and UPMC for You. The three MCOs will be responsible for managing and integrating care for 420,000 Pennsylvanians. (Philly.com 8/30/2016)</p> <p>Pennsylvania’s Office of Long Term Living (OLTL) has received six protests from losing bidders in the Community HealthChoices procurement including Aetna (later withdrawn), United, WellCare, Gateway, Molina, and Geisinger. Negotiations between the state and the winning bidders have been placed on hold due to the protests, which may delay the start of the program that is set to launch July 1, 2017. (Source: Philly.com 9/19/2016 HMA Weekly Roundup 10/5/2016)</p> <p>On October 28, 2016, the Pennsylvania Department of Human Services (DHS) released a draft request for proposal (RFP) for public comment in order to solicit interest in a new Independent Enrollment Broker (IEB) Program. The IEB Program aims to provide choice counseling and assistance with eligibility and enrollment for individuals seeking LTSS services, and will cover the following programs: Pennsylvania’s existing HCBS waiver programs, the Living Independently for the Elderly (LIFE) program (which is the name of Pennsylvania’s PACE program), and Community HealthChoices (CHC). Bidders are able to submit proposals for any combination of three geographic “Lots”, which coincide with the phases of CHC implementation. DHS will be accepting comments through November 21, 2016. (Source: PA.gov 10/28/2016)</p>
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<p>Virginia</p>	<p>Managed LTSS Program</p> <p>The Virginia Department of Medical Assistance Services (DMAS) has announced the MCOs selected to manage the state’s MLTSS program, which include the following:</p> <ul style="list-style-type: none"> ○ Optima Health; ○ Humana; ○ Magellan Complete Care of Virginia; ○ Anthem HealthKeepers Plus; ○ Virginia Premier Health Plan; ○ Aetna Better Health of Virginia; and ○ UnitedHealthcare. <p>Of the MCOs selected, all of them previously served the state’s Medallion 3.0 managed care program for traditional Medicaid aside from UnitedHealthcare and Magellan Complete Care of Virginia. All of the beneficiaries enrolled in the state’s dual eligible demonstration, Commonwealth Coordinated Care, will be transitioned into the MLTSS program commencing in 2018. (Source: HMA Weekly Roundup 9/28/2016; HMA Weekly Roundup 10/5/2016)</p>
<p>Wisconsin</p>	<p>Managed LTSS Program</p> <p>On September 19, 2016, the Wisconsin Department of Health Services (DHS) released a request for proposals (RFP) for MCOS interested in participating in the state’s MLTSS program, referred to as Family Care and Family Care Partnership Programs. Proposals are due by November 9, 2016, at 2:00pm Central Time. (Source: WI.gov 9/19/2016)</p>

STATE TRACKER FOR DUALS DEMONSTRATION
(Updated as of: 11/7/2016)

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date ¹
2	California	Capitated	5/31/2012	MOU Signed 3/27/2013	Fully implemented in 8 counties
3	Colorado	Managed FFS	5/2012	MOU Signed 2/28/2014	Fully implemented statewide
4	Connecticut	Managed FFS	5/31/2012		N/A
7	Illinois	Capitated	4/6/2012	MOU Signed 2/22/2013	Fully implemented in greater Chicago and central Illinois areas
9	Massachusetts	Capitated	2/16/2012	MOU Signed 8/23/2012	Fully implemented statewide
10	Michigan	Capitated	4/26/2012	MOU Signed 4/2014	Fully implemented in 10 counties and the Upper Peninsula
14	New York	Capitated ²	5/25/2012	MOU Signed 8/26/2013	Fully implemented in NYC, Nassau, Westchester and Suffolk counties
16	Ohio	Capitated	4/2/2012	MOU Signed 12/12/2012	Fully implemented in 29 counties
17	Oklahoma	Both	5/31/2012		N/A
	Rhode Island	Capitated	5/31/2012	MOU Signed	Three phases of

¹ Implementation dates are based on demonstration proposals submitted to CMS, Memoranda of Understanding, and Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS, 1/6/2016.

² New York initially submitted demonstration proposal for both financial models, but later withdrew its Managed FFS model. Please refer to text in New York section.

	States	Proposed Financing Model	Submitted to CMS	Status	Implementation Date ¹
19					opt-in enrollment: 7/2016; 8/2016; and 9/2016
20	S. Carolina	Capitated	5/25/2012	MOU Signed	Fully implemented in XX
22	Texas	Capitated	5/2012	MOU Signed	Fully implemented in 6 counties
24	Virginia	Capitated	5/31/2012	MOU Signed 5/21/2013	Fully implemented in 104 localities



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