

January 31, 2018

State Medicaid Integration Tracker[©]

Welcome to the State Medicaid Integration Tracker[®]

The **State Medicaid Integration Tracker[®]** is published bimonthly 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.

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Overview

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| Managed LTSS Programs: | AZ, CA, DE, FL, HI, IA, IL, KS, MA, MI, MN, NC, NJ, NM, NY, PA, RI, TN, TX, VA, WI |
| Medicare-Medicaid Care Coordination Initiatives: All states, except Minnesota, are operating a CMS-approved Financial Alignment (FA) demonstration program **: Pursuing alternative initiative | CA, IL, MA, MI, MN**, NY, OH, RI, SC, TX, WA |
| Other LTSS Reform Activities approved by CMS: NOTE: Pending actions ONLY are noted with an asterisk. Otherwise, all states listed have approved programs. *: Pending CMS approval | |
| ○ Balancing Incentive Program: | AR, CT, GA, IL, IN, IA, KY, LA, ME, MD, MA, MS, MO, NE, NV, NH, NJ, NY, OH, PA, TX |
| ○ Medicaid State Plan Amendments under §1915(i): | AR*, CA, CO, CT, DE*, DC*, ID, IN, IA, LA, MD, MI, MN*, MS, MT, NV, OR, SC*, WI |
| ○ Community First Choice option under §1915(k): | AR*, CA(2), CO*, CT, MD, MN*, MT, NY, OR, TX, WA, WI* |
| ○ Medicaid Health Homes: | 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) |

State Updates

| State | State Updates |
|--------------------------|--|
| <p>California</p> | <p>Managed LTSS Program</p> <p>On January 9, 2018, the California Department of Health Care Services (DHCS) released a new framework for transitioning the Multipurpose Senior Services Program (MSSP) from its current 1915(c) waiver into the state’s Bridge to Reform Section 1115 waiver, and begin delivery through managed care plans. The transition will be in the counties currently operating the Coordinated Care Initiative (CCI), which was recently extended in the Governor’s January 2017 budget. MSSP is a care management and supplemental services program for Medi-Cal (the state’s Medicaid program) members who are 65 and older, are at risk of entering a nursing facility, but wish to remain in their homes and communities. Beginning after December 31, 2019, MSSP will cease operating under 1915(c) and transition into managed care in the following CCI counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Santa Clara. San Mateo is the only CCI county that has already transitioned MSSP to managed care. (Source: CalDuals Release 1/9/2018; Transition Plan Framework 1/2018)</p> <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On December 18, 2017, California DHCS announced the release of the fifth round of polling on satisfaction of beneficiaries enrolled in Cal MediConnect (CMC), the state’s dual eligible demonstration, as well as individuals that opted out of the program. CMC health plans integrate all Medicare and Medicaid benefits for individuals enrolled in the program, which includes LTSS. The new polling numbers indicate that:</p> <ul style="list-style-type: none"> ○ CMC enrollees’ confidence navigating their health care circumstances has continued to increase since 2015, with 88 percent saying they know who to call if they have a health need or question. ○ CMC enrollees’ satisfaction with their care increased in 2017. ○ The most common issues CMC beneficiaries encountered were misunderstandings regarding their health care coverage, and that a doctor they had been seeing was no long in-network. <p>Surveys were administered to 2,865 dual eligibles. DHCS partnered with the SCAN Foundation and the University of California to conduct the large tracking survey. (Source: CalDuals Release 12/18/2017; Report 12/14/2017)</p> |

| <p>Iowa</p> | <p>Managed LTSS Program</p> <p>On December 21, 2017, the Iowa Department of Human Services (DHS) released its first quarterly report for state fiscal year (SFY) 2018, which covers the period July – September 2017. As of October 31, 2017, total enrollment in Medicaid managed care stands at 588, 233.</p> <p>Total LTSS enrollment is 37,731, with 23,871 (63.3 percent) receiving HCBS, and 13,860 (36.7 percent) receiving facility-based services. LTSS enrollment by health plans breaks down as follows:</p> <table border="1" data-bbox="483 730 1442 1045"> <thead> <tr> <th>Plan</th> <th>Total LTSS Enrollment</th> <th>Percent in institutional settings</th> <th>Percent in HCB settings</th> </tr> </thead> <tbody> <tr> <td>Amerigroup</td> <td>7,938</td> <td>53.7</td> <td>46.3</td> </tr> <tr> <td>AmeriHealth Caritas</td> <td>23,051</td> <td>26.2</td> <td>73.8</td> </tr> <tr> <td>UnitedHealthcare</td> <td>6,742</td> <td>52.8</td> <td>47.2</td> </tr> </tbody> </table> <p>Iowa DHS estimates that the state will accrue \$47.1 million in annual savings from managed care, down from \$118 million in the previous quarterly report. This decrease is likely reflective of the state’s one-time infusion of additional funds through a risk corridor agreement, as well as increased rates to MCOs. (Source: Quarterly Report 12/21/2017)</p> <p>On January 10, 2018, The Gazette reported that Iowa’s new Medicaid director, who has been in his position for just over a month, intimated that he is open to selecting not one but possibly two new MCOs to replace AmeriHealth Caritas, which exited the program in November 2017. However, this could prove complicated, as Medica Health Plans recently announced that they would not be seeking to bid for management of the program. As of late-November only Medica and a subsidiary of Centene Corporation had indicated intent to submit an application to the program. (Source: The Gazette 1/10/2018; The Gazette 1/11/2018)</p> <p>On January 17, 2018, the Des Moines Register reported that a bill introduced in the Iowa legislature, Senate File 2013, would carve-out LTSS from Iowa’s Medicaid managed care program, Iowa Health Link, and return those services to a fee-for-service system. If implemented, the change would affect close to 38,000 Medicaid</p> | Plan | Total LTSS Enrollment | Percent in institutional settings | Percent in HCB settings | Amerigroup | 7,938 | 53.7 | 46.3 | AmeriHealth Caritas | 23,051 | 26.2 | 73.8 | UnitedHealthcare | 6,742 | 52.8 | 47.2 |
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| | <p>beneficiaries. The bill would be effective upon the date of enactment, and would require 60-day notice be given to the contracted health plans before implementing the change. The bill will likely face stiff resistance from many Republican lawmakers who control both houses of the legislature. (Source: Des Moines Register 1/17/2018; Senate File 2013 1/9/2018)</p> |
| <p>Kansas</p> | <p>Managed LTSS Program</p> <p>On January 22, 2018, KCUR reported on ongoing deliberations between the Kansas legislature and the governor’s office over submission of the state’s KanCare 2.0 application, which provides Medicaid managed care to over 420,000 beneficiaries. Kansas’ application would extend the program for an additional five years, and also included new work requirements and lifetime benefit caps provisions. Both houses of the legislature passed bills that would prohibit the administration from moving forward with KanCare 2.0, but these bills are only likely to be used if negotiations between the administration and the legislature breakdown. On January 24, the Topeka Capital-Journal reported that the administration would no longer move forward with its’ KanCare 2.0 application and would instead either 1) extend contracts with current MCOs for an additional three years, or 2) remove controversial components of the KanCare 2.0 application. Kansas currently contracts with Amerigroup, Sunflower Health Plan, and UnitedHealthcare for operation of the KanCare program.</p> <p>Further complicating matters, on January 25, 2018, Kansas Governor Sam Brownback announced he will resign, effective January 31, 2018, to take an ambassadorship in the Trump administration. His replacement, Lt. Governor Jeff Coyle, has been the point-person for the administration on the KanCare system. (Source: KCUR 1/22/2018; Topeka Capital-Journal 1/24/2018; Topeka Capital-Journal 1/25/2018)</p> |
| <p>New Jersey</p> | <p>Managed LTSS Program</p> <p>The New Jersey Department of Human Services has posted the state’s newest version of its Medicaid MCO contract, which includes changes in the following broad buckets: provider networks; pharmacy; MLTSS; quality; finance; and other. A few of the changes to the MLTSS components of the contract include the addition of six new performance measures, and a new demonstration program that will provide incentives to high-performing MLTSS plans serving beneficiaries in the community. The contract is effective as of July 1, 2017, but the changes were recently approved by CMS. (Source: MCO Contract 7/2017; HMA Weekly Roundup 1/10/2018)</p> |

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| <p>New Mexico</p> | <p>Managed LTSS Program</p> <p>On December 6, 2017, the New Mexico Human Services Department formally submitted its application to renew the state’s comprehensive section 1115 demonstration waiver, Centennial Care 2.0, which includes LTSS. The August edition of the State Medicaid Integration Tracker details the programmatic changes and updates the state intends to pursue with the renewal, including streamlined administration and increased access to community-based LTSS. (Source: 1115 Renewal Application 12/6/2017; State Medicaid Integration Tracker 8/4/2017)</p> <p>On January 19, 2018, the Santa Fe New Mexican reported that the New Mexico Human Services Department (HSD) announced the MCOs selected to serve in the state’s re-procured Centennial Care Medicaid managed care program. The incumbent plans selected are Presbyterian Health Plan and Blue Cross Blue Shield of New Mexico; two other incumbents, Molina Healthcare of New Mexico and United Healthcare, will not have their contracts renewed. HSD instead selected a new MCO, Western Sky Community Care, which is a subsidiary of Centene Corporation. (Source: Sante Fe New Mexican 1/19/2018)</p> |
| <p>New York</p> | <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>FIDA – Five health plans participating in New York’s dual eligible demonstration, Fully Integrated Duals Advantage (FIDA), announced they will be dropping out of the program. The five plans are: Aetna, Guildnet (only closing in Nassau County), Fidelis, ICS, and North Shore. The closures will affect Nassau County and NYC, and 534 FIDA members. (Source: NY Health Access 1/11/2018; HMA Weekly Roundup 1/10/2018)</p> <p>On January 1, 2018, the New York Department of Health re-executed its three-way contract with CMS and health plan participants for the FIDA, the state’s dual eligible financial alignment demonstration. Some of the changes in the newly executed contract include:</p> <ul style="list-style-type: none"> ○ Formally extended the demonstration through December 31, 2019; ○ Revised to update language to comply with Medicaid managed care regulations; ○ Amended provider credentialing requirements; and ○ Added new detail on member enrollment/disenrollment. (Source: Summary of Changes 1/1/2018) |

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| | <p>FIDA-IDD – The New York Department of Health (DOH) and the Office of People with Developmental Disabilities (OPWDD) have released new FIDA-Intellectual and Developmental Disabilities (FIDA-IDD) demonstration policy that details how assessments, person-centered service planning, and care management will be conducted under FIDA-IDD program. FIDA-IDD is the state’s second financial alignment demonstration for individuals eligible for both Medicare and Medicaid, with FIDA-IDD focusing specifically on the IDD population. As a part of the FIDA-IDD demonstration, the Interdisciplinary Team (IDT) is responsible for coverage determinations, as well as services planning and care management. (IDT Policy 1/1/2018)</p> |
| <p>North Carolina</p> | <p>Managed LTSS Program The North Carolina Department of Health and Human Services (DHHS) has released a complete list of respondents to the state’s two requests for information (RFIs), one for managed care operations, and the other for actuarial and financial aspects of managed care. Submissions were due to the state by December 15, 2017. Respondents to the managed care operations RFI, totaling 34, included major players in Medicaid managed care, such as Aetna, AmeriHealth Caritas, Molina HealthCare, UnitedHealthcare, and WellCare, as well as numerous local organizations. Respondents to the actuarial RFI included many of the same entities but with 18 organizations submitting responses. (Source: Operations RFI Respondents 12/15/2017; Actuarial RFI Respondents 12/15/2017; NC DHHS)</p> |
| <p>Oklahoma</p> | <p>Managed LTSS Program On January 12, 2018, Oklahoma Senator, and chair of the Senate Appropriations Committee, Kim David published an article in NewsOK on the need to modernize the state’s Medicaid delivery system through the implementation of risk-based managed care. The state Medicaid agency, the Oklahoma Health Care Authority (OHCA), cancelled a request for proposals (RFP) to move forward with a capitated care coordination program for the aged, blind, and disabled (ABD) population in June 2017, citing a lack of funding the agency had requested to implement the program. The senator notes that the state could save as much as \$400 million over a decade if it implements Medicaid managed care, and also increase budget predictability and improve quality of care. Finally, Senator David notes that a new proposal to implement Medicaid managed care will be introduced in the 2018</p> |

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| | regular session of the legislature. (Source: NewsOK 1/12/2018; Senator Statement 6/15/2017) |
| Pennsylvania | <p>Managed LTSS Program</p> <p>The State’s new MLTSS program, Community HealthChoices, began in 14 counties in the southwestern portion of the State (Pittsburgh area) on January 1, 2018. Approximately 80,000 enrollees are being served by three statewide MCOs: UPMC Community HealthChoices, AmeriHealth Caritas, and PA Health and Wellness (a subsidiary of Centene Corporation). The three MCOs will be providing acute, primary, and long-term services and supports to dual eligible individuals and other consumers who need LTSS (Source: PA Department of Human Services).</p> |
| Rhode Island | <p>State Demonstration to Integrate Care for Dual Eligible Individuals</p> <p>On January 19, 2018, Rhode Island’s governor released the state’s budget for fiscal year 2018. The FY18 budget request for Medicaid recommends \$2.354 billion, which includes \$1.430 billion from federal sources, and \$911.7 million from state general revenue. The proposed FY18 budget recommends that the state transfer long-term stay nursing home residents from the Neighborhood Health Plan back to FFS, and to utilize the anticipated savings from decreased administrative payments to the health plan to provide enhanced home and community-based services (HCBS). This change is a part of the states’ emphasis on rebalancing its LTSS system towards more community-based care. The FY18 budget also recommends changes to improve the patient share collection for members eligible for LTSS; proposes freezing rates for managed care administration, hospital payments, and nursing homes; and suggests that the state eliminate the managed care provider incentive program. (Source: FY18 HHS Executive Summary 1/19/2018)</p> |
| Texas | <p>Managed LTSS Program</p> <p>On December 21, 2017, the Texas Health and Human Services Commissions (HHSC) announced it has received approval for a five-year renewal of the state’s 1115 waiver, which enables the continued use of Medicaid managed care, and also funds the state’s Uncompensated Care (UC) pool and the Delivery System Reform Incentive Payment (DSRIP) program. Regarding DSRIP, CMS will provide two years of level funding, two years of reduced funding, and then on the fifth year DSRIP funding will cease for the state. (Texas HHSC 12/21/2017)</p> |

STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 1/31/2018)

| | States | Proposed Financing Model | Submitted to CMS | Status | Implementation Date ¹ | Anticipated End Date |
|---|---------------|--------------------------|------------------|---|--|---------------------------|
| 1 | California | Capitated | 5/31/2012 | MOU Signed 3/27/2013 | Fully implemented in 7 counties | 12/31/2019 |
| 2 | Colorado | Managed FFS | 5/2012 | TERMINATED on 12/31/2017 | | N/A |
| 3 | Illinois | Capitated | 4/6/2012 | MOU Signed 2/22/2013 | Fully implemented in greater Chicago and central Illinois areas | 12/31/2019 |
| 4 | Massachusetts | Capitated | 2/16/2012 | MOU Signed 8/23/2012 | Fully implemented statewide | 12/31/2018 |
| 5 | Michigan | Capitated | 4/26/2012 | MOU Signed 4/2014 | Fully implemented in 10 counties and the Upper Peninsula | 12/31/2020 |
| 6 | Minnesota | Admin. Alignment | 4/26/2012 | Admin. Alignment MOU Signed (9/12/2013) | Fully implemented | 12/31/2018 |
| 7 | New York | Capitated ² | 5/25/2012 | MOU Signed 8/26/2013; 11/5/2015 | Fully implemented in NYC, Nassau, Westchester and Suffolk counties | 12/31/2019; 12/31/2020 |
| 8 | Ohio | Capitated | 4/2/2012 | MOU Signed 12/12/2012 | Fully implemented in 29 counties | 12/31/2019 |
| 9 | Rhode Island | Capitated | 5/31/2012 | MOU Signed | Three phases of opt-in enrollment: | 12/31/2018 |

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 | Anticipated End Date |
|----|--------------------|--------------------------|------------------|-------------------------------|----------------------------------|----------------------|
| | | | | | 7/2016; 8/2016; and 9/2016 | |
| 10 | S. Carolina | Capitated | 5/25/2012 | MOU Signed | Fully implemented | 12/31/2018 |
| 11 | Texas | Capitated | 5/2012 | MOU Signed | Fully implemented in 6 counties | 12/31/2018 |
| 12 | Virginia | Capitated | 5/31/2012 | TERMINATED on 12/31/17 | | N/A |
| 13 | Washington | Managed FFS | 4/26/2012 | MOU Signed 10/25/2012 | Fully implemented in 36 counties | 12/31/2018 |



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