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State Medicaid Integration Tracker©

NASUAD
National Association of States United for Aging and Disabilities

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)

Overview

Managed LTSS:	AZ, CA, DE, FL, HI, IA, ID, IL, KS, LA, MA, MI, MN, NC, NE, NH, NJ, NM, NY, OK, PA, RI, TN, TX, WA, WI
Medicare-Medicaid Care Coordination Initiatives: *: Financial Alignment (FA) demonstration proposal approved by CMS **: Pursuing alternative initiative	CA*, CO*, CT, FL**, IL*, MA*, MI*, MN**, NH**, NJ**, NY*, OH*, OK, RI, SC*, TX*, VA*, WA*
Other LTSS Reform Activities: *: Approved by CMS	
• **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):** SPA withdrawn:	AR, CA*, CO*, CT*, DE, DC, FL*, ID*, IN*, IA*, LA*, MD*, MI*, MN, MS*, MT*, NV*, OR*, SC, WI* TX, WA
• **Community First Choice option under §1915(k):** SPA withdrawn:	AR, CA*(2), CO, CT, MD*, MN, MT*, NY*, OR*, TX, WA, WI AZ, LA
• **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
Alaska	**Managed LTSS Program** On January 22, 2016, the state of Alaska released a final report outlining recommended Medicaid redesign and expansion strategies for the state, as proposed by three contractors: Agnew::Beck Consulting, LLC, Health Management Associates, and Milliman, Inc. The goals for the redesign are to improve health, optimize access, increase value, and contain costs. As the report notes, Alaska is currently one of only two states in the entire country that does not utilize any form of managed care for its Medicaid beneficiaries. This is set to change if the recommendations are carried out from the report, with Alaska introducing a Primary Care Case Management, or PCCM, initiative. Other major changes would include: • A behavioral health access initiative; • A data analytics and information technology infrastructure initiative; • An emergency care initiative; and • Exploring opportunities for accountable care organizations and shared savings models. The report looked at full-risk managed care for Alaska, but decided not to recommend it at this time, largely over concerns around the highly rural and sparsely populated demography of the state; lack of experience in Alaskan providers with alternative payment methods; lack of full-risk managed care in the health care market in Alaska leading to a substantially steeper learning curve; a lack of operational and data infrastructure at DHHS, and; actuarial analyses did not project cost savings. Also of note in the report is that the state is exploring the feasibility of implementing Section 1915(i) Medicaid State Plan Amendment, and 1915(k) Community First Choice Option in the state. (Source: Report 1/22/2016)
Arkansas	**Managed LTSS Program** The Arkansas Health Reform Legislative Task Force directed The Stephen Group, a consultant for the state, to look for $835 million in savings to the Medicaid program over the next five years, albeit without considering a capitated managed care option. Previously, Arkansas had released a request for information (RFI) on a full-risk managed care program for the ABD, and LTSS populations. (HMA Roundup 1/6/2016)
Florida	**Managed LTSS Program**

	On January 7, 2016, the Florida Agency for Health Care Administration (AHCA) released information that long-term care beneficiaries are reporting the greatest improvement in quality of life in the agency's history. For example, over 77 percent of enrollees in the state's Long Term Care plan report improvement in their quality of life. (Source: AHCA Press Release 1/7/2016)
Iowa	**Managed LTSS Program** Iowa's transition to Medicaid managed care (Iowa Health Link) was officially approved in a CMS letter dated February 23, 2016. CMS recognized the implementation progress the state has made and authorized a start date of April 1, 2016, in order to allow for a smooth and effective transition. (Source: CMS Letter 2/23/2016)
Michigan	**State Demonstration to Integrate Dual Eligible Beneficiaries** On February 14, 2016, Crain's Detroit Business reported on the current status of Michigan's dual eligible initiative, MI Health Link, which aims to better integrate care for beneficiaries jointly eligible for Medicare and Medicaid. During its first year in operation, MI Health Link has experienced some of the challenges other dual demonstrations have faced, including low enrollment and high opt-out rates. Michigan has approximately 110,000 dual eligibles, but as of January, 2016, only 34,800 beneficiaries are enrolled in MI Health Link. A major impediment to enrollment, identified by a study conducted on the Massachusetts duals demonstration and reaffirmed by providers in Michigan, is auto enrolling beneficiaries, which takes away consumer choice and makes them fear losing relationships with trusted providers. Moving forward, one means of improvement is enhancing education for beneficiaries so they better understand and feel comfortable with transitioning into MI Health Link. (Source: Crain's Detroit Business 2/14/2016)
Nebraska	**Managed LTSS Program** The following companies responded to Nebraska's Request for Proposals (RFP) regarding its full risk, capitated Medicaid managed care program to manage physical and behavioral health, and pharmacy services: AmeriHealth, Inc.; Coventry Health Care of Nebraska, Inc.; Meridian Health Plan; Nebraska Total Care, Inc.; UnitedHealthcare of the Midlands, Inc. and; WellCare of Nebraska, Inc. (Source: Nebraska.gov 1/5/2016)

New Jersey	**Managed LTSS Program** The New Jersey Hospital Association recently released a report on the impacts of nursing homes in the state. Highlights include expenditures of $5.4 billion, employing over 55,000 people, as well as $116 million in state taxes and paying out $2.1 billion in salaries. The report recognizes that the state is working to reduce institutional care through its Medicaid managed LTSS program, but asserts that nursing home capacity will remain important as the senior population continues to increase. (Source: NJHA Report 2/17/2016; HMA Weekly Roundup 2/24/2016) On January 20, 2016, former Deputy Commissioner Lowell Arye provided the Medical Assistance Advisory Council an updated picture of the state's MLTSS program. Currently, NJ has over 43,000 long term care recipients, approximately 48 percent of which are in managed care and 51 percent are in Medicaid FFS. (Source: HMA Weekly Roundup 1/20/2016)
New York	**State Demonstration to Integrate Dual Eligible Individuals** CMS has announced shared risk adjustment rates for New York's FIDA dual eligible demonstration. Manhattan and the Bronx will see Medicare rate increases of 5.7 percent, while other areas participating in FIDA will see increases as high as 10.5 percent. The increases are retroactively effective as of January 1, 2016. (Source: HMA Weekly Roundup 2/17/2016) New York has launched a new web page specifically devoted to providing information regarding the state's dual eligible demonstration, Fully Integrated Duals Advantage (FIDA). As of January 2016, New York has 109,000 FIDA-eligible beneficiaries, of which 6,290 have enrolled in the program, and 61,362 have opted out. (Source: FIDA Webpage)
Pennsylvania	**Managed LTSS Program** On March 1, 2016, the Pennsylvania Department of Human Services released a request for proposals (RFP) for managed care organizations (MCOs) to provide managed long term services and supports (MLTSS) through the state's Community Healthchoices (CHC) program. CHC will cover individuals 21 and older that require medical Assistance (MA) and LTSS, whether they reside in a nursing facility or in the community, as well as dual eligible individuals who are jointly eligible for Medicare and Medicaid. Operation of the program will split the state's 67 counties into five regions or zones—Southwest, Southeast, Lehigh/Capital, Northwest, and Northeast. The goals of CHC are to: • Increase opportunity for home and community-based services; • Enhance health and LTSS delivery systems; • Promote new innovations; • Strengthen the health, safety, and well-being of beneficiaries; and

	• Ensure transparency, accountability, and effectiveness of the program. Responses to the RFP are due May 2, 2016. (Source: RFP 3/1/2016)
Virginia	**Managed LTSS Program** On January 19, 2016, the Virginia Department of Medical Assistance Services (DMAS) formally submitted its Section 1115 demonstration waiver application to CMS. The purpose of the waiver is twofold: to implement Medicaid managed long-term services and supports (MLTSS), as well as a delivery system reform incentive payment (DSRIP) program. The MLTSS initiative aims to build upon the state's dual eligible demonstration, Commonwealth Coordinated Care (CCC). DMAS is looking for authority to mandate enrollment of eligible populations into MLTSS. In addition, two 1915(c) HCBS waiver populations will be enrolled into the program, the Elderly or Disabled with Consumer Direction (EDCD) and Technology Assisted Waiver (Tech), in order to streamline administration for the state. Virginia's MLTSS program will provide services across the continuum of care including physical, behavioral, HCBS as well as institutional services. DMAS estimates that approximately 129,500 individuals will be eligible for MLTSS, which will be enrolled in phases from March 1, 2017, through January, 2018. (Source: VA 1115 Waiver Application 1/19/2016)
Washington	**State Demonstration to Integrate Dual Eligible Beneficiaries** On January 22, 2016, Modern Healthcare reported on Washington's Health Home Program, which is a managed fee-for-service initiative that aims to better integrate care for dually eligible individuals, or those jointly eligible for Medicare and Medicaid. Health homes in the state act as a focal point for coordinating acute, behavioral, primary care and long-term services and supports (LTSS) for beneficiaries. Over the period of July 2013-December 2014 the initiative has accrued over $21 million in savings to the Medicare program, which are detailed in a report from RTI International, the evaluator for the CMS coordinated care demonstrations. A follow-up report will be conducted by RTI International on the potential savings achieved for the state's Medicaid program. (Source: RTI Report 1/4/2016; Modern Healthcare 1/22/2016)

STATE TRACKER FOR DUALS DEMONSTRATION

(Updated as of: 2/25/2016)

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date[1]
1	**Arizona**	~~Capitated~~	~~5/31/2012~~	**Withdrew**	~~1/2014~~
2	**California**	Capitated	5/31/2012	**MOU Signed** 3/27/2013	4/2014, 7/2015 (opt-in); 8/2014, 10/2014, 1/2015, 8/2015 (passive), Org. Cnty. LTC after 11/2015
3	**Colorado**	Managed FFS	5/2012	**MOU Signed** 2/28/2014	9/2014 (passive)
4	**Connecticut**	Managed FFS	5/31/2012		N/A
5	**Hawaii**	~~Capitated~~	~~5/25/2012~~	**Withdrew**	~~1/2014~~
6	**Idaho**	~~Capitated~~	~~5/2012~~	**Withdrew**	~~1/2014~~
7	**Illinois**	Capitated	4/6/2012	**MOU Signed** 2/22/2013	3/2014 (opt-in); 6/2014 (passive)
8	**Iowa**	~~Managed FFS~~	~~5/29/2012~~	**Withdrew**	~~N/A~~
9	**Massachusetts**	Capitated	2/16/2012	**MOU Signed** 8/23/2012	10/2013 (opt-in); 1/2014, 4/2014, & 7/2014 (passive)
10	**Michigan**	Capitated	4/26/2012	**MOU Signed** 4/2014	3/2015 (opt-in); 7/2015 (passive)

[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.

	States	Proposed Financing Model	Submitted to CMS	Status	Target Implementation Date[1]
11	**Minnesota**	Admin. Alignment ~~Capitated~~	~~4/26/2012~~	**Admin. Alignment MOU Signed** (9/12/2013) **Withdrew Capit.**	9/2013 (opt-in) ~~12/2012~~
12	**Missouri**	~~Managed FFS~~	~~5/31/2012~~	**Withdrew**	~~10/2012~~
13	**New Mexico**	~~Capitated~~	~~5/31/2012~~	**Withdrew**	~~1/2014~~
14	**New York**	Capitated[2]	5/25/2012	**MOU Signed** 8/26/2013	1/2015 (opt-in); 4/2015 (passive)
15	**North Carolina**	~~Managed FFS~~	~~5/2/2012~~	**Withdrew**	~~1/2013~~
16	**Ohio**	Capitated	4/2/2012	**MOU Signed** 12/12/2012	5/2014 (opt-in); 1/2015(passive)
17	**Oklahoma**	Both	5/31/2012		N/A
18	**Oregon**	~~Capitated~~	~~5/11/2012~~	**Withdrew**	~~1/2013~~
19	**Rhode Island**	Capitated	5/31/2012	**MOU Signed**	12/2015(opt-in); (passive TBD)
20	**S. Carolina**	Capitated	5/25/2012	**MOU Signed**	1/2015 (opt-in); 4/2015 (passive)
21	**Tennessee**	~~Capitated~~	~~5/17/2012~~	**Withdrew**	~~1/2014~~
22	**Texas**	Capitated	5/2012	**MOU Signed**	3/2015 (opt-in); 4/2015 (passive)
23	**Vermont**	~~Capitated~~	~~5/10/2012~~	**Withdrew**	~~Jan 2014~~
24	**Virginia**	Capitated	5/31/2012	**MOU Signed** 5/21/2013	5/2014 (opt-in); 8/2014 (passive)
25	**Washington**	~~Both~~ Managed FFS	4/26/2012	**2 MOUs Signed** MFFS (10/25/2012) ~~Capit. (11/25/2013)~~ **Withdrew**	MFFS (7/2013) ~~Capit. (7/2015)~~
26	**Wisconsin**	~~Both~~	~~4/26/2012~~	**Withdrew**	~~1/2013~~

[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.

National Association of States

United for Aging and Disabilities

1201 15th Street NW, Suite 350

Washington, DC 20005

Phone: 202-898-2578

www.nasuad.org