

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Kost/Mullis</i>	DATE <i>6-20-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000399</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms Daniels, Mullis</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-8-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Brenda James

From: Bryan Kost
Sent: Thursday, June 20, 2013 5:10 PM
To: Brenda James
Subject: Please log ... FW: 2013 Medicaid budget survey -- SC
Attachments: 2013 MEDICAID BUDGET SURVEY.docx

Log to me,

Bryan Kost
Chief of Staff, SCDHHS
1801 Main St.
Columbia, SC 29201
803.898.2865
803.429.3201
kostbr@scdhhs.gov

RECEIVED

JUN 20 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Vernon Smith [<mailto:VSmith@healthmanagement.com>]
Sent: Thursday, June 20, 2013 3:29 PM
To: Bryan Kost
Subject: FW: 2013 Medicaid budget survey -- SC

Vernon K. Smith, Ph.D.
Managing Principal
HEALTH MANAGEMENT ASSOCIATES
One Michigan Avenue Building
120 N. Washington Square, Suite 705
Lansing, MI 48933
Direct Office Phone: 517-318-4819
Cell Phone: 517-282-0841
Fax: 517.482.0920
vsmith@healthmanagement.com
www.healthmanagement.com

From: Vernon Smith
Sent: Friday, June 07, 2013 11:25 AM
To: 'Tony Keck'
Subject: 2013 Medicaid budget survey -- SC

Tony,

It was good to see you for our dinner discussion with the Board in Denver a couple weeks ago.

As always, our thanks to you and your staff for your help with this effort. Best wishes.

Vern

June 7, 2013

Dear Medicaid Director:

Attached is the 2013 Medicaid budget survey of all Medicaid directors.

Each year, this survey looks from a state perspective at the most important issues in Medicaid, including state Medicaid spending and enrollment trends, state policy decisions and innovations, how states are responding to budget pressures and health reform, and other important issues. The survey is intended to provide information that is helpful to you in your discussions and presentations about Medicaid.

For 13 years, Health Management Associates has conducted this survey for The Kaiser Commission on Medicaid and the Uninsured. The report based on the 2012 survey is on the Kaiser Family Foundation web site at: <http://www.kff.org/medicaid/8380.cfm>

As in past years, we will schedule a time in July to discuss your survey responses. If you would like to suggest a time, please let me know. These telephone discussions are always helpful to our understanding of the budget and policy issues in your state.

We have tried to make the survey as easy as possible for you. These suggestions may be helpful:

1. Responses can be entered in any shaded area.
2. Use the tab key to move forward, shift-tab to move backward, or click on any shaded area.
3. To make an X in a check box, left-click on the mouse, or hit the space bar. Clicking the mouse or hitting the space bar a second time will remove a check. You can tab past the box if a check is not required.
4. Several questions use "Drop-down" boxes where the options appear when you click the box. Simply click your response from among the choices.
5. Text of any length can be entered in a text box. To start a new line within a text box, hold down the shift key and press return.
6. As with any document like this, it is always a good idea to "save" as you go along.

When you have completed the survey, we ask that you attach and email it to me at: ysmith@healthmanagement.com.

If you have any questions, please feel free to contact me at any time by email or phone. You should also feel free to contact my colleagues on this survey (both also former Medicaid directors): Kathy Gifford at (317) 818-1005, ext. 561, or Eileen Ellis at (517) 482-9236.

I very much look forward to talking with you about these important Medicaid issues in your state, in our call in July.

Thank you.

Vern

Vernon K. Smith, Ph.D.
Managing Principal
HEALTH MANAGEMENT ASSOCIATES
Direct office phone: 517-318-4819
Cell phone: 517-282-0841

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MEDICAID BUDGET SURVEY **FOR STATE FISCAL YEARS 2013 AND 2014**

This survey is being conducted by Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured. If you have any questions, please call Vern Smith at (517) 318-4819.

Return Completed Survey to: Vsmith@healthmanagement.com

State _____ Name _____
 Phone _____ Email _____ Date _____

1. Medicaid Expenditure Growth: State Fiscal Years 2012, 2013 and 2014

a. Has the legislature enacted a budget for FY 2014? <choose one>

For each year, please indicate the annual percentage change in total Medicaid expenditures for each source of funds. (Please exclude administration and Medicare Part D Clawback payments.)

Fiscal Year (generally, July 1 to June 30)	Percent Change of Each Fund Source			
	State	Local or Other	Federal	All Fund Sources
FY ending in 2012 (FY 2012) b. Percentage change: FY 2012 over FY 2011	%	%	%	%
FY ending in 2013 (FY 2013) c. Percentage change: FY 2013 over FY 2012	%	%	%	%
FY ending in 2014 (FY 2014) d. Percentage change: FY 2014 over FY 2013	%	%	%	%

Comments: _____

e. Are local or county governments *required under state law* to contribute to the non-federal share of Medicaid financing through IGTs, CPEs or other funding mechanisms (excluding DSH payments)?

<choose one>

i. If "yes" is local or county government financing for Medicaid increasing, decreasing, or staying the same relative to state funding? <choose one>

f. Looking at the FY 2014 Medicaid appropriation (or the expected appropriation), how likely is a 2014 Medicaid budget shortfall in your opinion? (Check one)

☐ Almost certain no shortfall ☐ Not Likely ☐ Possible ☐ Likely ☐ Shortfall is almost certain

2. ACA Medicaid Expansion

a. **Expansion Decision:** Does your state plan to implement the ACA Medicaid expansion starting January 1, 2014? <choose one>

b. **Expansion Authority and Financial Impact:** If your state plans to expand as of January 1, 2014:

i. Was the expansion included in the enacted budget, passed as separate legislation, or was no new legislation required? <choose one>

ii. Does your state expect net state budget savings or net state budget costs from the expansion? <choose one>

A. If net savings are expected, please briefly list the top 2 program areas where the most significant savings are expected (e.g., Medicaid, state-spending on mental health not reimbursed by Medicaid, corrections, etc.)

1. _____
 2. _____

B. If net costs are expected, please briefly identify other areas, beyond the anticipated increase in enrollment, where significant costs are expected. _____

Comments: _____

3. Factors Driving Expenditure Changes

What would you consider the most significant factors that were upward and downward pressures on your total (federal and state) Medicaid spending in FY 2013, and that will be in FY 2014 (e.g., ACA Medicaid expansion and/or related enrollment growth among those currently eligible but not enrolled, other enrollment growth, healthcare inflation, rate changes, utilization, specific policy changes, etc.)?

Total Medicaid Spending		FY 2013	FY 2014
a. Upward Pressures	i. Most significant factor?		
	ii. Other significant factors?		
b. Downward Pressures	i. Most significant factor?		
	ii. Other significant factors?		

- c. **State GF/GR Spending:** Please briefly identify any other significant factors affecting state (non-federal) Medicaid spending other than those listed above: _____

4. Medicaid Enrollment

- a. Overall percentage enrollment growth/decline (+/-):
- | 2013 over 2012 | 2014 over 2013 (proj.) |
|----------------|------------------------|
| i. % | ii. % |
- b. About how much (an estimate or description) of expected change in 2014 over 2013 is due to:
- Increased enrollment among those **currently eligible** for the program but not enrolled? _____
 - Increased enrollment among those **newly eligible** under the ACA Medicaid expansion? _____
- c. Which specific eligibility groups are contributing most to overall enrollment increase or decline? _____
- d. In the table below, please describe what you believe were the *key factors that were upward and downward pressures* on enrollment in FY 2013, and will be in FY 2014.

	FY 2013	FY 2014
i. Upward Pressures		
ii. Downward Pressures		

5. Medicaid Eligibility Standards

- a. Please identify MAGI-based income eligibility levels to be in effect on January 1, 2014. Indicate the percent of FPL before the uniform 5% income disregard is applied; if yet to be determined, please indicate TBD.

	% of FPL (Exclude 5% of FPL Disregard)
i. Pregnant Women	
ii. 1931 Parents	
iii. Other Section 1115 Waiver Coverage for Parents	
iv. Other Section 1115 Waiver Coverage for Other Adults	
v. Other Non-Disabled Adults (Adult Expansion Group)	
vi. <input type="checkbox"/> MAGI conversion is not yet completed	

- b. Please briefly describe your experience in converting your current Medicaid eligibility levels to the new MAGI standard (issues or challenges, opportunities or positive benefits): _____
- c. If your state is not implementing the ACA Medicaid expansion, do you anticipate that use of MAGI-based income eligibility will have any impact on eligibility? <choose one> If "yes," please briefly describe: _____

- d. Describe changes in Medicaid eligibility standards* implemented in FY 2013 or planned for FY 2014 (other than the ACA expansion to 133% of FPL or elimination of asset tests for certain groups as required by the ACA.) Use drop down boxes to indicate "Nature of Impact" ("Expansion," a "Restriction," or a change with a "Neutral" effect from the beneficiary's perspective.) If no eligibility changes to report, please check box on line "vii." (Please **exclude** changes in CHIP-funded programs, including the movement to Medicaid of CHIP-funded children with incomes below 133% of FPL to Medicaid.)

Nature of Eligibility Change and Affected Eligibility Groups	Year	Effective Date	Est. Number of People Affected	Nature of Impact	By 1115 Waiver Authority?
i.	<choose one>			<choose one>	<input type="checkbox"/>
ii.	<choose one>			<choose one>	<input type="checkbox"/>
iii.	<choose one>			<choose one>	<input type="checkbox"/>
iv.	<choose one>			<choose one>	<input type="checkbox"/>
v.	<choose one>			<choose one>	<input type="checkbox"/>
vi.	<choose one>			<choose one>	<input type="checkbox"/>
vii.	<input type="checkbox"/> No changes in either FY 2013 or FY 2014				

*"Eligibility standards" include income standards, asset tests, retroactivity, continuous eligibility, treatment of asset transfers or income, enrollment caps or buy-in options (including Ticket to Work and Work Incentive Improvement Act or the DRA Family Opportunity Act.)

Comments: _____

6. Medicaid Application and Renewal Process

Application for MAGI-based non-elderly, non-disabled population

- Does your state plan to use the single streamlined application form developed by the HHS Secretary or use an alternative application? <choose one>
- Does your state plan to develop a multi-benefit application to allow applicants to apply for MAGI-based Medicaid and other human services programs (i.e. SNAP)? <choose one>

Comments: _____

Eligibility Process Modifications: By January 1, 2014 at the latest, states are required to have eligibility systems that interface with the Marketplaces/Exchanges and to use MAGI-based Medicaid eligibility rules for most non-elderly Medicaid applicants and beneficiaries.

- What is the status of work to upgrade your Medicaid eligibility system to interface with the Marketplace/Exchange? <choose one>
- What is the status of work to upgrade your system to use the new MAGI-based eligibility rules? <choose one>
- Do you plan to adopt any of the following application and renewal streamlining options released by CMS on May 17, 2013?
 - Early adoption of MAGI-based rules <choose one>
 - Extend renewals of current enrollees to delay renewals set for Q1 of CY 2014 <choose one>
 - Enroll individuals based on SNAP eligibility <choose one>
 - Enroll parents based on children's income eligibility <choose one>
 - Adopt 12-month continuous eligibility for parents and other adults <choose one>
 - If yes or planning to adopt, please indicate the groups that will have 12-month continuous eligibility: _____

Comments: _____

Coordination with Marketplace/Exchange

- f. As of January 1, 2014, will the state agency responsible for Medicaid eligibility determinations also be responsible for making final eligibility determinations for the Marketplace/Exchange subsidies? <choose one>
- g. As of January 1, 2014, will the Marketplace/Exchange make final determinations or assessments of Medicaid eligibility? <choose one>

Comments: _____

Consumer Assistance

- h. Has your state budgeted state funding for consumer assistance? _____
- i. Is there a marketing and outreach effort focused on the Medicaid population (either those currently eligible but not enrolled or those newly eligible if your state has decided to implement the Medicaid expansion)? _____
- j. Are marketing and outreach efforts being coordinated between the Marketplace and the Medicaid agency? _____
- k. How would you describe the adequacy of resources that will be available for consumer assistance when enrollment opens on October 1, 2013? _____

Comments: _____

Other Changes

- l. Describe any changes to the Medicaid application or renewal process *other than those discussed above*. Use drop down boxes to indicate "Nature of Impact" (a "Simplification," a "Restriction," or a change with a "Neutral Effect" from the perspective of the beneficiary.) If there are no changes, check the box on line "iii."

Application or Renewal Process Change	Year	Nature of Impact
i.	<choose one>	<choose one>
ii.	<choose one>	<choose one>
iii. <input type="checkbox"/> No other changes in either FY 2013 or FY 2014		

7. Provider Payment Rates

Compared to the prior year, please indicate by provider type any rate increases or decreases implemented in FY 2013 or to be implemented in FY 2014. Include COLA or inflationary changes as increases. Use "+" for an increase, "-" for a decrease, and "0" for no change. *Optional: If available, please indicate actual percentage change as well.*

Provider Type	FY 2013	FY 2014
a. Inpatient hospital		
b. Outpatient hospital		
c. Doctors – primary care (other than the ACA required increase)		
d. Doctors – specialists		
e. Dentists		
f. Managed Care Organizations		
g. Nursing Homes		

- h. Please list any other provider rates subject to reimbursement increases or reductions:

- i. For FY 2013. _____
- ii. For FY 2014. _____

ACA-Required Payment Increases for Primary Care Services.

- i. Were other primary care payment rates increased beyond those that were required? <choose one>
If yes, please describe. _____
- j. Were managed care contract changes needed to incorporate the payment change? <choose one>
- k. Please describe any implementation issues or challenges: _____

8. Provider Taxes / Assessments

Please use the drop down boxes in the table below to indicate provider taxes in place in FY 2012 and new taxes or changes for FY 2013 and FY 2014. In the far right columns, indicate whether caps of 3.5% or 5.5% of net patient revenues would require the state to decrease its established rate(s).

Provider Group Subject to Tax	In place in FY 2012 (Yes, No)	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change or N/A) in:		Does tax exceed either 3.5% or 5.5% of Net Patient Revenues	
		FY 2013	FY 2014	Exceeds 3.5%	Exceeds 5.5%
a. Hospitals	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>
b. ICF/ID	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>
c. Nursing Facilities	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>
d. MCOs	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>
e. Other:	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>
f. Other:	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>	<choose one>

- g. Please estimate the proportion (%) of the non-federal share of your state's Medicaid expenditures that are funded through provider tax revenue. If unknown, please indicate "don't know". _____

9. Premiums

Please list any Medicaid eligibility group subject to a premium requirement (including a Ticket to Work or other buy-in program) and use the drop down boxes to indicate the nature of any changes made in FY 2013 or planned for FY 2014 and if the premium requirement is in place under "Waiver Authority." (Do not include premiums for CHIP-funded programs or premium assistance programs where Medicaid pays premiums to other insurers on behalf of beneficiaries.) If there are no Medicaid premiums in your state, please check the box on line "d."

Eligibility Group Subject to a Premium Requirement	In Place in FY 2012?	Changes in:		Waiver Authority?
		FY 2013?	FY 2014?	
a.	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
b.	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
c.	<input type="checkbox"/>	<choose one>	<choose one>	<choose one>
d. <input type="checkbox"/> No premiums in either FY 2013 or FY 2014				

10. Cost-Sharing

- a. Does your state require Medicaid copayments? <choose one>
- b. Are Medicaid copayments enforceable in your state for any eligibility group? <choose one>
- c. If yes, for what group(s) are copayments enforceable? _____
- d. If your state plans to apply different cost-sharing requirements to the ACA Medicaid expansion population in 2014 (compared to current eligibles), please briefly describe those requirements. (enter "N/A" if not different or if your state is not implementing the ACA Medicaid expansion): _____

Changes in Cost-Sharing: In the table below, please describe any cost-sharing policy changes in FY 2013 or planned for FY 2014 (other than those described in 10(d) above). Use drop down boxes to indicate Year, Nature of Impact ("New," "Increase," "Decrease," or "Elimination" of an existing cost sharing requirement, or a "Neutral Effect") and if the change would be completed "By Waiver Authority. If there are no cost-sharing changes to report for either year (other than those described in 10(d) above), check the box on line "h."

Cost-Sharing Action	Fiscal Year	Effective Date	Eligibility Groups Affected	Nature of Impact	Waiver Authority?
e.	<choose one>			<choose one>	<choose one>
f.	<choose one>			<choose one>	<choose one>
g.	<choose one>			<choose one>	<choose one>
h. <input type="checkbox"/> No cost-sharing changes in either FY 2013 or FY 2014 (other than any listed in 10.d. above.)					

Comments on cost sharing: _____

11. Benefits

ACA Medicaid Expansion Benefits

- a. If your state is implementing the ACA Medicaid expansion, indicate below which Alternative Benefit Package will be used for the non-exempt expansion population (*check one*):

- i. ☐ State's largest commercial HMO
ii. ☐ A State Employee Health Plan
iii. ☐ Federal Employee Health Benefit Plan BCBS Standard PPO Plan
iv. ☐ Secretary-approved coverage: Medicaid adult State Plan benefit
v. ☐ Other Secretary-approved coverage _____
vi. ☐ Undetermined at this time
vii. ☐ N/A: State not expanding

Comments on Alternative Benefit Package (including any plans to implement a premium assistance model):

- b. Does your state intend to align the Alternative Benefit Package (APB) for newly-eligible adults with your Medicaid adult State Plan benefit? <choose one>
i. If yes, please list the benefits (if any) that you will add to the ABP in order to align with your current Medicaid state plan. _____
ii. If not, please list the key differences between the ABP for newly-eligible adults and your current state plan benefit. _____
c. Will the benefit package include long term services and supports (LTSS)? <choose one>
i. If "Yes," please describe the LTSS benefits: _____
d. Please briefly describe how ABP-exempt beneficiaries in the newly eligible group be identified: _____

Coordination across Medicaid and the Marketplace/Exchange

- e. Is your state considering requirements that one or more QHPs operating in the Marketplace/Exchange participate in Medicaid? _____
f. Is your state considering requirements that one or more Medicaid plans be QHPs offering coverage through Marketplaces/Exchanges? _____

Other Benefit Actions

Describe below any change in benefits *implemented* during FY 2013 or planned for FY 2014 (other than ACA Medicaid expansion-related changes reported above). Use drop down boxes to indicate Year, Nature of Impact (from perspective of beneficiary, is it an "Expansion," "Limitation," a benefit "Elimination," or a change with a "Neutral Effect"), and Waiver Authority (yes or no). If there are no benefit changes for either year (other than ACA Medicaid expansion-related changes reported above), please check the box on line "h."

Benefit Change	Year	Effective Date	Eligibility Groups Affected	Nature of Impact	By Waiver Authority?
g.	<choose one>			<choose one>	<choose one>
h.	<choose one>			<choose one>	<choose one>
i.	<choose one>			<choose one>	<choose one>
j.	<choose one>			<choose one>	<choose one>
k.	<choose one>			<choose one>	<choose one>
l. <input type="checkbox"/> No changes in either FY 2013 or FY 2014					

Comments on benefit changes: _____

12. Prescription Drug Policy

- a. **Ingredient Cost Reimbursement Methodology.** Other than the specialty drug actions reported below, did/will ingredient cost reimbursement increase, decrease, or stay about the same:
- i. In FY 2013? <choose one>
 - ii. In FY 2014? <choose one>
 - iii. Briefly describe any change in ingredient cost reimbursement methodology (e.g., a change from/to AWP, WAC, AAC, or other benchmark): _____
- b. **Dispensing Fees.** Did/will dispensing fees increase, decrease, or stay the same:
- i. In FY 2013? <choose one>
 - ii. In FY 2014? <choose one>
 - iii. Briefly describe any change and indicate whether an increase in dispensing fees was associated with a change in ingredient cost methodology: _____

Selected Pharmacy Management Tools. For the pharmacy management tools listed below, please indicate changes implemented in FY 2013 or planned for FY 2014. Under "Fiscal Impact" please use the drop down boxes to indicate if the change will "generate savings," "increase costs," or be "fiscally neutral." Check the box on line "f" if there are no changes to report for either year.

Program Tool/Policy	In place at the end of FY 2012?	FY	Program Change In Fiscal Year	Fiscal Impact
c. Preferred Drug List (PDL)	<input type="checkbox"/>	2013		<choose one>
		2014		<choose one>
d. Supplemental Rebates	<input type="checkbox"/>	2013		<choose one>
		2014		<choose one>
e. Prescription Cap	<input type="checkbox"/>	2013		<choose one>
		2014		<choose one>
f. <input type="checkbox"/> No changes in either FY 2013 or FY 2014				

- g. **Managed Care Pharmacy Policies.** For states with capitated MCO contracts for comprehensive benefits as of July 1, 2013, please briefly describe below any pharmacy policy changes in those MCO contracts implemented in FY 2013 or planned for FY 2014 (including but not limited to changes to pharmacy carve-outs or implementation of a universal PDL applicable to all plans).

Year	MCO Pharmacy Policy Changes
i. FY 2013	
ii. FY 2014	

Other Pharmacy Program Changes. In the table below, please indicate any other pharmacy program changes implemented in FY 2013 or planned for FY 2014, including those related to specialty drug cost containment. Use drop boxes to indicate year and fiscal impact (the change will "generate savings," "increase costs," or be "fiscally neutral.") Check box on line "k" if no changes for either year.

Pharmacy Program Changes	Fiscal Impact	FY 2013 or FY 2014
h.	<choose one>	<choose one>
i.	<choose one>	<choose one>
j.	<choose one>	<choose one>
k. <input type="checkbox"/> No changes in either FY 2013 or FY 2014		

Other comments on pharmacy policy changes: _____

13. Medicaid Managed Care

- a. What managed care programs are used by Medicaid in FY 2014 (Check all that apply):

- ☐ Capitated comprehensive health plans
- ☐ Capitated non-comprehensive plans (e.g. behavioral health, dental, non-emergency transportation, etc.)
- ☐ PCCM
- ☐ Other _____
- ☐ None

Please indicate managed care policy actions implemented during FY 2013 or to be implemented in FY 2014.
Please briefly describe those that apply.

Managed Care Program or Policy Actions	Implemented in FY 2013	Planned for FY 2014
b. Expand/reduce PCCM or MCO geographic service area		
c. Add/reduce eligibility groups enrolled in managed care (please specify)		
d. Change from voluntary to mandatory enrollment, or vice-versa (specify eligibility category)		
e. Implement, expand or reduce use of managed long term care		
f. New performance measures or performance-based contract changes (e.g., quality measures, withhold percentage, P4P, etc.)		
g. Other managed care policy changes		

Comments on managed care: _____

- h. **Behavioral Health Managed Care Policies.** Please describe any contract of policy changes related to behavioral health in capitated MCO contracts or in separate Behavioral Health Organization (BHO) plans implemented in FY 2013 or planned for FY 2014 (including but not limited to changes to behavioral health carve-ins, behavioral health carve-outs, additional groups or geographic locations included in BHO contracts, or other significant contracting changes related to behavioral health).

Year	Behavioral Health Managed Care Policy Changes
i. FY 2013	
ii. FY 2014	

14. Care Coordination and Quality Initiatives

Please indicate and briefly describe new Medicaid care coordination or quality initiatives in place or implemented in FY 2013 or planned to be implemented in FY 2014:

Care Coordination or Quality Initiatives	In place at beginning of FY 2013	Implemented new or expanded in FY 2013	Planned for FY 2014
a. Patient-centered medical home initiative	<input type="checkbox"/>		
b. Health Homes for persons with chronic conditions (ACA Sec. 2701)	<input type="checkbox"/>		
c. Other initiative to improve delivery of behavioral health services, such as coordination of physical health and behavioral health care	<input type="checkbox"/>		
d. Initiative to coordinate long-term care and acute care services	<input type="checkbox"/>		
e. Dual Eligible demonstration through the CMS Medicaid-Medicare Coordination Office	<input type="checkbox"/>		
f. Any other Dual Eligible care coordination, payment or delivery system initiative (briefly describe)	<input type="checkbox"/>		
g. Accountable Care Organizations	<input type="checkbox"/>		
h. New or expanded quality efforts (briefly describe)	<input type="checkbox"/>		
i. Other care coordination or quality improvement actions or initiatives	<input type="checkbox"/>		

Comments on Care Coordination: _____

15. Long Term Care Policy

Briefly identify LTC actions taken during FY 2013 or planned for FY 2014. Under "Community or Institutional Action," use the drop down boxes to indicate if the action affects "Community-based" services, "Institutional" services, or "Both." Under "Nature of Impact," use the drop down boxes to indicate if the action is an "Expansion," a new or more restrictive service "Limitation" or "Elimination," a change that "Shifts clients from institution to community" settings, or a change with a "Neutral Effect." If there are no changes for either year, check the box on line "g." (Exclude rate, tax, or benefit changes already reported in questions 7, 8, or 11).

Long Term Care Policy Action	Year	Community or Institutional Action?	Effective Date	Nature of Impact
a.	<choose one>	<choose one>		<choose one>
b.	<choose one>	<choose one>		<choose one>
c.	<choose one>	<choose one>		<choose one>
d.	<choose one>	<choose one>		<choose one>
e.	<choose one>	<choose one>		<choose one>
f.	<choose one>	<choose one>		<choose one>
g. <input type="checkbox"/> No changes in either FY 2013 or FY 2014				

ACA LTC State Options	In Place in FY 2012	New in FY 2013	Plan to implement in FY 2014	No Plans to Implement	Don't Know
h. HCBS State Plan Option (Not HCBS waiver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. State Balancing Incentive Payment Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community First Choice Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Section 1115 Waivers

Expiring Waivers

- Does your state have an 1115 waiver that included an eligibility expansion that is scheduled to expire in FY 2014? <choose one>
- If so, please briefly describe any actions the state is planning to take with regard to the waiver (e.g., plans to request an extension, plans to allow the waiver to expire, plans to convert the covered eligibility group to an ACA expansion category, or whether plans for the waiver are currently undetermined):

New Waivers or Waiver Amendments

- Is your state currently planning to implement a comprehensive Section 1115 Medicaid waiver or waiver amendment, other than a Family Planning waiver, in FY 2014? <choose one> If yes:
- What is the status of the waiver or waiver amendment? <choose one>
- Please indicate the types of changes you are seeking? (Check and describe all that apply):
 - ☐ Eligibility changes _____
 - ☐ Benefit or cost sharing changes _____
 - ☐ Premium Assistance changes _____
 - ☐ Dual Eligible Initiatives (outside of 1115A's through CMMI) _____
 - ☐ Expansion of managed care (please specify populations/services) _____
 - ☐ Safety-net delivery system improvement initiatives (e.g. DSRIP) _____
 - ☐ Other delivery/payment system reforms (e.g. ACO, episodic payments, etc.) _____
 - ☐ Other _____
- Indicate the primary goal of your 1115 waiver (i.e. reduce costs, expand coverage, etc.)

17. Medicaid Administrative Capacity for ACA Implementation Efforts

- a. Regarding mandatory Medicaid ACA-related requirements for FY 2014, please briefly describe your state's administrative capacity to implement the requirements: _____
- b. Did your state add administrative staff in either FY 2013 or FY 2014? _____
- c. Please identify any administrative challenges for your state related to the implementation of the Medicaid ACA requirements: _____
- d. How has your agency addressed the need for staff training and change management to prepare for the eligibility and enrollment changes? _____
- e. Given the number of changes in systems and operations of Medicaid due to the ACA, are there parts of program administration that you foresee becoming easier or more complex over time? _____

Comments: _____

18. Program Integrity

Please identify and briefly describe any significant new program integrity initiatives or enhancements implemented or planned to be implemented in FY 2013 or FY 2014:

Care Coordination Initiatives	Implemented in FY 2013	Planned for FY 2014
a. Advanced data analytics and/or predictive modeling initiative or enhancement		
b. Enhanced provider screening initiative (beyond ACA required efforts)		
c. New or enhanced public/private data sharing initiative		
d. Other new or enhanced program integrity initiative		

Comments on current or new program integrity efforts: _____

19. Outlook for Medicaid in the Future?

What do you see as the two or three most significant issues or challenges Medicaid will face in your state over the next year or two? _____

20. Accomplishments and successes of your Medicaid program:

Looking at the administration, role and impact of your Medicaid program, what would you say are the things you are most proud of? _____

This completes the survey. Thank you very much.