

# MEDICAID BUDGET SURVEY FOR STATE FISCAL YEARS 2016 AND 2017

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

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State \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 1: MEDICAID EXPENDITURES

- 1. Medicaid Expenditure Growth: SFYs 2015-2017.** For each year, indicate the annual percentage change in total Medicaid expenditures for each source of funds. **(Exclude admin. and Medicare Part D Clawback payments.)**

| Fiscal Year (generally, July 1 to June 30) | Percentage Change of Each Fund Source |                |         |                    |
|--|---------------------------------------|----------------|---------|--------------------|
|  | State*                                | Local or Other | Federal | Total: All Sources |
| a. FY 2015 over FY 2014                    | %                                     | %              | %       | %                  |
| b. FY 2016 over FY 2015                    | %                                     | %              | %       | %                  |
| c. FY 2017 over FY 2016 (proj.)            | %                                     | %              | %       | %                  |

\*State spending refers to State General Revenues/ State General Funds only. Please exclude funds referenced as Local or Other.

- 2. Local or Other Funds:** If Local or Other funds are listed, please briefly describe the primary sources of funding included in this category (e.g., county matching funds, provider taxes, etc.) \_\_\_\_\_
- 3. Shortfall:** How likely is a FY 2017 Medicaid budget shortfall given the funding authorized? <choose one>  
 Comments on Medicaid expenditures (Questions 1-3): \_\_\_\_\_
- 4. Factors Driving Total Expenditure Changes.** What were the most significant factors that affected growth or decline in total Medicaid spending (all funds) in FY 2016 and projected for FY 2017?

| Total Medicaid Spending |                                | FY 2016 | FY 2017 (projected) |
|-------------------------|--------------------------------|---------|---------------------|
| a. Upward Pressures     | i. Most significant factor?    |         |                     |
|                         | ii. Other significant factors? |         |                     |
| b. Downward Pressures   | i. Most significant factor?    |         |                     |
|                         | ii. Other significant factors? |         |                     |

**Comments on Factors (Question 4):** \_\_\_\_\_

- 5. ACA Medicaid Expansion Population Non-Federal Share Financing** (Non-expansion states may skip):
- a. Use the drop-down to identify the source of financing for the 5% state share (beginning 1/1/2017): <choose one>
- b. If answered "other" for 5a, please briefly describe: \_\_\_\_\_  
 Comments on non-federal share expansion financing: \_\_\_\_\_
- 6. State GF/GR Spending:** If there were significant factors affecting state (non-federal, general fund) Medicaid spending, other than those listed under Questions 4 & 5 above, please briefly identify them here: \_\_\_\_\_

## SECTION 2: MEDICAID ENROLLMENT

- 1. Change in Total Enrollment:** Please indicate percentage changes in total Medicaid (i.e., Title XIX – funded) enrollment in FY 2016 and projected for FY 2017. **(Exclude CHIP-funded enrollees and family planning only enrollees).**

| Fiscal Year               | Percentage Change in Enrollment |          |               |               |                  |
|---------------------------|---------------------------------|----------|---------------|---------------|------------------|
|                           | All Enrollees                   | Children | Expan. Adults | Aged/Disabled | All other Adults |
| a. 2016 over 2015         | %                               | %        | %             | %             | %                |
| b. 2017 over 2016 (proj.) | %                               | %        | %             | %             | %                |

Comments on enrollment changes by eligibility group: \_\_\_\_\_

- 2. Key Factors Driving Change in Enrollment:** In the table below, please identify what you believe were the key factors that were upward and downward pressures on total enrollment in FY 2016, and expected to be in FY 2017.

|                       | FY 2016 | FY 2017 (projected) |
|-----------------------|---------|---------------------|
| a. Upward Pressures   |         |                     |
| b. Downward Pressures |         |                     |

Comments on factors (Questions 2): \_\_\_\_\_

3. **Eligible But Not Enrolled:** Since 2014, what has been your state’s enrollment experience with persons who were previously eligible but not enrolled (e.g., growth compared to original projections, etc.)? \_\_\_\_\_
4. **Medicaid Expansion Experience** (*Non-expansion states may skip*):
- Newly Eligible Enrollment:** Compared to your state’s projections prior to implementation, has enrollment for the newly eligible been higher, lower or on target with state projections? <choose one>
  - Enrollment of other groups.** How have enrollment trends for other groups (e.g., pregnant women, disabled, etc.) been affected by the Medicaid expansion? \_\_\_\_\_
  - Per Capita Spending:** Compared to your state’s original projections (prior to implementation), are actual PMPM costs for expansion enrollees higher, lower or on target with state projections? <choose one>
  - Other effects.** Please briefly describe other effects of Medicaid expansion, if any, such as impacts on Medicaid financing, state revenues or taxes, uncompensated care, criminal justice population, economic impacts, etc.

Comments on Question 4: \_\_\_\_\_

5. **Births Financed by Medicaid.** (*Respond with the most recent 12 month period for which you have data*)
- What share of all births in the state were financed by Medicaid? \_\_\_\_\_
  - Indicate the data reference period and any comments on Question 5: \_\_\_\_\_

**SECTION 3: MEDICAID ELIGIBILITY STANDARDS, APPLICATION AND RENEWAL PROCESSES**

1. **Optional Eligibility Groups.** Using the drop-downs, indicate whether the groups listed in the table below were covered in FY 2013. If covered, indicate whether that coverage pathway was or will be eliminated (due to new coverage options). If “Other Change” is selected, use the comment line below the table to describe it. For eliminations, provide an estimate of the number losing Medicaid eligibility (i.e., not eligible in another category).

| Optional Medicaid Eligibility Group       | Covered in FY 2013 (Yes, No) | Coverage Eliminated in:  |                          |                          |                          | No Plans to End          | Other Change (e.g., freeze/close enrollment) | Est. No. of People Affected (e.g., losing Medicaid coverage) |
|---|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
|   |                              | FY 2014                  | FY 2015                  | FY 2016                  | FY 2017                  |                          |  |  |
| <i>(Check only one box per line)</i>      |                              |                          |                          |                          |                          |                          |  |  |
| a. Breast & Cervical Cancer Program       | <choose one>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| b. Medically Needy Spend- Down - Parents  | <choose one>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| c. Medically Needy Spend- Down - Disabled | <choose one>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| d. Pregnant Women 133+% FPL               | <choose one>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| e. Family Planning waiver/SPA             | <choose one>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                     |  |

Comments on optional eligibility groups (Question 1): \_\_\_\_\_

2. **Other changes in Medicaid eligibility standards:** Describe other changes in Medicaid eligibility standards\* implemented in FY 2016 or adopted for FY 2017. (*Exclude federally mandated changes and CHIP-funded changes.*) Use the drop-down boxes to indicate the Year, Eligibility Group Affected (“Children,” “Expansion Adults,” “Aged & Disabled,” or “All Other Adults,”) and the “Nature of Impact” (“Expansion,” “Restriction,” or “Neutral” effect from the beneficiary’s perspective). If no changes, check the box on line “d.”

| Nature of Eligibility Standards Change                                     | Year         | Group Affected | Est. # of People Affected | 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. <input type="checkbox"/> <b>No changes in either FY 2016 or FY 2017</b> |              |                |                           |                  |

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

Comments on change in eligibility standards (Question 2): \_\_\_\_\_

3. **Corrections-Related Enrollment Policies.** In the table below, please indicate if your state’s Medicaid program had the following policies in place in FY 2015 and if these policies will be adopted or expanded in FY 2016 or FY 2017.

| Select Corrections-Related Medicaid Policies  | In Place<br>FY 2015      | New or Expanded in:      |                          |
|---|--------------------------|--------------------------|--------------------------|
|   |                          | FY 2016                  | FY 2017                  |
| a. Medicaid led /coordinated efforts on outreach / enrollment assistance prior to release                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expedited enrollment prior to release (e.g., Presumptive Eligibility)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid eligibility staff devoted to processing determinations prior to release                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid coverage for inpatient care provided to incarcerated individuals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid eligibility suspended (rather than terminated) for enrollees who become incarcerated (jails OR prisons) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments on Corrections-Related Medicaid Actions (Question 3): \_\_\_\_\_

**SECTION 4: PROVIDER PAYMENT RATES AND PROVIDER TAXES / ASSESSMENTS**

1. **Provider Payment Rates:** Compared to the prior year, indicate by provider type any rate changes implemented in FY 2016 or planned for FY 2017. Use “+” to denote an increase, “-” to denote a decrease, or “0” to denote “no change.” *(Include COLA or inflationary changes as “+”.) Note: the actual % change is helpful but a +, -, or 0 is sufficient.*

| Provider Type  | FY 2016 | FY 2017 |
|--|---------|---------|
| a. Inpatient hospital  |         |         |
| b. Outpatient hospital   |         |         |
| c. Doctors – primary care  |         |         |
| d. Doctors – specialists   |         |         |
| e. Dentists  |         |         |
| f. Managed care organizations <i>(put N/A if there are no Medicaid MCOs)</i> |         |         |
| g. Nursing Facilities  |         |         |

Comments on Provider Payment Rates (Question 1): \_\_\_\_\_

2. **Potentially Preventable Readmissions.**

a. Has your state adopted or does it plan to adopt an inpatient hospital reimbursement incentive or penalty to reduce potentially preventable readmissions in **FFS**? *<choose one>*; If yes, please briefly describe.

b. Does your state require **MCOs** to adopt such incentives or penalties? *<choose one>* If yes, please briefly describe. \_\_\_\_\_

3. **Provider Payment Incentives to Reduce Early Elective Deliveries.**

a. Has your state adopted or does it plan to adopt payment policies that create incentives to reduce the number of early elective deliveries in **FFS**? *<choose one>*; If yes, please briefly describe.

b. Does your state require **MCOs** to adopt such payment policies? *<choose one>*  
If yes, please briefly describe. \_\_\_\_\_

4. **Provider Taxes / Assessments:** Use the drop-downs to indicate provider taxes in place in FY 2015 and new taxes or changes for FY 2016 and FY 2017. Also indicate whether the tax exceeds 3.5% or 5.5% of net patient revenues.

| Provider Group Subject to Tax | In place in FY 2015 (Yes, No) | Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change or N/A) in: |              | Does tax exceed specified percentage of Net Patient Revenues (as of July 1, 2016) |              |
|-------------------------------|-------------------------------|--|--------------|---|--------------|
|                               |                               | FY 2016  | FY 2017      | Exceeds 3.5%  | Exceeds 5.5% |
| a. Hospitals                  | <choose one>                  | <choose one>   | <choose one> | <choose one>  | <choose one> |
| b. ICF/ID                     | <choose one>                  | <choose one>   | <choose one> | <choose one>  | <choose one> |
| c. Nursing Facilities         | <choose one>                  | <choose one>   | <choose one> | <choose one>  | <choose one> |
| d. Other:                     | <choose one>                  | <choose one>   | <choose one> | <choose one>  | <choose one> |
| e. Other:                     | <choose one>                  | <choose one>   | <choose one> | <choose one>  | <choose one> |

Comments on Provider Taxes/Assessments (Question 4): \_\_\_\_\_

**SECTION 5: MONTHLY CONTRIBUTIONS / PREMIUMS AND COST-SHARING CHANGES**

**1. Monthly Contributions / Premiums:** Using the drop-down boxes, indicate whether premium or monthly contributions were in place for the groups listed below in FY 2015. Please also describe any monthly contribution or premium policy changes for these groups in FY 2016 or planned for FY 2017. (Exclude inflationary changes as well as requirements for CHIP-funded or premium assistance programs.) Note the effective date for any change(s) and briefly describe the change, if applicable. If there are no monthly contribution or premium requirement changes planned for either year, check the box on line “f.”

| Group Subject to Monthly Contribution/Premium   | In place in FY 2015 (Yes, No) | Changes (New, Increased, Decreased, Eliminated, No Change or N/A) in: |              | Action (briefly describe the change, if applicable) | Effective Date |
|---|-------------------------------|---|--------------|---|----------------|
|   |                               | FY 2016   | FY 2017      |   |                |
| a. Medicaid buy-in for persons with disabilities  | <choose one>                  | <choose one>  | <choose one> |   |                |
| b. DRA Family Opportunity Act Children  | <choose one>                  | <choose one>  | <choose one> |   |                |
| c. TEFRA/Katie Beckett  | <choose one>                  | <choose one>  | <choose one> |   |                |
| d. ACA Medicaid Expansion Adults  | <choose one>                  | <choose one>  | <choose one> |   |                |
| e. Other:   | <choose one>                  | <choose one>  | <choose one> |   |                |
| f. <input type="checkbox"/> No monthly contribution or premium requirement changes planned for FY 2016 or FY 2017 |                               |   |              |   |                |

**2. Changes in Cost-Sharing:** In the table below, please describe any cost-sharing policy changes in FY 2016 or planned for FY 2017. Use drop-down boxes to indicate Year, Nature of Impact (“New,” “Increase,” “Decrease,” “Elimination” of an existing requirement, or a “Neutral Effect”). Also indicate Eligibility Group(s) Affected. If there are no cost-sharing changes to report for either year, check the box on line “d.”

| Cost-Sharing Action   | Fiscal Year  | Eff. Date | Elig. Group(s) Affected | Nature of Impact |
|---|--------------|-----------|-------------------------|------------------|
| a.  | <choose one> |           |                         | <choose one>     |
| b.  | <choose one> |           |                         | <choose one>     |
| c.  | <choose one> |           |                         | <choose one>     |
| d. <input type="checkbox"/> No changes in either FY 2016 or FY 2017 |              |           |                         |                  |

Comments on premiums and cost sharing (Questions 1 and 2): \_\_\_\_\_

**SECTION 6: BENEFIT AND PHARMACY CHANGES**

**1. Benefit Actions.** Describe below any benefits changes implemented during FY 2016 or planned for FY 2017. (Exclude HCBS<sup>1</sup> and pharmacy benefit changes, which are covered later.) Use drop-downs to indicate Year, Nature of Impact (i.e., from beneficiary’s perspective, is it an “Expansion,” a “Limitation,” an “Elimination,” or a change with a “Neutral Effect”?). If there are no benefit changes for either year, check the box on line “d.”

| Benefit Change  | Year         | Eff. Date | Elig. Group(s) Affected | Nature of Impact |
|---|--------------|-----------|-------------------------|------------------|
| a.  | <choose one> |           |                         | <choose one>     |
| b.  | <choose one> |           |                         | <choose one>     |
| c.  | <choose one> |           |                         | <choose one>     |
| d. <input type="checkbox"/> No changes in either FY 2016 or FY 2017 |              |           |                         |                  |

Comments on benefit changes: \_\_\_\_\_

**2. Mental Health Parity.** Does your state anticipate any changes to State Plan service design and/or MCO payments or MCO/State Plan service design in response to the final Mental Health Parity and Addiction Equity Act regulations published in March 2016? <choose one>

If so, please briefly describe the anticipated changes: \_\_\_\_\_

<sup>1</sup> For this purpose, “HCBS” includes Section 1915(c) waivers, 1915(i) HCBS State Plan Option, 1915(k) Community First Choice Option, and State Plan personal care services, home health services and private duty nursing services.

- 3. Housing Supports.** A 2015 [CMCS Informational Bulletin](#) clarified housing-related activities that may be eligible for Medicaid reimbursement (i.e., Individual Housing Transition services, Individual Housing & Tenancy Sustaining services, State-level Housing Related Collaboration Activities).
- Does your state currently offer housing-related services under a State Plan or 1915(c) HCBS waiver option that will continue after the expiration of the Money Follows the Person grant program? *<choose one>*
    - If “yes,” please briefly describe and indicate the target populations (e.g., individuals with physical disabilities, SMI, or chronically homeless): \_\_\_\_\_
  - Has your state implemented/expanded any strategy outlined in the CMCS Bulletin in FYs 2016 or 2017? *<choose one>*
    - If “yes,” please briefly describe and indicate the target populations: \_\_\_\_\_
  - Does your state encourage or require Medicaid MCOs to provide housing related services? *<choose one>*  
If so, please describe. \_\_\_\_\_
- 4. Top Pharmacy Cost Drivers.** Please list in the table below the three biggest cost drivers that affected growth in total pharmacy spending (all funds) in FY 2016 and projected for FY 2017.

| a. FY 2016 Pharmacy Cost Drivers | b. FY 2017 Pharmacy Cost Drivers |
|----------------------------------|----------------------------------|
| i.                               | i.                               |
| ii.                              | ii.                              |
| iii.                             | iii.                             |

Comments on cost drivers (Question 4): \_\_\_\_\_

**5. Managed Care's Role in Delivering Pharmacy Benefits. (Skip if your state does not have Medicaid MCOs)**

- If your state uses MCOs to deliver acute care benefits, were pharmacy benefits covered under your managed care contracts *as of July 1, 2016*? *<choose one>* If “other,” please briefly describe: \_\_\_\_\_
- If pharmacy benefits are carved-in, please indicate if the policies listed in the table below were in place in MCO contracts in FY 2015 and if changes were made in FY 2016 or FY 2017. Use the comment section to provide additional details or clarification (e.g., if these requirements were implemented in some but not all contracts.)

| Managed Care Pharmacy Policies                | In Place in FY 2015?     | Changes in FY 2016 or FY 2017<br>(New, Expanded, Restricted, Eliminated, No Change or N/A) |              | Comments |
|---|--------------------------|--|--------------|----------|
|   |                          | FY 2016  | FY 2017      |          |
| i. Uniform clinical protocols                 | <input type="checkbox"/> | <choose one>   | <choose one> |          |
| ii. Uniform PDL                               | <input type="checkbox"/> | <choose one>   | <choose one> |          |
| iii. Uniform prior authorization requirements | <input type="checkbox"/> | <choose one>   | <choose one> |          |
| iv. Other:                                    | <input type="checkbox"/> | <choose one>   | <choose one> |          |

Comments on managed care role (Question 5): \_\_\_\_\_

- 6. Pharmacy Cost / Utilization Management Actions.** Please briefly describe in the table below any new or expanded pharmacy cost containment strategies, including changes in coverage policies or reimbursement, implemented in FY 2016 or planned for FY 2017. If applicable, please include managed care-related cost containment actions (e.g., carve-outs, risk-sharing, uniform prior authorization policy requirements, etc.).
- Please use the drop-downs to indicate whether the action listed applies to pharmacy in **general**, is targeted at **specialty or high-cost drugs** (e.g., hepatitis C drugs, biologics, hemophilia factor, etc.) or applies to **both** general and specialty drugs as well as the year.

| Pharmacy Cost-Containment Actions | Type of Change<br>(General, Specialty, or Both) | FY 2016 or FY 2017 |
|-----------------------------------|---|--------------------|
| a.                                | <choose one>                                    | <choose one>       |
| b.                                | <choose one>                                    | <choose one>       |
| c.                                | <choose one>                                    | <choose one>       |

Comments on pharmacy cost containment actions (Question 6): \_\_\_\_\_

**7. Opioid Harm Reduction Strategies.**

- a. Has your Medicaid program adopted or is it planning to adopt the [CDC opioid prescribing guidelines](#):
  - i. For FFS? <choose one>
  - ii. As a requirement for MCOs to adopt? <choose one>
  - iii. Please briefly describe any implementation challenges: \_\_\_\_\_
- b. Has your Medicaid agency implemented or does it plan to implement any initiatives to increase access to Naloxone? If so, please briefly describe: \_\_\_\_\_
- c. A 2016 [CMCS Informational Bulletin](#) highlighted emerging Medicaid pharmacy benefit management strategies for preventing opioid-related harms. In the table below, please indicate whether your state had one or more of the listed strategies in place in FY 2015 (in FFS and/or managed care) or will make changes (adopt/expand, restrict/eliminate, no change, N/A) to any of these strategies in FY 2016 or FY 2017. Use the comment space to briefly describe the changes. If no changes were planned for FY 2016 or FY 2017, check the box on line "vii."

| Opioid Harm Reduction Strategies within Medicaid  | In Place in FY 2015?     |                          | Changes in FY 2016: |                | Changes in FY 2017 in: |                | Comments (please briefly describe changes): |
|---|--------------------------|--------------------------|---------------------|----------------|------------------------|----------------|---|
|   | FFS                      | MCO                      | FFS?                | MCO contracts? | FFS?                   | MCO contracts? |   |
| i. Step-Therapy for opioids   | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| ii. Clinical Criteria for opioids   | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| iii. Prior Authorization for opioids  | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| iv. Quantity Limits on opioids  | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| v. Medicaid prescribers must check Prescription Drug Monitoring Program before prescribing opioids          | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| vi. Other:  | <input type="checkbox"/> | <input type="checkbox"/> | <choose one>        | <choose one>   | <choose one>           | <choose one>   |   |
| vii. <input type="checkbox"/> No changes in opioid harm reduction strategies planned for FY 2016 or FY 2017 |                          |                          |                     |                |                        |                |   |

Comments on opioid strategies (Question 7): \_\_\_\_\_

**SECTION 7: LONG-TERM SERVICES AND SUPPORTS (LTSS) REBALANCING**

1. Did your state increase, or does it plan to increase, the number of persons receiving LTSS in home and community-based settings in FY 2016 or 2017? <choose one> If "yes," please check below all rebalancing tools/methods used:

| LTSS Rebalancing Tools/Methods   | FY 16                    | FY 17                    |
|--|--------------------------|--------------------------|
| a. Expand the number of persons served in home and community-based services (HCBS) waivers (including those funded through the Money Follows the Person program) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Adopt HCBS State Plan Option - 1915(i) for new population   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Build rebalancing incentives into managed care contracts covering LTSS  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Add a new PACE site or increase the number of persons served at PACE sites  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Close/down-size a state institution and transition residents into community settings  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Implement/ tighten Certificate of Need program or impose moratorium on construction of new beds   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other:  | <input type="checkbox"/> | <input type="checkbox"/> |

Comments on Rebalancing Tools/Methods (Question 1): \_\_\_\_\_

2. **Restrict number served in the community.** If your state adopted or plans to adopt new restrictions on the number of people served in the community (e.g., eliminating a PACE site, capping HCBS waiver enrollment) in FY 2016 or FY 2017, please briefly describe the changes in each year: \_\_\_\_\_

3. **Expand Institutional LTSS.** If your state removed restrictions, or plans to do so, on institutional LTSS (e.g., lift or liberalize a Certificate of Need program or moratorium) in FY 2016 or 2017, please briefly describe the changes in each year: \_\_\_\_\_
4. **HCBS Benefit Actions.** Describe below any HCBS benefits changes implemented during FY 2016 or planned for FY 2017. (Include HCBS waivers, 1915(i), 1915(k), and State Plan personal care, home health and private duty nursing.) Use drop-downs to indicate Year, Nature of Impact ((i.e., from beneficiary’s perspective, is it an “Expansion,” a “Limitation,” an “Elimination,” or a change with a “Neutral Effect”?).

| HCBS Benefit Change | Year         | Effective Date | Nature of Impact |
|---------------------|--------------|----------------|------------------|
| a.                  | <choose one> |                | <choose one>     |
| b.                  | <choose one> |                | <choose one>     |

Comments on HCBS benefit changes (Question 4): \_\_\_\_\_

**SECTION 8A: MEDICAID DELIVERY SYSTEM CHANGES**

1. **Medicaid Managed Care Overview.** What types of managed care systems were in place in your state’s Medicaid program as of July 1, 2016? (check all that apply):
- MCO  PCCM - Primary Care Case Management  PHP - PIHP or PAHP  Other: \_\_\_\_\_
- No managed care programs operating in your state Medicaid program as of July 2016
2. Has your state made or does it plan to make changes in FY 2016 or FY 2017 (e.g., eliminating PCCM, adding a new PHP, implementing MCO contracts when there were none the previous year)? \_\_\_\_\_
3. **Population.** As of July 1, 2016, please indicate the approximate share of your total Medicaid population served by each acute care delivery system model listed in the table below. If possible, please also indicate the share of each eligibility group served by each delivery system model. *Include full benefit beneficiaries only; exclude partial benefit dual eligibles and family planning-only enrollees.*

| Delivery System       | Distribution of Medicaid population as of July 1, 2016 (Each column should sum to 100%) |             |                  |                 |                  |
|-----------------------|---|-------------|------------------|-----------------|------------------|
|                       | Total Population  | Child       | Expansion Adults | Aged & Disabled | All other Adults |
| a. MCOs               | %   | %           | %                | %               | %                |
| b. PCCM (managed FFS) | %   | %           | %                | %               | %                |
| c. Traditional FFS    | %   | %           | %                | %               | %                |
| <b>Total</b>          | <b>100%</b>   | <b>100%</b> | <b>100%</b>      | <b>100%</b>     | <b>100%</b>      |

Comments on populations served (Question 3): \_\_\_\_\_

*If your state does not have Medicaid MCOs, please skip Sections 8B-8D.*

**SECTION 8B: ENROLLMENT & BENEFITS – ACUTE CARE MCOs**

1. **Geographic scope.** Were acute care MCOs operating in all regions of your state as of July 1, 2015? <choose one>
- a. If not, did your state expand to new regions in FY 2016 or plan to do so in FY 2017? <choose one>
2. **New Populations.** Did your state enroll new populations in acute care MCOs in FY 2016 or 2017? <choose one>
- a. If so, which populations (please indicate which year they were added)? \_\_\_\_\_
- b. Please indicate if any of these populations will be mandatorily enrolled in managed care: \_\_\_\_\_
3. **Enrollment Requirements.** Please use the drop-downs in the table below to indicate for each group if enrollment in MCOs is "always mandatory," "always voluntary," "varies (by geography or other factor)," or if the group is "always excluded" from MCOs **as of July 1, 2016.** You may provide additional detail under “Comments” (below the table).

| Managed Care Enrollment Policies for Specified Populations |              |  |              |
|--|--------------|--|--------------|
| a. Pregnant women  | <choose one> | d. Children with special health care needs     | <choose one> |
| b. Foster children   | <choose one> | e. Persons with a Serious Mental Illness (SMI) | <choose one> |
| c. Persons with ID/DD                                      | <choose one> | f. Adults with physical disabilities           | <choose one> |

Comments acute care MCO enrollment requirements: \_\_\_\_\_

4. **Changes to Enrollment Requirements.** Did your state shift from voluntary to mandatory MCO enrollment for any Medicaid populations in FY 2016 or does your state plan to in FY 2017? <choose one>
- If so, which populations (please indicate which year the change was made)? \_\_\_\_\_

5. **Decreasing Acute Care MCO enrollment.** If your state implemented, or plans to implement, policy changes designed to decrease the number of enrollees served in acute care managed care plans in FY 2016 or FY 2017, please briefly describe the changes: \_\_\_\_\_
6. **Coverage of Behavioral Health Benefits under MCOs as of July 1, 2016.** For beneficiaries enrolled in an MCO for acute care benefits, please indicate whether the following benefits are always carved-in (meaning virtually all services are covered by the MCO), always carved-out (to PHP or FFS), or whether the carve-in varies.

| Services                               | Always Carved-in         | Always Carved-out        | Varies by:               |                  | Comments |
|--|--------------------------|--------------------------|--------------------------|------------------|----------|
|  |                          |                          | Geography                | Other (describe) |          |
| 2. Specialty outpatient mental health* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |          |
| 3. Inpatient mental health             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |          |
| 4. Inpatient SUD                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |          |
| 5. Outpatient SUD                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |          |

\*"Specialty outpatient mental health" refers to services utilized by adults with Serious Mental Illness (SMI) and/or youth with serious emotional disturbance (SED) commonly usually provided by specialty providers such as community mental health centers.

6. Did your state plan to make any changes to how behavioral health benefits were delivered under MCO contracts in FY 2016 or does your state plan to in FY 2017? <choose one> If so, briefly describe the changes: \_\_\_\_\_
7. **IMD Services.** The recently finalized Medicaid Managed Care rule allows states to make a monthly capitation payment to an MCO or PIHP for an enrollee aged 21-64 receiving inpatient treatment in an IMD if the length of stay in the IMD is for no more than 15 days during the period of the monthly capitation payment. Does your state plan to use this new authority? <choose one> If so, please briefly describe your state's plan. \_\_\_\_\_

### SECTION 8C: CAPITATED MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

1. As of July 1, 2016, does your state cover long-term services supports through any of the following managed care (capitated) arrangements? (Check all that apply)

- Medicaid MCO** (MCO covers Medicaid acute + Medicaid LTSS)  **PHP** (PHP covers only Medicaid LTSS)  
 **Medicaid/Medicare MCO** (MCO covers Medicaid and Medicare acute + Medicaid LTSS)  **No MLTSS**

2. **Geographic scope.** Were MLTSS plans operating in all regions of your state as of July 1, 2015? <choose one>  
 a. If not, did your state expand to new regions in FY 2016 or plan to do so in FY 2017? <choose one>  
 Comments on Arrangements or Geographic scope of MLTSS (Questions 1 and 2): \_\_\_\_\_

3. **Populations Covered.** Please use the drop-downs in the table below to indicate if enrollment into MLTSS plans for each of the groups listed is "always mandatory," "always voluntary," "varies by geography or other factor" or is "always excluded." You may provide additional detail under "Comments" (below the table).

| MLTSS Enrollment Policies for Specified Populations (As of July 1, 2016) |              |  |              |
|--|--------------|--|--------------|
| a. Seniors   | <choose one> | c. Persons with physical disabilities < age 65 | <choose one> |
| b. Persons with ID/DD  | <choose one> | d. Full benefit dual eligibles                 | <choose one> |

Comments on populations covered under MLTSS: \_\_\_\_\_

4. **New Populations.** Did your state add new populations in MLTSS in FY 2016 or plan to in FY 2017? <choose one>  
 a. If so, which populations (please indicate which year they were added)? \_\_\_\_\_  
 b. Please indicate if any of these populations be mandatorily enrolled in MLTSS? \_\_\_\_\_

5. **MLTSS Benefits.** As of July 1, 2016, did your state cover both institutional and HCBS services under an MLTSS arrangement? <choose one>  
 a. Has your state made changes or plan to make changes in FY 2016 or FY 2017? <choose one>  
 If so, please briefly describe: \_\_\_\_\_  
 b. Please briefly describe the degree of integration, if any, between Medicaid MLTSS and Medicare (FFS or Medicare Advantage plans): \_\_\_\_\_

Comments on MLTSS benefits: \_\_\_\_\_

6. If your state implemented, or plans to implement, policy changes designed to **decrease** the number of enrollees served in MLTSS plans in FY 2016 or FY 2017, please briefly describe the changes: \_\_\_\_\_



**SECTION 8D: QUALITY & CONTRACT ADMIN FOR MCOS (ACUTE CARE ONLY OR ACUTE AND LTSS)**

1. **MLR.** As of July 1, 2016, has your state established a minimum MLR for Medicaid MCOs? <choose one>  
 a. If so, what is the minimum MLR for Medicaid MCOs? \_\_\_\_\_  
 b. Does your state require MCOs that do not meet the minimum MLR to pay remittances? <choose one>  
 c. Are care management costs counted as medical expenses? <choose one>

Comments on MLR: \_\_\_\_\_

2. **Auto-Enrollment:** Does your state auto-enroll those who don't select an MCO? <choose one>  
 a. If yes, about what share of enrollees was auto-assigned on an average monthly basis in FY 2016? \_\_\_\_\_%  
 (If the percentage varies by program and/or geographic area, please explain in the comment line.)  
 b. Please indicate whether the factors listed below are included in your state's auto-enrollment algorithm.  
 (Check all that apply.)

|  |  |   |
|--|--|---|
| i. <input type="checkbox"/> Plan capacity                  | iii. <input type="checkbox"/> Plan cost          | iv. <input type="checkbox"/> Balancing enrollment among plans     |
| ii. <input type="checkbox"/> Encouraging new plan entrants | v. <input type="checkbox"/> Plan quality ranking | vi. <input type="checkbox"/> Other measure (please specify) _____ |

Comments on auto-enrollment process or policy: \_\_\_\_\_

3. **MCO Program Initiatives to Improve Quality of Care.** While all states track certain quality measures (e.g., HEDIS®), we are interested in states' use of contractual mechanisms to improve MCO quality performance. In the table below, please indicate whether your state included any of the following strategies in its MCO contracts in FY 2015 or significantly expanded or added such strategies in FY 2016 or plans to do so in FY 2017.

| Quality Initiatives in MCO Contracts                         | In Place in FY 15        | New or Expanded in:      |                          | Comments: |
|--|--------------------------|--------------------------|--------------------------|-----------|
|  |                          | FY 16                    | FY 17                    |           |
| a. Pay-for-Performance/Performance Bonus or Penalties        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| b. Adult and Child Quality Measures                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| c. MLTSS Quality Measures                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| d. Publicly Report MCO quality metrics (e.g., "report card") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| e. Other:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |

Comments on Quality Initiatives in MCO Contracts: \_\_\_\_\_

4. **Managed Care Capitation Withhold.** Does your state use capitation withholds in MCO contracts? <choose one>  
 a. If so, what share of MCO capitation payments was withheld in FY 2016? \_\_\_\_\_% In FY 2017 \_\_\_\_\_%
5. **HEDIS Measures in Contracting.** Does your state include or plan to include MCO HEDIS® scores among the criteria for selecting plans to contract with? <choose one> \_\_\_\_\_
6. **Alternative Provider Payment Models.**  
 a. In your managed care contracts, does your state set a target percentage of payment that MCOs must have engaged in alternative provider payment models? <choose one>  
 If so, please briefly describe. \_\_\_\_\_  
 b. In your managed care contracts, does your state encourage or require MCOs to implement specific alternative provider payment models (e.g., episode-based payment, shared savings/shared risk)? <choose one>  
 If so, please briefly describe. \_\_\_\_\_
7. **Social Determinants of Health.** Does your state encourage or require MCOs to screen for social needs, or provide referrals to other services (e.g., housing services, SNAP)? <choose one>  
 If so, please briefly describe. \_\_\_\_\_
8. **Corrections – Related Populations.** Does your state encourage or require MCOs to provide care coordination services to enrollees prior to release from incarceration? <choose one>  
 If so, please briefly describe. \_\_\_\_\_
9. **Additional Services.** Medicaid MCOs may have flexibility within capitation rates to add services beyond Medicaid benefits in the state plan. Do any MCOs in your state provide additional services to Medicaid beneficiaries? If so, please provide examples of additional services most commonly provided: \_\_\_\_\_

**SECTION 8E: PRIMARY CARE CASE MANAGEMENT (PCCM)**

1. Did your state implement, or does it plan to implement, policy changes designed to **increase** or **decrease** the number of enrollees served through your PCCM program in:
- a. FY 2016? <choose one> b. or FY 2017? <choose one>
- i. If so, please briefly describe the change(s): \_\_\_\_\_

**SECTION 8F: BENEFIT-SPECIFIC, RISK-BASED PREPAID HEALTH PLAN (PHP)**

1. If your state contracts with at least one PHP as of July 1, 2016, please indicate in the table below the services provided under a PHP arrangement:

| PHP Plan Services (Check all that apply)                 |   |  |
|--|---|--|
| a. <input type="checkbox"/> Outpatient behavioral health | b. <input type="checkbox"/> Inpatient behavioral health | c. <input type="checkbox"/> Outpatient SUD treatment |
| d. <input type="checkbox"/> Inpatient SUD treatment      | e. <input type="checkbox"/> Dental                      | f. <input type="checkbox"/> Vision                   |
| g. <input type="checkbox"/> NEMT                         | h. <input type="checkbox"/> Other : _____               |  |

2. Did your state implement, or does it plan to implement, policy changes designed to **increase** or **decrease** the number of enrollees served through a PHP in:
- a. FY 2016? <choose one> b. or FY 2017? <choose one>
- i. If so, please briefly describe the change(s): \_\_\_\_\_

**SECTION 9: MEDICAID DELIVERY SYSTEM OR PAYMENT REFORMS**

1. Please indicate in the table all applicable delivery system and payment reform initiatives (including multi-payer initiatives) in place in FY 2015. Use the drop-downs to indicate changes to these initiatives in FYs 2016 and 2017. Use the "Notes/Additional Information" column to describe or **provide a web link** where such information can be found.

| Delivery System or Payment Reform Initiatives<br>(e.g. value-based purchasing) | In Place<br>FY<br>15     | Changes in FY 2016 or FY 2017:<br>(New, Expanded, Restricted,<br>Eliminated, No Change or N/A) |              | Notes/Additional Information:<br>(specify if part of multi-payer<br>initiative) |
|--|--------------------------|--|--------------|---|
|  |                          | FY 16  | FY 17        |   |
| a. Patient-Centered Medical Home   | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| b. Health Home (under ACA Section 2703)  | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| c. Accountable Care Organization   | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| d. Dual Eligible Initiative (Outside the FAD)                                  | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| e. Episode of Care Payments  | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| f. Delivery System Reform Incentive Payment waiver                             | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| g. All-Payer Claims Database   | <input type="checkbox"/> | <choose one>   | <choose one> |   |
| h. Other:  | <input type="checkbox"/> | <choose one>   | <choose one> |   |

Comments on Delivery System and Payment Reforms: \_\_\_\_\_

2. Please describe the biggest challenges your Medicaid program is facing implementing delivery system and/or alternative payment models (e.g., data infrastructure, provider buy-in, Medicaid staff capacity etc.) \_\_\_\_\_

**SECTION 10: ADMINISTRATION AND FUTURE OUTLOOK FOR THE MEDICAID PROGRAM**

**1. Administration.**

- a. How would you describe the most significant administrative challenge facing your Medicaid program (e.g., staffing, IT/ MMIS procurement, implementation of regulations)? \_\_\_\_\_
- b. Please indicate up to 3 federal regulations that now pose significant administrative challenges for your program to implement: \_\_\_\_\_
- c. Please briefly describe the nature of the challenges posed by these regulations (e.g., fiscal, staffing, changes to MCO contracts, systems challenges): \_\_\_\_\_

2. What do you see as the two or three top priorities for your state's Medicaid program over the next year or so? \_\_\_\_\_

3. When you step back and look at your Medicaid program, what is it that you take the most pride in about Medicaid in your state - considering things such as Medicaid's impact in the community and health care marketplace, administration, new policies or initiatives? \_\_\_\_\_

***This completes the survey. Thank you very much.***