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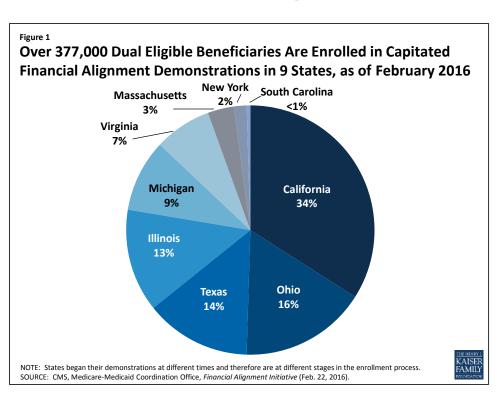
March 2016 | Fact Sheet

Health Plan Enrollment in the Capitated Financial Alignment Demonstrations for Dual Eligible Beneficiaries

As of February, 2016, over 377,000 beneficiaries who are dually eligible for Medicare and Medicaid were enrolled and receiving services from health plans in nine states with capitated financial alignment demonstrations. These demonstrations, jointly managed by the Centers for Medicare and Medicaid Services (CMS) and the participating states, seek to maintain or decrease costs while maintaining or improving health outcomes for this vulnerable population of seniors and non-elderly people with disabilities. This fact sheet provides a snapshot of enrollment in the demonstrations by state as of February, 2016. Enrollment numbers will continue to change as these three year demonstrations progress. Key facts include the following:

There were over 377,000 dual eligible beneficiaries enrolled in capitated financial alignment demonstrations in nine states as of February, 2016 (Figure 1). These states include California, Illinois, Massachusetts, Michigan, New York, Ohio, South Carolina, Texas, and Virginia. Over 1.3 million

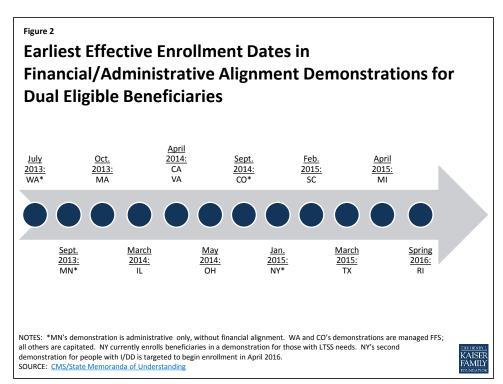
beneficiaries are estimated to be eligible to enroll in the demonstrations in these nine states. All states that currently have demonstrations approved by CMS except Rhode Island have now started to enroll beneficiaries, and enrollment will continue over the coming months. In addition, Colorado and Washington are enrolling beneficiaries in managed fee-for-service (FFS) demonstrations, and Minnesota is implementing an administrative alignment demonstration using Medicare Advantage Special Needs Plans for Dual Eligible Beneficiaries.

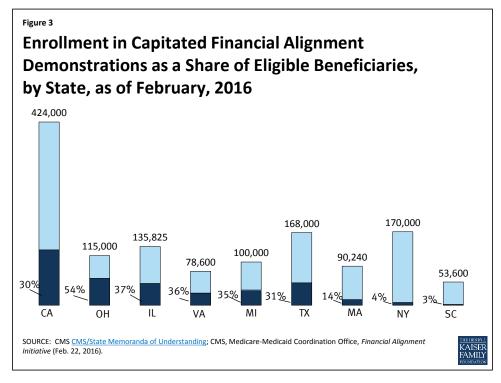


As of February, 2016, California's demonstration had the largest enrollment, with over 128,000 beneficiaries, followed by Ohio, Texas, Illinois, Michigan, Virginia, Massachusetts, New York, and South Carolina (Figure 1). These states' demonstrations have been in effect for different lengths of

time, with Massachusetts first enrolling beneficiaries in October, 2013, and Michigan beginning voluntary enrollment in April, 2015 (Figure 2). The states also vary in the number of waves of passive enrollment to date and the methods used to phase-in enrollment. Enrollment in Rhode Island is expected to start in spring 2016, and enrollment in New York's capitated model for beneficiaries with intellectual and developmental disabilities is targeted for April, 2016.

The number of beneficiaries enrolled in the demonstrations relative to the number of beneficiaries estimated to be eligible also varies by state, with Ohio having enrolled more than half (54%) of its estimated eligible beneficiaries as of February, 2016 (Figure 3). Illinois has enrolled 37% of its estimated eligible beneficiaries, while Virginia and Michigan have enrolled 36% and 35%, respectively. These numbers will continue to change as enrollment proceeds in the coming months. The potential size of each state's demonstration varies, with California's demonstration greatly exceeding that of other states.





As of February, 2016, out of 61 health plans participating in the demonstrations, nine plans (or their parent companies) were enrolling beneficiaries in more than one state's demonstration (Table 1). These nine are Aetna, Anthem, Centene, Cigna, Humana, Independence Health Group, Meridian, Molina, and UnitedHealth Group. Among these companies, Molina has the most enrollees (53,000 beneficiaries in six states), followed by Anthem (37,000 beneficiaries in three states), Centene (29,000 beneficiaries in five states), Aetna (27,000 beneficiaries in four states), UnitedHealth Group (19,000

beneficiaries in two states), Humana (17,000 beneficiaries in two states), Meridian (11,000 beneficiaries in two states), Cigna (10,000 beneficiaries in two states), and Independence Health Group (4,000 beneficiaries in two states) as of February, 2016. Enrollment in each health plan will continue to change as more beneficiaries are passively enrolled and as beneficiaries exercise their right to opt out of the demonstration. (Beneficiaries may opt out of the demonstration for their Medicare benefits in all states; some states have CMS approval to require beneficiaries to enroll in Medicaid managed care even if they opt out of the financial alignment demonstration.) The number of health plans from which beneficiaries can choose varies by county or region in each state's demonstration. In addition, whether all health plans are participating in all of the demonstration regions/counties within each state or only in selected geographic areas also varies by state.

Table 1: Enrollment in Health Plans Participating in More Than One State's Financial Alignment Demonstration, as of February, 2016										
Health Plan/ Parent Company	CA	IL	MA	MI	NY	ОН	SC	тх	VA	Total enrollment by health plan/parent company across states
Aetna	n/a	7,100	n/a	6,100	60	13,500	n/a	n/a	n/a	27,000
Anthem	8,300	n/a	n/a	n/a	n/a	n/a	n/a	17,000	12,000	37,000
Centene	n/a	4,400	n/a	2,800	n/a	10,100	500	11,000	n/a	29,000
Cigna	n/a	7,300	n/a	n/a	n/a	n/a	n/a	2,500	n/a	10,000
Humana	n/a	7,000	n/a	n/a	n/a	n/a	n/a	n/a	10,000	17,000
Independence Health Group	n/a	n/a	n/a	3,200	n/a	n/a	600	n/a	n/a	4,000
Meridian	n/a	6,000	n/a	5,000	n/a	n/a	n/a	n/a	n/a	11,000
Molina	14,000	4,300	n/a	9,100	n/a	10,200	200	15,000	n/a	53,000
UnitedHealth Group	n/a	n/a	n/a	n/a	n/a	13,000	n/a	6,300	n/a	19,000
Other health plans	106,000	14,000	13,000	9,100	6,200	16,000	500	n/a	6,000	170,000
Total enrollment by state	128,000	50,000	13,000	35,000	6,000	63,000	2,000	52,000	28,000	377,000

NOTES: Health plans may operate under different names in individual states. All data have been rounded, and totals may not sum due to rounding.

SOURCE: CMS, Medicare-Medicaid Coordination Office, Financial Alignment Initiative (Feb. 22, 2016).