

**SECTION 1: MEDICAID EXPENDITURES & ENROLLMENT**

1. **Medicaid Expenditure Growth: SFYs 2017-2019.** 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		
	Non-Federal Share*	Federal	Total: All Sources
a. FY 2017 over FY 2016	%	%	%
b. FY 2018 over FY 2017	%	%	%
c. FY 2019 over FY 2018 (proj.)	%	%	%

\*Non-federal share includes state general revenues/ state general funds and local or other funds.

2. **Non-Federal Share.** For FY 2019, about what percentage of the non-federal share is state general revenues/ general funds (vs. other state or local funds)? \_\_\_\_\_%  
 Comments on non-federal share (Question 2): \_\_\_\_\_

3. **Shortfall.** How likely is a FY 2019 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 2018 and projected for FY 2019?

Total Medicaid Spending		FY 2018	FY 2019 (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. **Change in Total Enrollment.** Indicate percentage changes in total Medicaid (Title XIX - funded) enrollment. *(Exclude CHIP-funded enrollees and family planning-only enrollees).*

Fiscal Year	Percentage Change in Enrollment				
	All Enrollees	Children	Expansion Adults	Aged/Disabled	All other Adults
a. FY 2018 over FY 2017	%	%	%	%	%
b. FY 2019 over FY 2018 (proj.)	%	%	%	%	%

Comments on enrollment changes by eligibility group (Question 5): \_\_\_\_\_

6. **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 2018, and expected to be in FY 2019.

	FY 2018	FY 2019 (projected)
a. Upward Pressures		
b. Downward Pressures		

Comments on factors driving enrollment changes (Question 6): \_\_\_\_\_

7. **Per Enrollee Spending.** Is per enrollee spending for some groups (e.g., expansion adults, aged/disabled) growing faster or slower than others? <choose one> If yes, please briefly explain: \_\_\_\_\_

8. **ACA Medicaid Expansion Population Non-Federal Share Financing** *(Non-expansion states may skip)*

Please identify the source(s) of financing for the state share in the table below:

ACA Expansion Non-Federal Share Sources <i>(Check all that apply)</i>					
i. <input type="checkbox"/> New Provider Tax/Fee	ii. <input type="checkbox"/> Increase of Existing Provider Tax/Fee	iii. <input type="checkbox"/> Savings from Medicaid Expansion			
iv. <input type="checkbox"/> State General Fund	v. <input type="checkbox"/> Other	vi. <input type="checkbox"/> Don't know			

Comments on expansion financing (Question 8): \_\_\_\_\_

**SECTION 2: MEDICAID ELIGIBILITY STANDARDS, PREMIUMS, APPLICATION AND RENEWAL PROCESSES**

1. **Changes in Medicaid Eligibility Standards.** Describe changes in Medicaid eligibility standards\* implemented in FY 2018 or adopted for FY 2019. (Exclude federally mandated changes, CHIP-funded changes, and HCBS waiver slot increases or decreases). Use the drop-down boxes to indicate the Year, Nature of Impact (Expansion, Restriction, or Neutral effect from a beneficiary perspective) and waiver or SPA authority. If no changes, check the box on line “d.”

Nature of Eligibility Standards Change	Fiscal Year	Elig. Group(s) Affected	Est.#ofPeople Affected	Nature of Impact	Waiver or SPA
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"/> No changes in either FY 2018 or FY 2019					

\*“Eligibility standards” include income and asset limits, work/community engagement requirements, retroactive coverage, continuous eligibility, time limits, coverage lock-outs, treatment of asset transfers or income, or implementing buy-in options (including TWWIA or DRA).

Comments on change in eligibility standards (Question 1): \_\_\_\_\_

2. **Section 1115 Eligibility and Enrollment Policies.** For states implementing or proposing to implement Section 1115 waivers that include Medicaid eligibility and enrollment policy changes (e.g., work/community engagement requirements, coverage lock-outs, etc.), please briefly describe any new administrative requirements or costs (e.g., systems, staffing, and/or contracting) and any new MCO responsibilities (if MCOs operate in your state). \_\_\_\_\_

3. **Changes in Monthly Contributions / Premiums.** In the table below, please describe any monthly contribution / premium policy changes made in FY 2018 or planned for FY 2019. Use the drop-down boxes to indicate Year, Nature of Impact, and Waiver or SPA Authority. Also indicate Effective Date and Eligibility Group(s) Affected. If there are no monthly contribution/premium changes to report for either year, check the box on line “d.”

Monthly Contribution/Premium Action	Fiscal Year	Eff. Date	Elig. Group(s) Affected	Nature of Impact	Waiver or SPA
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"/> No changes in either FY 2018 or FY 2019					

Comments on premiums (Question 3): \_\_\_\_\_

4. **Corrections-Related Enrollment Policies.** Please indicate if your state’s Medicaid program had the following policies in place for jails, prisons, and/or parolees in FY 2018 and if these policies will be adopted or expanded in FY 2019.

Select Corrections-Related Medicaid Policies	Jails		Prisons		Parolees	
	In Place FY18	FY19 Changes	In Place FY18	FY19 Changes	In Place FY18	FY19 Changes
a. Medicaid outreach/assistance strategies to facilitate enrollment prior to release*	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>
b. Medicaid coverage for inpatient care provided to incarcerated individuals	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	N/A	N/A
c. Medicaid eligibility suspended for enrollees who become incarcerated*	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	N/A	N/A
d. Other: _____	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>	<input type="checkbox"/>	<choose one>

\* For “a,” include Medicaid-led strategies and cooperative efforts that include Medicaid. For “c,” include “suspension-like” policies (i.e., if your state continues Medicaid eligibility for incarcerated individuals but limits covered benefits to inpatient hospitalization).

Please briefly describe corrections-related Medicaid actions noted above (Question 4): \_\_\_\_\_

**SECTION 3: PROVIDER PAYMENT RATES AND PROVIDER TAXES / ASSESSMENTS**

1. **Fee-For-Service (FFS) Provider/MCO Payment Rates.** Compared to the prior year, indicate by provider type any FFS rate changes implemented in FY 2018 or planned for FY 2019. Use “+” to denote an increase, “-” to denote a decrease, or “0” to denote “no change.” (Include COLA or inflationary changes as “+.”)

Provider Type/MCO	FY 2018	FY 2019
a. Inpatient hospital		
b. Outpatient hospital		
c. Doctors – primary care		
d. Doctors – specialists		
e. Dentists		
f. Managed care organizations (put N/A if there are no Medicaid MCOs)		
g. Nursing Facilities		
h. HCBS		
i. Pharmacy dispensing fee		

Comments on provider/MCO payment rates (Question 1): \_\_\_\_\_

**2. Managed Care Organization (MCO) Payment Rates (Skip if your state does not have Medicaid MCOs)**

- a. Does your state require MCOs to implement provider payment changes that follow percent or level changes made to FFS payment rates? <choose one> If yes, please describe: \_\_\_\_\_
- b. Do MCO contracts mandate a minimum provider reimbursement rate floor? <choose one>
- i. If “yes for some,” please identify which provider types: \_\_\_\_\_

**3. Provider Taxes / Assessments.** Use the drop-downs to indicate provider taxes in place in FY 2018, new taxes or changes for FY 2019, and the approximate size of the tax as a percentage of net patient revenues as of July 1, 2018.

Provider Group Subject to Tax	In place in FY 2018	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change, or N/A) in FY 2019	Size of tax as a percentage of net patient revenues (as of July 1, 2018)
a. Hospitals	<input type="checkbox"/>	<choose one>	<choose one>
b. ICF/ID	<input type="checkbox"/>	<choose one>	<choose one>
c. Nursing Facilities	<input type="checkbox"/>	<choose one>	<choose one>
d. Other*:	<input type="checkbox"/>	<choose one>	<choose one>
e. Other*:	<input type="checkbox"/>	<choose one>	<choose one>

\*“Other” can include an MCO tax if specifically used to fund Medicaid. Exclude broad-based MCO taxes not dedicated to funding Medicaid.

Comments on provider taxes/assessments (Question 3): \_\_\_\_\_

**SECTION 4A: BENEFIT, COST-SHARING, AND PHARMACY CHANGES**

**1. Benefit Actions.** Describe below benefits changes implemented during FY 2018 or planned for FY 2019. (Exclude pharmacy benefit changes and report HCBS benefit changes in item “e” below the table.) Use drop-downs to indicate Year and Nature of Impact (i.e., an Expansion, a Limitation, an Elimination, or a change with a Neutral Effect from the beneficiary’s perspective).

Benefit Change	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 benefit changes (excluding HCBS and pharmacy) in either FY 2018 or FY 2019				

e. Please describe any changes to the benefit package under HCBS (in FFS or MLTSS programs, excluding changes to the number of HCBS waiver slots) in FY 2018 or planned for FY 2019. Please specify the authority (SPA (including 1915(i) and CFC), 1115, or 1915(c)). FY 2018 changes: \_\_\_\_\_ FY 2019 changes: \_\_\_\_\_

Comments on benefit actions (Question 1): \_\_\_\_\_

**2. Changes in Cost-Sharing.** In the table below, describe any cost-sharing policy changes in FY 2018 or planned for FY 2019. Use the drop-down boxes to indicate Year, Nature of Impact, and Waiver or SPA Authority. Indicate Effective Date and Eligibility Group(s) Affected. If there are no 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	Waiver or SPA
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"/> No changes in either FY 2018 or FY 2019					

Comments on cost-sharing (Question 2): \_\_\_\_\_

**3. Pharmacy Cost Drivers and Cost Control Challenges.**

- a. Please list the biggest cost drivers (excluding enrollment growth) that affected growth in total pharmacy spending (all funds) in FY 2018 \_\_\_\_\_ and projected for FY 2019 \_\_\_\_\_
- b. Please briefly describe the biggest challenges your program faces in controlling pharmacy costs: \_\_\_\_\_

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

- a. If your state uses MCOs to deliver acute care benefits, were pharmacy benefits covered under your managed care contracts as of July 1, 2018? <choose one> If "other," please briefly describe: \_\_\_\_\_
- b. If pharmacy benefits are carved-in, please indicate if the policies listed in the table below were in place in MCO contracts in FY 2018 and if changes were/will be made in FY 2019. 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 2018	Changes in FY 2019	Comments
i. Uniform clinical protocols, one or more drugs	<input type="checkbox"/>	<choose one>	
ii. Uniform PDL	<input type="checkbox"/>	<choose one>	
iii. Risk-sharing for one or more drugs (e.g., risk corridors/pool, reinsurance, etc.)	<input type="checkbox"/>	<choose one>	
iv. Other:	<input type="checkbox"/>	<choose one>	

**5. Non-MCO Pharmacy Benefit Strategies.** If your state has or will implement any pharmacy benefit strategies (uniform clinical protocols, uniform PDLs, provider risk-sharing, etc.) in its FFS delivery system (which may include PCCM entities, ASO arrangements, etc.) in FY 2018 or FY 2019, please describe (and specify year(s)). \_\_\_\_\_

**6. Other Pharmacy Cost Containment Policy Changes.** Please indicate in the table below any new or expanded pharmacy program cost containment strategies implemented in FY 2018 or planned for FY 2019. (Please exclude changes reported under Section 3.1.i, 4A.4, and 4A.5 above and routine updates, e.g., to PDLs or State Maximum Allowable Cost programs). Check the box on line "d" if there are no changes for either year.

Pharmacy Cost Containment Policy Changes	FY 2018		FY 2019	
	New	Expanded	New	Expanded
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> No changes in either FY 2018 or FY 2019				

Comments on pharmacy actions (Questions 3-6): \_\_\_\_\_

**SECTION 4B: OPIOID USE DISORDER PREVENTION, HARM REDUCTION, AND TREATMENT**

**1. Pharmacy Benefit Management (PBM) Strategies.** A 2016 [CMCS Informational Bulletin](#) highlighted Medicaid PBM strategies to prevent opioid-related harms. In the table below, please indicate whether your state had one or more of the listed strategies in place in FFS in FY 2018 and use the drop-down options to indicate changes to any of these strategies in FY 2019. (Please use "expanded/enhanced" to indicate expansions in policies, including restrictive policies. For example, adding more or tighter quantity limits would count as a policy expansion in the table below.)

Medicaid FFS PBM Strategies to Address Opioid Misuse & Addiction	In place in FY 2018	FY 2019 Changes	Comments (briefly describe changes)
a. Clinical criteria claim system edits for opioids (subject to Prior Authorization (PA) override)	<input type="checkbox"/>	<choose one>	
b. Step therapy PA criteria for opioids	<input type="checkbox"/>	<choose one>	
c. Quantity limits on opioids	<input type="checkbox"/>	<choose one>	
d. Other PA requirements for opioids	<input type="checkbox"/>	<choose one>	
e. Medicaid prescribers must check Prescription Drug Monitoring Program before prescribing opioids*	<input type="checkbox"/>	<choose one>	
f. Other:	<input type="checkbox"/>	<choose one>	
g. <input type="checkbox"/> No changes in FFS PBM opioid harm reduction strategies in place in FY 2018 or planned for FY 2019			

\*For "e", please include PDMP legislative initiatives that are broader than Medicaid but affect Medicaid providers.

**2. Medication Assisted Treatment (MAT).**

- a. **MAT Access.** Please briefly list any challenges related to access to MAT for Medicaid enrollees in your state (e.g., trained clinician shortages, cash-only clinics, etc.) \_\_\_\_\_
- b. **Methadone Drug Coverage.** Please use the dropdown below to indicate whether your state covers or has plans to add coverage for methadone *when used to treat opioid use disorders*. (If only covered for pain management, please select "Not covered.") <choose one>

**3. Managed Care PBM Opioid Policies. (Skip if your state does not have Medicaid MCOs)**

- a. If your state uses MCOs to deliver pharmacy benefits, please indicate whether, *as of July 1, 2018*, MCOs are required to follow the FFS PBM strategies described in Question 1 above: <choose one>
- b. If "Yes, in part", please briefly describe the notable FFS/managed care policy differences: \_\_\_\_\_  
Comments on opioid use disorder prevention, harm reduction, and treatment (Questions 1-3): \_\_\_\_\_

**SECTION 5A: MEDICAID DELIVERY SYSTEM**

- 1. **Medicaid Managed Care Overview.** What types of managed care systems were in place in your state's Medicaid program as of July 1, 2018? (*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 1, 2018**
- 2. **Managed Care Changes.** Has your state changed its managed care systems in FY 2018 or does it have plans to make changes in FY 2019 (e.g., eliminating PCCM, adding a new PHP, implementing MCO contracts when there were none the previous year)? \_\_\_\_\_
- 3. **Population.** Please indicate the approximate share of your total Medicaid population served by **each acute care delivery system** model listed in the table below, **as of July 1, 2018**. 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, 2018 ( <i>Each column should sum to 100%</i> )				
	Total Population	Children	Expansion Adults	Aged & Disabled	All other Adults
a. MCOs					
b. PCCM (managed FFS)					
c. Traditional FFS					
Total	100%	100%	100%	100%	100%

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

*If your state does not have MCOs, skip Sections 5B-5C. See Section 7 for non-MCO quality strategy questions.*

**SECTION 5B: GEOGRAPHIC SCOPE, ENROLLMENT, & BENEFITS – ACUTE CARE MCOS**

- 1. **Geographic Scope**
  - a. Were acute care MCOs operating statewide as of July 1, 2018? <choose one>
  - b. If not, does your state have plans to expand to new regions in FY 2019? <choose one>
- 2. **Enrollment Requirements.** For geographic areas where MCOs operate, use the drop-downs in the table to indicate for each group whether enrollment in acute care MCOs is "always mandatory," "always voluntary," "varies," or the group is "always excluded" from MCOs *as of July 1, 2018*. You may provide additional detail on the Comment line.

MCO Enrollment Policies for Specified Non-Dual, Non-LTSS* Populations	MCO Enrollment Policies for Non-Dual, LTSS* Populations
a. Pregnant women <span style="float: right;">&lt;choose one&gt;</span>	e. Persons with I/DD <span style="float: right;">&lt;choose one&gt;</span>
b. Foster Children <span style="float: right;">&lt;choose one&gt;</span>	f. Persons with physical disabilities <span style="float: right;">&lt;choose one&gt;</span>
c. Children with special health care needs <span style="float: right;">&lt;choose one&gt;</span>	g. Seniors <span style="float: right;">&lt;choose one&gt;</span>
d. Persons with a Serious Mental Illness (SMI) or SED <span style="float: right;">&lt;choose one&gt;</span>	<b>h. MCO Enrollment Policies for Dual Eligibles</b> <span style="float: right;">&lt;choose one&gt;</span>

\*LTSS includes institutional long-term care and/or HCBS for individuals who have an institutional level of care, including IDD specialty services.

Comments on acute care MCO enrollment requirements (Question 2): \_\_\_\_\_

**3. New Populations**

- a. Did (or will) you enroll previously excluded populations in acute care MCOs in FY 2018 or FY 2019? <choose one>
- b. If yes, please identify the new populations and which year they were added: \_\_\_\_\_
- c. If yes, please indicate whether enrollment is (or will be) mandatory: \_\_\_\_\_

**4. Changes to MCO Enrollment Requirements**

- a. Did (or will) your state shift from voluntary to mandatory MCO enrollment for any Medicaid population in FY 2018 or FY 2019? <choose one>
- b. If yes, please identify the populations shifted and the fiscal year the change was or will be made: \_\_\_\_\_

**5. Reducing Acute Care MCO Enrollment.** Did (or will) your state implement policy changes designed to reduce acute care MCO enrollment in FY 2018 or FY 2019? <choose one> If so, briefly describe the changes in each year: \_\_\_\_\_

**6. MCO Coverage of Behavioral Health (BH) Benefits as of July 1, 2018.** For beneficiaries enrolled in an MCO for acute care benefits, please indicate whether the following BH benefits are always carved-in (i.e., virtually all services are provided directly by the MCO or through MCO sub-contracts), always carved-out (i.e., services are provided by a PHP or via FFS, not by the MCO), or whether carve-in policies vary by geography or other factors.

Services	Always Carved-in	Always Carved-out	Varies by:		Comments
			Geography	Other (describe)	
a. Specialty outpatient mental health*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Inpatient mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Outpatient SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Inpatient SUD	<input type="checkbox"/>	<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), often provided by specialty providers such as community mental health centers.

**7. Did (or will) your state make any changes to how BH benefits were delivered under MCO contracts (i.e., carve in/out) in FY 2018 or in FY 2019? <choose one> If so, briefly describe the changes: \_\_\_\_\_**

**SECTION 5C: QUALITY & CONTRACT ADMINISTRATION FOR MCOS (INCLUDING MLTSS)**

*See Section 7 for non-MCO quality strategy questions.*

- 1. HEDIS Measures in Contracting.** Does your state include or plan to include MCO HEDIS® scores among its criteria for selecting plans to contract with? <choose one> Comments: \_\_\_\_\_
- 2. MLR.** For MCO contracts starting on or after July 1, 2017, states must ensure MCOs calculate and report an MLR. As of July 1, 2018, is the minimum MLR greater than 85% for:
  - a. Acute Care? <choose one>
  - b. MLTSS? <choose one>
  - c. Does your state require MCOs that do not meet the minimum MLR to pay remittances? <choose one>
 Comments on MLR (including clarification on "yes – sometimes" responses above) (Question 2): \_\_\_\_\_

**3. 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 for FY 2018 and use the drop-down options to indicate any changes for FY 2019. (Please use "expanded/enhanced" to indicate expansions in policies, including restrictive policies. For example, a withhold percentage increase would count as a policy expansion.)

Quality Initiatives	In Place FY 2018	FY 2019 Changes	Acute Care or MLTSS	Comments:
a. Pay-for-performance/performance bonus	<input type="checkbox"/>	<choose one>	<choose one>	
b. Capitation withhold* (specify % in comment field)	<input type="checkbox"/>	<choose one>	<choose one>	
c. Auto-assignment algorithm includes quality performance measures	<input type="checkbox"/>	<choose one>	<choose one>	
d. Publicly available comparison data about MCOs	<input type="checkbox"/>	<choose one>	<choose one>	
e. State-mandated Performance Improvement Projects (PIP) in a particular focus area (e.g., health disparities, birth outcomes)	<input type="checkbox"/>	<choose one>	<choose one>	
f. Other:	<input type="checkbox"/>	<choose one>	<choose one>	

\*"Capitation withhold" is defined as money withheld that MCOs are not guaranteed to earn back.

Comments on quality initiatives in MCO contracts (Question 3): \_\_\_\_\_

- 4. Managed Care Regulations.** Following the release of the June 2017 [CMS Guidance](#) on managed care regulation compliance, has your state asked CMS for flexibility in meeting managed care regulation deadlines? <choose one> If yes, on what provisions? \_\_\_\_\_
- 5. Alternative Provider Payment Models.**
- a. In your MCO contracts, does your state set a target percentage of MCO provider payments that MCOs must make through alternative provider payment models? <choose one> If so, please briefly describe. \_\_\_\_\_
  - b. In your MCO 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. \_\_\_\_\_
- 6. Social Determinants of Health.**
- a. Does your state encourage or require MCOs to screen enrollees for social needs and/or provide enrollees with referrals to social services (e.g., housing services, SNAP)? <choose one> If so, please briefly describe (including whether requirement differs for screening vs. referrals): \_\_\_\_\_
  - b. Does your state tie MCO incentive payments or withholds to any social determinants-related measures? <choose one> If so, please briefly describe. \_\_\_\_\_
  - c. Does your state use data related to social determinants of health in rate setting for MCOs? <choose one> If so, please briefly describe. \_\_\_\_\_
- 7. 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. \_\_\_\_\_
- 8. Additional Services.** Medicaid MCOs may have flexibility to use administrative savings within their capitation rates to provide services beyond Medicaid benefits required under their contracts.
- a. Do any MCOs in your state provide additional services to Medicaid enrollees? <choose one>
  - b. If yes, please provide examples of the most commonly provided additional services: \_\_\_\_\_

**SECTION 5D: PRIMARY CARE CASE MANAGEMENT (PCCM)**

- 1. PCCM Policy Changes.** 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 2018? <choose one>
  - b. FY 2019? <choose one>
  - c. If yes in either FY 2018 or FY 2019, please briefly describe the change(s): \_\_\_\_\_

**SECTION 5E: LIMITED-BENEFIT PREPAID HEALTH PLANS (PHP – PIHP OR PAHP)**

- 1. PHP Services.** If your state contracted with at least one PHP as of July 1, 2018, please indicate in the table below the services provided under PHP contracts:

PHP Services (Check all that apply)		
a. <input type="checkbox"/> Outpatient mental health	b. <input type="checkbox"/> Inpatient mental health	c. <input type="checkbox"/> Outpatient SUD treatment
d. <input type="checkbox"/> Inpatient SUD treatment	e. <input type="checkbox"/> Dental care	f. <input type="checkbox"/> Vision care
g. <input type="checkbox"/> NEMT	h. <input type="checkbox"/> LTSS	i. <input type="checkbox"/> Other _____

- 2. PHP Policy Changes.** 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 2018? <choose one>
  - b. FY 2019? <choose one>
  - c. If yes in either FY 2018 or FY 2019, please briefly describe the change(s): \_\_\_\_\_
- 3. PHP Initiatives to Improve Quality of Care.** If your state has or will implement any quality strategies (HEDIS measures, withholds etc.) in its PHP contract(s) in FY 2018 or FY 2019, please briefly describe. \_\_\_\_\_

**SECTION 6A: LONG-TERM SERVICES AND SUPPORTS (LTSS) REBALANCING**

1. If your state has or will increase the number of persons receiving LTSS in home and community- based settings in FY 2018 or FY 2019, please indicate below all rebalancing tools used to accomplish the increase:

LTSS Rebalancing Tools/Methods	FY 18	FY 19
a. Section 1915(c) or Section 1115 HCBS Waiver (new waiver adopted, more slots added and filled, or more slots filled)	<input type="checkbox"/>	<input type="checkbox"/>
b. Section 1915(i) HCBS State Plan Option (new SPA or more enrollees served)	<input type="checkbox"/>	<input type="checkbox"/>
c. Section 1915(k) Community First Choice Option (new SPA or more enrollees served)	<input type="checkbox"/>	<input type="checkbox"/>
d. Rebalancing incentives built into managed care contracts covering LTSS	<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. Other:	<input type="checkbox"/>	<input type="checkbox"/>

Comments on rebalancing tools/methods including type of incentives built into managed care contracts if applicable (e.g., blended NF/HCBS rate, etc.) (Question 1): \_\_\_\_\_

2. **Program of All-Inclusive Care for the Elderly (PACE).**

- a. Did/will your state add one or more new PACE site in FY 2018 or FY 2019? <choose one>  
 b. Did/will your state increase the number of persons served through PACE in FY 2018 or FY 2019? <choose one>

Comments on PACE changes (Question 2): \_\_\_\_\_

3. **Rebalancing Challenges.** Please briefly describe the most significant current challenges to rebalancing efforts: \_\_\_\_\_

4. **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, reducing or newly capping HCBS waiver enrollment) in FY 2018 or FY 2019, briefly describe and specify fiscal year: \_\_\_\_\_

5. **CON/Moratorium.** If your state has a nursing facility Certificate of Need (CON) or moratorium policy, please indicate any changes to make the policy more/less restrictive in FY 2018 <choose one> or FY 2019 <choose one>

6. **LTSS Direct Care Workforce.** Please indicate if your state has or will implement any of the following Medicaid initiatives in FY 2018 or FY 2019 to address LTSS direct care workforce shortages and/or turnover.

- a. Wage Increase <choose one>  
 b. Workforce Development (e.g., recruiting, training, credentialing etc.): FY 2018 <choose one>; FY 2019 <choose one>  
 c. Other (please specify year) \_\_\_\_\_

7. **Housing Supports.**

- a. Please use the table below to describe any housing-related services under the State Plan, 1915(c) HCBS waiver, or Section 1115 waiver that will continue after the Money Follows the Person (MFP) program funding expires.

Services (please describe)	Target Population	Authority	In Place FY 2018?	FY 2019 Changes
i.		<choose one>	<input type="checkbox"/>	<choose one>
ii.		<choose one>	<input type="checkbox"/>	<choose one>
iii.		<choose one>	<input type="checkbox"/>	<choose one>
iv. <input type="checkbox"/> No housing-related services will continue after MFP program funding expires.				

- b. If your state participated in the MFP program, has your state exhausted its grant funding? <choose one>  
 i. If not, when are funds expected to run out? \_\_\_\_\_  
 c. Please list any services or administrative activities your state will discontinue due to the expiration of the MFP program: \_\_\_\_\_

**SECTION 6B: CAPITATED MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)**

1. As of July 1, 2018, does your state cover long-term services and supports (LTSS) 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)  
 **MCO arrangement for dual eligibles** (MCO covers Medicaid and Medicare acute + Medicaid LTSS in a single contract, under the Financial Alignment Demonstration (FAD))  **Dual eligible initiative outside the FAD** (please describe: \_\_\_\_\_)  **No MLTSS**



**2. Geographic Scope**

- a. Were MLTSS plans operating in all regions of your state as of July 1, 2018? <choose one>
  - b. If not, did your state expand to new regions in FY 2018 or does it plan to do so in FY 2019? <choose one>
- Comments on arrangements or geographic scope of MLTSS (Questions 1 and 2): \_\_\_\_\_

**3. Populations Covered.** For geographic areas where MLTSS operates, use the table drop-downs below to indicate if enrollment into MLTSS plans for each of the groups listed is "always mandatory," "always voluntary," "varies," or is "always excluded." You may provide additional detail under "Comments" (below the table). If the program is *not* statewide but is mandatory in the counties where the program operates, please record as "mandatory."

MCO Enrollment Policies for Specified <i>Non-Dual</i> Populations		MCO Enrollment Policies for Specified <i>Dual Eligible</i> Populations	
a. Seniors	<choose one>	d. Seniors	<choose one>
b. Persons with physical disabilities	<choose one>	e. Persons with physical disabilities	<choose one>
c. Persons with I/DD	<choose one>	f. Persons with I/DD	<choose one>

Comments on populations covered under MLTSS (Question 3): \_\_\_\_\_

**4. New Populations**

- a. Did (or will) you enroll previously excluded populations in MLTSS in FY 2018 or FY 2019? <choose one>
- b. If yes, please identify the new populations and which year they were added: \_\_\_\_\_
- c. If yes, please indicate whether enrollment is (or will be) mandatory: \_\_\_\_\_

**5. MLTSS Benefits and Medicare Alignment**

- a. As of July 1, 2018, were both institutional and HCBS services covered under an MLTSS contract? <choose one>
- b. Does your state require or encourage MCOs to be dual eligible special needs plans (D-SNPs) or Fully Integrated Dual Eligible (FIDE) plans? <choose one>
- c. If your state operates an FAD, will you seek an extension beyond the end of the demonstration? <choose one>

Comments on MLTSS benefits/Medicare alignment (Question 5): \_\_\_\_\_

**6. Decrease Enrollees Served.** If your state implemented or plans to implement policy changes designed to **decrease** the number of enrollees served in MLTSS plans in FY 2018 or FY 2019, please briefly describe the changes: \_\_\_\_\_

**SECTION 7: MEDICAID DELIVERY SYSTEM AND PAYMENT REFORMS**

1. Please indicate in the table below delivery system and payment reform initiatives (including multi-payer initiatives that Medicaid is a part of) in place in your state in FY 2018. Use the drop-downs to indicate changes to these initiatives in FY 2019. Use the "Additional Information" column to describe or **provide a web link** where such information can be found.

Delivery System and Payment Reform Initiatives	In Place FY 2018	Changes in FY 2019:	Additional Information: (specify if part of multi-payer initiative)
a. Patient-Centered Medical Home	<input type="checkbox"/>	<choose one>	
b. Health Home (under ACA Section 2703)	<input type="checkbox"/>	<choose one>	
c. Accountable Care Organization	<input type="checkbox"/>	<choose one>	
d. Episode of Care Payments	<input type="checkbox"/>	<choose one>	
e. Delivery System Reform Incentive Payment (DSRIP) Waiver	<input type="checkbox"/>	<choose one>	
f. All-Payer Claims Database	<input type="checkbox"/>	<choose one>	
g. Other:	<input type="checkbox"/>	<choose one>	

Comments on delivery system and payment reforms (Question 1): \_\_\_\_\_

**2. Non-MCO Social Determinants of Health (SDOHs).**

- a. If your state has or will implement an initiative to address one or more SDOHs in FY 2018 or FY 2019 (outside of managed care and/or the housing supports discussed above), please briefly describe the types of SDOHs addressed (e.g., education, food access, etc.) and the delivery system(s) (e.g., ACOs) being used: \_\_\_\_\_
- b. Is your Medicaid agency collecting data related to social determinants of health for enrollees? <choose one>
  - i. If so, please describe the data collection source: \_\_\_\_\_
- c. Please use the table below to indicate the ways in which the Medicaid agency uses information on SDOHs.

Medicaid Use of Information on SDOHs (Check all that apply)			
i. <input type="checkbox"/> Quality improvement initiatives	ii. <input type="checkbox"/> Performance measurement		
iii. <input type="checkbox"/> Inform care coordination and care management	iv. <input type="checkbox"/> Other:		

- 3. Non-MCO Program Initiatives to Improve Quality of Care.** If your state has or will implement any quality strategies (HEDIS<sup>®</sup> measures, withholds etc.) in its FFS delivery system (which may include PCCMs, ASO arrangements etc.) in FY 2018 or FY 2019, please describe. \_\_\_\_\_
- 4. Corrections-Related Populations.** In your state’s FFS program, does your state provide care coordination services to enrollees prior to release from incarceration? *<choose one>* If so, please briefly describe. \_\_\_\_\_
- 5. Other Medicaid Initiatives.** If your state has or will implement an initiative in either of the areas listed below in FY 2018 or FY 2019, please briefly describe.
- a. Initiative(s) to increase access to care in rural areas: \_\_\_\_\_
  - b. Initiative(s) to increase access to mental health/SUD services (please describe authority used (SPA/waiver)) and whether expanded access is for institutional or community-based services (or both): \_\_\_\_\_
- Comments on “Other” Medicaid Initiatives (including any challenges or opportunities experienced so far): \_\_\_\_\_

**6. IMD Services.**

- a. Did/will your state use the Medicaid managed care “in lieu of” authority for enrollees (ages 21-64) receiving inpatient treatment in an IMD (as detailed in the 2016 final rule) in FY 2018 or in FY 2019? *<choose one>*
- b. Does your state plan to submit a new Section 1115 waiver request/amendment (i.e., a waiver/waiver amendment request that is not yet pending at CMS) to expand access to inpatient treatment in an IMD (in FFS or MCO delivery systems) for enrollees ages 21-64 for:
  - i. SUD *<choose one>* day-limit: *<choose one>* If other, please describe: \_\_\_\_\_
  - ii. SMI *<choose one>* day-limit: *<choose one>* If other, please describe: \_\_\_\_\_
  - iii. If your state plans to submit a new IMD waiver (as described under “b” above), is your state also planning to expand community-based behavioral health services (either under SPA or waiver authority)? *<choose one>*  
If yes, please describe \_\_\_\_\_

Comments on IMD Services (Question 6): \_\_\_\_\_

**SECTION 8: ADMINISTRATION AND FUTURE OUTLOOK FOR THE MEDICAID PROGRAM**

**1. Planned Future Section 1115 Medicaid Waiver Activity**

- a. Has your state submitted or is it planning to submit a Section 1115 waiver to CMS that will not be implemented until *after* FY 2019? *<choose one>*
- b. If yes, please identify in the table below the key components and/or topics addressed in the waiver.

Section 1115 Waiver Provisions (Check all that apply)		
i. <input type="checkbox"/> Premiums	ii. <input type="checkbox"/> Premium assistance (QHP)	iii. <input type="checkbox"/> Premium assistance (ESI)
iv. <input type="checkbox"/> Health Savings Accounts	v. <input type="checkbox"/> Healthy Behavior Incentives	vi. <input type="checkbox"/> Work requirement
vii. <input type="checkbox"/> Coverage lock-out	viii. <input type="checkbox"/> Copayments above statutory limits	ix. <input type="checkbox"/> Time limit on coverage
x. <input type="checkbox"/> Retroactive coverage waiver	xi. <input type="checkbox"/> Reasonable promptness waiver	xii. <input type="checkbox"/> NEMT waiver
xiii. <input type="checkbox"/> DSRIP	xiv. <input type="checkbox"/> MLTSS	xv. <input type="checkbox"/> Behavioral health (IMD)
xvi. <input type="checkbox"/> Behavioral health (non-IMD)	xvii. <input type="checkbox"/> Other:	xviii. <input type="checkbox"/> Other:

Comments (including populations impacted): \_\_\_\_\_

- 2. Federal Regulations.** Please describe any notable expected administration effects/challenges of recent or anticipated proposed federal regulations (including those on managed care, home health, access, etc.). \_\_\_\_\_
- 3. Immigrants and Medicaid.**
- a. This Administration has enhanced immigration enforcement and restricted legal immigration. Briefly describe any Medicaid enrollment or service utilization changes (including related to citizen children of immigrant families) in FY 2018 or anticipated for FY 2019 that may be attributable to these policy changes: \_\_\_\_\_
  - b. This Administration is also considering changes to “public charge” policies. If you are familiar with the potential changes, please briefly describe any anticipated Medicaid impacts in your state: \_\_\_\_\_
- 4. Conclusions/Outlook.**
- a. What do you see as the top priorities for your state’s Medicaid program over the next year or so? \_\_\_\_\_
  - b. 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***