

MEDICAID BUDGET SURVEY FOR STATE FISCAL YEARS 2015 AND 2016

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

Return Completed Survey to: Vsmith@healthmanagement.com

State _____ Name _____

Phone _____ Email _____ Date _____

SECTION 1: MEDICAID EXPENDITURES

1. **Medicaid Expenditure Growth: State Fiscal Years 2014, 2015 and 2016.** For each year, please indicate the annual percentage change in total Medicaid expenditures for each source of funds. *(Exclude administration and Medicare Part D Clawback payments.)*

Fiscal Year (generally, July 1 to June 30)	Percent Change of Each Fund Source			
	State	Local or Other	Federal	All Fund Sources
FY ending in 2014 (FY 2014) a. Percentage change: FY 2014 over FY 2013	%	%	%	%
FY ending in 2015 (FY 2015) b. Percentage change: FY 2015 over FY 2014	%	%	%	%
FY ending in 2016 (FY 2016) c. Percentage change: FY 2016 over FY 2015	%	%	%	%

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 2016 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 2015 and projected for FY 2016?

Total Medicaid Spending		FY 2015	FY 2016 (proj)
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. **State GF/GR Spending:** Are any of the factors identified below affecting GF/GR spending in FY 2015 or projected for FY 2016? Use the drop-down boxes to indicate whether the factors listed below are "Upward Pressures," "Downward Pressures," or "Not a Factor". Use line "d" to identify other factors not listed in the table. Use line "e" to indicate if there is no significant difference in state GF/GR spending and total spending trends.

Factors Affecting State General Fund Medicaid Expenditure Growth Rate	FY 2015	FY 2016 (proj)
a. Change in the regular FMAP	<choose one>	<choose one>
b. Enhanced FMAP for Medicaid expansion	<choose one>	<choose one>
c. Change in provider tax revenues or IGTs	<choose one>	<choose one>
d. Other _____	<choose one>	<choose one>
e. No significant difference in growth rates	<input type="checkbox"/>	<input type="checkbox"/>

Comments on State GF/GR Spending Factors (Question 5): _____

6. Medicaid Expansion Impact on Medicaid Spending and State Budgets:

If your state has not implemented the ACA Medicaid expansion and does not plan to do so in FY 2016, please check this box and skip to Section 2, Question 1.

- a. Compared to state projections for FY 2015, were PMPM costs for expansion enrollees higher, lower or on target with state projections? <choose one>
- b. Please identify any sources of state budget savings or costs (in state-only dollars) attributable to the impact of Medicaid expansion outside of Medicaid that you are aware of for either FY 2015 or FY 2016 by using the drop-down boxes below (“Savings,” “Costs,” “No Significant Savings or Costs,” “Don’t Know,” or “N/A”.) Use the “Comments” section to briefly describe the savings or costs and to note challenges in attributing savings for a particular area (e.g. BH is a local responsibility, so savings do not accrue to the state budget.):

State Budget Areas	FY 2015	FY 2016	Comments
i. Behavioral Health	<choose one>	<choose one>	
ii. State Funding for Uncompensated Care	<choose one>	<choose one>	
iii. Criminal Justice / Corrections	<choose one>	<choose one>	
iv. Increased Revenue (provider or general tax)	<choose one>	<choose one>	
v. Other:	<choose one>	<choose one>	

Comments on Expansion Impact (Question 6): _____

SECTION 2: MEDICAID ENROLLMENT

- 1. Change in Total Enrollment:** Please indicate (or estimate) the percentage changes in total Medicaid enrollment in FY 2015 and the projected change for FY 2016. *(Exclude CHIP-funded Medicaid enrollees including “stair-step” kids).*

Percentage Change in Enrollment:	2015 over 2014		2016 over 2015 (proj.)		Comments
a. Total	i.	%	ii.	%	iii.
By Eligibility Group					
b. Children	i.	%	ii.	%	iii.
c. Pregnant Women	i.	%	ii.	%	iii.
d. Non-Elderly, Non-Disabled Non-Expansion Adults	i.	%	ii.	%	iii.
e. Expansion Adults	i.	%	ii.	%	iii.
f. Aged	i.	%	ii.	%	iii.
g. Disabled	i.	%	ii.	%	iii.

- 2. Expansion Projections.** Compared to FY 2015 projections, was enrollment for those newly eligible higher, lower or on target? <choose one>

Comments on Expansion Projections (Question 2): _____

- 3. 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 2015, and expected to be in FY 2016.

	FY 2015	FY 2016 (proj.)
a. Upward Pressures		
b. Downward Pressures		

Comments on Factors (Question 3): _____

4. Births Financed by Medicaid.

- a. How many births were financed by Medicaid in FY 2015? _____
- b. What share of all births in the state were financed by Medicaid in FY 2015? _____

Comments on Births (Question 5): _____

SECTION 3: MEDICAID ELIGIBILITY STANDARDS, APPLICATION AND RENEWAL PROCESSES

1. Optional Eligibility Groups. Using the drop-down boxes, indicate whether the groups listed below were covered in FY 2013. If covered in FY 2013, indicate whether that coverage pathway was or will be eliminated (with the advent of the new Medicaid and Marketplace coverage options) by checking the appropriate box. If you select “Other Coverage Change,” please describe the change on the comment line below the table. For eliminations, please also provide an estimate of the number of people 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 Eliminate	Other Coverage Change	Est. Number of People Affected (e.g. # losing Medicaid coverage)
		FY 2014	FY 2015	FY 2016			
<i>(Check only one box per line)</i>							
a. Breast & Cervical Cancer Treatment Program	<choose one>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Medically Needy Spend- Down Adults	<choose one>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pregnant Women over 133% FPL	<choose one>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Family Planning waiver	<choose one>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Family Planning SPA	<choose one>	<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 2015 or adopted for FY 2016. (*Exclude required changes, those listed in question 1, and changes in CHIP-funded program such as shifting stairstep children to Medicaid. Include changes related to the ACA Medicaid expansion.*) Use the drop-down boxes to indicate the Year, the “Group Affected” (“Adults”, “ABD or Non-MAGI” or “Other”) 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 Change	Year	Group Affected	Est. Number 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"/> No changes in either FY 2015 or FY 2016				

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

Comments on change in eligibility standards (Question 2): _____

3. Hospital Presumptive Eligibility (HPE): Starting January 1, 2014, the ACA allows qualified hospitals to make Medicaid presumptive eligibility determinations if they choose to and agree to abide by state policies and procedures. Please briefly describe the level of participation by hospitals in your HPE program (e.g. approx. % of hospitals participating):

4. Corrections-Related Eligibility Processes.

- a. Has your state adopted a policy or does it plan to adopt a policy to suspend coverage or benefits (rather than terminating eligibility) when a Medicaid enrollee enters prison/jail? <choose one>
- b. Please briefly describe other policies/initiatives intended to facilitate Medicaid enrollment for corrections-related populations. _____
- c. Please briefly describe other policies/initiatives intended to coordinate care for corrections-related populations enrolled in Medicaid. _____

Comments on Corrections-Related Processes (Question 4): _____

5. Renewal: Are you experiencing challenges processing MAGI-based renewals? <choose one> If yes, please describe.

6. FMAP Claiming for Medicaid Expansion States: As part of FMAP claiming, is your state experiencing any challenges in identifying low-income parents who would have been eligible prior to the Medicaid expansion? <choose one> If yes, please describe. _____

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 2015 or planned for FY 2016. Use “+” to denote an increase, “-” to denote a decrease, or “0” to denote “no change”. *(Include COLA or inflationary changes as increases.) Note: the actual percentage change is helpful but a “+”, “-” or “0” is sufficient.*

Provider Type	FY 2015	FY 2016
a. Inpatient hospital		
b. Outpatient hospital		
c. Doctors – Primary Care	N/A	
d. Doctors – specialists		
e. Dentists		
f. Managed Care Organizations		
g. Nursing Facilities		
h. Pharmacy Ingredient Cost <i>Methodology</i>		
i. Pharmacy Dispensing Fees		

Comments on Provider Payment Rates (Question 1): _____

2. **ACA-Required Payment Increases for Primary Care.** Did your state continue the ACA increase in whole or in part:
 a. After December 31, 2014 through the end of FY 2015? <choose one>
 b. In FY 2016? <choose one>
3. **Pharmacy Reimbursement:** Briefly describe any change in ingredient cost reimbursement methodology (e.g., a change from/to AWP, WAC, AAC, NADAC, or other benchmark) and whether an increase or decrease in dispensing fees was associated with a change in ingredient cost methodology: _____
4. **Potentially Preventable Readmissions:** Use the drop-down box to indicate if your state has or plans to implement an inpatient hospital reimbursement incentive/penalty for potentially preventable readmissions. <choose one>
5. **Low-Income Pool (LIP).** Does your state currently have a Low-Income Pool? <choose one>
 a. If so, does your state plan to make any changes to its design? Please briefly describe such changes.

6. **Provider Reimbursement for Family-Planning and Pregnancy-Related Services.** Do you use global fees to reimburse providers for family planning and perinatal services? (exclude reimbursement through RBMC) <choose one>
 a. If yes, please indicate which services are reimbursed through these global fees (check all that apply):
 Physicians for Vaginal delivery Physicians for Caesarian delivery Certified Midwives
 Physician for anesthesia Prenatal visits Prenatal screening tests
 Post-Partum Visit Other: _____
- b. If not all the above listed services are covered under the global fee, how do you reimburse such services? (check all that apply): Separate lump sum Capitation Fee-For-Service Other: _____
- c. Has your state adopted or does it plan to adopt payment policies to remove incentives for conducting early elective deliveries? <choose one> If yes, please briefly describe. _____

7. **Provider Taxes / Assessments:** Please use the drop-down boxes in the table below to indicate provider taxes in place in FY 2014 and new taxes or changes for FY 2014 and FY 2015. In the far right columns, indicate whether caps of 3.5% or 5.5% of net patient revenues would require the state to decrease the established rate(s).

Provider Group Subject to Tax	In place in FY 2014 (Yes, No)	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change or N/A) in:		Does tax exceed specified percentage of Net Patient Revenues	
		FY 2015	FY 2016	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>

- f. **Provider Taxes/Fees and the Medicaid expansion:** Is your state using or planning to use provider taxes/fees to fund all or part of the costs of the ACA Medicaid expansion? <choose one>

Comments on provider taxes / assessments: _____

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

1. **Changes in Monthly Contributions / Premiums:** In the table below, please describe any monthly contribution or premium policy changes in FY 2015 or planned for FY 2016. (*Exclude inflationary changes as well as requirements for CHIP-funded or premium assistance programs.*) Use drop-down boxes to indicate Year and the Nature of Impact (“New,” “New only for expansion population,” “Increase,” “Decrease,” or “Elimination” of an existing requirement, or a “Neutral Effect.”) If there are no changes to report for either year, check the box on line “d.”

Monthly Contribution Action	Fiscal Year	Effective Date	Eligibility Groups 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 premium changes in either FY 2015 or FY 2016					

2. **Changes in Cost-Sharing:** In the table below, please describe any cost-sharing policy changes in FY 2015 or planned for FY 2016. Use drop-down boxes to indicate Year and the Nature of Impact as you did in the question above. If there are no cost-sharing changes to report for either year, check the box on line “d.”

Cost-Sharing Action	Fiscal Year	Effective Date	Eligibility Groups 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 cost-sharing changes in either FY 2015 or FY 2016					

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 2015 or planned for FY 2016. (*Include long term care benefit changes. Exclude pharmacy changes which are covered separately below.*) Use drop-downs to indicate Year, Nature of Impact (from beneficiary’s perspective, is it an “Expansion,” “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	Effective Date	Eligibility Groups 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 2015 or FY 2016					

Comments on benefit changes: _____

2. **Mental Health Parity.** On April 6, 2015, CMS released a proposed rule that would apply certain provisions of the Mental Health Parity and Addiction Equity Act of 2008 to Medicaid and CHIP. Please briefly comment on the potential impact of the proposed rule on your program: _____

3. **HCBS State Plan Option (Section 1915(i)):** States electing this option may offer the same range of HCBS as are available under Section 1915(c) waivers to individuals with incomes up to 300% of the SSI federal benefit rate.

a. Did your state have a 1915(i) State Plan Amendment (SPA) in place in FY 2014? Yes No

b. Please use the drop-down box to indicate whether a new 1915(i) SPA was “Implemented in FY 2015,” “To be implemented in FY 2016”, or whether the state has “No plans to implement.” <choose one>

c. Please briefly describe targeted populations/conditions: _____

d. Has your state withdrawn a 1915(i) SPA in FY 2015 or plan to do so in FY 2016: Yes No

Please briefly describe the 1915(i) SPA being withdrawn and why: _____

- 4. Community First Choice (CFC) Option (Section 1915(k)):** States electing this option to provide Medicaid-funded HCBS attendant services and supports receive an FMAP increase of six percentage points for CFC services. Please use the drop-down box to indicate whether the CFC Option was “In place in FY 2014,” “Implemented in FY 2015,” “To be implemented in FY 2016”, or whether the state has “No plans to implement.” If your state withdrew or plans to withdraw a CFC Option SPA, please use the “Comment” line to indicate this and describe why. <choose one>
Comments on CFC Option: _____

- 5. Pharmacy Spending Trend.** If available, please indicate below the annual percentage change in your state’s total Medicaid pharmacy expenditures, net of rebates, for FYs 2014, 2015 and projected for FY 2016.

Total pharmacy expenditure growth rate	2014 over 2013	2015 over 2014	2016 over 2014 (proj.)
	i. %	ii. %	iii. %

- 6. Comments on Factors Affecting Pharmacy Spending Trend.** What were the most significant factors that affected growth or decline in **total** Medicaid pharmacy spending in FY 2015 and projected for FY 2016? _____

7. Specialty/High-Cost Drugs (as your state defines/tracks them¹)

- a. If available, please indicate for FYs 2014 and 2015 and projected for FY 2016 spending on specialty/high cost drugs as a percent of total drug spending.

	FY 2014	FY 2015	FY 2016 (proj.)
Specialty Rx expenditures as a percent of total pharmacy expenditures:	i. %	ii. %	iii. %

- b. Please briefly describe any coverage policy or reimbursement changes targeted at specialty or high-cost drugs in FY 2015 or planned for FY 2016: _____
- c. Please describe any managed care-related policy changes targeted at specialty drugs in FY 2015 or planned for FY 2016 (*e.g., carve-outs, risk-sharing, uniform PA policy requirements, etc.): _____

- 8. Selected Pharmacy Management Tools.** For the pharmacy management tools listed below, indicate what was in place in FY 2014 as well as notable policy changes implemented in FY 2015 or planned for FY 2016. Check the box on line “d” if there are no changes to report for either year.

Program Tool/Policy	In place at end of FY 2014?	FY(s)	Specify Notable Policy Changes In Fiscal Year
a. Preferred Drug List (PDL)	<input type="checkbox"/>	<choose one>	
b. Supplemental Rebates	<input type="checkbox"/>	<choose one>	
c. Prescription Cap	<input type="checkbox"/>	<choose one>	
d. <input type="checkbox"/> No changes in either FY 2015 or FY 2016			

- 9. Other Pharmacy Changes.** Please indicate any other significant pharmacy program changes implemented in FY 2015 or planned for FY 2016.

Pharmacy Program Changes	FY 2015 or FY 2016
a.	<choose one>
b.	<choose one>

Comments on pharmacy policy changes (Questions 5-9): _____

¹ There is no standard definition of specialty drugs across Medicaid programs, but generally included are physician-administered drugs, biologics, Sovaldi and other new Hep C drugs, and other high-cost drugs.

SECTION 7: MEDICAID DELIVERY SYSTEM CHANGES

Definitions: Throughout Section 7 and Section 7A, we use the following terminology:

- **MCO:** comprehensive risk-based managed care contracts
- **PHP:** either a PIHP or PAHP, a benefit-specific risk-based prepaid health plan (e.g. behavioral health, dental, etc.)
- **FFS:** refers to regular fee-for-service or a non-capitated managed care arrangement (e.g. PCCM) where providers are paid on a FFS basis by the state agency.

1. Medicaid Managed Care Overview. What types of managed care systems are in place in your state’s Medicaid program as of July 2015? (check all that apply):

MCO **PCCM** (Primary Care Case Management) **PHP** Other: _____

No managed care programs operating in your state Medicaid program as of July 2015.

2. Population. As of July 1, 2015, please indicate the approximate share of your Medicaid population served by each acute physical health care delivery system model listed in the table below. If possible, please also indicate the share of each eligibility group served by each health care delivery system model.

Delivery System	Share of Medicaid population by Delivery System as of July 1, 2015 (Each column should sum to 100%)					
	Total Population	Child	Low-income Adult	Expansion Adult	Aged & Disabled	Duals
a. MCOs	%	%	%	%	%	%
b. PCCM	%	%	%	%	%	%
c. Fee For Service (FFS)	%	%	%	%	%	%
Total	100%	100%	100%	100%	100%	100%

Comments on populations served (Question 2): _____

3. Coverage of Select Benefits as of July 1, 2015. For each of the benefits listed in the table below, please indicate the delivery system(s) used to provide the benefit as of July 1, 2015 by checking the appropriate boxes. If the benefit is not covered for any eligibility group, please indicate that in the “Notes” column. Please note in the “Changes” column if you plan to change how these benefits are delivered (e.g. carve-in or carve-out) in FY 2016.

For example: If prescription drugs for some populations are covered as part of capitation for comprehensive contracts with MCOs but paid fee-for-service for others, you would check the boxes in line a for MCO and FFS and briefly describe in the notes column how it differs by population.

Benefit	Delivery systems used as of July 1, 2015 (check all that apply):			Changes in FY 2015	Changes in FY 2016	Notes (differs by population, region, etc.):
	MCO	PHP	FFS			
a. Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b. Dental – Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c. Dental – Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Outpatient mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e. Inpatient mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g. HCBS LTSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Institutional LTSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Comments on selected benefit-related delivery system changes (Question 3): _____

SECTION 7A: MCOS / COMPREHENSIVE RISK-BASED MANAGED CARE

1. Did your state implement, or does it plan to implement, policy changes designed to **increase** the number of enrollees served in MCOs in FY 2015 or FY 2016? <choose one>

If “yes,” identify the types of policy changes that apply below:

RBMC Expansions	FY 2015	FY 2016
a. Implement a new MCO program (no MCOs the previous year)	<input type="checkbox"/>	<input type="checkbox"/>
b. Expand geographic service area	<input type="checkbox"/>	<input type="checkbox"/>
c. Enroll additional eligibility groups in MCO plans i. If so, which group(s) has been/will be added:	<input type="checkbox"/>	<input type="checkbox"/>
d. Change from voluntary to mandatory enrollment i. If so, which group(s) has been/will be shifted:	<input type="checkbox"/>	<input type="checkbox"/>

2. If your state implemented, or plans to implement, policy changes designed to **decrease** the number of enrollees served in comprehensive managed care plans in FY 15 or FY 16, please briefly describe the changes: _____

Comments on MCO enrollment changes: _____

3. Medical Loss Ratio (MLR).

- a. As of July 1, 2015, has your state established a minimum MLR requirement for Medicaid MCO plans? <choose one>
 b. If so, what is the minimum MLR for Medicaid MCO plans? _____
 c. Are care management costs counted as medical expenses? <choose one>

Comments on MLR: _____

4. Auto-Enrollment: Does your state use an auto-enrollment process for those who don’t select a plan? <choose one>

- a. If yes, about what share of enrollees was auto-assigned on an average monthly basis in FY 2015? _____%
 (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	iv. <input type="checkbox"/> Plan cost
ii. <input type="checkbox"/> Balancing enrollment among plans	v. <input type="checkbox"/> Encouraging new plan entrants
iii. <input type="checkbox"/> Plan quality ranking	vi. <input type="checkbox"/> Other measure (please specify) _____

Comments on auto-enrollment process: _____

5. **MCO Program Initiatives to Improve Quality of Care.** While all states track specific quality measures (e.g., HEDIS®), we are interested in strategies to enhance quality in managed care contracts. In the table below, please indicate whether your state had any of the following initiatives in place in FY 2014, significantly expanded or added such initiatives in FY 2015 or plans to do so in FY 2016.

Quality Initiatives in MCO Contracts	In Place in FY 14	New or Expanded in:	
		FY 15	FY 16
a. Pay for Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Managed Care Payment Withhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Require MCOs to publicly report quality metrics (e.g., a “report card”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance Bonus or penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- g. **2015 Withhold.** If you use a Managed Care Payment Withhold to drive quality improvement, what share of MCO capitation payments was withheld in FY 2015? _____

- h. **2016 Withhold.** Please indicate any changes in the withhold requirement to be applied in FY 2016: _____

- i. **HEDIS Measures in Contracting.** Does your state include or plan to include HEDIS scores among the criteria for selecting plans to contract with? <choose one> _____

Comments on Quality Initiatives in MCO Contracts: _____

6. **Proposed Managed Care Regulation.** Please identify the key issues, concerns or opportunities for your state’s Medicaid program relate to the proposed rule. _____

SECTION 7B: PRIMARY CARE CASE MANAGEMENT (PCCM)

1. Did your state implement, or does it plan to implement, policy changes designed to **increase** the number of enrollees served through your PCCM program in FY 2015 or FY 2016? <choose one>
 - a. If so, please briefly describe the change(s): _____
2. Did your state implement, or plan to implement, policy changes designed to **decrease** the number of enrollees served through your PCCM program in FY 2015 or FY 2016? <choose one>
 - b. If so, please briefly describe the change(s): _____

SECTION 7C: BENEFIT-SPECIFIC RISK-BASED PREPAID HEALTH PLAN (PHP)

1. Did your state implement, or does it plan to implement a new PHP program or policy changes designed to **increase** the number of enrollees served through a PHP in FY 2015 or FY 2016? <choose one>
 - a. If so, please briefly describe the change(s): _____
2. Did your state eliminate a PHP program or implement, or plan to implement, policy changes designed to **decrease** the number of enrollees served through your PHP program in FY 2015 or FY 2016? <choose one>
 - b. If so, please briefly describe the change(s): _____

SECTION 7D: DELIVERY SYSTEM OR PAYMENT REFORMS

1. Did your state implement or expand, or does it plan to implement or expand, delivery system or payment reform initiatives (including multi-payer initiatives) in FY 2015 or FY 2016? <choose one>

If “yes,” please check below all applicable initiatives implemented or expanded. Please use the “Notes/Additional Information” column to briefly describe or provide a web link where a description or additional information can be found for each initiative in place or new/expanded:

Delivery System Reform Initiatives	In Place in FY 14	New or Expanded in:		Notes/Additional Information:
		FY 15	FY 16	
a. Patient-Centered Medical Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Health Homes (under ACA Section 2703)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Accountable Care Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Dual Eligible Initiative (Financial Alignment Demonstrations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Dual Eligible Initiative (Outside the Financial Alignment Demonstrations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Episode of Care Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Delivery System Reform Incentive Payment (DSRIP) waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. All-Payer Claims Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. If your state has or will implement an initiative with a focus on **coordinating behavioral and physical health at the provider level**, please briefly describe the initiative and your experience so far (issues or challenges, opportunities, etc.): _____
3. If your state has or will implement an initiative focused on **population/community health or the social determinants of health**, please briefly describe the initiative and your experience so far (issues or challenges, opportunities, etc.): _____
4. If your state is involved in the development or implementation of a **SIM grant**, please briefly describe the implications of the SIM grant for your state’s Medicaid program: _____

5. If your state has or will implement an initiative focused on **reducing non-emergent use of the Emergency Department (ED)**, (e.g. super-utilizer programs) or other initiatives, please briefly describe the initiative and your experience so far (issues or challenges, opportunities or positive effects): _____

SECTION 8: 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 2015 or 2016? <choose one>

If “yes,” please check below all of the rebalancing tools/methods used:

LTSS Rebalancing Tools/Methods	FY 15	FY 16
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. Expand the number of persons served under the HCBS State Plan Option - 1915(i)	<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 a moratorium on construction of new institutional beds	<input type="checkbox"/>	<input type="checkbox"/>
g. Other:	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Rebalancing Tools/Methods (Question 1): _____

2. If your state added new **restrictions or limitations**, or plans to do so (such as eliminating a PACE site or capping HCBS waiver enrollment), on access to **HCBS** in FY 2015 or FY 2016 (other than benefit changes described under Section 6 above), please briefly describe the changes: _____
3. If your state removed **restrictions or limitations**, or plans to do so, on **institutional LTSS** (e.g., lift or liberalize a Certificate of Need program or moratorium) in FY 2015 or 2016, please briefly describe the changes: _____
5. **HCBS Settings Rule:** Please briefly describe any significant issues, concerns or opportunities that have emerged to date related to the implementation of your state’s HCBS Statewide Transition Plan required by the HCBS Final Rule (released in January 2014.) _____

Other LTSS Comments: _____

SECTION 9: FUTURE OUTLOOK FOR THE MEDICAID PROGRAM AND ACCOMPLISHMENTS / SUCCESSES TO DATE

1. What do you foresee as the top two or three issues or challenges over the next year or so for your state’s Medicaid program? _____
2. What do you foresee as the two or three top priorities for your state’s Medicaid program over the next year or so? _____
3. Does the Supreme Court’s decision in *King v. Burwell* have implications for your state’s Medicaid program? Please briefly describe. _____
4. When you step back and look at your Medicaid program - considering things such as administration, its impact in the community and health care marketplace, what you have accomplished and what you are accomplishing - what is it that you take the most pride in about Medicaid in your state? _____

This completes the survey. Thank you very much.