

SAMHSA’s Center for Financing Reform & Innovations (CFRI)

Financing Focus: June 17, 2013

Implementing the Affordable Care Act (ACA)	2
• HHS to award \$1 billion to improve health care and lower costs	2
• Illinois expands Medicaid, Iowa approves alternative expansion plan	2
• HHS finalizes rules on Medicare medical loss ratios, employee wellness incentives, and SHOP	2
• CMS proposes rule implementing Medicaid DSH payment reductions	3
• HHS reduces Pre-Existing Condition Insurance Plan reimbursement rates	3
• States and HHS announce Marketplace participation and insurance rates	3
• AR, CA, MS, NM, and VT continue developing Marketplace outreach and navigator programs.	3
• Idaho and New Mexico Marketplaces temporarily partner with HHS	4
National News	4
• CBO estimates ACA will provide health coverage for 25 million individuals	4
• NGA launches Health Care Sustainability Task Force	4
• SAMHSA releases behavioral health assessment toolkit for state agencies	4
• HHS provides guidance on streamlining Medicaid enrollment and eligibility	5
• SAMHSA offering up to \$70.4 million to expand youth behavioral health services	5
• SAMHSA to award \$5.9 million for technology expansion of substance abuse treatment	5
State News	5
• California: Court upholds 10 percent Medicaid reimbursement reduction	5
• Connecticut to coordinate youth behavioral healthcare	6
• Connecticut approves insurance premium fee	6
• Florida budget provides \$65 million for Medicaid reimbursement system transition	6
• Indiana raises Medicaid reimbursement rate by 2 percent	6
• Nebraska creates Marketplace oversight commission	6
• Rhode Island increases health care cost transparency	6
• Texas increases behavioral health funding, expands Managed care, and blocks Medicaid expansion	7
• Virginia joins dual eligible Financial Alignment Demonstration	7
• Washington, D.C. approves Marketplace small business mandate	7
Financing Reports	8

The Center for Financing Reform and Innovations (CFRI) provides information, analysis, products, and technical assistance to address changes in the organization and financing of behavioral health care, and to guide Federal officials, States, Territories, Tribes, communities, and private payers on the most effective and efficient use of available resources to meet the prevention, treatment, and recovery support needs of the American public.

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Implementing the Affordable Care Act (ACA)

- **HHS to award \$1 billion to improve health care and lower costs.** On May 15, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced plans to award up to \$1 billion through a second round of **Health Care Innovation Awards**. Authorized under the ACA, the awards will support projects that test new payment and service delivery models for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). HHS is requesting projects that seek to rapidly reduce outpatient costs, improve care for populations with specialized needs, transform providers' clinical and financial models, or improve overall population health. In 2012, HHS award \$900 million to 107 projects in the first round of awards. Applications are due August 15 ([HHS, 5/15](#); [CMS, 5/15](#); [CBS, 5/15](#)).
- **Illinois expands Medicaid, Iowa approves alternative expansion plan.** As authorized under the ACA, the Illinois Legislature approved a bill ([SB 26](#)) **expanding Medicaid** to all individuals with incomes up to 138 percent of the federal poverty level (FPL). **Illinois Governor Patrick Quinn** (D) is expected to sign the bill. Meanwhile, the Iowa Legislature approved a \$1.7 billion FY2014 **Iowa Department of Human Services** (IDHS) budget ([SF 446](#)) that authorizes a **Medicaid expansion alternative**. Under the [Iowa Health and Wellness Plan](#), IDHS would use Medicaid expansion funds to provide premium assistance for individuals with incomes up to 100 percent of the FPL to enroll in a state employee health insurance plan. The plan would also provide premium assistance to individuals with incomes between 101 and 138 percent of the FPL to purchase private health insurance through the state's **Health Insurance Marketplace**. However, the plan requires individuals with incomes over 50 percent of the FPL to make premium contributions on a sliding scale. Under the bill, IDHS must submit a **Section 1115 Research and Demonstration** waiver by June 28. **Iowa Governor Terry Branstad** (R) is expected to sign the bill ([Des Moines Register, 5/23](#); [Modern Healthcare, 5/28](#); [AP via CBS St. Louis, 5/28](#)).
- **HHS finalizes rules on Medicare medical loss ratios, employee wellness incentives, and SHOP.** To continue implementing the ACA, HHS published a [final rule](#) setting the **medical loss ratio** (MLR) for Medicare Advantage and Medicare Prescription Drug Benefit plans at 85 percent. Under the ACA, insurers must pay set percentages of premium revenue towards health care costs and quality improvement or return the difference to consumers. In another ACA [final rule](#), HHS will allow employers to link employee participation in wellness improvement programs to required premium contributions for employer-sponsored health insurance. Under the rule, employers may link up to 30 percent of premium contributions to participation in wellness programs or up to 50 percent to tobacco cessation programs. Finally, HHS issued a [rule](#) officially delaying the optional **employee choice component** of the **Small Business Health Options Program** (SHOP) until January 1, 2015. Under the SHOP employee choice option, employees at participating small businesses may choose from multiple employer-sponsored health insurance plans through their local Health Insurance Marketplace. HHS also published [employer](#) and [employee](#) SHOP application forms ([HHS, 5/29](#); [New York Times, 5/30](#); [Kaiser Health News, 5/29a](#); [Washington Post, 6/1](#); [The Hill, 5/20](#); [LifeHealthPro, 5/31](#); [Los Angeles Times, 6/6a](#)).

- **CMS proposes rule implementing Medicaid DSH payment reductions.** On May 13, the **Centers for Medicare & Medicaid Services** (CMS) proposed a [rule](#) outlining the agency’s formula for reducing **Medicaid Disproportionate Share Hospital** (DSH) payments. Under the ACA, Medicaid DSH payments will be reduced by \$500 million in FY2014, \$600 million in FY2015 and FY2016, \$1.8 billion in FY2017, \$5 billion in FY2018, \$5.6 billion in FY2019, and \$4 billion in FY2020. However, the proposed rule only applies to FY2014 and FY2015 and CMS plans to revise the formula for FY2016. CMS’ formula will consider: the state’s current DSH funding level, the state insurance rate, and the extent to which the state targets DSH payments to hospitals with high volumes of Medicaid patients or uncompensated care. According to CMS, the current formula will not consider whether a state expands Medicaid but the FY2016 revision will address the issue. Comments are due July 12 ([CMS, 5/13](#); [Kaiser Health News, 5/14](#)).
- **HHS reduces Pre-Existing Condition Insurance Plan reimbursement rates.** To ensure that **Pre-Existing Condition Insurance Plan** (PCIP) funding lasts through December 2013, HHS released an [interim final rule](#) reducing PCIP provider reimbursement rates from prevailing commercial rates to Medicare rates. In situations where Medicare rates cannot be implemented, providers will be reimbursed 50 percent of billed charges or at a rate generated from a "relative value scale pricing methodology." In related news, 18 of the 27 states administering their own PCIPs will transfer administration to HHS in response to the department’s previous decision to shift PCIPs to fixed appropriations. Created under the ACA, PCIP is a temporary program providing health insurance coverage to individuals with pre-existing conditions in all 50 states and the District of Columbia. All PCIPs expire when **Health Insurance Marketplaces** open on January 1, 2014 ([New York Times, 5/21](#); [LifeHealthPro, 5/17](#); [LifeHealthPro, 5/22](#)).
- **States and HHS announce Marketplace participation and insurance rates.** On May 30, HHS [announced](#) that over 120 insurers applied to offer **qualified health plans** in at least one federally-facilitated or state-partnership Marketplace. Additionally, at least one new insurer has announced plans to offer individual coverage in “about 75 percent” of states with a federally-facilitated or state-partnership Marketplace. Several states also announced which insurers have applied to offer plans in their Marketplaces, including: [Arkansas](#), [California](#), [Colorado](#), [Florida](#), [Georgia](#), [Kansas](#), [Maryland](#), [Michigan](#), [Montana](#), [New Hampshire](#), [New Jersey](#), [Ohio](#), [Oregon](#), [Rhode Island](#), [Vermont](#), [Washington](#), and the [District of Columbia](#). California, Maryland, Ohio, Oregon, Rhode Island, Vermont, and Washington also published insurers’ proposed Marketplace premium rates ([Reuters, 5/30](#); [LifeHealthPro, 5/30](#)).
- **AR, CA, MS, NM, and VT continue developing Marketplace outreach and navigator programs.** In advance of **Health Insurance Marketplaces’** open enrollment on October 1, AR, CA, MS, NM, and VT continued developing their educational, outreach, and navigator programs. On May 28, the **Arkansas Legislative Council** voted to spend a \$16.5 million HHS **Level One Establishment Grant** to develop **navigator** and outreach programs and create a call center for its state-partnership Marketplace. Meanwhile, California’s Marketplace, **Covered California**, awarded \$37 million for education and outreach and launched a \$98 million advertising campaign. On May 16, the Board of Directors of New Mexico’s Marketplace voted to launch a

\$20 million educational outreach campaign and on May 21 Vermont's Marketplace, **Vermont Health Connect**, awarded \$2 million to train and certify individuals interested in becoming navigators. Meanwhile, on June 5, **Nebraska Governor David Heineman** (R) signed a bill ([LB 568](#)) establishing regulatory requirements for navigators and on May 30, **Mississippi Governor Phil Bryant** (R) announced plans to provide \$1 million to expand a call center to address consumer questions about HHS programs, including Mississippi's federally-facilitated Marketplace ([AP via Arkansas Business, 5/28](#); [CMS](#); [Albuquerque Business First, 5/16](#); [Los Angeles Times, 5/14](#); [AP via San Francisco Chronicle, 5/30](#); [Vermont Business Magazine, 5/22](#); [LifeHealthPro, 5/28](#); [Lexington Herald-Leader, 5/15](#); [Omaha World-Herald, 5/17](#)).

- **Idaho and New Mexico Marketplaces temporarily partner with HHS.** To ensure that they are ready to begin enrollment on October 1, **Idaho** and **New Mexico** will temporarily partner with HHS while they prepare to establish state-run **Health Insurance Marketplaces**. The New Mexico Marketplace will use HHS' computer platform for enrollment in individual plans while the Idaho Marketplace will use both the individual and small business computer platforms. Both Marketplaces will transition to state-based platforms as soon as possible and will continue to administer all other aspects of their Marketplaces ([FierceHealthPayer, 5/24](#); [AP via Albuquerque Journal, 5/20](#); [Spokesman-Review, 5/23](#)).

National News

- **CBO estimates ACA will provide health coverage for 25 million individuals.** In its [Updated Budget Projections: Fiscal Years 2013 to 2023](#), released May 14, the **Congressional Budget Office** (CBO) estimated that federal Medicaid funding will total \$4.28 trillion from FY2014 to FY2023, or \$77 billion less than the CBO estimated in [February 2013](#). In addition, the report estimates that the ACA will reduce the number of uninsured individuals by 25 million through FY2023, down from its 27 million estimate earlier this year. Despite projecting that more individuals will gain coverage through the Medicaid expansion, the CBO also projected that more insured individuals will lose health coverage and lowered its estimates of the number of uninsured individuals who will gain coverage through **Health Insurance Marketplaces** ([New York Times, 5/14](#); [Washington Post, 5/14](#); [CBO, 5/14](#); [Bloomberg Businessweek, 5/14](#)).
- **NGA launches Health Care Sustainability Task Force.** On May 21, the **National Governors Association** (NGA) launched the **Health Care Sustainability Task Force** to share state experiences, communicate best practices, and identify areas where federal legislative or regulatory action is necessary to further support state efforts. **Oregon Governor John Kitzhaber** (D) and **Tennessee Governor Bill Haslam** (R) will co-chair the task force ([NGA, 5/21](#); [FierceHealthcare, 5/23](#)).
- **SAMHSA releases behavioral health assessment toolkit for state agencies.** To help state behavioral health agencies assess and meet their community's behavioral health needs, SAMHSA released the [Behavioral Health Needs Assessment Toolkit](#). The Toolkit provides national and state estimates of behavioral health disorder prevalence rates and instructions on generating new prevalence projections. Additionally, the Toolkit outlines issues that state agencies should consider when meeting the behavioral health needs of emerging populations ([SAMHSA, 5/29](#)).

- **HHS provides guidance on streamlining Medicaid enrollment and eligibility.** In a [May 17 letter](#) to state Medicaid directors, HHS proposed five optional strategies for states to simplify and streamline their Medicaid enrollment and eligibility systems. HHS' five strategies are: adopting **Modified Adjusted Gross Income (MAGI)** enrollment rules, extending Medicaid renewal periods, enrolling individuals based on **Supplemental Nutrition Assistance Program (SNAP)** eligibility, enrolling parents based on their children's income eligibility, and adopting 12-month continuous eligibility for adults. The letter also provides information on how the strategies would reduce states' administrative burden and offers guidance on implementation ([Kaiser Health News, 5/18](#)).
- **SAMHSA offering up to \$70.4 million to expand youth behavioral health services.** On June 4, SAMHSA announced plans to award up to \$56.1 million in **Safe Schools/Healthy Students State Planning, Local Education Agency, and Local Community** grants. Under the program, awardees will develop partnerships among educational, behavioral health, and criminal justice systems to expand children and youth access to behavioral health services. SAMHSA also announced plans to award up to \$7.9 million in **State/Tribal-Sponsored Youth Suicide Prevention (STYSP)** grants and up to \$6.4 million in **Campus Suicide Prevention (CSP)** grants. The STYSP program supports state and tribal suicide prevention and early intervention strategies, while the CSP program expands college and university suicide prevention programs. SAMHSA expects to award up to seven, four-year Safe Schools grants of up to \$2.2 million annually; up to six, three-year STYSP grants of up to \$444,000 annually; and up to 21, three-year CSP grants of up to \$102,000 annually ([SAMHSA, 6/4a](#); [SAMHSA, 5/28](#); [SAMHSA, 6/4b](#)).
- **SAMHSA to award \$5.9 million for technology expansion of substance abuse treatment.** SAMHSA announced plans to award up to \$3.4 million in **Electronic Health Record (EHR) and Prescription Drug Monitoring Program (PDMP) Data Integration** grants to help health providers access PDMP data and link existing EHRs with PDMPs. Additionally, SAMHSA announced plans to award up to \$2.5 million through the **Minority AIDS Initiative (MAI)** program to leverage new media to create specialized substance abuse prevention messages for traditionally underserved populations. SAMHSA expects to award up to eight, two-year Data Integration awards of up to \$212,500 annually, and up to 20, one-year MAI awards of \$125,000 ([SAMHSA, 5/14](#); [SAMHSA, 6/4c](#)).

State News

- **California: Court upholds 10 percent Medicaid reimbursement reduction.** Upholding a previous decision, the full bench of the **U.S. Court of Appeals for the 9th Circuit** [ruled](#) that the **California Department of Health Care Services (CDHCS)** may reduce the state's Medicaid reimbursement rate by 10 percent. The court rejected the plaintiffs' argument that states must consider providers' costs when setting Medicaid rates, finding that HHS has the authority to determine its own criteria for Medicaid funding reductions under the **Administrative Procedures Act (APA)** and that California never guaranteed fixed provider rates for its Medicaid program. Additionally, because HHS already approved California's cuts through a [State Plan Amendment](#), the court ruled that CDHCS may apply the reduction retroactively to June 1, 2011.

The ruling lifts all injunctions against the reduction and held that no further appeals will be considered except to the Supreme Court ([California Healthline, 5/28](#); [California Healthline, 6/6](#)).

- **Connecticut to coordinate youth behavioral healthcare.** In the wake of the December 2012 shooting, the Connecticut Legislature unanimously approved a bill ([SB 972](#)) requiring mental health agencies, school districts, and emergency mobile psychiatric services to coordinate care for children with behavioral health disorders. However, the legislature did not allocate any state funds, instead choosing to rely on potential federal and private funding. The bill establishes a privately-funded children's behavioral health information campaign, creates two federally-funded criminal justice diversion programs for children with mental health disorders, and requires children's behavioral health programs that receive public funding to release annual reports on access to services. The bill also requires additional behavioral health and child development training for child care providers and increased trauma training for behavioral health specialists. **Connecticut Governor Dannel Malloy (D)** is expected to sign the bill ([Connecticut Mirror, 5/20](#); [AP via Boston Globe, 5/31](#)).
- **Connecticut approves insurance premium fee.** To finance **Health Insurance Marketplace** operations after federal funding ends in FY2015, **Access Health CT's** Board of Directors approved a 1.35 percent premium revenue assessment on all individual and small group plans sold within or outside the Marketplace. The assessment applies to all insurers and is expected to generate \$26 million annually ([Hartford Business Journal, 6/3](#)).
- **Florida budget provides \$65 million for Medicaid reimbursement system transition.** On May 19, **Florida Governor Rick Scott (R)** signed a \$74.5 billion [FY2013-2014 budget](#) that provides \$65 million in additional funding for safety net hospitals. The funding will support the hospitals' transition to the new **diagnosis-related groups (DRG)** Medicaid reimbursement system on July 1. Under the DRG system, Medicaid's current per diem reimbursement rates will be replaced by a formula that uses data about specific patients' costs. The budget does not expand Florida's Medicaid program ([Tampa Bay Times, 5/19](#); [Sunshine State News, 5/24](#)).
- **Indiana raises Medicaid reimbursement rate by 2 percent.** On June 5, **Indiana Governor Mike Pence (R)** [announced](#) that the **Indiana Family and Social Services Administration (IFSSA)** will increase the Medicaid provider reimbursement rate by 2 percent, effective January 2014. According to the Governor's spokesperson, the increase is funded through an additional \$37 million Medicaid appropriation in the FY2013 budget. In FY2010, IFSSA reduced the reimbursement rate by 5 percent ([Indiana Public Media, 6/5](#)).
- **Nebraska creates Marketplace oversight commission.** On May 16, **Nebraska Governor David Heineman (R)** signed a bill ([LB 384](#)) creating the **Nebraska Exchange Stakeholder Commission**. Under the bill, the Commission will work with HHS, state agencies, and other stakeholders help implement the state's federally-facilitated **Health Insurance Marketplace**. The Commission is authorized to create technical and advisory groups, help the Marketplace address stakeholder suggestions, and provide recommendations to Marketplace officials ([Nebraska Unicameral, 5/10](#)).
- **Rhode Island increases health care cost transparency.** To better inform consumers and providers about health care costs, **Rhode Island Health Insurance Commissioner Christopher**

Koller issued a [bulletin](#) requiring insurers to disclose the prices they pay for health care services. The bulletin directs insurers to stop enforcing confidentiality clauses in provider contracts, begin addressing all provider requests for health care cost information, and submit a plan for disclosing cost information to consumers by April 2014 ([Providence Journal, 5/23](#)).

- **Texas increases behavioral health funding, expands Managed care, and blocks Medicaid expansion.** On the final day of the regular legislative session, the Texas Legislature approved a two-year, \$196.9 billion FY2014-FY2015 budget ([SB 1](#), [HB 1205](#), [HB 6](#), and [HB 7](#)) that allocates \$259 million in additional behavioral health funding. Among other allocations, the budget provides \$57 million to eliminate behavioral health treatment waiting lists, \$25 million in grants for local mental health authorities and crisis programs, and \$10 million in grants for local substance abuse treatment authorities. The legislature also passed [SB 7](#) to establish Medicaid managed care pilot programs for individuals with disabilities, create an advisory committee to help redesign Medicaid acute care services, and block the **Texas Health and Human Services Commission** (HHSC) from enacting an ACA Medicaid expansion without legislative approval. Finally, the legislature passed [SB 58](#) to expand Medicaid managed care to include “targeted case management and psychiatric rehabilitation services” for individuals with behavioral health needs and create health home pilot programs for individuals with chronic general health conditions and **serious mental illness** (SMI). **Texas Governor Rick Perry** (R) is expected to sign the bills ([Texas Tribune, 5/28](#); [Texas Tribune, 5/17](#); [Texas Tribune, 5/20](#); [Texas Tribune via New York Times, 5/19](#); [Austin Statesman, 5/26](#); [News 92FM Houston](#)).
- **Virginia joins dual eligible Financial Alignment Demonstration.** In a May 21 [memorandum of understanding](#), HHS approved Virginia as the sixth state to partner with **CMS** in the **ACA’s Financial Alignment Demonstration** to coordinate care for dual eligibles. Under the state’s demonstration program, **Commonwealth Coordinated Care**, Virginia will contract with managed care organizations to test capitated and managed fee-for-service models while coordinating care for 78,500 dual eligibles. The **Virginia Department of Medical Assistance Services** (DMAS) estimates that the program will save \$11.3 million in FY2014 and \$22.6 million in FY2015. As authorized under an FY2013 [budget amendment](#), approval of the demonstration is one of the requirements imposed by the state’s **Medicaid Innovation and Reform Commission** as a precondition for expanding the state’s Medicaid program. Moving to fulfill another expansion-precondition, DMAS also awarded **Magellan Health Services, Inc.** a Medicaid behavioral health managed care contract ([Richmond Times Dispatch, 5/22](#); [Richmond Times Dispatch, 5/27](#)).
- **Washington, D.C. approves Marketplace small business mandate.** On June 4, the **Council of the District of Columbia** unanimously approved [temporary legislation](#) requiring that all small business health insurance plans be offered exclusively through the District’s Marketplace. As the temporary legislation expires in October 2014 before it would go into effect in 2015, the constitutional requirement that Congress review District laws prior to enactment does not apply. According to Councilwoman Yvette Alexander (D), the Council intends to replace the temporary legislation with permanent legislation in 2014 ([Washington Post, 6/4](#); [DCCouncil.us](#)).

Financing Reports

- **ACA insurance provisions saved young adults \$147 million in medical bills in 2011.** [“Insurance coverage of emergency care for young adults under health reform”](#) *New England Journal of Medicine* 368(22): 2105-2112. Mulcahy, A. et al. May 2013 ([Kaiser Health News, 5/29b](#)).
- **Access to Marketplace coverage to encourage 1.5 million individuals to seek self-employment.** [“The Affordable Care Act: Improving incentives for entrepreneurship and self-employment”](#) Robert Wood Johnson Foundation (RWJF). Blumberg, L. et al. May 2013.
- **Children’s behavioral health disorders cost \$247 billion annually.** [“Mental health surveillance among children — United States, 2005–2011”](#) Centers for Disease Control and Prevention. May 17, 2013 ([Bloomberg Businessweek, 5/17](#)).
- **“Enrollment and spending in the Early Retiree Reinsurance and Pre-existing Condition Insurance Plan programs”** U.S. Government Accountability Office (GAO). April 2013.
- **Enrollment in the Medicaid Buy-In program increased 10 percent from 2010 to 2011.** [“Enrollment, employment, and earnings in the Medicaid Buy-In program, 2011”](#) Mathematica, Inc. Kehn, M. May 20, 2013.
- **“For states that opt out of Medicaid expansion: 3.6 million fewer insured and \$8.4 billion less in federal payments”** *Health Affairs* 32(6): 1030-1036. Price, C. and Eibner, C. June 2013 ([Bloomberg Businessweek, 6/4a](#)).
- **Funding for behavioral health likely to shift to Medicaid and private insurance.** [“Current and future funding sources for specialty mental health and substance abuse treatment providers”](#) *Psychiatric Services* 64(6): 1176. Levit, K. et al. June 1, 2013.
- **“Geographic variation in fee-for-service Medicare beneficiaries’ costs is largely explained by disease burden”** *Medical Care Research and Review [Published online pre-print]* Reschovsky, D. et al. May 28, 2013 ([Kaiser Health News, 5/28](#)).
- **Health care costs for average family of four exceeded \$20,000 for the first time.** [“2013 Milliman Medical Index”](#) Milliman, Inc. May 22, 2013.
- **HHS, DOD, & VA working together to improve veterans’ behavioral health services.** [“Interagency Task Force on Military and Veterans Mental Health 2013: Interim report”](#) HHS, U.S. Department of Defense (DOD), & U.S. Department of Veterans Affairs (VA). May 21, 2013 ([HHS, 5/21](#)).
- **Insurers returned \$2.1 billion to consumers under ACA’s MLR provision.** [“Beyond rebates: How much are consumers saving from the ACA’s Medical Loss Ratio provision?”](#) KFF. Cox, C. et al. June 6, 2013 ([Los Angeles Times, 6/6b](#)).
- **“Key lessons from Medicaid and CHIP for outreach and enrollment under the Affordable Care Act”** Kaiser Family Foundation (KFF). Stephens, J. and Artiga, S. June 4, 2013.
- **Medicaid expansion will cover to up to 2.7 million individuals with mental illnesses.** [“Medicaid expansion & mental health care”](#) National Alliance on Mental Illness (NAMI). May 30, 2013.
- **“Medicaid per capita cap would shift costs to states and undermine key part of health reform”** Center on Budget and Policy Priorities. Park, E. May 8, 2013.

- **Medicaid programs could save \$74.4 billion over ten years by implementing pharmacy benefits best practices.** [“Medicaid pharmacy savings opportunities: National and state-specific estimates”](#) The Menges Group. May 2013.
- **Medicare and Medicaid rules present challenges for dual eligible demonstrations.** [“Dual-eligible beneficiaries of Medicare and Medicaid: Characteristics, health care spending, and evolving policies”](#) CBO. June 2013.
- **“Medicare Provider Charge Data: Outpatient”** CMS. June 3, 2013 ([Miami Herald, 6/3](#)).
- **Michigan Medicaid program maintains continuous enrollee coverage through technology-based systems.** [“Profiles of Medicaid outreach and enrollment strategies: Helping families maintain coverage in Michigan”](#) KFF. Edwards, J. et al. May 14, 2013.
- **Nebraska: State auditor finds “significant lack of controls and oversight” in Medicaid-run premium assistance program.** [“Attestation report of the Nebraska Department of Health and Human Services Health Insurance Premium Payment Program”](#) Nebraska Auditor of Public Accounts Office. May 29, 2013 ([Lincoln Journal Star, 5/29](#)).
- **“Premium assistance in Medicaid”** RWJF. Piotrowski, J. June 6, 2013.
- **“Seven states’ actions to establish Exchanges under the Patient Protection and Affordable Care Act”** GAO. April 2013.
- **States to use existing Medicaid managed care organizations to cover expansion population.** [“Are state Medicaid managed care programs ready for 2014? A review of eight states”](#) RWJF. May 2013 ([The Hill, 5/29](#)).
- **Three Medicaid pilot programs improved quality but failed to lower costs.** [“The business case for quality in Medicaid – Still searching for the ‘Slam Dunk’”](#) Center for Health Care Strategies, Inc. (CHCS). Hamblin, A. & Somers, S. May 2013.
- **“Using SNAP receipt to establish, verify, and renew Medicaid eligibility”** Urban Institute. Dorn, S. et al. May 2013.
- **Utah: Medicaid expansion would save \$131 million over 10 years.** [“State of Utah Medicaid expansion assessment”](#) Public Consulting Group, Inc. May 2013 ([Salt Lake Tribune, 5/23](#)).
- **Wisconsin: Governor’s Medicaid expansion alternative would cost \$49 million more over two years.** [“Funding changes for selected MA-related items in AB 40”](#) Wisconsin Legislative Fiscal Bureau. May 17, 2013 ([Milwaukee Journal Sentinel, 5/17](#)).