

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

Financing Focus: April 18, 2016

National News	2
• President Obama outlines actions to address opioid misuse and abuse.....	2
• President Obama creates parity task force, CMS finalizes Medicaid and CHIP parity rule	2
• CDC releases voluntary opioid prescribing guidelines; FDA requires new warnings	2
• CBO estimates higher long-term ACA Federal costs, short-term costs remain below estimate .	3
• Expanding Medicaid could improve access to behavioral health services, HHS finds	3
• SAMHSA offering up to \$134.5 million for opioid treatment and prevention	3
• SAMHSA to award up to \$185.7 million for youth behavioral health services	4
• SAMHSA offers up to \$42.8 million for HIV minority services and adult drug courts.....	4
• OPM requires autism therapy coverage for Federal employees	4
• CVS launches youth smoking prevention campaign	4
State News	5
• Indiana and New Hampshire renew premium assistance coverage expansions	5
• Arizona expands access to behavioral health services for foster children.....	5
• Connecticut launches call line for opioid assessment referrals, reaches naloxone agreement ...	5
• Florida reaches settlement to increase Medicaid funding for child services	6
• Indiana approves multiple bills to expand substance use disorder treatment and prevention	6
• Iowa implements Medicaid managed care transition	6
• Massachusetts enacts numerous provisions to address opioid misuse and abuse.....	6
• New Mexico expands access to naloxone and mandates PDMP use	7
• New York approves budget with numerous behavioral health provisions	7
• New York announces funding for child behavioral health integration and IT upgrades.....	7
• North Carolina plans to consolidate behavioral health managed care organizations	8
• Oklahoma reduces behavioral health funding by \$13 million.....	8
• Texas withdraws proposed mental health telemedicine restrictions.....	8
• Utah enacts partial, non-ACA Medicaid expansion	8
• West Virginia expands access to naloxone and establishes MAT licensing requirements.....	9
• Wisconsin approves bills to address opioid misuse and abuse.....	9
Financing Reports	9

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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National News

- **President Obama outlines actions to address opioid misuse and abuse.** In a March 29 announcement, **President Obama** [outlined](#) a variety of new and ongoing actions across Federal entities and private organizations designed to address heroin and prescription opioid misuse and abuse. Among the new Federal initiatives, the **U.S. Department of Health and Human Services (HHS)** plans to award \$94 million under the **Affordable Care Act (ACA)** to expand substance use disorder (SUD) treatment services at 271 health centers across 45 states, the District of Columbia, and Puerto Rico. Additionally, **HHS** proposed a [rule](#) that would increase from 100 to 200 the maximum number of clients for whom physicians may prescribe **buprenorphine** to treat opioid use disorders. HHS also released a [fact sheet](#) with additional information on the rule. Furthermore, HHS plans to issue new guidance on the use of Federal funds to implement or expand **needle exchange programs** and [plans](#) to require Medicare Part D insurers to implement strategies to prevent the non-medical use of prescription drugs. The **U.S. Department of Justice (DOJ)** will award \$7 million through the newly created [COPS Anti-Heroin Task Force Program](#) to investigate heroin and prescription opioid trafficking, the **U.S. Department of Agriculture's Rural Health and Safety Education Competitive Grants Program** will now include a focus on addressing SUDs, and the **Office of National Drug Control Policy** plans to expand its **High Intensity Drug Trafficking Area (HIDTA)** anti-heroin initiative to include Ohio and Michigan ([Washington Post, 3/29](#); [HHS, 3/29](#); [HHS, 3/11](#)).
- **President Obama creates parity task force, CMS finalizes Medicaid and CHIP parity rule.** On March 29, **President Obama** signed a [memorandum](#) establishing an interagency **Mental Health and Substance Use Disorder Parity Task Force**, chaired by the **Director of the Domestic Policy Council**. Composed of the heads of cabinet-level departments and other offices, the Task Force will coordinate across agencies to identify and implement best practices to ensure compliance with Federal parity requirements. Additionally, the Task Force will identify and address gaps in parity implementation guidance and take actions to advance behavioral health parity, as needed. President Obama announced the creation of the Task Force as part of his opioid announcement. In conjunction with the memorandum, the **Centers for Medicare & Medicaid Services (CMS)** also finalized a [rule](#) applying certain parity provisions from the [Mental Health Parity and Addiction Equity Act of 2008](#) to **Medicaid** and the **Children's Health Insurance Program (CHIP)**. Under the rule, Medicaid managed care plans, Medicaid alternate benefit plans, and CHIP plans must provide coverage for mental health and substance use services that is no more restrictive than medical and surgical coverage. States must submit documentation demonstrating compliance with the rule within 18 months ([Kaiser Health News, 3/31](#); [CMS, 3/29](#); [Bloomberg Business News, 3/30](#)).
- **CDC releases voluntary opioid prescribing guidelines; FDA requires new warnings.** On March 15, the **Centers for Disease Control and Prevention (CDC)** released its

voluntary [Guidelines for Prescribing Opioids for Chronic Pain](#) for primary care physicians. The non-binding guidelines suggest that physicians attempt other courses of treatment before prescribing opioids, prescribe short-acting rather than extended release opioids, and prescribe limited quantities of opioids. The guidelines are not intended for physicians treating patients with severe chronic pain or for those treating patients recovering from surgery. Meanwhile, on March 22, the **U.S. Food and Drug Administration** (FDA) announced additional warning label requirements for prescription opioids. Under the requirements, immediate-release prescription opioid labels must include a boxed warning on “the serious risks of misuse, abuse, addiction, overdose and death,” and all prescription opioid labels must include information on the risks of use and potentially harmful interactions with other medications. The FDA also issued [draft guidance](#) to manufacturers on the “development of generic versions of approved opioids with abuse-deterrent formulations” ([New York Times, 3/15](#); [FDA, 3/22](#); [FDA, 3/24](#)).

- **CBO estimates higher long-term ACA Federal costs, short-term costs remain below estimate.** On March 24, the **Congressional Budget Office** (CBO) released its [latest report](#) estimating the cost and coverage implications of all Federal health insurance programs for individuals under age 65. The CBO now estimates that the gross Federal cost of the ACA’s insurance coverage provisions will total \$1.4 trillion from FY2017 through FY2026. In addition, the CBO finds that the gross Federal cost from FY2016 through FY2025 will be \$136 billion higher than its March 2015 [estimate](#), which the Agency attributes primarily to increased enrollment in the ACA’s **Medicaid expansion**. However, the CBO also estimates that the gross Federal costs from FY2016 through FY2019 (the final years of the CBO’s original 10-year estimate of ACA’s costs) will be \$157 billion less than originally estimated in 2009 ([New York Times, 3/24](#)).
- **Expanding Medicaid could improve access to behavioral health services, HHS finds.** On March 28, the **HHS Office of the Assistant Secretary for Planning and Evaluation** (ASPE) released a [report](#) authored by ASPE and **Substance Abuse and Mental Health Services Administration** (SAMHSA) staff finding that 1.9 million “low-income uninsured people with a SUD or mental illness” reside in states that have not **expanded Medicaid** under the ACA and these individuals constitute 28 percent of all low-income uninsured individuals in those states. According to the report, Medicaid coverage is associated with reductions in unmet behavioral health needs and improved health outcomes. The report also highlights that Medicaid expansions may achieve state and local savings by reducing general fund treatment expenditures ([HHS, 3/28](#); [Fierce Health Payer, 3/29](#)).
- **SAMHSA offering up to \$134.5 million for opioid treatment and prevention.** As part of **President Obama**’s March 29 announcement addressing heroin and prescription opioid misuse and abuse, SAMHSA announced plans to award up to \$55 million in **Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths** (PDO), up to \$46.5 million in **Strategic Prevention Framework Partnerships for Prescription**

Drugs (SPF Rx) grants, and up to \$33 million in **Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug Opioid Addiction** (MAT-PDOA) grants. The PDO program provides overdose prevention training and supplies, the SPF Rx program will raise public awareness regarding non-medical use of prescription drugs, and the MAT-PDOA program will expand and enhance MAT service systems ([SAMHSA, 3/29a](#); [SAMHSA, 3/29b](#); [SAMHSA, 3/29c](#)).

- **SAMHSA to award up to \$185.7 million for youth behavioral health services.** On April 1, SAMHSA announced plans to award up to \$94.8 million in **Cooperative Agreements for Tribal Behavioral Health** to “prevent and reduce suicidal behavior and substance use, address trauma, and promote mental health” among American Indian and Alaska Native youth. Additionally, on March 16, SAMHSA announced plans to award up to \$75 million in **National Child Traumatic Stress Initiative – Category II Treatment and Service Adaptation Centers** grants for public and private non-profit organizations. Under the program, the Centers will support efforts to improve treatment services for individuals who have experienced certain traumatic events. Finally, on March 17, SAMHSA announced plans to award up to \$15.9 million in **Sober Truth on Preventing Underage Drinking Act** (STOP Act) grants to prevent underage alcohol use ([SAMHSA, 4/1](#); [SAMHSA, 3/16](#); [SAMHSA, 3/17](#)).
- **SAMHSA offers up to \$42.8 million for HIV minority services and adult drug courts.** On March 8, SAMHSA announced plans to award up to \$33 million in **Target Capacity Expansion -HIV: Minority Women** grants to expand SUD and HIV services for minority women. Meanwhile, on April 6, SAMHSA announced plans to award up to \$9.8 million through a **Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment** in conjunction with the **DOJ’s Bureau of Justice Assistance**. The drug court solicitation will expand evidence-based practices and recovery support services for adult drug courts ([SAMHSA, 3/8](#); [SAMHSA, 4/6](#)).
- **OPM requires autism therapy coverage for Federal employees.** On February 26, the **U.S. Office of Personnel Management** (OPM) announced that all insurers in the **Federal Employees Health Benefits Program** (FEHBP) must cover **applied behavioral analysis** (ABA) therapy for children with autism disorders. In its [program carrier letter](#), OPM noted that it has encouraged FEHBP insurers to cover ABA therapy since 2013. The mandate takes effect in 2017 ([Washington Post, 3/31](#)).
- **CVS launches youth smoking prevention campaign.** On March 10, **CVS Health** announced plans to launch a five-year, \$50 million prevention campaign, “**Be the First,**” to reduce youth tobacco use. Partnering with nonprofit tobacco prevention organizations, the multimedia campaign seeks to reduce the national youth smoking rate by 3 percent and decrease the number of new youth smokers by 10 percent. According to a CVS spokesperson, the campaign builds on the company’s 2014 decision to end tobacco sales in its stores ([Providence Journal, 3/10](#)).

State News

- **Indiana and New Hampshire renew premium assistance coverage expansions.** On March 21, **Indiana Governor Mike Pence** (R) signed a bill ([SB165](#)) codifying into permanent law the **Health Indiana Plan 2.0** (HIP 2.0), which provides private health insurance premium assistance using **Federal Medicaid expansion funds**. According to state legislators, because the bill also establishes provisions of the [Section 1115 Research and Demonstration waiver](#) as permanent law, the **Indiana Legislature** must approve any changes that occur during waiver renewal negotiations with **CMS**. Meanwhile, on April 5, **New Hampshire Governor Maggie Hassan** (D) signed a bill ([HB1696](#)) extending the state's private health insurance premium assistance program from December 31, 2016 to December 31, 2018. The bill requires the **New Hampshire Department of Health and Human Services** to submit a waiver to **CMS** that would implement work requirements or mandatory job training for certain program enrollees; however, the program extension is not contingent on approval of the waiver. New Hampshire's bill also implements a mechanism for hospitals and health insurers to submit voluntary payments to help pay the state's share of the program costs ([Office of Indiana Governor Pence, 3/21](#); [Indianapolis Star, 3/11](#); [Office of New Hampshire Governor Hassan, 4/5](#); [New Hampshire Union Leader, 3/31](#); [WMUR, 3/10](#)).
- **Arizona expands access to behavioral health services for foster children.** On March 24, **Arizona Governor Doug Ducey** (R) signed a bill ([HB2442](#)) requiring the state's Medicaid behavioral health managed care organizations (MCOs) to ensure that children receive a behavioral health assessment within 72 hours of being placed in a foster home. The bill also requires that foster children receive an assessment within two hours if a foster parent identifies an "urgent need." Under the bill, the **Arizona Health Care Cost Containment System Administration**, the state's Medicaid agency, also must provide foster parents with additional information on accessing youth behavioral health services and behavioral health MCOs must identify specific points of contact for foster families ([Arizona Republic, 3/26](#)).
- **Connecticut launches call line for opioid assessment referrals, reaches naloxone agreement.** On March 9, the **Connecticut Department of Mental Health and Addiction Services** (CDMHAS) launched a 24-hour statewide call line, **1-800-563-4086**, for individuals seeking opioid addiction treatment. According to DMHAS, the call line will direct individuals to the closest available in-person assessment center and provide follow-up calls to address any barriers that they encounter. Separately, on April 5, CDMHAS announced a [payment agreement](#) with **Amphastar Pharmaceuticals** to implement a **naloxone rebate program** for state agencies. Under the agreement, Amphastar will offer a \$6 rebate for each dose of naloxone sold to entities purchasing naloxone with state funding ([CDMHAS, 3/9](#); [Connecticut Mirror, 3/9](#); [Connecticut Mirror, 4/5](#)).

- **Florida reaches settlement to increase Medicaid funding for child services.** On April 5, the **Florida Agency for Health Care Administration (FAHCA)**, **Florida Department of Children and Families**, and **Florida Department of Health** announced a [settlement agreement](#) with children’s advocates in a class-action lawsuit filed in 2005. The plaintiffs argued that Florida funded youth Medicaid services at levels significantly below those required under Federal law. Under the agreement, FAHCA must increase the reimbursement rates for most pediatricians and pediatric specialists to rates similar to Medicare reimbursements. To that end, FAHCA will require Medicaid MCOs to reinvest their program savings into raising reimbursement rates and will incentivize the MCOs to further increase their rates. However, if this system does not reach certain health care access metrics specified in the agreement, the state must allocate additional Medicaid funding or the lawsuit may be reinstated. The **U.S. District Court for the Southern District of Florida** ruled in favor of the plaintiffs in [December 2014](#) and mediated the settlement negotiations. Under the settlement, the state did not admit to any wrongdoing ([Miami Herald, 4/5](#); [FAHCA, 4/5](#)).
- **Indiana approves multiple bills to expand substance use disorder treatment and prevention.** On March 21, **Indiana Governor Mike Pence (R)** signed a series of bills to expand SUD treatment and prevention, following recommendations from multiple state task forces. Governor Pence signed a bill ([SEA271](#)) establishing the **Indiana Commission to Combat Drug Abuse** to coordinate substance abuse prevention, treatment, and enforcement programs and funding, beginning January 1, 2017. Governor Pence also signed a bill ([SEA187](#)) requiring the **Indiana State Department of Health** to issue a standing order allowing pharmacists to dispense **naloxone** without a prescription and a bill ([SEA297](#)) expanding the state Medicaid program’s criteria for approving **inpatient detoxification** services. In addition, Governor Pence signed a series of bills to expand enforcement efforts, including a bill ([HEA1235](#)) that prevents certain individuals with multiple drug distribution convictions from receiving a suspended sentence ([Office of Indiana Governor Pence, 3/21](#)).
- **Iowa implements Medicaid managed care transition.** On April 1, **Iowa** began implementing its Medicaid managed care transition, the [Medicaid Modernization Initiative](#). Under the new system, four MCOs will oversee all non-exempt services and enrollees, including individuals eligible for coverage under the ACA’s **Medicaid expansion**. The transition also ends the state’s existing private health insurance premium assistance program. In February, **CMS approved Iowa’s multiwaiver request** to implement the transition after the state demonstrated significant progress addressing MCO network size and consumer education efforts ([AP via Chicago Tribune, 3/31](#); [Des Moines Register, 2/23](#)).
- **Massachusetts enacts numerous provisions to address opioid misuse and abuse.** After unanimous approval from the **Massachusetts Legislature**, on March 14, **Massachusetts Governor Charlie Baker (R)** signed a wide-ranging bill ([HB4056](#)) to

address opioid misuse and abuse. Among other provisions, the bill limits many opioid prescriptions to a seven-day supply, including first-time prescriptions for adults and most prescriptions for youth. The bill also requires health care providers to check the state's **Prescription Drug Monitoring Program** (PDMP) prior to prescribing Schedule II or Schedule III medication and mandates **continuing medical education** on pain management and SUDs for providers who prescribe opioids. The bill imposes new requirements on schools, including mandatory oral substance use screenings and the development of new substance use education policies. Finally, the bill requires prescription drug manufacturers in the state to participate in medication disposal initiatives, requires SUD treatment programs to provide information on MAT to all discharged patients, and grants civil liability protection to anyone who administers **naloxone** ([Office of Massachusetts Governor Baker, 3/14](#); [Boston Globe, 3/14](#)).

- **New Mexico expands access to naloxone and mandates PDMP use.** On March 4, **New Mexico Governor Susana Martinez** (R) signed two bills to address opioid misuse and abuse. The first bill ([HB277](#)) allows pharmacists to dispense **naloxone** without a prescription and grants “**Good Samaritan**” liability protection to people who administer naloxone to someone experiencing an overdose. The second bill ([SB263](#)) requires health care providers to check the state's **PDMP** prior to issuing opioid prescriptions and to re-check the PDMP every three months while the prescription is in use ([Office of New Mexico Governor Martinez, 3/4](#); [Albuquerque Journal, 3/4](#)).
- **New York approves budget with numerous behavioral health provisions.** On April 1, the **New York Legislature** approved a [series of bills](#) enacting the state's FY2016-2017 budget, including numerous provisions affecting behavioral health. Among those provisions, the budget will allocate \$25 million in new funding for heroin and prescription opioid treatment and prevention services, \$2 million in new funding to support New York City Schools' prevention services, \$1 million in new funding to establish additional prescription drug disposal programs, and \$30 million in new capital funding for community-based programs, including behavioral health programs. The budget also will authorize the state's Medicaid program to cover services for incarcerated enrollees up to 30 days prior to their release, contingent on **CMS** approval; implement prior authorization requirements for most individuals seeking more than four opioid prescriptions in a 30-day period; and exempt physicians who issue fewer than 25 prescriptions annually from the state's electronic prescribing requirements. The bills will also extend the Medicaid managed care carve-out for school-based health centers through July 1, 2017. **New York Governor Andrew Cuomo** (D) is expected to sign the bills ([Office of New York Governor Cuomo, 4/1](#); [Office of New York Assembly Speaker Heastie, 4/1](#); [Health Management Associates, 4/6](#)).
- **New York announces funding for child behavioral health integration and IT upgrades.** On March 16, **New York Governor Andrew Cuomo** (D) announced that the **New York State Office of Mental Health** will award \$6.8 million to implement the

Healthy Steps for Young Children program at 19 sites across the state. The program is designed to integrate behavioral and developmental specialists into pediatric and family medical practices to provide comprehensive services to children and their families up to age five. Separately, on March 17, Governor Cuomo [announced](#) \$10 million in funding to help non-profit behavioral health and developmental disability providers upgrade their information technology (IT) systems. According to Governor Cuomo, the funding will address a variety of IT infrastructure needs, stemming from the recent move to Medicaid managed care for behavioral health and developmental disability services ([Office of New York Governor Cuomo, 3/16](#); [Office of New York Governor Cuomo, 3/17](#)).

- **North Carolina plans to consolidate behavioral health managed care organizations.** On March 17, the **North Carolina Department of Health and Human Services** (NCDHHS) [announced](#) plans to consolidate the eight regional **Local Management Entities** (LMEs) that currently oversee the provision of Medicaid behavioral health services. The plan would employ only four LMEs, one serving the eastern region, another serving the western region, and two serving the central region. According to the NCDHHS Secretary, the Department will work with LMEs and other stakeholders to develop consolidation plans and timelines later this year ([NCDHHS, 3/17](#); [North Carolina Health News, 3/18](#)).
- **Oklahoma reduces behavioral health funding by \$13 million.** On March 25, the **Oklahoma Department of Mental Health and Substance Abuse Services** (ODMHSAS) announced that the department budget will be reduced by \$13 million, including a \$7 million reduction for contracted behavioral health providers. According to an ODMHSAS spokesperson, the reduction is part of a \$412 million statewide funding cut, designed to balance the state budget. ODMHSAS estimates that the loss of Federal matching funds will yield a total loss of \$36 million in funding. ODMHSAS funding was previously reduced by \$9.8 million in January ([The Oklahoman, 3/25](#); [KOCO, 3/25](#)).
- **Texas withdraws proposed mental health telemedicine restrictions.** On March 2, the **Texas State Board of Examiners of Professional Counselors** withdrew its proposed regulations that would have prohibited mental health counselors from providing telemedicine services to individuals that have not previously received in-person services. According to a board member, the regulations were proposed for safety purposes, but there was no evidence of “problems indicating the rule was needed.” Under existing regulations, mental health counselors may continue to provide telemedicine services to individuals whom they have not met in person. According to the *Austin-American Statesman*, the state board proposed and then withdrew similar regulations in 2013 ([Austin-American-Statesman, 3/2](#)).
- **Utah enacts partial, non-ACA Medicaid expansion.** On March 25, **Utah Governor Gary Herbert** (R) signed a bill ([HB437](#)) expanding Medicaid to individuals with incomes up to 55 percent of the federal poverty level (FPL). Under the **ACA**, Medicaid expansions that do not cover individuals with incomes up to 138 percent of the FPL are

not eligible for enhanced Federal matching but may be eligible for standard Federal matching. CMS must approve the expansion before implementation. According to advocates, the bill will cover approximately 16,000 of the 125,000 individuals who would be eligible for an ACA Medicaid expansion ([Salt Lake Tribune, 3/8](#); [KSL Broadcasting, 3/25](#)).

- **West Virginia expands access to naloxone and establishes MAT licensing requirements.** On March 29, **West Virginia Governor Earl Ray Tomblin** (D) signed two bills to address heroin and prescription opioid misuse and abuse. The first bill ([SB431](#)) authorizes pharmacists to dispense **naloxone** without a prescription, including to people who are likely to encounter individuals experiencing an overdose. The second bill ([SB454](#)) establishes licensing requirements for **MAT** facilities and requires those facilities to offer counseling services ([Office of West Virginia Governor Tomblin, 3/29](#); [Charleston Gazette-Mail, 3/29](#)).
- **Wisconsin approves bills to address opioid misuse and abuse.** On March 17, **Wisconsin Governor Scott Walker** (R) signed a series of bills to prevent and treat heroin and prescription opioid misuse and abuse. One bill ([AB659](#)) eases Wisconsin’s SUD treatment facility certification requirements to improve access and better align with Federal guidelines and another ([AB366](#)) grants the **Wisconsin Department of Health Services** oversight and certification authority over pain management clinics. Governor Walker also signed a bill ([AB660](#)) authorizing medically-affiliated state boards to issue best practices for prescribing controlled substances, a bill ([AB365](#)) requiring law enforcement agencies to report prescription drug events to the **PDMP**, and a bill ([AB766](#)) requiring the PDMP to develop evaluation reports for the **Wisconsin Controlled Substances Board**. The governor also signed a bill ([AB364](#)) requiring health care providers to check the PDMP before prescribing a controlled substance and pharmacists to report dispensed prescriptions to the PDMP within 24 hours. Finally, Governor Walker signed a bill ([AB367](#)) requiring **MAT** providers to report additional treatment data and a bill ([AB658](#)) criminalizing devices and substances intended to circumvent lawfully administered drug tests ([Office of Wisconsin Governor Walker, 3/17a](#); [Office of Wisconsin Governor Walker, 3/17b](#); [Office of Wisconsin Governor Walker, 3/17c](#); [Office of Wisconsin Governor Walker, 3/17d](#); [Milwaukee Journal-Sentinel, 3/17](#); [FOX11, 3/17](#)).

Financing Reports

- **Approximately 80 percent of mental health treatment facilities offered payment assistance in 2010.** “[CBHSQ Report: Availability of payment assistance for mental health services in U.S. mental health treatment facilities](#)” SAMHSA. Smith, K. et al. March 23, 2016.
- **Colorado: Medicaid expansion added \$3.8 billion in economic activity through FY2016.** “[Assessing the economic and budgetary impact of Medicaid expansion in Colorado: FY 2015-16 through FY 2034-35](#)” Colorado Health Foundation. March 10, 2016 ([Denver Post, 3/11](#)).

- **“How has the ACA Medicaid expansion affected providers serving the homeless population: Analysis of coverage, revenues, and costs”** Kaiser Family Foundation. Warfield, M. et al. March 15, 2016.
- **“How will the Affordable Care Act's cost-sharing reductions affect consumers' out-of-pocket costs in 2016?”** The Commonwealth Fund. Collins, S. et al. March 2016.
- **“Integration of behavioral and physical health care: Licensing and reimbursement barriers and opportunities in New Jersey”** Seton Hall University. Jacobi, J. et al. March 31, 2016.
- **Massachusetts sustains increased insurance coverage rate.** **“Health insurance coverage and health care access and affordability in Massachusetts: 2015 update”** Urban Institute. Long, S., & Dimmock, T. March 23, 2016.
- **Medicaid claims data can identify enrollees who may benefit from care coordination.** **“Understanding Medicaid claims and encounter data and their use in payment reform”** National Academy for State Health Policy (NASHP). Reck, J. & Yalowich, R. March 21, 2016.
- **Medicare personnel health expenditures from 2009-2014 were \$473.1 billion lower than if the 2000-2008 cost growth rate had remained constant.** **“Health care spending growth and Federal policy”** HHS ASPE. Chappel, A. et al. March 22, 2016 ([HHS, 3/22](#)).
- **“Opportunities for program improvements related to states' withdrawals of Federal Medicaid funds”** HHS Office of the Inspector General. March 2016 ([Fierce Health Payer, 4/6](#)).
- **“The role of state Medicaid programs in improving the value of the health care system”** National Association of Medicaid Directors (NAMD). March 22, 2016 ([NAMD, 3/24](#)).
- **“Using CHIP and the ACA to better serve children now and in the future”** NASHP. Hensley-Quinn, M. et al. March 29, 2016.