

State and 1115 Medicaid Waiver Demonstration Name	Date approved	Safety Net Support and Taking Care of the Uninsured	\$ Requested	Quality and Evaluation Plan
<p>California</p> <p>“Medi-Cal Hospital/ Uninsured Demonstration” and “California Bridge to Reform”</p>	<p>March 30, 2012</p>	<p>California’s 2005 waiver request allowed the state to receive federal matching dollars for a <b>Safety Net Care Pool (SNCP)</b>, through which California could make payments of up to \$1.532 billion per year for 5 years (total of \$7.66 billion) for medical care expenditures for the uninsured, for 5 State funded health care programs, and for the expansion of health care coverage to the uninsured.</p> <p>Recently, California submitted an expansion waiver proposal, “California Bridge to Reform”, for an additional 5 demonstration years, in response to the Affordable Care Act (ACA) statute and to help address the State’s significant budget constraints. Under this proposal, California is:</p> <ul style="list-style-type: none"> <li>- Phasing in coverage in individual counties for adults ages 19-64, with incomes at or below 133% of the FPL who could be eligible under the ACA early expansion state option,</li> <li>- Phasing in adults between 133-200% of the FPL who are not otherwise eligible for Medicaid, in order to cover low-income adults without children.</li> <li>- Expanding the existing <b>Safety Net Care Pool (SNCP)</b> that was established in 2005 to ensure continued government support for <ul style="list-style-type: none"> <li>• The provision of care to uninsured individuals by hospitals, clinics and other providers</li> <li>• Implement a series of infrastructure improvements through a new funding sub-pool to strengthen care coordination,</li> </ul> </li> </ul>	<p><b>SNCP Uncompensated Care Annual Limits</b></p> <p>– The two <b>Safety Net Care Uncompensated Care Pool</b> and Designated State Health Programs cannot exceed the following:</p> <p>DY 6 - \$1.633 B  DY 7 - \$1.672 B  DY 8- \$1.572 B  DY 9 - \$1.422 B  DY 10 - \$1.272 B</p> <p>Total of \$7.571 billion over a 5 year demonstration period.<sup>1</sup></p>	<p>The draft design will discuss the outcome measures, which will be used in evaluating the impact of each Demonstration related program, particularly among the target populations.</p> <p>The design will include:</p> <ul style="list-style-type: none"> <li>• An evaluation of the effectiveness of using <b>SNCP</b> funding for Demonstration related programs.</li> <li>• A discussion of the data sources and sampling methodology for assessing these outcomes, including the per capita cost of each Demonstration program</li> <li>• A detailed analysis plan that describes how the effects of all Demonstration programs will be isolated from other initiatives occurring in the State.<sup>1</sup></li> </ul>

		<ul style="list-style-type: none"> <li>• Enhance primary care and improve the quality of patient care; and</li> <li>• Create coordinated systems of care for Seniors and Persons with Disabilities (SPDs) in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans.</li> </ul> <p>On September 12, 2011, California submitted an amendment to its 1115 Demonstration to create an HIV Transition Incentive Program within the <b>Safety Net Care Pool</b> to develop programs that address continuity of quality care, care coordination and other coverage transition issues for Low Income Health Program (LIHP) enrollees with HIV/AIDS, particularly those individuals who previously received services under the Ryan White program.<sup>1</sup></p>		
Florida Florida Medicaid Reform	December 15, 2011	<p>The Florida demonstration established a <b>Low Income Pool (LIP)</b> to ensure continued support for the provision of health care services to Medicaid, underinsured and uninsured populations.</p> <p>The <b>Low Income Pool (LIP)</b> funds provide direct payment to safety net providers to defray some of the uncompensated costs for providing services to the uninsured and underinsured populations. The <b>LIP</b> is also designed to support programs that enhance the quality of care and the health of low income populations. The</p>	<p>The <b>Low Income Pool (LIP)</b> will be maintained at \$1 billion annually for the 3-year extension of the Demonstration. Two tiers of milestones must be met during each</p>	<p>The focus points for the evaluation are:</p> <ul style="list-style-type: none"> <li>• The impact of the Demonstration as a deterrent against Medicaid fraud and abuse;</li> <li>• The effect of <b>LIP</b> funding on the number of uninsured and underinsured, and rate of uninsurance;</li> <li>• The effect of <b>LIP</b> funding on disparities in the provision of healthcare services, both geographically and by population</li> </ul>

<sup>1</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/ca-bridge-to-health-reform-ca.pdf>

		<p>demonstration approval period is from December 16, 2011 – June 30, 2014.</p> <p>Under the Demonstration, Florida seeks to continue building on the following objectives:</p> <ul style="list-style-type: none"> <li>• Introduce more individual choice, increase access, and improve quality and efficiency while stabilizing cost;</li> <li>• Increase the number of individuals in a capitated or premium-based managed care program and reduce the number of individuals in a fee-for-service program;</li> <li>• Improve health outcomes and reduce inappropriate utilization;</li> <li>• Demonstrate that by moving most recipients into a coordinated care-managed environment, the overall health of Florida’s most vulnerable residents will improve;</li> <li>• Serve as an effective deterrent against fraud and abuse;</li> <li>• Maintain strict oversight of managed care plans including adapting fraud efforts;</li> <li>• Provide managed care plans with flexibility in creating benefit packages to meet the needs of specific groups; and,</li> <li>• Provide plans the ability to substitute services and cover services that would otherwise not be covered by traditional Medicaid.<sup>2</sup></li> </ul>	<p>Demonstration year for the State and providers to have access to 100 percent of <b>LIP</b> funds. The milestones are intended to enhance the delivery of health care to low income populations in Florida. In addition, the State is required to submit by February 1, 2012, a protocol to ensure that the payment methodologies for distributing LIP funds to providers supports the goals of the <b>LIP</b> and that providers receiving <b>LIP</b> payments do not receive payments in excess of their cost of providing services.<sup>2</sup></p>	<p>groups;</p> <ul style="list-style-type: none"> <li>• The impact on access to care and quality of care (including safety, effectiveness, patient centeredness, timeliness, efficiency, and equity);</li> <li>• The impact on population health; and,</li> <li>• The impact on per-capita costs (including Medicaid, uninsured, and underinsured populations) and the cost-effectiveness of care.<sup>2</sup></li> </ul>
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<sup>2</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-medicaid-reform-ca.pdf>

<p>Massachusetts</p> <p>MassHealth Medicaid Section 1115 Demonstration</p>	<p>December 20, 2011</p>	<p>The Demonstration created a <b>Safety Net Care Pool (SNCP)</b> which funds the Commonwealth Care program that provides sliding scale premium subsidies for the purchase of private health plan coverage for uninsured persons and has an overall purpose of reducing the rate of uninsurance in the Commonwealth by :</p> <ul style="list-style-type: none"> <li>• Providing funding to providers for uncompensated care, and care for Medicaid, Commonwealth Care, and low-income uninsured individuals,</li> <li>• Providing infrastructure support and access to certain state health programs for vulnerable populations, and</li> <li>• Promoting health system improvement and payment transformations.<sup>3</sup></li> </ul>	<p>An amendment was approved for a maximum of \$125.5 million for State fiscal year (SFY) 2012 for Cambridge Health Alliance through the <b>Safety Net Care Pool</b> for uncompensated care costs.<sup>3</sup></p>	<p>The Commonwealth’s evaluation plan focuses on objectives including:</p> <ul style="list-style-type: none"> <li>• Maintain near-universal health care coverage for all residents of the Commonwealth and reduce barriers to coverage;</li> <li>• Continue the redirection of spending from uncompensated care to insurance coverage;</li> <li>• Implement Delivery System reforms that promote care coordination, person-centered care planning, wellness, chronic disease management, successful care transitions, integration of services, and measurable health outcome improvements; and</li> <li>• Advance payment reforms that will give incentives to providers to focus on quality, rather than volume, by introducing and supporting alternative payment structures that create and share savings throughout the system while holding providers accountable for quality care.<sup>3</sup></li> </ul>
<p>Missouri</p> <p>Gateway to Better Health</p>	<p>July 28, 2010</p>	<p>The goal of the Demonstration is to preserve <b>the St. Louis County and City safety net</b> of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act</p>	<p>State-funded expenditures incurred by the <b>St. Louis Safety Net</b></p>	<p>The State shall ensure that the draft evaluation design will address the following evaluation questions and topics:</p>

<sup>3</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/ma-masshealth-ca.pdf>

		<p>(ACA) in 2014.</p> <p>Under this Demonstration, beneficiaries receive primary care services such as preventive care, well care, and dental services and specialty services such as cardiology, neurology, and others.</p> <p>From the date of approval to July 1, 2012, the State has expenditure authority to reimburse the St. Louis Regional Health Commission, the Community Referral Coordinator and the safety net providers, St. Louis ConnectCare, Grace Hill Neighborhood Health Center, and Myrtle Hilliard Davis Health Center.</p> <p>For the final eighteen months of the Demonstration, the State will move towards a Medicaid coverage model in efforts :</p> <ul style="list-style-type: none"> <li>• To preserve the <b>St. Louis City and County safety net</b> of health care services available to the uninsured,</li> <li>• Provide a primary care home,</li> <li>• Maintain and enhance quality service delivery strategies to reduce health disparities, and</li> <li>• Have the affiliation partners provide health care services to the an additional 2 percent of the uninsured individuals over the current service levels.<sup>4</sup></li> </ul>	<p><b>Funding Pool</b> from the date of the accompanying approval letter, through June 30, 2012, not to exceed \$30 million annually that pay for otherwise uncompensated ambulatory care at St. Louis ConnectCare, Myrtle Hilliard Davis Comprehensive Health Centers, and Grace Hill Neighborhood Health Centers.<sup>4</sup></p>	<ul style="list-style-type: none"> <li>• The extent to which the State meets the milestones listed;</li> <li>• Developing a business model that is based on receiving reimbursement through a claims-based system rather than receiving direct payments to the facilities;</li> <li>• Improving access to care for low income individuals;</li> <li>• Expanding coverage to the region's uninsured by 2 percent each year;</li> <li>• The extent of which the Demonstration has improved the health status of the population served in the Demonstration. The State must provide a detailed description of how it will evaluate the health status, including specific data elements, in the draft evaluation design.<sup>4</sup></li> </ul>
Ohio	Not yet approved, submitted April 26,	The State of Ohio's Section 1115 Waiver application proposes to collaborate with The MetroHealth System to provide a comprehensive benefit package to a segment of the currently uninsured population in Cuyahoga	N/A	The MetroHealth System and the Ohio Department of Job and Family Services will capture the following data to evaluate: <ul style="list-style-type: none"> <li>• Are the Enrollees receiving quality care?</li> </ul>

<sup>4</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mo/mo-gateway-to-better-health-ca.pdf>

<p>Transformation of Healthcare for the Uninsured Demonstration Proposal</p>	<p>2012</p>	<p>County. The MetroHealth System is the region’s principal safety net healthcare provider. It provides healthcare to all patients, regardless of their ability to pay and is the largest single provider of Medicaid services in the state of Ohio.</p> <p>With the passage of the Patient Protection and Affordable Care Act (PPACA) the Medicaid Waiver Demonstration will also provide an infrastructure to move towards full implementation of the Medicaid coverage expansions. The proposed Medicaid Waiver Demonstration will cover uninsured adults residing in Cuyahoga County with incomes up to 133 percent FPL who are ineligible for Medicaid today. The MetroHealth System will finance and manage eligibility, enrollment, and the delivery of care for the Medicaid Waiver Demonstration population.</p> <p>This proposal will reduce the uninsured rate and prepare the safety net in Cuyahoga County by:</p> <ul style="list-style-type: none"> <li>• Expanding the scope of health care services available to uninsured Cuyahoga County residents by providing coverage that is equivalent to a comprehensive benefit package. Newly covered and/or expanded services the MetroHealth System proposes to offer under the Medicaid Waiver Demonstration include prescription drug coverage, dental services, behavioral health services, additional physician services, home care services, and durable medical equipment.</li> <li>• Increasing the number of uninsured Cuyahoga County residents who will receive a comprehensive benefit package and a regular source of care instead of episodic care or no care at all.</li> <li>• Investing Medicaid Waiver Demonstration resources to further develop and expand medical home models and</li> </ul>	<ul style="list-style-type: none"> <li>• Are the Enrollees’ health outcomes improving?</li> <li>• Has Enrollee access to health care services increased?</li> </ul> <p><b>Expansion to other Counties</b></p> <p>The State of Ohio proposes to use the Medicaid Waiver Demonstration to create a vehicle for other local initiatives (e.g., public hospitals, county indigent care programs, and other entities that have access to unmatched revenues currently directed toward care for the low-income uninsured) to expand coverage for the uninsured.</p> <p>Each geographic area would be reviewed by CMS on a case-by-case basis. Additional expansions would not be implemented until the State secures CMS approval of key elements of the process and content of these programs. Such elements include:</p> <ul style="list-style-type: none"> <li>• Stakeholder engagement and public notice process</li> <li>• Benefit package</li> <li>• Service delivery network</li> <li>• Eligibility criteria</li> <li>• Enrollment process</li> <li>• Source of non-federal share of funding</li> <li>• Projected costs/budget neutrality</li> <li>• Claiming methodology</li> </ul> <p>Proposals for additional geographic areas would be submitted as amendments to the Medicaid Waiver Demonstration.<sup>5</sup></p>
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		care coordination to thousands of uninsured Cuyahoga County residents based on The MetroHealth System's patient-centered medical home, <i>Partners in Care</i> . <sup>5</sup>		
Texas  Healthcare Transformation and Quality Improvement Program	December 12, 2011	<p>Under this Demonstration, Texas will expand its existing Medicaid managed care programs, STAR and STAR+PLUS, statewide and use managed care savings and diverted supplemental payments to support two funding pools:</p> <p>The <b>Uncompensated Care Pool (UC)</b> will help defray the actual uncompensated care costs incurred by hospitals and other eligible providers for serving Medicaid eligible and uninsured individuals.</p> <p>The Delivery System Incentive Reform Payment (DSRIP) Pool is designed to incentivize programs that support efforts at the provider level to enhance access to care and the health of the patients and families they serve. Reform activities will be conducted by Regional Healthcare Partnerships (RHPs) that are financially anchored by a public hospital or local governmental entity that will collaborate with other healthcare providers to evaluate current challenges in the delivery system and agree to a course of investment and action to address those challenges over the course of the Demonstration.</p>	<p><b>Uncompensated Care Pool</b> and Delivery System Incentive Reform Payment Pools, by demonstration year:</p> <p>DY1: \$3.7 B  DY 2: \$3.9 B  DY 3: \$3.534 B  DY 4: \$3.348 B  DY 5: \$3.1 B</p> <p>Texas can claim up to a total of \$17.582 billion over the 5 demonstration years (2011- 2016)<sup>6</sup></p>	<p>The State shall ensure that the evaluation design will address the following evaluation questions and topics:</p> <ul style="list-style-type: none"> <li>• Percentage of providers' uncompensated care cost was made up by payments from the <b>UC Pool</b>?</li> <li>• The distribution of percentage of <b>UC Pool funds</b> and DSRIP funds among types of providers (hospitals v. community providers, public hospitals vs. other hospitals)?</li> <li>• The Regional Health Partnerships able to show quantifiable improvements on measures related to the goals of: <ul style="list-style-type: none"> <li>(A) Better Care for Individuals (including access to care, quality of care, health outcomes),</li> <li>(B) Better Health for the Population, and</li> <li>(C) Lower Cost Through Improvement, especially with respect to per capita</li> </ul> </li> </ul>

<sup>5</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/oh/oh-transformation-new-1115-demo-Request-pa.pdf>

		<p>The State will work with CMS and providers over the course of the first year of the Demonstration to organize the RHPs, identify the projects under the four categories, and determine the amount of incentive payments associated with performance metrics. This proposal is for 5 demonstration years.<sup>6</sup></p>		<p>costs for Medicaid, uninsured, and underinsured populations, and the cost-effectiveness of care?  (D)To what degree can improvements be attributed to the activities undertaken under DSRIP?</p> <ul style="list-style-type: none"> <li>• What do key stakeholders (covered individuals and families, advocacy groups, providers, health plans) perceive to be the strengths and weaknesses, successes and challenges of the expanded managed care program, and of the <b>UC</b> and DSRIP pools? What changes would these stakeholders recommend to improve program operations and outcomes?<sup>6</sup></li> </ul>
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<sup>6</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tx/tx-healthcare-transformation-ca.pdf>