FACT SHEETS – Medicaid in the U.S. and the *Aligning Forces for Quality* Communities: A Snapshot

The Center for Health Care Strategies (CHCS) prepared this compendium of Medicaid fact sheets to provide *Aligning Forces for Quality (AF4Q)* alliances with an overview of opportunities to improve health care quality presented by their state Medicaid program and its beneficiaries. It presents information on Medicaid nationally, followed by individual state Medicaid profiles for each of the 15 *AF4Q* communities.

These fact sheets will be updated periodically to reflect ongoing changes in the Medicaid environment.

About *Aligning Forces for Quality*

Aligning Forces for Quality, a Robert Wood Johnson Foundation (RWJF) initiative, brings together those who get care, give care and pay for care to improve the quality of health care in entire communities. RWJF's unprecedented commitment of resources, expertise and training is turning proven practices into real results in 15 communities, including Albuquerque, Cincinnati, Cleveland, Detroit, Humboldt County (Calif.), Kansas City (Mo.), Maine, Memphis, Minnesota, Puget Sound (Wash.), South Central Pennsylvania, West Michigan, Western New York, Willamette Valley (Ore.) and Wisconsin. For more information, log onto www.rwjf.org/qualityequality/af4q/.

About the Center for Health Care Strategies

CHCS is a nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care. CHCS works directly with state and federal agencies, health plans, and providers to develop innovative programs that better serve Medicaid beneficiaries with complex and high-cost health care needs. For more information about CHCS, visit www.chcs.org.

Updated August 2009

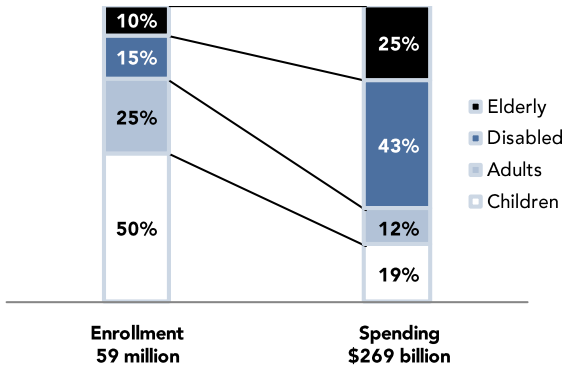
Medicaid in the United States: A Snapshot

As the largest health coverage program in the country, Medicaid serves nearly 60 million individuals[1]—many with a complex and costly array of chronic illnesses and disabilities. No longer linked to welfare in many states, Medicaid provides coverage to individuals well beyond its traditional base, including working parents, childless adults and the recently unemployed. While poor health care quality confronts all Americans, the quality gap is substantially greater for Medicaid beneficiaries, who have lower measures of care for many chronic conditions compared to those with commercial coverage.[2] Managing the care of Medicaid enrollees more effectively could improve health outcomes for millions of Americans and reduce health care expenditures.

With Medicaid enrollment and costs continuing to rise—one million additional enrollees are expected for each one percent increase in unemployment[3]—innovations that produce better financial and clinical outcomes are increasingly essential. Such advances will become even more important if a large Medicaid expansion occurs under federal health care reform efforts. Medicaid is uniquely positioned to partner in system-wide initiatives due to its:

- ***High prevalence of chronic illness:*** Sixty-one percent of adult Medicaid enrollees have a chronic or disabling condition, representing a significant opportunity to test and lead advances in care management.[4,5]
- ***High percentage of racial/ethnic diversity:*** People in racial and ethnic minority populations, who make up roughly half of Medicaid beneficiaries under age 65,[6] experience more barriers to care, a greater incidence of chronic disease, lower quality of care and higher mortality than the general population.[7]
- ***High proportion of small provider practices:*** About half of all Medicaid beneficiaries and a large proportion of minority patients in select states go to practices with three or fewer providers. Small practices have gaps in chronic care performance, creating significant opportunities for improving quality and reducing disparities.[8]

Total Medicaid Enrollees and Expenditures Nationally, by Enrollment Group, 2006



SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on 2006 MSIS data.

- ***Leadership in value-based purchasing***: State Medicaid programs are increasingly using purchasing leverage to measure provider and plan performance; mine data to target improvement efforts; and realign financial incentives and reimbursement. States can maximize these efficiencies by aligning financial incentives with other public and commercial payers to reward better outcomes.
- ***Existing systems for managing care:*** More than 60 percent of Medicaid beneficiaries are in a managed health care system (e.g., full risk, primary care case management, etc.),[9] linking them directly to a primary care provider. Managed care can be leveraged to provide more integrated care, particularly for those with complex needs.

[1] The Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on data from Medicaid Statistical Information System (MSIS) reports from the Centers for Medicare and Medicaid Services (CMS), 2009.
[2] E.A. McGlynn et al. "The Quality of Health Care Delivered to Adults in the United States." *New England Journal of Medicine*, 348, no. 26 (2003); National Committee for Quality Assurance's Quality Compass 2008, available at www.ncqa.org/tabid/177/Default.aspx.
[3] S. Dorn, B. Garrett, J. Holahan, and A. Williams. *Medicaid, SCHIP and Economic Downturn: Policy Challenges and Policy Responses*, Kaiser Commission on Medicaid and the Uninsured, April 2008.
[4] Kaiser Commission on Medicaid and the Uninsured, 2001 data; and R.G. Kronick, M. Bella, T.P. Gilmer, and S.A. Somers, *The Faces of Medicaid II: Recognizing the Care Needs of People with Multiple Chronic Conditions*. Center for Health Care Strategies, Inc., October 2007.
[5] Kronick et al., op cit.
[6] Medicaid Statistical Information System State Summary FY 2004, Centers for Medicare and Medicaid Services, June 2007.
[7] Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine, 2002.
[8] Data derived from CHCS Practice Size Exploratory Project, 2008.
[9] CMS, Medicaid Managed Care Overview, 2004.

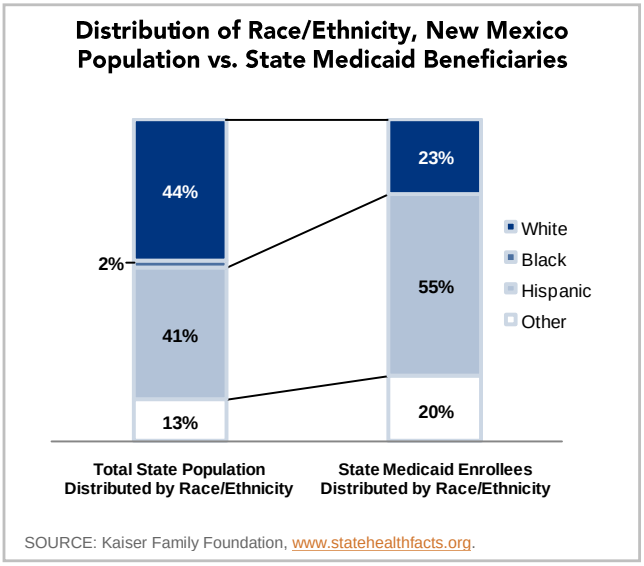
Medicaid in Albuquerque, New Mexico: A Snapshot[10]

Approximately 514,000 New Mexico residents (26%) are enrolled in New Mexico's Medicaid program. This number is likely to rise amid the current recession. The greatest concentration of Medicaid managed care beneficiaries is in Albuquerque's Bernalillo County, the most populous area of the state.

- ***Medicaid Demographics:*** Children account for the greatest proportion (58%) of New Mexico's Medicaid enrollees, followed by non-disabled adults ages 18-64 (24%), the non-elderly disabled (11%) and the elderly (7%).

- ***Medicaid Spending:*** In FY 2007, New Mexico Medicaid expenditures totaled $2.6 billion, of which $739 million was state spending.

- ***Medicaid Contracting and Delivery of Care:*** *Salud!* is New Mexico's Medicaid managed care program, serving the majority of beneficiaries. In 2009, four managed care plans served beneficiaries residing in Bernalillo County: Blue Cross Blue Shield of New Mexico, Lovelace Community Health Plan, Molina Health Care of New Mexico and Presbyterian Health Plan.



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** New Mexico has 15 federally qualified health centers (FQHCs), with 110 service delivery sites, serving as safety net providers. Roughly 23 percent of their revenue in 2007 came from Medicaid. There are approximately 11 FQHCs in Bernalillo County.[11]

- ***Medicaid Reimbursement:*** In 2008, New Mexico's fee-for-service (FFS) primary care provider (PCP) rate was 98 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Medicaid requires its plans to participate in a P4P program that focuses on meeting certain HEDIS, EPSDT and other structural performance measures. Managed health plans set aside a portion of their capitation payments in a separate account in order to establish a "Challenge Pool," which funds the incentive payments.

- ***State Medicaid Leadership:*** New Mexico Medicaid leadership includes: Medicaid Director Carolyn Ingram and Deputy Director Larry Heyeck.

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. The most recent report, the 2007 Data Summary Report for New Mexico's *Salud*! Program, is available at *www.hsd.state.nm.us/mad/pdf_files/SALUD/HEDIS2007.pdf*.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** New Mexico Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Integrated Care Program, Best Practices for Oral Health Access, Covering Kids and Families–Access Initiative, Rewarding Managed Care Performance,* and *Enhancing Early Child Development Services in Medicaid Managed Care.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all New Mexico data are from Kaiser State Health Facts *www.statehealthfacts.kff.org*, or Department of Health and Human Services, Office of New Mexico Care Services, State of New Mexico, *www.New Mexico.gov/dhhs/oms*.

[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. *http://findahealthcenter.hrsa.gov/Search.aspx*.

Medicaid in Cincinnati, Ohio: A Snapshot[10]

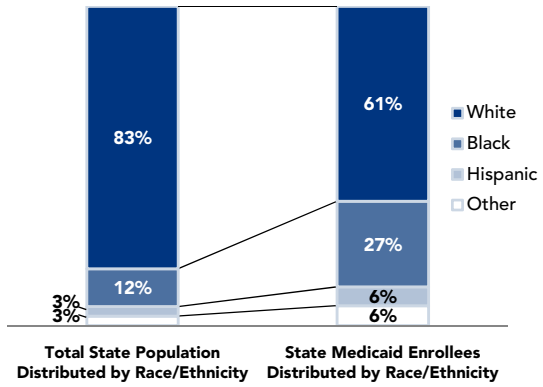
Approximately two million Ohio residents (18%) are enrolled in Medicaid. With the state's economy among the hardest hit in the nation – Ohio ranks 38th in job creation and 42nd in overall productivity[11] – that number is likely to rise. In Cincinnati's Hamilton County, approximately 806,000 residents are enrolled in Medicaid.[12]

- ***Medicaid Demographics:*** Children account for the greatest proportion (51%) of state Medicaid enrollees, followed by non-disabled adults ages 19-64 (24%), the disabled (17%), and the elderly (8%).

- ***Medicaid Spending:*** In FY 2007, Ohio Medicaid expenditures reached over $13 billion, including $5.2 billion in state spending. For beneficiaries in Hamilton County, expenditures were $900 million.[13]

- ***Medicaid Contracting and Delivery of Care:*** In 2007, approximately 1.2 million individuals –70 percent of Medicaid beneficiaries in Ohio and 57 percent of those in Hamilton County – were enrolled in managed care, compared to 64 percent nationally.[14] Four managed care plans serve the county's beneficiaries: AMERIGROUP Corp., CareSource, Centene Corp.'s Buckeye Community Health Plan and Molina Healthcare, Inc.[15]

Distribution of Race/Ethnicity, Ohio Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Ohio has 26 federally qualified health centers, with a total of 130 service delivery sites, serving as safety net providers. Approximately 30 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 66 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Medicaid health plans are required to participate in a P4P program. Performance measures are based on HEDIS and CAHPS related to quality of care, access, consumer satisfaction, and administrative capacity. Plans adhering to or exceeding the standards are eligible for retaining at-risk premium payments and receiving targeted P4P rewards.[16]

- ***Collection and Public Reporting of Quality Data:*** Medicaid health plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. The statewide report for Annual Medicaid Managed Health Care Clinical Performance Measures (in aggregate) is available at: *http://jfs.ohio.gov/OHP/bmhc/documents/reports/mcspr_cy2006.pdf*.

- ***State Medicaid Leadership:*** Leadership in the state's Medicaid program includes: Interim Medicaid Director, Ohio Department of Job and Family Services, Maureen Corcoran; and Executive Director, Executive Medicaid Management Administration, Cristal Thomas.[17] Medical directors for contracting Medicaid plans include: Dr. John Hinton (AMERIGROUP), Dr. Ronald Charles (Buckeye), Dr. Terry Torbeck (CareSource) and Dr. Kevin Smith (Molina).

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Ohio Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Business Case for Quality: Phase II, Long-Term Care Partnership Expansion, Pay-for-Performance Purchasing Institute* and *Toward Improving Birth Outcomes.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, Ohio data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*).
[11] Health Policy Institute of Ohio, The. (2009). Ohio Medicaid Basics 2009, Columbus, OH. Available at: *www.healthpolicyohio.org/pdf/MedicaidBasics_2009.pdf*
[12] The Ohio Medicaid Report SFY 2006 Statewide & County Data, Ohio Department of Job and Family Services, Research and Evaluation Unit. Available at *http://jfs.ohio.gov/OHP/reports/documents/OMR_SFY2006.pdf*.
[13] Ibid. Note: county figure is for fiscal year 2006.
[14] Ibid. Note: county figure is for fiscal year 2006; county enrollment percentage based on member months.
[15] *http://jfs.ohio.gov/ohp/bmhc/documents/pdf/CFC_RegionalMap_Color_0408.pdf* and *http://jfs.ohio.gov/ohp/bmhc/documents/pdf/ABDRegMap.pdf*
[16] *http://jfs.ohio.gov/OHP/bmhc/documents/pdf/CFC_FINAL_Generic_PA_1-01-09.pdf*
[17] National Association of State Medicaid Directors (*www.nasmd.org/Home/home_news.asp*)

Medicaid in Cleveland, Ohio: A Snapshot[10]

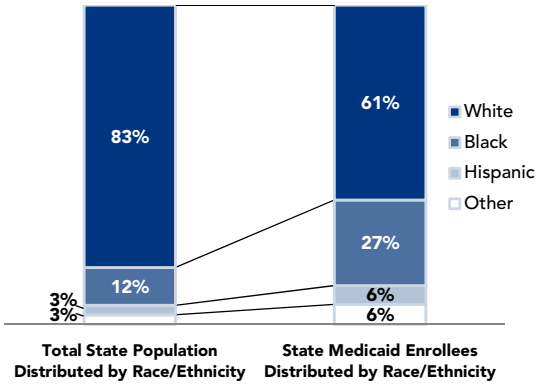
Approximately two million Ohio residents (18%) are enrolled in Medicaid. With the state's economy among the hardest hit in the nation – Ohio ranks 38th in job creation and 42nd in overall productivity[11] – that number is likely to rise. In Cleveland's Cuyahoga County, approximately 1.3 million residents are enrolled in Medicaid.[12]

- ***Medicaid Demographics:*** Children account for the greatest proportion (51%) of state Medicaid enrollees, followed by non-disabled adults ages 19-64 (24%), the disabled (17%), and the elderly (8%).

- ***Medicaid Spending:*** In FY 2007, Ohio Medicaid expenditures reached more than $13 billion, including $5.2 billion in state spending. For beneficiaries in Cuyahoga County, expenditures were $1.7 billion.[13]

- ***Medicaid Contracting and Delivery of Care:*** In 2007, approximately 1.2 million individuals – 70 percent of Medicaid beneficiaries in Ohio and 68 percent of those in Cuyahoga County – were enrolled in managed care, compared to 64 percent nationally.[14] Three managed care plans serve the county's beneficiaries: CareSource, Centene Corp.'s Buckeye Community Health Plan and WellCare Health Plans, Inc.[15]

Distribution of Race/Ethnicity, Ohio Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Ohio has 26 federally qualified health centers, with a total of 130 service delivery sites, serving as safety net providers. Approximately 30 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 66 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Medicaid health plans are required to participate in a P4P program. Performance measures are based on HEDIS and CAHPS related to quality of care, access, consumer satisfaction, and administrative capacity. Plans adhering to or exceeding the standards are eligible for retaining at-risk premium payments and receiving targeted P4P rewards.[16]

- ***State Medicaid Leadership:*** Leadership in the state's Medicaid program includes: Interim Medicaid Director, Ohio Department of Job and Family Services, Maureen Corcoran; and Executive Director, Executive Medicaid Management Administration, Cristal Thomas.[17] Medical directors for contracting Medicaid plans include: Dr. Ronald Charles (Buckeye), Dr. Terry Torbeck (CareSource) and Dr. Calvin Warren (WellCare).

- ***Collection and Public Reporting of Quality Data:*** Medicaid health plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. The statewide report for Annual Medicaid Managed Health Care Clinical Performance Measures (in aggregate) is available at: *http://jfs.ohio.gov/OHP/bmhc/documents/reports/mcspr_cy2006.pdf*.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Ohio Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Business Case for Quality: Phase II, Long-Term Care Partnership Expansion, Pay-for-Performance Purchasing Institute* and *Toward Improving Birth Outcomes.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, Ohio data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*).
[11] Health Policy Institute of Ohio, The. (2009). Ohio Medicaid Basics 2009, Columbus, OH. Available at: http://www.healthpolicyohio.org/pdf/MedicaidBasics_2009.pdf
[12] The Ohio Medicaid Report SFY 2006 Statewide & County Data, Ohio Department of Job and Family Services, Research and Evaluation Unit. Available at *http://jfs.ohio.gov/OHP/reports/documents/OMR_SFY2006.pdf*.
[13] Ibid.
[14] Ibid. Note: county figure is for fiscal year 2006; county enrollment percentage based on member months.
[15] *http://jfs.ohio.gov/ohp/bmhc/documents/pdf/CFC_RegionalMap_Color_0408.pdf* and *http://jfs.ohio.gov/ohp/bmhc/documents/pdf/ABDRegMap.pdf*
[16] *http://jfs.ohio.gov/OHP/bmhc/documents/pdf/CFC_FINAL_Generic_PA_1-01-09.pdf*
[17] National Association of State Medicaid Directors (*www.nasmd.org/Home/home_news.asp*)

Medicaid in Detroit, Michigan: A Snapshot[10]

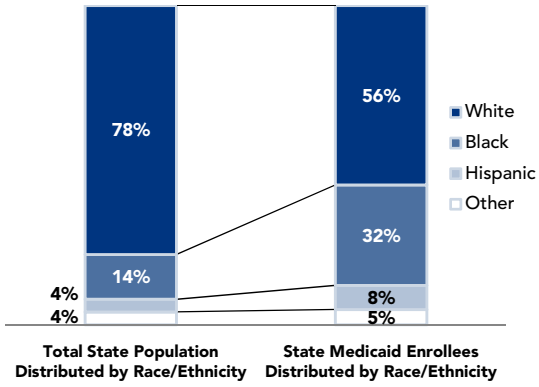
Approximately 1.8 million Michigan residents (18%) are enrolled in Medicaid, a number that has been rising during the current recession. The greatest concentration of Medicaid beneficiaries is in Detroit's Wayne County, the state's most populous area.

- ***Medicaid Demographics:*** Children account for the greatest proportion (52%) of Michigan's Medicaid enrollees, followed by non-disabled adults ages 19-64 (24%), the disabled (16%) and the elderly (8%).

- ***Medicaid Spending:*** In FY 2007, Michigan Medicaid expenditures exceeded $9.3 billion, including $4 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** As of December 2008, approximately 17 percent of Medicaid beneficiaries (about 316,000 individuals) in Wayne County were enrolled in managed care, compared to 64 percent nationally. They are served by eight health plans: BlueCaid, Great Lakes Health Plan, Health Plan of MI, Midwest, Molina Healthcare of MI, OmniCare, ProCare, and Total Health Care. Three of the plans – Molina, Great Lakes Health Plan, and OmniCare – have the majority of membership. The plans serve children, pregnant women, and aged, blind and disabled beneficiaries.

Distribution of Race/Ethnicity, Michigan Population vs. State Medicaid Enrollees



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Michigan has 30 federally qualified health centers (FQHCs), with a total of 157 service delivery sites, serving as safety net providers. Approximately 38 percent of their revenue in 2007 came from Medicaid. Twenty FQHCs operate in Wayne County.[11]

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 59 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** In Michigan, all Medicaid health plans must participate in a P4P program. Michigan incentivizes plans in a number of ways, including: (1) giving plans with higher quality scores a greater proportion of auto-assigned enrollees; and (2) withholding a small percentage of capitation rates for redistribution to plans based on clinical and access HEDIS indicators, member satisfaction CAHPS indicators, accreditation status and legislative criteria.

- ***Practices Serving Medicaid Beneficiaries:*** Fifty percent of Wayne County's Medicaid beneficiaries are served in practices with two physicians or fewer.[12]

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. These reports can be found at *www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html* under "Medicaid Health Plan Performance Reports."

- ***State Medicaid Leadership:*** Michigan Medicaid leadership includes: Acting Medicaid Director Stephen Fitton and Director of Medicaid Operations Susan Moran.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Michigan Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Transforming Care for Dual Eligibles, Reducing Disparities at the Practice Site, Managed Long-Term Support and Services Purchasing Institute, Long-Term Care Partnership Expansion,* and *Practice Size Exploratory Project.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Michigan data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*) or the Michigan Department of Community Health website (*www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html*).
[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. *http://findahealthcenter.hrsa.gov/Search.aspx*
[12] Michigan Department of Community Health, Access to Care Project, 2005.

Medicaid in Humboldt County, California: A Snapshot[10]

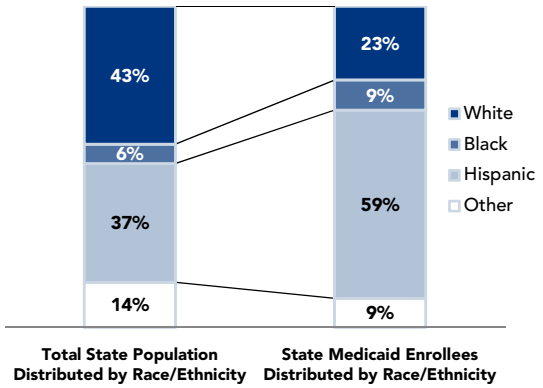
Approximately 10.5 million California residents (29%) are enrolled in Medicaid, a number that is likely to rise amid the current recession.

- ***Medicaid Demographics:*** Children and non-disabled adults ages 19-64 account for the greatest proportion (41% each) of California's Medicaid enrollees, followed by the non-elderly disabled and the elderly (each at 9%).

- ***Medicaid Spending:*** In FY 2007, California Medicaid expenditures exceeded $35.9 billion, including $17.9 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** In 2007, 51 percent of California Medicaid beneficiaries were enrolled in managed care, compared to 64 percent nationally. Of the state's 58 counties, 25 receive their health care through three models of managed care: Two-Plan, County Organized Health Systems, and Geographic Managed Care.[11] Given its rural nature, Humboldt County is not currently served by a Medicaid managed care delivery system; all Medicaid beneficiaries in the county receive care under a fee-for-service (FFS) system.

Distribution of Race/Ethnicity, California Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** There are 110 federally qualified health centers, with a total of 796 service delivery sites, serving as safety net providers in the state. Approximately 41 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, the state's FFS primary care provider (PCP) rate was 47 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance:*** California Medicaid has a Managed Care Performance Incentive Program targeting managed care plans. Performance measurement is based on HEDIS measures, CAHPS reports, and state-developed measures. Program incentives for plans that meet the standards include auto-assignment and public recognition.[12]

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. Medi-Cal Managed Care - Quality Improvement & Performance Measurement Reports are available at: *www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx*.

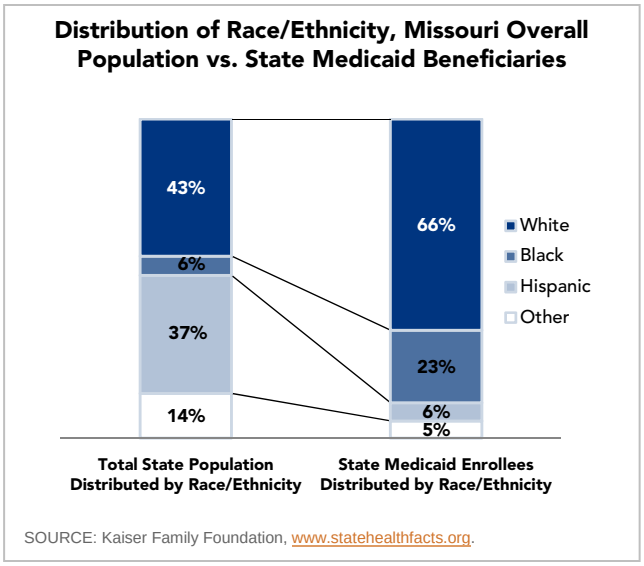
- ***State Medicaid Leadership:*** California Medicaid leadership includes: Chief Deputy Director, Health Care Programs, Toby Douglas.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** California Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Business Case for Quality: Phase II, Improving Outcomes for Children Involved in Child Welfare, Managed Care for People with Disabilities Purchasing Institute, Best Practices for Oral Health Access,* and *Plan/Practice Improvement Project.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, California data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*).
[11] California Department of Health Care Services Medi-Cal (*www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx*)
[12] K Kuhmerker and T Hartman, "Pay-for-Performance in State Medicaid Programs: A Quantitative and Qualitative Survey of State Medicaid Directors and Programs," The Commonwealth Fund and IPRO.

Medicaid in Kansas City: A Snapshot[10]

Approximately one million Missouri residents (18%) and 360,000 Kansas residents (13%) are enrolled in Medicaid, numbers that are likely to rise during the recession. Beneficiaries in the Kansas City Metropolitan Area are served by the Medicaid agency in their respective state of residence.



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid Demographics:*** In both Missouri and Kansas, children account for the greatest proportion (53% and 57%, respectively) of Medicaid enrollees, followed by non-disabled adults ages 19-64 (21% and 17%), the disabled (17% in each state) and the elderly (9% and 10%).

- ***Medicaid Spending:*** In FY 2007, Missouri's Medicaid program—MO HealthNet—had over $6.5 billion in expenditures, including $2.5 billion in state spending. Kansas' Medicaid expenditures reached over $2.1 billion, including $849 million in state spending.

- ***Medicaid Contracting and Delivery of Care:*** In 2007, approximately 42 percent of MO HealthNet beneficiaries, and 51 percent of Kansas Medicaid beneficiaries, were enrolled in managed care, compared to 64 percent nationally. Managed care organizations serving Medicaid members in Western Missouri include: Children's Mercy Family Health Partners, Blue-Advantage Plus of Kansas City, Molina Healthcare of Missouri and HealthCare USA.[11] Those serving members in Kansas are Children's Mercy Family Health Partners and UniCare Health Plan of Kansas.[12]

- ***Medicaid and Safety Net Providers:*** Missouri has 21 federally qualified health centers (FQHCs), with a total of 121 service delivery sites, serving as safety net providers; approximately 33 percent of their revenue in 2007 came from Medicaid. In Kansas, there are 11 FQHCs, with a total of 37 service delivery sites; Medicaid provided approximately 20 percent of their 2007 revenue.

- ***Medicaid Reimbursement:*** In 2008, Missouri's fee-for-service (FFS) primary care provider (PCP) rate was 65 percent of Medicare; in Kansas, it was 94 percent. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** MO HealthNet offers incentive payments to physicians participating in and demonstrating positive outcomes in Missouri's disease management program, Chronic Care Improvement Program (CCIP).[13] In 2008, MO HealthNet also began implementing P4P incentive payments for providers who participate in their care management program, the Health and Wellness Program, and demonstrate favorable outcomes for participating patients.[14]

- ***Medicaid Leadership:*** Missouri and Kansas Medicaid leaders include: Director, Missouri HealthNet Division Department of Social Services, Dr. Ian McCaslin; and Medicaid Director and Deputy Director, Kansas Health Policy Authority, Dr. Andrew Allison.

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements including submission of annual HEDIS and CAHPS reports. The Missouri HealthNet Consumer Guide is available at: *www.dhss.mo.gov/ManagedCare/mcaid05.pdf*. The most recent reports for Kansas can be found at *www.khpa.ks.gov/quality_reports/download/HEDISComparison.pdf* and *www.khpa.ks.gov/quality_reports/download/CAHPSValidationCompRpt.pdf*.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** MO HealthNet has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Pay-for-Performance Purchasing Institute, Medicaid Value Program: Health Supports for Consumers with Chronic Conditions* and *Improving Asthma Care for Children.* Kansas Medicaid has participated in CHCS' *Monitoring Managed Care Performance* program. For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*).
[11] The western region of MO includes nine counties, including the four in which Kansas City resides.
[12] The Kansas Health Policy Authority (*www.khpa.ks.gov/healthwave/mco_transition.html*).
[13] Missouri Department of Social Services (*www.dss.mo.gov/mhd/cs/cci/pages/cciprogram.htm*)
[14] Missouri Department of Social Services. Provider Bulletin Volume 31: Number 21 (*http://dss.mo.gov/mhd/providers/pdf/bulletin31-21_2008nov19.pdf*)

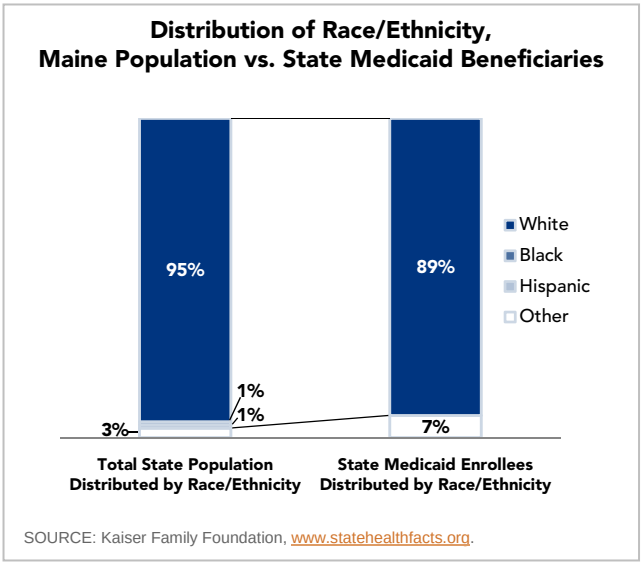
Medicaid in Maine: A Snapshot[10]

Approximately 246,000 Maine residents (19%) are enrolled in the state's Medicaid program, MaineCare. This number is likely to rise amid the current recession.

- ***Medicaid Demographics:*** Children account for the greatest proportion (40%) of MaineCare enrollees, followed by non-disabled adults ages 18-64 (32%), the non-elderly disabled (16%) and the elderly (11%).

- ***Medicaid Spending:*** In FY 2007, MaineCare expenditures totaled $1.99 billion, of which $731.5 million was state spending.

- ***Medicaid Contracting and Delivery of Care:*** MaineCare's managed care offering, a primary care case management program, is a mandatory benefit for eligible MainCare members. Delivered through direct contracts with primary care providers (PCPs), the program aims to increase MaineCare members' access to care and enhance the state's network of services to members. In FY 2007, 67 percent of MaineCare beneficiaries were enrolled in managed care, compared to 64 percent nationally.



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Maine has18 federally qualified health centers (FQHCs), with 96 service delivery sites, serving as safety net providers. Approximately 30 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, Maine's fee-for-service (FFS) PCP rate was 77 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** MaineCare's Primary Care Provider Incentive Payment (PCPIP), established in 2000, provides additional compensation to PCPs who deliver high-quality care. Each provider practice site is compared to other sites bi-annually for adult and child measures in categories of access, utilization and prevention/quality. Those ranking above the 20th percentile receive a monetary payment based on their ranking; PCPs whose primary specialty is family practice, general practice, pediatrics, obstetrics/gynecology or internal medicine are eligible. The goals of PCPIP are to: 1) increase MaineCare members' access to providers, 2) reduce unnecessary/inappropriate ER utilization, and 3) increase utilization of preventive/quality services.

- ***State Medicaid Leadership:*** MaineCare leadership includes: Commissioner, MaineCare Services, Brenda M. Harvey; Director, Office of MaineCare Services, Tony Marple; and Medical Director, MaineCare, Roderick Prior, M.D.

- ***Collection and Public Reporting of Quality Data:*** Quality reporting of physicians serving MaineCare beneficiaries is performed through the PCPIP program. For additional information, visit *www.maine.gov/dhhs/oms/*.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** MaineCare has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Covering Kids and Families-Access Initiative* and *The Olmstead Project.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Maine data are from Kaiser State Health Facts *www.statehealthfacts.kff.org*, or Department of Health and Human Services, Office of MaineCare Services, State of Maine, *www.maine.gov/dhhs/oms*.

Medicaid in Memphis, Tennessee: A Snapshot[10]

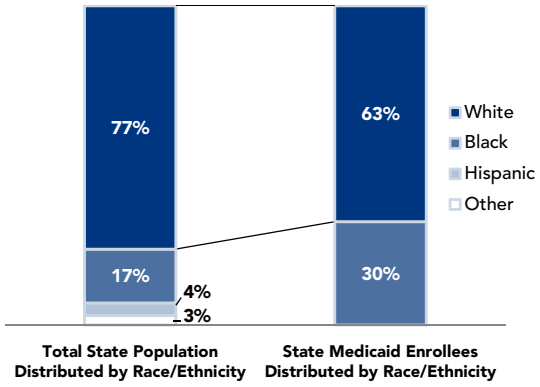
Approximately 1.5 million Tennessee residents (25%) are enrolled in TennCare, the state's Medicaid program. This number is likely to rise amid the current recession. Similarly, 25 percent of residents (approximately 233,000) in Memphis' Shelby County are TennCare beneficiaries.

- ***About TennCare:*** TennCare is a government-operated medical assistance program for people who are eligible for Medicaid, and for some uninsured children. It is a Medicaid waiver, or demonstration, program designed to show that managed care principles can generate sufficient savings to enable the state to cover more than Medicaid-eligible residents. TennCare is one of the few programs in the nation to enroll an entire state Medicaid population in full-risk managed care.

- ***Medicaid Demographics:*** Children account for the greatest proportion (48%) of TennCare enrollees, followed by non-disabled adults ages 18-64 (21%), the non-elderly disabled (21%) and the elderly (11%).

- ***Medicaid Spending:*** In FY 2008, TennCare expenditures totaled approximately $7.4 billion, of which $2.59 billion was state spending. Service expenditures in Shelby County were approximately $863.5 million, equating to about $3,400 per member.[11]

Distribution of Race/Ethnicity, Tennessee Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid Contracting and Delivery of Care:*** All TennCare beneficiaries are enrolled in managed care, with medical and behavioral services covered by managed care organizations (MCOs) in each region. MCOs serving TennCare members in Shelby County are AmeriChoice, BlueCare and TennCare Select. While enrollees can choose among the MCOs serving their region, certain populations are assigned to TennCare Select.

- ***Medicaid and Safety Net Providers:*** Tennessee has 24 federally qualified health centers, with 132 service delivery sites, serving as safety net providers. Approximately 38 percent of their revenue in 2007 came from Medicaid.

- ***Quality Incentives:*** While TennCare does not offer a quality incentive program directly to providers, it contracts with participating MCOs that operate physician incentive plans. TennCare does offer a pay-for-performance program to MCOs based on their performance on eight selected HEDIS measures and a hospital readmission measure.

- ***Collection and Public Reporting of Quality Data:*** The Bureau of TennCare mandates that all of its MCOs become certified by the National Committee for Quality Assurance (NCQA), which measures quality and performance of health insurance companies. The MCOs must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. The most recent statewide report is available at *www.tn.gov/ tenncare/forms/hedis08.pdf*. Tennessee was the first state to require NCQA certification across a Medicaid managed care network.

- ***State Medicaid Leadership:*** TennCare leadership includes: Director/Deputy Commissioner, Bureau of TennCare, Darin Gordon; and Chief Medical Officer, TennCare, Wendy Long, M.D.

- ***Participation in CHCS Quality Improvement Initiative:*** TennCare has participated in the Center for Health Care Strategies' (CHCS) quality improvement initiative, *Improving Outcomes for Children Involved in Child Welfare.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*) or TN.GOV (*www.tn.gov/tenncare/*)
[11] Note: 2006 data.

Medicaid in Minnesota: A Snapshot[10]

Approximately 774,000 Minnesota residents (15%) are enrolled in the state's Medicaid program, Medical Assistance (MA). This number is likely to rise amid the current recession. The greatest concentration of beneficiaries is in Minneapolis' Hennepin County, which has an average monthly enrollment of 122,000.[11]

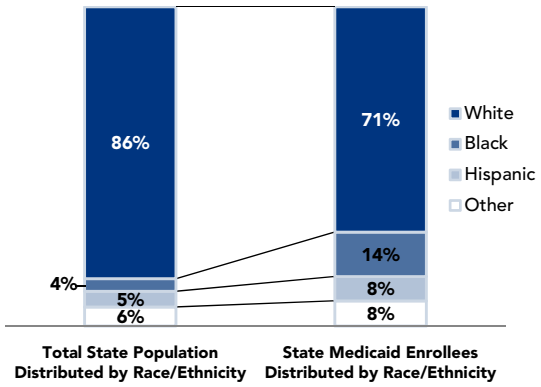
- ***About Medical Assistance:*** MA is the largest offering of Minnesota Health Care Programs (MHPC), providing health care coverage for qualified residents. MA is overseen by the Department of Human Services, with eligibility administered by the counties.

- ***Medicaid Demographics:*** Children account for the greatest proportion (51%) of MA enrollees, followed by non-disabled adults ages 18-64 (23%), the non-elderly disabled (15%) and the elderly (12%).

- ***Medicaid Spending:*** In FY 2007, MA expenditures totaled $6.19 billion, of which $3.10 billion was state spending.

- ***Medicaid Contracting and Delivery of Care:*** In 2009, approximately 296,000 MA beneficiaries were enrolled in managed care, provided by the following plans: Blue Plus, First Plan Blue, Health Partners, Itasca Medical Care, Medica, Metropolitan Health Plan, PrimeWest Health, South Country Health Alliance and UCare. Blue Plus, Medica and UCare have the highest MA enrollment.

Distribution of Race/Ethnicity, Minnesota Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Minnesota has 14 federally qualified health centers, with 71 service delivery sites, serving as safety net providers. Approximately 34 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 58 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** In 2008, MHCP implemented a P4P program for FFS providers, awarding $125 up to twice in 12 months when physicians or advance practice registered nurses deliver optimal chronic disease care to MHCP recipients (including MA beneficiaries) with cardiovascular disease and/or diabetes. Many of the Medicaid health plans also have physician-level P4P programs.

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS reports. The most recent statewide report is available at *www.health.state.mn.us/divs/hpsc/mcs/hedishome.htm*.

- ***State Medicaid Leadership:*** MHCP leadership includes: Acting Medicaid Director Ann Berg and Medical Director Jeff Schiff.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Minnesota has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Managed Long-Term Supports and Services Purchasing Institute, Long-Term Care Partnership Expansion, Integrated Care Program* and *Best Practices for Oral Health Access.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Minnesota data are from Kaiser State Health Facts, *www.statehealthfacts.kff.org*, or Minnesota Department of Human Services, *www.dhs.state.mn.us* .
[11] Note: Average monthly enrollment for Hennepin County is as of May 2008.

Medicaid in Puget Sound: A Snapshot[10]

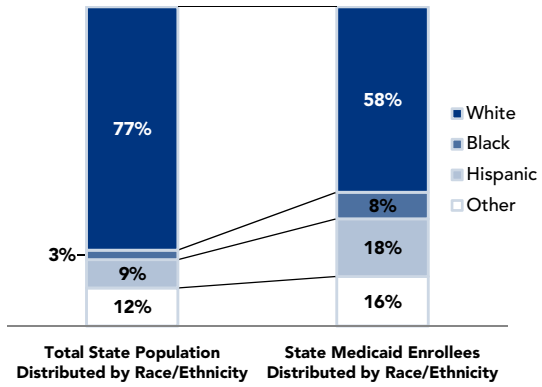
Approximately 1.2 million Washington State residents (19%) are enrolled in Medicaid, a number that is likely to rise amid the current recession.[11] Counties in the Puget Sound region—King, Kitsap, Pierce, Snohomish and Thurston—have among the highest enrollment in the state, with a total of 494,000 beneficiaries.[12]

- ***Medicaid Demographics:*** Children account for the greatest proportion (54%) of Washington's Medicaid enrollees, followed by non-disabled adults ages 18-64 (25%), the non-elderly disabled (14%) and the elderly (7%).

- ***Medicaid Spending:*** Washington Medicaid expenditures in FY 2007 totaled $5.79 billion, of which $2.89 billion was state spending.

- ***Medicaid Contracting and Delivery of Care:*** In 2007, approximately 86 percent of the state's Medicaid beneficiaries (849,000 individuals) were enrolled in managed care, compared to 64 percent nationally. The Medicaid managed care plan, Healthy Options, provides comprehensive medical benefits to low-income families, children age 18 or younger and pregnant women who meet income requirements; it serves approximately 255,000 people in the Puget Sound region. Contracted Medicaid managed care plans are Columbia United Providers, Community Health Plan of Washington, Group Health Cooperative, Molina Healthcare of Washington, Regence BlueShield and Asuris Northwest Health. Several thousand disabled beneficiaries are enrolled in a medical home through King County Care Partners, a network of community clinics and Seattle Human Services. High-risk clients are offered chronic care management.

Distribution of Race/Ethnicity, Washington Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Washington has 25 federally qualified health centers, with 225 service delivery sites, serving as safety net providers. Approximately 52 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 92 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Healthy Options, in conjunction with the states SCHIP program, operates a managed care P4P program focused on HEDIS and EPSDT measures. All Medicaid health plans must participate in the program, which rewards them for current-year performance, as well as for improvement over the previous year.

- ***Collection and Public Reporting of Quality Data***: The most recent statewide quality reports are available at *http://fortress.wa.gov/dshs/maa/healthyoptions/newho /reports/08HEDIS.pdf* and *http://fortress.wa.gov/dshs/maa/healthyoptions/NewHO/Reports/07cahps.pdf*.

- ***State Medicaid Leadership:*** Leadership in the state's Medicaid program includes: Assistant Secretary for Health and Recovery Services Administration, Department of Social and Health Services, Doug Porter; Director, Division of Healthcare Services, MaryAnne Lindeblad; and Medical Director Jeffrey Thompson.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Washington Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Managed Long-Term Supports and Services Purchasing Institute* and *Return on Investment Purchasing Institute.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Washington data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org)* or the Washington State Department of Social and Health Services (*www.fortress.was.gov/dshs*)
[11] Note: Enrollment for Washington is the number of individuals enrolled at any time during FY 2006.
[12] Note: Enrollment for these five counties is for the month of September 2008.

Medicaid in South Central Pennsylvania: A Snapshot[10]

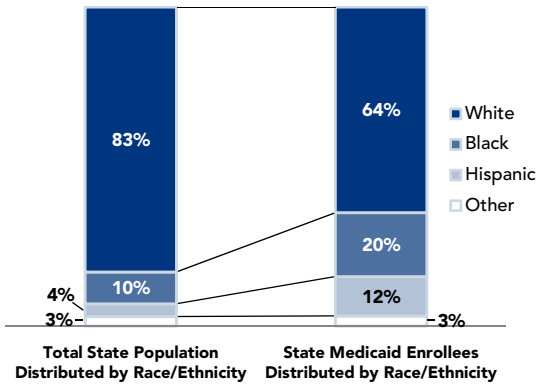
Approximately two million Pennsylvania residents (17%) are enrolled in Medicaid, a number that is likely to rise amid the current recession. In Adams and York Counties, there are a total of 42,000 beneficiaries.

- ***Medicaid Demographics:*** Children account for the greatest proportion (47%) of Pennsylvania's Medicaid enrollees, followed by the non-elderly disabled (23%), non-disabled adults ages 19-64 (18%) and the elderly (12%).

- ***Medicaid Spending:*** In FY 2007, Pennsylvania Medicaid expenditures reached over $15.9 billion, including $7.3 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** York and Adams Counties participate in HealthChoices, Pennsylvania's mandatory Medicaid managed care program serving children, families, and aged, blind, disabled beneficiaries. As of September 2008, over 42,000 Medicaid beneficiaries in the two counties were enrolled in three managed care plans – AmeriHealth Mercy, Gateway Health Plan and Unison Health Plan (which has the greatest concentration of enrollment).

Distribution of Race/Ethnicity, Pennsylvania Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Pennsylvania has 32 federally qualified health centers (FQHCs), with a total of 189 service delivery sites, serving as safety net providers. Approximately 40 percent of their revenue in 2007 came from Medicaid. Five FQHCs serve Adams and York Counties.[11]

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 62 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Since 2005, Medicaid health plans in Pennsylvania have participated in a P4P program. They report performance information for10 HEDIS measures, which the state then publicly reports.

- ***Collection and Public Reporting of Quality Data:*** Pennsylvania has a long history of health plan oversight through performance measurement and public reporting. Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS reports. Performance reports can be found at *www.dpw.state.pa.us/PubsFormsReports/MedicalAssistanceDocuments/003674902.htm*.

- ***State Medicaid Leadership:*** Pennsylvania Medicaid leaders include: Medicaid Director Michael Nardone, Chief Medical Officer David Kelley and Acting Director of the Department of Public Welfare, Barbara Molnar.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Pennsylvania Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Transforming Care for Dual Eligibles, Reducing Disparities at the Practice Site, Return on Investment Purchasing Institute, Practice Size Exploratory Project* and *Improving Outcomes for Children Involved in Child Welfare.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Pennsylvania data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*) or the Pennsylvania Office of Medical Assistance (*www.dpw.state.pa.us/OMAP/*).
[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. *http://findahealthcenter.hrsa.gov/Search.aspx*

Medicaid in West Michigan: A Snapshot[10]

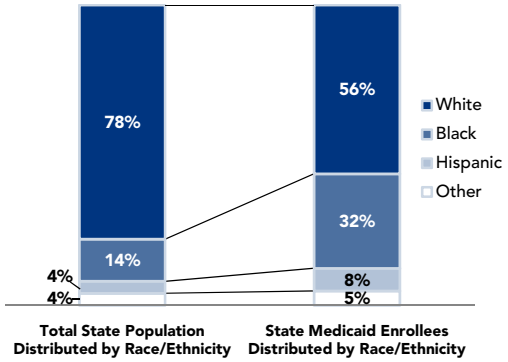
Approximately 1.8 million Michigan residents (18%) are enrolled in Medicaid, a number that is likely to rise during the current recession.

- ***Medicaid Demographics:*** Children account for the greatest proportion (52%) of Michigan's Medicaid enrollees, followed by non-disabled adults ages 19-64 (24%), the disabled (16%) and the elderly (8%).

- ***Medicaid Spending:*** In FY 2007, Medicaid expenditures reached over $9.3 billion, including $4 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** As of December 2008, approximately 157,000 Medicaid beneficiaries in the 13 West Michigan counties were enrolled in seven managed care plans: CareSource, Great Lakes Health Plan, Health Plan of MI, McLaren Health Plan, Molina Health Plan of MI, PHP-MM Family Care and Priority Health. Those with the greatest enrollment are Health Plan of MI, Molina and Priority Health. The plans serve children, pregnant women, and aged, blind and disabled beneficiaries.

Distribution of Race/Ethnicity, Michigan Population vs. State Medicaid Beneficiaries



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Michigan has 30 federally qualified health centers (FQHCs), with a total of 157 service delivery sites, serving as safety net providers. Approximately 38 percent of their revenue in 2007 came from Medicaid. Twenty-six FQHCs currently serve West Michigan; 11 of these are in Kent County.[11]

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 59 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** In Michigan, all Medicaid health plans must participate in a P4P program. Michigan incentivizes plans in a number of ways, including: (1) giving plans with higher quality scores a greater proportion of auto-assigned enrollees; and (2) withholding a small percentage of capitation rates for redistribution to plans based on clinical and access HEDIS indicators, member satisfaction CAHPS indicators, accreditation status and legislative criteria.

- ***Practices Serving Medicaid Beneficiaries:*** More than half of Michigan's Medicaid beneficiaries are served in practices with three physicians or fewer.[12]

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including submission of annual HEDIS and CAHPS reports. These reports can be found at www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html under "Medicaid Health Plan Performance Reports."

- ***State Medicaid Leadership:*** Michigan Medicaid leadership includes: Acting Medicaid Director Stephen Fitton and Director of Medicaid Operations Susan Moran.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Michigan Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems /quality improvement initiatives: *Transforming Care for Dual Eligibles, Reducing Disparities at the Practice Site, Managed Long-Term Support and Services Purchasing Institute, Long-Term Care Partnership Expansion* and *Practice Size Exploratory Project* For more information, visit www.chcs.org.

[10] Unless otherwise noted, all Michigan data are from Kaiser State Health Facts (www.statehealthfacts.kff.org) or the Michigan Department of Community Health (www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html).
[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. http://findahealthcenter.hrsa.gov/Search.aspx
[12] Center for Health Care Strategies, *Practice Size Exploratory Project*, 2008.

Medicaid in Western New York: A Snapshot[10]

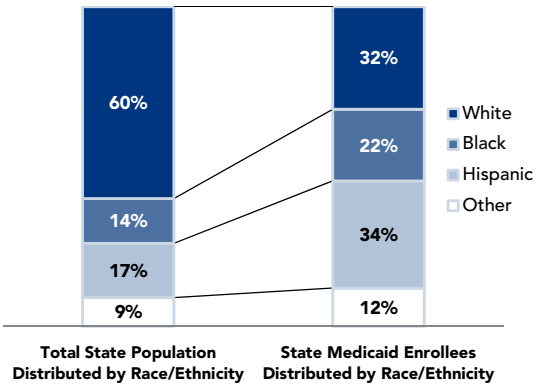
Over five million New York residents (27%) are enrolled in Medicaid, a number that is likely to rise during the current recession. In the eight counties of Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming), approximately 164,000 residents were enrolled in Medicaid as of April 2009.

- ***Medicaid Demographics:*** Children account for the greatest proportion (41%) of New York's Medicaid enrollees, followed by non-disabled adults ages 19-64 (36%), the disabled (13%) and the elderly (11%).

- ***Medicaid Spending:*** In FY 2007, New York's Medicaid expenditures were over $44.3 billion, half of which was provided by state and local governments.

- ***Medicaid Contracting and Delivery of Care:*** As of 2009, 82 percent of eligible Medicaid beneficiaries (approximately 135,000 individuals) in Western New York were enrolled in managed care, compared to 64 percent nationally. They are served by six health plans: Excellus, Fidelis Care, Health Now, Independent Health Association, Preferred Care and Univera Community Health. Of those, Fidelis Care has the greatest Medicaid enrollment. The plans serve children, families and SSI beneficiaries in all of the Western New York counties, with the exception of Wyoming County (where no managed care currently exists).

Distribution of Race/Ethnicity, New York Population vs. State Medicaid Beneficiaries



- ***Medicaid and Safety Net Providers:*** New York has 49 federally qualified health centers (FQHCs), with 443 service delivery sites, serving as safety net providers. Approximately 52 percent of their revenue in 2007 came from Medicaid. There are eight FQHCs in Western New York, three of which are in Erie County.[11]

- ***Medicaid Provider Reimbursement:*** In 2009, New York's fee-for-service (FFS) primary care provider (PCP) rate was 60 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The current budget proposal also includes substantial increases in primary care rates.[12] The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***State Medicaid Leadership:*** Leadership in the New York State Department of Health includes: Medicaid Director Deborah Bachrach; Medical Director Foster Gesten; Medical Director James Figgi; Associate Director of Managed Care Vallencia Lloyd; Director of Quality and Evaluation Patrick Roohan; and Director of Program and Quality Initiatives Donna Haskins. Alan Silver is the Medical Director of IPRO, the state's quality improvement organization.

- ***Quality Incentives:*** The state has operated a pay-for-performance (P4P) program for its Medicaid managed care plans since 1999. P4P requirements are incorporated in health plan contracts with the state; all Medicaid plans must participate. The state measures performance using HEDIS/HEDIS-like measures, CAHPS and other state-developed structural measures. Plans are rewarded through higher auto-assignments, higher reimbursement rates and/or public recognition. New York has recently explored physician incentive programs designed to promote patient safety and quality of care, and its current budget includes efforts to build and reimburse for a patient-centered medical home.

- ***Collection and Public Reporting of Quality Data:*** Medicaid health plans adhere to many reporting requirements, including the annual submission of Quality Assurance Reporting Requirements (QARR) based on HEDIS and state measures focused on primary and chronic care. Performance reports can be found at *www.health.state.ny.us/health_care/managed_care/reports /eqarr/2008/*.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** New York Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Business Case for Quality: Phase II, Rethinking Care for Medicaid's Highest-Need, Highest-Cost Populations, Practice Size Exploratory Project, Regional Quality Improvement Initiative* and *Managed Care for People with Disabilities Purchasing Institute*. For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all New York data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org)* or the New York State Department of Health website (*www.health.state.ny.us/health_care/medicaid/index.htm*).
[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. *http://findahealthcenter.hrsa.gov/Search.aspx*
[12] *www.statecoverage.org/node/1763*

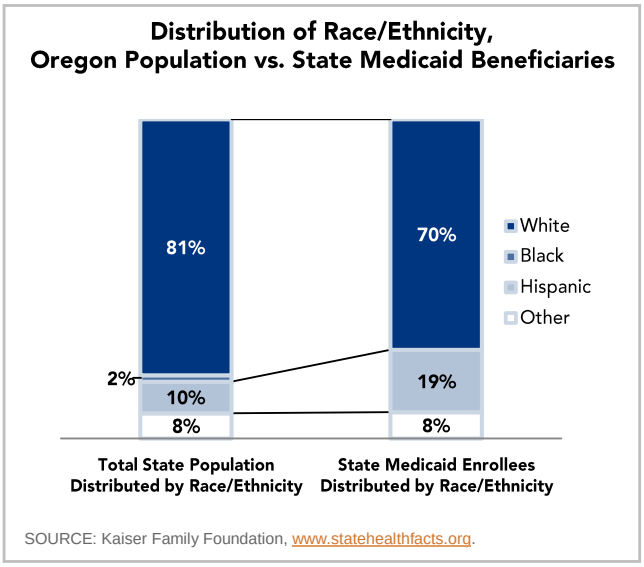
Medicaid in Willamette Valley, Oregon: A Snapshot[10]

Approximately 530,000 Oregon residents (14%) are enrolled in Medicaid, a number that is likely to rise amid the current recession.

- ***Medicaid Demographics:*** Children account for the greatest proportion (49%) of Oregon's Medicaid enrollees, followed by non-disabled adults ages 19-64 (28%), the non-elderly disabled (14%) and the elderly (9%).

- ***Medicaid Spending:*** In FY 2007, Medicaid expenditures reached over $2.9 billion, including $1.1 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** As of 2008, 41 percent of Willamette Valley Medicaid beneficiaries (approximately 219,000 individuals) were enrolled in managed care, compared to 64 percent nationally. Eight managed care plans serve those in Willamette Valley's nine counties: CareOregon, FamilyCare, InterCommunity Health Network, Kaiser Permanente Oregon Plus, LIPA, Marion Polk Community Health Plan, Providence Health and Tuality Health Alliance. Of those, CareOregon has the greatest concentration of enrollment. The plans serve children, families, and aged, blind and disabled beneficiaries.



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid and Safety Net Providers:*** Oregon has 23 federally qualified health centers, with a total of 155 service delivery sites, serving as safety net providers. Approximately 38 percent of their revenue in 2007 came from Medicaid. There are 76 service delivery sites in Willamette Valley, almost half (36) of which are in Multnomah County.[11]

- ***Medicaid Reimbursement:*** In 2008, the state's fee-for-service (FFS) primary care provider (PCP) rate was 78 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Oregon does not currently operate a P4P plan for its Medicaid health plans or physicians. However, many plans have developed their own provider-level P4P programs.

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements, including the annual submission of Key Performance Measures that contain HEDIS measures and CAHPS. Performance reports can be found at *www.oregon.gov/DHS/healthplan/data_pubs/reports/main.shtml*.

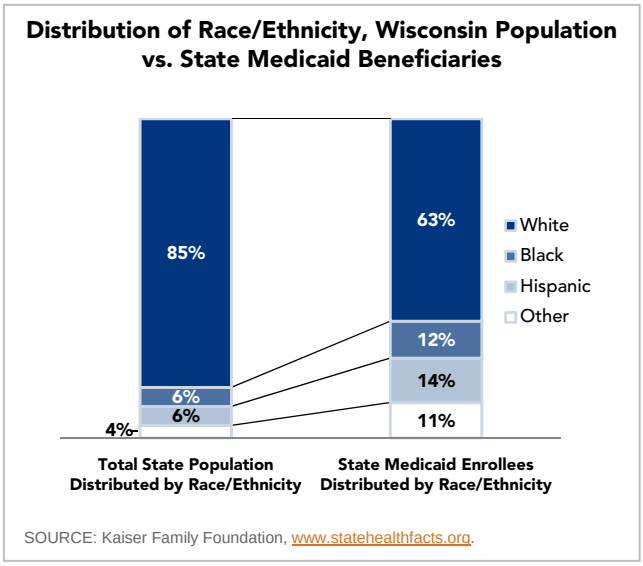
- ***State Medicaid Leadership:*** Oregon Medicaid leadership includes: Medicaid Director Jim Edge, Director of Policy and Planning Jean Phillips and Director of Budget and Finance Lynn Read.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Oregon Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Improving Outcomes for Children Involved in Child Welfare* and *Medicaid Value Program: Health Supports for Consumers with Chronic Conditions.* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Oregon data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*) or the Oregon Health Plan website (*www.oregon.gov/DHS/healthplan/*).
[11] U.S. Department of Health and Human Services, Health Resources and Services Administration. *http://findahealthcenter.hrsa.gov/Search.aspx*.

Medicaid in Wisconsin: A Snapshot[10]

Approximately 988,000 Wisconsin residents (18%) are enrolled in Medicaid, a number that is likely to rise during the current recession.



SOURCE: Kaiser Family Foundation, www.statehealthfacts.org.

- ***Medicaid Demographics:*** Children account for the greatest proportion (42%) of Wisconsin's Medicaid enrollees, followed by non-disabled adults ages 19-64 (29%), the disabled (15%) and the elderly (13%).

- ***Medicaid Spending:*** In FY 2007, Wisconsin Medicaid expenditures reached over $4.9 billion, including $2.1 billion in state spending.

- ***Medicaid Contracting and Delivery of Care:*** In 2008, approximately 49 percent of state Medicaid beneficiaries (about 482,000 individuals) were enrolled in Medicaid managed care, compared to 64 percent nationally. They are served by 14 health plans: Abri Health Plan, Children's Community Health Plan, Compcare, Dean Health Plan, Group Health of Eau Claire, Group Health of South Central WI, Health Tradition, I-CARE, Managed Health Services, Mercy Care, Network Health Plan, Security Health Plan, UnitedHealthcare of WI and Unity Health Insurance. UnitedHealthcare of WI has the greatest concentration of enrollment. The plans serve children and families across the state; certain counties also include the SSI population.

- ***Medicaid and Safety Net Providers:*** Wisconsin has 16 federally qualified health centers, with a total of 62 service delivery sites, serving as safety net providers. Approximately 50 percent of their revenue in 2007 came from Medicaid.

- ***Medicaid Reimbursement:*** In 2008, Wisconsin's fee-for-service (FFS) primary care provider (PCP) rates were 67 percent of Medicare. PCP rates in Medicaid managed care vary, but often are based on, or greater than, Medicaid FFS rates. The closer the Medicaid rate is to the Medicare rate, the more likely providers are to serve Medicaid patients, creating a greater overlap of payers across provider networks.

- ***Pay for Performance (P4P):*** Wisconsin has been operating a P4P program for its Medicaid health plans, focused primarily on EPSDT and preventive care, since 1996. In 2008, the state began revising the program to provide additional financial incentives to the plans serving Medicaid and BadgerCare (SCHIP) beneficiaries. Incentives are being considered in a number of areas, including chronic care management, prevention and MCO accreditation.

- ***Collection and Public Reporting of Quality Data:*** Medicaid managed care plans must adhere to numerous reporting requirements including the annual submission of HEDIS and CAHPS. Performance reports can be found at *www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/managed%20care%20organization/Medicaid7/referenceAndTools.htm.spage*.

- ***State Medicaid Leadership:*** Wisconsin Medicaid leadership includes: Medicaid Director Jason Helgerson and Policy Initiatives Advisor Denise Runde.

- ***Participation in CHCS Systems/Quality Improvement Initiatives:*** Wisconsin Medicaid has participated in the following Center for Health Care Strategies (CHCS) systems/quality improvement initiatives: *Managed Long-Term Supports and Services Purchasing Institute, Improving Outcomes for Children Involved in Child Welfare, Best Practices for Oral Health Access, Medicaid Value Program: Supports for Consumers with Chronic Conditions* and *Business Case for Quality in Medicaid Managed Care* For more information, visit *www.chcs.org.*

[10] Unless otherwise noted, all Wisconsin data are from Kaiser State Health Facts (*www.statehealthfacts.kff.org*) or the Wisconsin Department of Health Services (*http://dhs.wisconsin.gov/MEDICAID/*).