

**PART A: Background data on NYMAC states**

	<b>US</b>	<b>DC</b>	<b>DE</b>	<b>MD</b>	<b>NJ</b>	<b>NY</b>	<b>PA</b>	<b>VA</b>	<b>WV</b>
Secondary sources used in Catalyst Center State-at-a-glance Chartbook									
Total children	79,284,648	117,751	222,919	1,416,377	2,191,639	4,731,244	2,949,477	1,999,759	419,975
% CSHCN	15.1%	16.6%	17.5%	15.7%	14.4%	15.0%	17.0%	16.1%	18.5%
% HHs with 1 or more CSHCN	23.0%	24.1%	24.1%	23.1%	21.7%	22.4%	25.3%	23.4%	26.6%
Medicaid eligibility	minimums 0-<1 133% 1-<6 133% 6-<20 100%	0-<1 185% 1-<6 133% 6-<20 100%	185% 133% 100%	185% 133% 100%	185% 133% 100%	200% 133% 100%	185% 133% 100%	133% 133% 100%	150% 133% 100%
All children coverage	Private – 1.8% Public - 29.1%	Private – 49.8% Public - 46.7%	Private – 64.4% Public - 29.4%	Private – 71.5% Public - 22.7%	Private – 70.1% Public - 21.8%	Private – 2.6% Public - 31.8%	Private – 64.4% Public - 28.8%	Private – 71.6% Public - 21.1%	Private – 57.4% Public - 36.6%
Estimates of CSHCN insured pre ACA	Private – 52.4% Public – 35.9% Combination - 8.2%	Private – 38.2% Public – 49.1% Combination - 12.2%	Private – 54.9% Public – 36.4% Combination - 7.0%	Private – 64.3% Public – 27.1% Combination - 5.0%	Private – 68.6% Public – 23.6% Combination - 4.9%	Private – 52.9% Public – 34.7% Combination - 9.4%	Private – 43.6% Public – 35.7% Combination - 18.9%	Private – 67.3% Public – 25.0% Combination - 5.6%	Private – 39.2% Public – 48.3% Combination - 9.6%
CSHCN Without insurance part of year	9.3%	4.8%	7.9%	7.6%	6.8%	8.3%	6.8%	5.7%	9.0%
CSHCN Inadequate coverage	34.3%	31.2%	25.5%	34.7%	41.7%	38.0%	26.5%	31.1%	32.6%
% families reporting reduced work due to care of CSHCN	25%	24.6%	21.6%	28.1%	29.6%	26.7%	23.7%	22.7%	22.3%

	US aver	DC	DE	MD	NJ	NY	PA	VA	WV
<b>MCHB Experience with the system of care for CSHCN (<a href="http://www.childhealthdata">www.childhealthdata</a>) reported in the Catalyst Center Chartbook</b>									
% families shared decision-making	70.3%	67.3%	72.0%	69.3%	69.2%	64.4%	73.1%	77.1%	72.0%
% receive coordinated, ongoing, comp care within medical home	43.0%	34.2%	41.4%	44.2%	38.3%	38.4%	48.0%	42.4%	46.7%
% consistent and adequate insurance to pay for needed services	60.6%	65.8%	69.9%	61.3%	54.9%	56.8%	69.0%	65.2%	62.0%
% screened early & continuously for spec health care needs	78.6%	88.2%	84.6%	81.2%	83.8%	82.8%	86.2%	76.6%	82.4%
% easily access comm. based services	65.1%	65.5%	69.0%	65.1%	62.3%	65.6%	69.4%	67.0%	66.5%
Youth receiving services necessary for transition	40.0%	33.8%	38.4%	36.8%	41.8%	40.0%	40.0%	44.9%	41.6%

PART B: ACA IMPLEMENTATION: CHANGES (ACTUAL AND ANTICIPATED) RESULTING FROM ACA IMPLEMENTATION								
	DC	DE	MD	NJ	NY	PA	VA	WV
<b>Overall aspects</b>								
1. Website	<a href="http://healthreform@dc.gov">http://healthreform@dc.gov</a>	<a href="http://www.healthcare.gov/law/information-for-you/de.html">http://www.healthcare.gov/law/information-for-you/de.html</a>	<a href="http://www.dhmh.maryland.gov/healthreform">http://www.dhmh.maryland.gov/healthreform</a>	<a href="http://www.state.nj.us/dobi/division_consumers/insurance/ppaca.html">http://www.state.nj.us/dobi/division_consumers/insurance/ppaca.html</a>	<a href="http://healthbenefitexchange.ny.gov/">http://healthbenefitexchange.ny.gov/</a>	<a href="http://www.portal.state.pa.us/portal/server.pt/community/health_insurance">http://www.portal.state.pa.us/portal/server.pt/community/health_insurance</a>	<a href="http://www.hhr.virginia.gov/initiatives/HealthReform">http://www.hhr.virginia.gov/initiatives/HealthReform</a>	<a href="http://www.gohelp.wv.gov">http://www.gohelp.wv.gov</a>
2. Coordination entities	Mayor's Health Reform Implementation Committee	Delaware Health Care Commission	Health Care Reform Coordinating Council and various subcommittees: Essential Benefits Advisory committee; Health Care Delivery Reform	Healthcare Reform Implementation Council	Coordinating entity for exchange only – see above website	Healthcare Reform Implementation Committee and Advisory Committee	Healthcare Reform Advisory Committee	Governor's Office of Health Enhancement and Lifestyle Planning
<b>FINANCING AND PAYMENT RELATED</b>								
3. Health Insurance Exchange <i>May 2, 2013</i> <i>Note default states only have selected information.</i>	DC Health Benefit Exchange Authority (DCHBX) State-based Exchange Independent authority legally separate from the DC government. Housed at Department of Health Care Finance	Planning for Partnership Exchange Exchange model: Plan-management and consumer-assistance partnership exchange	Declared State-based Exchange Enacted state laws required to implement ACA; quasigovernmental entity	Default to Federal exchange; have achieved many milestones required	Declared State-based Exchange; within state health department	Default to Federal exchange; have achieved many milestones required	Default to Federal exchange; have achieved many milestones required	Planning for Partnership Exchange model: some functions by state; others federal. State required includes QHP functions; IT requirements; work with feds on variety of management efforts

	<b>DC</b>	<b>DEL</b>	<b>MD</b>	<b>NJ</b>	<b>NY</b>	<b>PA</b>	<b>VA</b>	<b>WV</b>
4a. Benchmark Plans (3/13)	Small group: Group Hospitalization and Medical Services, Inc. BluePreferred PPO	Small group: Highmark Blue Cross Blue Shield Delaware Simply Blue EPO 100 500	State employee: CareFirst BlueChoice HMO HSA Open Access Plan	Largest HMO: Horizon HMO Access HSA Compatible	Small group: Oxford Health Insurance, Inc. Oxford EPO	Default: Aetna Health, Inc. PA POS Cost Sharing 34 1500 Ded plan	Small group: Anthem Small Group PPO	Default: Highmark Blue Cross Blue Shield West Virginia Super Blue PPO Plus 2000 1000 Ded plan
4b. Approaches to network certification for qualified health plans	Expected 8/15/13 Plans submit access plans based on metrics	Expected July 2013 1 year Timeliness & PCP ratio requirements 6 plans approved to date	Expected July 2013 No additional requirements	No information at this time	July 15, 2013 ; network and driving time requirements	No information at this time	No information at this time	July 31, 2013 - Driving time; provider/enrollee requirements Will address all QHP requirements as a partnership
5. Mandatory Private Benefits pre ACA to be done								
6. Benefit package status	Assessed existing benefit packages, compared state mandates with EB package to id gaps	Assessed existing benefit packages, compared state mandates with EB package to id gaps	Assessed existing benefit packages, compared state mandates with EB package to id gaps	No information at this time	Assessed existing benefit packages, compared state mandates with EB package to id gaps	Assessed existing benefit packages, compared state mandates with EB package to id gaps	No information at this time	Did not pick a plan so selected by default

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7. Enrollment Assistance <i>CMS grants to be awarded 8/13</i> Navigator programs funded by exchanges and Consumer Assistance Programs for all consumers for all types of insurance (established prior to exchanges)	Navigators to assist consumers with info & enrollment; in-person assister program (\$10 million available); certified application counselors to be developed Exchange commissions to fully develop efforts including relationships with brokers. Program developed with consumer input.	RFP aps due in March: Marketplace Assisters (MPA) to be managed by Department of Insurance Consumer services Division & Div. of Medicaid and Medical Asst. MPAs will serve large group of consumers & Navigators will focus on hard-to-reach populations	Health Connector-selected 6 organizations across state to be connector entities; each to have trained & certified navigators to counsel & enroll, also "assisters" for Medicaid program Some statewide services such as interpreters; Has plan for integrated enrollment	Default to federal	Applications for IPAs/Navigators due April with awards in July; will be approved by State Controller; IPA to start 30 days after award & Navigators by Oct 1, 2013.	Default to federal	Default to federal	Developed RFP to help design program; state to manage In-person asst. program; feeds the Navigator program
8., Medicaid expansion decision as of 5/2	Supports	Supports	Supports – legislation passed and signed	Supports	Supports – legislation passed and signed	Opposes ; if this changes not until 2015	Opposes	Supports Will expand use of copays
9. Medicaid prior to expansion	Medicaid CHIP 0-<1 185% 300% 1-<6 133% 300% 6-<20 100% 300%	Medicaid CHIP 0-<1 185% 200% 1-<6 133% NA 6-<20 100% NA	Medicaid CHIP 0-<1 185% 300% 1-<6 133% 300% 6-<20 100% 300%	Medicaid CHIP 0-<1 185% 200% 1-<6 133% NA 6-<20 100% 133% can buy in	Medicaid CHIP 0-<1 200% NA 1-<6 133% NA 6-<20 100% 133% can buy in	Medicaid CHIP 0-<1 185% NA 1-<6 133% NA 6-<20 100% NA can buy in	Medicaid CHIP 0-<1 133% NA 1-<6 133% NA 6-<20 133%	Medicaid CHIP 0-<1 150% NA 1-<6 133% NA 6-<20 100% NA
10. Continuous 12 month enrollment	No	Separate for CHIP	Newborns only	Medicaid and CHIP separate	Medicaid and CHIP separate	Separate for CHIP	Separate for CHIP	NO

11. CMS demonstrations								
	DC	Del	MD	NJ	NY	PA	VA	WV
Health innovation grants (may include design reforms)	Mary's Center for Maternal Child Care SF Community College (multistate)	Christiana Care Health System YMCA (multistate) Nemours Hospital for Children Univ. of N. Texas (multistate)	Atlantic General Hospital Corp. Carefirst Johns Hopkins School of Nursing Johns Hopkins Univ. SF Comm. College (multistate). Univ. of N. Texas (multistate)	Cooper Hospital Developmental Disabilities Health Services Mt. Sinai School of Medicine (also NY) Trustees of Dartmouth College (multistate) Trustees of Univ. of PA (multistate) Univ. of N. Texas (multistate)	University Med.Services Bronx RHIO; Developmental Disabilities Health Services; Finger Lakes HAS; Fund for Public Health Maimonides Medical Center; <u>Multistate</u> : Feinstein Inst. For medical research; Mayo Clinic; YMCA; SF Community College; Dartmouth College; Univ. of N. Texas	Pittsburg Regional Health Initiative Innovative Oncology Business Solutions Inc. (multistate) Institute for Clinical System Improvement (multi-state) Trustees of Univ. of PA (multistate) Univ. of N. Texas (multistate)	Univ. of N. Texas (multistate)	
Bundled payments (not including home care and rehab)				<u>At state level</u> ; Also <u>multiple facility-based coord.</u> by NJ Hospital Assn. <u>Episodes of care</u> : (many by Remedy Partners) Bayonne Medical Center (includes Christ Hospital, Hoboken); Hackensack; Holy Name'; Jersey City; Morristown; Mountainside; Our Lady of Lourdes; Overlook; Penn Presby; Penn Hosp; Touchstone; Wayne General	<u>Multifacility</u> coordinated by Greater NY Hosp. Assn. <u>Episodes of care</u> : Canton-Potsdam; Central Suffolk; Good Samaritan; Hospital for special surgery North Shore LIJ (multisites); Mercy Medical Center; NYU Hospital Center; Richmond; Catholic Health Services LI (multisites) St. Mary: SUNY downstate; Winthrop;	<u>Episodes of care</u> at Einstein Medical Center; Alleghany General ; Alleghany Valley; Geisinger (multi sites); Many by Remedy) Canonsburg; Doylestown; Einstein; Forbes; Harrisburg; UPA hospital; Pocono; Sharon; St. Luke's; Reading; Western PA; Jefferson;	<u>Episodes of care</u> : Geisinger (Johnston) St. Mary's	

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<b>DELIVERY SYSTEM RELATED ACTIVITIES</b>								
13. Support for a. medical and/or health homes	<u>Planning grant for State Plan Amendment for health homes</u> (as of 2/13) No information from NASHP	No info from NASHP No activity on CMS list	<u>Leading medical home state;</u> Assessed penetration of PCHM & plans for expand; Data from NASHP developed a Workgroup in 2009 for all payor medical home pilot; PCHM Payment methodology: 52 participating practices receive additional payments and share in savings	State medical home demonstration with the 4 Medicaid MCOs (2010); CMS Planning grant for developing state health home SPA (as of 4/13) CMS Planning grant for health home plan amendment Part of CMS Comprehensive Primary Care Initiative	<u>Leading medical home state</u> 2 initiatives: Adirondack Medical Home Demo; statewide Medicaid PCMH program & Family Health Plus and Child Health Plus State Plan amendment submitted for testing new models of payment for medical homes  <u>CMS health home SPA being implemented</u>	<u>Leading medical home state</u> Has a Chronic Care Initiative est. 2007 and has been expanded since.	Dept. of Medical Assistance Services 2010 medical home pilot with an FQHC; Has a PCCM program; contracts with Medicaid MCOs as of July 2012.	<u>Leading medical home state</u> WV Health Improvement Institute –multi-stakeholder partnering with Medicaid has Medical Home Performance Incentive Project with limited # of practices with 1 Medicaid MCO participating. <u>CMS Planning grant for health home plan amendment</u>
Number of NCQA certified	Level 1 0 Level 2 2 Level 3 15	Level 1 2 Level 2 2 Level 3 1	Level 1 6 Level 2 23 Level 3 73	Level 1 19 Level 2 13 Level 3 109	Level 1 210 Level 2 80 Level 3 830	Level 1 117 Level 2 39 Level 3 270	Level 1 2 Level 2 1 Level 3 132	Level 1 12 Level 2 6 Level 3 13
b. Pt. Centered Spec. Practice Recognition early adopters			2		11	10	1	

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c. Care coordination <i>need to explore on an individual state basis; limited aggregate data</i>			Assessed current activities & opportunities for public reimbursement strategies to support	Assessed current activities & opportunities for public reimbursement strategies to support Medicaid PCMH demo involves care coordination requirements	Assessed current activities & opportunities for public reimbursement strategies to support Payment incentives for care coordination in the Adirondack Medical Home Demo and the Statewide PCMH program (based on levels of NCQA)	Enhanced reimbursement for coordinated care based on age groupings and eligibility for shared savings		Assessed current activities & opportunities for public reimbursement strategies to support Above BMS advisory group has a workgroup on community care coordination.
14. FQHC state coverage	43 sites 122,891 pts	13 sites 38,861 pts	133 sites 282,831 pts.	118 sites 454,243 pts.	549 sites 1,489,141 pts.	238 sites 637,928 pts.	149 sites 285,359 pts.	203 sites 379,702
15. Other state based delivery system reforms: <i>need to explore on an individual state basis; individual program descriptions may be available</i>								
16. Medicaid primary care current rates	.80 <i>(need to go to 100% of Medicare)</i>	.98 <i>(need to go to 100% of Medicare)</i>	.70 <i>(need to go to 100% of Medicare)</i>	.50 <i>(need to go to 100% of Medicare)</i>	.42 <i>(need to go to 100% of Medicare)</i>	.56 <i>(need to go to 100% of Medicare)</i>	.94 <i>(need to go to 100% of Medicare)</i>	.74 <i>(need to go to 100% of Medicare)</i>
17. ACO activities – based on CMS funded efforts			CMS Advanced Payment ACO (3) Maryland Accountable Care Organization of Eastern Shore, LLC; Western Md.; Lower Shore	Demo Medicaid ACO project being set up by state; Camden Coalition of Healthcare Providers proposed Medicaid ACOs; CMS approved waiver has ACO	CMS Pioneer ACO – Montefiore	CMS Pioneer ACO – Renaissance State ACO demo to fund an unlimited number of ACOs with a certificate of authority; governance must include consumers		



18. CMS Demonstrations Supporting Delivery System Changes								
	DC	DE	MD	NJ	NY	PA	VA	WV
Multipayer Advanced Primary Care	No	No	No	NO	Yes – State Level	Yes - State Level	No	No
Comprehensive Primary Care Initiative	No	No	No	Yes statewide Plans to include 71 practices with 272 providers (NASHP )	Yes –capital district/Hudson valley	No	No	No
FQHC Advanced PC Practice	Unity Health Care (multi-site)	No	Choptank Community Health System (Goldsboro, Hurlock) Greater Baden Princess Ann Adult and Pediatric Medicine Sinai Community Care	Cam-care East Southern Jersey Family Medical Centers; (multisite) Chandler Health Center	Canal site; Ezra Cholim; Hometown Demo Site; Hudson River Healthcare (multisite); ODA Primary Health Care Center; Open Door Family Medical Center (multisite); Southern Tier CHC Network (multisite) Urban Health Plan	Carmichael clinic Cornerstone Care East River Family Health Care Center Esperanza; Family First Health Corp – Hanover; Freeland Health Center; Hyndman Area HC; Jamestown HC; Linesville HC; Mercer Primary Care Monroe Noxen HC; New Castle Primary Care; Sharon Medical Group; Shickshinny Medical Center; Transfer HC; Uniontown Family Doctors; Wayne Memorial CHC;	Clinch River Health Services Konnorock Family Health Center Meadowview Tazewell Community Health Thompson Family Health Center Tri-Area CHC Capital Area Health Network	Tri-county Health Clinic Valley Health Care (multisite)

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Strong Start for Mothers and Newborns	Providence Hospital centered approach: Providence Hospital, Medstar Washington Hospital Center, Community of Hope Family Health and Birth Center, Howard University, Mary's Center, Unity Health care,	No	JHU grant – maternity care home -(East Baltimore Medical Center Johns Hopkins Outpt. Center Bayview Medical Center )	Central NJ Family Health Consortium – Centering Approach (Jersey Shore University Medical Center, Chandler Health Center, Newark CHC, Jewish Renaissance Center, Monmouth Family Health Center, Ocean Health, St. Peter's, Capital Health)	No	Einstein Healthcare Network centering approach: Montgomery Hosp. Medical Center, Am Association of Birth Centers Birth Center Approach: Birth Care and Family Health services ; Reading Birth and Women's Center, Midwife Center	American Assn for Birth Centers Birth Center Approach: Complete Care Birthing Center; Nova Natural Birthing Center VA Commonwealth centered approach: Va. Commonwealth University, Richmond City Health Dept, Greater Prince William Community Health Center, Manassas Midwifery Women's Health Center, Shenandoah Women's Health	American Assn for Birth Centers Birth Center Approach: Women Care,
Other demos					1. Duals demo from CMS 2. Western NY Beacon Community			
19. Health Information Technology – needs to be developed								
20. Workforce – needs to be developed								

## Source Notes

1. From state general websites; [www.statereform.org](http://www.statereform.org) public engagement
2. From state general websites and [www.statereform.org](http://www.statereform.org) state progress on health reform coordination
3. [www.kff.org](http://www.kff.org) Health Reform - as of May 2; [www.statereform.org](http://www.statereform.org) exchange governance chart as of May 3; note the three states that will be federally
4. [www.statereform.org](http://www.statereform.org) Digging in to Benchmark Plan Details
5. Info on mandatory private coverage pre ACA –list has autism, cleft palate, congenital bleeding disorders, neurodevelopment therapy, newborn hearing screening, newborn sickle cell testing, PKU/formula, telemedicine –
6. [www.statereform.org](http://www.statereform.org) status as of May 2
7. [www.kff.org](http://www.kff.org) Health Reform, Navigator and in-person assistance programs April 2013 publication 8437; state websites; paper from NASHP’s State Health Reform Assistance Network provides overview of requirements “Designing Consumer Assistance Programs, Feb 2013
- 8& 9. [www.statehealthfacts.org](http://www.statehealthfacts.org) State Activity Around Expanding Medicaid under the Affordable Care Act as of May 2, 2013 and [www.statereform.org](http://www.statereform.org) Tracking Medicaid Expansion Decisions; analysis of preparedness for ACA Medicaid form [www.kkf.org](http://www.kkf.org) Getting into Gear for 2014: Findings from a 50-state survey 2013. [www.kff.org](http://www.kff.org) Premium, Enrollment Fee, and Copayment Requirements for Children, January 2013 and Income Eligibility Limits for Children’s Regular Medicaid and Children’s CHIP-funded Medicaid Expansions as a Percent of Federal Poverty Level (FPL), January 2013
10. [www.healthfacts.org](http://www.healthfacts.org) Has 12-Month Continuous Eligibility for Children Under Medicaid and Separate CHIP Programs January 2013
11. CMS website [www.cms.gov](http://www.cms.gov) innovation portal lists various categories and general award
- 13a and c. NASHP – July 2011 – M. Takach, “Reinventing Medicaid: State Innovations to Qualify and Pay for Patient-Centered Medical Homes Show Early, Promising Results,” Health Affairs; state profiles/data: [www.childhealthdata.org/browse/medical](http://www.childhealthdata.org/browse/medical) home; [www.nashp.org/med-hom-map](http://www.nashp.org/med-hom-map) note where there is more detail on medical home, health home and care coordination developed in the profiles obtained by clicking on map – MD, NJ data as of April 2013, NY data as of January 2013, PA, WV data as of November 2012; numbers on NCQA medical homes by state provided by special request, data as of April 2013; Health home – CMS data from 2012; b. Specialty practice information on early adopters, [www.ncqa.org](http://www.ncqa.org) under programs tab; not clear if any of these serve our population.
14. [www.nachc.org](http://www.nachc.org) state fact sheets; data from 2011 center reported data.
16. Enhanced Medicaid Reimbursement Rates for Primary Care Services provision in ACA to achieve primary care parity; [www.kff.org](http://www.kff.org) data on Medicaid payment as a % of Medicare payment, only covers fee-for-service reimbursement. These numbers represent the current rates which are required to go to 100% as of 2013/2014.
17. CMA website [www.cms.gov](http://www.cms.gov) ; [www.nashp.org](http://www.nashp.org), State “Accountable Care’ Activity Map; state based information on ACOs (A work in progress with limited state profiles for NJ as of Oct 2012, NY as of Dec 2012). State websites.
18. CMS website [www.cms.gov](http://www.cms.gov) innovation portal lists various categories and general awards

[www.statereform.org](http://www.statereform.org) has number of state documents that have been posted on all topics; [www.kff.org](http://www.kff.org) has a number of relevant papers