



Medicaid Managed Care Enrollment and Program Characteristics, 2018

Summer 2021 -
Updated from Winter 2020



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Medicaid Managed Care Enrollment and Program Characteristics, 2018

Overview

This report is a production of the Division of Managed Care Plans (DMCP) in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services, with assistance from Mathematica Policy Research (contract # HHSM-500-2014-00034I/HHSM-500-T0021).

The data and information presented in this report were collected directly from all states, the District of Columbia, and US territories. Please see the Glossary for definitions of all terms and acronyms used in this report. The report includes the following information:

- National tables provide summary data on Medicaid managed care: (1) enrollment at the state and plan level, as of July 1, 2018, and (2) program features, including type of enrollment (mandatory or voluntary) by population group enrolled, quality assurance requirements, and use of performance incentives by managed care program type (see Glossary for definitions of each type).
- State tables summarize the characteristics of each managed care program operating in each state as of July 2018, including program type, geographic reach, federal operating authority, start and end dates, beneficiary groups enrolled, services covered, quality assurance and improvement provisions, and the names of participating plans or providers.

Data Limitations

Mathematica conducted quality assurance review and data validation on the enrollment data and program features provided by state officials. While efforts were made to resolve apparent errors, users of this report should be aware of some limitations. First, states may differ in how they describe similar types of managed care programs; for example, some states listed the benefits covered through primary care case management (PCCM) programs as all services that are coordinated by primary care providers, while other states listed only case management. In addition, states sometimes use different data systems to track the number of enrollees in each type of managed care program or plan, and the number of unduplicated enrollees in any type of managed care program, which may yield inconsistent results. In some cases, states reported program or plan names that differ from those used in publicly available sources, including the 2017 edition of this report series. Questions regarding state-specific information in this report should be directed to state/territorial Medicaid officials; contact information can be found on state Medicaid agency websites in each state's profile at this link:

<http://medicaiddirectors.org/about/medicaid-directors/>

If you have general questions concerning this report, please contact Alexis Gibson at alexis.gibson@cms.hhs.gov or Angela Jones at angela.jones2@cms.hhs.gov.

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Errors and Corrections to the 2017 Report

In the course of collecting data for the 2018 version of this report, Mathematica uncovered several errors in the data contained in the 2017 Medicaid Managed Care Enrollment Report, released in Winter 2019. That report was reissued and its errors are listed below.

State/Domain	Changes
Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2017	
Georgia	A footnote for Georgia has been added to the report that reads: "Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,556,221 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs."
Indiana	Total Medicaid enrollment in any type of managed care and total Medicaid enrollment in comprehensive managed care were previously reported as 1,138,236. The corrected figure for both enrollment in any type of managed care and enrollment in comprehensive managed care is 1,138,368.
Nevada	Medicaid enrollment in comprehensive MCOs under ACA Section VIII expansion was previously reported as 190,510. The corrected figure is 183,853.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 653,362. The corrected figure is 652,952.
Texas	Total Medicaid enrollment in comprehensive managed care was previously reported as 3,731,461. The corrected figure is 3,693,046.
All states	As a result of these changes: 1. Total Medicaid enrollment in any type of managed care was previously reported as 65,796,616. The corrected figure is 65,796,338. 2. Medicaid enrollment in comprehensive managed care was previously reported as 55,601,033. The corrected figure is 55,562,750. 3. Medicaid enrollment in comprehensive MCOs under ACA Section VIII enrollment was previously listed as 13,570,511. The corrected figure is 13,563,854.
Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2017	
Georgia	1. Managed care enrollment in transportation programs was not previously reported. Enrollment in transportation programs in 2017 is 1,556,221. 2. A footnote for Georgia has been added to the report that reads: "Georgia is unable to provide separate counts of managed care and fee-for-service beneficiaries for their NEMT program (which uses both payment models). As a result, enrollment counts presented in this table include enrollees in both managed care and FFS."
Indiana	Managed care enrollment in PACE programs was not previously reported. Enrollment in PACE programs in 2017 is 132.
Louisiana	Managed care enrollment in BHO (PIHP and/or PAHP) programs was previously reported as 114,982. The corrected figure is 117,429.
Rhode Island	Managed care enrollment in transportation programs was previously reported as 309,034. The corrected figure is 278,402.
Texas	Managed care enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 3,730,231. The corrected figure is 3,691,816.
All states	As a result of these changes: 1. Total Medicaid enrollment in comprehensive MCOs (with or without MLTSS) was previously reported as 55,558,073. The corrected figure is 55,519,790. 2. Managed care enrollment in BHO (PIHP and/or PAHP) programs was previously reported as 10,727,803. The corrected figure is 10,730,250. 3. Managed care enrollment in transportation programs was previously reported as 12,847,769. The corrected figure is 14,373,358. 4. Managed care enrollment in PACE programs was previously reported as 42,960. The corrected figure is 43,092.

State/Domain	Changes
Table 3: Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2017	
Georgia	<ol style="list-style-type: none"> 1. Medicare-Medicaid eligible (dual) enrollment in transportation programs was not previously reported. Dual enrollment in transportation programs in 2017 is 0. 2. A footnote for Georgia has been added to the report that reads: "Georgia is unable to provide separate counts of Medicaid-only and dually eligible beneficiaries for their NEMT program. As a result, Medicare-Medicaid beneficiary enrollment is reported here as zero." 3. A footnote for Georgia has been added to the report that reads: "The total number of dually eligible beneficiaries reported for Georgia only includes beneficiaries in the QMB, SLMB, and QI programs."
Idaho	Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 27,517. The corrected figure is 46,342 to account for partial duals.
Indiana	Medicare-Medicaid eligible (dual) enrollment in PACE programs was not previously reported. Dual enrollment in PACE programs in 2017 is 127.
Ohio	Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 108,460. The corrected figure is 251,004.
Rhode Island	Medicare-Medicaid eligible (dual) enrollment in transportation programs was previously reported as 36,877. The corrected figure is 0.
Texas	Medicare-Medicaid eligible (dual) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 38,427. The corrected figure is 296,462.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicare-Medicaid dually eligible enrollment was previously reported as 10,132,041. The corrected figure is 10,302,266. 2. Medicare-Medicaid eligible (dual) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 2,577,209. The corrected figure is 2,835,244. 3. Medicare-Medicaid eligible (duals) enrollment transportation programs was previously reported as 1,167,035. The corrected figure is 1,130,158. 4. Medicare-Medicaid eligible (dual) enrollment in PACE programs was previously reported as 34,809. The corrected figure is 34,936.
Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2017	
Georgia	A footnoted for Georgia has been added to the report that reads: "Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,556,221 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs."
Indiana	<ol style="list-style-type: none"> 1. Total Medicaid enrollment in any type of managed care and total Medicaid enrollment in comprehensive managed care were previously report as 1,138,236. The corrected figure for both enrollment in any type of managed care and enrollment in comprehensive managed care is 1,138,368. 2. The percent of all Medicaid enrollees in any type of managed care and comprehensive managed care was previously reported as 77.1%. The corrected figure is 77.2%.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 653,362. The corrected figure is 652,952.
Texas	<ol style="list-style-type: none"> 1. Total Medicaid enrollment in comprehensive managed care was previously reported as 3,731,461. The corrected figure is 3,693,046. 2. The percent of all Medicaid enrollees in comprehensive managed care was previously reported as 92.4%. The correct figure is 91.5%.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. The number of individuals enrolled in any type of managed care was previously reported as 65,796,616. The corrected figure is 65,796,338. 2. The number of individuals enrolled in comprehensive managed care was previously reported as 55,601,033. The corrected figure is 55,562,750. 3. The percent of all Medicaid enrollees enrolled in comprehensive managed care was previously reported as 69.3%. The corrected figure is 69.2%.

State/Domain	Changes
Table 5: Enrollment by Program and Plan, as of July 1, 2017	
Alabama	The Maternity Program has been updated to the Maternity Care Program for consistency with future reporting years.
Georgia	<ol style="list-style-type: none"> 1. The NEMT program and its associated plans were previously omitted from the 2017 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 1,556,221, a dual enrollment of 0, and a total enrollment of 1,556,221. 2. A footnote for Georgia has been added to the report that reads: "Georgia is unable to provide separate counts of Medicaid-only and dually eligible beneficiaries for their NEMT program. As a result, Medicaid-only and total enrollment counts presented in this table include both Medicaid-only and Medicare-Medicaid beneficiaries."
Indiana	The PACE program and its associated plans were previously omitted from the 2017 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 5, a dual enrollment of 127, and a total enrollment of 132.
Kentucky	The parent organization for the NEMT - Human Services Transportation Delivery plan was previously reported as Humana CareSource. The corrected parent organization is NEMT – Human Service Transportation Delivery.
Louisiana	<ol style="list-style-type: none"> 1. The Dental program has been updated to the Dental Benefit Management program for consistency with future reporting years. 2. The Coordinated System of Care program and its associated plans were previously omitted from the 2017 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 2,447, a dual enrollment of 0, and a total enrollment of 2,447.
New Jersey	The FIDE SNP program and its associated plans were previously omitted from the 2017 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 26,565, and a total enrollment of 26,565.
Rhode Island	Medicaid-only, dually eligible, and total enrollment for the Transportation Broker program were previously reported as 272,157; 36,877; and 309,034, respectively. The corrected figures are 278,402; 0; and 278,402, respectively.

State/Domain	Changes
Texas	<ol style="list-style-type: none"> 1. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS Amerigroup plan was previously reported as 32,723; 12; and 32,735. The corrected figures are 32,735; 0; and 32,735, respectively. 2. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Amerigroup plan was previously reported as 27,735; 0; 27,735. The corrected figures are 27,592; 143; and 27,735, respectively. 3. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Superior Health Plan was previously reported as 29,157; 0; and 29,157. The corrected figures are 28,967; 190; and 29,157, respectively. 4. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Aetna plan was previously reported as 5,124; 0; and 5,124. The corrected figures are 5,074; 50; and 5,124, respectively. 5. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Community First Health Plans plan was previously reported as 7,926; 0; and 7,926. The corrected figures are 7,879; 47; 7,926, respectively. 6. Medicaid-only, dually eligible, and total enrollment for the STAR Kids United Healthcare - Texas plan was previously reported as 30,364; 0; and 30,364. The corrected figures are 30,208; 156; and 30,364, respectively. 7. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Texas Children's Health Plan was previously reported as 25,577; 0; and 25,577. The corrected figures are 25,476; 101; and 25,577, respectively. 8. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Driscoll Children's Health Plan was previously reported as 10,611; 0; and 10,611. The corrected figures are 10,565; 46; and 10,611, respectively. 9. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Cook Children's Health Plan was previously reported as 8,993; 0; and 8,993. The corrected figures are 8,952; 41; and 8,993, respectively. 10. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Blue Cross Blue Shield plan was previously reported as 7,772; 0; and 7,772. The corrected figures are 7,735; 37; 7,772, respectively. 11. Medicaid-only, dually eligible, and total enrollment for the STAR Kids Children's Medical Center plan was previously reported as 9,688; 0; and 9,688. The corrected figures are 9,658; 30; 9,688, respectively. 12. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS Amerigroup plan was previously reported as 133,826; 13,053; and 146,879. The corrected figures are 58,803; 75,023; and 133,826, respectively. 13. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS Cigna – HealthSpring plan was previously reported as 50,149; 1,275; and 51,424. The corrected figures are 19,706; 30,443; and 50,149, respectively. 14. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS Molina Healthcare of Texas plan was previously reported as 87,652; 11,677; and 99,329. The corrected figures are 35,012; 52,640; and 87,652, respectively. 15. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS Superior Health Plan was previously reported as 139,417; 8,166; and 147,583. The corrected figures are 65,115; 74,302; and 139,417, respectively. 16. Medicaid-only, dually eligible, and total enrollment for the STAR+PLUS United Healthcare – Texas plan was previously reported as 115,686; 4,244; and 119,930. The corrected figures are 52,473; 63,213; and 115,686, respectively.
Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2017	
Georgia	A footnote for Georgia has been added to the report that reads: "Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,626,252 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs."
Indiana	Total Medicaid enrollment in any type of managed care was previously reported as 1,138,236. The corrected figure is 1,138,368.

State/Domain	Changes
Kansas	A footnote for Kansas has been added to the report that reads: "Delaware, Idaho, Illinois, Kansas, and Rhode Island report the number of enrollees in their MLTSS programs, some of whom may not be using MLTSS. In previous years, they reported the number of users of LTSS. The totals in this column do not include those six states because it is a count of users, not enrollees."
Ohio	The number of enrollees using comprehensive managed care including LTSS was previously reported as 45,135, which included users through Ohio's FAI demonstration. The corrected figure is 17,820 and does not include the state's FAI demonstration.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 653,362. The corrected figure is 652,952.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollment in any type of managed care was previously reported as 65,796,616. The corrected figure is 65,796,338. 2. The number of enrollees using comprehensive managed care including LTSS was previously reported as 871,052. The corrected figure is 814,450. 3. The percent of total managed care enrollees using comprehensive managed care including LTSS was previously reported as 1.3%. The corrected figure is 1.2%
Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2017	
The changes for Table 7 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	<ol style="list-style-type: none"> 1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 77 to 78. 2. The number of programs in which full duals are enrolled mandatorily has been changed from 26 to 27. 3. The number of programs in which Native American/Alaskan Natives are exempt has been changed from 12 to 13. 4. The number of programs in which foster care and adoption assistance children are exempt has been changed from 26 to 27.
BHO (PIHP and/or PAHP)	<ol style="list-style-type: none"> 1. The total number of BHO (PIHP and/or PAHP) programs has been changed from 14 to 15. 2. The number of programs in which children with special health care needs enrolled voluntarily has been changed from 3 to 4.
Transportation	<ol style="list-style-type: none"> 1. The total number of transportation programs has been changed from 16 to 17. 2. The number of programs in which low-income adults are enrolled voluntarily has been changed from 2 to 3. 3. The number of programs in which aged, blind, or disabled children or adults are enrolled voluntarily has been changed from 2 to 3. 4. The number of programs in which non-disabled children (excluding children in foster care or receiving adoption assistance) enrolled voluntarily has been changed from 2 to 3. 5. The number of programs in which individuals receiving limited benefits are enrolled voluntarily has been changed from 2 to 3. 6. The number of programs in which full duals are enrolled voluntarily has been changed from 2 to 3. 7. The number of programs in which children with special health care needs are enrolled voluntarily has been changed from 2 to 3. 8. The number of programs in which foster care and adoption assistance children are enrolled mandatorily has been changed from 12 to 13. 9. The number of programs in which Native American/Alaskan Natives are exempt has been changed from 5 to 6.

State/Domain	Changes
PACE	<ol style="list-style-type: none"> 1. The total number of PACE programs has been changed from 30 to 31. 2. The number of programs in which aged, blind, or disabled children or adults are enrolled voluntarily has been changed from 23 to 24. 3. The number of programs in which full duals are enrolled voluntarily has been changed from 29 to 30. 4. The number of programs in which partial duals are enrolled voluntarily has been changed from 19 to 20. 5. The number of programs in which Native American/Alaskan Natives are enrolled voluntarily has been changed from 21 to 22. 6. The number of programs in which foster care and adoption assistance children are exempt has been changed from 20 to 21.
Table 8: Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2017	
The changes for Table 8 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	<ol style="list-style-type: none"> 1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 77 to 78. 2. The number of programs requiring HEDIS data has been changed from 70 to 71. 3. The number of programs requiring CAHPS data has been changed from 66 to 67. 4. The number of programs using an EQRO contractor has been changed from 72 to 73. 5. The number of programs using payment bonuses or differentials has been changed from 32 to 33. 6. The number of programs using public reports comparing MCO performance on key metrics has been changed from 42 to 43.
BHO (PIHP and/or PAHP)	<ol style="list-style-type: none"> 1. The total number of BHO (PIHP and/or PAHP) programs has been changed from 14 to 15. 2. The number of programs requiring accreditation has been changed from 8 to 9.
Transportation	The total number of transportation programs has been changed from 16 to 17.
PACE	The total number of PACE programs has been changed from 30 to 31.
State Tables	
Alabama	The Maternity Program has been updated to the Maternity Care Program for consistency with future reporting years.
Georgia	The NEMT program was previously omitted from the 2017 reports. The program is now shown in the corrected report.
Indiana	The PACE program was previously omitted from the 2017 reports. The program is now shown in the corrected report.
Louisiana	<ol style="list-style-type: none"> 1. The Dental program has been updated to the Dental Benefit Management program for consistency with future reporting years. 2. The Coordinated System of Care program was previously omitted from the 2017 reports. The program is now shown in the corrected report.
New Jersey	The FIDE SNP program was previously omitted from the 2017 reports. The program is now shown in the corrected report.
New York	HCBS waiver services were not previously reported as covered benefits under the Medicaid Advantage Plus program. The benefits are included in the corrected 2017 reports.

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2018 and previous years show the following trends. These trends have been corrected to reflect updated data in the 2018 report, released Summer 2021:

- **Medicaid enrollment in comprehensive MCOs increased by less than .1 percent – from just over 55.5 million in 2017 to less than 55.6 million in 2018 – representing the third straight year of slowed growth.** Comprehensive MCOs cover a broad range of Medicaid benefits, including acute, primary and specialty care, and in some states, behavioral health and long-term services and supports (LTSS) as well.
- **Dual enrollment in comprehensive MCOs increased by 5.2 percent from 2017 to 2018.** About 3 million dually eligible beneficiaries were enrolled in comprehensive MCOs in 2018, an increase from about 2.8 million in 2017. Additionally, states expanded the use of comprehensive MCOs for dually eligible beneficiaries. In 2018, about 29 percent of dually eligible beneficiaries were enrolled in comprehensive MCOs, compared to about 28 percent in 2017.
- **Use of Behavioral Health Organization (BHO) declined by 28.1 percent in 2018, while use of Dental and MLTSS only programs continued to increase.** 2018 marked the fifth straight year of declined use in BHO programs. In 2018, about 9.7 percent of all Medicaid beneficiaries were enrolled in BHO programs, down from 2013 enrollment of 17.0 percent. In contrast, enrollment in Dental and MLTSS only programs saw increased enrollment similar to previous years. In 2018, about 10.4 percent of all Medicaid beneficiaries were enrolled in Dental programs and .5 percent enrolled in MLTSS only programs, up from 7.7 percent and .3 percent in 2014, respectively.
- **The percentage of Medicaid beneficiaries enrolled in comprehensive managed care plans as a result of the ACA Medicaid expansion increased for the third straight year, although growth slowed significantly in 2018.** About 13.6 million low income adults eligible for Medicaid under Section VIII of the ACA in 2018 were enrolled in comprehensive MCOs, compared to 13.5 million in 2016 (a .4 percent increase). Enrollment in comprehensive MCOs covered under Section VIII has more than tripled since 2014, when just 4.8 million beneficiaries enrolled in such plans.
- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty-two states had managed LTSS (MLTSS) programs in operation as of July 1, 2018, consistent with the count in 2017¹. As of July 1, 2018, there about 1.3 million (1,296,156) LTSS users, excluding a subset of 226,294 enrollees in Florida, Hawaii, Idaho, Illinois, Kansas, and Pennsylvania, some of whom may not be LTSS users (these states cannot report just LTSS users). Twelve of the 21 states reporting LTSS users in both years reported an increase in the number of LTSS users from 2016 to 2017.

¹ The count of states in 2017 with MLTSS programs excludes South Carolina and Virginia whose only MLTSS programs at that time were Medicare-Medicaid Financial Alignment demonstrations.

Glossary

Federal authorities (Waivers and State Plan Amendments)

<i>1115(a)</i>	States can apply for a Section 1115 waiver to test experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.
<i>1902(a)(70) NEMT</i>	States can use Section 1902(a)(70) statutory authority to amend their Medicaid state plans to establish non-emergency medical transportation (NEMT) brokerage programs without regard to the statutory requirements for comparability, geographic region served, and freedom of choice.
<i>1905(t)</i>	States can use Section 1905(t) statutory authority to create voluntary primary care case management (PCCM) managed care programs.
<i>1915(a)</i>	States can use Section 1915(a) statutory authority to enter into a voluntary contract with an entity to provide State plan services. Enrollment is voluntary.
<i>1915(b)</i>	States can use Section 1915(b) waivers to mandate enrollment of special populations into managed care delivery systems or otherwise limit beneficiaries' choice of providers.
<i>1915(c)</i>	States can use Section 1915(c) waivers to provide long-term services and supports (LTSS) in home and community settings rather than institutional settings. By using 1915(c) waivers concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(c) waiver services are paid fee-for-service.
<i>1915(i)</i>	States can use Section 1915(i) statutory authority to offer a variety of home and community-based services through the state plan, regardless of whether enrollees meet the institutional level of care. By using 1915(i) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care.
<i>1915(j)</i>	States can use Section 1915(j) statutory authority to offer self-directed personal assistance services provided under the state plan and/or section 1915(c) waivers. By using 1915(j) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care.
<i>1915(k)</i>	States can use Section 1915(k) statutory authority to provide home and community-based attendant services and supports (the "Community First Choice Option") under their state plan. By using 1915(k) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care.
<i>1932(a)</i>	State can use Section 1932(a) statutory authority to mandate enrollment of Medicaid beneficiaries in managed care entities without section 1915(b) or 1115 waiver authority. However, certain groups are exempt from mandatory enrollment (for example, Medicare-Medicaid dual enrollees, Native Americans and children with special health care needs), and with exceptions for rural areas, the state must offer at least two managed care options.
<i>1937 Alternative Benefit Plan</i>	States can use Section 1937 statutory authority to provide alternative benefits tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the state, or provide services through specific delivery systems instead of following the traditional Medicaid benefit plan. The Affordable Care Act of 2010 amended Section 1937 by requiring states to provide an alternative benefit package to the newly eligible adult (Section VIII) Medicaid expansion population, which must cover 10 essential health benefits described in ACA Section 1302(b).
<i>1945 Health Homes</i>	States can use Section 1945 statutory authority to coordinate care for Medicaid beneficiaries who have chronic conditions. Although Medicaid Health Homes are not a managed care system, states can combine 1945 authority with a managed care authority such as 1915(a), 1932(a), or 1915(b) to provide health home services through managed care entities.

Key Terms, Acronyms and Definitions

Term	Acronym	Definition
<i>Affordable Care Act</i>	ACA	The Patient Protection and Affordable Care Act, is the federal law that took full effect in 2014. Among other provisions, it authorized states to expand Medicaid coverage to non-pregnant, childless, low-income adults with household income up to 138 percent of the federal poverty level, without a waiver or other special authority.
<i>Behavioral Health Organization</i>	BHO	A managed care entity specializing in behavioral health (mental health and/or substance use disorder) services. Services are covered on a prepaid basis.
<i>Centers for Medicare & Medicaid Services</i>	CMS	The federal agency that administers the Medicare and Medicaid programs.
<i>Comprehensive Managed Care Organization</i>	Comprehensive MCO	Comprehensive MCOs provide all acute, primary and specialty medical services; some also cover behavioral health and long-term services and supports. Entities that qualify as MCOs include Health Maintenance Organizations (HMOs) and Health Insuring Organizations (HIOs) in California.
<i>Consumer Assessment of Healthcare Providers and Systems</i>	CAHPS	Surveys that ask consumers and patients about their experiences with health care services and health plans. Some state Medicaid agencies require health plans to submit data or results from CAHPS surveys of managed care enrollees.
<i>Dental Prepaid Ambulatory Health Plan</i>		A limited-benefit plan that only provides dental services.
<i>Dual Eligibles (also referred to as “Duals”, or Medicare-Medicaid Eligibles)</i>		Individuals who are eligible for Medicare and either (1) eligible to receive all state Medicaid benefits (“full duals”) or (2) the Medicaid agency only pays for Medicare premiums and/or cost sharing (“partial duals”).
<i>Early and Periodic Screening, Diagnostic and Treatment</i>	EPSDT	States are required to cover the following services for all Medicaid-eligible children under age 21: periodic screenings to identify physical and mental conditions as well as vision, hearing, and dental needs; and follow-up diagnostic and treatment services to correct conditions identified during a screening.
<i>External Quality Review Organization</i>	EQRO	An organization that meets competence and independence requirements and performs an external quality review of managed care programs and plans.
<i>Federally Qualified Health Center</i>	FQHC	Federally Qualified Health Centers provide comprehensive health services in underserved communities and must offer a sliding fee scale. FQHCs receive grants under Section 330 of the Public Health Service Act.
<i>Fee-For-Service</i>	FFS	A payment system in which the state reimburses providers directly for each individual service rendered.
<i>Healthcare Effectiveness Data and Information Set</i>	HEDIS	A collection of performance measures and measurement specifications which certain Medicaid managed care programs are required to use and submit to the state. HEDIS measures and definitions are produced by the National Committee for Quality Assurance (NCQA).
<i>Home and Community-based Services</i>	HCBS	Long-term services and supports provided in homes or community settings to Medicaid beneficiaries who are frail seniors, or with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities in.
<i>Intellectual / Developmental Disabilities</i>	IDD	An individual with an intellectual or developmental disability has an intellectual functioning level (IQ) below 70-75, limitations in adaptive skills, and must have had the condition start before the age of nineteen.

Term	Acronym	Definition
<i>Intermediate Care Facilities</i>	ICF	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
<i>Institution for Mental Diseases</i>	IMD	Services furnished by a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. The facility must be a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder crisis residential services, and length of stay in the IMD must be for a short term stay of no more than 15 days during the period of the monthly capitation payment. The provision of inpatient psychiatric or substance use disorder treatment in an IMD must meet the requirements for in lieu of services.
<i>Long-term Services and Supports</i>	LTSS	Long term services and supports assist individuals with activities of daily living such as bathing, dressing and eating in institutional settings, including nursing homes and ICFs-IDD, or in home and community-based settings.
<i>Managed Long Term Services and Supports</i>	MLTSS	The delivery of LTSS, such as nursing home care and home and community-based services, through capitated Medicaid managed care programs. MLTSS programs can either provide LTSS in addition to medical care through comprehensive MCOs, or they can provide only LTSS benefits through PIHPs or PAHPs, referred to as MLTSS-only programs.
<i>Medicaid</i>		A health care program providing coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is jointly administered and funded by states and the federal government, according to federal rules.
<i>Medicaid Managed Care</i>		Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care entities, such as MCOs, that accept a set per member per month (capitation) payment for these services, or with providers responsible for coordinating a defined set of services.
<i>Medicaid State Plan</i>		An agreement between a state and the federal government describing how that state administers its Medicaid program, including eligible individuals, services covered, reimbursement methodologies, and administrative activities.
<i>Medicaid State Plan Amendment</i>	SPA	When a state is planning to make a change to its Medicaid program policies or operational approach, states submit SPAs to CMS for review and approval.
<i>Medicaid Waivers</i>		Statutory authorities under which the Secretary of Health and Human Services, upon the request of a state, may allow the state to receive federal Medicaid matching funds for its expenditures when the benefits or populations covered, or other program features deviate from requirements or limitations of the federal Medicaid statute.
<i>Medicare</i>		A health care program for individuals ages 65 and older, and individuals under age 65 with certain disabilities. Medicare is administered and funded by the federal government.
<i>Mental Health</i>	MH	An individual's psychological and emotional state. Mental disorders affect how individuals relate to each other and make choices, and may include changes in thinking, mood, and/or behavior.

Term	Acronym	Definition
<i>Non-Emergency Medical Transportation</i>	NEMT	A program that covers transportation to and from medically necessary health care services.
<i>Other Prepaid Health Plans</i>	PHP	Prepaid ambulatory or inpatient health plans that cover a limited set of benefits, such as behavioral health, long term care, dental, or transportation benefits.
<i>Prepaid Ambulatory Health Plan</i>	PAHP	An entity that provides medical services to enrollees under contract with the State agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PAHP does not provide or arrange for the provision of any inpatient hospital or institutional services for its enrollees.
<i>Prepaid Inpatient Health Plan</i>	PIHP	An entity that provides medical services to enrollees under contract with the State agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PIHP provides, arranges for, or otherwise has responsibility for, the provision of any inpatient hospital or institutional services for its enrollees.
<i>Presumptive Eligibility</i>		The option available to states to extend limited Medicaid coverage at the point a provider determines that an individual's income does not exceed the eligibility threshold until a formal determination of eligibility is made.
<i>Primary Care Case Management</i>	PCCM	A managed care arrangement in which primary care providers contract with the state to provide a core set of case management services to the enrollees assigned to them and to serve as the enrollees' home for medical care, in exchange for a small administrative fee. All other services are reimbursed on a FFS basis. Primary Care Providers (PCPs) can include primary care physicians, clinics, group practices and nurse practitioners, among others.
<i>Primary Care Case Management entity</i>	PCCM entity	In addition to providing primary care case management services for the State, a PCCM entity is an organization that provides any of the following functions: (1) Provision of intensive telephonic or face-to-face case management, including operation of a nurse triage advice line; (2) Development of enrollee care plans; (3) Execution of contracts with and/or oversight responsibilities for the activities of FFS providers in the FFS program; (4) Provision of payments to FFS providers on behalf of the State; (5) Provision of enrollee outreach and education activities; (6) Operation of a customer service call center; (7) Review of provider claims, utilization and practice patterns to conduct provider profiling and/or practice improvement; (8) Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers; (9) Coordination with behavioral health systems/providers; and/or (10) Coordination with long-term services and supports systems/ providers.
<i>Program for All-inclusive Care for the Elderly</i>	PACE	A program that provides prepaid, capitated comprehensive medical and social services in an adult day health center, as well as in-home and referral services according to a participant's needs. To qualify, individuals must: (1) be 55 years of age or older, (2) meet a nursing home level of care, and (3) live in a PACE organization service area.
<i>Section VIII</i>		Section VIII of the Affordable Care Act (ACA) authorized the expansion of Medicaid coverage to non-pregnant, childless, low-income adults with household income up to 138 percent of the federal poverty level, who could previously be covered only under a waiver or other special authority.

Term	Acronym	Definition
<i>Substance Use Disorder</i>	SUD	Individuals with an SUD recurrently use alcohol and/or drugs. As a result, they experience significant clinical and functional impairment that may include: health issues, disability and failure to meet responsibilities.
<i>Transportation Prepaid Ambulatory Health Plan</i>	NEMT PAHP	A prepaid ambulatory health plan covering transportation services only.

National Tables and Maps

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2018

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
TOTALS	79,898,701	66,163,611	55,605,461	13,618,612
Alabama	1,019,417	638,221	174	0
Alaska ⁵	198,417	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	1,849,465	1,560,593	1,560,593	383,615
Arkansas	979,619	871,262	258	0
California	13,140,347	10,670,306	10,661,382	3,144,393
Colorado ⁶	1,302,808	1,171,171	122,207	47,361
Connecticut ⁷	928,800	0	0	0
Delaware	236,760	208,802	199,887	57,851
District of Columbia	264,984	245,921	189,363	65,150
Florida	3,885,169	3,178,981	3,027,995	0
Georgia ⁸	2,074,310	1,485,250	1,445,804	0
Guam	n/a	n/a	n/a	n/a
Hawaii	355,873	351,685	351,685	23,714
Idaho	300,252	272,979	3,799	0
Illinois	3,110,093	2,176,902	2,145,760	476,583
Indiana	1,457,544	1,126,425	1,126,425	344,386
Iowa	626,011	580,507	564,926	166,755
Kansas	417,140	358,225	358,225	0
Kentucky	1,385,239	1,259,525	1,259,525	459,092

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
Louisiana	1,640,075	1,504,540	1,385,242	473,308
Maine	270,243	234,327	0	0
Maryland	1,401,781	1,169,708	1,169,708	291,852
Massachusetts	1,865,755	1,211,485	750,573	180,657
Michigan	4,623,834	4,608,988	2,379,554	554,203
Minnesota	1,122,672	892,137	892,137	184,105
Mississippi	683,577	441,782	441,782	0
Missouri	971,143	954,603	712,335	0
Montana	291,890	215,475	0	0
Nebraska	250,056	249,024	249,022	0
Nevada	666,561	588,111	457,782	187,715
New Hampshire	200,850	133,829	133,829	9,046
New Jersey	1,668,451	1,569,344	1,569,344	523,347
New Mexico	842,138	666,050	666,050	224,743
New York	6,153,799	4,764,261	4,552,993	3,337,546
North Carolina	2,178,225	1,581,469	2,112	0
North Dakota	93,042	48,957	19,696	19,515
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	2,915,546	2,450,031	2,450,031	606,662
Oklahoma	880,954	649,023	466	0
Oregon	1,062,787	847,570	847,570	386,277
Pennsylvania	2,897,085	2,627,563	2,359,277	705,010
Puerto Rico ⁹	1,505,610	1,505,610	1,505,610	0

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
Rhode Island	313,095	302,407	248,278	73,323
South Carolina	1,195,703	1,195,703	745,911	0
South Dakota	123,890	92,184	0	0
Tennessee	1,510,045	1,386,664	1,386,664	0
Texas	3,981,912	3,845,916	3,695,426	0
Utah	275,511	271,137	226,893	0
Vermont	174,682	123,310	123,310	48,637
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,063,122	875,351	875,351	0
Washington	1,781,048	1,781,048	1,574,163	491,177
West Virginia	505,528	407,193	407,193	152,589
Wisconsin	1,197,453	811,920	759,015	0
Wyoming	58,390	136	136	0

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

2. Total Medicaid Enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit plans such as prepaid inpatient and ambulatory health plans, primary care case management (PCCM) programs, and PCCM entities.

3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), or PACE program. It excludes beneficiaries who are enrolled in a Financial Alignment Demonstration Medicare-Medicaid Plan as their only form of managed care.

4. Medicaid Enrollment in Comprehensive MCOs under ACA Section VIII Expansion is a subset of the total reported in column C and includes individuals who are enrolled in comprehensive MCOs and are low-income adults, with or without dependent children, eligible for Medicaid under ACA Section VIII.

5. Alaska was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicaid.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.

6. Colorado reported plan level enrollment as 0 for plans that had less than 30 beneficiaries. As a result, reported Medicaid Enrollment in Comprehensive Managed Care may be lower than actual enrollment.

7. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicaid.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.

8. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,626,252 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.

9. Puerto Rico provides expanded Medicaid to 421,577 low-income, childless adults under an authority other than ACA Section VIII.

Note: "n/a" indicates that a state or territory was not able to report data.`

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2018¹

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
TOTALS	79,898,701	55,559,211	2,583,532	2,910,656	403,798	7,717,977	8,292,589	15,206,150	48,395	66,252
Alabama ⁴	1,019,417	--	611,251	--	--	--	--	--	174	22,844
Alaska ⁵	198,417	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,849,465	1,560,593	--	--	--	--	--	--	--	--
Arkansas	979,619	--	445,284	29,078	--	--	576,970	579,996	258	--
California	13,140,347	10,653,598	--	--	--	32	845,796	--	7,784	670
Colorado ⁶	1,302,808	118,408	--	1,048,881	--	0	--	--	3,799	--
Connecticut ⁷	928,800	--	--	--	--	--	--	--	--	--
Delaware	236,760	199,645	--	--	--	--	--	208,802	242	--
District of Columbia	264,984	190,116	--	--	--	--	--	55,805	--	--
Florida	3,885,169	3,026,316	--	--	101,524	--	--	--	1,679	--
Georgia ⁸	2,074,310	1,445,804	--	--	--	--	--	1,623,252	--	39,446
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii ⁹	355,873	351,685	--	--	--	--	--	--	--	--
Idaho	300,252	3,799	254,791	--	--	269,240	272,979	272,979	--	--
Illinois	3,110,093	2,145,760	--	--	31,143	--	--	--	--	--
Indiana	1,457,544	1,126,133	--	--	--	--	--	--	292	--
Iowa	626,011	564,492	--	--	--	--	302,681	15,581	434	--
Kansas	417,140	357,683	--	--	--	--	--	--	542	--

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Kentucky	1,385,239	1,259,525	--	--	--	--	--	1,232,903	--	--
Louisiana	1,640,075	1,384,784	--	--	--	118,107	1,503,192	--	458	--
Maine	270,243	--	141,777	--	--	--	--	234,327	--	--
Maryland	1,401,781	1,169,603	--	--	--	--	--	--	105	--
Massachusetts	1,865,755	746,051	119,512	339,350	--	528,106	--	--	4,522	--
Michigan ¹⁰	4,623,834	2,377,009	--	--	11,295	2,276,353	969,152	--	2,545	--
Minnesota	1,122,672	892,137	--	--	--	--	--	--	--	--
Mississippi	683,577	441,782	--	--	--	--	--	--	--	--
Missouri	971,143	712,335	--	--	--	--	--	242,268	--	--
Montana	291,890	--	215,475	--	--	--	--	--	--	--
Nebraska	250,056	248,832	--	--	--	--	247,580	--	190	--
Nevada	666,561	457,782	--	--	--	--	457,782	588,111	--	--
New Hampshire	200,850	133,829	--	--	--	--	--	--	--	--
New Jersey	1,668,451	1,568,277	--	--	--	--	--	1,561,266	1,067	--
New Mexico	842,138	665,250	--	--	--	--	--	--	800	--
New York	6,153,799	4,547,299	--	--	211,268	--	--	--	5,694	--
North Carolina	2,178,225	--	--	1,493,347	--	1,578,977	--	--	2,112	--
North Dakota	93,042	19,515	48,957	--	--	--	--	--	181	0
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	2,915,546	2,449,577	--	--	--	--	--	--	454	--
Oklahoma	880,954	--	648,557	--	--	--	--	648,557	466	--
Oregon ¹¹	1,062,787	847,570	--	--	--	--	--	--	1,392	--
Pennsylvania	2,897,085	2,352,627	--	--	--	896,466	--	622,053	6,650	151

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Puerto Rico	1,505,610	1,505,610	--	--	--	--	--	--	--	--
Rhode Island	313,095	247,983	--	--	--	--	111,315	267,396	295	--
South Carolina	1,195,703	745,469	558	--	--	--	--	1,195,703	442	--
South Dakota	123,890	--	92,184	--	--	--	--	--	--	--
Tennessee ¹²	1,510,045	1,386,383	--	--	--	--	--	--	281	--
Texas	3,981,912	3,694,211	--	--	--	--	2,879,944	3,844,572	1,215	--
Utah	275,511	226,893	--	--	--	268,452	125,198	231,531	--	--
Vermont	174,682	123,310	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	1,063,122	872,408	--	--	--	--	--	--	2,943	--
Washington	1,781,048	1,573,493	5,186	--	--	1,781,048	--	1,781,048	670	--
West Virginia	505,528	407,193	--	--	--	--	--	--	--	--
Wisconsin	1,197,453	758,442	--	--	48,568	1,196	--	--	573	3,141
Wyoming	58,390	--	--	--	--	--	--	--	136	0

1. Because Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a BHO), users should not sum enrollment across all program types, since the total would count individuals more than once and, in some states, exceed the actual number of Medicaid enrollees.

2. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

3. Comprehensive MCOs cover acute, primary, and specialty medical care services; they may also cover behavioral health, long-term services and supports, and other benefits in some states. Limited benefit managed care programs, including PCCM, PCCM entity, MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.

4. Beneficiaries can simultaneously enroll in Alabama's two PCCM programs: Patient 1st and Health Homes. The de-duplicated Patient 1st enrollment is 380,285.

5. Alaska was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicare.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.

6. Colorado reported plan level enrollment as 0 for plans that had less than 30 beneficiaries. As a result, reported PACE program-level enrollment may be lower than actual enrollment.

7. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicare.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.
 8. Georgia is unable to provide separate counts of managed care and fee-for-service beneficiaries for their NEMT program (which uses both payment models). As a result, enrollment counts presented in this table include enrollees in both managed care and FFS.
 9. Hawaii's enrollment in comprehensive MCOs includes 4,470 beneficiaries who enrolled in an MCO plus Ohana Community Care Service for behavioral health services.
 10. Michigan has two programs that provide HCBS waiver services under capitation: MI Choice and the Specialty Prepaid Inpatient Health Plan (SPIHP). In this table, MI Choice is reported as an MLTSS program and SPIHP is reported as a BHO. In Table 6, both programs are considered in the count of LTSS users.
 11. Oregon's enrollment in comprehensive MCOs includes beneficiaries in (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), or (3) a Mental Health Organization. CCO enrollees receive physical, dental, and mental health services and may be enrolled in more than one plan type simultaneously. Plan-level enrollment is found in Report 5.
 12. Tennessee's enrollment in comprehensive MCOs includes 1,241,360 beneficiaries who are also enrolled in an MCO plus Magellan Health Services for pharmacy benefits and 802,783 beneficiaries who are also enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.
- Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2018, but it ended before July 1 or began after that date.

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2018¹

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
TOTALS	10,304,417	2,982,307	115,388	222,913	364,682	417,918	331,798	1,090,467	39,005	400
Alabama	213,678	--	0	--	--	--	--	--	149	0
Alaska	n/a	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	220,474	149,900	--	--	--	--	--	--	--	--
Arkansas	134,914	--	589	2,763	--	--	53,473	67,099	248	--
California	1,343,891	962,791	--	--	--	0	53,499	--	6,068	339
Colorado ⁴	120,127	7,858	--	68,703	--	0	--	--	3,646	--
Connecticut	n/a	--	--	--	--	--	--	--	--	--
Delaware	30,631	6,125	--	--	--	--	--	6,125	232	--
District of Columbia	35,425	878	--	--	--	--	--	22,707	--	--
Florida	822,125	122,704	--	--	93,529	--	--	--	682	--
Georgia ^{5,6}	218,337	427	--	--	--	--	--	0	--	0
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	34,596	34,596	--	--	--	--	--	--	--	--
Idaho	47,547	3,799	--	--	--	23,425	27,240	27,240	--	--
Illinois	365,802	0	--	--	31,143	--	--	--	--	--
Indiana	211,716	3,976	--	--	--	--	--	--	283	--
Iowa	80,715	58,490	--	--	--	--	58,547	1,275	409	--
Kansas	83,104	38,694	--	--	--	--	--	--	0	--
Kentucky	152,336	55,918	--	--	--	--	--	0	--	--

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Louisiana	228,848	668	--	--	--	103,234	104,724		443	--
Maine	92,256	--	0	--	--	--	--	51,453	--	--
Maryland	145,359	0	--	--	--	--	--	--	93	--
Massachusetts	357,507	51,401	0	0	--	0	--	--	4,202	--
Michigan ⁷	327,697	39,166	--	--	10,587	0	0	--	2,429	--
Minnesota	142,348	81,117	--	--	--	--	--	--	--	--
Mississippi	161,017	0	--	--	--	--	--	--	--	--
Missouri	181,861	0	--	--	--	--	--	143,578	--	--
Montana	28,634	--	0	--	--	--	--	--	--	--
Nebraska	34,773	34,286	--	--	--	--	34,246	--	168	--
Nevada	74,484	0	--	--	--	--	0	0	--	--
New Hampshire	31,816	16,321	--	--	--	--	--	--	--	--
New Jersey	221,266	179,446	--	--	--	--	--	37,445	956	--
New Mexico	42,041	41,300	--	--	--	--	--	--	741	--
New York	939,913	17,284	--	--	189,890	--	--	--	5,093	--
North Carolina	345,703	--	--	151,447	--	187,117	--	--	680	--
North Dakota	16,909	0	0	--	--	--	--	--	169	0
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	237,185	53,408	--	--	--	--	--	--	359	--
Oklahoma	114,799	--	114,799	--	--	--	--	114,799	432	--
Oregon ⁸	76,067	52,057	--	--	--	--	--	--	1,317	--
Pennsylvania	468,987	83,728	--	--	--	73,364	--	75,251	6,219	61
Puerto Rico	360,506	295,878	--	--	--	--	--	--	--	--

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Rhode Island	35,733	0	--	--	--	--	0	0	0	--
South Carolina	161,803	0	0	--	--	--	--	161,803	391	--
South Dakota	12,188	--	0	--	--	--	--	--	--	--
Tennessee ⁹	268,671	145,785	--	--	--	--	--	--	267	--
Texas	649,495	293,046	--	--	--	--	0	354,597	1,173	--
Utah	31,555	24,238	--	--	--	30,775	69	27,095	--	--
Vermont ¹⁰	2,036	760	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	108,805	108,805	--	--	--	--	--	--	1,481	--
Washington ¹¹	108,589	0	0	--	--	0	--	0	0	--
West Virginia	81,548	0	--	--	--	--	--	--	--	--
Wisconsin	57,536	17,457	--	--	39,533	3	--	--	543	0
Wyoming	11,064	--	--	--	--	--	--	--	132	0

1. Because Medicare-Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a BHO), users should not sum enrollment across all program types, since the total would count individuals more than once and, in some states, exceed the actual number of Medicaid enrollees.
2. Total Medicare-Medicaid dually eligible beneficiaries represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including enrollees receiving full Medicaid benefits or Medicaid cost sharing.
3. Comprehensive MCOs cover acute, primary, and specialty medical care services; they may also cover behavioral health, long-term services and supports, and other benefits in some states. Limited benefit managed care programs, including PCCM, PCCM entity, MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.
4. Colorado reported plan level enrollment as 0 for plans that had less than 30 beneficiaries. As a result, reported PACE program-level enrollment may be lower than actual enrollment.
5. Georgia is unable to provide separate counts of Medicaid-only and dually eligible beneficiaries for their NEMT program. As a result, Medicare-Medicaid beneficiary enrollment is reported here as zero.
6. The total number of dually eligible beneficiaries reported for Georgia only includes beneficiaries in the QMB, SLMB, and QI programs.
7. Michigan is not able to provide dual-eligible enrollment for the Specialty Prepaid Inpatient Health plan.

8. Oregon's enrollment in comprehensive MCOs includes beneficiaries in (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), or (3) a Mental Health Organization. CCO enrollees receive physical, dental, and mental health services and may be enrolled in more than one plan type simultaneously. Plan-level enrollment is found in Report 5.

9. Tennessee's enrollment in comprehensive MCOs includes 381 dually eligible beneficiaries who are also enrolled in an MCO plus Magellan Health Services for pharmacy benefits and 381 dually eligible beneficiaries who are also enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.

10. Vermont pays for Medicaid services for dually eligible enrollees on a FFS basis. Dually eligible enrollees reported in the Global Commitment to Health Demonstration are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program.

11. Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH comprehensive MCO, and PACE programs. As a result, enrollment counts for Medicare-Medicaid beneficiaries are excluded from this report.

Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2018, but it ended before July 1 or began after that date.

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2018

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
TOTALS	79,898,701	66,163,611	83%	55,606,214	70%
Alabama	1,019,417	638,221	62.6%	174	0.0%
Alaska ⁴	198,417	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,849,465	1,560,593	84.4%	1,560,593	84.4%
Arkansas	979,619	871,262	88.9%	258	0.0%
California	13,140,347	10,670,306	81.2%	10,661,382	81.1%
Colorado ⁵	1,302,808	1,171,171	89.9%	122,207	9.4%
Connecticut ⁶	928,800	0	0.0%	0	0.0%
Delaware	236,760	208,802	88.2%	199,887	84.4%
District of Columbia	264,984	245,921	92.8%	190,116	71.7%
Florida	3,885,169	3,178,981	81.8%	3,027,995	77.9%
Georgia ⁷	2,074,310	1,485,250	71.6%	1,445,804	69.7%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	355,873	351,685	98.8%	351,685	98.8%
Idaho	300,252	272,979	90.9%	3,799	1.3%
Illinois	3,110,093	2,176,902	70.0%	2,145,760	69.0%
Indiana	1,457,544	1,126,425	77.3%	1,126,425	77.3%
Iowa	626,011	580,507	92.7%	564,926	90.2%
Kansas	417,140	358,225	85.9%	358,225	85.9%

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
Kentucky	1,385,239	1,259,525	90.9%	1,259,525	90.9%
Louisiana	1,640,075	1,504,540	91.7%	1,385,242	84.5%
Maine	270,243	234,327	86.7%	0	0.0%
Maryland	1,401,781	1,169,708	83.4%	1,169,708	83.4%
Massachusetts	1,865,755	1,211,485	64.9%	750,573	40.2%
Michigan ⁷	4,623,834	4,608,988	99.7%	2,379,554	51.5%
Minnesota	1,122,672	892,137	79.5%	892,137	79.5%
Mississippi	683,577	441,782	64.6%	441,782	64.6%
Missouri	971,143	954,603	98.3%	712,335	73.4%
Montana	291,890	215,475	73.8%	0	0.0%
Nebraska	250,056	249,024	99.6%	249,022	99.6%
Nevada	666,561	588,111	88.2%	457,782	68.7%
New Hampshire	200,850	133,829	66.6%	133,829	66.6%
New Jersey	1,668,451	1,569,344	94.1%	1,569,344	94.1%
New Mexico	842,138	666,050	79.1%	666,050	79.1%
New York	6,153,799	4,764,261	77.4%	4,552,993	74.0%
North Carolina	2,178,225	1,581,469	72.6%	2,112	0.1%
North Dakota	93,042	48,957	52.6%	19,696	21.2%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	2,915,546	2,450,031	84.0%	2,450,031	84.0%
Oklahoma	880,954	649,023	73.7%	466	0.1%
Oregon	1,062,787	847,570	79.7%	847,570	79.7%

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
Pennsylvania	2,897,085	2,627,563	90.7%	2,359,277	81.4%
Puerto Rico	1,505,610	1,505,610	100.0%	1,505,610	100.0%
Rhode Island	313,095	302,407	96.6%	248,278	79.3%
South Carolina	1,195,703	1,195,703	100.0%	745,911	62.4%
South Dakota	123,890	92,184	74.4%	0	0.0%
Tennessee	1,510,045	1,386,664	91.8%	1,386,664	91.8%
Texas	3,981,912	3,845,916	96.6%	3,695,426	92.8%
Utah	275,511	271,137	98.4%	226,893	82.4%
Vermont	174,682	123,310	70.6%	123,310	70.6%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,063,122	875,351	82.3%	875,351	82.3%
Washington	1,781,048	1,781,048	100.0%	1,574,163	88.4%
West Virginia	505,528	407,193	80.5%	407,193	80.5%
Wisconsin	1,197,453	811,920	67.8%	759,015	63.4%
Wyoming	58,390	136	0.2%	136	0.2%

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, PCCMs, and PCCM entities.

3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care.

4. Alaska was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicare.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.

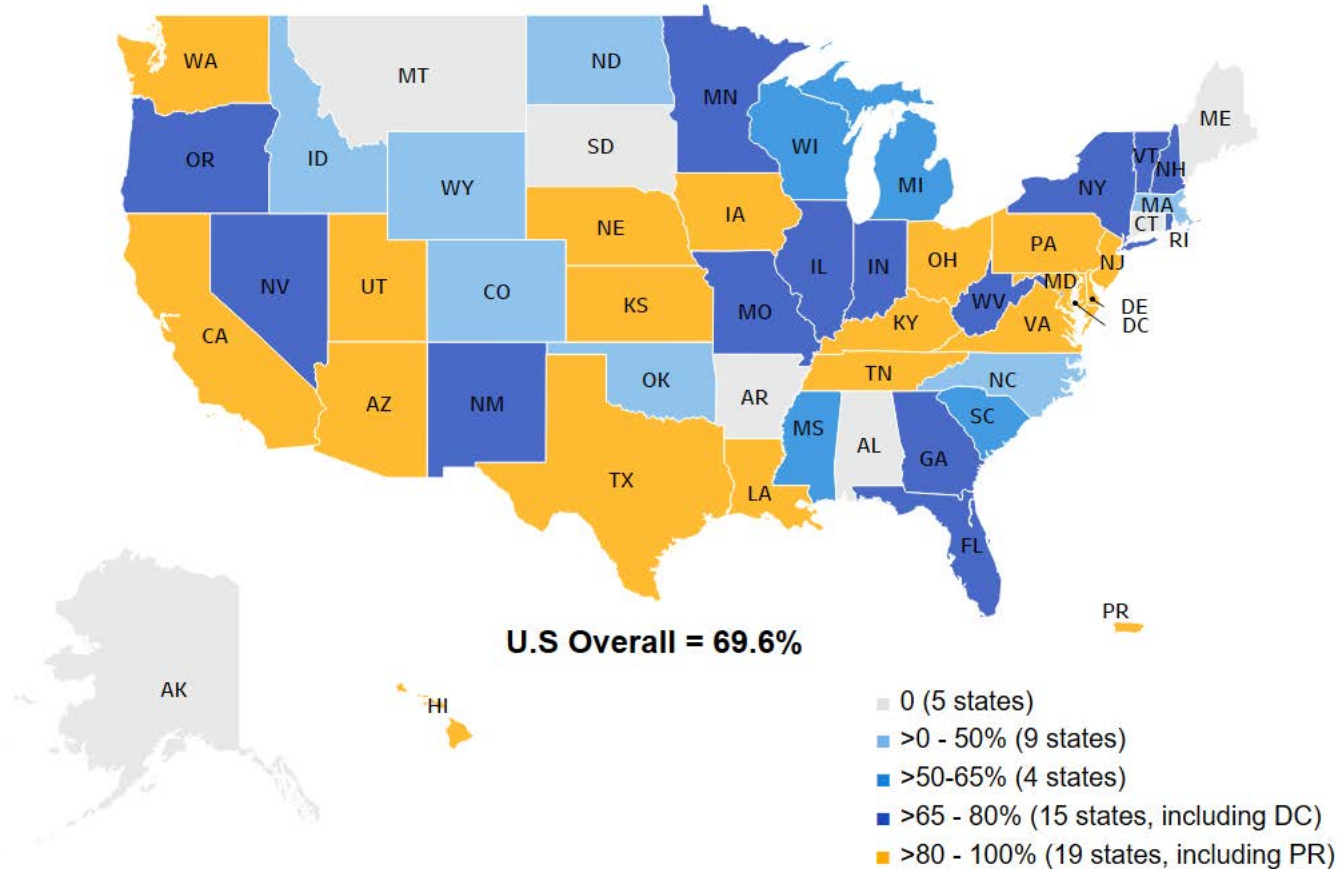
5. Colorado reported plan level enrollment as 0 for plans that had less than 30 beneficiaries. As a result, reported Medicaid Enrollment in Comprehensive Managed Care may be lower than actual enrollment.

6. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2018. This figure is from the July - September 2018 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2019, and accessed January 14, 2020. See <https://data.medicare.gov/Enrollment/2018-4Q-Medicaid-MBES-Enrollment/qjmt-6zzy>.

7. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,626,252 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.

Note: "n/a" indicates that a state or territory was not able to report data.

Map of State Comprehensive MCO Penetration as of July 1, 2018



Note: Comprehensive managed care includes risk-based managed care organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACE).

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2018.

Table 5. Enrollment by Program and Plan, as of 2018¹

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama ²	Patient 1st (Primary Care Case Management (PCCM))	Patient 1st	Alabama Medicaid Agency	Statewide	611,251	0	611,251
Alabama ²	Health Homes (Primary Care Case Management (PCCM))	Health Homes	Alabama Medicaid Agency	Statewide	230,966	0	230,966
Alabama ²	Maternity Care Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Care Plan	Alabama Medicaid Agency	Barbour, Bibb, Blount, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clay, Cleburne, Coffee, Colbert, Coosa, Cullman, Dale, Dallas, DeKalb, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Macon, Madison, Marengo, Marion, Marshall, Mobile, Morgan, Perry, Pickens, Randolph, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Wilcox, and Winston Counties	22,844	0	22,844
Alabama ²	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	PACE	Mobile and Baldwin Counties	25	149	174

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama ²	Integrated Care Network (Primary Care Case Management Entity (PCCM Entity))	Alabama Select Network	Senior Select Partners	Statewide	0	0	0
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan	UnitedHealthcare	Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, and Yuma Counties	469,579	46,866	516,445
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care1st Health Plan	WellCare	Maricopa and Pima Counties	130,829	7,821	138,650
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DCS/CMDP	Government Agency/Non-Profit Entity	Statewide	13,869	1	13,870
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DES/Division of Developmental Disabilities (MLTSS)	Government Agency/Non-Profit Entity	Statewide	25,123	7,131	32,254
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan (MLTSS)	UnitedHealthcare	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai Counties	1,171	7,538	8,709
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	IASIS Healthcare LLC/Steward	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, and Pinal Counties	227,648	15,421	243,069
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Net Access	Centene Corporation	Maricopa County	54,005	3,657	57,662

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan	Dignity Health and Carondelet Health Network	Maricopa and Pima Counties	339,317	20,885	360,202
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan (MLTSS)	Dignity Health and Carondelet Health Network	Gila, Maricopa, Pima, and Pinal Counties	2,436	9,993	12,429
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	University Family Care	Banner Health	Cochise, Gila, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yavapai, and Yuma Counties	119,538	10,815	130,353
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Maricopa Integrated Care	Mercy Care	Maricopa County	13,905	7,776	21,681
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Cenpatico Integrated Care	Centene Corporation	Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma Counties	8,811	4,564	13,375
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Integrated Care	Health Choice Arizona/NARBHA	Apache, Coconino, Gila, Mohave, Navajo, and Yavapai Counties	3,571	2,151	5,722
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Banner University Family Care (MLTSS)	Banner Health	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma Counties	891	5,281	6,172

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Primary Care Case Management Entity (PCCM Entity))	Summit Community Care	Anthem Insurance Companies, Inc.	Statewide	6,433	1,038	7,471
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Primary Care Case Management Entity (PCCM Entity))	Arkansas Total Care	Centene Corporation	Statewide	4,477	334	4,811
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Primary Care Case Management Entity (PCCM Entity))	Empower Healthcare Solutions	Beacon	Statewide	10,943	1,027	11,970
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Primary Care Case Management Entity (PCCM Entity))	Forevercare	Gateway Health	Statewide	4,462	364	4,826
Arkansas	Connect Care (Primary Care Case Management (PCCM))	Multiple primary care providers	Multiple Primary Care Provider (PCCM)	Statewide	444,695	589	445,284
Arkansas	Arkansas Dental Managed Care (Dental only (PAHP))	Delta Dental of Arkansas	Delta Dental	Statewide	269,858	27,377	297,235
Arkansas	Arkansas Dental Managed Care (Dental only (PAHP))	Managed Care of North America (MCNA) Dental	Managed Care of North America (MCNA), Inc.	Statewide	253,639	26,096	279,735

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Southeasttrans	Southeasttrans	Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, Poinsett, Cross, Crittenden, St. Francis, Faulkner, Pulaski, and Lonoke Counties	170,302	20,780	191,082
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Central Arkansas Development Council	Central Arkansas Development Council	Montgomery, Garland, Saline, Hot Springs, Clark, Pike, Sevier, Howard, Hempstead, Little River, Miller, Lafayette, Columbia, Quachita, Dallas, Calhoun, and Union Counties	89,447	12,239	101,686
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Area Agency on Aging of Western Arkansas	Area Agency on Aging of Western Arkansas	Benton, Washington, Madison, Newton, Searcy, Baxter, Boone, Carroll, Fulton, Izard, Sharp, Stone, Independence, Jackson, Van Buren, Cleburne, White, Woodruff, Crawford, Franklin, Johnson, Pope, Sebastian, Logan, Yell, Scott, Polk, Perry, and Conway Counties	202,853	25,959	228,812
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Mid-Delta	Mid-Delta	Prairie, Monroe, Phillips, and Lee Counties	9,132	1,966	11,098

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Area Agency on Aging of Southeast Arkansas	Area Agency on Aging of Southeast Arkansas	Grant, Jefferson, Arkansas, Cleveland, Lincoln, Bradley, Drew, Desha, Chicot, and Ashley Counties	41,163	6,155	47,318
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Health	PACE	Statewide	4	54	58
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Life Healthcare	PACE	Statewide	6	194	200
California	Rady Children's Hospital San Diego (RCHSD) (Comprehensive MCO)	Rady Children's Hospital San Diego (RCHSD)	Rady Children's Hospital San Diego (RCHSD)	San Diego County, Imperial County, Riverside County	0	0	0
California	Health Plan of San Mateo CCS Demo/San Mateo (Comprehensive MCO)	Health Plan of San Mateo CCS Demo	Health Plan of San Mateo	San Mateo County	0	0	0
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Imperial	Centene Corporation	Imperial County	59,377	2,439	61,816
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Region 1	Centene Corporation	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama Counties	70,540	2,714	73,254
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Region 2	Centene Corporation	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba Counties	60,069	2,273	62,342
California	Regional Model (Comprehensive MCO)	Molina Healthcare of CA Partner Plan/Imperial	Molina Healthcare	Imperial County	14,159	807	14,966
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Region 1	Anthem Insurance Companies, Inc.	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama Counties	65,657	2,371	68,028

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Region 2	Anthem Insurance Companies, Inc.	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba Counties	84,249	2,880	87,129
California	Regional Model (Comprehensive MCO)	KP Cal LLC/Amador	Kaiser Permanente	Amador County	94	0	94
California	Regional Model (Comprehensive MCO)	KP Cal LLC/El Dorado	Kaiser Permanente	El Dorado County	1,950	48	1,998
California	Regional Model (Comprehensive MCO)	KP Cal LLC/Placer	Kaiser Permanente	Placer County	7,153	211	7,364
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Care 1st Partner Plan/San Diego	Blue Cross Blue Shield	San Diego County	69,434	15,053	84,487
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group Partnership Plan/San Diego	Community Health Group	San Diego County	254,741	19,408	274,149
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	Centene Corporation	San Diego County	58,742	14,473	73,215
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/San Diego	Kaiser Permanente	San Diego County	45,426	6,450	51,876
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/San Diego	Molina Healthcare	San Diego County	211,450	16,197	227,647

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/San Diego	Aetna	San Diego County	4,606	53	4,659
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan/San Diego	UnitedHealthcare	San Diego County	5,988	138	6,126
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Anthem Insurance Companies, Inc.	Sacramento County	170,285	7,533	177,818
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Centene Corporation	Sacramento County	101,630	5,568	107,198
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/Sacramento	Kaiser Permanente	Sacramento County	79,367	6,557	85,924
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Sacramento	Molina Healthcare	Sacramento County	52,675	3,832	56,507
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/Sacramento	Aetna	Sacramento County	2,381	29	2,410
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan/Sacramento	UnitedHealthcare	Sacramento County	4,764	140	4,904

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles	SCAN Health Plan	Los Angeles County	0	7,423	7,423
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside	SCAN Health Plan	Riverside County	0	2,000	2,000
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino	SCAN Health Plan	San Bernardino County	0	1,327	1,327
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Los Angeles	SCAN Health Plan	Los Angeles County	0	1,596	1,596
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Riverside	SCAN Health Plan	Riverside County	0	531	531
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/San Bernardino	SCAN Health Plan	San Bernardino County	0	328	328
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/San Luis Obispo	CenCal Health	San Luis Obispo County	46,632	6,482	53,114
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/Santa Barbara	CenCal Health	Santa Barbara County	113,107	12,078	125,185

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	Health Plan of San Mateo	San Mateo County	99,652	9,029	108,681
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northeast	Partnership HealthPlan of California	Lassen, Modoc, Shasta, Siskiyou, and Trinity Counties	78,321	13,696	92,017
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northwest	Partnership HealthPlan of California	Del Norte and Humboldt Counties	56,124	7,510	63,634
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan/Southeast	Partnership HealthPlan of California	Napa, Solano, and Yolo Counties	166,390	23,437	189,827
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan/Southwest	Partnership HealthPlan of California	Lake, Marin, Mendocino, and Sonoma Counties	187,299	28,104	215,403
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Central California Alliance for Health	Merced County	113,142	10,795	123,937
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Monterey Santa Cruz	Central California Alliance for Health	Monterey and Santa Cruz Counties	204,898	20,357	225,255
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CalOptima/Orange	CalOptima	Orange County	678,532	80,327	758,859

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan/Ventura	Gold Coast Health Plan	Ventura County	177,647	21,560	199,207
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Centene Corporation	Kern County	70,674	3,085	73,759
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Los Angeles	Centene Corporation	Los Angeles County	861,114	139,053	1,000,167
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	Centene Corporation	San Joaquin County	20,530	546	21,076
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Centene Corporation	Stanislaus County	65,828	2,441	68,269
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Centene Corporation	Tulare County	110,699	3,780	114,479
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Fresno	CalViva Health	Fresno County	286,356	10,881	297,237
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Kings	CalViva Health	Kings County	27,328	949	28,277
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Madera	CalViva Health	Madera County	35,920	1,090	37,010
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Anthem Insurance Companies, Inc.	Fresno County	104,856	3,946	108,802

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Anthem Insurance Companies, Inc.	Kings County	19,155	589	19,744
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Anthem Insurance Companies, Inc.	Madera County	18,868	514	19,382
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Anthem Insurance Companies, Inc.	Alameda County	58,024	2,661	60,685
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Anthem Insurance Companies, Inc.	Contra Costa County	26,316	836	27,152
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	Anthem Insurance Companies, Inc.	San Francisco County	16,513	2,427	18,940
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Anthem Insurance Companies, Inc.	Santa Clara County	57,721	13,268	70,989
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Anthem Insurance Companies, Inc.	Tulare County	89,538	3,238	92,776
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Family Health Care	Kern Health Systems	Kern County	248,909	7,516	256,425
California	Two-Plan Model (Comprehensive MCO + MLTSS)	L.A. Care Health Plan/Los Angeles	L.A. Care	Los Angeles County	1,841,741	236,123	2,077,864
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa Health Plan	Contra Costa County	171,320	10,901	182,221
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda Alliance for Health	Alameda County	240,968	21,233	262,201

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Inland Empire Health Plan	Riverside County	575,779	33,781	609,560
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	Inland Empire Health Plan	San Bernardino County	586,801	34,322	621,123
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Riverside	Molina Healthcare	Riverside County	75,018	9,279	84,297
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/San Bernardino	Molina Healthcare	San Bernardino County	64,751	7,588	72,339
California	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco Health Plan	San Francisco County	116,919	12,550	129,469
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	Health Plan of San Joaquin	San Joaquin County	208,433	9,576	218,009
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanislaus	Health Plan of San Joaquin	Stanislaus County	123,900	4,156	128,056
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara Family Health Plan	Santa Clara County	220,347	30,708	251,055
California	Family Mosaic Program/San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Family Mosaic Project/San Francisco	San Francisco Health Plan	San Francisco	32	0	32
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Health Net Dental Plan/Los Angeles	Health Net	Los Angeles County	173,986	14,023	188,009

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Access Dental Plan/Los Angeles	Access Dental, Inc.	Los Angeles County	155,811	13,734	169,545
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	LIBERTY Dental Plan/Los Angeles	LIBERTY Dental Plan	Los Angeles County	58,936	5,269	64,205
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Health Net Dental Plan/Sacramento	Health Net	Sacramento County	121,027	6,671	127,698
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Access Dental Plan/Sacramento	Access Dental, Inc.	Sacramento County	127,500	6,115	133,615
California	Dental Managed Care/Sacramento (Dental only (PAHP))	LIBERTY Dental Plan/Sacramento	LIBERTY Dental Plan	Sacramento County	155,037	7,687	162,724
California	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Positive Healthcare/Los Angeles	AIDS Healthcare Foundation	Los Angeles	331	339	670
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast Pace/Humboldt	Humboldt Senior Resource Center	Humboldt County	14	141	155
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	San Diego PACE	PACE	San Diego County	86	236	322
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	Community Eldercare of San Diego	San Diego County	149	580	729

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare PACE/Sacramento	Sutter Health	Sacramento County	31	263	294
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	AltaMed Senior Buenacare/Los Angeles	AltaMed Health Services Corporation	Los Angeles County	673	1,858	2,531
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Brandman Centers for Senior Care/Los Angeles	Brandman Centers for Senior Care	Los Angeles County	30	199	229
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOptima PACE/Orange	CalOptima	Orange County	110	164	274
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Center for Elders Independence	Alameda County	68	558	626
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Center for Elders Independence	Contra Costa County	15	65	80
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fresno PACE	Central Valley Medical Services Corporation	Fresno County	213	307	520

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/Riverside	InnovAge	Riverside County	37	104	141
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/San Bernardino County	InnovAge	San Bernardino County	97	287	384
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Alameda	On Lok Lifeways	Alameda County	56	194	250
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Santa Clara	On Lok Lifeways	Santa Clara County	49	207	256
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/San Francisco	On Lok Lifeways	San Francisco County	88	905	993
Colorado ^{3,4}	Denver Health Medicaid Choice (Comprehensive MCO)	Denver Health Medicaid Choice	Denver Health and Hospital Authority	Denver, Arapahoe, Adams, and Jefferson Counties	78,073	3,852	81,925
Colorado ^{3,4}	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (Comprehensive MCO)	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Rocky Mountain Health	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco Counties	32,477	4,006	36,483

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Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 1: Rocky Mountain Health Plans	UnitedHealthcare	Moffat, Routt, Jackson, Grand, Summit, Eagle, Garfield, Mesa, Delta, Pitkin, Gunnison, Montrose, Ouray, San Miguel, Hinsdale, Dolores, San Juan, Montezuma, La Plata, Archuleta, and Larimer Counties	137,867	8,669	146,536
Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 2: Northeast Health Partners	Northeast Health Partners	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma Counties	81,472	6,132	87,604
Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 3: Colorado Access	Colorado Access	Adams, Arapahoe, Douglas, and Elbert Counties	238,753	13,526	252,279
Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 4: Health Colorado, Inc.	Health Colorado, Inc.	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache Counties	115,816	12,262	128,078
Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 5: Colorado Access	Colorado Access	Denver County	115,179	8,614	123,793

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Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 6: Colorado Community Health Alliance	Colorado Community Health Alliance	Boulder, Clear Creek, Gilpin, Broomfield, and Jefferson Counties	132,836	10,673	143,509
Colorado ^{3,4}	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 7: Colorado Community Health Alliance	Colorado Community Health Alliance	El Paso, Park, and Teller Counties	158,255	8,827	167,082
Colorado ^{3,4}	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Colorado Health Partnerships	Colorado Health Partnerships	Alamosta, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit and Teller Counties	0	0	0
Colorado ^{3,4}	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Healthcare, Inc.	Behavioral Healthcare Inc.	Adams, Arapahoe, and Douglas Counties	0	0	0

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Colorado ^{3,4}	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Foothills Behavioral Health Partners	Foothills Behavioral Health Partners	Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson Counties	0	0	0
Colorado ^{3,4}	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Denver	Access Behavioral Care	Denver County	0	0	0
Colorado ^{3,4}	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Northeast	Access Behavioral Care	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma Counties	0	0	0
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services (PACE)	Health Care Service Corporation	El Paso County	41	531	572
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Pueblo DBA Innovage Greater Colorado PACE	Total Community Options, Inc.	Pueblo County	0	451	451
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Aurora (PACE)	Total Community Options, Inc.	Aurora	112	1,916	2,028

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Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Volunteers of America (VOANS) PACE DBA Senior Community Care	Volunteers of America	Delta and Montrose Counties	0	308	308
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Loveland (PACE)	Total Community Options, Inc.	Larimer and Weld Counties	0	216	216
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	TRU Community Care	Community Care Health Plan (WI)	Boulder and Weld Counties	0	84	84
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Lakewood (PACE)	Total Community Options, Inc.	Lakewood	0	140	140
Colorado ^{3,4}	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Thornton (PACE)	Total Community Options, Inc.	Thornton	0	0	0
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	Highmark Health Options of Delaware	Highmark	Statewide	148,290	4,241	152,531
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	AmeriHealth Caritas of Delaware	AmeriHealth	Statewide	45,230	1,884	47,114

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Delaware	LogistiCare/Circulation Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	LogistiCare/Circulation Non-Emergency Medical Transportation	LogistiCare	Statewide	202,677	6,125	208,802
Delaware	Saint Francis Life (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	Saint Francis Healthcare	New Castle County	10	232	242
District of Columbia	DC Healthy Families (Comprehensive MCO)	AmeriHealth Caritas District of Columbia	AmeriHealth	Statewide	110,092	518	110,610
District of Columbia	DC Healthy Families (Comprehensive MCO)	Amerigroup District of Columbia	Anthem Insurance Companies, Inc.	Statewide	43,374	148	43,522
District of Columbia	DC Healthy Families (Comprehensive MCO)	Trusted Health Plan	Trusted Health Plan, Inc.	Statewide	30,584	90	30,674
District of Columbia	Child and Adolescent Supplemental Security Income Program (CASSIP) (Comprehensive MCO)	Health Services for Children with Special Needs	The HSC Foundation	Statewide	5,188	122	5,310
District of Columbia	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management, Inc.	Statewide	33,098	22,707	55,805
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Amerigroup Florida, Inc.	Anthem Insurance Companies, Inc.	Regions 5, 6, 7, and 11	297,550	7,794	305,344
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Better Health, Inc.	Anthem Insurance Companies, Inc.	Regions 6 and 10	90,521	2,783	93,304
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Aetna DBA Coventry Healthcare of FL, Inc.	Aetna	Region 11	48,206	1,966	50,172

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Florida	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Humana	Regions 1, 6, 9, 10, and 11	279,019	15,400	294,419
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida, Inc.	Molina Healthcare	Regions 1, 4, 6, 7, 8, 9, and 11	279,019	15,400	294,419
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	Prestige Health Choice	Regions 2, 3, 5, 6, 7, 8, 9, and 11	312,830	12,497	325,327
Florida	Managed Medical Assistance Program (Comprehensive MCO)	South Florida Community Care Network DBA Community Care Plan	Community Care Health Plan (WI)	Region 10	39,556	1,392	40,948
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Anthem Insurance Companies, Inc.	Region 11	64,436	6,823	71,259
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Wellcare Health Plan of Florida DBA Staywell	WellCare	Regions 2, 3, 4, 5, 6, 7, 8, and 11	615,568	18,213	633,781
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Centene DBA Sunshine State Health Plan, Inc.	Centene Corporation	Regions 3, 4, 5, 6, 7, 8, 9, 10, and 11	462,503	14,259	476,762
Florida	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida, Inc.	UnitedHealthcare	Regions 3, 4, 7, and 11	247,869	12,803	260,672
Florida	Managed Medical Assistance Program (Comprehensive MCO)	AIDS Healthcare Foundation DBA Positive Healthcare, Inc.	AIDS Healthcare Foundation, Inc.	Regions 10 and 11	1,290	668	1,958
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Freedom Health, Inc.	Freedom Health, Inc.	Regions 3, 5, 6, 7, 8, 9, 10, and 11	53	60	113

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Florida	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Magellan Health	Regions 2, 4, 5, 6, 7, 9, 10, and 11	72,147	10,003	82,150
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans DBA Clear Health Alliance	Anthem Insurance Companies, Inc.	Regions 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	6,555	2,502	9,057
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Centene Corporation	Statewide	34,219	0	34,219
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services	State of Florida, Department of Health	Statewide	52,271	141	52,412
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Amerigroup Florida, Inc.	Anthem Insurance Companies, Inc.	Regions 10 and 11	512	4,857	5,369
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Aetna DBA Coventry Healthcare of FL, Inc.	Aetna	Regions 6, 7, 9, and 11	430	4,748	5,178
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of FL, Inc.	Molina Healthcare	Regions 5, 6, and 11	567	5,651	6,218
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Centene DBA Sunshine State Health Plan, Inc.	Centene Corporation	Regions 1, 3, 4, 5, 6, 7, 8, 9, 10, and 11	3,507	39,936	43,443
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of FL, Inc.	UnitedHealthcare	Regions 2, 3, 4, 5, 6, 7, 8, 9, and 11	1,388	17,681	19,069
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Humana Medical Plan, Inc.	Humana	Statewide	1,591	20,656	22,247
Florida	Dental (Dental only (PAHP))	MCNA Dental	MCNA Health Care Holdings, LLC	Statewide	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Dental (Dental only (PAHP))	DentaQuest	Catalyst Institute	Statewide	0	0	0
Florida	Dental (Dental only (PAHP))	Liberty	Liberty Dental Plan Corp	Statewide	0	0	0
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida PACE Center	Miami Jewish Health	Miami-Dade County	90	651	741
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Hope Select Care	Hope Healthcare	Collier, Charlotte, and Lee Counties	241	3	244
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Morselife Home Care, Inc.	PACE	Palm Beach County	386	13	399
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Empath Health	Pinellas County	280	15	295
Georgia	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Anthem Insurance Companies, Inc.	Statewide	342,503	115	342,618
Georgia	Georgia Families (Comprehensive MCO)	CareSource - Georgia	CareSource	Statewide	209,400	60	209,460
Georgia	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Centene Corporation	Statewide	359,957	80	360,037
Georgia	Georgia Families (Comprehensive MCO)	WellCare of Georgia	WellCare	Statewide	504,259	172	504,431

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Georgia	Georgia Families 360 (Comprehensive MCO)	Amerigroup	Anthem Insurance Companies, Inc.	Statewide	29,258	0	29,258
Georgia ⁵	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Southeast Trans	Southeastrans, Inc. - Atlanta, GA Atlanta, Georgia 30337	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White, Whitfield, Fulton, DeKalb, and Gwinnett Counties	753,966	0	753,966
Georgia ⁵	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Logisticare	LogistiCare	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs, Wilkinson, Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn,	869,286	0	869,286

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Georgia ⁵ (continued)	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Logisticare	LogistiCare	Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler, Wilkes, Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox, and Worth Counties	869,286	0	869,286
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup	Anthem Insurance Companies, Inc.	Statewide	10,556	0	10,556

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	CareSource- Georgia	CareSource	Statewide	7,458	0	7,458
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Centene Corporation	Statewide	10,734	0	10,734
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare of Georgia	WellCare	Statewide	10,698	0	10,698
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare QUEST	AlohaCare	Statewide	62,174	34	62,208
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Hawaii Medical Service Association (HMSA) QUEST	HMSA	Statewide	157,990	97	158,087
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser Permanente QUEST	Kaiser Permanente	Oahu and Maui	29,268	20	29,288
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana Health Plan QUEST	WellCare	Statewide	22,235	40	22,275
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan QUEST	UnitedHealthcare	Statewide	27,666	33	27,699

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare ABD	AlohaCare	Statewide	2,712	2,958	5,670
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	HMSA ABD	HMSA	Statewide	4,386	4,575	8,961
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser ABD	Kaiser Permanente	Oahu and Maui	774	1,030	1,804
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana ABD	WellCare	Statewide	6,418	10,864	17,282
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealth ABD	UnitedHealthcare	Statewide	5,724	14,945	20,669
Hawaii ⁶	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana Community Care Service (BHS)	WellCare	Statewide	4,470	0	4,470

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Idaho	Medicare/Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Medicare/Medicaid Coordinated Plan	Molina Healthcare	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls Counties. Blue Cross of Idaho administers the MMCP in additional Idaho counties, including Boise, Boundary, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power Counties.	0	3,799	3,799
Idaho	Healthy Connections (Primary Care Case Management (PCCM))	Healthy Connections	Healthy Connections	Statewide	235,469	19,322	254,791
Idaho	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Idaho Behavioral Health Plan	UnitedHealthcare	Statewide	245,815	23,425	269,240
Idaho	Idaho Smiles (Dental only (PAHP))	Idaho Smiles	Managed Care of North America (MCNA), Inc.	Statewide	245,739	27,240	272,979
Idaho	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Non-Emergency Medical Transportation	Medical Transportation Management, Inc.	Statewide	245,739	27,240	272,979
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Statewide	414,925	0	414,925

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	CountyCare	Cook County Health and Hospitals System	Cook County	321,345	0	321,345
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Centene Corporation	Statewide	317,402	0	317,402
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Meridian Health Plan	WellCare	Statewide	572,164	0	572,164
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Molina Healthcare	Statewide	212,613	0	212,613
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	NextLevel Health Partners	NextLevel Health Partners	Cook County	56,702	0	56,702
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Harmony Health Plan	WellCare	Statewide	250,609	0	250,609
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	9,878	9,878
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	CountyCare	Cook County Health and Hospitals System	Cook County	0	5,355	5,355
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Harmony Health Plan	WellCare	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	1,180	1,180

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	IlliniCare Health Plan	Centene Corporation	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	7,012	7,012
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Meridian Health Plan	WellCare	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	6,849	6,849
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Illinois	Molina Healthcare	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	579	579
Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports (MLTSS only (PIHP and/or PAHP))	NextLevel Health Partners	NextLevel Health Partners	Cook County	0	290	290
Indiana	Hoosier Care Connect (Comprehensive MCO)	Anthem	Anthem Insurance Companies, Inc.	Statewide	56,491	302	56,793
Indiana	Hoosier Care Connect (Comprehensive MCO)	Managed Health Services of Indiana	Cenete Corporation	Statewide	34,059	138	34,197
Indiana	Hoosier Healthwise (Comprehensive MCO)	Anthem	Anthem Insurance Companies, Inc.	Statewide	207,717	1	207,718
Indiana	Hoosier Healthwise (Comprehensive MCO)	Caresource Indiana, Inc	CareSource	Statewide	61,413	1	61,414
Indiana	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services of Indiana	Centene Corporation	Statewide	150,441	2	150,443
Indiana	Hoosier Healthwise (Comprehensive MCO)	MDWise	McLaren Health Plan	Statewide	213,253	0	213,253

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Anthem	Anthem Insurance Companies, Inc.	Statewide	174,341	1,680	176,021
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Caresource Indiana, Inc	CareSource	Statewide	44,850	216	45,066
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Managed Health Services of Indiana	Centene Corporation	Statewide	70,153	644	70,797
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	MDWise	McLaren Health Plan	Statewide	109,439	992	110,431
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Franciscan Senior Health and Wellness	PACE	Lake and Johnson Counties, and the following zip codes: 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259	3	173	176
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Saint Joseph PACE	PACE	46506, 46514, 46516, 46517, 46526, 46530, 46536, 46544, 46545, 46552, 46554, 46556, 46561, 46574, 46601, 46613, 46614, 46615, 46616, 46617, 46619, 46628, 46635, 46637, 46563, 46573	6	110	116
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	UnitedHealthcare	UnitedHealthcare	Statewide	344,032	40,156	384,188

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	Amerigroup of Iowa, Inc.	Amerigroup, Inc.	Statewide	161,970	18,334	180,304
Iowa	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Delta Dental	Statewide	169,173	38,695	207,868
Iowa	Dental Wellness Plan (Dental only (PAHP))	MCNA Dental Plans, Inc.	Managed Care of North America, Inc.	Statewide	74,961	19,852	94,813
Iowa	NEMT (Non-Emergency Medical Transportation)	Access2Care, LLC	Mission Care Services, LLC	Statewide	14,306	1,275	15,581
Iowa	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, and Warren Counties	25	409	434
Kansas	KanCare (Comprehensive MCO + MLTSS)	Amerigroup Kansas, Inc.	Anthem Insurance Companies, Inc.	Statewide	102,427	12,182	114,609
Kansas	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Centene Corporation	Statewide	104,857	13,655	118,512
Kansas	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	UnitedHealthcare	Statewide	111,705	12,857	124,562
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	PACE	Sedgwick County	225	0	225

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Midland Care	PACE	Douglas, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Nemaha, Osage, Shawnee, Pottawatomie, Wabaunsee, and Wyandotte Counties	264	0	264
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bluestem Pace, Inc.	PACE	McPherson, Ottawa, Lincoln, Ellsworth, Saline, Dickinson, Rice, Marion, Reno, and Harvey Counties	53	0	53
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	Aetna	Statewide	208,336	15,540	223,876
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield Medicaid	Anthem BCBS	Statewide	126,166	3,591	129,757
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Humana-Caresource	Humana	Statewide	143,126	4,728	147,854
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Passport Health Plan	Passport Health Plan	Statewide	301,394	10,322	311,716
Kentucky	Kentucky Managed Care (Comprehensive MCO)	WellCare of Kentucky	WellCare	Statewide	424,585	21,737	446,322
Kentucky	Kentucky Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	NEMT - Human Services Transportation Delivery	NEMT - Human Services Transportation Delivery	Statewide	1,232,903	0	1,232,903
Louisiana	Healthy Louisiana (Comprehensive MCO)	Aetna Better Health	Aetna	Statewide	96,417	97	96,514
Louisiana	Healthy Louisiana (Comprehensive MCO)	AmeriHealth Caritas of Louisiana	AmeriHealth	Statewide	189,098	109	189,207
Louisiana	Healthy Louisiana (Comprehensive MCO)	Healthy Blue	Anthem Insurance Companies, Inc.	Statewide	233,157	105	233,262

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	Healthy Louisiana (Comprehensive MCO)	Louisiana Healthcare Connections	Centene Corporation	Statewide	450,896	191	451,087
Louisiana	Healthy Louisiana (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	414,548	166	414,714
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Aetna Better Health	Aetna	Statewide	1,957	19,019	20,976
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	AmeriHealth Caritas of Louisiana	AmeriHealth	Statewide	2,025	18,576	20,601
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Healthy Blue	Anthem Insurance Companies, Inc.	Statewide	2,325	19,355	21,680
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Louisiana Healthcare Connections	Centene Corporation	Statewide	2,902	22,876	25,778
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	3,132	23,408	26,540
Louisiana	Coordinated System of Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan	Magellan Health	Statewide	2,532	0	2,532
Louisiana	Dental Benefit Management Program (Dental only (PAHP))	MCNA of Louisiana	Managed Care of North America (MCNA), Inc.	Statewide	1,398,468	104,724	1,503,192

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Baton Rouge	PACE	70704, 70710, 70714, 70719, 70720, 70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879, 70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898	0	196	196
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Greater New Orleans	PACE	70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121	13	170	183
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lafayette	PACE	70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	2	77	79
Maine	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	MaineCare	Statewide	141,777	0	141,777

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maine	NET (Non-Emergency Medical Transportation)	Logisticare	MaineCare NET	Regions 1, 2, 6, 7, and 8	109,632	30,586	140,218
Maine	NET (Non-Emergency Medical Transportation)	MidCoast Connector	MaineCare NET	Region 5	19,559	4,917	24,476
Maine	NET (Non-Emergency Medical Transportation)	Penquis CAP	MaineCare NET	Regions 3 and 4	53,683	15,950	69,633
Maryland	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Anthem Insurance Companies, Inc.	Statewide	276,054	0	276,054
Maryland	HealthChoice (Comprehensive MCO)	Aetna Better Health of Maryland	Aetna	Statewide	7,203	0	7,203
Maryland	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Jai Medical Systems	Baltimore City, Anne Arundel, and Baltimore Counties	25,998	0	25,998
Maryland	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Kaiser Permanente of the Mid Atlantic States	Anne Arundel, Baltimore, Calver, Charles, Harford, Howard, Montgomery, and Prince George's Counties	63,724	0	63,724
Maryland	HealthChoice (Comprehensive MCO)	Maryland Physician's Care	Maryland Care Inc	Statewide	213,677	0	213,677
Maryland	HealthChoice (Comprehensive MCO)	MedStar	MedStar	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Montgomery, Prince George's, and St. Mary's Counties	90,488	0	90,488
Maryland	HealthChoice (Comprehensive MCO)	Priority Partners	Johns Hopkins Health Care	Statewide	297,179	0	297,179

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Maryland	HealthChoice (Comprehensive MCO)	United HealthCare	UnitedHealthcare	Baltimore City, Anne Arundel, Baltimore, Carroll, Cecil, Charles, Harford, Howard, Montgomery, Prince George's, and St. Mary's Counties	149,565	0	149,565
Maryland	HealthChoice (Comprehensive MCO)	University of Maryland Health Partners	University of Maryland Medical Systems	Statewide except for Allegany, Garrett, and Washington Counties	45,715	0	45,715
Maryland	Hopkins Elder Plus (Program of All-inclusive Care for the Elderly (PACE))	Hopkins Elder Plus	Johns Hopkins	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	12	93	105
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Tufts Health Plan	Tufts Health Plan	Statewide (excluding islands)	105,265	0	105,265
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Boston Medical Center Health Plan	Boston Medical System	Statewide	72,409	0	72,409
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Atrius Health in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Attleboro, Beverly, Boston, Brockton, Falmouth, Framingham, Gardner, Fitchburg, Lawrence, Lowell, Lynn, Malden, Plymouth, Quincy, Revere, Salem, Somerville, Waltham, Wareham, Woburn	31,788	0	31,788

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Attleboro, Barnstable, Beverly, Boston, Brockton, Falmouth, Framingham, Haverhill, Lowell, Lynn, Malden, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Waltham, Wareham, Woburn	33,629	0	33,629
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Attleboro, Barnstable, Beverly, Boston, Brockton, Fall River, Falmouth, Framingham, Haverhill, Holyoke, Lawrence, Lowell, Lynn, Malden, New Bedford, Northampton, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn, Worcester	83,442	0	83,442
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Boston, Lynn, Malden, Revere, Somerville, Waltham, Woburn	26,068	0	26,068
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Merrimack Valley ACO in partnership with AllWays Health Partners	Allways Health Partners	Haverhill, Lawrence, Lowell	31,865	0	31,865

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Accountable Care Organization in partnership with BMC HealthNet Plan	Boston Medical Health Plan	Attleboro, Boston, Brockton, Fall River, Falmouth, Greenfield, Holyoke, Lynn, Malden, New Bedford, Northampton, Plymouth, Quincy, Revere, Somerville, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn	107,081	0	107,081
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Mercy Medical Center in partnership with BMC HealthNet Plan	Boston Medical Health Plan	Holyoke, Northampton, Springfield, Westfield	28,148	0	28,148
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Signature Healthcare in partnership with BMC HealthNet Plan	Boston Medical Health Plan	Brockton, Plymouth, Quincy, Taunton	17,924	0	17,924
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Southcoast Health in partnership with BMC HealthNet Plan	Boston Medical Health Plan	Attleboro, Fall River, Falmouth, New Bedford, Plymouth, Taunton, Wareham	16,044	0	16,044
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Health Collaborative of the Berkshires in partnership with Fallon Health	Fallon Health Plan	Adams, Pittsfield	15,461	0	15,461
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Reliant Medical Group in partnership with Fallon Health	Fallon Health Plan	Gardner-Fitchburg, Framingham, Southbridge, Worcester	30,168	0	30,168

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Wellforce in partnership with Fallon Health	Fallon Health Plan	Attleboro, Barnstable, Beverly, Boston, Brockton, Falmouth, Framingham, Haverhill, Lawrence, Lowell, Lynn, Malden, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Waltham, Wareham, Woburn	52,821	0	52,821
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Baystate Health Care Alliance in partnership with Health New England	Health New England	Holyoke, Northampton, Springfield, Westfield	37,474	0	37,474
Massachusetts	Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Community Care Cooperative	Community Care Health Plan (WI)	Statewide	112,875	0	112,875
Massachusetts	Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Partners HealthCare Choice	Partners HealthCare Choice	Statewide	105,032	0	105,032
Massachusetts	Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Steward Health Choice	Steward Health Choice	Statewide	121,443	0	121,443
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Boston Medical Center Healthnet Plan	Boston Medical Health Plan	Suffolk County	139	705	844

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01354, 01301, 01302, 01039, 01346, 01347, 01054, 01349, 01350, 01351, 01360, 01367, 01369, 01370, 01072, 01373, 01375, 01376, 01379, 01380, 01093, 02322, 02157, 02457, 02184, 02185, 02146, 02445, 02446, 02147, 02447, 02021, 02467, 02025, 02026, 02027, 02030, 02032, 02035, 02343, 02052, 02053, 02054, 02186, 02187, 02192, 02194, 02492, 02494, 02056, 02171, 02062, 02762, 02169, 02170, 02171, 02269, 02368, 02067, 02070, 02071, 02072, 02081, 02181, 02481, 02482, 02090, 02188, 02189, 02190, 02191, 02170, 02093, 02351, 02020, 02324,	696	9,251	9,947

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts (continued)	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	02301, 02302, 02303, 02304, 02305, 02327, 02330, 02332, 02333, 02338, 02339, 02341, 02018, 02043, 02044, 02045, 02364, 02050, 02065, 02346, 02061, 02355, 02059, 02358, 02558, 02359, 02360, 02362, 02367, 02770, 02370, 02040, 02055, 02060, 02066, 02379, 02382	696	9,251	9,947
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Navicare HMO	Fallon Health Plan	Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	436	6,270	6,706
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Magellan Health	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	1,321	13,465	14,786
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Tufts Health Plan	Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	633	4,081	4,714
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	United Healthcare	UnitedHealthcare	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	1,838	17,629	19,467

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Primary Care Clinician Program (PCC Plan) (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Provider (PCCM)	Statewide	119,512	0	119,512
Massachusetts	MassHealth BH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Beacon	Statewide	528,106	0	528,106
Massachusetts	Money Follows the Person- Behavioral Health Supports (MFP-BH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Statewide	0	0	0
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Cambridge Health Alliance	Elder Service Plan	Middlesex and Suffolk Counties	32	396	428
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Service Plan	Elder Service Plan	02108, 02445	30	246	276
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health	Elder Service Plan	02108, 02445, 02021, 02026, 02048, 02062, 02067, 02072, 02169, 02184, 02186, 02188, 02301, 02322, 02324, 02333, 02334, 02338, 02339, 02341, 02343, 02351, 02359, 02367, 02368, 02370, 02379, 02382, 02458, 02766, 02767, 02780	13	462	475

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit Eldercare	Fallon Health Plan	01001, 01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01034, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01005, 01037, 01068, 01083, 01331, 01331, 01366, 01368, 01420, 01430, 01431, 01432, 01440, 01441, 01450, 01451, 01452, 01453, 01460, 01462, 01463, 01464, 01468, 01469, 01475, 01501, 01503, 01504, 01505, 01506, 01507, 01510, 01515, 01516, 01519, 01520, 01523, 01524, 01527, 01529, 01531, 01532, 01534, 01535, 01540, 01541, 01543, 01545, 01550, 01562, 01564, 01566, 01568, 01569, 01570, 01571, 01581, 01583, 01585, 01590, 01601, 01612, 01719, 01720, 01730, 01740, 01741, 01742, 01747, 01749, 01752, 01756, 01757, 01772, 01151, 01845	46	1,127	1,173

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care Inc	Element Care Inc	02176, 02180, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01845, 01801, 01803, 01830, 01833, 01834, 01860, 01864, 01867, 01880, 01887, 01890, 01901, 01906, 01907, 01908, 01913, 01915, 01921, 01923, 01929, 01930, 01936, 01938, 01940, 01944, 01945, 01949, 01950, 01951, 01952, 01960, 01966, 01969, 01970, 01983, 01984, 01985	67	927	994
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	PACE	01002, 01027, 01350, 01001, 01002, 01007, 01008, 01010, 01011, 01012, 01013, 01026, 01027, 01028, 01032, 01033, 01034, 01035, 01036, 01038, 01040, 01050, 01056, 01057, 01060, 01069, 01070, 01071, 01073, 01075, 01077, 01081, 01082, 01085, 01089, 01095,	66	325	391

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts (continued)	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	PACE	01096, 01098, 01101, 01106, 01151, 01243, 01521, 01009, 01030, 01039, 01053, 01054, 01059, 01062, 01066, 01072, 01079, 01080, 01084, 01088, 01093, 01097, 01301, 01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01346, 01351, 01354, 01355, 01360, 01364, 01367, 01370, 01375, 01378, 01379	66	325	391
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life Inc	Mercy Life Inc	01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01151, 01002, 01027, 01350, 01002, 01007, 01012, 01026, 01032, 01035, 01038, 01050, 01060, 01070, 01082, 01096, 01098, 01243, 01034	11	223	234
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE	PACE	Middlesex and Suffolk Counties	55	496	551

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, and Wayne Counties	37,306	214	37,520
Michigan	Managed Care Plan Division (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Blue Shield	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, and Wayne Counties	209,603	3,535	213,138
Michigan	Managed Care Plan Division (Comprehensive MCO)	Harbor Health Plan	Trusted Health Plan	Macomb, Oakland, and Wayne Counties	7,128	4	7,132
Michigan	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, and Tuscola Counties	3,031	33	3,064

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	201,833	6,022	207,855

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	499,221	11,331	510,552

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan ⁷	Managed Care Plan Division (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	351,204	9,960	361,164

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Priority Health Choice	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, and Van Buren Counties	127,003	4,588	131,591
Michigan	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, and Wayne Counties	52,441	231	52,672
Michigan	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenewee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm,	251,312	3,240	254,552

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan (continued)	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	251,312	3,240	254,552
Michigan	Managed Care Plan Division (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties	43,558	8	43,566
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Aetna Better Health	Aetna	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, and Wayne Counties	9,975	0	9,975

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Blue Shield	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, and Wayne Counties	85,852	0	85,852
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Harbor Health Plan	Trusted Health Plan	Macomb, Oakland, and Wayne Counties	3,173	0	3,173
Michigan	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, and Tuscola Counties	1,501	0	1,501

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	68,214	0	68,214

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	152,706	0	152,706

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	93,375	0	93,375

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, and Van Buren Counties	36,872	0	36,872
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Total Health Choice	Total Health Choice	Macomb, Oakland, and Wayne Counties	16,804	0	16,804
Michigan	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland,	70,061	0	70,061

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan (continued)	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford Counties	70,061	0	70,061
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties	15,670	0	15,670
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Northern Healthcare Management	Northern Lakes Community Mental Health	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford Counties	29	304	333
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Area Agencies on Aging	Hillsdale, Jackson, and Lenawee Counties	27	566	593
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 3B Area Agency on Aging	Area Agencies on Aging	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, and Van Buren Counties	34	448	482

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 4 Area Agency on Aging	Area Agencies on Aging	Berrien, Cass, and Van Buren Counties	24	433	457
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 7 Area Agency on Aging	Area Agencies on Aging	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola Counties	56	802	858
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 9 Area Agency on Aging	Area Agencies on Aging	Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon Counties	25	379	404
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Reliance Community Care Partners	Community Care Health Plan (WI)	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Osceola, and Ottawa Counties	43	573	616
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West Michigan	Area Agencies on Aging	Muskegon, Oceana, and Ottawa Counties	32	646	678
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Services Inc.	Senior Services Inc.	Barry, Branch, Calhoun, and Kalamazoo Counties	21	255	276
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center	The Information Center	Wayne County	13	274	287
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Area Agencies on Aging	Wayne County	20	506	526
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri County Office on Aging	Tri County Office on Aging	Clinton, Eaton, and Ingham Counties	81	649	730

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	UPCAP Area Agency on Aging	Area Agencies on Aging	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties	24	349	373
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Area Agencies on Aging	Genesee, Lapeer, and Shiawassee Counties	26	309	335
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	A & D Home Health Care, Inc.	A & D Home Health Care, Inc.	Bay, Clare, Gladwin, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola Counties	90	778	868
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Area Agencies on Aging	Livingston, Macomb, Monroe, Oakland, and Washtenaw Counties	42	768	810
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of NW Michigan	Area Agencies on Aging	Antrim, Benzie Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford Counties	21	316	337
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of Western Michigan	Area Agencies on Aging	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola Counties	35	799	834
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Area Agencies on Aging	Wayne County	56	1,201	1,257
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	MORC Home Care Inc.	MORC Home Care Inc.	Livingston, Macomb, Monroe, Oakland, and Washtenaw Counties	9	232	241

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties	249,865	0	249,865
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb County CMH Services	Macomb County	179,951	0	179,951
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Mid-State Health Network	Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Oceaola, Saginaw, Shiawassee, and Tuscola Counties	367,503	0	367,503
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northcare Network	Northcare Network	Alger, Baraga, Chippewa, Delta, Dickinson, Houghton, Iron, Keewanaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties	63,431	0	63,431

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northern Michigan Regional Entity	Northern Michigan Regional Entity	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford Counties	115,735	0	115,735
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland County CMH Authority	Oakland County	170,905	0	170,905
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10	Region 10	Genesee, Lapeer, Sanilac, and St. Clair Counties	187,376	0	187,376
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Michigan Behavioral Health	Southwest Michigan Behavioral Health	Berry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties	193,479	0	193,479
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, and Washtenaw Counties	115,556	0	115,556

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan ⁷	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Detroit Wayne Mental Health Authority	Wayne County	632,552	0	632,552
Michigan	Healthy Kids Dental (Dental only (PAHP))	Healthy Kids Dental	Healthy Kids Dental	Statewide	969,152	0	969,152
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	PACE	Kent and Ottawa Counties	8	220	228
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Community PACE	PACE	Lake, Mason, Mecosta, Montcalm, Newaygo, Oceana, and Osceola Counties	0	28	28
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Genesys PACE	PACE	Genesee County	8	77	85
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	PACE	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, and Tuscola Counties	12	109	121
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	PACE	Livingston, Monroe, Oakland, Wayne, and Washtenaw Counties	1	174	175
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	PACE	Muskegon County, parts of Allegan and Ottawa Counties	11	300	311
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	PACE	Macomb, Oakland, and Wayne Counties	37	715	752
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	PACE	Berrien, Cass, and Van Buren Counties	4	167	171

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Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Care Partners	PACE	Calhoun, Kalamazoo, Allegan, Barry, and Van Buren Counties	18	396	414
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care	PACE	Barry, Clinton, Eaton, Ingham, Ionia, Livingston, and Shiawassee Counties	11	139	150
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Thome PACE	PACE	Hillsdale, Jackson, and Lenawee Counties	6	104	110
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners, Inc.	Statewide	2,387	2,795	5,182
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health Systems	Hennepin County	1,143	858	2,001
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	5,956	6,833	12,789
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Prime West	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	802	1,423	2,225
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	South Country	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	987	1,957	2,944

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	U Care	U Care of Minnesota	Statewide	13,781	14,795	28,576
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield	Statewide	325,097	0	325,097
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners, Inc.	Statewide	135,270	0	135,270
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health Systems	Hennepin County	23,811	0	23,811
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	7,282	0	7,282
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Prime West	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	34,842	0	34,842

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Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	32,964	0	32,964
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	U Care	U Care of Minnesota	Statewide	224,055	0	224,055
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield	Statewide	397	3,057	3,454
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners, Inc.	Statewide	271	2,000	2,271
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	2	216	218
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	567	3,400	3,967
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Prime West	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	19	817	836

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	34	798	832
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	U Care	U Care of Minnesota	Statewide	1,353	3,360	4,713
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield	Statewide	0	8,607	8,607
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners, Inc.	Statewide	0	3,114	3,114
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	0	453	453
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	0	10,746	10,746
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Prime West	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	0	1,920	1,920

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	0	1,828	1,828
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	U Care	U Care of Minnesota	Statewide	0	12,140	12,140
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	Magnolia Health Plan	Centene Corporation	Statewide	232,443	0	232,443
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	UnitedHealthcare of Mississippi Community Plan	UnitedHealthcare	Statewide	209,339	0	209,339
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Eastern	Centene Corporation	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	104,539	0	104,539

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Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Central	Centene Corporation	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth	63,646	0	63,646
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Western	Centene Corporation	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	50,541	0	50,541

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Southwest	Centene Corporation	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	46,983	0	46,983
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Eastern	WellCare	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	75,195	0	75,195
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	WellCare	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox,	79,314	0	79,314

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri (continued)	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	WellCare	Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth	79,314	0	79,314
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Western	WellCare	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	71,377	0	71,377
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Southwest	WellCare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	52,537	0	52,537
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	United Healthcare Eastern	UnitedHealthcare	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	51,016	0	51,016

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	United Healthcare Central	UnitedHealthcare	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth	48,376	0	48,376
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	United Healthcare Western	UnitedHealthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	37,865	0	37,865

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	United Healthcare Southwest	UnitedHealthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	30,946	0	30,946
Missouri	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Providence Service Corporation	Statewide	98,690	143,578	242,268
Montana	Passport to Health (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Passport to Health	Statewide	215,475	0	215,475
Nebraska	Heritage Health (Comprehensive MCO)	UnitedHealthcare Community Plan of Nebraska	UnitedHealthcare	Statewide	69,592	12,626	82,218
Nebraska	Heritage Health (Comprehensive MCO)	WellCare of Nebraska	WellCare	Statewide	76,075	7,718	83,793
Nebraska	Heritage Health (Comprehensive MCO)	Nebraska Total Care	Nebraska Total Care Inc.	Statewide	68,879	13,942	82,821
Nebraska	Dental Benefit Manager (Dental only (PAHP))	MCNA Nebraska	Managed Care of North America (MCNA), Inc.	Statewide	213,334	34,246	247,580

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Nebraska	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	Immanuel Pathways	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068	22	168	190
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada (HPN)	UnitedHealthcare	Urban zip codes in Washoe and Clark Counties	242,408	0	242,408
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Anthem Blue Cross Blue Shield of Nevada	Anthem BCBS	Urban zip codes in Washoe and Clark Counties	165,519	0	165,519
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Silver Summit Health Plan	Centene Corporation	Urban zip codes in Washoe and Clark Counties	49,855	0	49,855
Nevada	Dental Benefits Administrator (Dental only (PAHP))	Liberty Dental Plan of Nevada	Liberty Dental Plan Corporation	Sufficiently populated Urban Zip Codes in Washoe and Clark counties	457,782	0	457,782
Nevada	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Medical Transportation Management (MTM Nevada)	MTM Inc	Statewide	588,111	0	588,111

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New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Centene Corporation	Statewide	49,599	8,341	57,940
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense Health Plan	Boston Medical Health Plan	Statewide	60,024	7,980	68,004
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	New Hampshire Healthy Families	Centene Corporation	Statewide	3,158	0	3,158
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	Well Sense Health Plan	Boston Medical Health Plan	Statewide	4,727	0	4,727
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	CVS Health	Statewide	43,062	5,194	48,256
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey Inc	Anthem Insurance Companies, Inc.	Statewide	148,670	16,743	165,413
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Blue Cross Blue Shield	Statewide	748,954	72,804	821,758
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	396,903	34,653	431,556
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	WellCare	All counties except Hunterdon	51,242	12,195	63,437

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Amerivantage Dual Coordination (HMO SNP)	Amerigroup, Inc.	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, and Union Counties	0	9,221	9,221
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Horizon NJ TotalCare (HMO SNP)	Horizon Healthcare of New Jersey, Inc.	Atlantic, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Monmouth, Morris, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties	0	6,781	6,781
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete ONE (HMO SNP)	UnitedHealthcare	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, and Union Counties	0	19,158	19,158
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	WellCare Liberty (HMO SNP)	WellCare	Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Somerset, and Union Counties	0	2,697	2,697
New Jersey	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Providence Service Corporation	Statewide	1,523,821	37,445	1,561,266

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Atlanticare LIFE	PACE	Atlantic and Cape May Counties	9	35	44
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Beacon of LIFE	PACE	Monmouth County	8	98	106
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE	PACE	Portions of Cumberland, Gloucester and Salem Counties, specifically, residents of zip codes: 08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362	23	245	268
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE at Lourdes	PACE	Most of Camden County, some of Burlington County, and zip codes: 08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08052, 08059, 08065, 08076, 08077, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	22	177	199

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Francis	PACE	Mercer County and those who reside in Burlington County with one of the following zip codes: 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554	36	281	317
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior Life	PACE	Most of Hudson County, including residents of zip codes: 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	13	120	133
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Health Care Service Corporation	Statewide	138,619	8,292	146,911
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New Mexico Inc	Molina Healthcare	Statewide	203,235	8,201	211,436
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Presbyterian Health Plan	Statewide	212,275	8,223	220,498
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	69,821	16,584	86,405
New Mexico	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage New Mexico PACE dba Total Community Care	PACE	Bernalillo County, Sandoval County, Valencia County	59	741	800

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	Affinity Health Plan	Affinity Health Plan	Nassau, Orange, Rockland, Suffolk and Westchester Counties, New York City	4,355	0	4,355
New York	Health and Recovery Plans (Comprehensive MCO)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington Counties	2,782	0	2,782
New York	Health and Recovery Plans (Comprehensive MCO)	Excellus Health Plan	Excellus Health Plan	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, and Yates Counties	7,293	0	7,293
New York	Health and Recovery Plans (Comprehensive MCO)	Fidelis Care	Centene Corporation	New York City and 57 counties	29,706	0	29,706
New York	Health and Recovery Plans (Comprehensive MCO)	HealthFirst	HealthFirst	Nassau and Suffolk Counties, New York City	23,526	0	23,526
New York	Health and Recovery Plans (Comprehensive MCO)	HealthPlus	Anthem Insurance Companies, Inc.	Nassau and Putnam Counties, New York City	5,935	0	5,935
New York	Health and Recovery Plans (Comprehensive MCO)	HIP GNY	HIP GNY	Nassau, Suffolk, and Westchester Counties, New York City	4,635	0	4,635
New York	Health and Recovery Plans (Comprehensive MCO)	Independent Health Association	Independent Health	Erie County	1,925	0	1,925

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	MetroPlus	MetroPlus Health Plan	New York City	10,901	0	10,901
New York	Health and Recovery Plans (Comprehensive MCO)	Molina HealthCare of New York	Molina Healthcare	Cortland, Onondaga, and Tompkins Counties	1,484	0	1,484
New York	Health and Recovery Plans (Comprehensive MCO)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester Counties	4,673	0	4,673
New York	Health and Recovery Plans (Comprehensive MCO)	United HealthCare	UnitedHealthcare	New York City and 42 counties	6,813	0	6,813
New York	Health and Recovery Plans (Comprehensive MCO)	YourCare Health Plan	YourCare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, and Wyoming Counties	1,785	0	1,785
New York	Medicaid Advantage (Comprehensive MCO)	Affinity	Affinity Health Plan	New York City	0	0	0
New York	Medicaid Advantage (Comprehensive MCO)	Fidelis Legacy Plan	Fidelis Legacy Plan	New York City and 35 counties	33	1,325	1,358
New York	Medicaid Advantage (Comprehensive MCO)	Liberty Health Advantage	Liberty Health Advantage	New York City and Nassau County	96	0	96
New York	Medicaid Advantage (Comprehensive MCO)	United HealthCare	UnitedHealthcare	New York City and Nassau County	21	2,920	2,941

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage (Comprehensive MCO)	VNS Choice	VNS Choice	Nassau, Suffolk and Westchester Counties, New York City	15	298	313
New York	Medicaid Advantage (Comprehensive MCO)	WellCare	WellCare	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, and Wayne Counties	51	1,642	1,693
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthNow	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties	31,719	0	31,719
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthPlus	Anthem Insurance Companies, Inc.	Nassau and Putnam Counties, New York City	336,121	0	336,121
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HIP Combined	HIP Combined	Nassau, Suffolk, and Westchester Counties, New York City	134,405	0	134,405
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Independent Health/Hudson Valley & WNY	Independent Health	Erie County	57,271	0	57,271
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan	MetroPlus Health Plan	New York City	374,574	0	374,574
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan Special Needs	MetroPlus Health Plan	New York City	4,095	0	4,095
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New York	Molina Healthcare	Cortland, Onondaga, and Tompkins Counties	28,592	0	28,592

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester Counties	167,637	0	167,637
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	United HealthCare	UnitedHealthcare	New York City and 42 counties	481,881	0	481,881
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	VNS Choice Special Needs	VNS Choice	New York City	3,313	0	3,313
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	WellCare	WellCare	Albany, Dutchess, Erie, Nassau, Niagara, Orange, Rensselaer, Rockland, Schenectady, Schuyler, Steuben, and Ulster Counties, New York City	104,961	0	104,961
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	YourCare Health Plan	YourCare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, and Wyoming Counties	38,679	0	38,679
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Fidelis Care	Centene Corporation	New York City and 57 Counties	1,244,926	0	1,244,926
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	Nassau and Suffolk Counties, New York City	939,799	0	939,799

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Affinity Health Plan	Affinity Health Plan	Nassau, Orange, Rockland, Suffolk, and Westchester Counties, New York City	213,679	0	213,679
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Amida Care Special Needs	Amida Care Special Needs	New York City	6,488	0	6,488
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington Counties	82,622	0	82,622
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Crystal Run Health Plan	Crystal Run Health Plan	Orange and Sullivan Counties	1,427	0	1,427
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Excellus Health Plan	Excellus Health Plan	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, and Yates Counties	171,752	0	171,752
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderPlan	ElderPlan	Nassau and Westchester Counties, New York City	6	1,397	1,403
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Fidelis Legacy Plan	Fidelis Legacy Plan	Albany, Montgomery, Rensselaer, and Schenectady Counties, New York City	2	94	96
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	GuildNet	GuildNet	New York City	2	453	455

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	Nassau County and New York City	22	7,038	7,060
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthPlus Advantage Plus	HealthPlus Advantage Plus	New York City	0	2	2
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	Senior Whole Health	Nassau and Westchester Counties, New York City	0	91	91
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Village Care	Village Care	New York City	5	585	590
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice Plus	VNS Choice	Nassau, Suffolk, and Westchester Counties, New York City	8	1,439	1,447
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Aetna	Nassau and Suffolk Counties, New York City	321	5,919	6,240
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	AgeWell New York	Nassau, Suffolk, and Westchester Counties, New York City	308	9,309	9,617
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AlphaCare	AlphaCare	Westchester County and New York City	3	0	3
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	ArchCare	Putnam and Westchester Counties, New York City	441	3,422	3,863
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living	Centers Plan for Healthy Living	Erie, Nassau, Niagara, Rockland, Suffolk, and Westchester Counties, New York City	4,141	24,805	28,946

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderPlan	ElderPlan	Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, and Westchester Counties, New York City	807	12,095	12,902
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderServe	ElderServe	Nassau, Suffolk, and Westchester Counties, New York City	1,025	11,319	12,344
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderWood	ElderWood	Erie, Genesee, Monroe, Niagara, Orleans, and Wyoming Counties, New York City	11	299	310
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	Extended MLTC	Nassau and Suffolk Counties, New York City	507	4,217	4,724
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fallon Health Weinberg	Fallon Health Plan	Erie and Niagara Counties	69	657	726
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care	Fidelis Care	New York City and 57 counties	1,366	20,000	21,366
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	GuildNet	GuildNet	Nassau, Suffolk, and Westchester Counties, New York City	557	6,892	7,449
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspik Choice	Hamaspik Choice	Dutchess, Orange, Putnam, Rockland, Sullivan, and Ulster Counties	122	2,069	2,191
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Health Advantage/Elant Choice	Dutchess, Orange, and Rockland Counties	80	907	987

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HealthPlus	HealthPlus	New York City	429	4,621	5,050
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	iCircle Care	iCircle Care	Broome, Cayuga, Chemung, Chenango, Cortland, Genesee, Livingston, Madison, Monroe, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates Counties	120	2,522	2,642
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	iCare	New York City	982	5,292	6,274
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra	Integra	Nassau, Suffolk, and Westchester Counties, New York City	1,868	9,879	11,747
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Kalos Health Plan	Kalos Health Plan	Chautauqua, Erie, Genesee, Monroe, Niagara, and Orleans Counties	52	1,238	1,290
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus	MetroPlus Health Plan	New York City	561	1,291	1,852
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore	Montefiore	Westchester County and New York City	128	1,385	1,513
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	North Shore - LIJ Health Plan	North Shore - LIJ Health Plan	Nassau and Suffolk Counties, New York City	15	0	15

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Prime Health Choice	Albany, Dutchess, Orange, Putnam, Rockland, Warren, and Washington Counties	28	352	380
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	Senior Health Partners	Nassau and Westchester Counties, New York City	2,158	12,303	14,461
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Senior Network Health	Herkimer and Oneida Counties	23	526	549
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	Senior Whole Health	Westchester County and New York City	1,747	12,124	13,871
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United HealthCare	UnitedHealthcare	Albany, Broome, Erie, Monroe, Oneida, Onondaga, Orange, and Rockland Counties	167	4,066	4,233
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	Village Care	New York City	2,004	8,679	10,683
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options	VNA HomeCare Options	48 counties	262	6,498	6,760
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	VNS Choice	New York City and 28 counties	792	11,969	12,761
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	WellCare Advocate	WellCare	Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, and Westchester Counties, New York City	284	5,235	5,519

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	PACE	Westchester County and New York City	81	644	725
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	PACE	Erie County	14	232	246
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	CenterLight (CCM)	PACE	Nassau, Suffolk, and Westchester Counties, New York City	414	2,408	2,822
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	PACE	Niagara County	7	111	118
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	PACE	Albany and Schenectady Counties	17	199	216
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Weinberg	PACE	Erie County	4	116	120
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	PACE	Monroe, Ontario, and Wayne Counties	28	744	772
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	PACE	Onondaga County	22	541	563
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	PACE	Allegany, Cattaraugus, and Chautauqua Counties	14	98	112
North Carolina	Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity))	North Carolina Community Care Carolina Access	Community Care Health Plan (WI)	Statewide	1,341,900	151,447	1,493,347

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Alliance Behavioral Healthcare	Counties: Cumberland, Durham, Johnston, Wake	212,280	22,741	235,021
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Cardinal Innovations Healthcare Solutions	Counties: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance, and Warren	410,013	49,011	459,024
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe Human Services	Eastpointe Human Services	Counties: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	149,171	23,487	172,658
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Management	Partners Behavioral Health Management	Counties: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	132,093	18,235	150,328
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center for MH DD SA	Sandhills Center for MH DD SA	Counties: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	168,686	20,816	189,502

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Trillium Health	Counties: Brunswick, Carteret, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	181,765	28,257	210,022
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	VAYA Health	VAYA Health	Counties: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	137,852	24,570	162,422

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina Seniorcare	Carolina Seniorcare	Serving the following zip codes in Davidson, Davie, Iredell and Rowan Counties: 27012, 27107, 27127, 27239, 27262, 27265, 27284, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27013, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689	145	61	206
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community Carepartners, Inc.	Community Care Health Plan (WI)	Serving the following zip codes in Buncombe and Henderson Counties: 28701, 28704, 28709, 28710, 28711, 28715, 28726, 28729, 28730, 28731, 28732, 28735, 28739, 28742, 28748, 28757, 28758, 28759, 28766, 28773, 28778, 28787, 28784, 28790, 28791, 28792, 28801, 28803, 28804, 28805, 28806, 28810	118	48	166
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus, Inc.	Elderhaus, Inc.	New Hanover County and the following zip codes in Brunswick County: 28422, 28451, 28461, 28479 and the following zip code in Pender County: 28443	89	34	123

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North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Life St. Joseph of the Pines, Inc.	Life St. Joseph of the Pines, Inc.	Serving the following zip codes in Cumberland, Harnett Hoke, Moore and Robeson Counties: 28301, 28302, 28303, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28311, 28312, 28314, 28318, 28342, 28344, 28348, 28356, 28371, 28382, 28390, 28391, 28395, 28315, 28326, 28373, 28376, 28357, 28371, 28377, 28384, 28315, 28357, 28376, 28377, 28386, 28314, 28334, 28339	176	98	274
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE at Home, Inc.	PACE	Catawba County and portions of zip codes in Alexander, Burke, Caldwell, and Lincoln Counties: 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690	107	38	145

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	PACE	Serving the following zip codes in Mecklenburg, Cabarrus, Stanly and Union Counties: 28025, 28027, 28031, 28036, 28071, 28075, 28078, 28079, 28081, 28083, 28097, 28103, 28104, 28105, 28107, 28109, 28110, 28112, 28124, 28129, 28134, 28137, 28138, 28215, 28163, 28173, 28174, 28202, 28203, 28204, 28205, 28206, 28207, 28208, 28209, 28210, 28211, 28212, 28213, 28214, 28216, 28217, 28223, 28226, 28227, 28244, 28226, 28227, 28244, 28246, 28254, 28262, 28269, 28270, 28273, 28274, 28277, 28278, 28280, 28281, 28282, 28284, 28285, 28287	121	41	162

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Triad	PACE	Serving the following zip codes in Guilford and Rockingham Counties: 27027, 27048, 27288, 27235, 27282, 27301, 27310, 27377, 27401, 27403, 27405, 27406, 27407, 27408, 27409, 27410, 27455, 27495, 27025, 27214, 27233, 27244, 27249, 27260, 27262, 27263, 27265, 27283, 27284, 27298, 27311, 27313, 27320, 27326, 27357, 27358	146	59	205
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Services, Inc.	Piedmont Health Services, Inc.	Serving the following zip codes in Alamance, Caswell, Orange, Chatham, Lee Counties and the portion of 27278 located in Durham County: 27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27330, 27332, 27505, 28326	191	136	327

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care, Inc.	Senior Total Life Care, Inc.	Serving the following zip codes in Cleveland, Gaston and Lincoln Counties: 28006, 28012, 28016, 28021, 28032, 28033, 28034, 28052, 28053, 28054, 28055, 28056, 28077, 28080, 28086, 28092, 28098, 28101, 28120, 28164, 28021, 28073, 28086, 28150, 28152, 28006, 28021, 28033, 28080, 28164	147	64	211
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Stay Well Senior Care	Stay Well Senior Care	Serving the following zip codes in Montgomery, Moore and Randolph Counties: 27203, 27205, 27208, 27233, 27239, 27248, 27260, 27263, 27283, 27292, 27298, 27313, 27316, 27317, 27325, 27341, 27344, 27350, 27355, 27360, 27370, 27371, 28127, 27209, 27229, 27281, 27306, 27341, 27356, 27371, 28127, 27208, 27209, 27242, 27281, 27325, 27330, 27341, 27356, 27376, 28327, 28347, 28350, 28374, 28387, 28394	69	35	104

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VOANS Senior Community Care	Community Care Health Plan (WI)	Serving the following zip codes in Durham, Wake County: 27503, 27613, 27701, 27703, 27704, 27705, 27706, 27707, 27712, 27713, 27502, 27511, 27513, 27518, 27519, 27523, 27526, 27529, 27539, 27540, 27545, 27560, 27562, 27571, 27587, 27591, 27592, 27597, 27601, 27603, 27604, 27605, 27606, 27607, 27608, 27609, 27610, 27612, 27613, 27614, 27615, 27616, 27617 and Granville County zip codes: 27509, 27522	123	66	189
North Dakota	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion MCO	Sanford Health Plan	Statewide	19,515	0	19,515
North Dakota	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Provider (PCCM)	Statewide	48,957	0	48,957
North Dakota	Health Management Program (Other Prepaid Health Plan (PHP) (limited benefits))	Health Management	US Care Management	Statewide	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Dakota	PACE (Program of All-inclusive Care for the Elderly (PACE))	Northland PACE Senior Care Services	Northland PACE Senior Care Services	Zip codes: 58501, 58502, 58503 (Bismarck), 58504 (Lincoln), 58554 (Mandan), 58558 (Menoken), 58601, 58602 (Dickinson), 58652 (Richardton), 58655 (South Heart), 58656 (Taylor), 58701, 58702, 58703, 58722, 58785 (Minot)	12	169	181
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Buckeye Health Plan	Centene Corporation	Statewide	307,779	0	307,779
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	CareSource	CareSource	Statewide	1,254,635	0	1,254,635
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Molina Healthcare of Ohio, Inc.	Molina Healthcare	Statewide	292,128	0	292,128
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Paramount Advantage	Promedica	Statewide	244,867	0	244,867
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare	Statewide	296,760	0	296,760
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Aetna Better Health of Ohio	Aetna	Central, Northwest, Southwest	0	11,117	11,117
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Buckeye Health Plan	Centene Corporation	Northeast, Northwest, West Central	0	9,647	9,647

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	CareSource	CareSource	East Central, Northeast, Northeast Central	0	11,233	11,233
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Molina Healthcare of Ohio, Inc.	Molina Healthcare	Central, Southwest, West Central	0	9,531	9,531
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare	East Central, Northeast, Northeast Central	0	11,880	11,880
Ohio	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	PACE	Cuyahoga County	95	359	454
Oklahoma	SoonerCare Choice (Primary Care Case Management (PCCM))	SoonerCare Choice	Oklahoma Health Care Authority	Statewide	533,758	114,799	648,557
Oklahoma	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Oklahoma Health Care Authority	Statewide	533,758	114,799	648,557
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care (CEC)	PACE	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439	14	134	148
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life PACE	PACE	74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108	14	117	131

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Valir PACE	PACE	73008, 73106, 73143, 73003, 73147, 73025, 73134, 73084, 73119, 73140, 73124, 73157, 73170, 73163, 73066, 73150, 73110, 73139, 73105, 73142, 73185, 73109, 73194, 73113, 73169, 73103, 73154, 73121, 73156, 73165, 73127, 73013, 73131, 73198, 73118, 73178, 73141, 73184, 73160, 73146, 73120, 73149, 73083, 73137, 73122, 73155, 73132, 73108, 73162, 73112, 73167, 73102, 73152, 73012, 73179, 73135, 73126, 73190, 73129, 73196, 73117, 73173, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104	6	181	187
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Access Dental Plan, LLC	Access Dental, Inc.	Clackamas, Multnomah, and Washington Counties	1,490	72	1,562
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Advantage Dental Services	Advantage Dental Services	Statewide except Tillamook County	14,280	4,160	18,440

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Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Capitol Dental Care, Inc.	HealthShare of Oregon	Benton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, and Yamhill Counties	10,319	974	11,293
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	CareOregon Dental	CareOregon	Clackamas, Multnomah, and Washington Counties	1,522	95	1,617
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Family Dental Care	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,542	70	1,612
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Greater Oregon Behavioral Health, Inc.	Greater Oregon Behavioral Health, Inc.	Baker (97869 excluded), Clatsop, Columbia, Douglas, Gilliam, Grant, Harney, Hood River, Lake, Malheur (97710 excluded), Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler (97848 excluded) Counties	507	3,076	3,583
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Managed Dental Care of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,534	66	1,600

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Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	ODS Community Health Inc.	MODA Health	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes (97733, 97735 excluded), Hood River, Jackson, Jefferson, Josephine, Lane, Linn (97759 excluded), Malheur, Marion, Multnomah, Polk (97370 excluded), Tillamook, Wallowa (97828, 97846 only), Wasco, Washington, and Yamhill Counties	6,452	1,224	7,676
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	AllCare Health Plan	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, and Josephine Counties	46,073	2,199	48,272
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Cascade Health Alliance	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739, 97425 excluded) County	16,230	683	16,913
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Columbia Pacific	Columbia Pacific	Clatsop, Columbia, and Tillamook Counties	22,762	749	23,511
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Eastern Oregon CCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties	46,209	1,557	47,766
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	HealthShare of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	290,073	18,525	308,598

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Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	InterCommunity Health Network	InterCommunity Health Network	Benton, Lincoln, and Linn Counties	50,152	2,432	52,584
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Jackson Care Connect	Jackson Care Connect	Jackson County	28,814	1,109	29,923
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	PacificSource Community Solutions	Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only)	45,636	2,249	47,885
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	PacificSource Community Solutions	Hood River and Wasco Counties	11,569	322	11,891
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	PrimaryHealth of Josephine County	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson and Josephine Counties	9,148	521	9,669
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Trillium Community Health Plan	Trillium Health	Benton (97448, 97456 only), Coos (97449 only), Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane, and Linn (97446 only) Counties	81,804	4,227	86,031
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Umpqua Health Alliance	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	24,879	1,345	26,224
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Advanced Health	Advanced Health	Coos, Curry, and Douglas (97459 only) Counties	17,866	1,173	19,039

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Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Willamette Valley Community Health	Willamette Valley Community Health	Benton (97361 only), Clackamas (97002, 97032, 97071, 97362, 97375 only), Linn (97346, 97350, 97352, 97358, 97360, 97383 only), Marion, Polk, and Yamhill (97304 only)	94,312	4,560	98,872
Oregon ⁸	Oregon Health Plan (OHP) (Comprehensive MCO)	Yamhill Community Care	Community Care Health Plan (WI)	Clackamas (97002, 97071, 97140 only), Marion (97137 only), Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Tillamook (97347 only), Washington (97119, 97123, 97132, 97140 only), and Yamhill Counties	22,668	669	23,337
Oregon	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	PACE	Multnomah, Washington, Clatsop, Clackamas, and Tillamook Counties	75	1,317	1,392
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Aetna Better Health	Aetna	Southeast zone, Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone	199,482	631	200,113
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Gateway Health	Gateway Health	Southwest zone, Lehigh/Capital zone, Northwest zone	289,736	996	290,732
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Health Partners Plan	Health Partners Plan	Southeast zone	244,990	752	245,742

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Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	United Healthcare Community Plan, Inc.	UnitedHealthcare	Southeast zone, Southwest zone, Lehigh/Capital zone	222,275	747	223,022
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	UPMC for You	UPMC Health Plan	Southwest zone, Lehigh/Capital zone, Northwest zone	413,437	1,817	415,254
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Geisinger Health Plan	Geisinger Health Plan	Northeast	183,218	556	183,774
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	AmeriHealth Caritas/AmeriHealth Caritas Northeast	Vista	Lehigh/Capital, Northwest, Northeast	281,763	848	282,611
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Keystone First	Vista	Southeast	430,155	1,306	431,461
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	UPMC Community HealthChoices	UPMC	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County	2,401	40,643	43,044

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Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Pennsylvania Health & Wellness	Centene Corporation	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County	812	20,908	21,720
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Amerihealth Caritas / Keystone First	Vista	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County	630	14,524	15,154
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices	Community Care Health Plan (WI)	Allegheny County	59,156	7,508	66,664
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices	Beacon	Beaver County	9,848	1,338	11,186

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Bedford and Somerset	PerformCare	Bedford and Somerset Counties	7,722	1,289	9,011
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices	Community Care Health Plan (WI)	Berks County	27,868	2,255	30,123
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices	Community Care Health Plan (WI)	Blair County	8,717	1,266	9,983
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices	Magellan Health	Bucks County	21,897	1,909	23,806
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices	Beacon	Cambria County	9,517	1,262	10,779
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Carbon-Monroe-Pike Joinder Board	Community Care Health Plan (WI)	Carbon, Monroe, and Pike Counties	21,392	1,540	22,932
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices	Community Care Health Plan (WI)	Chester County	15,562	1,229	16,791

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cumberland County HealthChoices	PerformCare	Cumberland County	11,803	928	12,731
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Dauphin County HealthChoices	PerformCare	Dauphin County	22,532	1,856	24,388
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices	Magellan Health	Delaware County	37,229	2,548	39,777
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices	Community Care Health Plan (WI)	Erie County	21,200	1,612	22,812
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices	Beacon	Fayette County	11,701	1,531	13,232
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth)	Beacon	Greene County	2,907	397	3,304
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lancaster County HealthChoices	PerformCare	Lancaster County	29,600	2,015	31,615

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lebanon County HealthChoices	PerformCare	Lebanon County	9,425	647	10,072
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices	Magellan Health	Lehigh County	27,976	2,151	30,127
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board	Community Care Health Plan (WI)	Clinton and Lycoming Counties	10,603	944	11,547
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices	Magellan Health	Montgomery County	30,823	2,495	33,318
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	North Central State Option	Community Care Health Plan (WI)	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne Counties	70,567	7,153	77,720

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices	Magellan Health	Northampton County	17,993	1,520	19,513
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Health Care Consortium	Community Care Health Plan (WI)	Lackawanna, Luzerne, Susquehanna, and Wyoming Counties	46,956	3,777	50,733
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership	Beacon	Crawford, Mercer, and Venango Counties	17,873	1,829	19,702
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Perry County HealthChoices	PerformCare	Perry County	2,484	224	2,708
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices	Community Behavioral Health	Philadelphia County	173,309	11,945	185,254
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health Management	Beacon	Armstrong, Butler, Indiana, Lawrence, Washington, and Westmoreland Counties	52,461	7,154	59,615
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance	PerformCare	Franklin and Fulton Counties	10,210	752	10,962

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York/Adams County HealthChoices	Community Care Health Plan (WI)	York and Adams Counties	33,771	2,290	36,061
Pennsylvania	MATP (Medical Assistance Transportation Program) (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Philadelphia	546,802	75,251	622,053
Pennsylvania	Adult Community Autism Program (Other Prepaid Health Plan (PHP) (limited benefits))	Adult Community Autism Program	Keystone Autism Services	Dauphin, Cumberland, Lancaster, and Chester Counties	90	61	151
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Senior LIFE	Westmoreland County	6	195	201
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Senior LIFE	Cambria County, Somerset County (partial)	24	197	221
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altonna H-5902	Senior LIFE	Blair, Cambria, and Indiana Counties	17	284	301
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	Senior LIFE	York County and Dauphin County	13	209	222
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Senior LIFE	Lehigh County, Berks County and Northampton County	19	315	334

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington H-2992	Senior LIFE	Washington County, Fayette County and Greene County	76	531	607
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	SpiriTrust LIFE H-2537	Franklin County, Cumberland County and Perry County	2	95	97
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	LIFE NWPA H-4999	Erie County, Mercer County, Crawford County and Warren County	9	207	216
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Geisinger Health Plan	Luzerne County, Lackawanna County, Columbia County, Montour County, Northumberland County and Schuylkill County	4	197	201
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Mercy LIFE H-3919	Philadelphia County and Delaware County	59	690	749
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE West Philadelphia H-3908	Mercy LIFE West Philadelphia H-3908	Philadelphia County	36	476	512
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	LIFE St. Mary H-6551	Bucks County	11	219	230
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Innovage LIFE H-9830	Innovage LIFE H-9830	Philadelphia County	41	605	646

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Albright LIFE H-9068	Lancaster County, Lebanon County, Lycoming County, Clinton County, Union County and Chester County	5	180	185
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	Community LIFE H-3917	Allegheny County, Westmoreland County and Washington County	25	563	588
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Pittsburgh H-3918	LIFE Pittsburgh H-3918	Allegheny County	40	552	592
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	VieCare Butler H-3060	Butler County	12	189	201
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	VieCare Beaver H-7660	Beaver County and Lawrence County	29	451	480
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Armstrong H-6118	VieCare Armstrong H-6118	Armstrong County	3	64	67
Puerto Rico	Government Health Plan (Comprehensive MCO)	First Medical Plan Inc.	First Medical Plan Inc.	North, San Juan, Special	270,421	16,614	287,035
Puerto Rico	Government Health Plan (Comprehensive MCO)	Triple S Salud, Inc.	Blue Cross Blue Shield	Metro North, West	382,031	20,090	402,121
Puerto Rico	Government Health Plan (Comprehensive MCO)	Molina Health Care PR, Inc.	Molina Healthcare	East, Southwest	302,829	17,840	320,669

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Puerto Rico	Government Health Plan (Comprehensive MCO)	MMM MultiHealth, Inc.	Medicare and Much More (MMM), Inc.	Northeast, Southeast	254,451	14,969	269,420
Puerto Rico	Medicare Platino (Comprehensive MCO)	Triple S Advantage	Blue Cross Blue Shield	Statewide	0	40,996	40,996
Puerto Rico	Medicare Platino (Comprehensive MCO)	Humana Health Plan of PR Inc.	Humana	Statewide	0	22,276	22,276
Puerto Rico	Medicare Platino (Comprehensive MCO)	MCS Advantage Inc.	MCS Advantage Inc.	Statewide	0	88,379	88,379
Puerto Rico	Medicare Platino (Comprehensive MCO)	MMM Health Care Inc.	Medicare and Much More (MMM), Inc.	Statewide	0	64,161	64,161
Puerto Rico	Medicare Platino (Comprehensive MCO)	Constellation Health LLC	Constellation Health LLC	Statewide	0	10,553	10,553
Rhode Island	Rite Care, RHP and Medicaid Expansion (Comprehensive MCO)	Neighborhood Health Plan of RI	Neighborhood Health Plan of RI	Statewide	155,216	0	155,216
Rhode Island	Rite Care, RHP and Medicaid Expansion (Comprehensive MCO)	UnitedHealthCare of Rhode Island Community Plan	UnitedHealthcare	Statewide	92,767	0	92,767
Rhode Island	Rite Smiles Dental Program (Dental only (PAHP))	UnitedHealthCare Dental of Rhode Island	UnitedHealthcare	Statewide	111,315	0	111,315
Rhode Island	Transportation Broker (Non-Emergency Medical Transportation)	Logisticare, Inc.	LogistiCare	Statewide	267,396	0	267,396
Rhode Island	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE Organization of RI	PACE	Statewide	295	0	295
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Select Health of South Carolina	AmeriHealth	Statewide	354,400	0	354,400

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South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Centene Corporation	Statewide	108,032	0	108,032
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice Healthplan Medicaid	Blue Cross Blue Shield	Statewide	96,346	0	96,346
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina Healthcare of South Carolina	Molina Healthcare	Statewide	111,302	0	111,302
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare of South Carolina	WellCare	Statewide	75,389	0	75,389
South Carolina	South Carolina Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Community Health Solutions America	Statewide	558	0	558
South Carolina	South Carolina Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	LogistiCare	Statewide	1,033,900	161,803	1,195,703
South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Palmetto Senior Care	PRISMA Health	Richland and Lexington County	32	247	279
South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	The Methodist Oaks	The Methodist Oaks	Orangeburg County	14	93	107

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South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Greenville Health System Senior Care	PRISMA Health	Greenville Anderson Pickens Counties	5	51	56
South Dakota	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Provider (PCCM)	Statewide	92,184	0	92,184
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	Amerigroup	Amerigroup, Inc.	Statewide	337,584	38,699	376,283
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	DentaQuest USA Insurance Company	Statewide	802,783	381	803,164
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Magellan Health	Statewide	1,241,360	381	1,241,741
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	381,108	52,094	433,202
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Blue Cross Blue Shield	Statewide	459,478	51,512	510,990
Tennessee ⁹	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Blue Cross Blue Shield	Statewide	63,190	2,718	65,908
Tennessee ⁹	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Alexian Brothers Community Services	Hamilton County	14	267	281
Texas	STAR Health (Comprehensive MCO)	Superior HealthPlan	Centene Corporation	Statewide	34,117	0	34,117

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Texas	STAR (Comprehensive MCO)	Amerigroup Texas, Inc.	Amerigroup, Inc.	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Tarrant SDA	539,812	0	539,812
Texas	STAR (Comprehensive MCO)	Superior Health Plan, Inc.	Centene Corporation	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Nueces SDA, Travis SDA	737,410	0	737,410
Texas	STAR (Comprehensive MCO)	El Paso Health Plans, Inc., dba El Paso Health	El Paso County Hospital District - DBA University Medical Center of El Paso	Bexar SDA, El Paso SDA	66,563	0	66,563
Texas	STAR (Comprehensive MCO)	Aetna Better Health of Texas, Inc.	Aetna	Bexar SDA, Tarrant SDA	74,678	0	74,678
Texas	STAR (Comprehensive MCO)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Bexar SDA	108,453	0	108,453
Texas	STAR (Comprehensive MCO)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Hidalgo SDA, Jefferson SDA	139,036	0	139,036
Texas	STAR (Comprehensive MCO)	Texas Children's Health Plan, Inc.	Texas Children's	Harris SDA, Jefferson SDA	348,467	0	348,467
Texas	STAR (Comprehensive MCO)	Molina Healthcare of Texas, Inc.	Molina Healthcare	Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	95,739	0	95,739

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Texas	STAR (Comprehensive MCO)	Driscoll Children's Health Plan	Driscoll	Hidalgo SDA, Nueces SDA	157,744	0	157,744
Texas	STAR (Comprehensive MCO)	Parkland Community Health Plan, Inc.	Dallas County Hospital District	Dallas SDA	165,083	0	165,083
Texas	STAR (Comprehensive MCO)	Cook Children's Health Plan	Cook Children's Health Care System	Tarrant SDA	107,151	0	107,151
Texas	STAR (Comprehensive MCO)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Harris SDA, Jefferson SDA	245,466	0	245,466
Texas	STAR (Comprehensive MCO)	Seton Health Plan, Inc., dba Dell Children's Health Plan	Seton Insurance Services Corporation	Travis SDA	23,122	0	23,122
Texas	STAR (Comprehensive MCO)	Health Care Service Corp. (dba Blue Cross Blue Shield)	Health Care Service Corporation	Travis SDA	31,971	0	31,971
Texas	STAR (Comprehensive MCO)	SHA, LLC, dba FirstCare Health Plans	Scott and White Health Plan	Lubbock SDA, MRSA West	84,226	0	84,226
Texas	STAR (Comprehensive MCO)	Scott & White Health Plan	Baylor Scott & White Holdings	MRSA Central	45,067	0	45,067
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Amerigroup Insurance Company	Amerigroup, Inc.	Dallas SDA, El Paso SDA, Harris SDA, MRSA West, Lubbock SDA	26,925	147	27,072
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc.	Centene Corporation	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA West SDA, Travis SDA, Nueces SDA	28,479	189	28,668
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Aetna Better Health of Texas Inc.	Aetna	Tarrant SDA	4,807	36	4,843

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Bexar SDA	7,858	41	7,899
Texas	STAR Kids (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA	30,436	159	30,595
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Texas Children's Health Plan, Inc.	Texas Children's	Harris SDA, Jefferson SDA, MRSA Northeast SDA	26,084	100	26,184
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Driscoll Children's Health Plan	Driscoll	Hidalgo SDA, Nueces SDA	10,396	45	10,441
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Cook Children's Health Plan	Cook Children's Health Care System	Tarrant SDA	9,447	46	9,493
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX)	Health Care Service Corporation	MRSA Central SDA, Travis SDA	7,870	48	7,918
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Children's Medical Center Health Plan	Children's Health System of Texas	Dallas SDA	9,202	34	9,236
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup Texas, Inc.	Anthem Insurance Companies, Inc.	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, Travis SDA	58,450	72,405	130,855

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc	Centene Corporation	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, MRSA West	65,788	73,702	139,490
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, MRSA Northeast	55,929	64,561	120,490
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina Healthcare of Texas, Inc.	Molina Healthcare	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	35,570	51,751	87,321
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	HealthSpring Life & Health Insurance Co., Inc.	Cigna	Hidalgo SDA, MRSA Northeast, Tarrant SDA	19,819	29,782	49,601
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA Insurance Company	Managed Care of North America (MCNA), Inc.	Statewide	1,229,546	0	1,229,546
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest USA Insurance Company, Inc.	DentaQuest, LLC (owned by DentaQuest Group, Inc.)	Statewide	1,650,398	0	1,650,398

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Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	American Medical Response	American Medical Response	Brown, Callahan, Coke, Coleman, Comanche, Concho, Crockett, Dimmit, Eastland, Edwards, Fisher, Haskell, Irion, Jones, Kent, Kimble, Kinney, Knox, Maverick, Mcculloch, Menard, Mitchell, Nolan, Reagan, Real, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Uvalde, Val Verde, Zavala	93,639	14,863	108,502
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Aransas, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bell, Bexar, Blanco, Bosque, Brazos, Brisco, Brooks, Burleson, Burnet, Caldwell, Cameron, Carson, Castro, Childress, Collingsworth, Cochran, Comal, Coryell, Crosby, Dallas, Dallam, Deaf Smith, Denton, Dickens,	2,022,031	202,581	2,224,612

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas (continued)	Medical Transportation Program (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Donley, Duval, Ellis, Erath, Falls, Fayette, Floyd, Freestone, Frio, Garza, Gray, Gillespie, Grimes, Guadalupe, Hall, Hale, Hamilton, Hansford, Hartley, Hays, Hemphill, Hidalgo, Hill, Hockley, Hood, Hunt, Hutchinson, Jim Hogg, Jim Wells, Johnson, Karnes, Kaufman, Kendall, Kenedy, Kerr, King, Kleberg, Lamb, Lampasas, Lee, Leon, Lipscomb, Limestone, Live Oak, Llano, Lubbock, Lynn, Madison, Mason, McLennan, McMullen, Medina, Milam, Mills, Moore, Motley, Navarro, Nueces, Ochiltree, Oldham, Palo Pinto, Parker, Parmer, Potter, Randall, Refugio, Roberts, Robertson, Rockwall, San Patricio, San Saba, Sherman, Somervell, Starr, Swisher, Tarrant, Terry, Travis, Washington, Webb, Wheeler, Willacy, Williamson, Wilson, Yoakum, Zapata	2,022,031	202,581	2,224,612

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Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management	Medical Transportation Management, Inc.	Anderson, Angelina, Austin, Bowie, Brazoria, Calhoun, Camp, Cass, Chambers, Cherokee, Colorado, De Witt, Delta, Fort Bend, Franklin, Galveston, Goliad, Gonzales, Gregg, Hardin, Harris, Harrison, Henderson, Hopkins, Houston, Jackson, Jasper, Jefferson, Lamar, Lavaca, Liberty, Marion, Matagorda, Montgomery, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wharton, Wood	1,174,476	110,262	1,284,738
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Project Armistad	Project Armistad	Andrews, Borden, Brewster, Crane, Culberson, Dawson, Ector, El Paso, Gaines, Glasscock, Howard, Hudspeth, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward, Winkler	199,829	26,891	226,720
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services (El Paso)	PACE	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	28	892	920

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network (Lubbock)	PACE	79401, 79402, 79403, 79404, 79405, 79406, 79407, 79408, 79409, 79410, 79411, 79412, 79413, 79414, 79415, 79416, 79423, 79424, 79430, 79452, 79453, 79454, 79464, 79490, 79491, 79493, 79499	12	156	168
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Werner (Amarillo)	PACE	9015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	2	125	127
Utah	UNI HOME (Comprehensive MCO)	HOME	University of Utah Health Plans	Statewide	720	475	1,195
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	University of Utah Health Plans	Statewide	42,297	6,446	48,743
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Molina Healthcare	Statewide	58,234	6,479	64,713
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Steward Health Care System	Beaver, Box Elder, Cache, Davis, Iron, Juab, Miller, Morgan, Rich, Salt Lake, Sanpete, Sevier, Summit, Tooele, Utah, Wasatch, Washington, and Weber Counties	16,895	1,563	18,458
Utah	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	Select Health, Inc.	Statewide	84,509	9,275	93,784

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Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Bear River Mental Health	Box Elder, Cache, and Rich Counties	15,133	1,507	16,640
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Central Utah Mental Health	Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties	8,177	1,059	9,236
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis Behavioral Health	Davis County	19,907	2,366	22,273
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Four Corners Community Behavioral Health	Grand, Emery and Carbon Counties	4,362	822	5,184
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling	Northeastern Counseling	Duchesne, Uintah, Daggett, and San Juan Counties	9,189	1,163	10,352
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Optum Health	Salt Lake County	86,925	13,130	100,055
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health	Southwest Behavioral Health	Beaver, Garfield, Kane, Iron and Washington Counties	22,546	2,659	25,205
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Valley Behavioral Health	Valley Behavioral Health	Summit and Tooele Counties	6,931	773	7,704

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Wasatch Mental Health	Utah County	41,758	3,871	45,629
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber Mental Health	Weber and Morgan Counties	22,749	3,425	26,174
Utah	Dental (Dental only (PAHP))	Premier Access	Avesis Incorporated	Salt Lake, Weber, Davis, and Utah Counties	64,738	37	64,775
Utah	Dental (Dental only (PAHP))	Delta Dental	Delta Dental	Davis, Salt Lake, Weber, and Utah Counties	60,391	32	60,423
Utah	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	Providence Service Corporation	Statewide	204,436	27,095	231,531
Vermont ¹⁰	Global Commitment to Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	Vermont Agency of Human Services	Statewide	122,550	760	123,310
Virginia	Medallion 3.0 (Comprehensive MCO)	Virginia Premier Health Plan	Virginia Premier Health Plan	Statewide	158,008	0	158,008
Virginia	Medallion 3.0 (Comprehensive MCO)	Anthem	Anthem Insurance Companies, Inc.	Statewide	251,115	0	251,115
Virginia	Medallion 3.0 (Comprehensive MCO)	Intotal Health	Inova Health System	Statewide	52,799	0	52,799
Virginia	Medallion 3.0 (Comprehensive MCO)	Kaiser	Kaiser	Statewide	12,887	0	12,887
Virginia	Medallion 3.0 (Comprehensive MCO)	Optima Health Care	PACE	Statewide	149,500	0	149,500
Virginia	Medallion 3.0 (Comprehensive MCO)	Coventry Health Plan	Coventry Health Plan	Statewide	35,658	0	35,658

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Virginia	CCC Plus (Comprehensive MCO + MLTSS)	Aetna Better Health for Virginia	Aetna	Statewide	14,431	16,160	30,591
Virginia	CCC Plus (Comprehensive MCO + MLTSS)	Anthem HealthKeepers	Anthem Insurance Companies, Inc.	Statewide	27,059	33,254	60,313
Virginia	CCC Plus (Comprehensive MCO + MLTSS)	Magellan Complete Care of Virginia	Magellan Health	Statewide	10,213	11,746	21,959
Virginia	CCC Plus (Comprehensive MCO + MLTSS)	Optima Health	Optima Health	Statewide	19,949	14,395	34,344
Virginia	CCC Plus (Comprehensive MCO + MLTSS)	United Health Care	UnitedHealthcare	Statewide	10,607	12,899	23,506
Virginia	CCC Plus (Comprehensive MCO + MLTSS)	Virginia Premier	Virginia Premier	Statewide	21,377	20,351	41,728
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Innovage	Innovage	23112 23113 23114 23120 23124 23129 23139 23140 23141 23146 23173 23181 23221 23224 23225 23226 23227 23228 23231 23232 23234 23235 23236 23237 23238 23240 23241 23249 23260 23261 23269 23273 23274 23276 23278 23279 23282 23284 23285	0	134	134

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia (continued)	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Innovage	Innovage	23286 23289 23290 23291 23293 23295 22546 23005 23009 23011 23015 23030 23039 23047 23058 23059 23060 23069 23075 23086 23089 23102 23103 23106 23111 23116 23150 23162 23192 23218 23219 23220 23222 23223 23229 23230 23233 23242 23250 23255 23288 23801 23803 23804 23805 23806 23830 23831 23832 23833 23834 23836 23838 23840 23841 23842 23850 23860 23875 23882 23885 23601 23605 23607 23651 23661 23662 23663 23664 23665 23666 23669 23602 23603 23604 23606 23608 23692 23693 23696	0	134	134
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire/All Care PACE	PACE	24215 24216 24218 24219 24221 24230 24243 24244 24245 24246 24248 24250 24251 24258 24263 24265 24271 24273 24277 24279 24281 24282 24283 24290 24293	4	189	193

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	INOVA PACE	Inova Health System	22034 22035 22036 22037 22038 22039 22040 22041 22042 22043 22044 22046 22047 22060 22066 22067 22079 22081 22082 22092 22093 22095 22096 22101 22102 22103 22106 22107 22108 22109 22116 22118 22119 22120 22121 22122 22124 22125 22134 22135 22150 22151 22152 22153 22156 22158 22159 22160 22161 22172 22180 22181 22182 22183 22184 22185 22191 22192 22193 22194 22195 22199 22201 22202 22203 22204 22205 22206 22207 22209 22210 22211 22212 22213 22214 22215 22216 22217 22218 22219 22222 22223 22225 22226 22227 22229 22230 22234 22240 22241 22242 22243 22244 22245 22246 22301	1,405	60	1,465
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE	Riverside Health System	23112 23113 23114 23120 23124 23129 23139 23140 23141 23146 23173 23181	5	401	406

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia (continued)	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE	Riverside Health System	23221 23224 23225 23226 23227 23228 23231 23232 23234 23235 23236 23237 23238 23240 23241 23249 23260 23261 23269 23273 23274 23276 23278 23279 23282 23284 23285 23286 23289 23290 23291 23293 23295 22546 23005 23009 23011 23015 23030 23039 23047 23058 23059 23060 23069 23075 23086 23089 23102 23103 23106 23111 23116 23150 23162 23192 23218 23219 23220 23222 23223 23229 23230 23233 23242 23250 23255 23288 23801 23803 23804 23805 23806 23830 23831 23832 23833 23834 23836 23838 23840 23841 23842 23850 23860 23875 23882 23885 23601 23605 23607 23651 23661 23662 23663 23664 23665 23666 23669 23602 23603 23604 23606 23608 23692 23693 23696	5	401	406

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Innovage PACE	Innovage	24011 24012 24013 24014 24015 24016 24017 24018 24019 24020 24059 24060 24064 24065 24066 24067 24070 24073 24077 24079 24083 24087 24090 24092 24095 24101 24121 24122 24138 24149 24151 24153 24162 24174 24175 24176 24179 24184	19	263	282
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE	Centra	23002 23004 23027 23040 23083 23123 23824 23894 23901 23909 23921 23922 23923 23930 23934 23936 23937 23939 23941 23942 23943 23947 23952 23954 23955 23958 23959 23960 23963 23966 23974 23976 2459924501 24502 24503 24504 24521 24522 24523 24536 24538 24550 24551 24553 24554 24556	5	208	213

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia (continued)	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE	Centra	24570 24572 24574 24588 2459324054 24055 24069 24078 24082 24089 24102 24104 24112 24137 24139 24146 24148 24161 24165 24168 24517 24527 24528 24530 24531 24540 24541 24549 24557 24563 24565 24566 24569 24571 24586 24594 24133 24176 24543 24576	5	208	213
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara PACE	Sentara Healthcare	23320 23321 23322 23323 23324 23325 23432 23433 23434 23435 23436 23437 23438 23701 23702 23703 23704 23707 23709 23314 23315 23430 23487 23846 23851 23883 23898 23451 23452 23453 23454 23455 23456 23457 23459 23460 23461 23462 23463 23464 23502 23503 23504 23505 23507 23508 23509 23510 23511 23513 23517 23518 23521 23523 23529	24	226	250

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹¹	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Multiple Sites	Multiple Sites	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Snohomish, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	22,412	0	22,412
Washington	Apple Health (Comprehensive MCO)	Amerigroup	Amerigroup, Inc.	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	126,669	0	126,669

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Apple Health (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	226,519	0	226,519
Washington	Apple Health (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	173,341	0	173,341

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Apple Health (Comprehensive MCO)	Molina Health Care of Washington	Molina Healthcare	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	569,871	0	569,871
Washington	Apple Health (Comprehensive MCO)	United Health Care	UnitedHealthcare	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	201,693	0	201,693

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Amerigroup	Amerigroup, Inc.	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	10,146	0	10,146
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Community Health Plan of WA	Community Health Plan of WA	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	16,372	0	16,372

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	11,465	0	11,465
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Molina Health Care	Molina Healthcare	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	32,295	0	32,295

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	United Health Care	UnitedHealthcare	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	13,890	0	13,890
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Amerigroup	Amerigroup, Inc.	Grant, Chelan, Douglas	3,831	0	3,831
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Grant, Chelan, Douglas	14,165	0	14,165
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Chelan, Clark, Douglas, Grant, Skamania	16,576	0	16,576
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Molina Health Care	Molina Healthcare	Chelan, Clark, Douglas, Grant, Skamania	134,248	0	134,248
Washington	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Provider (PCCM)	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima	5,186	0	5,186

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹²	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Amerigroup	Amerigroup, Inc.	Grant, Chelan, Douglas	1,398	0	1,398
Washington ¹²	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Coordinated Care of Washington	Coordinated Care of Washington	Grant, Chelan, Douglas	2,381	0	2,381
Washington ¹²	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Molina Health Care	Molina Healthcare	Chelan, Clark, Douglas, Grant, Skamania	7,081	0	7,081
Washington ¹²	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Health Care Plan of WA	Community Health Care Plan of Washington	Chelan, Clark, Douglas, Grant, Skamania	4,813	0	4,813
Washington ¹²	Washington State Integrated Community Mental Health Program (ICMH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	BHO	Behavioral Health Organizations of WA	Statewide	1,765,375	0	1,765,375
Washington ¹²	NEMT (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Multiple Transportation Brokers	Statewide	1,781,048	0	1,781,048
Washington ¹²	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	PACE	Statewide	670	0	670
West Virginia	Mountain Health Trust (Comprehensive MCO)	Aetna Better Health of WV	Aetna	Statewide	122,563	0	122,563

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
West Virginia	Mountain Health Trust (Comprehensive MCO)	The Health Plan	The Health Plan	Statewide	80,725	0	80,725
West Virginia	Mountain Health Trust (Comprehensive MCO)	Unicare	Anthem Insurance Companies, Inc.	Statewide	139,509	0	139,509
West Virginia	Mountain Health Trust (Comprehensive MCO)	West Virginia Family Health	West Virginia Family Health/Highmark	Statewide	64,396	0	64,396
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem BCBS	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	83,735	91	83,826
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Children's Community Health Plan	Children's Community Health Plan	Counties: Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	124,131	59	124,190
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Dean Health Plan	Counties: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, Sauk	37,613	43	37,656

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of Eau Claire	Group Health Cooperative	Counties: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Rusk, St. Croix, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Wood	48,194	91	48,285
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of South Central WI	Group Health Cooperative	County: Dane	5,435	14	5,449
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	iCare	Counties: Adams, Brown, Door, Fond du Lac, Grant, Green, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	15,921	18	15,939

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Counties: Ashland, Adams, Barron, Bayfield, Brown, Buffalo, Calumet, Chippewa, Clark, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sawyer, Shawano, Sheboygan, St. Croix, Sauk, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	32,431	37	32,468
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	Mercy Care	Counties: Dane, Green, Jefferson, Rock, Walworth	12,310	28	12,338

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Molina Healthcare	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	56,542	23	56,565
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette,	33,530	31	33,561

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin (continued)	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Network Health Plan	Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	33,530	31	33,561
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	Physicians Plus Health Plan	County: Dane	9,314	17	9,331
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	Security Health Plan	Counties: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood	55,634	94	55,728
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Trilogy Health Insurance	Counties: Brown, Dodge, Green Lake, Kenosha, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago	10,787	6	10,793

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	144,764	191	144,955
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Quartz	Quartz	Counties: Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Jackson, Jefferson, Juneau, La Crosse, Monroe, Rock, Sauk, Trempealeau, Vernon	29,797	42	29,839

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem BCBS	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	4,977	654	5,631
Wisconsin	SSI Managed Care (Comprehensive MCO)	Care Wisconsin	Community Care Health Plan (WI)	Counties: Adams, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Outagamie, Ozaukee, Richland, Rock, Trempealeau, Vernon, Waukesha, Waupaca, Waushara, Winnebago	2,426	369	2,795

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative of Eau Claire	Group Health Cooperative	Counties: Ashland, Buffalo, Chippewa, Columbia, Crawford, Douglas, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Oneida, Pepin, Polk, Portage, Price, Richland, Shawano, Trempealeau, Vernon, Vilas, Washburn, Wood	2,674	640	3,314
Wisconsin	SSI Managed Care (Comprehensive MCO)	Independent Care (iCare)	iCare	Counties: Adams, Brown, Dane, Dodge, Door, Fond Du Lac, Grant, Green, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Rock, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	6,387	3,906	10,293

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	4,834	1,346	6,180
Wisconsin	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Molina Healthcare	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	2,593	595	3,188

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	3,052	785	3,837

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	13,187	5,727	18,914
Wisconsin	Family Care Partnership Program (Comprehensive MCO + MLTSS)	Care Wisconsin	Community Care Health Plan (WI)	Counties: Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Waukesha	273	1,534	1,807
Wisconsin	Family Care Partnership Program (Comprehensive MCO + MLTSS)	Community Care, Inc.	Community Care Health Plan (WI)	Counties: Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, Waupaca	145	483	628

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care Partnership Program (Comprehensive MCO + MLTSS)	Independent Care (iCare)	iCare	Counties: Dane, Kenosha, Milwaukee, Racine	299	633	932
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin	Community Care Health Plan (WI)	Counties: Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara	1,587	6,894	8,481
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc.	Community Care Health Plan (WI)	Counties: Calumet, Fond du Lac, Kenosha, Milwaukee, Manitowoc, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	2,429	8,459	10,888

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	CommunityLink (became Inclusa in September 2017)	CommunityLink (became Inclusa in September 2017)	Counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Dodge, Douglas, Dunn, Eau Claire, Florence, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, Vilas, Washington, Waukesha, Washburn, Waushara, Wood	2,442	12,527	14,969
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Family Care	My Choice Family Care	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington, Waukesha	1,575	7,074	8,649

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care District	Lakeland Care District	Counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Outagamie, Portage, Shawano, Vilas, Waupaca, Winnebago, Wood	1,002	4,579	5,581
Wisconsin	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Children Come First	County: Dane	122	0	122
Wisconsin	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	WrapAround Milwaukee	County: Milwaukee	1,071	3	1,074
Wisconsin	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Community Health Plan	Children's Community Health Plan	Counties: Milwaukee, Kenosha, Racine, Washington, Ozaukee, Waukesha	3,141	0	3,141
Wisconsin	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Community Care Health Plan (WI)	Counties: Milwaukee and Waukesha	30	543	573
Wyoming	Care Management Entity for Emotionally Disturbed Children (Other Prepaid Health Plan (PHP) (limited benefits))	CME Statewide	Magellan Health	Statewide	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wyoming	Wyoming PACE at Cheyenne Medical Center (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Cheyenne Regional Medical Center	Laramie County	4	132	136

1. The information in this table was provided by state officials. In some cases, program or plan names in this table differ from those used in publicly available sources. Questions regarding state-specific information in this table should be directed to State/territorial Medicaid officials.
2. Beneficiaries can simultaneously enroll in Alabama's Patient 1st and Health Homes plans. The de-duplicated Patient 1st plan enrollment is 380,285.
3. Colorado reported plan level enrollment as 0 for plans that had less than 30 beneficiaries. As a result, reported plan-level enrollment in PACE may be lower than actual enrollment.
4. Colorado's comprehensive MCOs, Rocky Mountain Health Plans PRIME and Denver Health Medicaid Choice, are contracted under Regional Accountable Entity (RAE) 1 and RAE 5 of the state's PCCM Entity program, Accountable Care Collaborative.
5. Georgia is unable to provide separate counts of Medicaid-only and dually eligible beneficiaries for their NEMT program. As a result, Medicaid-only and total enrollment counts presented in this table include both Medicaid-only and Medicare-Medicaid beneficiaries.
6. Beneficiaries can concurrently enroll in Ohana Community Care Service and another medical or dental plan under the Quest program. The de-duplicated comprehensive MCO enrollment is 351,685.
7. Michigan is not able to provide dual-eligible enrollment for the Specialty Prepaid Inpatient Health plan.
8. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; Managed Dental Care or Oregon; and ODS Community Health, Inc., or (3) the Mental Health Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.
9. Beneficiaries can simultaneously enroll in (1) Magellan Health services, (2) DentaQuest USA Insurance Company, and (3) another comprehensive MCO. The de-duplicated comprehensive MCO enrollment is 1,386,664.
10. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. Vermont pays for Medicaid services for dually eligible enrollees on a FFS basis. Dually eligible enrollees reported in the Global Commitment to Health Demonstration are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program.
11. The 22,412 enrollees reported in the Health Home program excludes 72,261 beneficiaries who are enrolled in both comprehensive MCO programs and the Health Home program.
12. Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, BHSO, and PACE programs. As a result, Medicaid-only and total enrollment counts presented in this table include both Medicaid-only and Medicare-Medicaid beneficiaries.

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2018 ^{1,2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
TOTALS	66,107,287	1,017,265	1.5%	278,891	0.4%
Alabama	638,221	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,560,593	60,015	3.8%	0	0.0%
Arkansas	871,262	0	0.0%	0	0.0%
California	10,670,306	346,031	3.2%	0	0.0%
Colorado	1,171,171	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%
Delaware	208,802	13,542	6.5%	0	0.0%
District of Columbia	189,363	0	0.0%	0	0.0%
Florida ⁴	3,178,981	0	0.0%	101,524	3.2%
Georgia ⁵	1,485,250	0	0.0%	0	0.0%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii ⁴	351,685	9,466	2.7%	0	0.0%
Idaho ⁴	272,979	3,799	1.4%	0	0.0%
Illinois ⁴	2,176,902	28,756	1.3%	31,143	1.4%
Indiana	1,126,425	0	0.0%	0	0.0%
Iowa	580,507	41,421	7.1%	0	0.0%
Kansas ⁴	358,225	29,083	8.1%	0	0.0%
Kentucky	1,259,525	0	0.0%	0	0.0%

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Louisiana	1,504,540	0	0.0%	0	0.0%
Maine	234,327	0	0.0%	0	0.0%
Maryland	1,169,708	0	0.0%	0	0.0%
Massachusetts	1,211,485	61,367	5.1%	0	0.0%
Michigan ⁶	4,608,988	0	0.0%	19,055	0.4%
Minnesota ⁷	892,137	33,382	3.7%	0	0.0%
Mississippi	441,782	0	0.0%	0	0.0%
Missouri	954,603	0	0.0%	0	0.0%
Montana	215,475	0	0.0%	0	0.0%
Nebraska	249,024	0	0.0%	0	0.0%
Nevada	588,111	0	0.0%	0	0.0%
New Hampshire	133,829	0	0.0%	0	0.0%
New Jersey ⁸	1,569,344	44,715	2.8%	0	0.0%
New Mexico	666,050	28,957	4.3%	0	0.0%
New York ⁹	4,764,261	11,144	0.2%	211,268	4.4%
North Carolina	1,581,469	0	0.0%	0	0.0%
North Dakota	48,957	0	0.0%	0	0.0%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio ¹⁰	2,450,031	20,050	0.8%	0	0.0%
Oklahoma	649,023	0	0.0%	0	0.0%
Oregon	847,570	0	0.0%	0	0.0%
Pennsylvania ⁴	2,627,563	22,523	0.9%	0	0.0%
Puerto Rico	1,505,610	0	0.0%	0	0.0%

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Rhode Island	302,407	0	0.0%	0	0.0%
South Carolina	1,195,703	0	0.0%	0	0.0%
South Dakota	92,184	0	0.0%	0	0.0%
Tennessee	1,386,664	24,289	1.8%	0	0.0%
Texas	3,845,916	115,186	3.0%	0	0.0%
Utah	271,137	0	0.0%	0	0.0%
Vermont	123,310	1,311	1.1%	0	0.0%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	875,351	212,460	24.3%	0	0.0%
Washington	1,781,048	0	0.0%	0	0.0%
West Virginia	407,193	0	0.0%	0	0.0%
Wisconsin	811,920	3,395	0.4%	48,568	6.0%
Wyoming	370	0	0.0%	0	0.0%

1. Enrollment and user counts include both Medicaid-only and Medicare-Medicaid (“dual”) enrollees. For both types of enrollees, Medicaid covers LTSS. For dual enrollees, Medicaid may also cover Medicare cost-sharing for acute, primary care, and specialty services covered by Medicare, and other non-LTSS services that are not covered by Medicare.

2. Comprehensive Managed Care Including LTSS does not include PACE programs.

3. Some comprehensive managed care programs enroll beneficiaries who may be at risk of needing LTSS but do not receive any LTSS. The counts of LTSS users only include individuals that receive LTSS. States differ in their ability to report individuals who use MLTSS versus those who are enrolled (and may or may not be using LTSS). This table reports MLTSS users unless otherwise noted.

4. Florida, Hawaii, Idaho, Illinois, Kansas, and Pennsylvania report the number of enrollees in their MLTSS programs, some of whom may not be using MLTSS. The totals in this column do not include those six states because it is a count of users, not enrollees.

5. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,626,252 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.

6. 7,760 of Michigan's MLTSS users are receiving capitated HCBS under the state's Specialty Prepaid Inpatient Health Plan, a BHO. The remainder are receiving MLTSS under MI Choice, an MLTSS Only program.

7. Minnesota's MLTSS user count includes 3,867 dually eligible Medicare-Medicaid beneficiaries who received skilled nursing visits in the home, some of which may be paid for by Medicare rather than Medicaid.

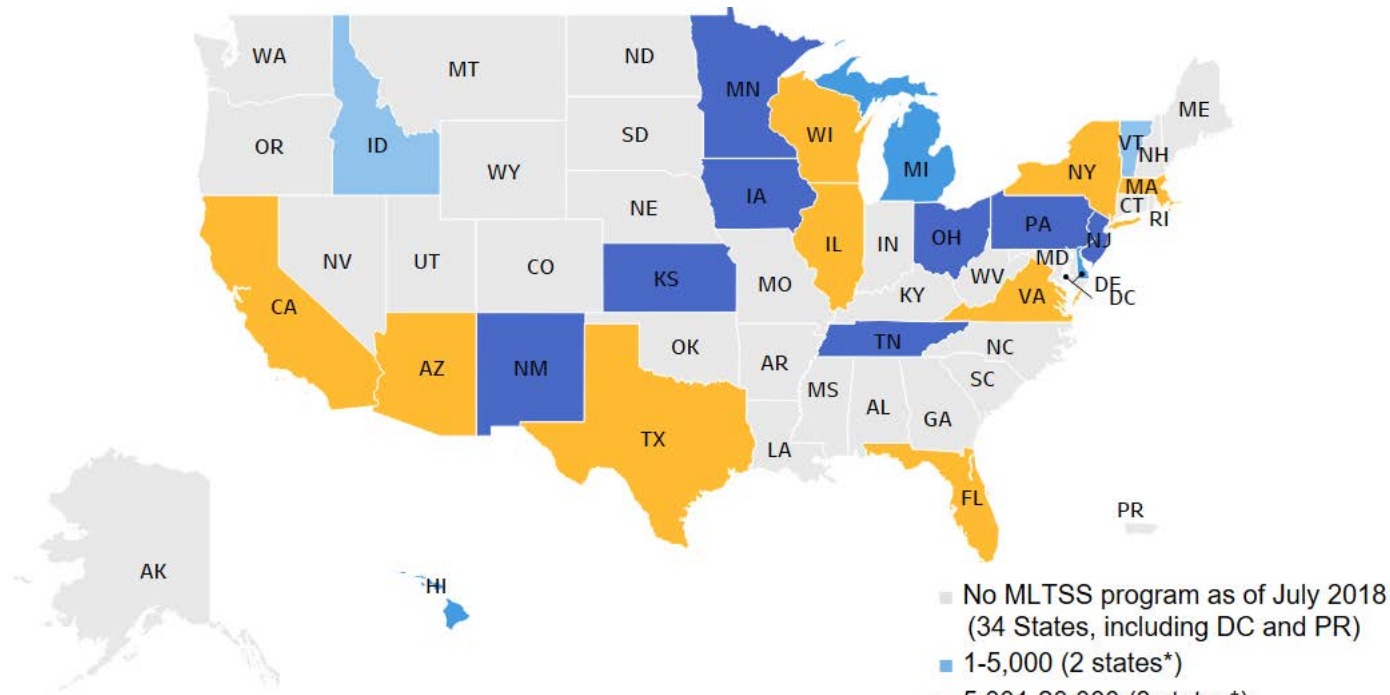
8. LTSS users in New Jersey are enrolled in either the FamilyCare program or the FIDE SNP program. Total LTSS users include enrollees from both of these programs who use LTSS services.

9. New York provides LTSS services through a comprehensive MCO+MLTSS program and a separate MLTSS-only program.

10. Since 2014, Ohio has operated an MLTSS program for dually eligible beneficiaries who chose not to participate in (i.e., opt out of) the MyCare Financial Alignment Demonstration. Ohio began reporting the MyCare Opt-Out as an MLTSS program in 2016.

Note: "n/a" indicates that a state or territory was not able to report data.

Map of State Counts of Users* of Managed Long-Term Services and Supports, as of July 1, 2018



U.S. Total (including FL, HI, ID, IL, KS, and PA data)* = 1,522,405
U.S. Total (excluding FL, HI, ID, IL, KS, and PA data) = 1,296,156

*This map presents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligible). Six states (Florida, Hawaii, Idaho, Illinois, Kansas, and Pennsylvania) were not able to report data on MLTSS users and instead report enrollment counts. Based on the number of MLTSS users each reported in 2016, and the overall increase in enrollment in comprehensive managed care reported since 2017, we have assumed the number of MLTSS users in 2018 is between 1-5,000 for Idaho, between 5,001-20,000 for Hawaii, between 20,001-50,000 for Kansas and Pennsylvania, and greater than 50,000 for Florida and Illinois. The map assigns the aforementioned category...

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2018

Features (N = total number of programs)	Comprehensive MCO with or without MLTSS (77): M	Comprehensive MCO with or without MLTSS (77): V	PCCM (13): M	PCCM (13): V	PCCM Entity (5): M	PCCM Entity (5): V	MLTSS (5): M	MLTSS (5): V	BHO (PIHP and/or PAHP) (15): M	BHO (PIHP and/or PAHP) (15): V	Dental (13): M	Dental (13): V	Transportation (18): M	Transportation (18): V	Other PHP (7): M	Other PHP (7): V	PACE (31): M	PACE (31): V
Low-income Adults	40	4	6	1	4	0	1	0	9	0	8	2	11	3	0	2	0	0
Aged, Blind or Disabled Children or Adults	45	14	10	2	3	1	2	1	11	0	9	2	15	3	1	1	0	24
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	43	4	10	1	4	0	1	0	9	0	9	2	13	3	1	2	0	0
Individuals receiving Limited Benefits	12	2	4	1	1	0	0	0	3	0	2	2	7	3	1	2	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	39	5	4	1	2	0	0	0	8	0	5	2	9	1	0	1	0	0
Full Duals	26	25	0	1	2	1	3	2	9	2	6	2	13	3	0	1	0	30
Partial Duals	6	5	0	1	0	0	0	1	4	2	3	0	6	2	0	1	0	20
Children with Special Health Care Needs	32	15	4	3	3	1	1	0	8	4	7	3	14	3	1	2	0	0
Native American/Alaskan Natives	23	43	4	7	2	2	2	2	5	7	6	7	7	5	0	5	0	23
Foster Care and Adoption Assistance Children	32	20	2	6	2	3	1	0	8	4	7	2	14	0	0	4	0	1
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children) ²	NA/AN 11	FC/AA 22	NA/AN 2	FC/AA 4	NA/AN 1	FC/AA 0	NA/AN 1	FC/AA 4	NA/AN 3	FC/AA 2	NA/AN 0	FC/AA 4	NA/AN 6	FC/AA 1	NA/AN 2	FC/AA 2	NA/AN 8	FC/AA 21

1. In some cases, the sum of mandatory and voluntary enrollment populations for any given program type is greater than the total number of programs of that type. That is because a state may treat individuals within a specific group, such as aged, blind, or disabled adults, differently. For example, a state can mandate enrollment of aged adults, while allowing blind and disabled adults to enroll voluntarily.

2. Certain federal statutory authorities do not allow enrollment of American Indians/Alaska Natives or Foster Care Children. Where states use these authorities to operate Medicaid managed care, American Indians/Alaska Natives or Foster Care Children are considered "exempt."

Table 8. Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2018

Features (total number of programs)	Comprehensive MCO with or without MLTSS (77)	PCCM (13)	PCCM Entity (5)	MLTSS (5)	BHO (PIHP and/or PAHP) (15)	Dental (13)	Transpor- tation (18)	Other PHP (7)	PACE (31)
Quality Assurance and Data Collection: HEDIS data required	68	3	2	1	8	9	0	3	2
Quality Assurance and Data Collection: CAHPS data required	66	3	2	1	4	10	0	3	1
Quality Assurance and Data Collection: Accreditation required	39	0	0	2	8	4	0	1	1
Quality Assurance and Data Collection: EQRO contractor used	71	3	2	4	9	7	1	3	2
Performance incentives: Payment bonuses/differentials to reward MCOs	30	2	1	3	4	1	2	1	1
Performance incentives: Preferential auto-enrollment to reward MCOs	20	0	0	1	0	0	0	0	0
Performance incentives: Public reports comparing MCO performance on key metrics	42	2	2	1	4	5	1	0	0
Performance incentives: Withholds tied to performance metrics	35	1	2	2	3	4	0	1	0
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	45	0	2	1	3	5	0	0	0

State Tables

Alabama Managed Care Program Features, as of 2018

Features	Maternity Care Program	PACE	Patient 1st
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Mobile and Baldwin County	Statewide
Federal operating authority	1915(b)	PACE	1932(a)
Program start date	09/01/1988	01/01/2012	10/01/2004
Waiver expiration date (if applicable)	08/30/2019		
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals		Voluntary	

Features	Maternity Care Program	PACE	Patient 1st
Populations enrolled: Children with Special Health Care Needs	Mandatory		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children		Exempt	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Open enrollment begins the first of every month, and disenrollment is effective the last day of the chosen month.	
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs		X	

Features	Maternity Care Program	PACE	Patient 1st
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Other medically necessary services as determined by the interdisciplinary team	

Features	Maternity Care Program	PACE	Patient 1st
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Maternity Care Plan	Mercy Life of Alabama	Patient 1st
Notes: Program notes	This is only a maternity care program. It is a PAHP only program. Maternity services are provided FFS, not under 1915(b) authority in the above excluded counties.		

Alabama Managed Care Program Features, as of 2018 (2 of 2)

Features	Health Homes	Integrated Care Network
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1945 Health Homes	1915(b)/1915(c)
Program start date	04/01/2015	10/01/2018
Waiver expiration date (if applicable)		09/30/2023
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Health Homes	Integrated Care Network
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary
Populations enrolled: Enrollment choice period	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home	X	

Features	Health Homes	Integrated Care Network
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		

Features	Health Homes	Integrated Care Network
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Health Homes	Alabama Select Network
Notes: Program notes	To be eligible for the Health Home, a recipient must be enrolled in Patient 1st and their assigned PMP must also be participating in the Health Home.	ICNs receive a monthly capitated payment inclusive of HCBS Case Management; other HCBS services are reimbursed on a FFS-basis. Only includes nursing home level of care for SNF recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers.

Arizona Managed Care Program Features, as of 2018

Features	Arizona Health Care Cost Containment System
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	07/13/1982
Waiver expiration date (if applicable)	09/30/2021
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory

Features	Arizona Health Care Cost Containment System
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	The enrollment choice period for members who are auto-assigned is 90 days. After the initial enrollment choice period, members receive an annual enrollment choice period of 60 days.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X

Features	Arizona Health Care Cost Containment System
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers & podiatry
Quality assurance and improvement: HEDIS data required?	Yes

Features	Arizona Health Care Cost Containment System
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	Please note that HEDIS and CAHPS are run by the EQRO not the MCO. CAHPS is completed by our EQRO, but AHCCCS does not request that every population be evaluated every year.
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	United Healthcare Plan; Care1st Health Plan; DCS/CMDP; DES/Division of Developmental Disabilities (MLTSS); United Healthcare Plan (MLTSS); Health Choice Arizona; Health Net Access; Mercy Care Plan; Mercy Care Plan (MLTSS); University Family Care; Mercy Maricopa Integrated Care; Cenpatico Integrated Care; Health Choice Integrated Care; Banner University Family Care (MLTSS)

Features	Arizona Health Care Cost Containment System
Notes: Program notes	Enrollment (voluntary with auto-enrollment) – members have choice, and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 30 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native members of these populations are voluntarily enrolled.

Arkansas Managed Care Program Features, as of 2018 (1 of 2)

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	PACE	1915(b)
Program start date	01/01/2014	04/01/2016	02/01/2018
Waiver expiration date (if applicable)			03/01/2019
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Mandatory

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Capitated comprehensive medical and social services in adult day health centers and in-home and referral services according to the participants needs.	
Quality assurance and improvement: HEDIS data required?	No	No	No

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		Health Management Plan (CMS)	
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Multiple primary care providers	Complete Health; Total Life Healthcare	Summit Community Care; Arkansas Total Care; Empower Healthcare Solutions; Forevercare

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Notes: Program notes			<p>The PASSE is designed to address the needs of Medicaid beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs. Providers of specialty and medical services will enter into partnerships with each other and an experienced organization that performs administrative functions similar to insurance companies. Providers retain majority ownership of each PASSE. The governing body of each PASSE must include several types of providers including a Developmental Disabilities Services provider, a Behavioral Health Services provider, a hospital, a physician, and a pharmacist. There are 2 phases of implementation. Phase I, which began on February 1, 2018, is when each PASSE is responsible for providing care coordination to every individual that has been assigned to them. Phase II, which began March 1, 2019, is when the PASSE entered into a full-risk contract as an MCO.</p>

Arkansas Managed Care Program Features, as of 2018 (2 of 2)

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Program type	Dental only (PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b),1902(a)(70) NEMT
Program start date	01/01/2018	03/01/1998
Waiver expiration date (if applicable)	12/31/2022	09/30/2019
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management		

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Delta Dental of Arkansas; Managed Care of North America (MCNA) Dental	Southeasttrans; Central Arkansas Development Council; Area Agency on Aging of Western Arkansas; Mid-Delta; Area Agency on Aging of Southeast Arkansas

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Notes: Program notes	<p>In early December 2017, all Arkansas Medicaid beneficiaries who are eligible for dental benefits were randomly and evenly assigned to one of the two dental managed care plans. Members were able to access plan providers starting January 1, 2018 for covered dental services. If members wish to switch plans, they have 90 days to do so. The vendors will serve all members who receive dental services through Medicaid except for those residing in Human Development Centers, individuals enrolled in the Program for All Inclusive Care for the Elderly (PACE), members who reside in a nursing home setting, and individuals who are eligible for Medicaid only after incurring medical expenses that cause them to “spend down” to Medicaid eligibility levels.</p>	

California Managed Care Program Features, as of 2018 (1 of 4)

Features	Positive Healthcare/Los Angeles	Family Mosaic Program/San Francisco	Health Plan of San Mateo CCS Demo/San Mateo
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Los Angeles	San Francisco	San Mateo
Federal operating authority	1937 Alt Benefit Plan	1915(a)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2002	12/01/1992	06/01/2012
Waiver expiration date (if applicable)			04/01/2018
If the program ended in 2018, indicate the end date			04/01/2018
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory

Features	Positive Healthcare/Los Angeles	Family Mosaic Program/San Francisco	Health Plan of San Mateo CCS Demo/San Mateo
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period			Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

Features	Positive Healthcare/Los Angeles	Family Mosaic Program/San Francisco	Health Plan of San Mateo CCS Demo/San Mateo
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	No

Features	Positive Healthcare/Los Angeles	Family Mosaic Program/San Francisco	Health Plan of San Mateo CCS Demo/San Mateo
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Positive Healthcare/Los Angeles	Family Mosaic Project/San Francisco	Health Plan of San Mateo CCS Demo
Notes: Program notes			

California Managed Care Program Features, as of 2018 (2 of 4)

Features	County Organized Health Systems (COHS) Model	Two-Plan Model	Regional Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Del Norte, Humboldt, Lake, Lassen, Marin, Medocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1995	01/01/1996	10/02/2013
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Varies	Varies	Voluntary
Populations enrolled: Partial Duals	Mandatory		

Features	County Organized Health Systems (COHS) Model	Two-Plan Model	Regional Model
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X

Features	County Organized Health Systems (COHS) Model	Two-Plan Model	Regional Model
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD	X	X	
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

Features	County Organized Health Systems (COHS) Model	Two-Plan Model	Regional Model
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	County Organized Health Systems (COHS) Model	Two-Plan Model	Regional Model
Participating plans: Plans in Program	CenCal Health/San Luis Obispo; CenCal Health/Santa Barbara; Health Plan of San Mateo; Partnership HealthPlan of CA/Northeast; Partnership HealthPlan of CA/Northwest; Partnership Health Plan/Southeast; Partnership Health Plan/Southwest; Central California Alliance for Health/Merced; Central California Alliance for Health/Monterey Santa Cruz; CalOptima/Orange; Gold Coast Health Plan/Ventura	Health Net/Kern; Health Net/Los Angeles; Health Net/San Joaquin; Health Net/Stanislaus; Health Net/Tulare; CalViva Health/Fresno; CalViva Health/Kings; CalViva Health/Madera; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Santa Clara; Anthem Blue Cross Partnership Plan/Tulare; Kern Family Health Care; L.A. Care Health Plan/Los Angeles; Contra Costa Health Plan; Alameda Alliance for Health; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; Molina Healthcare of CA Partner Plan/Riverside; Molina Healthcare of CA Partner Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Health Plan of San Joaquin/Stanislaus; Santa Clara Family Health Plan	California Health & Wellness Plan/Imperial; California Health & Wellness Plan/Region 1; California Health & Wellness Plan/Region 2; Molina Healthcare of CA Partner Plan/Imperial; Anthem Blue Cross Partnership Plan/Region 1; Anthem Blue Cross Partnership Plan/Region 2; KP Cal LLC/Amador; KP Cal LLC/EI Dorado; KP Cal LLC/Placer
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties.	Full duals are mandatory for managed care enrollment in CCI Counties (Los Angeles, Riverside, San Bernardino, and Santa Clara) and voluntary for all other counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare).	

California Managed Care Program Features, as of 2018 (3 of 4)

Features	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Sacramento, San Diego	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/01/1991	01/01/1996	06/01/1991
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Varies	Voluntary	Voluntary
Populations enrolled: Partial Duals			Voluntary

Features	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other		N/A
Populations enrolled: Enrollment broker name (if applicable)	Health Care Options (Maximus)		
Populations enrolled: Notes on enrollment choice period	Approximately 45 days		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X

Features	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

Features	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)
Participating plans: Plans in Program	Care 1st Partner Plan/San Diego; Community Health Group Partnership Plan/San Diego; Health Net/San Diego; KP Cal LLC/San Diego; Molina Healthcare of CA Partner Plan/San Diego; Aetna Better Health of CA/San Diego; UnitedHealthcare Community Plan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net/Sacramento; KP Cal LLC/Sacramento; Molina Healthcare of CA Partner Plan/Sacramento; Aetna Better Health of CA/Sacramento; UnitedHealthcare Community Plan/Sacramento	SCAN Health Plan/Los Angeles; SCAN Health Plan/Riverside; SCAN Health Plan/San Bernardino; SCAN Health Plan (Nurs hm cert)/Los Angeles; SCAN Health Plan (Nurs hm cert)/Riverside; SCAN Health Plan (Nurs hm cert)/San Bernardino	Redwood Coast Pace/Humboldt; San Diego PACE; St. Paul's PACE/San Diego; Sutter SeniorCare PACE/Sacramento; AltaMed Senior Buenacare/Los Angeles; Brandman Centers for Senior Care/Los Angeles; CalOptima PACE/Orange; Center for Elders Independence/Alameda; Center for Elders Independence/Contra Costa; Fresno PACE; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento).		

California Managed Care Program Features, as of 2018 (4 of 4)

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Rady Children’s Hospital San Diego (RCHSD)
Program type	Dental only (PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Los Angeles	Sacramento	San Diego
Federal operating authority	1915(a)/1915(i)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/1998	12/01/1998	08/01/2018
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Voluntary	
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Rady Children's Hospital San Diego (RCHSD)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	60 days	60 days	
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Rady Children's Hospital San Diego (RCHSD)
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Rady Children's Hospital San Diego (RCHSD)
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles	Health Net Dental Plan/Sacramento; Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento	Rady Children's Hospital San Diego (RCHSD)
Notes: Program notes			Rady Children's Hospital San Diego (RCHSD) is a new program that began serving special needs children in August 2018. The five CCS eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.

Colorado Managed Care Program Features, as of 2018 (1 of 2)

Features	Program of All-Inclusive Care for the Elderly	Accountable Care Collaborative (ACC)	Colorado Medicaid Community Behavioral Health Services Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, Montrose	Statewide	Statewide
Federal operating authority	PACE	1915(b)	1915(b)
Program start date	10/01/1991	07/01/2018	07/01/1995
Waiver expiration date (if applicable)		06/30/2023	06/30/2019
If the program ended in 2018, indicate the end date			06/30/2018
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory

Features	Program of All-Inclusive Care for the Elderly	Accountable Care Collaborative (ACC)	Colorado Medicaid Community Behavioral Health Services Program
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.	Maximus Health Services, Inc.	
Populations enrolled: Notes on enrollment choice period	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled on the first of the month.	Beneficiaries are passively enrolled and can choose their primary care provider at any time.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	

Features	Program of All-Inclusive Care for the Elderly	Accountable Care Collaborative (ACC)	Colorado Medicaid Community Behavioral Health Services Program
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X

Features	Program of All-Inclusive Care for the Elderly	Accountable Care Collaborative (ACC)	Colorado Medicaid Community Behavioral Health Services Program
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, and transportation.	All members enrolled in ACC are eligible for all 1932(a) state plan benefits. They also get benefits covered under the 1915(b) waiver. All plans are responsible for providing behavioral health benefits under the 1915(b) waiver.	
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics		X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	

Features	Program of All-Inclusive Care for the Elderly	Accountable Care Collaborative (ACC)	Colorado Medicaid Community Behavioral Health Services Program
Participating plans: Plans in Program	Rocky Mountain Health Care Services (PACE); Total Longterm Care - Pueblo DBA Innovage Greater Colorado PACE; Total Longterm Care - Innovage Aurora (PACE); Volunteers of America (VOANS) PACE DBA Senior Community Care; Total Longterm Care - Innovage Loveland (PACE); TRU Community Care; Total Longterm Care - Innovage Lakewood (PACE); Total Longterm Care - Innovage Thornton (PACE)	RAE 1: Rocky Mountain Health Plans; RAE 2: Northeast Health Partners; RAE 3: Colorado Access; RAE 4: Health Colorado, Inc.; RAE 5: Colorado Access; RAE 6: Colorado Community Health Alliance; RAE 7: Colorado Community Health Alliance	Colorado Health Partnerships; Behavioral Healthcare, Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Denver; Access Behavioral Care - Northeast
Notes: Program notes		The Accountable Care Collaborative (ACC) program has seven regional plans called Regional Accountable Entities (RAEs). The RAEs operate as both PCCM Entity and PIHP program types. The state pays the RAEs a full-risk capitation payment for behavioral health services under the PIHP authority. The RAEs also get an administrative (not risk-based) per member per month payment for functions performed as a PCCM Entity.	The Colorado Medicaid Community Behavioral Health Services Program contracts with BHOs to arrange for or provide medically necessary mental health services to clients in five service areas. In each area, the program is managed by a different behavioral health organization BHO. Medicaid members are assigned to a BHO based on where they live.

Colorado Managed Care Program Features, as of 2018 (2 of 2)

Features	Denver Health Medicaid Choice	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Denver, Arapahoe, Adams, Jefferson Counties	Garfield, Gunnison, Mesa, Montrose, Pitkin, Rio Blanco Counties
Federal operating authority	1915(a)	1932(a)
Program start date	01/01/1997	09/01/2014
Waiver expiration date (if applicable)		
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Voluntary	

Features	Denver Health Medicaid Choice	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.	Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	Clients are passively enrolled with 90 days to opt-out after enrollment. Each year, clients are given notice 60 days prior to the first day of their birth month that they can disenroll.	Clients are passively enrolled with 90 days to opt-out after enrollment. Each year, clients are given notice 60 days prior to the first day of their birth month that they can disenroll.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices		

Features	Denver Health Medicaid Choice	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Benefits covered: EPSDT	X	X
Benefits covered: Case management		
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment	Durable medical equipment
Quality assurance and improvement: HEDIS data required?	Yes	Yes

Features	Denver Health Medicaid Choice	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.	Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X
Participating plans: Plans in Program	Denver Health Medicaid Choice	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Notes: Program notes	Denver Health Medicaid Choice is contracted and operates under RAE 5 (Colorado Access) of the Accountable Care Collaborative program.	Rocky Mountain Health Plans Prime is contracted and operates under RAE 1 (Rocky Mountain Health Plans) of the Accountable Care Collaborative program.

Delaware Managed Care Program Features, as of 2018

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan	Saint Francis Life
Program type	Non-Emergency Medical Transportation	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	New Castle County
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2002	01/01/1996	02/01/2013
Waiver expiration date (if applicable)		07/31/2019	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan	Saint Francis Life
Populations enrolled: Native American/Alaskan Natives	Exempt	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period		Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		DXC Technology	DXC Technology
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	
Benefits covered: Case management		X	X

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan	Saint Francis Life
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers, home-delivered meals, emergency response system, home modifications	
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan	Saint Francis Life
Quality assurance and improvement: Accreditation required?	No	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization		NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)		Mercer Government Human Services Consulting	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	LogistiCare/Circulation Non-Emergency Medical Transportation	Highmark Health Options of Delaware; AmeriHealth Caritas of Delaware	Saint Francis Life
Notes: Program notes		AmeriHealth Caritas contract began on 1/1/2018.	

District of Columbia Managed Care Program Features, as of 2018

Features	DC Healthy Families	Child and Adolescent Supplemental Security Income Program (CASSIP)	Non-Emergency Medical Transportation (NEMT)
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(a)	1902(a)(70) NEMT
Program start date	04/01/1994	01/01/1996	10/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Exempt

Features	DC Healthy Families	Child and Adolescent Supplemental Security Income Program (CASSIP)	Non-Emergency Medical Transportation (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary. All other beneficiaries stay in fee-for-service.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home	X		

Features	DC Healthy Families	Child and Adolescent Supplemental Security Income Program (CASSIP)	Non-Emergency Medical Transportation (NEMT)
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Freestanding birth centers	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No	No

Features	DC Healthy Families	Child and Adolescent Supplemental Security Income Program (CASSIP)	Non-Emergency Medical Transportation (NEMT)
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	AmeriHealth Caritas District of Columbia; Amerigroup District of Columbia; Trusted Health Plan	Health Services for Children with Special Needs	Medical Transportation Management, Inc.
Notes: Program notes	Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household. Nursing facilities are covered by MCO for the first 30 consecutive days. DC Healthy Families was previously reported as the Medicaid Managed Care Program.	Aged, blind, or disabled children and adults are eligible up to the age of 26. CASSIP was previously reported as Health Services for Children with Special Needs.	The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members. Non-emergency medical transportation for managed care members is paid by the District's Medicaid managed care organizations for low-income adults and children.

Florida Managed Care Program Features, as of 2018 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	03/01/2014	01/01/2003
Waiver expiration date (if applicable)	06/30/2022	12/27/2021	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after determined eligible. Beneficiaries are then given 120 days to pick a plan.		Continuous while slots are available
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, birth center, podiatry, and targeted case management. In addition, the agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and can include, but are not necessarily	Home health prosthetic devices, intermittent and skilled nursing services. In addition, the agency also negotiated expanded benefits above the Medicaid state plan service package and 1915(c). These expanded benefits vary by plan and include, but	All other FL Medicaid covered services and other services as determined by the multidisciplinary team

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
	limited to, expanded adult dental services, expanded outpatient hospital visits, physician home visits, nutritional counseling, and home and community-based services.	are not limited to, cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of nursing facilities.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Amerigroup Florida, Inc.; Better Health, Inc.; Aetna DBA Coventry Healthcare of FL, Inc.; Humana Medical Plan; Molina Healthcare of Florida, Inc.; Prestige Health Choice; South Florida Community Care Network DBA Community Care Plan; Simply	Amerigroup Florida, Inc.; Aetna DBA Coventry Healthcare of FL, Inc.; Molina Healthcare of FL, Inc.; Centene DBA Sunshine State Health Plan, Inc.; United Healthcare of FL, Inc.; Humana Medical Plan, Inc.	Florida PACE Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
	<p>Healthcare Plans, Inc.; Wellcare Health Plan of Florida DBA Staywell; Centene DBA Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; AIDS Healthcare Foundation DBA Positive Healthcare, Inc.; Freedom Health, Inc.; Magellan Complete Care, LLC; Simply Healthcare Plans DBA Clear Health Alliance; Sunshine State Health Plan, Inc.; Children's Medical Services</p>		
Notes: Program notes	<p>The following populations are enrolled automatically in the Managed Medical Assistance (MMA) program. Pregnant women who meet all other criteria for Medicaid eligibility are automatically enrolled, however presumptively eligible pregnant women are excluded. Full dual recipients receiving fee-for-service Medicare or beneficiaries who are enrolled in a Medicare Advantage plan are automatically enrolled, however duals who are not fully liable but who are enrolled in a fully liable Medicare Advantage plan or in a Medicare Advantage Special Needs plan are excluded. The MMA program includes MMA specialty plans for recipients in the child welfare system, recipients under the age of 21 with chronic conditions, recipients with HIV or AIDS, recipients with a serious mental illness, and adults with chronic conditions who have both Medicare and full Medicaid (also called "full duals"). The MMA specialty plans cover the same health care services as the standard MMA plans.</p>	<p>A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll in the Long-term Care program. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration in order to enroll in the Long-term Care program. In addition to the 60 day enrollment period, once a recipient is enrolled with a plan they have 120 days to change plans if they wish to do so.</p>	

Florida Managed Care Program Features, as of 2018 (2 of 2)

Features	Dental
Program type	Dental only (PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	12/01/2018
Waiver expiration date (if applicable)	06/30/2022
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	

Features	Dental
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	Dental
Quality assurance and improvement: Accrediting organization	NCQA, Nationally recognized accrediting organizations
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	MCNA Dental; DentaQuest; Liberty
Notes: Program notes	Under the Medically Needy program, Floridians who would be eligible for Medicaid except for their income can “spend down” to the Medicaid limit using qualified medical expenses. Once they spend down (meet their “share of cost”) each month, they are eligible for Medicaid services, including dental, until the end of the month. Medically Needy recipients who meet their monthly share of cost are enrolled into a dental plan at the point in the month when they meet their share of cost. Eligibility for dental services through the plans lasts through the end of the month once share of cost is met. The Medically Needy recipient will be enrolled into that same plan each month that they meet their share of cost.

Georgia Managed Care Program Features, as of 2018 (1 of 2)

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)/1915(i)	1932(a),1932(a)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011
Waiver expiration date (if applicable)			12/31/2020
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Voluntary
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	Other
Populations enrolled: Enrollment broker name (if applicable)	maximus	Maximus	
Populations enrolled: Notes on enrollment choice period			Women who are enrolled in the P4HB program are granted a 30 days period to select a care management organization (CMO) of their choice. Furthermore, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is autoassigned to a CMO, in order to receive P4HB services, based on the state's auto-assignment algorithm.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, nurse midwife	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, JCAHO, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup Community Care; CareSource - Georgia; Peach State Health Plan; WellCare of Georgia	Amerigroup	Amerigroup; CareSource- Georgia; Peach State Health Plan; WellCare of Georgia

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Notes: Program notes	<p>Georgia Families is a program that delivers health care services to members of Medicaid and PeachCare for Kids. (PeachCare for Kids is an S-CHIP program. The enrollment data provided in this report do not include enrollment data for PeachCare for Kids.) The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs. Dually eligible beneficiaries are not eligible to enroll in Georgia Families. However, if an individual becomes dually eligible while already enrolled in a Georgia Families plan, a short delay in disenrollment results in the inclusion of a small number of dually eligible enrollees in Georgia Families plans.</p>	<p>Georgia Families 360 enrolls children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system.</p>	

Georgia Managed Care Program Features, as of 2018 (2 of 2)

Features	Non-Emergency Medical Transportation (NEMT)
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	10/07/1997
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Exempt

Features	Non-Emergency Medical Transportation (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	Non-Emergency Medical Transportation (NEMT)
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No

Features	Non-Emergency Medical Transportation (NEMT)
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Southeast Trans; Logisticare
Notes: Program notes	To provide the necessary non-emergency medical transportation, DCH utilizes a brokerage system and it is these two Brokers, LogistiCare and Southeastrans, who coordinate and provide NEMT services for the state's five regions (North, Atlanta, Central, East and Southwest). NEMT brokers are paid a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Transportation services are provided at no cost.

Hawaii Managed Care Program Features, as of 2018

Features	Hawaii QUEST Integration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	09/01/1994
Waiver expiration date (if applicable)	07/31/2024
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Hawaii QUEST Integration
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	30 days
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	Hawaii QUEST Integration
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA

Features	Hawaii QUEST Integration
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	AlohaCare QUEST; Hawaii Medical Service Association (HMSA) QUEST; Kaiser Permanente QUEST; Ohana Health Plan QUEST; UnitedHealthcare Community Plan QUEST; AlohaCare ABD; HMSA ABD; Kaiser ABD; Ohana ABD; UnitedHealth ABD; Ohana Community Care Service (BHS)
Notes: Program notes	

Idaho Managed Care Program Features, as of 2018 (1 of 2)

Features	Idaho Behavioral Health Plan	Healthy Connections	Medicare/Medicaid Coordinated Plan
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Counties
Federal operating authority	1915(b),1915(b)/1915(i)	1932(a)	1915(a)/1915(c)
Program start date	09/01/2013	10/01/2006	07/01/2014
Waiver expiration date (if applicable)	03/21/2022		12/31/2019
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary	
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary

Features	Idaho Behavioral Health Plan	Healthy Connections	Medicare/Medicaid Coordinated Plan
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt
Populations enrolled: Enrollment choice period		N/A	
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Idaho Behavioral Health Plan	Healthy Connections	Medicare/Medicaid Coordinated Plan
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Peer support; family support		Medicaid-Primary services not covered by Medicare
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	Yes

Features	Idaho Behavioral Health Plan	Healthy Connections	Medicare/Medicaid Coordinated Plan
Quality assurance and improvement: Accrediting organization	NCQA	For those participating at tiers 3 or 4 of our PCMH model, national accreditation is required.	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			Telligen
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Idaho Behavioral Health Plan	Healthy Connections	Medicare/Medicaid Coordinated Plan
Notes: Program notes	HCBS Services are not covered under this program.		

Idaho Managed Care Program Features, as of 2018 (2 of 2)

Features	Idaho Smiles	Non-Emergency Medical Transportation
Program type	Dental only (PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	08/01/2010	09/01/2010
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	Idaho Smiles	Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period		
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management		
Benefits covered: SSA Section 1945-authorized health home		

Features	Idaho Smiles	Non-Emergency Medical Transportation
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No

Features	Idaho Smiles	Non-Emergency Medical Transportation
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC	URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Idaho Smiles	Non-Emergency Medical Transportation
Notes: Program notes		

Illinois Managed Care Program Features, as of 2018

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Program type	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Cook, DuPage, Kane, Kankakee, Lake and Will counties
Federal operating authority	1932(a)/1915(c)	1915(b)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	07/11/2021	12/31/2019
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, assisted living, assistive/augmentative communication devices, audiology, behavioral, blood and blood components, chiropractic, durable medical equipment, environmental accessibility, immunization, physical/occupational and speech therapy, podiatry, renal, specialized medical equipment and supplies, vision	Non-Medicare behavioral health

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	Blue Cross Blue Shield of Illinois; CountyCare; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners; Harmony Health Plan	Blue Cross Blue Shield of Illinois; CountyCare; Harmony Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Notes: Program notes	<p>HealthChoice Illinois is a statewide program, effective 1/1/2018, comprised of the populations previously included in the Integrated Care Program, the Family Health Plan/Affordable Care Act Program, and the Managed Long Term Services and Supports Program. Low-income pregnant women are enrolled mandatorily in this program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors or Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall achieve accreditation by the NCQA within two (2) years after the date the MCO became eligible for accreditation.</p> <p>HealthChoice Illinois enrolls several populations through 1915(c) waiver authority, via five different 1915(c) waivers, each of which has a different start and expiration date. The current Persons with Disabilities 1915(c) waiver began on 7/12/2016 and will expire on 7/11/2021; the current Elderly 1915(c) waiver began on 11/1/2016 and will expire on 10/31/2021; the current Traumatic Brain Injury 1915(c) waiver began on 7/1/2017 and will expire on 6/30/2022; the current Supportive Living Facility 1915(c) waiver began on 10/23/2017 and will expire on 10/22/2022; and the current HIV/AIDS 1915© waiver began on 10/1/2018 and will expire on 9/30/2023.</p>	<p>Dually eligible adults enrolled in the state's Financial Alignment Initiative Demonstration (MMAI) are not allowed to enroll in this program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors or Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall achieve accreditation by the NCQA within two (2) years after the date the MCO became eligible for accreditation.</p>

Indiana Managed Care Program Features, as of 2018 (1 of 2)

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Lake and Johnson Counties, and the following zip codes: 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259, 46506, 46514, 46516, 46517, 46526, 46530, 46536, 46544, 46545, 46552, 46554, 46556, 46561, 46574, 46601, 46613, 46614, 46615, 46616, 46617, 46619, 46628, 46635, 46637, 46563, 46573	Statewide	Statewide
Federal operating authority	PACE	1915(b)	1932(a)
Program start date	10/01/2012	04/01/2015	01/01/2000
Waiver expiration date (if applicable)		06/30/2019	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		If members do select a health plan upon application, they are auto-assigned. They have a 90-day window to change their health plan.	If members do select a health plan upon application, they are auto-assigned. They have a 90-day window to change their health plan.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry	Podiatry

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Burns and Associates	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	Franciscan Senior Health and Wellness; Saint Joseph PACE	Anthem; Managed Health Services of Indiana	Anthem; Caresource Indiana, Inc; Managed Health Services of Indiana; MDWise
Notes: Program notes			

Indiana Managed Care Program Features, as of 2018 (2 of 2)

Features	Healthy Indiana Plan (2.0)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	02/01/2015
Waiver expiration date (if applicable)	12/31/2020
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Healthy Indiana Plan (2.0)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	If members do select a health plan upon application, they are auto-assigned. They have a 60-day window to change their health plan. Members cannot change plans after having made a POWER account contribution.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X

Features	Healthy Indiana Plan (2.0)
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	Healthy Indiana Plan (2.0)
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Anthem; Caresource Indiana, Inc; Managed Health Services of Indiana; MDWise
Notes: Program notes	

Iowa Managed Care Program Features, as of 2018 (1 of 2)

Features	IA Healthlink	Dental Wellness Plan	PACE
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, and Warren Counties
Federal operating authority	1915(b)/1915(c), 1937 Alt Benefit Plan, 1945 Health Homes	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	04/01/2016	05/01/2014	09/01/2009
Waiver expiration date (if applicable)	03/31/2021	01/01/2020	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals		Mandatory	

Features	IA Healthlink	Dental Wellness Plan	PACE
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus (Iowa Medicaid Member Services contractor)	Maximus (Iowa Medicaid Member Services contractor)	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		

Features	IA Healthlink	Dental Wellness Plan	PACE
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No

Features	IA Healthlink	Dental Wellness Plan	PACE
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	UnitedHealthcare; Amerigroup of Iowa, Inc.	Delta Dental of Iowa; MCNA Dental Plans, Inc.	PACE
Notes: Program notes			

Iowa Managed Care Program Features, as of 2018 (2 of 2)

Features	NEMT
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	01/01/2009
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	NEMT
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	NEMT
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	NEMT
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Access2Care, LLC
Notes: Program notes	

Kansas Managed Care Program Features, as of 2018

Features	KanCare	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Leavenworth, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Reno, Rice, Saline, Sedgwick, Shawnee, Pottawatomie, Wabaunsee and Wyandotte counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2013	08/01/2002
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary

Features	KanCare	PACE
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC Technology	DXC Technologies
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X

Features	KanCare	PACE
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Adult day care, recreational therapy, meals, social services, social work counseling, etc.
Quality assurance and improvement: HEDIS data required?	Yes	No

Features	KanCare	PACE
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Amerigroup Kansas, Inc.; Sunflower State Health Plan; United HealthCare Community Plan of Kansas	Via Christi; Midland Care; Bluestem Pace, Inc.
Notes: Program notes	Kansas operates Kancare under the 1115(a) demonstration waiver concurrently with seven 1915(c) waivers. Personal Care Benefits are covered through one or more of the 1915(c) waivers.	

Kentucky Managed Care Program Features, as of 2018

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	11/01/2011	12/01/1998
Waiver expiration date (if applicable)	09/30/2019	09/30/2019
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period		
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management		
Benefits covered: SSA Section 1945-authorized health home		

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of Kentucky; Anthem Blue Cross Blue Shield Medicaid; Humana-Caresource; Passport Health Plan; WellCare of Kentucky	NEMT - Human Services Transportation Delivery
Notes: Program notes		

Louisiana Managed Care Program Features, as of 2018 (1 of 2)

Features	Healthy Louisiana	Healthy Louisiana BHO	Coordinated System of Care
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)	1915(b)/1915(c)
Program start date	02/01/2012	12/01/2015	03/01/2012
Waiver expiration date (if applicable)		10/31/2022	06/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Varies	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt

Features	Healthy Louisiana	Healthy Louisiana BHO	Coordinated System of Care
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Other	Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services	Maximus Health Services	
Populations enrolled: Notes on enrollment choice period	The enrollee has the opportunity to choose an MCO at the time of application. If they do not choose an MCO, the enrollee is pre-assigned.		
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

Features	Healthy Louisiana	Healthy Louisiana BHO	Coordinated System of Care
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under 21 only. Certified Nurse Midwives are covered and practice within the scope of their license. Podiatry services are covered, but limited to a list of payable procedures. Personal care (state plan option) services are available to enrollees aged 0 - 20.		Youth Support and Training (YST); Parent Support and Training (PST); short-term respite; Independent Living/Skills Building (ILSB) services; mental health rehabilitation services including: psychosocial rehabilitation, crisis intervention, crisis stabilization.

Features	Healthy Louisiana	Healthy Louisiana BHO	Coordinated System of Care
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	IPRO	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Aetna Better Health; AmeriHealth Caritas of Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	Aetna Better Health; AmeriHealth Caritas of Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	Magellan

Features	Healthy Louisiana	Healthy Louisiana BHO	Coordinated System of Care
Notes: Program notes	Some of the disabled children population can voluntarily opt out of enrolling.	This is a limited benefit MCO program, which is reported as a BHO since only behavioral health services and NEMT are covered. These enrollees are individuals who receive fee-for-service Medicaid for most of their health services, including physical health services and prescription benefits. The limited benefit MCO program covers behavioral health services for residents in long term care facilities as well as those outside of long term care facilities.	

Louisiana Managed Care Program Features, as of 2018 (2 of 2)

Features	Dental Benefit Management Program	PACE
Program type	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Baton Rouge, Greater New Orleans, Lafayette
Federal operating authority	1915(b)	PACE
Program start date	07/01/2014	09/01/2007
Waiver expiration date (if applicable)	06/30/2021	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary

Features	Dental Benefit Management Program	PACE
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period		N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs		X
Benefits covered: Prosthetic devices		X
Benefits covered: EPSDT	X	
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		

Features	Dental Benefit Management Program	PACE
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		All specialized services authorized by IDT, including podiatry.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		

Features	Dental Benefit Management Program	PACE
Quality assurance and improvement: EQRO contractor name (if applicable)	Myers & Stauffer LC	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	MCNA of Louisiana	Baton Rouge; Greater New Orleans; Lafayette
Notes: Program notes		

Maine Managed Care Program Features, as of 2018

Features	MaineCare	NET
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)
Program start date	05/01/1999	08/01/2011
Waiver expiration date (if applicable)		03/31/2022
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory

Features	MaineCare	NET
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	28 days	
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		

Features	MaineCare	NET
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		

Features	MaineCare	NET
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Multiple Primary Care Providers	Logisticare; MidCoast Connector; Penquis CAP
Notes: Program notes		

Maryland Managed Care Program Features, as of 2018

Features	HealthChoice	Hopkins Elder Plus
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/02/1997	11/01/2002
Waiver expiration date (if applicable)	12/31/2021	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	

Features	HealthChoice	Hopkins Elder Plus
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maryland Health Connection	
Populations enrolled: Notes on enrollment choice period	If participants don't choose at the time of application they are auto-assigned.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	

Features	HealthChoice	Hopkins Elder Plus
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, freestanding birthing centers, podiatry (routine foot care under 21 and diabetics)	All benefits listed under 42 CFR 460.90 - 460.106
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No

Features	HealthChoice	Hopkins Elder Plus
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Amerigroup Community Care; Aetna Better Health of Maryland; Jai Medical Systems; Kaiser Permanete; Maryland Physician's Care; MedStar; Priority Partners; United HealthCare; University of Maryland Health Partners	Hopkins Elder Plus
Notes: Program notes		

Massachusetts Managed Care Program Features, as of 2018 (1 of 3)

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/07/1998	01/01/1995	03/01/2018
Waiver expiration date (if applicable)	06/30/2019	06/30/2022	06/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	14 days with a 90 day plan selection period.		14 days
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF, chronic or rehab, others		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA	Voluntary participation in EQR performance measure validation	
Quality assurance and improvement: EQRO contractor name (if applicable)	Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, LLC D/B/A KEPRO
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Participating plans: Plans in Program	Tufts Health Plan; Boston Medical Center Health Plan	Multiple Primary Care Providers	Community Care Cooperative; Partners HealthCare Choice; Steward Health Choice
Notes: Program notes			Services provided in this program are covered by total cost of care rather than capitation.

Massachusetts Managed Care Program Features, as of 2018 (2 of 3)

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/10/1990	03/01/2018	07/01/1997
Waiver expiration date (if applicable)		06/30/2022	06/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Enrollment open all year, effective the first day of the next month following the date on which the member elects to enroll.	14 days with 90 day plan selection period.	Daily
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF up to 100 days per contract year, chronic or rehab, and Home Health (nursing and therapies). LTSS are covered through FFS. (Note: this list is not fully inclusive).	Children's Behavioral Health Initiative (CBHI) services, Emergency Services Program, and Diversionary Services: Community Crisis Stabilization, Community-Based Acute Treatment for Children and Adolescents (CBAT), Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III.5), and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment, and Intensive Outpatient Treatment, Transitional Support Services (TSSW) for Substance Use Disorders, Residential Rehabilitation Services for Substance Use Disorder and Enhanced Residential Rehabilitation Services for Dually Diagnosed.
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, DBA KEPRO
Performance incentives: Payment bonuses/differentials to reward plans			X

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of Harbor Health; Fallon Health Summit Eldercare; Element Care Inc; Serenity Care PACE Program; Mercy Life Inc; Neighborhood PACE	Atrius Health in partnership with Tufts Health Public Plans (THPP); Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Public Plans (THPP); Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP); Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP); Merrimack Valley ACO in partnership with AllWays Health Partners; Boston Accountable Care Organization in partnership with BMC HealthNet Plan; Mercy Medical Center in partnership with BMC HealthNet Plan; Signature Healthcare in partnership with BMC HealthNet Plan; Southcoast Health in partnership with BMC HealthNet Plan; Health Collaborative of the Berkshires in partnership with Fallon Health; Reliant Medical Group in partnership with Fallon Health; Wellforce in partnership with Fallon Health; Baystate Health Care Alliance in partnership with Health New England	Massachusetts Behavioral Health Partnership

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Notes: Program notes	Enrollment numbers do not include private pay enrollees, if any.		Full duals are only enrolled mandatorily if less than 21 years of age. The 1915(b) waiver provides managed behavioral health benefits for participants enrolled in the MFP-CL and MFP-RS 1915(c) waivers. All other 1915(c) waiver HCBS are provided on a fee-for-service basis.

Massachusetts Managed Care Program Features, as of 2018 (3 of 3)

Features	Money Follows the Person-Behavioral Health Supports (MFP-BH)	Senior Care Options
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Counties of Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester and Berkshire
Federal operating authority	1915(b)/1915(c)	1915(a)/1915(c)
Program start date	04/01/2013	07/01/2004
Waiver expiration date (if applicable)	03/31/2018	12/31/2018
If the program ended in 2018, indicate the end date	03/31/2018	
Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals	Mandatory	Voluntary

Features	Money Follows the Person- Behavioral Health Supports (MFP- BH)	Senior Care Options
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	
Populations enrolled: Enrollment choice period		Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Medicaid members are eligible to enroll all year, with enrollment effective the first day of the month following the month in which the member decided to enroll. Dual eligible members are eligible to enroll in accordance with the Medicare Advantage enrollment period, with enrollment effective the first day of the month following the month in which the member decided to enroll.
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X

Features	Money Follows the Person- Behavioral Health Supports (MFP- BH)	Senior Care Options
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs		X
Benefits covered: Prosthetic devices		X
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X

Features	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Senior Care Options
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Emergency Services Program and Diversionary Services, Community Crisis Stabilization, Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III-5) and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Partial Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment and Intensive Outpatient Treatment	All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		KEPRO
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		

Features	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Senior Care Options
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare
Notes: Program notes	MassHealth members enrolled in the two 1915(c) MFP Waivers who are not otherwise eligible for the 1115 demonstration were mandatorily enrolled in this 1915(b) Waiver. The 1915(c) waivers included both the MFP Community Living (MFP-CL, waiver control number MA.1027) and the MFP Residential Supports (MFP-RS, waiver control number MA.1028) Waivers. The MFP-BH Waiver (MFP-BH, waiver control number MA.0002) ran concurrently with these 1915(c) waivers. MFP waiver participants must be age 18-64 with disabilities or age 65 or over and must be on MassHealth Standard.	The SCO Program is a voluntary program offered to MassHealth members age 65 and older residing in the service area of a Senior Care Organization. The SCO program is available in 12 of the 14 counties in Massachusetts. The SCO program covers all medically necessary Medicaid and Medicare covered services through its provider network. Each enrollee selects a PCP upon enrollment, receives care coordination, and participates in and signs off on the development of his/her care plan. Each Senior Care Organization is also designated by CMS as a Medicare Advantage Special Needs Plan for individuals dually eligible for Medicare and Medicaid.

Michigan Managed Care Program Features, as of 2018 (1 of 2)

Features	MI Choice	Managed Care Plan Division	Healthy Michigan Plan
Program type	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1915(b)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2003	07/01/1997	04/01/2014
Waiver expiration date (if applicable)	09/30/2019	12/31/2019	12/31/2023
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals	Voluntary	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	MI Choice	Managed Care Plan Division	Healthy Michigan Plan
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Michigan Enrolls	Michigan Enrolls
Populations enrolled: Notes on enrollment choice period	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individual's case number.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individual's case number.
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X

Features	MI Choice	Managed Care Plan Division	Healthy Michigan Plan
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	MI Choice	Managed Care Plan Division	Healthy Michigan Plan
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Health, chore, community living support, community transition, counseling, home modifications, fiscal intermediary, goods and services, home delivered meals, non-medical transportation, nursing services, PERS, private duty nursing, respite, specialized medical equipment and supplies, supports coordination and trainers	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			

Features	MI Choice	Managed Care Plan Division	Healthy Michigan Plan
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	Northern Healthcare Management; Region 2 Area Agency on Aging; Region 3B Area Agency on Aging; Region 4 Area Agency on Aging; Region 7 Area Agency on Aging; Region 9 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West Michigan; Senior Services Inc.; The Information Center; The Senior Alliance; Tri County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging; A & D Home Health Care, Inc.; Area Agency on Aging 1-B; Area Agency on Aging of NW Michigan; Area Agency on Aging of Western Michigan; Detroit Area Agency on Aging; MORC Home Care Inc.	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; Harbor Health Plan; HAP Midwest Health Plan; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Aetna Better Health; Blue Cross Complete of Michigan; Harbor Health Plan; HAP Midwest Health Plan; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Choice; UnitedHealthcare Community Plan; Upper Peninsula Health Plan
Notes: Program notes	Cover HCBS only. Must be elderly or disabled adult (at least age 18), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. Accreditation is not required, but some plans do this voluntarily.	In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) has removed the 20-visit maximum limitation for outpatient behavioral health services (psychotherapy services). The restriction is lifted for both Fee-for-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.	Due to a policy change, Medicare Eligibles are excluded from Healthy Michigan Plan. In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both Fee-for-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.

Michigan Managed Care Program Features, as of 2018 (2 of 2)

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	PACE
Program type	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)/1915(c)	PACE
Program start date	04/01/2009	10/01/1998	11/01/2003
Waiver expiration date (if applicable)	09/30/2020	09/30/2019	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	PACE
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Does not apply because the State only contracts with one managed care entity.	No lock-in period.	
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	PACE
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Assertive community treatment, assessments, assistive technology, behavior management review, child therapy, clubhouse, community living supports, crisis interventions, crisis residential, enhanced pharmacy, environmental modifications	Transportation
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	PACE
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Healthy Kids Dental	Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10; Southwest Michigan Behavioral Health; CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority	Care Resources; Community PACE; Genesys PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI; Senior Care Partners; Senior Community Care; Thome PACE

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	PACE
Notes: Program notes	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in all 83 counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractor mimic the dental services provided through the Fee-For-Service Medicaid program. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.	7,760 beneficiaries received HCBS services as of 07/01/18.	Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.

Minnesota Managed Care Program Features, as of 2018 (1 of 2)

Features	Special Needs Basic Care (SNBC)	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a),1945 Health Homes	1915(b),1932(a),1945 Health Homes	1915(b)/1915(c),1945 Health Homes
Program start date	01/01/2008	07/01/1985	06/01/2005
Waiver expiration date (if applicable)		06/30/2021	06/30/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory

Features	Special Needs Basic Care (SNBC)	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home	X	X	X

Features	Special Needs Basic Care (SNBC)	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No

Features	Special Needs Basic Care (SNBC)	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Health Partners; Hennepin Health; Medica; Prime West; South Country; U Care	Blue Plus; Health Partners; Hennepin Health; Itasca Medical Care; Prime West; South Country; U Care	Blue Plus; Health Partners; Itasca Medical Care; Medica; Prime West; South Country; U Care
Notes: Program notes			

Minnesota Managed Care Program Features, as of 2018 (2 of 2)

Features	Minnesota Senior Health Option (MSHO)
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1915(a)/1915(c),1945 Health Homes
Program start date	03/01/1997
Waiver expiration date (if applicable)	12/31/2020
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Minnesota Senior Health Option (MSHO)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	30 days
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	X

Features	Minnesota Senior Health Option (MSHO)
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No

Features	Minnesota Senior Health Option (MSHO)
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Blue Plus; Health Partners; Itasca Medical Care; Medica; Prime West; South Country; U Care
Notes: Program notes	

Mississippi Managed Care Program Features, as of 2018

Features	Mississippi Coordinated Access Network (MississippiCAN)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	01/01/2011
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Mississippi Coordinated Access Network (MississippiCAN)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Conduent
Populations enrolled: Notes on enrollment choice period	Members are allowed 30 days to choose an MCO or be autoassigned. After MCO assignment, members are allowed to change MCO during initial 90 days.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X

Features	Mississippi Coordinated Access Network (MississippiCAN)
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes

Features	Mississippi Coordinated Access Network (MississippiCAN)
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Magnolia Health Plan; UnitedHealthcare of Mississippi Community Plan
Notes: Program notes	A third MCO was added to the MississippiCAN program on October 1, 2018: Molina Healthcare of Mississippi.

Missouri Managed Care Program Features, as of 2018

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	09/01/1995	10/01/2006
Waiver expiration date (if applicable)	06/30/2020	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)	WIPRO Infocrossing	Medicaid State Plan
Populations enrolled: Notes on enrollment choice period	Pregnant Women have 7 days while the rest of the population has 15 days. Children in the care and custody of the State of Missouri are enrolled the same day.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical care, asthma education and in-home environmental assessments, comprehensive day rehabilitation, durable medical equipment, emergency, hearing, immunization, inpatient substance use disorders, outpatient substance use disorders, obesity, prenatal case management, podiatry, vision	

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Primaris Holdings, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Home State Health Eastern; Home State Health Central; Home State Health Western; Home State Health Southwest; Missouri Care Eastern; Missouri Care Central; Missouri Care Western; Missouri Care Southwest; United Healthcare Eastern; United Healthcare Central; United Healthcare Western; United Healthcare Southwest	Logisticare Solutions
Notes: Program notes		

Montana Managed Care Program Features, as of 2018

Features	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	01/01/1994
Waiver expiration date (if applicable)	03/31/2019
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Passport to Health
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	Conduent
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	Passport to Health
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	Passport to Health
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	<p>Montana has four programs that operate under the authority of the 1915(b) waiver. The Passport to Health program is the Primary Care Case Management (PCCM) program. Benefits covered include those that are covered by both the monthly PMPM and FFS benefits that could be delivered by a primary provider participating in the Passport to Health Program. The Team Care program is a sub-program of Passport which began in 2004. The Health Improvement program, the EPCCM program, began in 2009 as an enhancement to Passport. The Tribal HIP program was created in April 2007 as a partnership between the Tribal, State and Federal government to address factors that contribute to health disparities in American Indians eligible for Medicaid residing on a reservation. The Nurse First program is the nurse advice line that began in 2004.</p>

Nebraska Managed Care Program Features, as of 2018

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Dental only (PAHP)	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068
Federal operating authority	1915(b)	1915(b)	PACE
Program start date	10/01/2017	01/01/2017	05/01/2013
Waiver expiration date (if applicable)	06/30/2019	06/30/2019	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Partial Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		Automated Health Systems (AHS)	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, hearing, immunization, speech therapy, physical therapy, vision, chiropractic, durable medical equipment, occupational therapy, freestanding birth center	
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	URAC	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	MCNA Nebraska	UnitedHealthcare Community Plan of Nebraska; WellCare of Nebraska; Nebraska Total Care	Immanuel Pathways

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Notes: Program notes			Voluntary program in select zip codes throughout Cass, Dodge, Douglas, Sarpy, Saunders, and Washington Counties.

Nevada Managed Care Program Features, as of 2018 (1 of 2)

Features	Non-Emergency Transportation	Health Care Guidance Program (HCGP)	Dental Benefits Administrator
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Sufficiently populated Urban Zip Codes in Washoe and Clark counties.
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	1932(a), 1915(b)
Program start date	10/01/2003	07/01/2014	1/1/2018
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date		06/30/2018	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary

Features	Non-Emergency Transportation	Health Care Guidance Program (HCGP)	Dental Benefits Administrator
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period		N/A	30 days
Populations enrolled: Enrollment broker name (if applicable)			DXC
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management		X	

Features	Non-Emergency Transportation	Health Care Guidance Program (HCGP)	Dental Benefits Administrator
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes

Features	Non-Emergency Transportation	Health Care Guidance Program (HCGP)	Dental Benefits Administrator
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	Any vetted accreditation that relates to plan's transportation mission	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	Medical Transportation Management (MTM Nevada)		Liberty Dental Plan of Nevada
Notes: Program notes		Contract ended 06/30/2018; no enrollees 07/01/2018.	

Nevada Managed Care Program Features, as of 2018 (2 of 2)

Features	Mandatory Health Maintenance Program
Program type	Comprehensive MCO
Statewide or region-specific?	Sufficiently populated Urban Zip Codes in Washoe and Clark counties.
Federal operating authority	1932(a)
Program start date	10/31/1988
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	06/30/2018
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Mandatory Health Maintenance Program
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	30 days
Populations enrolled: Enrollment broker name (if applicable)	DXC
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	Mandatory Health Maintenance Program
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria

Features	Mandatory Health Maintenance Program
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Health Plan of Nevada (HPN); Anthem Blue Cross Blue Shield of Nevada; Silver Summit Health Plan
Notes: Program notes	

New Hampshire Managed Care Program Features, as of 2018

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b),1932(a)	1932(a),1937 Alt Benefit Plan
Program start date	12/01/2013	08/01/2014
Waiver expiration date (if applicable)	03/31/2020	
If the program ended in 2018, indicate the end date		12/31/2018
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus	
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full substance use disorder treatment	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, chiropractic, full substance use disorder treatment
Quality assurance and improvement: HEDIS data required?	Yes	Yes

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	New Hampshire Healthy Families; Well Sense Health Plan	New Hampshire Healthy Families; Well Sense Health Plan
Notes: Program notes	Individuals in the New Hampshire Medicaid Care Management program can be enrolled under either a 1915(b) waiver or a 1932(a) federal operating authority.	

New Jersey Managed Care Program Features, as of 2018 (1 of 2)

Features	NJFamilyCare	FIDE SNP	Non-Emergency Medical Transportation
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren counties.	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1937 Alt Benefit Plan	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT
Program start date	09/01/1995	01/01/2012	07/01/2009
Waiver expiration date (if applicable)	06/30/2022	06/30/2022	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Voluntary	Mandatory
Populations enrolled: Partial Duals			Mandatory

Features	NJFamilyCare	FIDE SNP	Non-Emergency Medical Transportation
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Populations enrolled: Enrollment choice period	10 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Conduent		
Populations enrolled: Notes on enrollment choice period		Enrollee may enroll or disenroll without cause once per quarter for the first three quarters of the year. Annual enrollment period rules apply thereafter.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	

Features	NJFamilyCare	FIDE SNP	Non-Emergency Medical Transportation
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD	X	X	
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	

Features	NJFamilyCare	FIDE SNP	Non-Emergency Medical Transportation
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive tech, audiology, chiropractic, DME, hearing aid, immunization, MDC, medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, non-routine podiatrist, post-acute care, preventive health, spec hosp, vision	Assistive tech, audiology, chiropractic, DME, hearing aid, immunization, MDC, medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, non-routine podiatrist, post-acute care, preventive health, spec hosp, vision	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Aetna Better Health NJ; Amerigroup New Jersey Inc; Horizon NJ Health; UnitedHealthcare Community Plan; WellCare of New Jersey	Amerivantage Dual Coordination (HMO SNP); Horizon NJ TotalCare (HMO SNP); UnitedHealthcare Dual Complete ONE (HMO SNP); WellCare Liberty (HMO SNP)	Logisticare

Features	NJFamilyCare	FIDE SNP	Non-Emergency Medical Transportation
Notes: Program notes	HCBS services are part of the MLTSS program which is available to qualified beneficiaries under NJFamilyCare. All NJFamilyCare MCOs are statewide except WellCare, which is not available in Hunterdon County.	Members may only enroll through Medicare or with the FIDE SNP plan directly.	

New Jersey Managed Care Program Features, as of 2018 (2 of 2)

Features	PACE
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Atlantic, Cape May, Monmouth, and Mercer Counties. Zip codes: 08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362, 08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08052, 08059, 08065, 08076, 08077, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110, 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554, 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311
Federal operating authority	PACE
Program start date	04/09/2009
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	

Features	PACE
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X

Features	PACE
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X

Features	PACE
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Atlanticare LIFE; Beacon of LIFE; Inspira LIFE; LIFE at Lourdes; LIFE St. Francis; Lutheran Senior Life
Notes: Program notes	

New Mexico Managed Care Program Features, as of 2018

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Bernalillo County, Sandoval County, Valencia County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2014	07/01/2004
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2018, indicate the end date	12/31/2018	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Members have 90 days to switch MCO's when initially enrolled and during recertification.	Disenrollment permitted every 30 days.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory, surgical, anesthesia, diagnostic imaging, imaging and therapeutic radiology services, dialysis, durable medical equipment and medical supplies, hearing and audiology, immunization, medical service providers, midwife, nutritional, occupational therapy, physical therapy, podiatry, pregnancy termination (state funded), prosthetics and orthotics, rehabilitation, reproductive health, school based, speech therapy, telehealth, transplant, transportation, vision, pediatricians	
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Blue Cross Blue Shield of NM; Molina Healthcare of New Mexico Inc; Presbyterian Health Plan; UnitedHealthcare Community Plan	Innovage New Mexico PACE dba Total Community Care
Notes: Program notes	Native American/Alaskan Native Enrollment would be manditorily enrolled if receiving LTSS.	

New York Managed Care Program Features, as of 2018 (1 of 2)

Features	Health and Recovery Plans	Managed Long Term Care	Medicaid Advantage Plus
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2015	01/01/1998	01/01/2007
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/31/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt

Features	Health and Recovery Plans	Managed Long Term Care	Medicaid Advantage Plus
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Health and Recovery Plans	Managed Long Term Care	Medicaid Advantage Plus
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X	X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife Services, audiology, vision, occupational therapy		Podiatry
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			

Features	Health and Recovery Plans	Managed Long Term Care	Medicaid Advantage Plus
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina HealthCare of New York; MVP Health Plan; United HealthCare; YourCare Health Plan	Aetna Better Health; AgeWell New York; AlphaCare; ArchCare Community Life; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; GuildNet; Hamaspik Choice; Health Advantage/Elant Choice; HealthPlus; iCircle Care; Independent Care Systems; Integra; Kalos Health Plan; MetroPlus; Montefiore; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United HealthCare; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate	ElderPlan; Fidelis Legacy Plan; GuildNet; HealthFirst; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus
Notes: Program notes	The covered benefit of partial hospitalization only applies to enrollees 21 years of age and older. CMS has approved HCBS within the HARP program under 1115(a) authority.	MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans.	

New York Managed Care Program Features, as of 2018 (2 of 2)

Features	PACE	Medicaid Advantage	Medicaid Managed Care
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2001	10/01/2006	10/01/1997
Waiver expiration date (if applicable)		03/31/2021	03/31/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults			Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt

Features	PACE	Medicaid Advantage	Medicaid Managed Care
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	60 days	30 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	PACE	Medicaid Advantage	Medicaid Managed Care
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, physical therapy, occupational therapy	Podiatry, outpatient rehabilitation, hearing services, vision care services	Nurse midwife services, vision care, foot care services
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			

Features	PACE	Medicaid Advantage	Medicaid Managed Care
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	ArchCare Senior Life; Catholic Health - Life; CenterLight (CCM); Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care	Affinity; Fidelis Legacy Plan; Liberty Health Advantage; United HealthCare; VNS Choice; WellCare	HealthNow; HealthPlus; HIP Combined; Independent Health/Hudson Valley; WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina Healthcare of New York; MVP Health Plan; United HealthCare; VNS Choice Special Needs; WellCare; YourCare Health Plan; Fidelis Care; HealthFirst; Affinity Health Plan; Amida Care Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus Health Plan
Notes: Program notes	Covered Benefits include non-hospice palliative care. OB/GYN is mandated with a minimum age of 55 years. Quality Assurance measures would include PACE home health agency, a federally mandated internal program.		The covered benefit of partial hospitalization only applies to enrollees 21 years of age and older. Fidelis Care covers emergency and non-emergency transportation in Rockland County only.

North Carolina Managed Care Program Features, as of 2018

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Alamance, Alexander, Brunswick, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Moore, New Hanover, Orange, Robeson, Rockingham, Rowan, Stanley, Union, and Wake counties	Statewide
Federal operating authority	1932(a)	PACE	1915(b)/1915(c)
Program start date	04/01/1991	02/01/2008	01/01/2012
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)(c) Medicaid Waiver for MH/DD/SA Services
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Voluntary		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Beneficiaries have 90 days to enroll into the PCCM program.		
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices		X	
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)(c) Medicaid Waiver for MH/DD/SA Services
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Restorative therapies; nutrition counseling; recreational therapies; meals	Outpatient behavioral health services including services provided by psychiatrists for recipients with a diagnosis in the 290-319 range; psychiatric residential treatment facilities; therapeutic foster care; residential child care; hospital emergency dept
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)			Carolina Center for Medical Excellence
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)(c) Medicaid Waiver for MH/DD/SA Services
Participating plans: Plans in Program	North Carolina Community Care Carolina Access	Carolina Seniorcare; Community Carepartners, Inc.; Elderhaus, Inc.; Life St. Joseph of the Pines, Inc.; PACE at Home, Inc.; PACE of the Southern Piedmont; PACE of the Triad; Piedmont Health Services, Inc.; Senior Total Life Care, Inc.; Stay Well Senior Care; VOANS Senior Community Care	Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH DD SA; Trillium Health Resources; VAYA Health
Notes: Program notes	Plan consists of independently contracted medical home/primary care providers who receive a PMPM management fee for coordinating care at the medical home provider office.	IMD: PACE serves individuals 55 and over in pre-approved service areas/zip codes. With regards to inpatient psych placements, a PACE organization can be contracted with a particular hospital or psychiatric clinic in their approved service area and network. Most psychiatric inpatient placements placed participants in local contracted hospitals that had psychiatric unit/wing within the facility.	Waiver expiration date (if applicable) - 6/30/2018 (currently under Technical Extension). All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of seven plans is based on the enrollee's county of residence.

North Dakota Managed Care Program Features, as of 2018 (1 of 2)

Features	Health Management Program	PACE	PCCM
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Ward: 58701, 58702, 58703, 58722, 58785. Burleigh: 58501, 58502, 58503, 58504. Morton: 58554. Stark: 58601, 58602, 58630, 58652, 58655, 58656.	Statewide
Federal operating authority	1932(a)	PACE	1932(a)
Program start date	08/01/2007	08/01/2008	01/10/1994
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date	06/30/2018		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			

Features	Health Management Program	PACE	PCCM
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	
Populations enrolled: Enrollment choice period		N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Enrollment begins on the first day of the month following the determination that they are eligible.	Once enrolled the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the 60 day annual open enrollment period.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices		X	

Features	Health Management Program	PACE	PCCM
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	No

Features	Health Management Program	PACE	PCCM
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			North Dakota
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Health Management	PACE	Multiple Primary Care Providers
Notes: Program notes	Effective July 1, 2018 the Health Management Program was no longer an authorized service with it being removed from North Dakota's Medicaid State Plan with authority granted by the Center for Medicare and Medicaid Services as of August 9, 2019. Thus, no enrollment as of July 1, 2018.		

North Dakota Managed Care Program Features, as of 2018 (2 of 2)

Features	North Dakota Medicaid Expansion
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b), 1937 Alt Benefit Plan
Program start date	01/01/2014
Waiver expiration date (if applicable)	12/31/2019
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	North Dakota Medicaid Expansion
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	North Dakota Medicaid Expansion
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Up to 30 days SNF within a 12 month period
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	North Dakota Medicaid Expansion
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant Quality Solutions
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	ND Medicaid Expansion MCO

Features	North Dakota Medicaid Expansion
Notes: Program notes	<p>In order for the State to provide Medicaid Expansion MCO through private carriers including mandatory enrollment, an initial 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. The 1915(b) waiver renewal was submitted to CMS for 2016-2017 and 2018-2019 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the state. CMS extended this 1115 waiver authority until such time that the Final Medicaid Managed Care CFR were published (May 6, 2016) - with the changes noted at 42 CFR § 438.52(b)(1) and (b)(3) the 1115 waiver was no longer needed thus it was allowed to expire. Per the Medicare Advantage Health Service Delivery (HSD) Reference file for the applicable calendar year, ND no longer has any counties designated as being urban thus the state may limit rural area residents to a single MCO.</p>

Ohio Managed Care Program Features, as of 2018

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Cuyahoga County	Statewide	Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central
Federal operating authority	PACE	1915(b),1932(a)	1915(b)/1915(c)
Program start date	11/01/2002	07/01/2006	05/01/2014
Waiver expiration date (if applicable)		03/31/2020	12/31/2023
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Automated Health Systems, Inc.	Automated Health Systems, Inc.
Populations enrolled: Notes on enrollment choice period	Ohio PACE operates under an open-enrollment model.	Medicaid enrollees are pre-assigned to a plan with 90 days to change plans.	Enrollees are pre-assigned to a plan and have 90 days to change plans.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management		X	X

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	X

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Immunizations, nurse midwife services, freestanding birth centers, certified family nurse practitioner, certified pediatric nurse practitioner, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, podiatry, vision, DME and medical supplies, ambulance, ambulette, care management, telemedicine, respite services for eligible children receiving SSI, services for members with a primary diagnosis of Autism Spectrum Disorder, screening and counseling for obesity	Immunizations, nurse midwife services, freestanding birth centers, care management, DME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, podiatry, telemedicine, services for members with a primary diagnosis of autism spectrum disorder, screening and counseling for obesity
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics		X	X

Features	Ohio PACE	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	McGregor PACE	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; Paramount Advantage; UnitedHealthcare Community Plan of Ohio, Inc.	Aetna Better Health of Ohio; Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.
Notes: Program notes	Regarding the coverage of HCBS services - Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915(c) waiver to better ensure the assessed needs of individuals with an intermediate level of care are met, and better promote the health and welfare of PACE participants.	Ohio Medicaid managed care plans are responsible for payment of medically necessary nursing facility services for ABD and MAGI enrollees until discharge or until the member is disenrolled, in accordance with the processes set forth in rule 5160-26-02.1 of the Ohio Administrative Code. For enrollees in the newly eligible category (ACA Section VIII expansion group, up to 138% federal poverty level), nursing facility stays are covered for the length of time medically necessary. Individuals enrolled in 1915 (c) receiving HCBS services through the Ohio Department of Developmental Disabilities may enroll in this Medicaid managed care program voluntarily, with HCBS carved out to fee-for-service (not provided through managed care). 1932(a) state plan amendment authority used to enroll families, children and ABD adults mandatorily and individuals in the state's Department of Developmental Disabilities waiver on a voluntary basis. 1915(b) authority used to enroll children not mandatorily enrolled through the SPA and to provide additional respite benefits.	Ohio Medicaid's waiver for this program was renewed in the second half of 2018, and the waiver authority expiration date was changed from 3/31/2019 to 12/31/2023. The individuals that must enroll in this program are full duals who are age 18 and older. This includes children in foster care and children receiving adoption assistance who are full duals and age 18 and older.

Oklahoma Managed Care Program Features, as of 2018

Features	SoonerRide	SoonerCare Choice	PACE
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108 73008, 73106, 73143, 73003, 73147, 73025, 73134, 73084, 73119, 73140, 73124, 73157, 73170, 73163, 73066, 73150, 73110, 73139, 73105, 73142, 73185, 73109, 73194, 73113, 73169, 73103, 73154, 73121, 73156, 73165, 73127, 73013, 73131, 73198, 73118, 73178, 73141, 73184, 73160, 73146, 73120, 73149, 73083, 73137, 73122, 73155, 73132, 73108, 73162, 73112, 73167, 73102, 73152, 73012, 73179, 73135, 73126, 73190, 73129, 73196, 73117, 73173, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/01/2006	01/01/1996	08/01/2008
Waiver expiration date (if applicable)		12/31/2023	
If the program ended in 2018, indicate the end date			

Features	SoonerRide	SoonerCare Choice	PACE
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Logisticare	Maximus	

Features	SoonerRide	SoonerCare Choice	PACE
Populations enrolled: Notes on enrollment choice period		Members are enrolled within 72 hours of application.	Enrollment process takes approximately 4-6 weeks. Members are enrolled on the 14th of every month to be effective the first day of the following month. Members go through the PACE Organizations for the entire enrollment process.
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	

Features	SoonerRide	SoonerCare Choice	PACE
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, speech therapy, disease management, hearing, institutional, occupational therapy, physical therapy, skilled nursing facility, vision	Podiatry, speech therapy, disease management, hearing, institutional, occupational therapy, physical therapy, skilled nursing facility, vision
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization		State Specific PCMH	
Quality assurance and improvement: EQRO contractor name (if applicable)		Telligen	

Features	SoonerRide	SoonerCare Choice	PACE
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	SoonerRide	SoonerCare Choice	Cherokee Elder Care (CEC); Life PACE; Valir PACE
Notes: Program notes			PACE members are not eligible for SoonerRide.

Oregon Managed Care Program Features, as of 2018

Features	Oregon Health Plan (OHP)	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Multnomah, Washington, Clatsop, Clackamas and Tillamook Counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	02/01/1994	01/01/1986
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	

Features	Oregon Health Plan (OHP)	PACE
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X

Features	Oregon Health Plan (OHP)	PACE
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Hearing, immunization, vision	Medications (OTC and RX), mental health care, DME, speech/physical/occupational/recreational therapeutic services, audiology/optical/podiatry specialty medical care, occupational and physical therapy and social services
Quality assurance and improvement: HEDIS data required?	No	No

Features	Oregon Health Plan (OHP)	PACE
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Insight	
Performance incentives: Payment bonuses/differentials to reward plans	X	X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Features	Oregon Health Plan (OHP)	PACE
Participating plans: Plans in Program	Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; Greater Oregon Behavioral Health, Inc.; Managed Dental Care of Oregon; ODS Community Health Inc.; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Advanced Health; Willamette Valley Community Health; Yamhill Community Care	Providence Elder Place
Notes: Program notes	In the Oregon Health Plan/Medicaid program, a person can be enrolled simultaneously in two or three plans. For example, a client can be enrolled in the PACE program for physical health, a dental plan (DCO) for dental care and a mental health plan (CCO) for mental health care. FamilyCare (CCO) had closed to enrollment prior to June 2018.	

Pennsylvania Managed Care Program Features, as of 2018 (1 of 2)

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)	Behavioral Health HealthChoices
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Dauphin, Cumberland, Lancaster and Chester counties	Philadelphia	Statewide
Federal operating authority	1915(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers), 1915(b)
Program start date	08/01/2009	11/01/2005	01/01/1999
Waiver expiration date (if applicable)	12/31/2021		12/31/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)	Behavioral Health HealthChoices
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		Mandatory
Populations enrolled: Enrollment choice period			Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		LogistiCare	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			X
Benefits covered: Case management			X

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)	Behavioral Health HealthChoices
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, supported employment		Psychiatric rehabilitation, peer specialist services
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)	Behavioral Health HealthChoices
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, JCAHO, URAC, for Inpatient, Outpatient
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization		Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)	Behavioral Health HealthChoices
Participating plans: Plans in Program	Adult Community Autism Program	LogistiCare	Allegheny County HealthChoices; Beaver County HealthChoices; Behavioral Health Services of Bedford and Somerset; Berks County HealthChoices; Blair County HealthChoices; Bucks County HealthChoices; Cambria County HealthChoices; Carbon-Monroe-Pike Joinder Board; Chester County HealthChoices; Cumberland County HealthChoices; Dauphin County HealthChoices; Delaware County HealthChoices; Erie County HealthChoices; Fayette County HealthChoices; Greene County (Commonwealth); Lancaster County HealthChoices; Lebanon County HealthChoices; Lehigh County HealthChoices; Lycoming-Clinton Joinder Board; Montgomery County HealthChoices; North Central State Option; Northampton County HealthChoices; Northeast Behavioral Health Care Consortium; Northwest Behavioral Health Partnership; Perry County HealthChoices; Philadelphia County HealthChoices; Southwest Behavioral Health Management; Tuscarora Managed Care Alliance; York/Adams County HealthChoices
Notes: Program notes	ACAP is a PAHP with MLTSS.		1115(a) authority is for Residential Drug and Alcohol services.

Pennsylvania Managed Care Program Features, as of 2018 (2 of 2)

Features	PA Living Independence for the Elderly	Community HealthChoices	HealthChoices - Physical Health
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Statewide	Community HealthChoices will be phased in over a three year period beginning in Southwest Pennsylvania on January 1, 2018. The following counties were included in Phase 1: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland.	Statewide
Federal operating authority	PACE	1915(b)/1915(c)	1915(b)
Program start date	07/24/1998	01/01/2018	02/01/1997
Waiver expiration date (if applicable)		07/01/2020	12/31/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory

Features	PA Living Independence for the Elderly	Community HealthChoices	HealthChoices - Physical Health
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Partial Duals	Voluntary		Mandatory
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Open enrollment all year.	Participants go through choice counseling at initial enrollment and can change their plan at any time. Dating rules affect when the member will be enrolled.	Consumers have the right to change MCOs at any time.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X

Features	PA Living Independence for the Elderly	Community HealthChoices	HealthChoices - Physical Health
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	PA Living Independence for the Elderly	Community HealthChoices	HealthChoices - Physical Health
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver.	Chiropractic services, mobile mental health treatment, maternity services, podiatrist services	Nurse midwife services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis centers, ambulatory surgical centers, medical supplies & equipment, home health (visiting nurses)
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization	PACE Quality Assurance and Performance Improvement (QAPI)	NCQA	NCQA, Nationally Recognized Organization
Quality assurance and improvement: EQRO contractor name (if applicable)		IPRO	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	PA Living Independence for the Elderly	Community HealthChoices	HealthChoices - Physical Health
Participating plans: Plans in Program	Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H-5902; Senior LIFE York H-0819; Senior LIFE Lehigh H-5978; Senior LIFE Washington H-2992; SpiriTrust LIFE H-2537; LIFE NWPA H-4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H-6551; Innovage LIFE H-9830; Albright LIFE H-9068; Community LIFE H-3917; LIFE Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; VieCare Armstrong H-6118	UPMC Community HealthChoices; Pennsylvania Health & Wellness; Amerihealth Caritas / Keystone First	Aetna Better Health; Gateway Health; Health Partners Plan; United Healthcare Community Plan, Inc.; UPMC for You; Geisinger Health Plan; AmeriHealth Caritas/AmeriHealth Caritas Northeast; Keystone First
Notes: Program notes			<p>1. Under "Benefits Covered", Private Duty Nursing is only covered for children under 21 years old. In addition, in counties that have not implemented the Community HealthChoices program, the first 30 days of nursing facility services are covered by the HealthChoices plan. Beneficiaries with stays beyond the initial 30 days are disenrolled from HealthChoices and their stay is covered by FFS. For counties that have implemented Community HealthChoices, nursing facility services for days 31+ are covered by the Physical HealthChoices plan up to the day the Member is enrolled into Community HealthChoices.</p> <p>2. Under "Enrollment", only those under 21 years of age, Full Dual and Partial Dual are enrolled mandatorily in HealthChoices. PA HealthChoices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.</p>

Puerto Rico Managed Care Program Features, as of 2018

Features	Government Health Plan	Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a),1937 Alt Benefit Plan	1915(b)
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)		
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary

Features	Government Health Plan	Medicare Platino
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		No specific time
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		

Features	Government Health Plan	Medicare Platino
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		

Features	Government Health Plan	Medicare Platino
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	First Medical Plan Inc.; Triple S Salud, Inc.; Molina Health Care PR, Inc.; MMM MultiHealth, Inc.	Triple S Advantage; Humana Health Plan of PR Inc.; MCS Advantage Inc.; MMM Health Care Inc.; Constellation Health LLC
Notes: Program notes		Medicare Platino is a Medicare Advantage product that provides Medicaid wrap around benefits to enrollees. The benefits above include those covered by Medicaid and Medicare.

Rhode Island Managed Care Program Features, as of 2018 (1 of 2)

Features	PACE	Rlte Care, RHP and Medicaid Expansion	Transportation Broker
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT
Program start date	11/01/2005	08/01/1994	05/01/2014
Waiver expiration date (if applicable)		12/31/2023	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	Mandatory
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals			Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory

Features	PACE	Rite Care, RHP and Medicaid Expansion	Transportation Broker
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory	
Populations enrolled: Enrollment choice period	N/A	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	90 Days	90 Days	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	

Features	PACE	Rlte Care, RHP and Medicaid Expansion	Transportation Broker
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No

Features	PACE	Rlte Care, RHP and Medicaid Expansion	Transportation Broker
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)		iPro	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics		X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	PACE Organization of RI	Neighborhood Health Plan of RI; UnitedHealthCare of Rhode Island Community Plan	Logisticare, Inc.
Notes: Program notes			

Rhode Island Managed Care Program Features, as of 2018 (1 of 2)

Features	Rite Smiles Dental Program
Program type	Dental only (PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	05/01/2006
Waiver expiration date (if applicable)	12/31/2023
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Rite Smiles Dental Program
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	Rite Smiles Dental Program
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA

Features	Rite Smiles Dental Program
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	UnitedHealthCare Dental of Rhode Island
Notes: Program notes	

South Carolina Managed Care Program Features, as of 2018 (1 of 2)

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Lexington County, Richland County, Orangeburg County, Greenville County, Anderson County, Pickens County
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	09/01/1996	08/01/2007	01/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period	90 days	90 days	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, birth centers, chiropractic services, therapy services (speech, hearing, language, etc.), vision		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolina Center for Medical Excellence		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Select Health of South Carolina; Absolute Total Care; BlueChoice Healthplan Medicaid; Molina Healthcare of South Carolina; WellCare of South Carolina	South Carolina Solutions	Palmetto Senior Care; The Methodist Oaks; Greenville Health System Senior Care
Notes: Program notes			

South Carolina Managed Care Program Features, as of 2018 (2 of 2)

Features	South Carolina Non-Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	
Program start date	05/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	South Carolina Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	Recipient chooses to use transportation services based on identifying the need to access service providers.
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	

Features	South Carolina Non-Emergency Medical Transportation
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No

Features	South Carolina Non-Emergency Medical Transportation
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Logisticare
Notes: Program notes	

South Dakota Managed Care Program Features, as of 2018

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/02/2002
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	PRIME
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	PRIME
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	PRIME
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	

Tennessee Managed Care Program Features, as of 2018

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Hamilton County
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1945 Health Homes	PACE
Program start date	07/01/2002	04/07/1999
Waiver expiration date (if applicable)	06/30/2021	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Benefits covered: SSA Section 1945-authorized health home	X	
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers, podiatry services, and other services as indicated in Tennessee's approved Medicaid State Plan.	Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies are additional services covered by Tennessee's PACE program.

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Amerigroup; DentaQuest USA Insurance Company; Magellan Health Services; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)	Alexian Brothers Community Services

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Notes: Program notes	<p>Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21, and included within the EPSDT benefit. ICF-IDD benefits are reimbursed outside the TennCare II Demonstration, although recipients of the benefit are still enrolled in managed care for other benefits. Individuals eligible for coverage solely by virtue of the TennCare II Demonstration are not entitled to certain State Plan services but still receive a wide range of physical health services, behavioral health services, and long-term services and supports. Partial duals do not qualify for TennCare and, therefore, are not enrolled in a TennCare MCO. Most TennCare members are enrolled in more than one of the six plans identified. Each member is enrolled in one Managed Care Entity (MCE) for physical health services, behavioral health services, and long-term services and supports. Adults (excluding PACE members) are also enrolled in a second MCE for pharmacy benefits. Children are enrolled in one MCE for physical health services, behavioral health services, and long-term services and supports; a second MCE for pharmacy benefits; and a third MCE for dental benefits.</p>	<p>A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare II Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare II has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria. Individuals enroll in the PACE program voluntarily, but, once enrolled, are required to participate in managed care. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO. PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program.</p>

Texas Managed Care Program Features, as of 2018 (1 of 3)

Features	STAR Health	STAR	STAR Kids
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers),1915(b)/1915(c),1945 Health Homes
Program start date	04/01/2008	12/11/2011	11/01/2016
Waiver expiration date (if applicable)		09/30/2022	09/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	STAR Health	STAR	STAR Kids
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	15 days	15 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period	Members are auto-enrolled by the enrollment broker		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			X

Features	STAR Health	STAR	STAR Kids
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria

Features	STAR Health	STAR	STAR Kids
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Superior HealthPlan	Amerigroup Texas, Inc.; Superior Health Plan, Inc.; El Paso Health Plans, Inc., dba El Paso Health; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan; Parkland Community Health Plan, Inc.; Cook Children's Health Plan; Community First Health Plans, Inc.; Seton Health Plan, Inc., dba Dell Children's Health Plan; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA. LLC, dba FirstCare Health Plans; Scott & White Health Plan	Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan; Cook Children's Health Plan; Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX); Children's Medical Center Health Plan

Features	STAR Health	STAR	STAR Kids
Notes: Program notes	Enrollment in the STAR Health Program is voluntary for the following population categories: 1) Children and young adults in DFPS conservatorship; 2) Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement; 3) Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program.	STAR population also includes pregnant women. Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.	1115 and 1915 (c) waivers are applied to this program.

Texas Managed Care Program Features, as of 2018 (2 of 3)

Features	STAR+PLUS	Children's Medicaid Dental Services	PACE
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	12/11/2011	12/11/2011	06/01/2001
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	STAR+PLUS	Children's Medicaid Dental Services	PACE
Populations enrolled: Foster Care and Adoption Assistance Children		Exempt	Exempt
Populations enrolled: Enrollment choice period	15 days	15 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT		X	
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			

Features	STAR+PLUS	Children's Medicaid Dental Services	PACE
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	STAR+PLUS	Children's Medicaid Dental Services	PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services		Adult day care/adult foster care, nursing, restorative therapies: physical, occupational, and recreational therapies, meals and nutrition counseling, social work/social services, medical supplies/adaptive aids and minor home modifications, transportation to and from medical appointments, medical specialists, such as audiology, dentistry, optometry, podiatry, speech therapy, respite care, Medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		

Features	STAR+PLUS	Children's Medicaid Dental Services	PACE
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Amerigroup Texas, Inc.; Superior HealthPlan, Inc; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Molina Healthcare of Texas, Inc.; HealthSpring Life & Health Insurance Co., Inc.	MCNA Insurance Company; DentaQuest USA Insurance Company, Inc.	Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); Werner (Amarillo)
Notes: Program notes			

Texas Managed Care Program Features, as of 2018 (3 of 3)

Features	Medical Transportation Program
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	09/01/2014
Waiver expiration date (if applicable)	03/31/2022
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Medical Transportation Program
Populations enrolled: Foster Care and Adoption Assistance Children	
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	Medical Transportation Program
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	Medical Transportation Program
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	American Medical Response; LogistiCare; Medical Transportation Management; Project Armistad
Notes: Program notes	Based on the client's county of residence, the client is assigned to the single broker in the region.

Utah Managed Care Program Features, as of 2018 (1 of 2)

Features	Prepaid Mental Health	Dental	UNI HOME
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Based on state counties and some multi-county partnerships	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)	1915(a)
Program start date	07/01/1991	09/01/2013	07/01/2011
Waiver expiration date (if applicable)	06/30/2022	12/31/2023	06/30/2021
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary

Features	Prepaid Mental Health	Dental	UNI HOME
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		15-45 days. Enrollment choice date will vary depending on when the enrollment file transaction takes place. In addition, the enrollee will be able to change to another plan within the first 90 days of enrollment in the plan.	No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X

Features	Prepaid Mental Health	Dental	UNI HOME
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, freestanding birth centers, ambulatory surgical centers
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes

Features	Prepaid Mental Health	Dental	UNI HOME
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling; Optum Health; Southwest Behavioral Health; Valley Behavioral Health; Wasatch Mental Health; Weber Mental Health	Premier Access; Delta Dental	HOME
Notes: Program notes		Pregnant women are also covered through this program.	

Utah Managed Care Program Features, as of 2018 (2 of 2)

Features	Choice of Health Care Delivery	Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	03/23/1983	07/12/2001
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Varies	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Varies	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Varies	
Populations enrolled: Full Duals	Varies	Mandatory
Populations enrolled: Partial Duals	Varies	Mandatory
Populations enrolled: Children with Special Health Care Needs	Varies	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary

Features	Choice of Health Care Delivery	Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	15-45 days. Enrollment choice date will vary depending on when the enrollment file transaction takes place. In addition, the enrollee will be able to change to another plan within the first 90 days of enrollment in the plan.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	

Features	Choice of Health Care Delivery	Transportation
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, freestanding birth centers, ambulatory surgical centers	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

Features	Choice of Health Care Delivery	Transportation
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Healthy U; Molina; Health Choice; SelectHealth	Logisticare Solutions
Notes: Program notes	Enrollment is mandatory in the following 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber. Enrollment is voluntary in all other counties.	Specific Native American populations are exempted from enrollment with the contracted transportation provider by race, and zip code and/or county code. However, they are provided transportation through other means. Pregnant women are also covered through this program.

Vermont Managed Care Program Features, as of 2018

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes
Program start date	10/01/2005
Waiver expiration date (if applicable)	12/31/2021
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	

Features	Global Commitment to Health Demonstration
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X

Features	Global Commitment to Health Demonstration
Benefits covered: SSA Section 1945-authorized health home	X
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwives, chiropractic, PT/OT/SP, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, and behavioral health services
Quality assurance and improvement: HEDIS data required?	Yes

Features	Global Commitment to Health Demonstration
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Department of Vermont Health Access
Notes: Program notes	Health homes provide coordinated, systemic, whole-person care to VT Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.

Virginia Managed Care Program Features, as of 2018

Features	CCC Plus	Medallion 3.0	DMAS PACE
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	22901 22902 22903 22904 22911 22920 22922 22923 22931 22932 22935 22936 22937 22938 22940 22942 22943 22946 22947 22949 22958 22959 22963 22964 22967 22968 22969 22971 22973 22974 22976 23022 23024 23055 23065 23084 23093 23117 24464 24562 24590 23002 23004 23027 23040 23083 23123 23824 23894 23901 23909 23921 23922 22901 22902 22903 22904 22911 22920 22922 22923 22931 22932 22935 22936 22937 22938 22940 22942 22943 22946 22947 22949 22958 22959 22963 22964 22967 22968 22969 22971 22973 22974 22976 23022 23024 23055 23065 23084 23093 23117 24464 24562 24590 23002 23004 23027 23040 23083 23123 23824 23894 23901 23909 23921 23922 23923 23930 23934 23936 23937 23939 23941 23942 23943 23947 23952 23954 23955 23958 23959 23960 23963 23966 23974 23976 24599 24501 24502 24503 24504 24521 24522 24523 24536 24538 24550 24551 24553 24554 24556 24570 24572 24574 24588 24593 24054 24055 24069 24078 24082 24089 24102 24104 24112

Features	CCC Plus	Medallion 3.0	DMAS PACE
Statewide or region-specific? (cont.)	Statewide	Statewide	24137 24139 24146 24148 24161 24165 24168 24517 24527 24528 24530 24531 24540 24541 24549 24557 24563 24565 24566 24569 24571 24586 24594 24133 24176 24543 24576 24011 24012 24013 24014 24015 24016 24017 24018 24019 24020 24059 24060 24064 24065 24066 24067 24070 24073 24077 24079 24083 24087 24090 24092 24095 24101 24121 24122 24138 24149 24151 24153 24162 24174 24175 24176 24179 24184 23112 23113 23114 23120 23124 23129 23139 23140 23141 23146 23173 23181 23221 23224 23225 23226 23227 23228 23231 23232 23234 23235 23236 23237 23238 23240 23241 23249 23260 23261 23269 23273 23274 23276 23278 23279 23282 23284 23285 23286 23289 23290 23291 23293 23295 22546 23005 23009 23011 23015 23030 23039 23047 23058 23059 23060 23069 23075 23086 23089 23102 23103 23106 23111 23116 23150 23162 23192 23218 23219 23220 23222 23223 23229

Features	CCC Plus	Medallion 3.0	DMAS PACE
Statewide or region-specific? (cont.)	Statewide	Statewide	23230 23233 23242 23250 23255 23288 23801 23803 23804 23805 23806 23830 23831 23832 23833 23834 23836 23838 23840 23841 23842 23850 23860 23875 23882 23885 23601 23605 23607 23651 23661 23662 23663 23664 23665 23666 23669 23602 23603 23604 23606 23608 23692 23693 23696 23320 23321 23322 23323 23324 23325 23432 23433 23434 23435 23436 23437 23438 23701 23702 23703 23704 23707 23709 23314 23315 23430 23487 23846 23851 23883 23898 23451 23452 23453 23454 23455 23456 23457 23459 23460 23461 23462 23463 23464 23502 23503 23504 23505 23507 23508 23509 23510 23511 23513 23517 23518 23521 23523 23529 24215 24216 24218 24219 24221 24230 24243 24244 24245 24246 24248 24250 24251 24258 24263 24265 24271 24273 24277 24279 24281 24282 24283 24290 24293 24217 24220 24224 24225 24226 24228 24237 24239 24256 24260 24266 24269 24272 24280 24377 24601 24602 24603 24604 24605 24606 24607 24608 24609 24612 24613 24614 24619 24620 24622 24624 24627 24628 24630 24631 24634 24635 24637 24639 24640 24641 24646 24647 24649 24651 24656 24657 24658
Federal operating authority	1915(b)/1915(c)	1915(b)	PACE
Program start date	08/01/2017	07/01/2017	11/01/2007
Waiver expiration date (if applicable)	07/01/2022	06/30/2019	

Features	CCC Plus	Medallion 3.0	DMAS PACE
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period			

Features	CCC Plus	Medallion 3.0	DMAS PACE
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X	X	X

Features	CCC Plus	Medallion 3.0	DMAS PACE
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	JCAHO
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG	HSAG	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	

Features	CCC Plus	Medallion 3.0	DMAS PACE
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Aetna Better Health for Virginia; Anthem HealthKeepers; Magellan Complete Care of Virginia; Optima Health; United Health Care; Virginia Premier	Virginia Premier Health Plan; Anthem; Intotal Health; Kaiser; Optima Health Care; Coventry Health Plan	Innovage; Mountain Empire/All Care PACE; INOVA PACE; Riverside PACE; Innovage PACE; Centra PACE; Sentara PACE
Notes: Program notes			

Washington Managed Care Program Features, as of 2018 (1 of 3)

Features	Washington State Integrated Community Mental Health Program (ICMH)	NEMT	Apple Health
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT	1932(a)
Program start date	10/01/2014	10/01/2008	07/01/1994
Waiver expiration date (if applicable)	12/31/2022		
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Partial Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory

Features	Washington State Integrated Community Mental Health Program (ICMH)	NEMT	Apple Health
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned		Other
Populations enrolled: Enrollment broker name (if applicable)	Regional Support Networks		
Populations enrolled: Notes on enrollment choice period			Enrollment open continuously
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT	X		X

Features	Washington State Integrated Community Mental Health Program (ICMH)	NEMT	Apple Health
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	Yes

Features	Washington State Integrated Community Mental Health Program (ICMH)	NEMT	Apple Health
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	Regional support network's contract with accredited community mental health agencies.		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Qualis Health		Qualis
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	BHO	Multiple Transportation Brokers	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care of Washington; United Health Care

Features	Washington State Integrated Community Mental Health Program (ICMH)	NEMT	Apple Health
Notes: Program notes	Effective 07/01/2017: The AI/AN population was removed from mandatory enrollment in behavioral health managed care. That meant the majority of AI/AN individuals were transferred to the FFS system for behavioral health. That FFS system is not part of the waiver. The 1115 waiver (an amendment to the larger 1115) that allows us to use federal funds in SUD IMDs was effective 7/1/2018.	Brokers are based on county. NEMT is provided for anyone covered on Medicaid that meet the enrollment criteria.	Please note managed care plans only cover rehabilitation care in nursing home facilities. Custodial care is covered under FFS.

Washington Managed Care Program Features, as of 2018 (2 of 3)

Features	Healthy Options - Blind Disabled	Behavioral Health Services Only (BHSO)	PCCM
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Chelan, Clark, Douglas, Grant, and Skamania Counties	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton and Yakima Counties
Federal operating authority	1932(a)	1915(b)	1932(a)
Program start date	07/01/2012	04/01/2016	07/01/1995
Waiver expiration date (if applicable)		06/30/2022	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary

Features	Healthy Options - Blind Disabled	Behavioral Health Services Only (BHSO)	PCCM
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously	Enrollment open continuously	Enrollment open continuously
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X	X	X

Features	Healthy Options - Blind Disabled	Behavioral Health Services Only (BHSO)	PCCM
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No

Features	Healthy Options - Blind Disabled	Behavioral Health Services Only (BHSO)	PCCM
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qualis	Qualis	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup; Community Health Plan of WA; Coordinated Care of Washington; Molina Health Care; United Health Care	Amerigroup; Coordinated Care of Washington; Molina Health Care; Community Health Care Plan of WA	Multiple Primary Care Providers
Notes: Program notes	Please note managed care plans only cover rehabilitation care in nursing home facilities. Custodial care is covered under FFS.		IHS administers this program for Yakima, Spokane, and Confederated Tribes of the Colville Reservation. There are two FQHCs: Seattle Indian Health Board and Native Project. The tribal clinics are as follows: Lower Elwha Klallam, Lummi Nation, Nooksack Tribe, Tulalip Nation, Confederated Tribes of the Colville Reservation (non-IHS managed facility), Puyallup Tribe, Quileute Tribe, Quinault Indian Nation and Port Gamble S'Klallam Tribe.

Washington Managed Care Program Features, as of 2018 (3 of 3)

Features	Fully Integrated Managed Care (FIMC)	PACE	Apple Health/Healthy Options Health Home Program
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Chelan, Clark, Douglas, Grant, and Skamania Counties	Statewide	Statewide
Federal operating authority	1932(a), 1945 Health Homes	PACE	1945 Health Homes
Program start date	04/01/2016	01/01/1997	07/01/2013
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		Voluntary

Features	Fully Integrated Managed Care (FIMC)	PACE	Apple Health/Healthy Options Health Home Program
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously		
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	

Features	Fully Integrated Managed Care (FIMC)	PACE	Apple Health/Healthy Options Health Home Program
Benefits covered: SSA Section 1945-authorized health home	X		X
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Comfort Care and Podiatry	
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No

Features	Fully Integrated Managed Care (FIMC)	PACE	Apple Health/Healthy Options Health Home Program
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Qualis		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup; Coordinated Care of Washington; Community Health Plan of Washington; Molina Health Care	Providence Elder Place	Multiple Sites
Notes: Program notes	Please note managed care plans only cover rehabilitation care in nursing home facilities. Custodial care is covered under FFS.		Washington delivers the optional Health Home Medicaid/Medical Benefit both in the fee-for-service system and through MCOs. For individuals in Apple Health comprehensive MCOs, the MCOs are at risk for health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc. For individuals in PCCMs, the MCOs administer health homes services separate from the PCCM program.

West Virginia Managed Care Program Features, as of 2018

Features	Mountain Health Trust
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	09/01/1996
Waiver expiration date (if applicable)	06/30/2019
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Mountain Health Trust
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS
Populations enrolled: Notes on enrollment choice period	45-60 days depending on packet receipt date
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	Mountain Health Trust
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA

Features	Mountain Health Trust
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant (formerly Delmarva)
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Aetna Better Health of WV; The Health Plan; Unicare; West Virginia Family Health
Notes: Program notes	

Wisconsin Managed Care Program Features, as of 2018 (1 of 3)

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties	County: Dane
Federal operating authority	1932(a)	1937 Alt Benefit Plan	1915(a)
Program start date	02/01/2008	01/01/2014	04/01/1993
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county.	Enrollment may occur at any time
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Prosthetic devices, nurse midwife services, podiatry, chiropractic (varies by plan), and dental (varies by geographic region)	Prosthetic devices, nurse midwife services, and podiatry	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Children's Community Health Plan; Dean Health Plan; Group Health Cooperative Of Eau Claire; Group Health Cooperative Of South Central WI; Independent Care (iCare); MHS of Wisconsin; MercyCare Insurance Company; Molina Health Plan; Network Health Plan; Physicians Plus Health Plan; Security Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan; Quartz	Children's Community Health Plan	Children Come First
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2018 (2 of 3)

Features	SSI Managed Care	WrapAround Milwaukee	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	County: Milwaukee	Milwaukee Racine and Waukesha Counties
Federal operating authority	1932(a)	1915(a)	PACE
Program start date	04/01/2005	03/01/1997	11/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	

Features	SSI Managed Care	WrapAround Milwaukee	Program of All-inclusive Care for the Elderly (PACE)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)		
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period	Voluntary enrollment can occur at any time	Open enrollment
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X

Features	SSI Managed Care	WrapAround Milwaukee	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, podiatry and chiropractic, and dental varies by geographic region		Ambulatory surgical center, audiology, chiropractic, community mental health services, durable medical equipment and medical supplies, occupational therapy, physical therapy, podiatry, respiratory care for ventilator dependent persons, speech & language pathology, and vision care

Features	SSI Managed Care	WrapAround Milwaukee	Program of All-inclusive Care for the Elderly (PACE)
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No
Quality assurance and improvement: Accrediting organization	Majority of HMOs are accredited by NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar Inc
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Care Wisconsin; Group Health Cooperative Of Eau Claire; Independent Care (iCare); MHS of Wisconsin; Molina Health Plan; Network Health Plan; UnitedHealthcare Community Plan	WrapAround Milwaukee	Community Care, Inc.
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2018 (3 of 3)

Features	Family Care Partnership Program	Family Care
Program type	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca Counties	Statewide
Federal operating authority	1932(a)/1915(c)	1915(b)/1915(c)
Program start date	02/01/1995	02/01/2000
Waiver expiration date (if applicable)	12/31/2019	12/31/2019
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		

Features	Family Care Partnership Program	Family Care
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Open enrollment	Open enrollment
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X

Features	Family Care Partnership Program	Family Care
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD	X	X
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical center, audiology, chiropractic, community mental health services, durable medical equipment and medical supplies, nurse-midwife, occupational therapy, physical therapy, podiatry, prenatal care coordination, respiratory care for ventilator dependent persons, school-based services, speech and language pathology, vision care	Community mental health services, durable medical equipment and medical supplies, occupational therapy, physical therapy, respiratory care for ventilator dependent persons, and speech and language pathology

Features	Family Care Partnership Program	Family Care
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar Inc	MetaStar, Inc
Performance incentives: Payment bonuses/differentials to reward plans	X	X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Care Wisconsin; Community Care, Inc.; Independent Care (iCare)	Care Wisconsin; Community Care, Inc.; CommunityLink (became Inclusa in September 2017); My Choice Family Care; Lakeland Care District
Notes: Program notes		

Wyoming Managed Care Program Features, as of 2018

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Program type	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Laramie County	Statewide
Federal operating authority	PACE	1915(b)/1915(c)
Program start date	02/01/2013	09/01/2015
Waiver expiration date (if applicable)		06/30/2018
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary
Populations enrolled: Enrollment choice period	N/A	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Any other service determined by the interdisciplinary team (IDT) as necessary to meet the participant's needs and which improve or maintain the participant's overall health status.	Targeted case management State Plan Authority including family care coordinators, youth peer support partners, and family support partners. All individuals receive respite.
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		NCQA, JCAHO, URAC, Council on Accreditation COA
Quality assurance and improvement: EQRO contractor name (if applicable)		Navigant
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Cheyenne Regional Medical Center PACE	CME Statewide
Notes: Program notes		