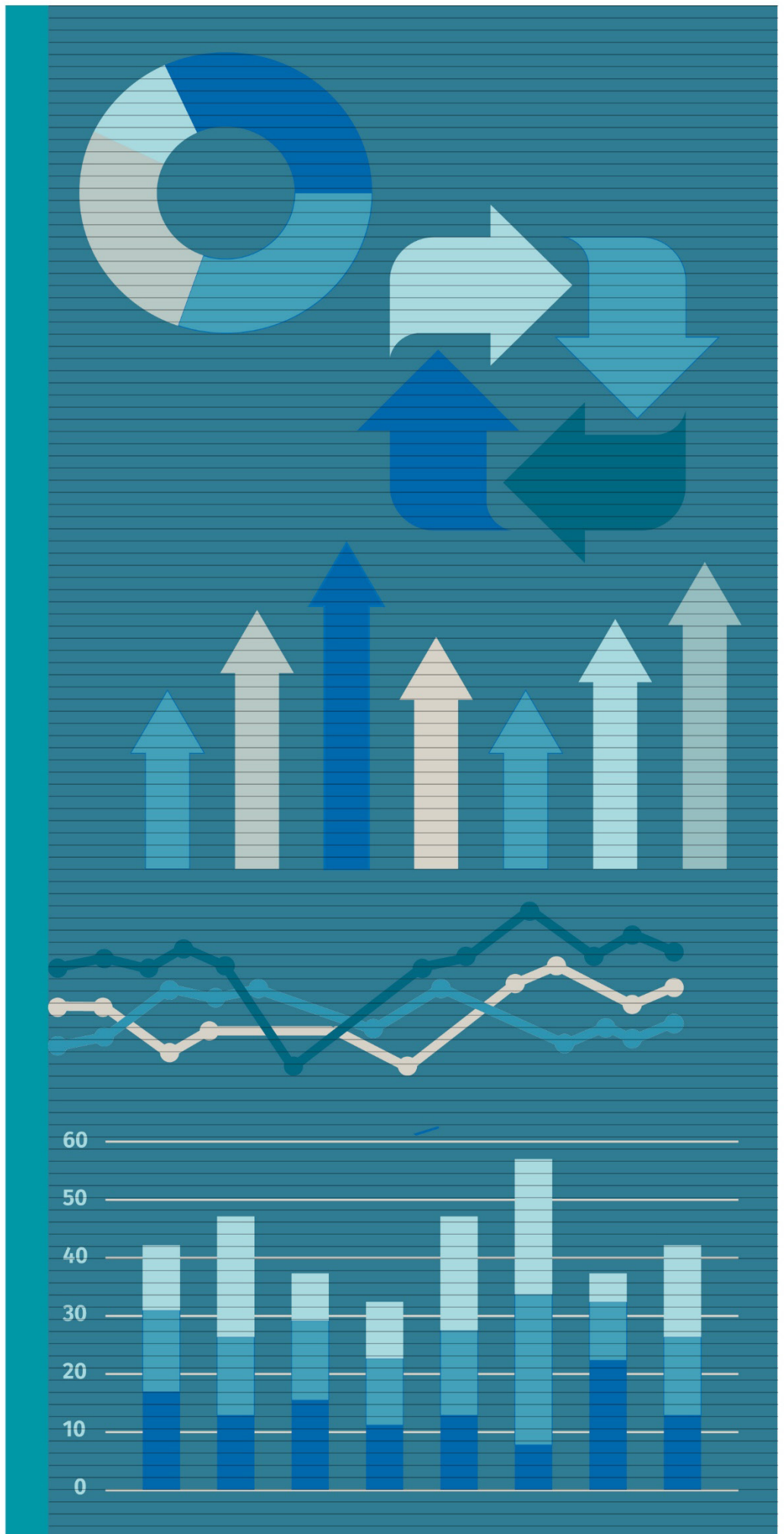




Medicaid Managed Care Enrollment and Program Characteristics, 2020

Spring 2022



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Medicaid Managed Care Enrollment and Program Characteristics, 2020

Overview

This report is a production of the Division of Managed Care Policy (DMCP) in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services, with assistance from Mathematica (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.

- National tables provide summary data on Medicaid managed care: (1) enrollment at the state and plan level, as of July 1, 2020, 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 in 2020, 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 2019 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 Angela Jones at angela.jones2@cms.hhs.gov.

Acknowledgements

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Errors and Corrections to the 2019 Report

In the course of collecting data for the 2020 version of this report, Mathematica uncovered several errors in the data contained in the 2019 Medicaid Managed Care Enrollment Report released in Summer 2021. A corrected version of that report was re-issued in Spring 2022, and the errors identified in the Summer 2021 report are listed below.

| State/Domain | Changes |
|--|--|
| Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2019 | |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |
| Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2019 | |
| Florida | MLTSS only eligible enrollment was previously reported as 111,856. The corrected figure is 200,320. |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |
| Tennessee | Comprehensive MCO (with or without MLTSS) was previously reported as 1,437,688. The corrected figure is 1,437,402. |
| All states | As a result of these changes: 1. Comprehensive MCO (with or without MLTSS) was previously reported as 55,157,376. The corrected figure is 55,157,090. 2. MLTSS only was previously reported as 464,194. The corrected figure is 552,658. |
| Table 3: Medicare-Medicaid Dually Eligible Individuals Enrolled in Managed Care by Program Type, as of July 1, 2019 | |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |
| Virginia | Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 114,520. The corrected figure is 190,867. |
| All states | As a result of these changes: 1. Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 10,372,877. The corrected figure is 10,449,224. |
| Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2019 | |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |
| Table 5: Enrollment by Program and Plan, as of July 1, 2019 | |
| Colorado | 1. The geographic regions for the InnovAge – Thornton plan in the Program of All-inclusive Care for the Elderly (PACE) were originally reported as Adams, Arapahoe, Broomfield, Denver, Jefferson, Larimer, and Weld Counties. The geographic regions have been corrected to Adams and Weld Counties. 2. The geographic region for the Total Longterm Care plan in the PACE program was originally reported as Denver County. The geographic regions have been corrected to Adams, Arapahoe, Broomfield, Denver, Jefferson, Larimer, and Weld Counties. |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |
| Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2019 | |
| Michigan | In 2020, Michigan updated their reporting methodology to more accurately calculate overall Medicaid and managed care enrollment resulting in a significant decrease in enrollment counts between 2019 and 2020. |

| State/Domain | Changes |
|---|---|
| Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2019 | |
| The changes for Table 7 result from the errors and corrections described in the State Tables. | |
| Comprehensive MCO with or without MLTSS | <ol style="list-style-type: none"> 1. The number of programs in which Children with Special Health Care Needs are enrolled mandatorily has been changed from 33 to 34. The number enrolled voluntarily has been changed from 14 to 13. 2. The number of programs in which Native American/Alaskan Natives are enrolled mandatorily has been changed from 25 to 24. The number enrolled voluntarily has been changed from 41 to 42. 3. The number of programs in which Foster Care and Adoption Assistance Children are enrolled mandatorily has been changed from 30 to 31. The number voluntarily has been changed from 21 to 20. |
| PCCM | <ol style="list-style-type: none"> 1. The number of programs in which Aged, Blind or Disabled Children or Adults are enrolled mandatorily has been changed from 9 to 8. The number enrolled voluntarily has been changed from 4 to 5. |
| PCCM entity | <ol style="list-style-type: none"> 1. The total number of PCCM entity programs has been changed from 4 to 5. 2. The number of programs in which Aged, Blind or Disabled Children or Adults are enrolled mandatorily has been changed from 2 to 3. 3. The number of programs in which Non-Disabled Children (excluding children in foster care or receiving adoption assistance) are enrolled mandatorily has been changed from 3 to 4. 4. The number of programs in which Individuals receiving Limited Benefits are enrolled mandatorily has been changed from 1 to 2. 5. The number of programs in which Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority are enrolled mandatorily has been changed from 2 to 3. 6. The number of programs in which Children with Special Health Care Needs are enrolled mandatorily has been changed from 2 to 3. 7. The number of programs in which Native American/Alaskan Natives 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 1 to 2. |
| Dental | <ol style="list-style-type: none"> 1. The number of programs in which Low-income Adults are enrolled mandatorily has been changed from 7 to 8. The number enrolled voluntarily has been changed from 2 to 1. 2. The number of programs in which Aged, Blind or Disabled Children or Adults are enrolled mandatorily has been changed from 9 to 10. The number enrolled voluntarily has been changed from 2 to 1. 3. The number of programs in which Non-Disabled Children (excluding children in foster care or receiving adoption assistance) are enrolled mandatorily has been changed from 9 to 10. The number enrolled voluntarily has been changed from 2 to 1. 4. The number of programs in which Individuals receiving Limited Benefits are enrolled mandatorily has been changed from 2 to 3. The number enrolled voluntarily has been changed from 2 to 1. 5. The number of programs in which Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority are enrolled mandatorily has been changed from 5 to 6. The number voluntarily has been changed from 2 to 1. 6. The number of programs in which Full Duals are enrolled mandatorily has been changed from 6 to 7. The number enrolled voluntarily has been changed from 2 to 1. 7. The number of programs in which Children with Special Health Care Needs are enrolled mandatorily has been changed from 7 to 8. The number enrolled voluntarily has been changed from 3 to 2. |
| Table 8: Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2019 | |
| The changes for Table 8 result from the errors and corrections described in in the State Tables. | |

| State/Domain | Changes |
|---------------------|--|
| PCCM entity | <ol style="list-style-type: none"> 1. The total number of PCCM entity programs has been changed from 4 to 5. 2. The total number of programs for which HEDIS data is required has been changed from 2 to 3. 3. The total number of programs for which an EQRO contractor is used has been changed from 2 to 3. 4. The total number of programs for which payment bonuses/differentials to reward MCOs has been changed from 1 to 2. 5. The total number of programs for which public reports comparing MCO performance on key metrics are used as a performance incentive has been changed from 2 to 3. |
| State Tables | |
| Alabama | <ol style="list-style-type: none"> 1. HCBS waiver services were previously reported for the Integrated Care Network program. These services have been removed from the corrected report. 2. Alabama Coordinated Health Networks, which began in October 2019, was previously omitted from the 2019 reports. The program is now shown in the corrected report. |
| California | <ol style="list-style-type: none"> 1. The Native American/Alaskan Natives population was previously reported as mandatory under the COHS model. It is now shown as voluntary in the corrected report. 2. The Foster Care and Adoption Assistance Children population was previously reported as voluntary under the COHS model. It is now shown as mandatory in the corrected report. 3. The Children with Special Health Care Needs population was previously reported as voluntary under the Regional model and GMC model. It is now shown as mandatory in the corrected report. 4. The enrollment broker was previously omitted for the Regional model and Two-Plan model. The enrollment broker, Health Care Options/MAXIMUS, is now shown in the corrected report. 5. Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities), Aged, Blind or Disabled Children or Adults, Non-Disabled Children (excludes children in foster care or receiving adoption assistance), Individuals receiving Limited Benefits (excludes partial duals), Full Duals, and Children with Special Health Care Needs were reported as voluntary under the Dental Managed Care/Sacramento model. They are now shown as mandatory in the corrected report. 6. Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities) were reported as voluntary under Two-plan model. It is now shown as mandatory in the corrected report. 7. The Rady Children's Hospital San Diego program previously noted coverage for the for personal care (state plan option). This has been removed from the corrected report. |
| Colorado | The program start date for the Accountable Care Collaborative program was previously reported as 7/1/2019. The corrected start date is 7/1/2018. |
| Georgia | The federal operating authority for Georgia Families 360 was previously reported as 1932(a),1915(b)/1915(i). The corrected authority is 1932(a). |
| Idaho | The accreditation organization for the Non-Emergency Medical Transportation was previously reported as URAC. The organization has been removed in the corrected report. |
| Pennsylvania | <ol style="list-style-type: none"> 1. The program start date for the Behavioral Health HealthChoices program was previously reported as 1/1/1999. The corrected start date is 1/1/1997. 2. The waiver expiration date for the Adult Community Autism Program was previously reported as 12/31/2021. The waiver expiration date has been removed. |
| South Carolina | HCBS waiver services were not previously reported as a covered benefit under the PACE program. The benefits are included in the corrected report. |

| State/Domain | Changes |
|--------------|---|
| South Dakota | The blind and disabled children population were reported as mandatory for the PRIME program. It is now shown as voluntary, and a program note has been added in the corrected report. |
| Utah | Partial hospitalization, physician, nurse practitioner, clinic services, lab and x-ray, EPSDT, case management, and Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit were not previously reported as covered benefits under the Prepaid Mental Health program. They have been added in the corrected report. |

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2020 and previous years show the following trends:

- **Medicaid enrollment in comprehensive managed care organizations (MCOs) increased by 6.1 percent – from 55.2 million in 2019 to 58.5 million in 2020.** Several states suggested that the increases in enrollment at least partly resulted from the temporary enrollment provisions put in place in response to the COVID-19 Public Health Emergency (PHE).
- **Enrollment of dually eligible individuals in comprehensive MCOs increased by 3.5 percent from 2019 to 2020.** About 3.3 million dually eligible beneficiaries were enrolled in comprehensive MCOs in 2020, an increase from about 3.2 million in 2019. However, states use of comprehensive MCOs for dually eligible beneficiaries remained relatively consistent. In 2020, about 30 percent of dually eligible beneficiaries were enrolled in comprehensive MCOs, compared to about 31 percent of dually eligible beneficiaries in 2019.
- **Enrollment in Behavioral Health Organizations (BHOs) decreased by 11 percent in 2020.** In 2020, about 10 percent of all Medicaid beneficiaries were enrolled in BHO programs, compared to about 12 percent of all Medicaid beneficiaries in 2019.
- **Enrollment in dental programs increased by 19 percent in 2020.** In 2020, about 15 percent of all Medicaid beneficiaries were enrolled in dental programs, compared to 13 percent in 2019.
- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty-four states had managed LTSS (MLTSS) programs in operation as of July 1, 2020, a slight increase from twenty-three states in 2019. As of July 1, 2020, there were 1.7 million LTSS users, excluding a subset of enrollees in Florida, Idaho, Illinois, and Kansas because the states are unable to report LTSS users. Seventeen of the twenty-two states reporting LTSS users in both years reported an increase in the number of LTSS users from 2019 to 2020.
- **The percentage of Medicaid beneficiaries enrolled in comprehensive managed care plans as a result of the ACA Medicaid expansion increased for the fifth straight year.** About 17.3 million low income adults eligible for Medicaid under Section VIII of the ACA in 2020 were enrolled in comprehensive MCOs, as compared to 14.2 million in 2019 (a 22.1 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.

Glossary

Federal authorities (Waivers and State Plan Amendments)

| | |
|-------------------------------|--|
| 1115(a) | 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. |
| 1902(a)(70) NEMT | 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. |
| 1905(t) | States can use Section 1905(t) statutory authority to create voluntary primary care case management (PCCM) managed care programs. |
| 1915(a) | 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. |
| 1915(b) | 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. |
| 1915(c) | 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. |
| 1915(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. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(i) services are paid fee-for-service. |
| 1915(j) | 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. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(j) services are paid fee-for-service. |
| 1915(k) | 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. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(k) services are paid fee-for-service. |
| 1932(a) | 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 eligible) enrollees, Native Americans and children with special health care needs). Additionally, with exceptions for rural areas, the state must offer at least two managed care options. |
| 1937 Alternative Benefit Plan | 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). |
| 1945 Health Homes | 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 a 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 coverage of 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 cover 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 covers dental services. |
| <i>Dual Eligibles (also referred to as “Duals”, or Medicare-Medicaid Eligibles)</i> | | Individuals who are eligible for Medicare and eligible to receive: (1) all state Medicaid benefits (“full duals”) or (2) state coverage of Medicare premiums and/or cost sharing, without coverage of all state Medicaid benefits (“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(s) in which they operate. 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 need assistance with activities of daily living. HCBS are commonly offered to older adults and/or individuals with mental illnesses, intellectual or developmental disabilities, traumatic brain injuries and/or physical disabilities. |

| Term | Acronym | Definition |
|---|----------------|--|
| <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. |
| <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. LTSS may be provided 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 may cover: (1) LTSS in addition to medical care through comprehensive MCOs, or (2) 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, adults over the age of 65 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 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. |

| Term | Acronym | Definition |
|---|----------------|---|
| <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 health disorders affect how individuals relate to each other and make choices, and may include changes in thinking, mood, and/or behavior. |
| <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 Medicaid 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 Medicaid 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 from 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 fee-for-service basis. Primary Care Providers (PCPs) can include primary care physicians, clinics, group practices and nurse practitioners, among others. |

| Term | Acronym | Definition |
|---|-------------|---|
| <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. |
| <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/or 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, 2020

| 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 | 80,814,842 | 67,836,622 | 58,521,930 | 17,365,895 |
| Alabama | 1,092,935 | 861,758 | 166 | 0 |
| Alaska ⁵ | 222,723 | 0 | 0 | 0 |
| American Samoa | n/a | n/a | n/a | n/a |
| Arizona | 2,013,348 | 1,711,292 | 1,711,292 | 461,077 |
| Arkansas | 988,178 | 875,994 | 42,938 | 0 |
| California | 13,016,208 | 10,650,556 | 10,650,549 | 3,218,039 |
| Colorado ⁶ | 1,316,543 | 1,266,374 | 133,992 | 58,559 |
| Connecticut ⁷ | 990,928 | 0 | 0 | 0 |
| Delaware | 248,794 | 217,895 | 212,163 | 62,344 |
| District of Columbia | 265,501 | 247,592 | 193,692 | 59,644 |
| Florida | 4,210,849 | 3,580,237 | 3,281,271 | 0 |
| Georgia ⁸ | 2,288,352 | 1,647,055 | 1,585,535 | 0 |
| Guam | n/a | n/a | n/a | n/a |
| Hawaii | 360,381 | 360,277 | 360,277 | 122,907 |
| Idaho | 375,710 | 344,075 | 25,711 | 0 |
| Illinois | 3,143,105 | 2,394,304 | 2,337,395 | 551,899 |
| Indiana ⁹ | 1,597,421 | 1,200,444 | 1,200,444 | 597,002 |
| Iowa | 673,328 | 603,274 | 603,274 | 192,488 |
| Kansas | 413,787 | 365,808 | 365,808 | 0 |
| Kentucky | 1,503,931 | 1,418,458 | 1,365,246 | 459,608 |

| 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 | 1,731,060 | 1,612,144 | 1,468,845 | 532,697 |
| Maine | 291,765 | 265,968 | 0 | 0 |
| Maryland | 1,483,337 | 1,256,287 | 1,256,287 | 320,468 |
| Massachusetts | 1,893,605 | 1,239,099 | 761,847 | 177,331 |
| Michigan ¹⁰ | 2,573,851 | 2,415,313 | 1,930,736 | 621,998 |
| Minnesota | 1,119,244 | 941,818 | 941,818 | 192,354 |
| Mississippi | 704,743 | 450,665 | 450,665 | 0 |
| Missouri | 939,919 | 815,724 | 657,492 | 0 |
| Montana | 263,872 | 235,052 | 0 | 0 |
| Nebraska | 262,780 | 261,472 | 261,438 | 0 |
| Nevada | 720,389 | 650,160 | 558,040 | 213,483 |
| New Hampshire | 210,094 | 190,713 | 190,713 | 58,654 |
| New Jersey | 1,683,987 | 1,588,936 | 1,588,936 | 542,076 |
| New Mexico | 876,406 | 718,655 | 718,655 | 250,856 |
| New York ¹¹ | 6,458,770 | 5,014,525 | 4,765,561 | 3,780,522 |
| North Carolina | 2,266,262 | 1,703,303 | 2,205 | 0 |
| North Dakota | 94,716 | 52,986 | 21,673 | 21,497 |
| Northern Mariana Islands | n/a | n/a | n/a | n/a |
| Ohio | 2,973,911 | 2,575,003 | 2,575,003 | 649,674 |
| Oklahoma | 877,492 | 701,359 | 638 | 0 |
| Oregon | 1,159,844 | 969,719 | 969,719 | 451,468 |
| Pennsylvania | 2,984,420 | 2,842,424 | 2,759,465 | 975,848 |
| Puerto Rico | 1,283,091 | 1,283,091 | 1,283,091 | 408,122 |

| 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 | 309,491 | 301,740 | 267,202 | 78,769 |
| South Carolina | 1,277,117 | 1,277,117 | 841,817 | 0 |
| South Dakota | 123,000 | 79,462 | 0 | 0 |
| Tennessee | 1,582,708 | 1,464,590 | 1,464,590 | 0 |
| Texas | 4,222,317 | 4,074,510 | 4,007,391 | 0 |
| Utah | 342,000 | 324,302 | 273,388 | 37,484 |
| Vermont | 174,068 | 118,656 | 118,656 | 55,412 |
| Virgin Islands | n/a | n/a | n/a | n/a |
| Virginia | 1,473,316 | 1,473,316 | 1,400,015 | 436,180 |
| Washington | 1,830,122 | 1,830,122 | 1,608,661 | 1,607,696 |
| West Virginia | 534,107 | 429,336 | 429,336 | 169,739 |
| Wisconsin | 1,308,070 | 933,527 | 878,159 | 0 |
| Wyoming | 62,946 | 135 | 135 | 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's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

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's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
 8. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,766,478 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.
 9. Indiana's reporting of the Section VIII Expansion enrollment counts is different than those reported in the CMS-64, likely due to differences in identifying enrollees who are "not newly eligible."
 10. Michigan updated their reporting methodology in 2020 to more accurately calculate overall Medicaid and managed care enrollment, resulting in a significant decrease in enrollment counts between 2019 and 2020.
 11. New York's total Medicaid Section VIII expansion count is higher than expected as compared to MBES. New York's Medicaid Section VIII expansion count includes many people with New York State of Health enrollment that are not actually in the Medicaid Section VIII expansion population.
- Note: "n/a" indicates that a state or territory did not report data.

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2020¹

| 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 | 80,814,842 | 58,469,355 | 1,645,799 | 4,443,624 | 488,451 | 8,266,995 | 12,353,019 | 16,506,478 | 54,466 | 77,558 |
| Alabama | 1,092,935 | -- | -- | 861,758 | -- | -- | -- | -- | 166 | -- |
| Alaska ⁴ | 222,723 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| American Samoa | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Arizona | 2,013,348 | 1,711,292 | -- | -- | -- | -- | -- | -- | -- | -- |
| Arkansas | 988,178 | 42,594 | -- | 410,481 | -- | -- | 608,149 | 815,723 | 344 | -- |
| California | 13,016,208 | 10,639,640 | -- | -- | -- | 7 | 805,658 | -- | 10,909 | -- |
| Colorado ⁵ | 1,316,543 | 129,369 | -- | 1,089,636 | -- | -- | -- | -- | 4,623 | -- |
| Connecticut ⁶ | 990,928 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Delaware | 248,794 | 211,908 | -- | -- | -- | -- | -- | 217,895 | 255 | -- |
| District of Columbia | 265,501 | 193,692 | -- | -- | -- | -- | -- | 53,900 | -- | -- |
| Florida | 4,210,849 | 3,278,980 | -- | -- | 119,623 | -- | 3,458,285 | -- | 2,291 | -- |
| Georgia ⁷ | 2,288,352 | 1,585,535 | -- | -- | -- | -- | -- | 1,766,478 | -- | 61,520 |
| Guam | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Hawaii ⁸ | 360,381 | 360,277 | -- | -- | -- | -- | -- | -- | -- | -- |
| Idaho | 375,710 | 25,711 | 289,464 | -- | -- | 321,628 | 344,074 | 344,074 | -- | -- |
| Illinois | 3,143,105 | 2,337,395 | -- | -- | 56,910 | -- | -- | -- | -- | -- |
| Indiana | 1,597,421 | 1,199,990 | -- | -- | -- | -- | -- | -- | 454 | -- |
| Iowa | 673,328 | 602,684 | -- | -- | -- | -- | 419,105 | 9,803 | 590 | -- |
| Kansas | 413,787 | 365,104 | -- | -- | -- | -- | -- | -- | 704 | -- |
| Kentucky | 1,503,931 | 1,365,246 | -- | -- | -- | -- | -- | 1,418,458 | -- | -- |

| 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 |
|----------------------------|---------------------------------------|--|-------------------|--------------------------|-------------------------|-------------------------------------|---------------------|-----------------------------|-------|--------------------|
| Louisiana | 1,731,060 | 1,468,380 | -- | -- | -- | 138,578 | 1,480,707 | -- | 465 | -- |
| Maine | 291,765 | -- | 191,513 | -- | -- | -- | -- | 265,968 | -- | -- |
| Maryland | 1,483,337 | 1,256,167 | -- | -- | -- | -- | -- | -- | 120 | -- |
| Massachusetts | 1,893,605 | 756,892 | 92,072 | 390,763 | -- | 552,518 | -- | -- | 4,955 | -- |
| Michigan ⁹ | 2,573,851 | 1,927,140 | -- | -- | 11,879 | 2,415,313 | 975,356 | -- | 3,596 | -- |
| Minnesota | 1,119,244 | 941,818 | -- | -- | -- | -- | -- | -- | -- | -- |
| Mississippi | 704,743 | 450,665 | -- | -- | -- | -- | -- | -- | -- | -- |
| Missouri | 939,919 | 657,492 | -- | -- | -- | -- | -- | 267,575 | -- | -- |
| Montana | 263,872 | -- | 235,052 | -- | -- | -- | -- | -- | -- | -- |
| Nebraska | 262,780 | 261,222 | -- | -- | -- | -- | 260,100 | -- | 216 | -- |
| Nevada | 720,389 | 558,040 | -- | -- | -- | -- | 556,987 | 650,160 | -- | -- |
| New Hampshire | 210,094 | 190,713 | -- | -- | -- | -- | -- | -- | -- | -- |
| New Jersey | 1,683,987 | 1,587,796 | -- | -- | -- | -- | -- | 1,587,896 | 1,140 | -- |
| New Mexico | 876,406 | 717,801 | -- | -- | -- | -- | -- | -- | 854 | -- |
| New York | 6,458,770 | 4,760,049 | -- | -- | 248,964 | -- | -- | -- | 5,512 | -- |
| North Carolina | 2,266,262 | -- | -- | 1,690,986 | -- | 1,601,688 | -- | -- | 2,205 | -- |
| North Dakota | 94,716 | 21,497 | 52,810 | -- | -- | -- | -- | -- | 176 | -- |
| Northern Mariana Islands | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Ohio | 2,973,911 | 2,574,386 | -- | -- | -- | -- | -- | -- | 617 | -- |
| Oklahoma | 877,492 | -- | 701,359 | -- | -- | -- | -- | 701,359 | 638 | -- |
| Oregon ¹⁰ | 1,159,844 | 969,719 | -- | -- | -- | -- | -- | -- | 1,618 | -- |
| Pennsylvania ¹¹ | 2,984,420 | 2,752,390 | -- | -- | -- | 2,804,800 | -- | 650,241 | 7,075 | 185 |
| Puerto Rico | 1,283,091 | 1,283,091 | -- | -- | -- | -- | -- | -- | -- | -- |

| 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 |
|-------------------------|---------------------------------------|--|-------------------|--------------------------|-------------------------|-------------------------------------|---------------------|-----------------------------|-------|--------------------|
| Rhode Island | 309,491 | 266,861 | -- | -- | -- | -- | 113,513 | 301,740 | 341 | -- |
| South Carolina | 1,277,117 | 841,387 | 756 | -- | -- | -- | -- | 1,277,117 | 430 | -- |
| South Dakota | 123,000 | -- | 79,462 | -- | -- | -- | -- | -- | -- | -- |
| Tennessee ¹² | 1,582,708 | 1,464,590 | -- | -- | -- | -- | -- | -- | 273 | -- |
| Texas | 4,222,317 | 4,006,196 | -- | -- | -- | -- | 3,115,343 | 4,073,144 | 1,195 | -- |
| Utah | 342,000 | 273,388 | -- | -- | -- | 283,756 | 215,742 | 274,825 | -- | -- |
| Vermont | 174,068 | 118,656 | -- | -- | -- | -- | -- | -- | -- | -- |
| Virgin Islands | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Virginia | 1,473,316 | 1,398,958 | -- | -- | -- | -- | -- | -- | 1,057 | -- |
| Washington | 1,830,122 | 1,607,696 | 3,311 | -- | -- | 147,506 | -- | 1,830,122 | 965 | 12,761 |
| West Virginia | 534,107 | 429,336 | -- | -- | -- | -- | -- | -- | -- | -- |
| Wisconsin | 1,308,070 | 877,612 | -- | -- | 51,075 | 1,201 | -- | -- | 547 | 3,092 |
| Wyoming | 62,946 | -- | -- | -- | -- | -- | -- | -- | 135 | -- |

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. Alaska's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

5. Colorado did not provide enrollment counts for plans with less than 30 beneficiaries. As a result, PACE program-level enrollment may be lower than actual enrollment.

6. Connecticut's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

7. 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.

8. Hawaii's enrollment in comprehensive MCOs includes 5,108 beneficiaries who enrolled in an MCO plus Ohana Community Care Service for behavioral health services.

9. 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.

10. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.

11. Pennsylvania did not provide Medicaid only enrollment counts for plans with less than 11 beneficiaries. As a result, PACE program level enrollment may be slightly undercounted.

12. Tennessee's enrollment in comprehensive MCOs includes 1,312,229 beneficiaries who were also enrolled in OptumRx for pharmacy benefits and 862,017 beneficiaries who were also enrolled in DentaQuest USA Insurance Company for dental services.

Note: "n/a" indicates that a state or territory did not 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 2020, 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, 2020¹

| 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 | 11,253,390 | 3,325,565 | 123,729 | 247,668 | 440,257 | 734,110 | 479,318 | 1,373,246 | 46,310 | 86 |
| Alabama | 218,182 | -- | -- | 18,553 | -- | -- | -- | -- | 145 | -- |
| 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 | 236,810 | 162,619 | -- | -- | -- | -- | -- | -- | -- | -- |
| Arkansas | 140,326 | 5,750 | -- | 1,610 | -- | -- | 53,629 | 56,654 | 331 | -- |
| California | 1,379,410 | 892,712 | -- | -- | -- | 0 | 55,757 | -- | 7,530 | -- |
| Colorado ⁴ | 123,691 | 9,709 | -- | 72,636 | -- | -- | -- | -- | 4,468 | -- |
| Connecticut | n/a | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Delaware | 30,994 | 13,908 | -- | -- | -- | -- | -- | 15,394 | 241 | -- |
| District of Columbia | 36,247 | 1,079 | -- | -- | -- | -- | -- | 23,193 | -- | -- |
| Florida | 1,316,856 | 101,961 | -- | -- | 109,875 | -- | 218,322 | -- | 2,148 | -- |
| Georgia ⁵ | 349,193 | 0 | -- | -- | -- | -- | -- | 0 | -- | 0 |
| Guam | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Hawaii | 36,719 | 36,719 | -- | -- | -- | -- | -- | -- | -- | -- |
| Idaho | 50,739 | 25,711 | 4,437 | -- | -- | 6,103 | 28,449 | 28,449 | -- | -- |
| Illinois | 387,780 | 0 | -- | -- | 56,910 | -- | -- | -- | -- | -- |
| Indiana ⁶ | 226,813 | 4,990 | -- | -- | -- | -- | -- | -- | 423 | -- |
| Iowa | 88,700 | 66,954 | -- | -- | -- | -- | 67,234 | 779 | 558 | -- |
| Kansas | 85,381 | 42,450 | -- | -- | -- | -- | -- | -- | 0 | -- |
| Kentucky | 103,806 | 69,622 | -- | -- | -- | -- | -- | 70,922 | -- | -- |
| Louisiana | 230,998 | 230 | -- | -- | -- | 125,376 | 0 | -- | 452 | -- |

| 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 |
|---------------------------|--|--|-------------------|--------------------------|-------------------------|-------------------------------------|---------------------|-----------------------------|-------|--------------------|
| Maine | 93,127 | -- | 0 | -- | -- | -- | -- | 51,041 | -- | -- |
| Maryland | 150,332 | 0 | -- | -- | -- | -- | -- | -- | 108 | -- |
| Massachusetts | 358,851 | 59,914 | 0 | 0 | -- | 0 | -- | -- | 4,635 | -- |
| Michigan ⁷ | 328,585 | 41,168 | -- | -- | 11,098 | 0 | 0 | -- | 3,397 | -- |
| Minnesota | 128,357 | 34,204 | -- | -- | -- | -- | -- | -- | -- | -- |
| Mississippi | 162,695 | 0 | -- | -- | -- | -- | -- | -- | -- | -- |
| Missouri | 193,089 | 0 | -- | -- | -- | -- | -- | 158,232 | -- | -- |
| Montana | 30,000 | -- | 0 | -- | -- | -- | -- | -- | -- | -- |
| Nebraska | 35,888 | 35,280 | -- | -- | -- | -- | 35,246 | -- | 193 | -- |
| Nevada | 81,465 | 0 | -- | -- | -- | -- | 0 | 0 | -- | -- |
| New Hampshire | 33,062 | 17,756 | -- | -- | -- | -- | -- | -- | -- | -- |
| New Jersey | 197,043 | 183,547 | -- | -- | -- | -- | -- | 183,649 | 1,020 | -- |
| New Mexico | 42,542 | 42,542 | -- | -- | -- | -- | -- | -- | 794 | -- |
| New York | 974,235 | 24,853 | -- | -- | 220,910 | -- | -- | -- | 4,941 | -- |
| North Carolina | 359,965 | -- | -- | 154,869 | -- | 178,758 | -- | -- | 2,090 | -- |
| North Dakota | 15,956 | 0 | 0 | -- | -- | -- | -- | -- | 164 | -- |
| Northern Mariana Islands | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Ohio | 251,412 | 64,111 | -- | -- | -- | -- | -- | -- | 517 | -- |
| Oklahoma | 119,292 | -- | 119,292 | -- | -- | -- | -- | 119,292 | 569 | -- |
| Oregon ⁸ | 76,417 | 76,417 | -- | -- | -- | -- | -- | -- | 1,536 | -- |
| Pennsylvania | 492,575 | 367,361 | -- | -- | -- | 392,716 | -- | 80,739 | 6,701 | 86 |
| Puerto Rico | 384,146 | 325,508 | -- | -- | -- | -- | -- | -- | -- | -- |
| Rhode Island ⁹ | 37,111 | 0 | -- | -- | -- | -- | 0 | 37,111 | 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 |
|--------------------------|--|--|-------------------|--------------------------|-------------------------|-------------------------------------|---------------------|-----------------------------|-------|--------------------|
| South Carolina | 164,438 | 0 | 0 | -- | -- | -- | -- | 164,438 | 320 | -- |
| South Dakota | 18,628 | -- | 0 | -- | -- | -- | -- | -- | -- | -- |
| Tennessee ¹⁰ | 270,830 | 153,180 | -- | -- | -- | -- | -- | -- | 260 | -- |
| Texas | 672,073 | 300,437 | -- | -- | -- | -- | 0 | 356,258 | 1,135 | -- |
| Utah | 32,026 | 24,234 | -- | -- | -- | 31,155 | 20,681 | 27,095 | -- | -- |
| Vermont ¹¹ | 32,211 | 552 | -- | -- | -- | -- | -- | -- | -- | -- |
| Virgin Islands | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Virginia | 200,017 | 120,351 | -- | -- | -- | -- | -- | -- | 981 | -- |
| Washington ¹² | 117,021 | 0 | 0 | -- | -- | 0 | -- | 0 | 0 | 0 |
| West Virginia | 83,798 | 0 | -- | -- | -- | -- | -- | -- | -- | -- |
| Wisconsin | 61,723 | 19,736 | -- | -- | 41,464 | 2 | -- | -- | 521 | 0 |
| Wyoming | 11,835 | -- | -- | -- | -- | -- | -- | -- | 132 | -- |

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 did not provide enrollment counts for plans with less than 30 beneficiaries. As a result, 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 dually eligible enrollees shown in the enrollment counts for Healthy Indiana, Hoosier Healthwise, and Hoosier Care Connect are Medicaid managed care enrollees who gained Medicare eligibility during the public health emergency and, due to maintenance of effort requirements, remained in their existing Medicaid managed care plan.
7. Michigan updated their reporting methodology in 2020 to more accurately calculate overall Medicaid and managed care enrollment, resulting in a significant decrease in enrollment counts between 2019 and 2020.

8. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.

9. The number of Medicare-Medicaid dual eligible enrollees decreased 72 percent from 2019 due to discontinuation of the Rhode Health Options (RHO) program and transition of those enrollees either into fee-for-service or Rhody Health Partners.

10. Tennessee's enrollment in comprehensive MCOs includes 364 dually eligible beneficiaries who were also enrolled in OptumRx for pharmacy benefits and 364 dually eligible beneficiaries who are also enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.

11. 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.

12. Washington is unable to report plan-level enrollment counts separately for Medicaid-only and Medicare-Medicaid dually eligible enrollees. As a result, enrollment counts for Medicare-Medicaid beneficiaries are excluded from this report.

Note: "n/a" indicates that a state or territory did not 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 2020, 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, 2020

| 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 | 80,814,842 | 67,836,622 | 83.94% | 58,521,930 | 72.41% |
| Alabama | 1,092,935 | 861,758 | 78.8% | 166 | 0.0% |
| Alaska ⁴ | 222,723 | 0 | 0.0% | 0 | 0.0% |
| American Samoa | n/a | n/a | n/a | n/a | n/a |
| Arizona | 2,013,348 | 1,711,292 | 85.0% | 1,711,292 | 85.0% |
| Arkansas | 988,178 | 875,994 | 88.6% | 42,938 | 4.3% |
| California | 13,016,208 | 10,650,556 | 81.8% | 10,650,549 | 81.8% |
| Colorado | 1,316,543 | 1,266,374 | 96.2% | 133,992 | 10.2% |
| Connecticut ⁵ | 990,928 | 0 | 0.0% | 0 | 0.0% |
| Delaware | 248,794 | 217,895 | 87.6% | 212,163 | 85.3% |
| District of Columbia | 265,501 | 247,592 | 93.3% | 193,692 | 73.0% |
| Florida | 4,210,849 | 3,580,237 | 85.0% | 3,281,271 | 77.9% |
| Georgia ⁶ | 2,288,352 | 1,647,055 | 72.0% | 1,585,535 | 69.3% |
| Guam | n/a | n/a | n/a | n/a | n/a |
| Hawaii | 360,381 | 360,277 | 100.0% | 360,277 | 100.0% |
| Idaho | 375,710 | 344,075 | 91.6% | 25,711 | 6.8% |
| Illinois | 3,143,105 | 2,394,304 | 76.2% | 2,337,395 | 74.4% |
| Indiana | 1,597,421 | 1,200,444 | 75.1% | 1,200,444 | 75.1% |
| Iowa | 673,328 | 603,274 | 89.6% | 603,274 | 89.6% |

| 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 |
|--------------------------|---------------------------------------|--|--|--|--|
| Kansas | 413,787 | 365,808 | 88.4% | 365,808 | 88.4% |
| Kentucky | 1,503,931 | 1,418,458 | 94.3% | 1,365,246 | 90.8% |
| Louisiana | 1,731,060 | 1,612,144 | 93.1% | 1,468,845 | 84.9% |
| Maine | 291,765 | 265,968 | 91.2% | 0 | 0.0% |
| Maryland | 1,483,337 | 1,256,287 | 84.7% | 1,256,287 | 84.7% |
| Massachusetts | 1,893,605 | 1,239,099 | 65.4% | 761,847 | 40.2% |
| Michigan ⁷ | 2,573,851 | 2,415,313 | 93.8% | 1,930,736 | 75.0% |
| Minnesota | 1,119,244 | 941,818 | 84.1% | 941,818 | 84.1% |
| Mississippi | 704,743 | 450,665 | 63.9% | 450,665 | 63.9% |
| Missouri | 939,919 | 815,724 | 86.8% | 657,492 | 70.0% |
| Montana | 263,872 | 235,052 | 89.1% | 0 | 0.0% |
| Nebraska | 262,780 | 261,472 | 99.5% | 261,438 | 99.5% |
| Nevada | 720,389 | 650,160 | 90.3% | 558,040 | 77.5% |
| New Hampshire | 210,094 | 190,713 | 90.8% | 190,713 | 90.8% |
| New Jersey | 1,683,987 | 1,588,936 | 94.4% | 1,588,936 | 94.4% |
| New Mexico | 876,406 | 718,655 | 82.0% | 718,655 | 82.0% |
| New York | 6,458,770 | 5,014,525 | 77.6% | 4,765,561 | 73.8% |
| North Carolina | 2,266,262 | 1,703,303 | 75.2% | 2,205 | 0.1% |
| North Dakota | 94,716 | 52,986 | 55.9% | 21,673 | 22.9% |
| Northern Mariana Islands | n/a | n/a | n/a | n/a | n/a |
| Ohio | 2,973,911 | 2,575,003 | 86.6% | 2,575,003 | 86.6% |
| Oklahoma | 877,492 | 701,359 | 79.9% | 638 | 0.1% |

| 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 |
|---------------------|---------------------------------------|--|--|--|--|
| Oregon ⁸ | 1,159,844 | 969,719 | 83.6% | 969,719 | 83.6% |
| Pennsylvania | 2,984,420 | 2,842,424 | 95.2% | 2,759,465 | 92.5% |
| Puerto Rico | 1,283,091 | 1,283,091 | 100.0% | 1,283,091 | 100.0% |
| Rhode Island | 309,491 | 301,740 | 97.5% | 267,202 | 86.3% |
| South Carolina | 1,277,117 | 1,277,117 | 100.0% | 841,817 | 65.9% |
| South Dakota | 123,000 | 79,462 | 64.6% | 0 | 0.0% |
| Tennessee | 1,582,708 | 1,464,590 | 92.5% | 1,464,590 | 92.5% |
| Texas | 4,222,317 | 4,074,510 | 96.5% | 4,007,391 | 94.9% |
| Utah | 342,000 | 324,302 | 94.8% | 273,388 | 79.9% |
| Vermont | 174,068 | 118,656 | 68.2% | 118,656 | 68.2% |
| Virgin Islands | n/a | n/a | n/a | n/a | n/a |
| Virginia | 1,473,316 | 1,473,316 | 100.0% | 1,400,015 | 95.0% |
| Washington | 1,830,122 | 1,830,122 | 100.0% | 1,608,661 | 87.9% |
| West Virginia | 534,107 | 429,336 | 80.4% | 429,336 | 80.4% |
| Wisconsin | 1,308,070 | 933,527 | 71.4% | 878,159 | 67.1% |
| Wyoming | 62,946 | 135 | 0.2% | 135 | 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.

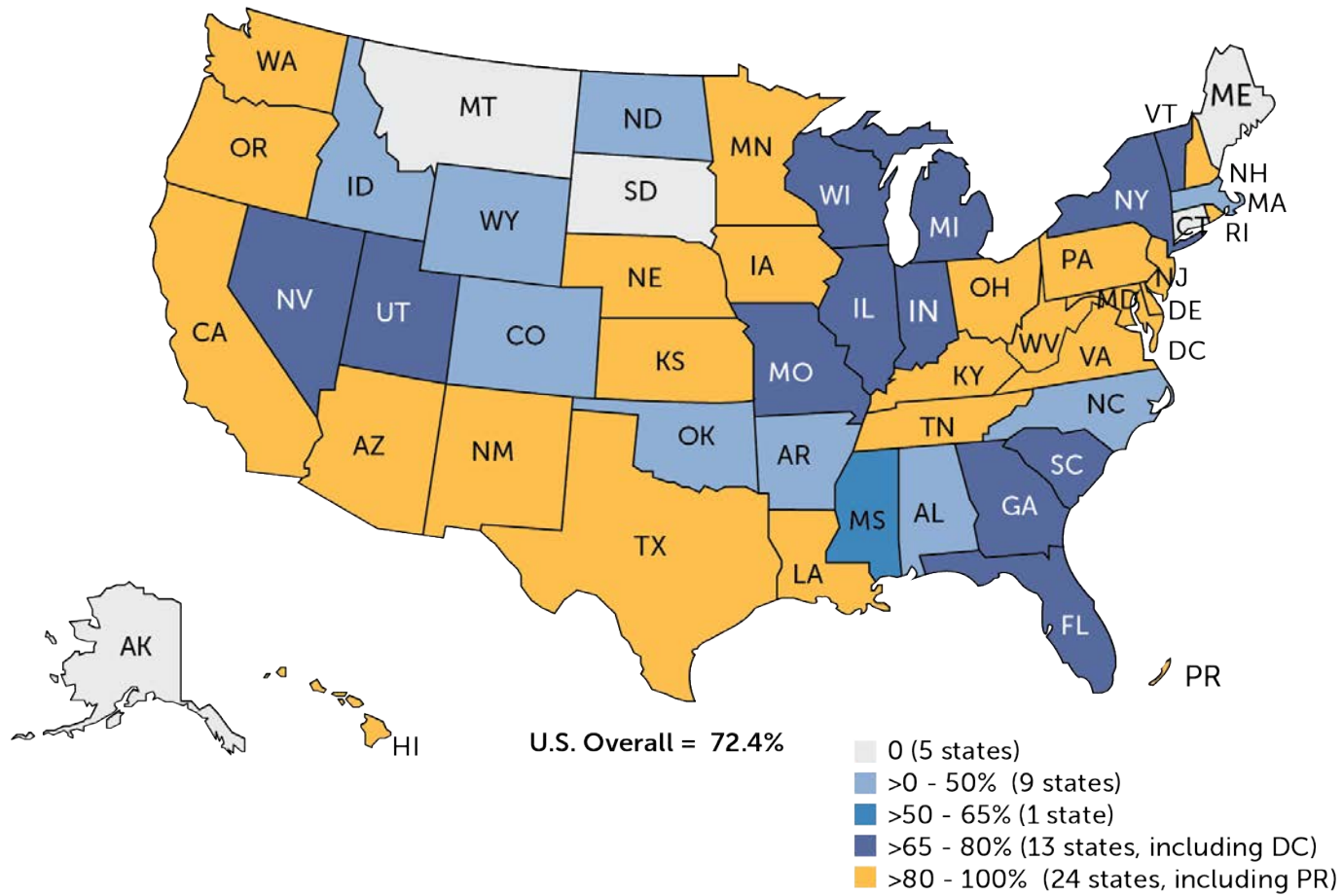
2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, PCCMs, and PCCM entities.

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's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

5. Connecticut's Total Medicaid Enrollment as of July 1, 2020 was taken from the July - September 2020 enrollment data collected through the Medicaid Budget and Expenditure System, updated June 2021, and accessed April 20, 2022. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
 6. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include 1,766,478 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.
 7. Michigan updated their reporting methodology in 2020 to more accurately calculate overall Medicaid and managed care enrollment, resulting in a significant decrease in enrollment counts between 2019 and 2020.
 8. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.
- Note: "n/a" indicates that a state or territory did not report data.

Map of State Comprehensive MCO Penetration as of July 1, 2020



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, 2020

Table 5. Enrollment by Program and Plan, as of 2020¹

| 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 | Alabama Coordinated Health Networks (Primary Care Case Management Entity (PCCM Entity)) | Alabama Coordinated Health Networks | Alabama Coordinated Health Networks | Statewide | 838,985 | 0 | 838,985 |
| Alabama | Integrated Care Network (Primary Care Case Management Entity (PCCM Entity)) | Alabama Select Network | Senior Select Partners | Statewide | 4,220 | 18,553 | 22,773 |
| Alabama | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Mercy Life of Alabama | Trinity Health | Mobile and Baldwin Counties | 21 | 145 | 166 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | United Healthcare | United Healthcare | Gila, Maricopa, Pima, and Pinal counties | 348,511 | 32,489 | 381,000 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Care 1st | WellCare/Centene Corporation | Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties | 163,745 | 13,195 | 176,940 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | DCS/CMDP | Government Agency/Non-Profit Entity | Statewide | 13,524 | 1 | 13,525 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | DES/Division of Developmental Disabilities (MLTSS) | Government Agency/Non-Profit Entity | Statewide | 27,871 | 7,826 | 35,697 |

| 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) | United Healthcare (MLTSS) | United Healthcare | Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties | 1,332 | 8,182 | 9,514 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Health Choice Arizona | Blue Cross Blue Shield of Arizona | Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties | 184,977 | 14,669 | 199,646 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Arizona Complete Health-Complete Care Plan | Centene Corporation | Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma counties | 191,130 | 17,487 | 208,617 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Mercy Care | Dignity Health and Carondelet Health Network | Gila, Maricopa and Pinal counties | 319,293 | 19,174 | 338,467 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Mercy Care (MLTSS) | Dignity Health and Carondelet Health Network | Gila, Maricopa, Pima, and Pinal counties | 2,474 | 9,844 | 12,318 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Magellan Complete Care | Magellan Health Services of Arizona | Gila, Maricopa, and Pinal counties | 28,162 | 1,226 | 29,388 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Banner University Family Care | Banner Health | Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma counties | 222,556 | 18,610 | 241,166 |

| 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 RBHA (SMI) | Dignity Health and Carondelet Health Network | Maricopa county | 24,332 | 7,574 | 31,906 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Arizona Complete Health- Complete Care Plan RBHA (SMI) | Centene Corporation | Cochise, Graham, Greenlee, LaPaz, Pima, Pinal, Santa Cruz, and Yuma counties | 13,776 | 4,527 | 18,303 |
| Arizona | Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS) | Health Choice Arizona RBHA (SMI) | Blue Cross Blue Shield of Arizona | Apache, Coconino, Gila, Mohave, Navajo, and Yavapai counties | 6,011 | 2,145 | 8,156 |
| 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 | 979 | 5,670 | 6,649 |
| Arkansas | Connect Care (Primary Care Case Management Entity (PCCM Entity)) | Multiple Primary Care Providers | Multiple Primary Care Provider (PCCM) | Statewide | 408,871 | 1,610 | 410,481 |
| Arkansas | Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Comprehensive MCO + MLTSS) | Summit Community Care | Anthem Insurance Companies, Inc. | Statewide | 11,441 | 2,901 | 14,342 |
| Arkansas | Provider-Led Arkansas Shared Savings Entity (PASSE) Program (Comprehensive MCO + MLTSS) | Arkansas Total Care | Centene Corporation | Statewide | 9,762 | 1,180 | 10,942 |

| 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 (Comprehensive MCO + MLTSS) | Empower Healthcare Solutions | Beacon | Statewide | 15,641 | 1,669 | 17,310 |
| Arkansas | Arkansas Dental Managed Care (Dental only (PAHP)) | Delta Dental of Arkansas | Delta Dental | Statewide | 286,363 | 26,682 | 313,045 |
| Arkansas | Arkansas Dental Managed Care (Dental only (PAHP)) | Managed Care of North America (MCNA) Dental | Managed Care of North America (MCNA), Inc. | Statewide | 268,157 | 26,947 | 295,104 |
| Arkansas | Arkansas Non-Emergency Medical Transport (Non-Emergency Medical Transportation) | Southeasttrans | Southeasttrans | Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, Poinsett, Cross, Crittenden, St. Francis, Faulkner, Pulaski, and Lonoke Counties | 552,230 | 39,550 | 591,780 |
| Arkansas | Arkansas Non-Emergency Medical Transport (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 | 133,403 | 10,066 | 143,469 |
| Arkansas | Arkansas Non-Emergency Medical Transport (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 | 73,436 | 7,038 | 80,474 |

| 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 | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Complete Health | PACE | 72002, 72011, 72015, 72019, 72022, 72065, 72103, 72076, 72113, 72114, 72116, 72117, 72118, 72119, 72120, 72135, 72142, 72201, 72202, 72204, 72205, 72206, 72207, 72209, 72210, 72211, 72212, 72223, 72227, 72023, 72046, 72083, 72086, 72032, 72034, 72106, 72173 | 4 | 64 | 68 |
| Arkansas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Total Life Healthcare | PACE | 72324, 72373, 72387, 72396, 72401, 72416, 72450, 72433, 72465, 72476, 72315, 72319, 72438, 72442, 72354, 72365, 72432, 72472, 72455, 72476, and all zip codes in Craighead County | 5 | 216 | 221 |
| Arkansas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Pace of the Ozarks | PACE | 72712, 72713, 72714, 72715, 72718, 72719, 72722, 72734, 72736, 72739, 72745, 72751, 72756, 72758, 72761, 72738, 72740, 72773, 72701, 72703, 72704, 72727, 72730, 72744, 72753, 72762, 72764, 72774, 72959 | 4 | 51 | 55 |
| California | Regional Model (Comprehensive MCO) | California Health & Wellness Plan/Imperial | Centene Corporation | Imperial County | 60,178 | 3,006 | 63,184 |
| California | Regional Model (Comprehensive MCO) | California Health & Wellness Plan/Region 1 | Centene Corporation | Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama Counties | 73,998 | 3,267 | 77,265 |

| 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) | California Health & Wellness Plan/Region 2 | Centene Corporation | Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba Counties | 58,212 | 2,538 | 60,750 |
| California | Regional Model (Comprehensive MCO) | Molina Healthcare of CA Partner Plan/Imperial | Molina Healthcare | Imperial County | 13,487 | 891 | 14,378 |
| 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 | 60,779 | 2,333 | 63,112 |
| 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 | 86,195 | 3,072 | 89,267 |
| California | Regional Model (Comprehensive MCO) | KP Cal LLC/Amador | Kaiser Permanente | Amador County | 120 | 3 | 123 |
| California | Regional Model (Comprehensive MCO) | KP Cal LLC/El Dorado | Kaiser Permanente | El Dorado County | 2,200 | 58 | 2,258 |
| California | Regional Model (Comprehensive MCO) | KP Cal LLC/Placer | Kaiser Permanente | Placer County | 8,508 | 254 | 8,762 |
| California | Regional Model (Comprehensive MCO) | Anthem Blue Cross Partnership Plan/San Benito | Anthem Insurance Companies, Inc. | San Benito County | 8,197 | 104 | 8,301 |
| 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 | 373 | 0 | 373 |
| California | Positive Healthcare/Los Angeles (Comprehensive MCO) | Positive Healthcare/Los Angeles | AIDS Healthcare Foundation (AHF) | Los Angeles County | 346 | 286 | 632 |

| 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) | Blue Shield of California Promise/San Diego | Blue Shield of California | San Diego County | 74,786 | 13,532 | 88,318 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Community Health Group Partnership Plan/San Diego | Community Health Group | San Diego County | 241,338 | 16,666 | 258,004 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Health Net/San Diego | Centene Corporation | San Diego County | 56,867 | 11,216 | 68,083 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | KP Cal LLC/San Diego | Kaiser Permanente | San Diego County | 44,332 | 6,207 | 50,539 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Molina Healthcare of CA Partner Plan/San Diego | Molina Healthcare | San Diego County | 198,890 | 11,923 | 210,813 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Aetna Better Health of CA/San Diego | Aetna Medicaid | San Diego County | 14,055 | 170 | 14,225 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | UnitedHealthcare Community Plan/San Diego | UnitedHealthcare | San Diego County | 15,927 | 301 | 16,228 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Sacramento | Anthem Insurance Companies, Inc. | Sacramento County | 174,642 | 6,979 | 181,621 |

| 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) | Health Net/Sacramento | Centene Corporation | Sacramento County | 104,340 | 4,245 | 108,585 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | KP Cal LLC/Sacramento | Kaiser Permanente | Sacramento County | 83,867 | 7,554 | 91,421 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Molina Healthcare of CA Partner Plan/Sacramento | Molina Healthcare | Sacramento County | 47,034 | 2,466 | 49,500 |
| California | Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS) | Aetna Better Health of CA/Sacramento | Aetna Medicaid | Sacramento County | 10,592 | 189 | 10,781 |
| California | Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS) | SCAN Health Plan/Los Angeles | SCAN Health Plan | Los Angeles County | 0 | 9,700 | 9,700 |
| California | Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS) | SCAN Health Plan Riverside/San Bernardino | SCAN Health Plan | Riverside County and San Bernardino County | 0 | 4,293 | 4,293 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | CenCal Health/San Luis Obispo | CenCal Health | San Luis Obispo County | 47,755 | 6,252 | 54,007 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | CenCal Health/Santa Barbara | CenCal Health | Santa Barbara County | 118,892 | 11,545 | 130,437 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|------------|--|--|--|---|--------------------------|-----------------|------------------|
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Health Plan of San Mateo | Health Plan of San Mateo | San Mateo County | 99,203 | 7,897 | 107,100 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Partnership HealthPlan of CA/Northeast | Partnership HealthPlan of California | Lassen, Modoc, Shasta, Siskiyou, Trinity Counties | 79,372 | 13,686 | 93,058 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Partnership HealthPlan of CA/Northwest | Partnership HealthPlan of California | Del Norte County and Humboldt County | 57,473 | 7,431 | 64,904 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Partnership Health Plan/Southeast | Partnership HealthPlan of California | Napa, Solano and Yolo Counties | 167,513 | 22,753 | 190,266 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Partnership Health Plan/Southwest | Partnership HealthPlan of California | Lake, Marin, Mendocino, and Sonoma Counties | 184,386 | 26,673 | 211,059 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Central California Alliance for Health/Merced | Central California Alliance for Health | Merced County | 114,358 | 10,900 | 125,258 |
| 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 | 206,098 | 20,175 | 226,273 |

| 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) | CalOptima/Orange | CalOptima | Orange County | 671,292 | 80,799 | 752,091 |
| California | County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS) | Gold Coast Health Plan/Ventura | Gold Coast Health Plan | Ventura County | 181,500 | 21,865 | 203,365 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Net/Kern | Centene Corporation | Kern County | 62,904 | 2,906 | 65,810 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Net/Los Angeles | Centene Corporation | Los Angeles County | 822,794 | 121,895 | 944,689 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Net/San Joaquin | Centene Corporation | San Joaquin County | 19,328 | 547 | 19,875 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Net/Stanislaus | Centene Corporation | Stanislaus County | 58,745 | 2,151 | 60,896 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Net/Tulare | Centene Corporation | Tulare County | 107,712 | 3,973 | 111,685 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | CalViva Health/Fresno | CalViva Health | Fresno County | 283,295 | 9,855 | 293,150 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | CalViva Health/Kings | CalViva Health | Kings County | 29,616 | 1,070 | 30,686 |

| 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) | CalViva Health/Madera | CalViva Health | Madera County | 37,637 | 1,162 | 38,799 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Fresno | Anthem Insurance Companies, Inc. | Fresno County | 106,785 | 3,471 | 110,256 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Kings | Anthem Insurance Companies, Inc. | Kings County | 19,097 | 586 | 19,683 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Madera | Anthem Insurance Companies, Inc. | Madera County | 20,197 | 555 | 20,752 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Alameda | Anthem Insurance Companies, Inc. | Alameda County | 57,659 | 2,292 | 59,951 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Contra Costa | Anthem Insurance Companies, Inc. | Contra Costa County | 26,930 | 720 | 27,650 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/San Francisco | Anthem Insurance Companies, Inc. | San Francisco County | 16,647 | 1,987 | 18,634 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Santa Clara | Anthem Insurance Companies, Inc. | Santa Clara County | 56,007 | 11,415 | 67,422 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Anthem Blue Cross Partnership Plan/Tulare | Anthem Insurance Companies, Inc. | Tulare County | 95,148 | 3,413 | 98,561 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Kern Family Health Care | Kern Health Systems | Kern County | 264,239 | 8,266 | 272,505 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | L.A. Care Health Plan/Los Angeles | L.A. Care | Los Angeles County | 1,861,784 | 218,754 | 2,080,538 |

| 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) | Contra Costa Health Plan | Contra Costa Health Plan | Contra Costa County | 170,993 | 10,160 | 181,153 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Alameda Alliance for Health | Alameda Alliance for Health | Alameda County | 236,420 | 19,043 | 255,463 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Inland Empire Health Plan/Riverside | Inland Empire Health Plan | Riverside County | 607,641 | 30,787 | 638,428 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Inland Empire Health Plan/San Bernardino | Inland Empire Health Plan | San Bernardino County | 601,911 | 30,826 | 632,737 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Molina Healthcare of CA Partner Plan/Riverside | Molina Healthcare | Riverside County | 76,878 | 7,731 | 84,609 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Molina Healthcare of CA Partner Plan/San Bernardino | Molina Healthcare | San Bernardino County | 62,527 | 6,125 | 68,652 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | San Francisco Health Plan | San Francisco Health Plan | San Francisco County | 118,504 | 12,990 | 131,494 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Plan of San Joaquin/San Joaquin | Health Plan of San Joaquin | San Joaquin County | 204,894 | 8,408 | 213,302 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Health Plan of San Joaquin/Stanslaus | Health Plan of San Joaquin | Stanislaus County | 130,097 | 4,267 | 134,364 |
| California | Two-Plan Model (Comprehensive MCO + MLTSS) | Santa Clara Family Health Plan | Santa Clara Family Health Plan | Santa Clara County | 223,434 | 26,128 | 249,562 |

| 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 | Family Mosaic Program/San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Family Mosaic Project/San Francisco | San Francisco County | San Francisco | 7 | 0 | 7 |
| California | Dental Managed Care/Los Angeles (Dental only (PAHP)) | Health Net Dental Plan/Los Angeles | Health Net | Los Angeles County | 161,347 | 14,498 | 175,845 |
| California | Dental Managed Care/Los Angeles (Dental only (PAHP)) | Access Dental Plan/Los Angeles | Access Dental | Los Angeles County | 121,115 | 12,738 | 133,853 |
| California | Dental Managed Care/Los Angeles (Dental only (PAHP)) | LIBERTY Dental Plan/Los Angeles | LIBERTY Dental Plan | Los Angeles County | 57,651 | 5,505 | 63,156 |
| California | Dental Managed Care/Sacramento (Dental only (PAHP)) | Health Net Dental Plan/Sacramento | Health Net | Sacramento County | 127,393 | 7,446 | 134,839 |
| California | Dental Managed Care/Sacramento (Dental only (PAHP)) | Access Dental Plan/Sacramento | Access Dental | Sacramento County | 121,209 | 6,714 | 127,923 |
| California | Dental Managed Care/Sacramento (Dental only (PAHP)) | LIBERTY Dental Plan/Sacramento | LIBERTY Dental Plan | Sacramento County | 161,186 | 8,856 | 170,042 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Redwood Coast PACE/Humboldt | Humboldt Senior Resource Center | Humboldt County | 26 | 177 | 203 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | San Diego PACE | San Diego PACE | San Diego County | 462 | 617 | 1,079 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | St. Paul's PACE/San Diego | Community Eldercare of San Diego | San Diego County | 245 | 763 | 1,008 |

| 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 | Program of All-Inclusive Care for the Elderly (PACE) | Sutter SeniorCare PACE/Sacramento | Sutter Valley Hospitals | Sacramento County | 109 | 323 | 432 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | AltaMed Senior Buenacare/Los Angeles | AltaMed Health Services Corporation | Los Angeles County | 845 | 2,029 | 2,874 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Brandman Centers for Senior Care/Los Angeles | Brandman Centers for Senior Care | Los Angeles County | 48 | 212 | 260 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | CalOptima PACE/Orange | CalOptima | Orange County | 200 | 179 | 379 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Center for Elders Independence/Alameda | Center for Elders Independence | Alameda County | 127 | 588 | 715 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Center for Elders Independence/Contra Costa | Center for Elders Independence | Contra Costa County | 26 | 75 | 101 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Fresno PACE | Innovative Integrated Health, Inc. | Fresno County | 554 | 300 | 854 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge PACE/Riverside | Total Longterm Care, Inc. | Riverside County | 56 | 189 | 245 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge PACE/San Bernardino County | Total Longterm Care, Inc. | San Bernardino County | 163 | 499 | 662 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | On Lok Lifeways/Alameda | On Lok Lifeways | Alameda County | 109 | 163 | 272 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | On Lok Lifeways/Santa Clara | On Lok Lifeways | Santa Clara County | 96 | 232 | 328 |

| 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 | Program of All-Inclusive Care for the Elderly (PACE) | On Lok Lifeways/San Francisco | On Lok Lifeways | San Francisco County | 120 | 870 | 990 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Family Health Centers of San Diego | Family Health Centers of San Diego | San Diego County | 25 | 26 | 51 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Gary and Mary West PACE of Northern San Diego | West Health | San Diego County | 15 | 61 | 76 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Pacific PACE/Los Angeles | Welbe Health | Los Angeles County | 32 | 63 | 95 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Stockton PACE/San Joaquin | Welbe Health | San Joaquin County | 64 | 113 | 177 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Stockton PACE/Stanislaus | Welbe Health | Stanislaus County | 6 | 12 | 18 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Bakersfield PACE | Innovative Integrated Health, Inc. | Tulare | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Bakersfield PACE | Innovative Integrated Health, Inc. | Kern | 46 | 16 | 62 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Central Valley PACE | Golden Valley Health Centers | Stanislaus County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Central Valley PACE | Golden Valley Health Centers | San Joaquin County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- El Dorado | InnovAge California PACE- El Dorado | El Dorado County | 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 |
|-----------------------|--|---------------------------------------|---------------------------------------|---|--------------------------|-----------------|------------------|
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- Placer | InnovAge California PACE- Placer | Placer County | 0 | 1 | 1 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- Sacramento | InnovAge California PACE- Sacramento | Sacramento County | 1 | 9 | 10 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- San Joaquin | InnovAge California PACE- San Joaquin | San Joaquin County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- Sutter | InnovAge California PACE- Sutter | Sutter County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | InnovAge California PACE- Yuba | InnovAge California PACE- Yuba | Yuba County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Coastline PACE | Welbe Health | Los Angeles County | 4 | 13 | 17 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Sequoia PACE | Welbe Health | Fresno County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Sequoia PACE | Welbe Health | Kings County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Sequoia PACE | Welbe Health | Tulare County | 0 | 0 | 0 |
| California | Program of All-Inclusive Care for the Elderly (PACE) | Sequoia PACE | Welbe Health | Madera County | 0 | 0 | 0 |
| Colorado ² | Denver Health Medicaid Choice (Comprehensive MCO) | Denver Health Medicaid Choice (DHMC) | Denver Health Medical Plan | Denver, Arapahoe, Adams, and Jefferson counties | 84,912 | 4,755 | 89,667 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------------------|--|---|-----------------------------|---|--------------------------|-----------------|------------------|
| Colorado ² | Accountable Care Collaborative: Rocky Mountain Health Plans Prime (Comprehensive MCO) | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Rocky Mountain Health Plans | Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties | 34,748 | 4,954 | 39,702 |
| Colorado ² | Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity)) | RAE 1: Rocky Mountain Health Plans | United Health Plans | 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 | 140,563 | 8,073 | 148,636 |
| Colorado ² | 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 | 75,702 | 5,761 | 81,463 |
| Colorado ² | Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity)) | RAE 3: Colorado Access | Colorado Access | Adams, Arapahoe, Douglas, and Elbert counties | 268,239 | 15,395 | 283,634 |
| Colorado ² | 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 | 113,066 | 12,294 | 125,360 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------------------|--|---|--|--|--------------------------|-----------------|------------------|
| Colorado ² | Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity)) | RAE 5: Colorado Access | Colorado Access | Denver county | 110,921 | 10,278 | 121,199 |
| Colorado ² | 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 | 140,377 | 10,772 | 151,149 |
| Colorado ² | 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 | 168,132 | 10,063 | 178,195 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | InnovAge - Loveland (PACE) | Total Community Options, Inc. | Larimer and Weld counties | 0 | 434 | 434 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | VOANS (PACE) | Volunteers of America (VOANS) PACE DBA Senior Community Care | Delta and Montrose counties | 0 | 313 | 313 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | TRU Community Care (PACE) | TRU Community Care | Boulder and Weld counties | 0 | 180 | 180 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | InnovAge - Thornton (PACE) | Total Community Options, Inc. | Adams and Weld counties | 0 | 183 | 183 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | Total Longterm Care | Total Community Options, Inc. | Adams, Arapahoe, Broomfield, Denver, Jefferson, Larimer, and Weld counties | 0 | 90 | 90 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------------------|---|--|-------------------------------------|---|--------------------------|-----------------|------------------|
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | Rocky Mountain Health Care Services (PACE) | Rocky Mountain Health Care Services | El Paso county | 53 | 723 | 776 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | InnovAge - Pueblo (PACE) | Total Community Options, Inc. | Pueblo county | 0 | 479 | 479 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | InnovAge - Aurora (PACE) | Total Community Options, Inc. | Aurora | 102 | 1,752 | 1,854 |
| Colorado ² | Program of All-inclusive Care for the Elderly (PACE) | InnovAge - Lakewood (PACE) | Total Community Options, Inc. | Lakewood | 0 | 314 | 314 |
| Delaware | Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS) | Highmark Health Options of Delaware | Highmark | Statewide | 125,724 | 8,007 | 133,731 |
| Delaware | Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS) | AmeriHealth Caritas of Delaware | AmeriHealth | Statewide | 72,276 | 5,901 | 78,177 |
| Delaware | LogistiCare Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | LogistiCare Non-Emergency Medical Transportation | LogistiCare | Statewide | 202,501 | 15,394 | 217,895 |
| Delaware | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Saint Francis Life | Saint Francis Healthcare | New Castle County | 14 | 241 | 255 |
| District of Columbia | Medicaid Managed Care Program (Comprehensive MCO) | AmeriHealth Caritas District of Columbia | AmeriHealth | Statewide | 114,843 | 597 | 115,440 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------------------|---|--|--|---|--------------------------|-----------------|------------------|
| District of Columbia | Medicaid Managed Care Program (Comprehensive MCO) | Amerigroup District of Columbia | Anthem Insurance Companies, Inc. | Statewide | 42,273 | 217 | 42,490 |
| District of Columbia | Medicaid Managed Care Program (Comprehensive MCO) | CareFirst Community Health Plan District of Columbia | CareFirst, Inc. | Statewide | 30,555 | 164 | 30,719 |
| District of Columbia | Medicaid Managed Care Program (Comprehensive MCO) | MedStar Family Choice | MedStar Health | Statewide | 0 | 0 | 0 |
| District of Columbia | Child and Adolescent Supplemental Security Income Program (Comprehensive MCO) | Health Services for Children with Special Needs | Children's National | Statewide | 4,942 | 101 | 5,043 |
| District of Columbia | Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | Medical Transportation Management, Inc. | Medical Transportation Management, Inc. | Statewide | 30,707 | 23,193 | 53,900 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Vivida Health | Lee Memorial Health System | Region 8 | 14,304 | 379 | 14,683 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Aetna Better Health | CVS Health | Regions 6, 7, and 11 | 111,523 | 3,385 | 114,908 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Florida Community Care | Independent Living Systems, LLC | Statewide | 8,704 | 2 | 8,706 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Humana Medical Plan | Humana Inc. | Statewide | 491,526 | 18,924 | 510,450 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Lighthouse Health Plan, LLC | Baptist Health Care Inc. and Evolent LLC | Regions 1 and 2 | 35,376 | 725 | 36,101 |

| 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 | Managed Medical Assistance Program (Comprehensive MCO) | Miami Children's Health Plan | Variety Children's Hospital (d/b/a Nicklaus Children's Hospital) and Evolent LLC | Regions 9 and 11 | 24,968 | 685 | 25,653 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Molina Healthcare of Florida | Molina Healthcare, Inc. | Regions 8 and 11 | 97,878 | 3,641 | 101,519 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Prestige Health Choice | AmeriHealth Caritas | Regions 9 and 11 | 86,615 | 2,044 | 88,659 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Community Care Plan | South Broward Hospital District (d/b/a Memorial Healthcare System) and North Broward Hospital District (d/b/a Broward Health) | Region 10 | 43,222 | 1,392 | 44,614 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Simply Healthcare Plans, Inc. | Anthem, Inc. | Regions 5, 6, 7, 10, and 11 | 466,054 | 14,829 | 480,883 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Staywell Health Plan of Florida | WellCare Management Group, Inc. | Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11 | 798,017 | 17,340 | 815,357 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Sunshine State Health Plan, Inc. | Centene Corporation | Statewide | 519,855 | 12,517 | 532,372 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | United Healthcare of Florida | UnitedHealth Group | Regions 3, 4, 6, and 11 | 253,772 | 9,662 | 263,434 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Magellan Complete Care, LLC | Magellan Health Services, Inc. | Regions 4, 5, and 7 | 18,973 | 2,319 | 21,292 |

| 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 | Managed Medical Assistance Program (Comprehensive MCO) | Clear Health Alliance | Simply | Statewide | 7,924 | 2,913 | 10,837 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Staywell Serious Mental Illness | Wellcare of Florida DBA Staywell-SMI | Statewide | 92,676 | 11,061 | 103,737 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Sunshine State Health Plan - Child Welfare | Centene Corporation | Statewide | 37,708 | 0 | 37,708 |
| Florida | Managed Medical Assistance Program (Comprehensive MCO) | Children's Medical Services Network | Florida Department of Health | Statewide | 67,924 | 143 | 68,067 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Simply Healthcare Plans, Inc. | Anthem, Inc. | Regions 5, 6, 7, 10, and 11 | 1,256 | 9,314 | 10,570 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Aetna Better Health | CVS Health | Regions 6, 7, and 11 | 313 | 3,928 | 4,241 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Florida Community Care | Independent Living Systems, LLC | Statewide | 619 | 10,900 | 11,519 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Humana Medical Plan, Inc. | Humana Inc. | Statewide | 2,015 | 26,627 | 28,642 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Molina Healthcare of Florida, Inc. | Molina Healthcare, Inc. | Regions 8 and 11 | 299 | 2,761 | 3,060 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Sunshine State Health Plan, Inc. | Centene Corporation | Statewide | 2,974 | 36,228 | 39,202 |
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | United Healthcare of Florida, Inc. | UnitedHealth Group | Regions 3, 4, 6, and 11 | 731 | 10,820 | 11,551 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------|--|--------------------------------|--------------------------------|---|--------------------------|-----------------|------------------|
| Florida | Long-Term Care Program (MLTSS only (PIHP and/or PAHP)) | Staywell | Wellcare of Florida | Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11 | 1,541 | 9,297 | 10,838 |
| Florida | Dental (Dental only (PAHP)) | MCNA Dental | MCNA Health Care Holdings, LLC | Statewide | 705,614 | 49,200 | 754,814 |
| Florida | Dental (Dental only (PAHP)) | DentaQuest | Catalyst Institute | Statewide | 1,452,165 | 106,979 | 1,559,144 |
| Florida | Dental (Dental only (PAHP)) | Liberty | Liberty Dental Plan Corp | Statewide | 1,082,184 | 62,143 | 1,144,327 |
| Florida | Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Florida Pace Center | Florida Pace Center | Miami-Dade and Broward counties | 109 | 815 | 924 |
| Florida | Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Hope Select Care | Hope Select Care | Collier, Charlotte, and Lee counties | 4 | 361 | 365 |
| Florida | Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Morselife Home Care, Inc. | Morselife Home Care, Inc. | Palm Beach county | 17 | 638 | 655 |
| Florida | Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Suncoast Neighborly Care, Inc. | Suncoast Neighborly Care, Inc. | Pinellas county | 8 | 314 | 322 |
| Florida | Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | NE PACE Partners | NE PACE Partners | Duval and Clay counties | 5 | 20 | 25 |

| 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 ³ | Georgia Families (Comprehensive MCO) | Amerigroup Community Care | Anthem | Statewide | 393,769 | 0 | 393,769 |
| Georgia ³ | Georgia Families (Comprehensive MCO) | CareSource Georgia | CareSource | Statewide | 271,065 | 0 | 271,065 |
| Georgia ³ | Georgia Families (Comprehensive MCO) | Peach State Health Plan | Centene | Statewide | 393,851 | 0 | 393,851 |
| Georgia ³ | Georgia Families (Comprehensive MCO) | WellCare of Georgia | WellCare | Statewide | 498,219 | 0 | 498,219 |
| Georgia ³ | Georgia Families 360 (Comprehensive MCO) | Amerigroup Community Care | Anthem | Statewide | 28,631 | 0 | 28,631 |
| Georgia ³ | Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | NEMT | Logisticare | Statewide | 849,323 | 0 | 849,323 |
| Georgia ³ | Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | NEMT | Southeast Trans | Statewide | 917,155 | 0 | 917,155 |
| Georgia ³ | Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits)) | Amerigroup Community Care | Anthem | Statewide | 17,001 | 0 | 17,001 |
| Georgia ³ | Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits)) | CareSource Georgia | CareSource | Statewide | 13,543 | 0 | 13,543 |
| Georgia ³ | Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits)) | Peach State Health Plan | Centene | Statewide | 16,984 | 0 | 16,984 |

| 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 ³ | Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits)) | WellCare of Georgia | WellCare | Statewide | 13,992 | 0 | 13,992 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | HMSA QUEST Integration (QI) | An Independent Licensee of the Blue Cross and Blue Shield Association. | Statewide | 162,060 | 6,219 | 168,279 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | Kaiser Foundation Health Plan Quest Integration (QI) | Based on a relationship between the Kaiser Foundation Health Plan and the Hawaii Permanente Medical Group of physicians and specialists. | Islands of Maui and Oahu | 32,831 | 1,433 | 34,264 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | 'Ohana Quest Integration (QI) | WellCare Health Insurance of Arizona, Inc., a subsidiary of WellCare Health Plans, Inc. | Statewide | 27,760 | 9,569 | 37,329 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | UnitedHealthcare CP Quest Integration (QI) | UnitedHealthcare Insurance Company | Statewide | 37,905 | 15,607 | 53,512 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | 'Ohana Community Care Services (CCS) | WellCare Health Insurance of Arizona, Inc., a subsidiary of WellCare Health Plans, Inc. | Statewide | 3,097 | 2,011 | 5,108 |
| Hawaii ⁴ | MedQUEST (Comprehensive MCO + MLTSS) | AlohaCare Quest Integration (QI) | AlohaCare | Statewide | 63,010 | 3,883 | 66,893 |

| 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) | Blue Cross of Idaho | Blue Cross of Idaho | Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls Counties | 0 | 6,265 | 6,265 |
| Idaho | Medicare/Medicaid Coordinated Plan (Comprehensive MCO + MLTSS) | Molina of Idaho | Molina of Idaho | Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls Counties | 0 | 5,980 | 5,980 |
| Idaho | Idaho Medicaid Plus (Comprehensive MCO + MLTSS) | Blue Cross of Idaho | Blue Cross of Idaho | Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls Counties | 0 | 7,486 | 7,486 |
| Idaho | Idaho Medicaid Plus (Comprehensive MCO + MLTSS) | Molina of Idaho | Molina of Idaho | Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls Counties | 0 | 5,980 | 5,980 |
| Idaho | Healthy Connections (Primary Care Case Management (PCCM)) | Healthy Connections | Multiple Providers | Statewide | 285,027 | 4,437 | 289,464 |
| Idaho | Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | United Healthcare/Optum Idaho | United Healthcare/Optum Idaho | Statewide | 315,525 | 6,103 | 321,628 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------|---|--|--|---|--------------------------|-----------------|------------------|
| Idaho | Idaho Smiles (Dental only (PAHP)) | MCNA (Managed Care of North America, Inc.) | MCNA (Managed Care of North America, Inc.) | Statewide | 315,625 | 28,449 | 344,074 |
| Idaho | Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | MTM (Medical Transportation Management) | MTM (Medical Transportation Management) | Statewide | 315,625 | 28,449 | 344,074 |
| Illinois | HealthChoice Illinois (Comprehensive MCO + MLTSS) | Blue Cross Blue Shield of Illinois | HealthCare Service Corporation | Statewide | 525,565 | 0 | 525,565 |
| Illinois | HealthChoice Illinois (Comprehensive MCO + MLTSS) | CountyCare | Cook County Health and Hospital Systems | Cook County | 356,870 | 0 | 356,870 |
| Illinois | HealthChoice Illinois (Comprehensive MCO + MLTSS) | IlliniCare Health Plan | Centene Corporation | Statewide | 371,043 | 0 | 371,043 |
| Illinois | HealthChoice Illinois (Comprehensive MCO + MLTSS) | Meridian Health Plan | WellCare Health Plans Inc | Statewide | 831,747 | 0 | 831,747 |
| Illinois | HealthChoice Illinois (Comprehensive MCO + MLTSS) | Molina Healthcare of Illinois | Molina Healthcare | Statewide | 252,170 | 0 | 252,170 |
| 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 | Statewide | 0 | 18,049 | 18,049 |
| Illinois | HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP)) | CountyCare | Cook County Health and Hospital Systems | Cook County | 0 | 6,574 | 6,574 |

| 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 | Centene Corporation | Statewide | 0 | 13,590 | 13,590 |
| Illinois | HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP)) | Meridian Health Plan | Wellcare Health Plans, Inc | Statewide | 0 | 14,510 | 14,510 |
| Illinois | HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP)) | Molina HealthCare of Illinois | Molina HealthCare | Statewide | 0 | 4,187 | 4,187 |
| Indiana | Healthy Indiana Plan (Comprehensive MCO) | Anthem | Anthem Insurance Companies | Statewide | 232,469 | 2,371 | 234,840 |
| Indiana | Healthy Indiana Plan (Comprehensive MCO) | Managed Health Services of Indiana | Centene | Statewide | 88,933 | 831 | 89,764 |
| Indiana | Healthy Indiana Plan (Comprehensive MCO) | CareSource Indiana, Inc. | CareSource Management Group | Statewide | 46,254 | 486 | 46,740 |
| Indiana | Healthy Indiana Plan (Comprehensive MCO) | MDwise | McLaren Health Care Corporation | Statewide | 121,429 | 1,040 | 122,469 |
| Indiana | Hoosier Care Connect (Comprehensive MCO) | Anthem | Anthem Insurance Companies | Statewide | 58,399 | 171 | 58,570 |
| Indiana | Hoosier Care Connect (Comprehensive MCO) | Managed Health Services of Indiana | Centene | Statewide | 35,182 | 87 | 35,269 |
| Indiana | Hoosier Healthwise (Comprehensive MCO) | Anthem | Anthem Insurance Companies | Statewide | 229,796 | 0 | 229,796 |
| Indiana | Hoosier Healthwise (Comprehensive MCO) | Managed Health Services of Indiana | Centene | Statewide | 142,038 | 1 | 142,039 |

| 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 | Hoosier Healthwise (Comprehensive MCO) | CareSource Indiana, Inc. | CareSource Management Group | Statewide | 52,354 | 2 | 52,356 |
| Indiana | Hoosier Healthwise (Comprehensive MCO) | MDwise | McLaren Health Care Corporation | Statewide | 188,146 | 1 | 188,147 |
| Indiana | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Franciscan Senior Health and Wellness | Franciscan Alliance | Lake County, Johnson County, and the following zip codes: 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259 | 13 | 245 | 258 |
| Indiana | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Saint Joseph PACE | Trinity Health System | 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 | 18 | 178 | 196 |
| Iowa | IA Healthlink (Comprehensive MCO + MLTSS) | Amerigroup of Iowa, Inc. | AMERIGROUP Corporation | Statewide | 314,630 | 39,802 | 354,432 |
| Iowa | IA Healthlink (Comprehensive MCO + MLTSS) | Iowa Total Care | Centene Corporation | Statewide | 221,100 | 27,152 | 248,252 |
| Iowa | Dental Wellness Plan (Dental only (PAHP)) | Delta Dental of Iowa | Delta Dental of Iowa | Statewide | 247,706 | 44,741 | 292,447 |
| Iowa | Dental Wellness Plan (Dental only (PAHP)) | MCNA Dental Plans, Inc. | Managed Care of North America, Inc. | Statewide | 104,165 | 22,493 | 126,658 |
| Iowa | NEMT (Non-Emergency Medical Transportation) | TMS | TMS Management Group | Statewide | 9,024 | 779 | 9,803 |

| 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 | 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 | 32 | 558 | 590 |
| Kansas | KanCare (Comprehensive MCO + MLTSS) | Aetna Better Health of Kansas | CVS Health Corporation | Statewide | 87,072 | 11,291 | 98,363 |
| Kansas | KanCare (Comprehensive MCO + MLTSS) | Sunflower State Health Plan | Centene Corporation | Statewide | 115,484 | 15,043 | 130,527 |
| Kansas | KanCare (Comprehensive MCO + MLTSS) | United HealthCare Community Plan of Kansas | United Healthcare Services, Inc. | Statewide | 120,098 | 16,116 | 136,214 |
| Kansas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Via Christi | Ascension | Sedgwick County | 342 | 0 | 342 |
| Kansas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Midland Care | Midland Care | Douglas, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Nemaha, Osage, Shawnee, Pottawatomie, Wabaunsee, and Wyandotte Counties | 267 | 0 | 267 |
| Kansas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Bluestem PACE, Inc. | Bluestem PACE, Inc. | McPherson, Ottawa, Lincoln, Ellsworth, Saline, Dickinson, Rice, Marion, Reno, and Harvey counties | 95 | 0 | 95 |
| Kentucky | Kentucky Managed Care (Comprehensive MCO) | Aetna Better Health of Kentucky | Aetna | Statewide | 208,635 | 15,519 | 224,154 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------|--|---|------------------------------------|---|--------------------------|-----------------|------------------|
| Kentucky | Kentucky Managed Care (Comprehensive MCO) | Anthem BCBS | Anthem | Statewide | 156,692 | 6,693 | 163,385 |
| Kentucky | Kentucky Managed Care (Comprehensive MCO) | Humana | Humana | Statewide | 162,728 | 7,820 | 170,548 |
| Kentucky | Kentucky Managed Care (Comprehensive MCO) | Passport Health Plan | Amerihealth | Statewide | 319,629 | 13,326 | 332,955 |
| Kentucky | Kentucky Managed Care (Comprehensive MCO) | WellCare of Kentucky | WellCare | Statewide | 447,940 | 26,264 | 474,204 |
| Kentucky | Kentucky Non-Emergency Medical Transportation (Non-Emergency Medical Transportation) | NEMT Human Services Transportation Delivery | State Non-Emergency Transportation | Statewide | 1,347,536 | 70,922 | 1,418,458 |
| Louisiana | Healthy Louisiana (Comprehensive MCO) | Aetna Better Health of Louisiana | Aetna | Statewide | 111,600 | 41 | 111,641 |
| Louisiana | Healthy Louisiana (Comprehensive MCO) | Healthy Blue | Anthem | Statewide | 278,280 | 44 | 278,324 |
| Louisiana | Healthy Louisiana (Comprehensive MCO) | AmeriHealth Caritas Louisiana | AmeriHealth Caritas Health Plan | Statewide | 190,973 | 27 | 191,000 |
| Louisiana | Healthy Louisiana (Comprehensive MCO) | Louisiana Healthcare Connections | Centene Corporation | Statewide | 453,479 | 48 | 453,527 |
| Louisiana | Healthy Louisiana (Comprehensive MCO) | UnitedHealthcare Community Plan | UnitedHealth Group | Statewide | 433,818 | 70 | 433,888 |
| Louisiana | Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Aetna Better Health of Louisiana | Aetna | Statewide | 1,649 | 21,440 | 23,089 |

| 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 (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Healthy Blue | Anthem | Statewide | 2,149 | 24,050 | 26,199 |
| Louisiana | Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | AmeriHealth Caritas Louisiana | AmeriHealth Caritas Health Plan | Statewide | 1,706 | 21,240 | 22,946 |
| Louisiana | Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Louisiana Healthcare Connections | Centene Corporation | Statewide | 2,536 | 28,590 | 31,126 |
| Louisiana | Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | UnitedHealthcare Community Plan | UnitedHealth Group | Statewide | 2,795 | 30,056 | 32,851 |
| Louisiana | Coordinated System of Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Magellan | Magellan of Louisiana | Statewide | 2,367 | 0 | 2,367 |
| Louisiana | Dental Benefit Management Program (Dental only (PAHP)) | MCNA of Louisiana | MCNA | Statewide | 1,480,707 | 0 | 1,480,707 |

| 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)) | PACE - Baton Rouge | PACE - Baton Rouge | 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 | 189 | 189 |
| Louisiana | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE - Greater New Orleans | PACE - Greater New Orleans | 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 | 10 | 159 | 169 |
| Louisiana | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE - Lafayette | PACE - Lafayette | 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592 | 3 | 104 | 107 |
| Maine | MaineCare (Primary Care Case Management (PCCM)) | Multiple Primary Care Providers | MaineCare | Statewide | 191,513 | 0 | 191,513 |

| 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) | MotivCare | MaineCareNET | Regions 1, 2, 6, 7, and 8 | 127,008 | 30,571 | 157,579 |
| Maine | NET (Non-Emergency Medical Transportation) | Penquis CAP | MaineCareNET | Regions 3 and 4 | 62,196 | 15,674 | 77,870 |
| Maine | NET (Non-Emergency Medical Transportation) | MidCoast Connector | MaineCareNET | Region 5 | 25,723 | 4,796 | 30,519 |
| Maryland | HealthChoice (Comprehensive MCO) | Aetna Better Health | Aetna | Statewide | 36,770 | 0 | 36,770 |
| Maryland | HealthChoice (Comprehensive MCO) | Amerigroup Community Care | Anthem | Statewide | 287,555 | 0 | 287,555 |
| Maryland | HealthChoice (Comprehensive MCO) | Jai Medical Systems | Jai Medical Systems | Baltimore City, Baltimore Carroll, Harford, and Howard counties | 27,938 | 0 | 27,938 |
| Maryland | HealthChoice (Comprehensive MCO) | Kaiser Permanente | Kaiser Permanente of the Mid Atlantic States | Baltimore City, Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard, Montgomery, and Prince George's counties | 80,571 | 0 | 80,571 |
| Maryland | HealthChoice (Comprehensive MCO) | Maryland Physician's Care | MPC | Statewide | 218,890 | 0 | 218,890 |
| Maryland | HealthChoice (Comprehensive MCO) | MedStar Family Choice | MedStar Health System | Baltimore City, Anne Arundel, Baltimore, Calvert, Charles, Harford, Montgomery, Prince George's, and St. Mary's counties | 94,307 | 0 | 94,307 |
| Maryland | HealthChoice (Comprehensive MCO) | Priority Partners | John's Hopkins Health System | Statewide | 310,628 | 0 | 310,628 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------|---|--|--|--|--------------------------|-----------------|------------------|
| Maryland | HealthChoice (Comprehensive MCO) | United Healthcare Community Plan | UHC | Baltimore City, Anne Arundel, Baltimore, Calvert, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, St. Mary's, and Washington counties | 150,667 | 0 | 150,667 |
| Maryland | HealthChoice (Comprehensive MCO) | University of Maryland Health Partners | University of Maryland Medical Systems | Baltimore City, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Wicomico, and Worcester counties | 48,841 | 0 | 48,841 |
| Maryland | Hopkins Elder Plus (Program of All-inclusive Care for the Elderly (PACE)) | Hopkins Elder Plus | Johns Hopkins Health System | 21052, 21202, 21205, 21206, 21212, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237 | 12 | 108 | 120 |
| 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 | 34,175 | 0 | 34,175 |

| 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 | 37,776 | 0 | 37,776 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP) | Tufts Health Plan | Adams, Attleboro, Barnstable, Beverly, Boston, Brockton, Fall River, Falmouth, Framingham, Gardner-Fitchburg, Haverhill, Holyoke, Lawrence, Lowell, Lynn, Malden, New Bedford, Northampton, Oak Bluffs, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn, Worcester | 111,699 | 0 | 111,699 |
| 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, Salem, Somerville, Waltham, Woburn | 29,619 | 0 | 29,619 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Merrimack Valley ACO in partnership with AllWays Health Partners | Allways Health Partners | Haverhill, Lawrence, Lowell | 35,125 | 0 | 35,125 |

| 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 Center HealthNet Plan | Attleboro, Barnstable, Boston, Brockton, Fall River, Falmouth, Greenfield Holyoke, Lynn Malden, New Bedford, Northampton, Plymouth, Quincy, Revere, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn | 125,747 | 0 | 125,747 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Mercy Medical Center in partnership with BMC HealthNet Plan | Boston Medical Center HealthNet Plan | Holyoke, Northampton, Springfield, Westfield | 29,502 | 0 | 29,502 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Signature Healthcare in partnership with BMC HealthNet Plan | Boston Medical Center HealthNet Plan | Attleboro, Brockton, Plymouth, Quincy, Taunton | 19,591 | 0 | 19,591 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Southcoast Health in partnership with BMC HealthNet Plan | Boston Medical Center HealthNet Plan | Attleboro, Fall River, Falmouth, New Bedford, Plymouth, Taunton, Wareham | 17,736 | 0 | 17,736 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Health Collaborative of the Berkshires in partnership with Fallon Health | Fallon Health Plan | Adams, Pittsfield | 16,874 | 0 | 16,874 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Reliant Medical Group in partnership with Fallon Health | Fallon Health Plan | Gardner-Fitchburg, Framingham, Southbridge, Worcester | 35,809 | 0 | 35,809 |

| 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 | 53,816 | 0 | 53,816 |
| Massachusetts | Accountable Care Partnership Plans (Comprehensive MCO) | Baystate Health Care Alliance in partnership with Health New England | Health New England | Holyoke, Northampton, Springfield, Westfield | 40,765 | 0 | 40,765 |
| Massachusetts | MassHealth Managed Care (Comprehensive MCO) | Tufts Health Plan | Tufts Health Plan | Northern, Greater Boston, Central, and Western Regions | 61,946 | 0 | 61,946 |
| Massachusetts | MassHealth Managed Care (Comprehensive MCO) | Boston Medical Center HealthNet Plan | Boston Medical Center HealthNet Plan | Statewide | 41,930 | 0 | 41,930 |
| 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 | 139,091 | 0 | 139,091 |
| Massachusetts | Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity)) | Mass General Brigham ACO | Partners HealthCare Choice | Statewide | 122,836 | 0 | 122,836 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------|--|--------------------------------------|--------------------------------------|---|--------------------------|-----------------|------------------|
| Massachusetts | Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity)) | Steward Health Choice | Steward Health Choice | Statewide | 128,836 | 0 | 128,836 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | Boston Medical Center Healthnet Plan | Boston Medical Center Healthnet Plan | Barnstable, Bristol, Hampden, Plymouth, and Suffolk Counties | 188 | 1,333 | 1,521 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | Commonwealth Care Alliance | Commonwealth Care Alliance | Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties | 607 | 11,299 | 11,906 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | Navicare HMO | Fallon Health Plan | Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties | 422 | 7,471 | 7,893 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | Senior Whole Health | Magellan Health | Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties | 1,047 | 14,009 | 15,056 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | Tufts Health Plan | Tufts Health Plan | Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties | 969 | 6,449 | 7,418 |
| Massachusetts | Senior Care Options (Comprehensive MCO + MLTSS) | United Healthcare | United Healthcare | Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties | 1,635 | 19,353 | 20,988 |

| 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 (Primary Care Case Management (PCCM)) | Multiple Primary Care Providers | Multiple Primary Care Provider (PCCM) | Statewide | 92,072 | 0 | 92,072 |
| Massachusetts | MassHealth BH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Massachusetts Behavioral Health Partnership | Beacon | Statewide | 552,518 | 0 | 552,518 |
| Massachusetts | Program of All-Inclusive Care for the Elderly (PACE) | Elder Service Plan of Cambridge Health Alliance | Elder Service Plan | Middlesex and Suffolk Counties | 67 | 591 | 658 |
| Massachusetts | Program of All-Inclusive Care for the Elderly (PACE) | Upham's Elder Service Plan | Elder Service Plan | 02108, 02445 | 24 | 246 | 270 |
| Massachusetts | 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 | 15 | 455 | 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 |
|---------------|--|--------------------------------|---------------------|--|--------------------------|-----------------|------------------|
| Massachusetts | 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, | 40 | 1,130 | 1,170 |
| Massachusetts | Program of All-Inclusive Care for the Elderly (PACE) | Fallon Health Summit Eldercare | Fallon Health Plan | 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 | | | |

| 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) | 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 | 45 | 916 | 961 |

| 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) | 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, 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 | 51 | 418 | 469 |

| 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) | 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 | 288 | 299 |
| Massachusetts | Program of All-Inclusive Care for the Elderly (PACE) | Neighborhood PACE | PACE | Middlesex and Suffolk Counties | 67 | 591 | 658 |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Aetna Better Health of Michigan | Aetna Better Health of Michigan | Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne | 28,191 | 204 | 28,395 |

| 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 ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Blue Cross Complete of Michigan | Blue Cross Complete of Michigan | 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, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne | 149,739 | 3,759 | 153,498 |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | HAP Empowered | Health Alliance Plan | Genesee, Huron, Lapeer, Macomb, Oakland, St. Clair, Sanilac, Shiawassee, Tuscola, Wayne | 8,957 | 204 | 9,161 |
| Michigan ⁵ | Comprehensive Health Care Program (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, Oceano, Ogemaw, | 140,743 | 5,733 | 146,476 |

| 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 ⁵ continued | Comprehensive Health Care Program (Comprehensive MCO) continued | | | Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | | | |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Meridian Health Plan of Michigan | Meridian Health Plan of Michigan | 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, Oceano, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | 347,437 | 12,267 | 359,704 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------------------|---|-------------------------------|-------------------------------|---|--------------------------|-----------------|------------------|
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Molina Healthcare of Michigan | Molina Healthcare of Michigan | 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, Oceano, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | 241,971 | 9,201 | 251,172 |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Priority Health Choice | Priority Health Choice | Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren | 96,544 | 4,746 | 101,290 |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Total Health Care | Total Health Care | Macomb, Oakland, Wayne | 36,708 | 198 | 36,906 |

| 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 ⁵ | Comprehensive Health Care Program (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, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceano, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | 184,582 | 4,851 | 189,433 |
| Michigan ⁵ | Comprehensive Health Care Program (Comprehensive MCO) | Upper Peninsula Health Plan | Upper Peninsula Health Plan | Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft | 29,102 | 5 | 29,107 |

| 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 ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Aetna Better Health | Aetna Better Health | Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne | 15,433 | 0 | 15,433 |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Blue Cross Complete of Michigan | Blue Cross Complete of Michigan | 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, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne | 106,875 | 0 | 106,875 |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | HAP Empowered | Health Alliance Plan | Genesee, Huron, Lapeer, Macomb, Oakland, St. Clair, Sanilac, Shiawassee, Tuscola, Wayne | 9,138 | 0 | 9,138 |
| Michigan ⁵ | 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, | 78,152 | 0 | 78,152 |

| 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 ⁵ continued | Healthy Michigan Plan (Comprehensive MCO) continued | | | 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, Wexford | | | |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Meridian Health Plan | Meridian 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, | 158,723 | 0 | 158,723 |

| 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 ⁵ continued | Healthy Michigan Plan (Comprehensive MCO) continued | | | Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | | | |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Molina Healthcare of Michigan | Molina Healthcare of Michigan | 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, Wexford | 96,358 | 0 | 96,358 |

| 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 ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Priority Health Choice | Priority Health Choice | Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren | 40,828 | 0 | 40,828 |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | Total Health Care | Total Health Care | Macomb, Oakland, Wayne | 20,059 | 0 | 20,059 |
| Michigan ⁵ | Healthy Michigan Plan (Comprehensive MCO) | UnitedHealthcare Community Plan | UnitedHealthcare Community Plan | 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, 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, Wexford | 79,443 | 0 | 79,443 |

| 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 ⁵ | 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, Schoolcraft | 16,989 | 0 | 16,989 |
| Michigan ⁵ | 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, Tuscola | 83 | 885 | 968 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Area Agency on Aging 1-B | Area Agencies on Aging | Livingston, Macomb, Monroe, Oakland, Washtenaw | 50 | 837 | 887 |
| Michigan ⁵ | 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, Wexford | 22 | 359 | 381 |
| Michigan ⁵ | 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, Osceola | 50 | 849 | 899 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Detroit Area Agency on Aging | Area Agencies on Aging | Wayne | 64 | 1,219 | 1,283 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | MORC Home Care Inc. | MORC Home Care Inc. | Livingston, Macomb, Monroe, Oakland, Washtenaw | 8 | 236 | 244 |
| Michigan ⁵ | 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, Wexford | 23 | 278 | 301 |

| 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 ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Region 2- Area Agency on Aging | Area Agencies on Aging | Hillsdale, Jackson, Lenawee | 26 | 545 | 571 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Region 3B Area Agency on Aging | Area Agencies on Aging | Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren | 34 | 448 | 482 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Region 4 Area Agency on Aging | Area Agencies on Aging | Berrien, Cass, Van Buren | 33 | 516 | 549 |
| Michigan ⁵ | 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, Tuscola | 53 | 831 | 884 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | R9 Area Agency on Aging | Area Agencies on Aging | Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon | 22 | 400 | 422 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Reliance Community Care Partners | Reliance Community Care Partners | Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Osceola, Ottawa | 76 | 681 | 757 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Senior Resources of West Michigan | Area Agencies on Aging | Muskegon, Oceana, Ottawa | 24 | 617 | 641 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Senior Services, Inc. | Senior Services, Inc. | Barry, Branch, Calhoun, Kalamazoo | 21 | 220 | 241 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | The Information Center | The Information Center | Wayne | 6 | 286 | 292 |

| 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 ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | The Senior Alliance | Area Agencies on Aging | Wayne | 17 | 486 | 503 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Tri County Office on Aging | Tri County Office on Aging | Clinton, Eaton, Ingham | 104 | 701 | 805 |
| Michigan ⁵ | 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, Schoolcraft | 33 | 375 | 408 |
| Michigan ⁵ | MI Choice (MLTSS only (PIHP and/or PAHP)) | Valley Area Agency on Aging | Area Agencies on Aging | Genesee, Lapeer, Shiawassee | 32 | 329 | 361 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | CMH Partnership of Southeast Michigan | CMH Partnership of Southeast Michigan | Lenawee, Livingston, Monroe, Washtenaw | 121,456 | 0 | 121,456 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Detroit Wayne Mental Health Authority | Detroit Wayne Mental Health Authority | Wayne | 663,917 | 0 | 663,917 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Lakeshore Regional Entity | Lakeshore Regional Entity | Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa | 265,702 | 0 | 265,702 |

| 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 ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Macomb County CMH Services | Macomb County CMH Services | Macomb | 198,840 | 0 | 198,840 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (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, Osceola, Saginaw, Shiawassee, Tuscola | 389,572 | 0 | 389,572 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Northcare Network | Northcare Network | Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keewanaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft | 66,000 | 0 | 66,000 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (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, Montmorency, Oscoda, Ogemaw, Otsego, Presque Isle, Roscommon, Wexford | 123,236 | 0 | 123,236 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Oakland County CMH Authority | Oakland County CMH Authority | Oakland | 178,943 | 0 | 178,943 |

| 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 ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Region 10 PIHP | Region 10 PIHP | Genessee, Lapeer, Sanilac, St. Clair | 202,757 | 0 | 202,757 |
| Michigan ⁵ | Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Southwest MI Behavioral Health | Southwest MI Behavioral Health | Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren | 204,890 | 0 | 204,890 |
| Michigan ⁵ | Healthy Kids Dental (Dental only (PAHP)) | Delta Dental of Michigan | Delta Dental of Michigan | Statewide | 838,565 | 0 | 838,565 |
| Michigan ⁵ | Healthy Kids Dental (Dental only (PAHP)) | Blue Cross Blue Shield of Michigan | Blue Cross Blue Shield of Michigan | Statewide | 136,791 | 0 | 136,791 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Care Resources | Each partner has 20% ownership: Grand Rapids Dominicans, Holland Home, Metro Health, Pine Rest Christian Mental Health Services, and Reliance Community Care Partners | Kent and parts of Ottawa | 9 | 235 | 244 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Community PACE | The Home Care Group | Lake, Mason, Mecosta, Oceana, Osceola, Newaygo, Montcalm | 1 | 63 | 64 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Ascension Living PACE (formerly Genesys PACE) | Ascension Health | Genessee | 10 | 142 | 152 |

| 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 ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Great Lakes PACE | A & D Charitable Foundation | Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, Tuscola | 15 | 165 | 180 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Huron Valley PACE | This is a separately incorporated partnership of UMRC | Portions of Livingston, Monroe, Oakland, Washtenaw, Wayne | 4 | 183 | 187 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Life Circles | Porter Hills, Trinity Health, Senior Resources | Muskegon and parts of Allegan and Ottawa | 9 | 341 | 350 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE Central Michigan | Michigan Masonic Home and Presbyterian | Clare, Gladwin, Gratiot, Isabella, Midland, Montcalm, Roscommon | 7 | 61 | 68 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE North | Grand Traverse Pavillions/Grand Traverse County | Benzie, Grand Traverse, Leelanau, parts of Antrim, Kalkaska, Manistee, Wexford | 1 | 40 | 41 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE of Southeast MI | Henry Ford Health and Presbyterian | Macomb, Oakland, Wayne | 73 | 1,116 | 1,189 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE of Southwest MI | Independent corporation with a board comprised with equal representation Region IV AAA, Lakeland Healthcare, and Hospice at Home | Berrien, Cass, Van Buren | 12 | 201 | 213 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Senior Care Partners | Comprehensive Senior Care Corporation | Calhoun and Kalamazoo, and parts of Allegan, Barry, and Van Buren | 37 | 516 | 553 |

| 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 ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Senior Community Care | This is a separate incorporated partnership of Volunteers of America, Ingham County Medical Care Facility, and UMRC | Barry, Clinton, Eaton, Ingham, Ionia, Livingston, Shiawassee | 7 | 175 | 182 |
| Michigan ⁵ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Thome PACE | 80% by UMRC (United Methodist Retirement Communities), 20% by Region 2 Area Agency on Aging | Hillsdale, Jackson, Lenawee | 14 | 159 | 173 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Blue Plus | Blue Cross Blue Shield of Minnesota | Statewide | 330,603 | 0 | 330,603 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Health Partners | Health Partners | Statewide | 140,710 | 0 | 140,710 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Hennepin Health | Hennepin Health | Hennepin County | 24,681 | 0 | 24,681 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Itsaca Medical Care | Itsaca Medical Care | Itasca County | 7,505 | 0 | 7,505 |

| 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 | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Prime West Health | Prime West Health | Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County | 36,223 | 0 | 36,223 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | South Country | South Country Alliance | Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County | 20,569 | 0 | 20,569 |
| Minnesota | Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS) | Ucare | Ucare | Statewide | 263,843 | 0 | 263,843 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | Blue Plus | Blue Cross Blue Shield | Statewide | 410 | 3,327 | 3,737 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | Health Partners | Health Partners | Statewide | 395 | 1,543 | 1,938 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | Itsaca Medical | Itsaca Medical | Itsaca County | 4 | 259 | 263 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | Medica | Medica | Statewide | 606 | 3,542 | 4,148 |

| 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) | Prime West | Prime West | Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County | 12 | 959 | 971 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | South Country Health Alliance | South Country Health Alliance | Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County | 45 | 695 | 740 |
| Minnesota | Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS) | Ucare | Ucare | Statewide | 1,819 | 4,363 | 6,182 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | Blue Plus | Blue Cross Blue Shield | Statewide | 8,512 | 0 | 8,512 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | Health Partners | Health Partners | Statewide | 4,214 | 0 | 4,214 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | Itsaca Medical Care | Itsaca Medical Care | Itsaca County | 408 | 0 | 408 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | Medica | Medica | Statewide | 10,883 | 0 | 10,883 |

| 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) | Prime West Health | Prime West Health | Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County | 1,914 | 0 | 1,914 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | South Country Alliance | South Country Alliance | Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County | 1,554 | 0 | 1,554 |
| Minnesota | Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS) | Ucare | Ucare | Statewide | 13,780 | 0 | 13,780 |
| Minnesota | Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS) | Health Partners | Health Partners | Statewide | 7,322 | 0 | 7,322 |
| Minnesota | Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS) | Hennepin Health | Hennepin Health | Hennepin | 2,138 | 0 | 2,138 |
| Minnesota | Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS) | Medica | Medica | Statewide | 6,843 | 5,261 | 12,104 |
| Minnesota | Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS) | Prime West Health | Prime West Health | Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County | 1,036 | 1,389 | 2,425 |

| 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) | South Country Health Alliance | South Country Health Alliance | Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County | 1,271 | 984 | 2,255 |
| Minnesota | Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS) | UCare | UCare | Statewide | 20,314 | 11,882 | 32,196 |
| Mississippi | Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO) | Magnolia Health | Centene Corporation | Statewide | 196,136 | 0 | 196,136 |
| Mississippi | Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO) | UnitedHealthcare Community Plan | UnitedHealth Group Incorporated | Statewide | 178,352 | 0 | 178,352 |
| Mississippi | Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO) | Molina Healthcare of Mississippi | Molina Healthcare | Statewide | 76,177 | 0 | 76,177 |

| 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) | Missouri Care Central | WellCare Health Plans | 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 counties | 73,379 | 0 | 73,379 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | Missouri Care Western | WellCare Health Plans | Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon counties | 60,844 | 0 | 60,844 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------|---|--------------------------|-----------------------|--|--------------------------|-----------------|------------------|
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | Missouri Care Southwest | WellCare Health Plans | Barry, Benton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties | 48,219 | 0 | 48,219 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | UnitedHealthcare Eastern | United Healthcare | Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City counties | 55,985 | 0 | 55,985 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | UnitedHealthcare Central | United Healthcare | 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, | 55,314 | 0 | 55,314 |

| 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) continued | | | Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth counties | | | |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | UnitedHealthcare Western | United Healthcare | Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon counties | 42,338 | 0 | 42,338 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | UnitedHealthcare Southwest | United Healthcare | Barry, Benton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties | 31,582 | 0 | 31,582 |
| 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 counties | 90,047 | 0 | 90,047 |
| 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, | 49,363 | 0 | 49,363 |

| 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) continued | | | 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 counties | | | |
| 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 counties | 41,531 | 0 | 41,531 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | Home State Health Southwest | Centene Corporation | Barry, Benton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties | 44,381 | 0 | 44,381 |
| Missouri | MO HealthNet Managed Care/1915b (Comprehensive MCO) | Missouri Care Eastern | WellCare Health Plans | Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City counties | 64,509 | 0 | 64,509 |

| 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 | Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation) | Logisticare Solutions | Providence Service Corporation | Statewide | 109,343 | 158,232 | 267,575 |
| Montana | Passport to Health (Primary Care Case Management (PCCM)) | Passport to Health | Passport to Health | Statewide | 124,611 | 0 | 124,611 |
| Montana | Passport to Health (Primary Care Case Management (PCCM)) | Team Care | Passport to Health | Statewide | 365 | 0 | 365 |
| Montana | Patient Centered Medical Home (Primary Care Case Management (PCCM)) | Multiple primary care providers | Patient Centered Medical Home | Statewide | 41,396 | 0 | 41,396 |
| Montana | Comprehensive Primary Care Plus (Primary Care Case Management (PCCM)) | Multiple primary care providers | Comprehensive Primary Care Plus | Statewide | 68,680 | 0 | 68,680 |
| Nebraska | Heritage Health (Comprehensive MCO) | UnitedHealthcare Community Plan of Nebraska | United Healthcare | Statewide | 73,935 | 12,918 | 86,853 |
| Nebraska | Heritage Health (Comprehensive MCO) | WellCare of Nebraska | WellCare Health Plans, Inc | Statewide | 78,715 | 8,650 | 87,365 |
| Nebraska | Heritage Health (Comprehensive MCO) | Nebraska Total Care | Centene | Statewide | 73,292 | 13,712 | 87,004 |
| Nebraska | Dental Benefit Manager (Dental only (PAHP)) | MCNA Nebraska | MCNA Insurance Company | Statewide | 224,854 | 35,246 | 260,100 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------|--|-----------------------------|---------------------|---|--------------------------|-----------------|------------------|
| Nebraska | 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 | 23 | 193 | 216 |
| Nevada | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) | Health Plan of Nevada (HPN) | United Health | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, | 269,044 | 0 | 269,044 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|------------------|--|---|-------------------------------|--|--------------------------|-----------------|------------------|
| Nevada continued | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) continued | | | 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | | | |
| Nevada | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) | Anthem Blue Cross Blue Shield of Nevada (ANT) | Anthem Blue Cross Blue Shield | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, | 225,873 | 0 | 225,873 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------------|--|-----------|---------------------|--|--------------------------|-----------------|------------------|
| Nevada continued | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) continued | | | 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | | | |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|--------|---|---------------------------------|---------------------|---|--------------------------|-----------------|------------------|
| Nevada | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) | Silver Summit Health Plan (SSH) | Centene | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, | 63,123 | 0 | 63,123 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|------------------|--|-------------------------------|---------------------------------|--|--------------------------|-----------------|------------------|
| Nevada continued | Mandatory Health Maintenance Program (MCO) (Comprehensive MCO) continued | | | 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | | | |
| Nevada | Dental Benefits Administrator (DBA) (Dental only (PAHP)) | Liberty Dental Plan of Nevada | Liberty Dental Plan Corporation | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, | 556,987 | 0 | 556,987 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------------|---|---|---|---|--------------------------|-----------------|------------------|
| Nevada continued | Dental Benefits Administrator (DBA) (Dental only (PAHP)) continued | | | 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | | | |
| Nevada | Non-Emergency Transportation (NET) (Non-Emergency Medical Transportation) | Medical Transportation Management (MTM) | Medical Transportation Management (MTM) | Statewide | 650,160 | 0 | 650,160 |
| New Hampshire | New Hampshire Medicaid Care Management (Comprehensive MCO) | New Hampshire Healthy Families | Centene | Statewide | 70,744 | 8,139 | 78,883 |
| New Hampshire | New Hampshire Medicaid Care Management (Comprehensive MCO) | Well Sense Health Plan | Boston Medical Center Health Plan | Statewide | 81,426 | 7,882 | 89,308 |
| New Hampshire | New Hampshire Medicaid Care Management (Comprehensive MCO) | AmeriHealth Caritas of New Hampshire | AmeriHealth Caritas | Statewide | 20,787 | 1,735 | 22,522 |
| New Jersey | NJFamilyCare (Comprehensive MCO + MLTSS) | Amerigroup New Jersey Inc | Anthem | Statewide | 175,162 | 14,714 | 189,876 |

| 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 | NJFamilyCare (Comprehensive MCO + MLTSS) | Aetna Better Health NJ | CVS Health | Statewide | 78,528 | 8,228 | 86,756 |
| New Jersey | NJFamilyCare (Comprehensive MCO + MLTSS) | Horizon NJ Health | Horizon Blue Cross Blue Shield of New Jersey | Statewide | 783,502 | 65,136 | 848,638 |
| New Jersey | NJFamilyCare (Comprehensive MCO + MLTSS) | UnitedHealthcare Community Plan | UnitedHealthcare | Statewide | 299,408 | 27,484 | 326,892 |
| New Jersey | NJFamilyCare (Comprehensive MCO + MLTSS) | WellCare of New Jersey | WellCare Health Plans Inc. | All counties except Hunterdon | 67,649 | 14,437 | 82,086 |
| New Jersey | FIDE SNP (Comprehensive MCO + MLTSS) | Amerivantage Dual Coordination (HMO D-SNP) Amerivantage Dual Secure (HMO POS) | Amerigroup New Jersey, Inc (Anthem) | Atlantic, Bergen, Burlington, Camden, Cumberland, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, and Union Counties | 0 | 10,126 | 10,126 |
| New Jersey | FIDE SNP (Comprehensive MCO + MLTSS) | Horizon NJ TotalCare (HMO D-SNP) | Horizon Healthcare of New Jersey, Inc. | Statewide | 0 | 13,827 | 13,827 |
| New Jersey | FIDE SNP (Comprehensive MCO + MLTSS) | Wellcare Liberty (HMO D-SNP) | WellCare Health Plans, Inc. | Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, and Union Counties | 0 | 5,239 | 5,239 |

| 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) | UnitedHealthcare Dual Complete ONE (HMO D-SNP) | UnitedHealthcare Community Plan | Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties | 0 | 24,356 | 24,356 |
| New Jersey | Non- Emergency Medical Transportation (Non-Emergency Medical Transportation) | ModivCare | The Providence Service Corp. | Statewide | 1,404,247 | 183,649 | 1,587,896 |
| New Jersey | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Atlanticare LIFE | AtlantiCare, a member of Geisinger Commonwealth School of Medicine | Atlantic and Cape May Counties | 16 | 78 | 94 |
| New Jersey | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Beacon of LIFE | AcuteCare Health System | Monmouth County | 14 | 124 | 138 |
| New Jersey | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Inspira LIFE | Inspira Health Network LIFE Inc. | 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 | 27 | 241 | 268 |
| New Jersey | PACE (Program of All-inclusive Care for the Elderly (PACE)) | LIFE St. Francis | St. Francis Medical Center, Member of Trinity Health | 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554 | 39 | 277 | 316 |

| 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)) | Lutheran Senior Life | Lutheran Social Ministries of NJ | 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311 | 11 | 112 | 123 |
| New Jersey | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Trinity Health LIFE NJ | Virtua Health System | 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 | 13 | 188 | 201 |
| New Mexico | Centennial Care (Comprehensive MCO + MLTSS) | Blue Cross Blue Shield of NM | Health Care Service Corporation | Statewide | 243,330 | 13,337 | 256,667 |
| New Mexico | Centennial Care (Comprehensive MCO + MLTSS) | Presbyterian Health Plan | Presbyterian Health Plan | Statewide | 366,302 | 26,079 | 392,381 |
| New Mexico | Centennial Care (Comprehensive MCO + MLTSS) | Western Sky Community Care, Inc. | Centene Corporation | Statewide | 65,627 | 3,126 | 68,753 |
| New Mexico | Program of All-inclusive Care for the Elderly (PACE) | Innovage New Mexico PACE dba Total Community Care | Innovage New Mexico PACE dba Total Community Care | Bernalillo County, Sandoval County, Valencia County | 60 | 794 | 854 |
| New York | Medicaid Advantage (Comprehensive MCO) | Fidelis Legacy Plan | Fidelis Legacy Plan | New York City & 34 counties | 28 | 1,141 | 1,169 |
| New York | Medicaid Advantage (Comprehensive MCO) | United HealthCare | United HealthCare | New York City & Nassau County | 3 | 1,308 | 1,311 |

| 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) | WellCare | WellCare | Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, and Wayne counties | 44 | 1,098 | 1,142 |
| New York | Health and Recovery Plans (Comprehensive MCO) | Affinity Health Plan | Affinity Health Plan | New York City; Nassau, Orange, Rockland, Suffolk, and Westchester counties | 5,497 | 0 | 5,497 |
| New York | Health and Recovery Plans (Comprehensive MCO) | 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 | 4,186 | 0 | 4,186 |
| New York | Health and Recovery Plans (Comprehensive MCO) | Excellus | Excellus | Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties | 10,212 | 0 | 10,212 |
| New York | Health and Recovery Plans (Comprehensive MCO) | Fidelis Care | Centene Corporation | New York City & 57 counties | 45,463 | 0 | 45,463 |
| New York | Health and Recovery Plans (Comprehensive MCO) | HealthFirst | HealthFirst | New York City; Nassau, Orange, Suffolk, Sullivan, and Westchester counties | 29,529 | 0 | 29,529 |
| New York | Health and Recovery Plans (Comprehensive MCO) | HealthPlus | Anthem | New York City; Nassau and Putnam counties | 7,216 | 0 | 7,216 |
| New York | Health and Recovery Plans (Comprehensive MCO) | HIP GNY | HIP GNY | New York City; Nassau, Suffolk, and Westchester counties | 5,126 | 0 | 5,126 |

| 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) | Independent Health Association | Independent Health Association | Erie County | 2,605 | 0 | 2,605 |
| New York | Health and Recovery Plans (Comprehensive MCO) | MetroPlus | MetroPlus | New York City | 13,030 | 0 | 13,030 |
| New York | Health and Recovery Plans (Comprehensive MCO) | Molina Healthcare of New York, Inc | Molina Healthcare | Allegany, Broome, Cattaraugus, Chautauqua, Cortland, Erie, Genesee, Livingston, Monroe, Onondaga, Ontario, Seneca, Tioga, Tompkins, Wayne, and Wyoming counties | 3,863 | 0 | 3,863 |
| 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 | 7,066 | 0 | 7,066 |
| New York | Health and Recovery Plans (Comprehensive MCO) | United Healthcare | United Health Group, Inc | New York City & 42 Counties | 9,897 | 0 | 9,897 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Independent Health/Hudson Valley & WNY | Independent Health/Hudson Valley & WNY | Erie County | 60,599 | 0 | 60,599 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | MetroPlus Health Plan | MetroPlus Health Plan | New York City | 390,471 | 0 | 390,471 |

| 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) | MetroPlus Health Plan Special Needs | MetroPlus Health Plan Special Needs | New York City | 4,083 | 0 | 4,083 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Molina Healthcare of New York, Inc. | Molina Healthcare | Allegany, Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Genesee, Livingston, Monroe, Onondaga, Ontario, Orleans, Seneca, Tioga, Tompkins, Wayne, and Wyoming counties | 65,466 | 0 | 65,466 |
| 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 | 174,597 | 0 | 174,597 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | United Healthcare | United Health Group, Inc | New York City & 42 counties | 380,606 | 0 | 380,606 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | VNS Choice Special Needs | VNS Choice Special Needs | New York City; Nassau & Westchester counties | 2,930 | 0 | 2,930 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Affinity Health Plan | Affinity Health Plan | New York City and Nassau, Orange, Rockland, Suffolk, and Westchester counties | 215,845 | 0 | 215,845 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Amidacare Special Needs | Amidacare Special Needs | New York City | 7,419 | 0 | 7,419 |

| 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) | 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 | 89,752 | 0 | 89,752 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Excellus | Excellus | Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties | 189,347 | 0 | 189,347 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Fidelis Care | Centene Corporation | New York City & 57 counties | 1,475,814 | 0 | 1,475,814 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Health First | Health First | New York City; Nassau, Orange, Rockland, Suffolk, Sullivan, and Westchester counties | 1,026,078 | 0 | 1,026,078 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | Health Now | Health Now | Albany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties | 38,921 | 0 | 38,921 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | HealthPlus | Anthem | New York City; Nassau and Putnam counties | 332,869 | 0 | 332,869 |
| New York | Medicaid Managed Care (Comprehensive MCO + MLTSS) | HIP Combined | HIP Combined | New York City and Nassau, Suffolk, and Westchester counties | 136,577 | 0 | 136,577 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Agewell New York | Agewell New York | New York City; Nassau and Westchester counties | 0 | 19 | 19 |

| 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) | Centers Plan | Centers Plan | New York City & Nassau County | 0 | 22 | 22 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Elderplan | Elderplan | New York City; Nassau and Westchester counties | 3 | 2,039 | 2,042 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Elderserve | Elderserve | New York City & Westchester County | 0 | 17 | 17 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Fidelis Legacy Plan | Fidelis Legacy Plan | New York City; Albany, Montgomery, Rensselaer, and Schenectady counties | 0 | 63 | 63 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | HealthFirst | HealthFirst | New York City & Nassau County | 38 | 13,790 | 13,828 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | HealthPlus Advantage Plus | HealthPlus Advantage Plus | New York City | 0 | 12 | 12 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Senior Whole Health | Senior Whole Health | New York City & Nassau County | 0 | 131 | 131 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | Village Care | Village Care | New York City | 4 | 2,139 | 2,143 |
| New York | Medicaid Advantage Plus (Comprehensive MCO + MLTSS) | VNS Choice Plus | VNS Choice Plus | New York City; Nassau, Suffolk and Westchester counties | 12 | 3,074 | 3,086 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Aetna Better Health | Aetna Better Health | New York City; Nassau and Suffolk counties | 341 | 7,185 | 7,526 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Agewell New York | Agewell New York | New York City; Nassau, Suffolk, and Westchester counties | 284 | 12,077 | 12,361 |

| 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)) | Archcare Community Life | Archcare Community Life | New York City; Putnam and Westchester counties | 440 | 4,190 | 4,630 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Centers Plan for Healthy Living | Centers Plan for Healthy Living | New York City; Erie, Nassau, Niagara, Rockland, Suffolk, and Westchester counties | 6,591 | 34,948 | 41,539 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Elderplan | Elderplan | New York City; Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, and Westchester counties | 777 | 14,271 | 15,048 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Elderserve | Elderserve | New York City; Nassau, Suffolk, and Westchester counties | 1,062 | 14,213 | 15,275 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Elderwood | Elderwood | Erie, Genesee, Monroe, Niagara, Orleans, and Wyoming counties | 38 | 944 | 982 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Extended MLTC | Extended MLTC | New York City; Nassau and Suffolk counties | 601 | 6,120 | 6,721 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Fallon Health Weinberg | Fallon Health Weinberg | Erie & Niagara counties | 58 | 938 | 996 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Fidelis Care | Fidelis Care | New York City & 57 counties | 1,223 | 23,989 | 25,212 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Hamaspik Choice MLTC | Hamaspik Choice MLTC | Dutchess, Orange, Putnam, Rockland, Sullivan, and Ulster counties | 108 | 2,145 | 2,253 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Integra MLTC | Integra MLTC | New York City; Nassau, Suffolk, and Westchester counties | 6,008 | 24,424 | 30,432 |

| 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)) | Icircle Care MLTC | Icircle Care MLTC | 30 Counties | 197 | 4,661 | 4,858 |
| 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 | 66 | 1,056 | 1,122 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | HealthPlus | HealthPlus | New York City | 407 | 5,803 | 6,210 |
| 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 | 56 | 1,336 | 1,392 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | MetroPlus | MetroPlus | New York City | 425 | 1,496 | 1,921 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Montefiore HMO MLTC | Montefiore HMO MLTC | New York City & Westchester County | 118 | 1,582 | 1,700 |
| 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 | 50 | 532 | 582 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Senior Health Partners | Senior Health Partners | New York City; Nassau and Westchester counties | 2,526 | 11,467 | 13,993 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Senior Network Health | Senior Network Health | Herkimer & Oneida counties | 16 | 554 | 570 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Senior Whole Health | Senior Whole Health | New York City & Westchester County | 1,836 | 11,612 | 13,448 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | Village Care | Village Care | New York City | 2,370 | 10,418 | 12,788 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------|---|--------------------------------|--------------------------------|---|--------------------------|-----------------|------------------|
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | VNA Homecare Options | VNA Homecare Options | 48 counties | 205 | 6,665 | 6,870 |
| New York | Managed Long Term Care (MLTSS only (PIHP and/or PAHP)) | VNS Choice | VNS Choice | New York City & 28 counties | 2,251 | 18,284 | 20,535 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Archcare Senior Life | Archcare Senior Life | New York City & Westchester County | 79 | 647 | 726 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Catholic Health Life | Catholic Health Life | Erie County | 6 | 260 | 266 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Centerlight (CCM) | Centerlight (CCM) | New York City; Nassau, Suffolk, and Westchester counties | 387 | 2,066 | 2,453 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Complete Senior Care | Complete Senior Care | Niagara County | 9 | 121 | 130 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Eddy Senior Care | Eddy Senior Care | Albany, Rensselaer, and Schenectady counties | 11 | 279 | 290 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Fallon Health Weinberg | Fallon Health Weinberg | Erie County | 25 | 123 | 148 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Independent Living for Seniors | Independent Living for Seniors | Monroe, Ontario, and Wayne counties | 31 | 715 | 746 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE CNY | PACE CNY | Monroe, Ontario, and Wayne counties | 13 | 599 | 612 |
| New York | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Total Senior Care | Total Senior Care | Allegany, Cattaraugus, and Chatauqua counties | 10 | 131 | 141 |

| 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 | Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity)) | North Carolina Community Care | Community Care Health Plan (WI) | Statewide | 1,536,117 | 154,869 | 1,690,986 |
| 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 | Cumberland, Durham, Johnston, Wake | 224,991 | 21,970 | 246,961 |
| 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 | Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance and Warren | 413,063 | 46,637 | 459,700 |
| 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 | Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson | 138,033 | 20,164 | 158,197 |
| 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 | Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin | 146,787 | 19,340 | 166,127 |

| 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)) | Sandhills Center For MH DD SA | Sandhills Center for MH DD SA | Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond | 176,146 | 19,970 | 196,116 |
| 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 Resources | Brunswick, Carteret, Columbus, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington | 193,721 | 29,124 | 222,845 |
| 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 | Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey | 130,189 | 21,553 | 151,742 |
| North Carolina | Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Carolina Seniorcare | Carolina Seniorcare | Rowan, Davidson, Davie and Iredell Counties | 8 | 186 | 194 |
| North Carolina | Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | CarePartners PACE | Community Care Health Plan (WI) | Buncombe and Henderson County | 13 | 193 | 206 |

| 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)) | Elderhaus, Inc. | Elderhaus, Inc. | New Hanover and Brunswick Counties | 7 | 121 | 128 |
| 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. | Cumberland, and portions of Harnett, Robeson, Moore and Hoke Counties | 19 | 257 | 276 |
| 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, and portions of Lincoln, Burke, Caldwell and Alexander Counties | 1 | 144 | 145 |
| 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 | Mecklenburg, Cabarrus and Union, and portions of Stanley Counties | 2 | 171 | 173 |
| North Carolina | Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | PACE Of The Triad | PACE | Guilford and Rockingham Counties | 18 | 215 | 233 |
| 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. | Alamance, Caswell, Chatham, Lee and Orange, and a portion of Durham County | 17 | 305 | 322 |
| 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. | Gaston, and portions of Cleveland and Lincoln Counties | 15 | 234 | 249 |

| 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)) | Staywell | Stay Well Senior Care | Montgomery, Moore and Randolph | 5 | 82 | 87 |
| North Carolina | Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Voans Senior Community Care Of North Carolina | Community Care Health Plan (WI) | Durham and Wake, and a portion of Granville Counties | 10 | 182 | 192 |
| North Dakota | North Dakota Medicaid Expansion (Comprehensive MCO) | ND Medicaid Expansion MCO | Sanford Health Plan | Statewide | 21,497 | 0 | 21,497 |
| North Dakota | Multiple Primary Care Providers (PCCM) (Primary Care Case Management (PCCM)) | Multiple Primary Care Providers | Multiple Primary Care Providers | Statewide | 52,810 | 0 | 52,810 |
| North Dakota | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Northland PACE Senior Care Services | Northland PACE Senior Care Services | Bismarck: 58501, 58502, 58503; Burlington: 58722; Cass: 58047, 58078, 58102, 58103, 58104, 58105; Dickinson: 58601, 58602; Gladstone: 58630; Lincoln: 58504; Mandan: 58554; Menoken: 58558; Minot: 58701, 58702, 58703; Richardton: 58652; South Heart: 58655; Surrey: 58785; Taylor: 58656 | 12 | 164 | 176 |
| Ohio | Ohio Medicaid Managed Care Program (Comprehensive MCO) | Buckeye Health Plan | Centene Corporation | West, Northeast, Central/Southeast | 371,043 | 0 | 371,043 |

| 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 | Ohio Medicaid Managed Care Program (Comprehensive MCO) | CareSource | CareSource | West, Northeast, Central/Southeast | 1,274,938 | 0 | 1,274,938 |
| Ohio | Ohio Medicaid Managed Care Program (Comprehensive MCO) | Molina Healthcare of Ohio, Inc. | Molina Healthcare, Inc. | West, Northeast, Central/Southeast | 300,835 | 0 | 300,835 |
| Ohio | Ohio Medicaid Managed Care Program (Comprehensive MCO) | Paramount Advantage | Promedica | West, Northeast | 215,708 | 0 | 215,708 |
| Ohio | Ohio Medicaid Managed Care Program (Comprehensive MCO) | UnitedHealthcare Community Plan of Ohio, Inc. | UnitedHealthcare, Inc. | West, Northeast, Central/Southeast | 347,751 | 0 | 347,751 |
| Ohio | MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS) | Aetna Better Health of Ohio | Aetna, Inc. | Northwest, Southwest, Central | 0 | 12,592 | 12,592 |
| Ohio | MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS) | Buckeye Health Plan | Centene Corporation | Northeast, Northwest, West Central | 0 | 11,841 | 11,841 |
| Ohio | MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS) | CareSource | CareSource | Northeast, Northeast Central, East Central | 0 | 12,841 | 12,841 |
| Ohio | MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS) | Molina Healthcare of Ohio, Inc. | Molina Healthcare, Inc. | Southwest, Central, West Central | 0 | 11,330 | 11,330 |

| 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) | UnitedHealthcare Community Plan of Ohio, Inc. | UnitedHealthcare, Inc. | Northeast, Northeast Central, East Central | 0 | 15,507 | 15,507 |
| Ohio | Ohio PACE (Program of All-inclusive Care for the Elderly (PACE)) | McGregor PACE | McGregor PACE | Cuyahoga County | 100 | 517 | 617 |
| Oklahoma | SoonerCare Choice (Primary Care Case Management (PCCM)) | SoonerCare Choice | SoonerCare Choice | Statewide | 582,067 | 119,292 | 701,359 |
| Oklahoma | SoonerRide (Non-Emergency Medical Transportation) | SoonerRide | Oklahoma Health Care Authority | Statewide | 582,067 | 119,292 | 701,359 |
| Oklahoma | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Life PACE | Life PACE | 74011, 74012, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74116, 74119, 74126, 74127, 74128, 74129, 74130, 74133, 74134, 74135, 74136, 74145, 74146, 74169, 74021, 74066, 74063, 74055, 74070, 74033 | 15 | 169 | 184 |
| Oklahoma | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Valir PACE | Valir PACE | 73008, 73012, 73013, 73034, 73066, 73071, 73072, 73084, 73099, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73113, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73132, | 32 | 234 | 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 |
|---------------------|---|---------------------------|---------------------------|---|--------------------------|-----------------|------------------|
| Oklahoma continued | PACE (Program of All-inclusive Care for the Elderly (PACE)) continued | | | 73134, 73135, 73136, 73139, 73140, 73141, 73142, 73149, 73159, 73160, 73162, 73170, 73099, 73064, 73065, 73020, 73051, 73068, 73004, 73072, 73069, 73071, 73026, 74857, 73049, 73007, 73045, 73010, 73093, 73080, 73093, 73089, 73036, 73090, 73078 | | | |
| Oklahoma | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Cherokee Elder Care (CEC) | Cherokee Elder Care (CEC) | 74347, 74352, 74364, 74365, 74401, 74402, 74403, 74423, 74427, 74434, 74441, 74451, 74452, 74457, 74464, 74465, 74471, 74960, 74964, 74965, 74359, 74931, 74435, 74962, 74945, 74955, 74467 | 22 | 166 | 188 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Advantage Dental Services | Advantage Dental Services | Statewide except Tillamook County | 17,042 | 543 | 17,585 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Capitol Dental Care, Inc. | HealthShare of Oregon | Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, and Yamhill Counties | 12,160 | 402 | 12,562 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Family Dental Care | HealthShare of Oregon | Clackamas, Multnomah, and Washington Counties | 2,625 | 85 | 2,710 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------------|--|-------------------------------|-------------------------|---|--------------------------|-----------------|------------------|
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | AllCare Health Plan | AllCare Health Plan | Curry, Douglas (97410, 97442 only), Jackson, and Josephine Counties | 45,074 | 4,387 | 49,461 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Cascade Health Alliance | Cascade Health Alliance | Klamath (97731, 97733, 97737, 97739, 97425 excluded) County | 18,774 | 1,484 | 20,258 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Columbia Pacific | Columbia Pacific | Clatsop, Columbia, and Tillamook Counties | 25,475 | 2,231 | 27,706 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Managed Dental Care of Oregon | HealthShare of Oregon | Clackamas, Multnomah, and Washington Counties | 2,572 | 58 | 2,630 |
| Oregon ⁶ | OHP - Oregon Health Plan (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 | 10,375 | 640 | 11,015 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | CareOregon Dental | CareOregon | Clackamas, Multnomah, and Washington Counties | 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 |
|---------------------|--|--|--|---|--------------------------|-----------------|------------------|
| Oregon ⁶ | OHP - Oregon Health Plan (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 | 0 | 0 | 0 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | PrimaryHealth of Josephine County | PrimaryHealth of Josephine County | Douglas (97410, 97442 only), Jackson and Josephine Counties | 0 | 0 | 0 |
| Oregon ⁶ | OHP - Oregon Health Plan (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) | 0 | 0 | 0 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Eastern Oregon CCO | Eastern Oregon CCO | Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties | 51,225 | 4,192 | 55,417 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | HealthShare of Oregon | HealthShare of Oregon | Clackamas, Multnomah, and Washington Counties | 321,399 | 28,411 | 349,810 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | InterCommunity Health Network | InterCommunity Health Network | Benton, Lincoln, and Linn Counties | 56,231 | 4,803 | 61,034 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Jackson Care Connect | Jackson Care Connect | Jackson County | 47,648 | 2,644 | 50,292 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------------|---|---|---|--|--------------------------|-----------------|------------------|
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | PacificSource Community Solutions - Central Oregon | PacificSource Community Solutions - Central Oregon | Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only) | 51,554 | 3,334 | 54,888 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | PacificSource Community Solutions - Columbia Gorge | PacificSource Community Solutions - Columbia Gorge | Hood River and Wasco Counties | 12,266 | 873 | 13,139 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Trillium Community Health Plan | Trillium Community Health Plan | Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane, and Linn (97446 only) Counties | 30,165 | 4,421 | 34,586 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Umpqua Health Alliance | Umpqua Health Alliance | Douglas (97441, 97467, 97473 excluded) County | 27,331 | 2,328 | 29,659 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Advanced Health | Advanced Health | Coos and Curry Counties | 19,981 | 2,094 | 22,075 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | Yamhill Community Care | Yamhill Community Care | Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Washington (97119, 97123, 97132, 97140 only), and Yamhill Counties | 26,478 | 2,119 | 28,597 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | PacificSource Community Solutions - Lane (CCO) | PacificSource Community Solutions - Lane (CCO) | Lane County | 58,851 | 4,129 | 62,980 |
| Oregon ⁶ | OHP - Oregon Health Plan (Comprehensive MCO) | PacificSource Community Solutions - Marion Polk (CCO) | PacificSource Community Solutions - Marion Polk (CCO) | Marion and Polk Counties | 100,768 | 7,431 | 108,199 |
| Oregon ⁶ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Providence Elder Place | Providence | Multnomah, Washington, Clatsop, Clackamas and Tillamook Counties | 82 | 1,536 | 1,618 |

| 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 ⁷ | Physical Health HealthChoices (Comprehensive MCO) | Aetna Better Health | Aetna | Southeast zone, Southwest zone, Lehigh/Capital zone | 222,060 | 2,537 | 224,597 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | Gateway Health | Gateway Health | Southwest zone, Lehigh/Capital zone | 283,683 | 3,663 | 287,346 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | Health Partners Plan | Health Partners Plan | Southeast zone | 237,830 | 2,691 | 240,521 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | United Healthcare Community Plan, Inc | UnitedHealthcare | Southeast zone, Southwest zone, Lehigh/Capital zone | 234,951 | 2,861 | 237,812 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | UPMC for You | UPMC Health Plan | Southwest zone, Lehigh/Capital zone, Northwest zone | 445,012 | 6,794 | 451,806 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | Geisinger Health Plan | Geisinger Health Plan | Northeast zone | 189,976 | 2,801 | 192,777 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | AmeriHealth Caritas/AmeriHealth Caritas Northeast | Vista | Lehigh/Capital zone, Northwest zone, Northeast zone | 297,403 | 3,777 | 301,180 |
| Pennsylvania ⁷ | Physical Health HealthChoices (Comprehensive MCO) | Keystone First | Vista | Southeast zone | 443,408 | 4,899 | 448,307 |
| Pennsylvania ⁷ | Community HealthChoices (Comprehensive MCO + MLTSS) | UPMC Community HealthChoices | UPMC | Southeast zone, Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone | 7,112 | 118,199 | 125,311 |
| Pennsylvania ⁷ | Community HealthChoices (Comprehensive MCO + MLTSS) | Pennsylvania Health and Wellness | Centene Corporation | Southeast zone, Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone | 5,446 | 84,774 | 90,220 |

| 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 ⁷ | Community HealthChoices (Comprehensive MCO + MLTSS) | AmeriHealth Caritas | Vista | Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone | 4,014 | 69,522 | 73,536 |
| Pennsylvania ⁷ | Community HealthChoices (Comprehensive MCO + MLTSS) | Keystone First | Vista | Southeast zone | 14,134 | 64,843 | 78,977 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | York/Adams HealthChoices Joinder Governing Board | Community Care Behavioral Health | York and Adams Counties | 89,206 | 11,207 | 100,413 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Allegheny County HealthChoices | Community Care Behavioral Health | Allegheny County | 196,725 | 35,742 | 232,467 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Beaver County HealthChoices | Beacon Health Options | Beaver County | 28,463 | 5,434 | 33,897 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Behavioral Health Services of Somerset and Bedford Counties | Community Care Behavioral Health | Bedford and Somerset Counties | 20,722 | 4,137 | 24,859 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|---------------------------|--|----------------------------------|----------------------------------|---|--------------------------|-----------------|------------------|
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Berks County HealthChoices | Community Care Behavioral Health | Berks County | 83,357 | 11,984 | 95,341 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Blair County HealthChoices | Community Care Behavioral Health | Blair County | 25,961 | 4,739 | 30,700 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Bucks County HealthChoices | Magellan Behavioral Health | Bucks County | 70,907 | 11,332 | 82,239 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Cambria County HealthChoices | Magellan Behavioral Health | Cambria County | 27,094 | 5,038 | 32,132 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Carbon-Monroe-Pike Joinder Board | Community Care Behavioral Health | Carbon, Monroe and Pike Counties | 55,214 | 7,013 | 62,227 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Chester County HealthChoices | Community Care Behavioral Health | Chester County | 49,499 | 6,597 | 56,096 |

| 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 ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Capital Area Behavioral Health Collaborative | PerformCare | Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties | 203,926 | 28,784 | 232,710 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Delaware County HealthChoices | Magellan Behavioral Health | Delaware County | 103,914 | 14,435 | 118,349 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Erie County HealthChoices | Community Care Behavioral Health | Erie County | 62,740 | 10,486 | 73,226 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Fayette County HealthChoices | Beacon Health Options | Fayette County | 33,259 | 6,420 | 39,679 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Greene County (Commonwealth) | Beacon Health Options | Greene County | 7,613 | 1,460 | 9,073 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Lehigh County HealthChoices | Magellan Behavioral Health | Lehigh County | 78,409 | 11,840 | 90,249 |

| 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 ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Lycoming-Clinton Joinder Board | Community Care Behavioral Health | Clinton and Lycoming Counties | 29,038 | 5,154 | 34,192 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Montgomery County HealthChoices | Magellan Behavioral Health | Montgomery County | 92,398 | 14,717 | 107,115 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Community Care Behavioral Health Organization | Community Care Behavioral Health | 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 | 181,797 | 36,031 | 217,828 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Northampton County HealthChoices | Magellan Behavioral Health | Northampton County | 46,636 | 7,330 | 53,966 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Northeast Behavioral Health Care Consortium | Community Care Behavioral Health | Lackawanna, Luzerne, Susquehanna and Wyoming Counties | 135,445 | 21,923 | 157,368 |

| 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 ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Northwest Behavioral Health Partnership | Beacon Health Options | Crawford, Mercer and Venango Counties | 47,443 | 9,812 | 57,255 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Philadelphia County HealthChoices | Community Behavioral Health | Philadelphia County | 562,423 | 88,359 | 650,782 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Southwest Behavioral Health Management | Beacon Health Options | Armstrong, Butler, Indiana, Lawrence, Washington and Westmoreland Counties | 153,162 | 28,960 | 182,122 |
| Pennsylvania ⁷ | Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Tuscarora Managed Care Alliance | PerformCare | Franklin and Fulton Counties | 26,733 | 3,782 | 30,515 |
| Pennsylvania ⁷ | Medical Assistance Transportation Program (Non-Emergency Medical Transportation) | LogistiCare | LogistiCare | Philadelphia | 569,502 | 80,739 | 650,241 |
| Pennsylvania ⁷ | Adult Community Autism Program (Other Prepaid Health Plan (PHP) (limited benefits)) | Adult Community Autism Program | Keystone Autism Services | Dauphin, Cumberland, Lancaster and Chester Counties | 99 | 86 | 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 |
|---------------------------|---|-------------------------------|------------------------|---|--------------------------|-----------------|------------------|
| Pennsylvania ⁷ | PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Senior LIFE Greensburg H-2937 | Senior LIFE | Westmoreland County | 0 | 212 | 212 |
| Pennsylvania ⁷ | 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) | 16 | 195 | 211 |
| Pennsylvania ⁷ | PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Senior LIFE Altoona H-5902 | Senior LIFE | Blair, Cambria and Indiana Counties | 23 | 355 | 378 |
| Pennsylvania ⁷ | 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 | 210 | 223 |
| Pennsylvania ⁷ | 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 | 22 | 362 | 384 |
| Pennsylvania ⁷ | 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 | 79 | 542 | 621 |
| Pennsylvania ⁷ | 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 | 0 | 89 | 89 |

| 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 ⁷ | 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 | 21 | 366 | 387 |
| Pennsylvania ⁷ | 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 | 0 | 284 | 284 |
| Pennsylvania ⁷ | 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 | 43 | 798 | 841 |
| Pennsylvania ⁷ | 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 | 25 | 360 | 385 |
| Pennsylvania ⁷ | 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 | 0 | 225 | 225 |
| Pennsylvania ⁷ | 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 | 42 | 596 | 638 |

| 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 ⁷ | 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 | 0 | 213 | 213 |
| Pennsylvania ⁷ | 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 | 31 | 683 | 714 |
| Pennsylvania ⁷ | 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 | 43 | 529 | 572 |
| Pennsylvania ⁷ | 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 | 0 | 182 | 182 |
| Pennsylvania ⁷ | 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 | 16 | 436 | 452 |
| Pennsylvania ⁷ | 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 | 0 | 64 | 64 |
| Puerto Rico | Government Health Plan (Comprehensive MCO) | Government Health Plan First Medical | Government Health Plan First Medical | Statewide | 218,448 | 12,963 | 231,411 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|--------------|---|--|--|---|--------------------------|-----------------|------------------|
| Puerto Rico | Government Health Plan (Comprehensive MCO) | Government Health Plan MMM Multi Health Inc | Government Health Plan MMM Multi Health Inc | Statewide | 218,115 | 14,973 | 233,088 |
| Puerto Rico | Government Health Plan (Comprehensive MCO) | Government Health Plan Molina Health Care PR | Government Health Plan Molina Health Care PR | Statewide | 141,194 | 9,062 | 150,256 |
| Puerto Rico | Government Health Plan (Comprehensive MCO) | Government Health Plan de Salud Menonita | Government Health Plan de Salud Menonita | Statewide | 68,868 | 4,396 | 73,264 |
| Puerto Rico | Government Health Plan (Comprehensive MCO) | Government Health Plan Triple S | Government Health Plan Triple S | Statewide | 310,958 | 17,242 | 328,200 |
| Puerto Rico | Comprehensive MCO - Medicare Platino (Comprehensive MCO) | Medicare Platino - MMM Health Care Inc | Medicare Platino - MMM Health Care Inc | Statewide | 0 | 122,799 | 122,799 |
| Puerto Rico | Comprehensive MCO - Medicare Platino (Comprehensive MCO) | Medicare Platino - MCS Advantage Inc | Medicare Platino - MCS Advantage Inc | Statewide | 0 | 83,672 | 83,672 |
| Puerto Rico | Comprehensive MCO - Medicare Platino (Comprehensive MCO) | Medicare Platino - Triple S Advantage | Medicare Platino - Triple S Advantage | Statewide | 0 | 42,109 | 42,109 |
| Puerto Rico | Comprehensive MCO - Medicare Platino (Comprehensive MCO) | Medicare Platino - Humana Health Plan of PR | Medicare Platino - Humana Health Plan of PR | Statewide | 0 | 18,292 | 18,292 |
| Rhode Island | Rite Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO + MLTSS) | Neighborhood Health Plan of Rhode Island | N/A | Statewide | 168,069 | 0 | 168,069 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------------|--|--|-----------------------------------|---|--------------------------|-----------------|------------------|
| Rhode Island | Rlte Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO + MLTSS) | United HealthCare of Rhode Island Community Plan | UnitedHealthCare, Inc. | Statewide | 87,466 | 0 | 87,466 |
| Rhode Island | Rlte Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO + MLTSS) | Tufts Health Public Plans | Tufts Health, Inc. | Statewide | 11,326 | 0 | 11,326 |
| Rhode Island | Rlte Smiles Dental Program (Dental only (PAHP)) | UnitedHealthcare Dental of Rhode Island | UnitedHealthcare | Statewide | 113,513 | 0 | 113,513 |
| Rhode Island | Rhode Island Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation) | Medical Transportation Management, Inc. | Medical Transportation Management | Statewide | 264,629 | 37,111 | 301,740 |
| Rhode Island | RI Medicaid PACE Program (Program of All-inclusive Care for the Elderly (PACE)) | PACE Organization of Rhode Island | PACE Organizations | Statewide | 341 | 0 | 341 |
| South Carolina | South Carolina Managed Care Organizations (Comprehensive MCO) | Select Health of South Carolina | AmeriHealth Caritas Pennsylvania | Statewide | 349,588 | 0 | 349,588 |
| South Carolina | South Carolina Managed Care Organizations (Comprehensive MCO) | Absolute Total Care, Inc. | Centene Corporation | Statewide | 127,455 | 0 | 127,455 |
| South Carolina | South Carolina Managed Care Organizations (Comprehensive MCO) | Molina Healthcare of South Carolina | Molina Heathcare | Statewide | 135,902 | 0 | 135,902 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|----------------|--|--------------------------------|--|---|--------------------------|-----------------|------------------|
| South Carolina | South Carolina Managed Care Organizations (Comprehensive MCO) | BlueChoice Healthplan Medicaid | Blue Cross Blue Shield of South Carolina | Statewide | 143,070 | 0 | 143,070 |
| South Carolina | South Carolina Managed Care Organizations (Comprehensive MCO) | WellCare of South Carolina | Centene Corporation | Statewide | 85,372 | 0 | 85,372 |
| South Carolina | South Carolina Medical Homes Network (Primary Care Case Management (PCCM)) | South Carolina Solutions | Community Health Solutions America | Statewide | 756 | 0 | 756 |
| South Carolina | South Carolina Non Emergency Medical Transportation (Non-Emergency Medical Transportation) | Modivcare formerly Logisticare | Modivcare | Statewide | 1,112,679 | 164,438 | 1,277,117 |
| 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 Counties | 33 | 224 | 257 |
| South Carolina | South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | The Methodist Oaks | N/A | Orangeburg County | 8 | 88 | 96 |
| South Carolina | South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE)) | Greenville Senior Care | PRISMA Healthcare System | Greenville, Pickens and Anderson County | 69 | 8 | 77 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|--------------|---|---|-------------------------------------|---|--------------------------|-----------------|------------------|
| South Dakota | PRIME (Primary Care Case Management (PCCM)) | Multiple Primary Care Providers | Multiple Primary Care Providers | Statewide | 79,462 | 0 | 79,462 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | Amerigroup | Amerigroup | Statewide | 381,877 | 47,133 | 429,010 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | DentaQuest USA Insurance Company | DentaQuest USA Insurance Company | Statewide | 861,653 | 364 | 862,017 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | OptumRx | OptumRx Holdings, LLC | Statewide | 1,311,865 | 364 | 1,312,229 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | UnitedHealthcare Community Plan | UnitedHealth Group | Statewide | 382,376 | 50,028 | 432,404 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | Volunteer State Health Plan (BlueCare) | Blue Cross Blue Shield Association | Statewide | 486,621 | 52,489 | 539,110 |
| Tennessee | TennCare II (Comprehensive MCO + MLTSS) | Volunteer State Health Plan (TennCare Select) | Blue Cross Blue Shield Association | Statewide | 60,990 | 2,802 | 63,792 |
| Tennessee | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Alexian Brothers Community Services | Alexian Brothers Community Services | Hamilton County | 13 | 260 | 273 |
| 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, and Tarrant SDA | 601,312 | 0 | 601,312 |

| 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 (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, and Travis SDA | 803,370 | 0 | 803,370 |
| 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 and El Paso SDA | 70,737 | 0 | 70,737 |
| Texas | STAR (Comprehensive MCO) | Aetna Better Health of Texas, Inc. | Aetna | Bexar SDA and Tarrant SDA | 80,580 | 0 | 80,580 |
| Texas | STAR (Comprehensive MCO) | Community First Health Plans, Inc. | Bexar County Hospital District, dba University Health System | Bexar SDA | 118,317 | 0 | 118,317 |
| Texas | STAR (Comprehensive MCO) | Seton Health Plan, Inc., dba Dell Childrens Health Plan | Seton Insurance Services Corporation | Travis SDA | 27,973 | 0 | 27,973 |
| Texas | STAR (Comprehensive MCO) | UnitedHealthcare Insurance Company, dba United Healthcare Community Plan | UnitedHealthcare | Harris SDA, Hidalgo SDA, Jefferson SDA, and Nueces SDA | 161,972 | 0 | 161,972 |
| Texas | STAR (Comprehensive MCO) | Texas Children's Health Plan, Inc. | Texas Children's | Harris SDA and Jefferson SDA | 389,812 | 0 | 389,812 |
| Texas | STAR (Comprehensive MCO) | Molina Healthcare of Texas, Inc. | Molina Healthcare | Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, and Jefferson SDA | 99,902 | 0 | 99,902 |
| Texas | STAR (Comprehensive MCO) | Driscoll Children's Health Plan | Driscoll | Hidalgo SDA and Nueces SDA | 180,280 | 0 | 180,280 |
| Texas | STAR (Comprehensive MCO) | Parkland Community Health Plan, Inc. | Dallas County Hospital District | Dallas SDA | 169,443 | 0 | 169,443 |

| 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 (Comprehensive MCO) | Cook Children's Health Plan | Cook Children's Health Care System | Tarrant SDA | 117,446 | 0 | 117,446 |
| Texas | STAR (Comprehensive MCO) | Community Health Choice Texas, Inc. | Harris County Hospital District (dba Harris Health System) | Harris SDA and Jefferson SDA | 281,867 | 0 | 281,867 |
| Texas | STAR (Comprehensive MCO) | Health Care Service Corp. (dba Blue Cross Blue Shield) | Health Care Service Corporation | Travis SDA | 37,868 | 0 | 37,868 |
| Texas | STAR (Comprehensive MCO) | SHA. LLC, dba FirstCare Health Plans | Scott & White Health Plan | Lubbock SDA and MRSA West | 80,985 | 0 | 80,985 |
| Texas | STAR (Comprehensive MCO) | Scott & White Health Plan | Baylor Scott & White Holdings | MRSA Central | 47,533 | 0 | 47,533 |
| Texas | STAR+PLUS (Comprehensive MCO + MLTSS) | Amerigroup Texas, Inc. | Amerigroup Corporation (owned by ATH Holding Company, LLC) | Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, and Travis SDA | 57,615 | 72,735 | 130,350 |
| Texas | STAR+PLUS (Comprehensive MCO + MLTSS) | Superior HealthPlan, Inc | Centene Corporation | Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, and MRSA West | 66,154 | 76,391 | 142,545 |
| 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, and MRSA Northeast | 60,327 | 69,313 | 129,640 |
| Texas | STAR+PLUS (Comprehensive MCO + MLTSS) | Molina Healthcare of Texas, Inc. | Molina Healthcare | Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, and Jefferson SDA | 34,811 | 51,548 | 86,359 |
| Texas | STAR+PLUS (Comprehensive MCO + MLTSS) | HealthSpring Life & Health Insurance Co., Inc. | Cigna | Hidalgo SDA, MRSA Northeast, and Tarrant SDA | 19,015 | 29,475 | 48,490 |

| 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 HEALTH (Comprehensive MCO + MLTSS) | Superior HealthPlan | Centene Corporation | Statewide | 35,185 | 0 | 35,185 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Cook Children's Health Plan | Cook Children's Health Care System | Tarrant SDA | 9,746 | 64 | 9,810 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX) | Health Care Service Corporation, a Mutual Legal Reserve Company | MRSA Central SDA and Travis SDA | 8,246 | 51 | 8,297 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Children's Medical Center Health Plan | Children's Health System of Texas | Dallas SDA | 8,096 | 41 | 8,137 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Amerigroup Insurance Company | Amerigroup Corporation (owned by ATH Holding Company, LLC) | Dallas SDA, El Paso SDA, Harris SDA, MRSA West, and Lubbock SDA | 26,898 | 144 | 27,042 |
| 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, and Nueces SDA | 29,249 | 218 | 29,467 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Aetna Better Health of Texas, Inc. | Aetna | Tarrant SDA | 4,807 | 36 | 4,843 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Community First Health Plans, Inc. | Bexar County Hospital District, dba University Health System | Bexar SDA | 7,629 | 47 | 7,676 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | UnitedHealthcare Insurance Company, dba United Healthcare | United Healthcare | Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA, and Nueces SDA | 29,558 | 191 | 29,749 |

| 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) | Texas Children's Health Plan, Inc. | Texas Children's | Harris SDA, Jefferson SDA, and MRSA Northeast SDA | 28,673 | 144 | 28,817 |
| Texas | STAR KIDS (Comprehensive MCO + MLTSS) | Driscoll Children's Health Plan | Driscoll Children's Hospital | Hidalgo SDA and Nueces SDA | 10,353 | 39 | 10,392 |
| Texas | Children's Medicaid Dental Services (Dental only (PAHP)) | MCNA Insurance Company | Managed Care of North America (MCNA), Inc. | Statewide | 1,321,656 | 0 | 1,321,656 |
| Texas | Children's Medicaid Dental Services (Dental only (PAHP)) | DentaQuest USA Insurance Company, Inc. | DentaQuest, LLC (owned by DentaQuest Group, Inc.) | Statewide | 1,793,687 | 0 | 1,793,687 |
| 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, and Zavala | 99,540 | 14,505 | 114,045 |

| 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 | 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, 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, Ochiltrie, Oldham, Palo Pinto, Parker, Parmer, Potter, Randall, Refugio, Roberts, Robertson, Rockwall, San Patricio, San Saba, Sherman, Somervell, | 2,142,170 | 203,277 | 2,345,447 |

| 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) continued | | | Starr, Swisher, Tarrant, Terry, Travis, Washington, Webb, Wheeler, Willacy, Williamson, Wilson, Yoakum, and Zapata | | | |
| 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, and Wood | 1,266,515 | 112,105 | 1,378,620 |
| Texas | Medical Transportation Program (Non-Emergency Medical Transportation) | Project Amistad | Project Amistad | Andrews, Borden, Brewster, Crane, Culberson, Dawson, Ector, El Paso, Gaines, Glasscock, Howard, Hudspeth, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward, and Winkler | 208,661 | 26,371 | 235,032 |

| 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)) | Bienvivir Senior Health Services (El Paso) | PACE | 79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936 | 46 | 851 | 897 |
| 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 | 159 | 171 |
| Texas | PACE (Program of All-inclusive Care for the Elderly (PACE)) | The Basics at Jan Werner (Amarillo) | PACE | 9015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124 | 2 | 125 | 127 |
| Utah | Utah Medicaid Integrated Care (Comprehensive MCO) | Healthy U Integrated | University of Utah Health Plans | Davis, Salt Lake, Utah, and Weber counties | 8,968 | 9 | 8,977 |
| Utah | Utah Medicaid Integrated Care (Comprehensive MCO) | Molina Integrated | Molina Healthcare | Davis, Salt Lake, Utah, Washington, and Weber counties | 7,849 | 5 | 7,854 |
| Utah | Utah Medicaid Integrated Care (Comprehensive MCO) | Health Choice Integrated | Health Choice Utah | Davis, Salt Lake, Utah, Washington, and Weber counties | 6,574 | 4 | 6,578 |
| Utah | Utah Medicaid Integrated Care (Comprehensive MCO) | SelectHealth Integrated | SelectHealth Inc. | Davis, Salt Lake, Utah, Washington, and Weber counties | 14,058 | 16 | 14,074 |
| Utah | UNI HOME (Comprehensive MCO) | HOME | University of Utah Health Plans | Davis, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber counties | 770 | 460 | 1,230 |

| 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 | Choice of Health Care Delivery (Comprehensive MCO) | Healthy U | University of Utah Health Plans | Statewide | 46,803 | 6,803 | 53,606 |
| Utah | Choice of Health Care Delivery (Comprehensive MCO) | Molina | Molina Healthcare | Statewide | 54,011 | 5,756 | 59,767 |
| Utah | Choice of Health Care Delivery (Comprehensive MCO) | Health Choice | Health Choice Utah | Statewide | 19,344 | 1,811 | 21,155 |
| Utah | Choice of Health Care Delivery (Comprehensive MCO) | SelectHealth | SelectHealth Inc. | Statewide | 90,777 | 9,370 | 100,147 |
| 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 | 17,531 | 1,570 | 19,101 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Central Utah Counseling Center | Central Utah Counseling Center | Juab, Millard, Piute, Sanpete, Sevier and Wayne counties | 9,972 | 1,087 | 11,059 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Davis Behavioral Health | Davis Behavioral Health | Davis county | 20,112 | 2,362 | 22,474 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Four Corners Community Behavioral Health | Four Corners Community Behavioral Health | Carbon, Emery, and Grand counties | 5,754 | 817 | 6,571 |

| 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)) | Healthy U Behavioral Health | University of Utah Health Plans | Summit county | 1,573 | 100 | 1,673 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Northeastern Counseling Center | Northeastern Counseling Center | Daggett, Duchesne, San Juan, and Uintah counties | 13,033 | 1,150 | 14,183 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Salt Lake County Division of Behavioral Health Services | Salt Lake County Division of Behavioral Health Services | Salt Lake county | 86,907 | 13,129 | 100,036 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Southwest Behavioral Health Center | Southwest Behavioral Health Center | Beaver, Garfield, Iron, Kane, and Washington counties | 25,271 | 2,765 | 28,036 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Wasatch Behavioral Health | Wasatch Behavioral Health | Utah county | 42,550 | 4,008 | 46,558 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Weber Human Services | Weber Human Services | Morgan and Weber counties | 23,005 | 3,521 | 26,526 |
| Utah | Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Valley Behavioral Health | Valley Behavioral Health | Tooele county | 6,893 | 646 | 7,539 |

| 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 | Dental (Dental only (PAHP)) | Premier Access | Avesis Incorporated | Statewide | 133,674 | 11,425 | 145,099 |
| Utah | Dental (Dental only (PAHP)) | MCNA Dental | MCNA Dental | Statewide | 61,387 | 9,256 | 70,643 |
| Utah | Transportation (Non-Emergency Medical Transportation) | Logisticare Solutions | The Providence Service Corporation | Statewide | 247,730 | 27,095 | 274,825 |
| Vermont ⁸ | Global Commitment To Health Demonstration (Comprehensive MCO + MLTSS) | Department of Vermont Health Access | Agency of Human Services | Statewide | 118,104 | 552 | 118,656 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | Anthem Healthkeepers | Anthem | Statewide | 346,181 | 0 | 346,181 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | Aetna Better Health | Aetna | Statewide | 149,035 | 0 | 149,035 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | Magellan Complete Care | Magellan Health | Statewide | 72,081 | 0 | 72,081 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | Optima Family Care | Sentara Health | Statewide | 228,828 | 0 | 228,828 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | United Healthcare | United Healthcare | Statewide | 111,339 | 0 | 111,339 |
| Virginia | Medallion 4.0 (Comprehensive MCO) | Virginia Premier | VCU Health System | Statewide | 233,923 | 0 | 233,923 |
| Virginia | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | Aetna Better Health of Virginia | Aetna | Statewide | 19,754 | 19,046 | 38,800 |
| Virginia | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | Anthem HealthKeepers Plus | Anthem | Statewide | 38,165 | 34,949 | 73,114 |

| 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 | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | Magellan Complete Care | Magellan Health | Statewide | 12,492 | 12,443 | 24,935 |
| Virginia | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | Optima Health Community Care | Sentara Healthcare | Statewide | 26,214 | 16,177 | 42,391 |
| Virginia | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | United Healthcare | United Healthcare | Statewide | 12,955 | 16,757 | 29,712 |
| Virginia | Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS) | Virginia Premier Elite Plus | VCU Health System | Statewide | 27,640 | 20,979 | 48,619 |
| Virginia | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Centra PACE | Centra PACE | 23002, 24501, 24054, 23004, 24502, 24055, 23027, 24503, 24069, 23040, 24504, 24078, 23083, 24521, 24082, 23123, 24522, 24089, 23824, 24523, 24102, 23894, 24536, 24104, 23901, 24538, 24112, 23909, 24550, 24137, 23921, 24551, 24139, 23922, 24553, 24146, 23923, 24554, 24148, 23930, 24556, 24161, 23934, 24570, 24165, 23936, 24572, 24168, 23937, 24574, 24517, 23939, 24588, 24527, | 10 | 238 | 248 |

| 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 | PACE (Program of All-inclusive Care for the Elderly (PACE)) continued | | | 23941, 24593, 24528, 23942, 24530, 23943, 24531, 23947, 24540, 23952, 24541, 23954, 24549, 23955, 24557, 23958, 24563, 23959, 24565, 23960, 24566, 23963, 24569, 23966, 24571, 23974, 24586, 23976, 24594, 24599, 24133, 24176, 24543, 24576 | | | |
| Virginia | PACE (Program of All-inclusive Care for the Elderly (PACE)) | AllCare for Seniors | AllCare for Seniors | Buchanan, Dickerson, Russell and Tazewell Counties | 9 | 91 | 100 |
| Virginia | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Sentara Senior Community Care | Sentara Senior Community Care | 23320, 23451, 23321, 23452, 23322, 23453, 23323, 23454, 23324, 23455, 23325, 23456, 23432, 23457, 23433, 23459, 23434, 23460, 23435, 23461, 23436, 23462, 23437, 23463, 23438, 23464, 23701, 23502, 23702, 23503, 23703, 23504, 23704, 23505, 23707, 23507, 23709, 23508, 23314, 23509, 23315, 23510, 23430, 23511, 23487, 23513, 23846, 23517, 23851, 23518, 23883, 23521, 23898, 23523, 23529 | 23 | 212 | 235 |
| Virginia | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Mountain Empire PACE | Mountain Empire PACE | Lee, Scott, Wise Counties and the city of Norton | 2 | 84 | 86 |

| 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 | PACE (Program of All-inclusive Care for the Elderly (PACE)) | InnovAge Virginia PACE Roanoke Valley, LLC | InnovAge Virginia PACE Roanoke Valley, LLC | 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 | 12 | 165 | 177 |
| Virginia | PACE (Program of All-inclusive Care for the Elderly (PACE)) | InnovAge Virginia PACE Charlottesville, LLC | InnovAge Virginia PACE Charlottesville, LLC | 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 | 20 | 191 | 211 |
| Washington ⁹ | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) | Amerigroup | Amerigroup | Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, | 195,743 | 0 | 195,743 |

| 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 ⁹ continued | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) continued | | | 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, and Yakima counties | | | |
| Washington ⁹ | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) | Coordinated Care of Washington | Coordinated Care of Washington | Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Island, King, Kittitas, Okanogan, Pierce, San Juan, Skagit, Snohomish, Walla Walla, Whatcom, Whitman, and Yakima counties | 172,296 | 0 | 172,296 |
| Washington ⁹ | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) | Community Health Plan | Community Health Plan | Adams, Asotin, Benton, Clark, Columbia, Ferry, Franklin, Garfield, Island, King, Kittitas, Klickitat, Lincoln, Pend Oreille, San Juan, Skagit, Snohomish, Skamania, Spokane, Stevens, Walla Walla, Whatcom, Whitman, and Yakima counties | 203,845 | 0 | 203,845 |

| 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 ⁹ | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) | Molina Health Care of Washington | Molina Health Care of Washington | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties | 836,673 | 0 | 836,673 |
| Washington ⁹ | Fully Integrated Managed Care (FIMC) (Comprehensive MCO) | United Health Care | United Health Care | Clallam, Cowlitz, Grays Pacific, Harbor, Island, Jefferson, Juan, King, Kitsap, Lewis, Mason, Pierce, San Skagit, Snohomish, Thurston, Wahkiakum, and Whatcom counties | 199,139 | 0 | 199,139 |
| Washington ⁹ | PCCM (Primary Care Case Management (PCCM)) | Multiple Primary Care Providers | Multiple Primary Care Providers | Benton, Clallam, Ferry, Grays Harbor, King Snohomish, Lincoln, Okanogan, Spokane, Stevens, Whatcom, and Yakima counties | 3,311 | 0 | 3,311 |

| 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 ⁹ | Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Amerigroup | Amerigroup | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties | 33,728 | 0 | 33,728 |
| Washington ⁹ | Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Community Health Plan of Washington | Community Health Plan of Washington | Adams, Asotin, Benton, Clark, Columbia, Ferry, Franklin, Garfield, Island, King, Kittitas, Klickitat, Lincoln, Pend Oreille, San Juan, Skagit, Snohomish, Skamania, Spokane, Stevens, Walla Walla, Whatcom, Whitman, and Yakima counties | 24,870 | 0 | 24,870 |
| Washington ⁹ | Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Coordinated Care of Washington | Coordinated Care of Washington | Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Island, King, Kittitas, Okanogan, Pierce, San Juan, Skagit, Snohomish, Walla Walla, Whatcom, Whitman, and Yakima counties | 21,861 | 0 | 21,861 |

| 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 ⁹ | Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Molina Health Care | Molina Health Care | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties | 42,456 | 0 | 42,456 |
| Washington ⁹ | Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | United Health Care | United Health Care | Clallam, Cowlitz, Grays Pacific, Harbor, Island, Jefferson, Juan, King, Kitsap, Lewis, Mason, Pierce, San Skagit, Snohomish, Thurston, Wahkiakum, and Whatcom counties | 24,591 | 0 | 24,591 |
| Washington ⁹ | NEMT (Non-Emergency Medical Transportation) | Multiple Transportation Brokers | Multiple Transportation Brokers | Statewide | 1,830,122 | 0 | 1,830,122 |

| 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 ⁹ | Apple Health/Healthy Options Health Home Program (Other Prepaid Health Plan (PHP) (limited benefits)) | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties | 12,761 | 0 | 12,761 |
| Washington ⁹ | PACE (Program of All-inclusive Care for the Elderly (PACE)) | PACE | PACE | Statewide | 965 | 0 | 965 |
| West Virginia | Mountain Health Promise (Comprehensive MCO) | Aetna Better Health of WV | CVS/Caremark | State-wide enrollment | 20,276 | 0 | 20,276 |
| West Virginia | Mountain Health Trust (Comprehensive MCO) | Aetna Better Health of WV | CVS/Caremark | Statewide | 146,458 | 0 | 146,458 |
| West Virginia | Mountain Health Trust (Comprehensive MCO) | The Health Plan of WV | The Health Plan of WV | Statewide | 100,089 | 0 | 100,089 |
| West Virginia | Mountain Health Trust (Comprehensive MCO) | Unicare of WV | Anthem | Statewide | 162,513 | 0 | 162,513 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | Anthem Blue Cross Blue Shield | Anthem Blue Cross Blue Shield | Statewide | 5,486 | 1,357 | 6,843 |

| State | Program Name (Type) | Plan Name | Parent Organization | Geographic Region (state-defined areas, counties, or zip codes) | Medicaid-Only Enrollment | Dual Enrollment | Total Enrollment |
|-----------|--------------------------------------|--|--|--|--------------------------|-----------------|------------------|
| Wisconsin | SSI Managed Care (Comprehensive MCO) | Group Health Cooperative of Eau Claire | Group Health Cooperative of Eau Claire | Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, St. Croix, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood Counties | 2,521 | 826 | 3,347 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | Independent Care (iCare) | Independent Care (iCare) | Adams, Brown, Calumet, Columbia, Crawford, Dane, Dodge, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozuakee, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, and Winnebago Counties | 6,120 | 4,181 | 10,301 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | Managed Health Services | MHS of Wisconsin | Statewide | 4,801 | 1,596 | 6,397 |

| 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) | Molina Health Plan | Molina Healthcare | Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties | 2,553 | 706 | 3,259 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | My Choice Wisconsin Health Plan, Inc. | My Choice Wisconsin, Inc. | Adams, Brown, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Manitowoc, Marquette, Monroe, Oconto, Outagamie, Ozaukee, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Waukesha, Waupaca, Waushara, and Winnebago Counties | 2,484 | 605 | 3,089 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | Network Health Plan | Network Health Plan | Statewide | 3,226 | 968 | 4,194 |
| Wisconsin | SSI Managed Care (Comprehensive MCO) | UnitedHealthcare Community Plan | UnitedHealthcare Community Plan | Statewide | 12,669 | 6,286 | 18,955 |

| 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) | Anthem Blue Cross Blue Shield | Anthem Blue Cross Blue Shield | Statewide | 109,600 | 80 | 109,680 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Children's Community Health Plan | Children's Community Health Plan | Brown, Calumet, Door, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marinette, Milwaukee, Oconto, Oneida, Outagamie, Ozuakee, Racine, Rock, Shawano, Sheboygan, Vilas, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties | 133,357 | 28 | 133,385 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Dean Health Plan | Dean Health Plan | Columbia, Dane, Dodge, Iowa, Jefferson, Rock, and Sauk Counties | 39,989 | 10 | 39,999 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Group Health Cooperative of Eau Claire | Group Health Cooperative of Eau Claire | Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, St. Croix, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood Counties | 48,726 | 36 | 48,762 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Group Health Cooperative of South Central | Group Health Cooperative of South Central WI | Dane | 6,342 | 4 | 6,346 |

| 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) | Independent Care (iCare) | Independent Care (iCare) | Adams, Brown, Calumet, Columbia, Crawford, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Richland, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, and Winnebago Counties | 22,626 | 9 | 22,635 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | MercyCare Insurance Company | MercyCare Insurance Company | Rock and Walworth Counties | 13,289 | 14 | 13,303 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | MHS of Wisconsin | MHS of Wisconsin | Statewide | 42,849 | 13 | 42,862 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Molina Health Plan | Molina Healthcare | Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties | 60,454 | 17 | 60,471 |

| 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) | My Choice Wisconsin Health Plan | My Choice Wisconsin, Inc. | Brown, Calumet, Dodge, Florence, Forest, Green Lake, Kenosha, Kewaunee, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties | 17,744 | 5 | 17,749 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Network Health Plan | Network Health Plan | Statewide | 43,741 | 13 | 43,754 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | Quartz | Quartz | Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Jackson, Jefferson, Kenosha, La Crosse, Monroe, Rock, Sauk, Taylor, and Trempealeau Counties | 42,155 | 12 | 42,167 |

| 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) | Security Health Plan of Wisconsin | Security Health Plan | Adams, Ashland, Barron, Bayfield, Buffalo, Burnette, Chippewa, Clark, Crawford, Dodge, Douglas, Dunn, Eau Claire, Forest, Green Lake, Iron, Jackson, Juneau, La Crosse, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Outagamie, Pepin, Pierce, Polk, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Waupaca, Waushara, and Winnebago | 61,584 | 38 | 61,622 |
| Wisconsin | BadgerCare Plus (Comprehensive MCO) | UnitedHealthcare Community Plan | UnitedHealthcare Community Plan | Statewide | 174,683 | 104 | 174,787 |
| Wisconsin | Family Care Partnership (Comprehensive MCO + MLTSS) | Independent Care (iCare) | Independent Care Health Plan – iCare | Dane, Kenosha, Racine, and Sauk Counties | 411 | 728 | 1,139 |
| Wisconsin | Family Care Partnership (Comprehensive MCO + MLTSS) | Community Care Health Plan | Community Care Health Plan, Inc. – Community Care, Inc. | Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, and Waupaca Counties | 185 | 503 | 688 |
| Wisconsin | Family Care Partnership (Comprehensive MCO + MLTSS) | Care Wisconsin Health Plan - Trilogy Health Ins | Independent Care Health Plan – iCare | Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Washington, and Waukesha Counties | 281 | 1,597 | 1,878 |
| Wisconsin | Family Care (MLTSS only (PIHP and/or PAHP)) | Inclusa, Inc. | Inclusa | Ashland, Adams, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, | 2,539 | 12,772 | 15,311 |

| 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 | Family Care (MLTSS only (PIHP and/or PAHP)) continued | | | Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties | | | |
| Wisconsin | Family Care (MLTSS only (PIHP and/or PAHP)) | Lakeland Care, Inc. | Lakeland Care District | Adams, Brown, Calumet, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Oconto, Oneida, Outagamie, Portage, Shawano, Vilas, Waupaca, Waushara, Winnebago, and Wood Counties | 1,467 | 6,260 | 7,727 |

| 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)) | Community Care, Inc. | Community Care, Inc. | Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties | 2,524 | 9,201 | 11,725 |
| Wisconsin | Family Care (MLTSS only (PIHP and/or PAHP)) | My Choice Family Care - Care Wisconsin | My Choice Family Care | Dane, Fond du Lac, Kenosha, Manitowoc, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, and Winnebago Counties | 3,081 | 13,231 | 16,312 |
| Wisconsin | WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Wrap Around Milwaukee | Wrap Around Milwaukee | Milwaukee County | 1,086 | 2 | 1,088 |
| Wisconsin | Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP)) | Children Come First | Children Come First | Dane County | 113 | 0 | 113 |

| 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 | Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits)) | Children's Hospital of Wisconsin | Children's Hospital of Wisconsin | Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties | 3,092 | 0 | 3,092 |
| Wisconsin | PACE (Program of All-inclusive Care for the Elderly (PACE)) | Community Care, Inc. | Community Care, Inc. | Milwaukee and Waukesha Counties | 26 | 521 | 547 |
| Wyoming | Wyoming PACE at Cheyenne Regional Medical Center (Program of All-inclusive Care for the Elderly (PACE)) | Cheyenne Regional Medical Center PACE | Cheyenne Regional Medical Center | Laramie County | 3 | 132 | 135 |

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. Colorado did not provide enrollment counts for plans with less than 30 beneficiaries. As a result, PACE program-level enrollment may be lower than actual enrollment.
3. 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.
4. Beneficiaries can concurrently enroll in Ohana Community Care Service and another medical or dental service arrangement under the Quest program. The de-duplicated comprehensive MCO enrollment is 360,277.
5. Michigan updated their reporting methodology in 2020 to more accurately calculate overall Medicaid and managed care enrollment, resulting in a significant decrease in enrollment counts between 2019 and 2020.
6. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.
7. Pennsylvania did not provide Medicaid only enrollment counts for plans with less than 11 beneficiaries. As a result, PACE program level enrollment may be slightly undercounted.
8. 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.
9. Washington is unable to report plan-level enrollment counts separately for Medicaid-only and Medicare-Medicaid dually eligible enrollees. 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, 2020^{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 | 67,836,622 | 1,396,445 | 2.06% | 319,537 | 0.47% |
| Alabama | 861,758 | -- | -- | -- | -- |
| Alaska | -- | -- | -- | -- | -- |
| American Samoa | n/a | n/a | n/a | n/a | n/a |
| Arizona | 1,711,292 | 64,421 | 3.8% | -- | -- |
| Arkansas | 875,994 | 43,180 | 4.9% | -- | -- |
| California | 10,650,556 | 338,897 | 3.2% | -- | -- |
| Colorado | 1,266,374 | -- | -- | -- | -- |
| Connecticut | -- | -- | -- | -- | -- |
| Delaware | 217,895 | 15,229 | 7.0% | -- | -- |
| District of Columbia | 247,592 | -- | -- | -- | -- |
| Florida ⁴ | 3,580,237 | 91,920 | 0 | 119,623 | 3% |
| Georgia ⁵ | 1,647,055 | -- | -- | -- | -- |
| Guam | n/a | n/a | n/a | n/a | n/a |
| Hawaii | 360,277 | 8,417 | 2.3% | -- | -- |
| Idaho ⁴ | 344,075 | 22,442 | 6.5% | -- | -- |
| Illinois ⁴ | 2,394,304 | 37,869 | 1.6% | 56,910 | 2.4% |
| Indiana | 1,200,444 | -- | -- | -- | -- |
| Iowa | 603,274 | 46,819 | 7.8% | -- | -- |
| Kansas ⁴ | 365,808 | 30,569 | 8.4% | -- | -- |

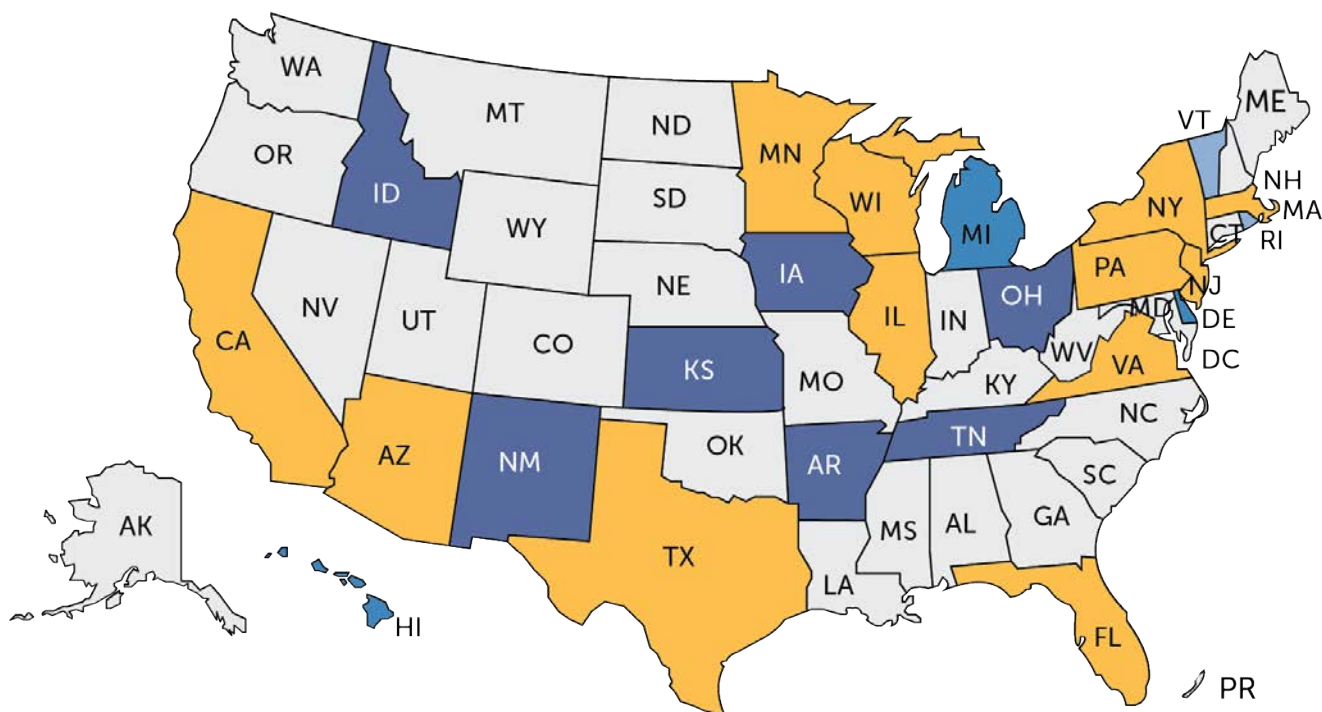
| State or Territory | Total Medicaid Enrollment in Any Type of Managed Care | Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4} | Comprehensive Managed Care Including LTSS ² : Percent of Total | Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4} | Managed LTSS (MLTSS) Only: Percent of Total |
|--------------------------|---|--|---|--|---|
| Kentucky | 1,418,458 | -- | -- | -- | -- |
| Louisiana | 1,612,144 | -- | -- | -- | -- |
| Maine | 265,968 | -- | -- | -- | -- |
| Maryland | 1,256,287 | -- | -- | -- | -- |
| Massachusetts | 1,239,099 | 64,935 | 5.2% | -- | -- |
| Michigan ⁶ | 2,415,313 | -- | -- | 19,498 | 0.8% |
| Minnesota | 941,818 | 52,894 | 5.6% | -- | -- |
| Mississippi | 450,665 | -- | -- | -- | -- |
| Missouri | 815,724 | -- | -- | -- | -- |
| Montana | 235,052 | -- | -- | -- | -- |
| Nebraska | 261,472 | -- | -- | -- | -- |
| Nevada | 650,160 | -- | -- | -- | -- |
| New Hampshire | 190,713 | -- | -- | -- | -- |
| New Jersey | 1,588,936 | 50,717 | 3.2% | -- | -- |
| New Mexico | 718,655 | 30,313 | 4.2% | -- | -- |
| New York | 5,014,525 | 21,363 | 0.4% | 248,964 | 5.0% |
| North Carolina | 1,703,303 | -- | -- | -- | -- |
| North Dakota | 52,986 | -- | -- | -- | -- |
| Northern Mariana Islands | n/a | n/a | n/a | n/a | n/a |
| Ohio | 2,575,003 | 24,508 | 1.0% | -- | -- |
| Oklahoma | 701,359 | -- | -- | -- | -- |
| Oregon | 969,719 | -- | -- | -- | -- |
| Pennsylvania | 2,842,424 | 183,605 | 6.5% | -- | -- |

| 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 |
|--------------------|---|--|---|--|---|
| Puerto Rico | 1,283,091 | -- | -- | -- | -- |
| Rhode Island | 301,740 | 1,972 | 0.7% | -- | -- |
| South Carolina | 1,277,117 | -- | -- | -- | -- |
| South Dakota | 79,462 | -- | -- | -- | -- |
| Tennessee | 1,464,590 | 26,504 | 1.8% | -- | -- |
| Texas | 4,074,510 | 159,555 | 3.9% | -- | -- |
| Utah | 324,302 | -- | -- | -- | -- |
| Vermont | 118,656 | 1,241 | 1.0% | -- | -- |
| Virgin Islands | n/a | n/a | n/a | n/a | n/a |
| Virginia | 1,473,316 | 257,623 | 17.5% | -- | -- |
| Washington | 1,830,122 | -- | -- | -- | -- |
| West Virginia | 429,336 | -- | -- | -- | -- |
| Wisconsin | 933,527 | 4,252 | 0.5% | 51,075 | 5.5% |
| Wyoming | 135 | -- | -- | -- | -- |

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, Idaho, Illinois, and Kansas 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 four 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 1,766,478 NEMT enrollees; a portion of these enrollees are simultaneously enrolled in other managed care programs.
6. 7,619 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.

Note: "n/a" indicates that a state or territory did not report data.

Map of State Counts of Users* of Managed Long-Term Services and Supports, as of July 1, 2020



U.S. Total (including FL, ID, IL, and KS data)* = 2,075,315
 U.S. Total (excluding FL, ID, IL, and KS, data) = 1,715,982

- No MLTSS program as of July 2020
(28 States, including DC and PR)
- 1-5,000 (2 states)
- 5,001-20,000 (3 states)
- 20,001-50,000 (7 states*)
- 50,000+ (11 states*)

*This map represents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligible). Four states (Florida, Idaho, Illinois, and Kansas) 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 2020 is between 20,001 – 50,000 for Idaho and Kansas and greater than 50,000 for Florida and Illinois. The map assigns the aforementioned categories to each state and counts them in the assigned categories when totaling the number of states with MLTSS users. This assumption, however, may not be accurate; readers should interpret this map with caution.

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2020.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2020

| Features (N = total number of programs) | Comprehensive MCO with or without MLTSS (77): M | Comprehensive MCO with or without MLTSS (77): V | PCCM (11): M | PCCM (11): V | PCCM Entity (6): M | PCCM Entity (6): V | MLTSS (5): M | MLTSS (5): V | BHO (PIHP and/or PAHP) (12): M | BHO (PIHP and/or PAHP) (12): V | Dental (13): M | Dental (13): V | Transportation (18): M | Transportation (18): V | Other PHP (4): M | Other PHP (4): V | PACE (31): M | PACE (31): V |
|--|---|---|--------------|--------------|--------------------|--------------------|--------------|--------------|--------------------------------|--------------------------------|----------------|----------------|------------------------|------------------------|------------------|------------------|--------------|--------------|
| Low-income Adults | 43 | 3 | 7 | 1 | 5 | 0 | 1 | 0 | 6 | 0 | 8 | 1 | 10 | 3 | 0 | 1 | 0 | 0 |
| Aged, Blind or Disabled Children or Adults | 42 | 12 | 8 | 2 | 4 | 1 | 3 | 1 | 8 | 1 | 10 | 1 | 15 | 3 | 0 | 1 | 0 | 24 |
| Non-Disabled Children (excluding children in foster care or receiving adoption assistance) | 41 | 3 | 9 | 1 | 4 | 0 | 1 | 0 | 7 | 1 | 10 | 1 | 13 | 3 | 0 | 0 | 0 | 0 |
| Individuals receiving Limited Benefits | 11 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 3 | 0 | 3 | 1 | 7 | 3 | 0 | 1 | 0 | 0 |
| Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority | 40 | 4 | 5 | 1 | 3 | 0 | 0 | 0 | 6 | 0 | 7 | 1 | 9 | 1 | 0 | 1 | 0 | 0 |
| Full Duals | 28 | 22 | 0 | 1 | 1 | 1 | 3 | 2 | 6 | 2 | 7 | 1 | 13 | 3 | 0 | 2 | 0 | 30 |
| Children with Special Health Care Needs | 31 | 12 | 2 | 3 | 4 | 1 | 1 | 0 | 5 | 5 | 7 | 2 | 12 | 5 | 0 | 2 | 0 | 0 |
| Native American/Alaskan Natives | 24 | 42 | 5 | 5 | 2 | 3 | 1 | 3 | 4 | 6 | 6 | 6 | 9 | 4 | 0 | 2 | 0 | 23 |
| Foster Care and Adoption Assistance Children | 33 | 20 | 3 | 6 | 3 | 3 | 1 | 0 | 6 | 5 | 8 | 2 | 14 | 3 | 0 | 2 | 0 | 1 |
| Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children)² | NA/AN 11 | FC/AA 21 | NA/AN 1 | FC/AA 1 | NA/AN 1 | FC/AA 0 | NA/AN 1 | FC/AA 4 | NA/AN 2 | FC/AA 0 | NA/AN 1 | FC/AA 3 | NA/AN 5 | FC/AA 0 | NA/AN 2 | FC/AA 2 | NA/AN 8 | FC/AA 20 |

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 2020

| Features (total number of programs) | Comprehensive MCO with or without MLTSS (77) | PCCM (11) | PCCM Entity (6) | MLTSS (5) | BHO (PIHP and/or PAHP) (12) | Dental (13) | Transportation (18) | Other PHP (4) | PACE (31) |
|---|---|--------------|--------------------|--------------|-----------------------------------|----------------|------------------------|------------------|--------------|
| Quality Assurance and Data Collection: HEDIS data required | 69 | 2 | 3 | 2 | 7 | 8 | 0 | 1 | 1 |
| Quality Assurance and Data Collection: CAHPS data required | 67 | 1 | 2 | 2 | 4 | 10 | 0 | 0 | 1 |
| Quality Assurance and Data Collection: Accreditation required | 41 | 2 | 0 | 2 | 6 | 4 | 1 | 0 | 1 |
| Quality Assurance and Data Collection: EQRO contractor used | 69 | 3 | 3 | 4 | 8 | 8 | 0 | 2 | 2 |
| Performance incentives: Payment bonuses/differentials to reward MCOs | 33 | 2 | 3 | 3 | 3 | 1 | 3 | 0 | 1 |
| Performance incentives: Preferential auto- enrollment to reward MCOs | 22 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| Performance incentives: Public reports comparing MCO performance on key metrics | 50 | 1 | 3 | 2 | 5 | 5 | 2 | 0 | 1 |
| Performance incentives: Withholds tied to performance metrics | 43 | 0 | 3 | 2 | 3 | 5 | 1 | 0 | 0 |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods | 49 | 0 | 2 | 1 | 3 | 5 | 0 | 0 | 1 |

State Tables

Alabama Managed Care Program Features, as of 2020

| Features | Integrated Care Network | PACE | Alabama Coordinated Health Networks |
|--|---|--|---|
| Program type | Primary Care Case Management Entity (PCCM Entity) | Program of All-inclusive Care for the Elderly (PACE) | Primary Care Case Management Entity (PCCM Entity) |
| Statewide or region-specific? | Statewide | Mobile and Baldwin Counties | Statewide |
| Federal operating authority | 1915(b),1915(b)/1915(c) | | 1915(b) |
| Program start date | 10/01/2018 | 01/01/2012 | 10/01/2019 |
| Waiver expiration date (if applicable) | 09/30/2023 | | 09/30/2021 |
| If the program ended in 2020, 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 | | 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 | |
| Populations enrolled: Children with Special Health Care Needs | | | Mandatory |

| Features | Integrated Care Network | PACE | Alabama Coordinated Health Networks |
|---|--------------------------------|--|--|
| 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 | Pre-assigned | N/A | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | | | |
| Populations enrolled: Notes on enrollment choice period | | Open enrollment that begins the first of every month; disenrollment is effective the last day of the month chosen. | |
| 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 | | | |
| Benefits covered: EPSDT | | | |

| Features | Integrated Care Network | PACE | Alabama Coordinated Health Networks |
|---|--------------------------------|--|--|
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | | 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.) | | Anything else that is determined medically necessary by the interdisciplinary care team. | |
| Quality assurance and improvement: HEDIS data required? | No | No | Yes |

| Features | Integrated Care Network | PACE | Alabama Coordinated Health Networks |
|--|--|-----------------------|--|
| 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 | | | |
| 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 | | | |
| 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 | Alabama Select Network | Mercy Life of Alabama | Alabama Coordinated Health Networks |
| Notes: Program notes | Only includes nursing home level of care for SNF recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers. The State contracts with an Operating Agency, Alabama Department of Senior Services, who provides HCBS Waiver services while the ICN provides the medical case management services. CMS approved the ICN though in a b/c combo authority. | | There are 7 networks; one per region. |

Arizona Managed Care Program Features, as of 2020

| 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 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |

| Features | Arizona Health Care Cost Containment System |
|---|---|
| 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 |
| Benefits covered: EPSDT | X |
| Benefits covered: Case management | X |

| Features | Arizona Health Care Cost Containment System |
|---|---|
| Benefits covered: SSA Section 1945-authorized Health Home | |
| Benefits covered: Home health services (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, naturopathic physicians and adult occupational therapy. |
| Quality assurance and improvement: HEDIS data required? | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes |

| Features | Arizona Health Care Cost Containment System |
|--|---|
| Quality assurance and improvement: Accreditation required? | No |
| Quality assurance and improvement: Accrediting organization | Starting in Calendar Year 2020, HEDIS performance measures are being calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf. |
| 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 |

| Features | Arizona Health Care Cost Containment System |
|---------------------------------------|--|
| Participating plans: Plans in Program | United Healthcare; Care 1st; DCS/CMDP; DES/Division of Developmental Disabilities (MLTSS); United Healthcare (MLTSS); Health Choice Arizona; Arizona Complete Health-Complete Care Plan; Mercy Care; Mercy Care (MLTSS); Magellan Complete Care; Banner University Family Care; Mercy Care RBHA (SMI); Arizona Complete Health- Complete Care Plan RBHA (SMI); Health Choice Arizona RBHA (SMI); Banner University Family Care (MLTSS) |
| Notes: Program notes | |

Arkansas Managed Care Program Features, as of 2020 (1 of 2)

| Features | Provider-Led Arkansas Shared Savings Entity (PASSE) Program | Arkansas Dental Managed Care | Arkansas Non-Emergency Medical Transport (NET) |
|--|---|------------------------------|--|
| Program type | Comprehensive MCO + MLTSS | Dental only (PAHP) | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b), 1915(b)/1915(c), 1915(b)/1915(i) | 1915(b) | 1915(b) |
| Program start date | 03/01/2019 | 01/01/2018 | 10/01/2017 |
| Waiver expiration date (if applicable) | 12/31/2026 | 12/31/2022 | 12/31/2022 |
| If the program ended in 2020, 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 | Mandatory |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Varies | Mandatory | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Varies | Mandatory | Mandatory |
| Populations enrolled: Full Duals | Varies | Mandatory | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Varies | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |

| Features | Provider-Led Arkansas Shared Savings Entity (PASSE) Program | Arkansas Dental Managed Care | Arkansas Non-Emergency Medical Transport (NET) |
|---|--|-------------------------------------|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | 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 | 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 | 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 | Provider-Led Arkansas Shared Savings Entity (PASSE) Program | Arkansas Dental Managed Care | Arkansas Non-Emergency Medical Transport (NET) |
|---|--|-------------------------------------|---|
| Benefits covered: Home health services (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 | | 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? | Yes | No | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |
| Quality assurance and improvement: Accreditation required? | No | No | No |

| Features | Provider-Led Arkansas Shared Savings Entity (PASSE) Program | Arkansas Dental Managed Care | Arkansas Non-Emergency Medical Transport (NET) |
|--|--|---|--|
| 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 | X | X | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | |
| Participating plans: Plans in Program | Summit Community Care; Arkansas Total Care; Empower Healthcare Solutions | Delta Dental of Arkansas; Managed Care of North America (MCNA) Dental | Southeasttrans; Central Arkansas Development Council; Area Agency on Aging of Southeast Arkansas |

| Features | Provider-Led Arkansas Shared Savings Entity (PASSE) Program | Arkansas Dental Managed Care | Arkansas Non-Emergency Medical Transport (NET) |
|----------------------|---|-------------------------------------|---|
| Notes: Program notes | <p>On 3/1/2019, PASSE transitioned from a PCCM entity model to a full-risk MCO model operated by Risk-Based Provider Organizations (RBPOs) or Provider-Led Arkansas Shared Savings Entities (PASSEs). With some exceptions, enrollment in a PASSE is mandatory for all Medicaid beneficiaries that have been identified through the Independent Assessment (IA) system as in need of behavioral health services or services for individuals with developmental disabilities at Tier II and Tier III levels of care. Additionally, Medicaid-eligible individuals are mandatorily enrolled into the PASSE program if they have been identified through the state's Independent Assessment (IA) system as in need of behavioral health services or services for individuals with developmental disabilities at Tier II and Tier III levels of care. This includes all clients enrolled in the concurrent 1915(i) State Plan Amendment or the 1915(c) Community and Employment Supports (CES) Waiver.</p> | | |

Arkansas Managed Care Program Features, as of 2020 (2 of 2)

| Features | Program of All-Inclusive Care for the Elderly (PACE) | Connect Care |
|--|---|---|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Primary Care Case Management Entity (PCCM Entity) |
| Statewide or region-specific? | 72002, 72011, 72015, 72019, 72022, 72023, 72032, 72034, 72046, 72065, 72076, 72083, 72086, 72103, 72106, 72113, 72114, 72116, 72117, 72118, 72119, 72120, 72135, 72142, 72173, 72201, 72202, 72204, 72205, 72206, 72207, 72209, 72210, 72211, 72212, 72223, 72227, 72315, 72319, 72324, 72354, 72365, 72373, 72387, 72396, 72401, 72416, 72432, 72433, 72438, 72442, 72450, 72455, 72465, 72472, 72476, 72476, 72701, 72703, 72704, 72712, 72713, 72714, 72715, 72718, 72719, 72722, 72727, 72730, 72734, 72736, 72738, 72739, 72740, 72744, 72745, 72751, 72753, 72756, 72758, 72761, 72762, 72764, 72773, 72774, 72959, and all zip codes in Craighead County | Statewide |
| Federal operating authority | PACE | 1932(a) |
| Program start date | 04/01/2006 | 01/01/2014 |
| Waiver expiration date (if applicable) | N/A | |
| If the program ended in 2020, 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 |

| Features | Program of All-Inclusive Care for the Elderly (PACE) | Connect Care |
|--|---|---------------------|
| 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) | | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | Voluntary | |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | | Mandatory |
| Populations enrolled: Enrollment choice period | N/A | 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 | |

| Features | Program of All-Inclusive Care for the Elderly (PACE) | Connect Care |
|---|---|---------------------|
| 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 |
| Benefits covered: Case management | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | |
| Benefits covered: Home health services (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) | X | |
| Benefits covered: HCBS waiver services | X | |
| Benefits covered: Private duty nursing | X | |
| Benefits covered: ICF-IDD | | |

| Features | Program of All-Inclusive Care for the Elderly (PACE) | Connect Care |
|---|---|---------------------|
| 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? | No | No |
| Quality assurance and improvement: CAHPS data required? | No | No |
| Quality assurance and improvement: Accreditation required? | 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 | | |

| Features | Program of All-Inclusive Care for the Elderly (PACE) | Connect Care |
|--|---|---------------------------------|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | |
| Participating plans: Plans in Program | Complete Health; Total Life Healthcare; Pace of the Ozarks | Multiple Primary Care Providers |
| Notes: Program notes | | |

California Managed Care Program Features, as of 2020 (1 of 4)

| Features | County Organized Health Systems (COHS) Model | Regional Model | Geographic Managed Care (GMC) Model |
|--|--|--|--|
| Program type | Comprehensive MCO + MLTSS | Comprehensive MCO | Comprehensive MCO + MLTSS |
| 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 | Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba | Sacramento, San Diego |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 10/01/1995 | 10/02/2013 | 06/01/1991 |
| Waiver expiration date (if applicable) | 12/31/2021 | 12/31/2021 | 12/31/2021 |
| If the program ended in 2020, 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) | Mandatory | | |
| Populations enrolled: Full Duals | Mandatory | Voluntary | Mandatory |

| Features | County Organized Health Systems (COHS) Model | Regional Model | Geographic Managed Care (GMC) Model |
|---|---|-----------------------------|--|
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Enrollment choice period | Pre-assigned | Other | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | Health Care Options/MAXIMUS | Health Care Options (Maximus) |
| 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) | | | |
| 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 | | | |
| 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 |

| Features | County Organized Health Systems (COHS) Model | Regional Model | Geographic Managed Care (GMC) Model |
|---|--|--|--|
| Benefits covered: EPSDT | X | X | X |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | X | X | X |
| Benefits covered: Family planning | X | 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 | X | X | X |
| Benefits covered: ICF-IDD | X | X | 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.) | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). |

| Features | County Organized Health Systems (COHS) Model | Regional Model | Geographic Managed Care (GMC) 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 | Regional Model | Geographic Managed Care (GMC) 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 | 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; Anthem Blue Cross Partnership Plan/San Benito | Blue Shield of California Promise/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 |
| Notes: Program notes | Full duals have the option to enroll in Cal Medi-Connect in CCI counties, otherwise, they are mandatory for enrollment. Children with Special Health Care Needs (CSHCN) are mandatory in all COHS counties except Ventura. CSHCN is voluntary in Ventura. Personal Care Services covered under managed care only in MLTSS Eligible Beneficiary Authorized Orange County. | San Benito is voluntary due to only one commercial plan in the county. Personal Care Services are covered services under the Regional Model, but since Regional does not include any of the MLTSS Counties (Alameda, Los Angeles, Orange, San Bernardino, San Diego, San Mateo, Santa Clara, and Riverside), this benefit is not marked under the Benefits Covered section. 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. | Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento). 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. |

California Managed Care Program Features, as of 2020 (2 of 4)

| Features | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles |
|--|--|---|---------------------------------|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Dental only (PAHP) |
| Statewide or region-specific? | Los Angeles, Riverside, San Bernardino | Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Kings, Tulare, Madera, San Joaquin, Stanislaus, Kern, Placer, El Dorado, Sutter, Yuba | Los Angeles |
| Federal operating authority | 1915(a) | PACE | 1915(a)/1915(i) |
| Program start date | 01/01/1996 | 01/01/1998 | 04/01/1998 |
| Waiver expiration date (if applicable) | 12/31/2021 | | 12/31/2020 |
| If the program ended in 2020, 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 | Voluntary | Voluntary | 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 | Voluntary | Voluntary |

| Features | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles |
|---|--|---|--|
| 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 | Exempt | Exempt | Voluntary |
| Populations enrolled: Enrollment choice period | | N/A | 60 days |
| Populations enrolled: Enrollment broker name (if applicable) | | | Health Care Operations (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 | |
| 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 | |

| Features | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles |
|---|--|---|--|
| Benefits covered: EPSDT | | X | X |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | | | |
| Benefits covered: Private duty nursing | | 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 | 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.) | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). | PACE is responsible for covering all Medicaid services | |

| Features | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles |
|--|---|---|---|
| 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, but accreditation considered in plan selection criteria | No | No, but accreditation considered in plan selection criteria |
| Quality assurance and improvement: Accrediting organization | | | NCQA, Private credentialing organizations approved by DHCS |
| 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 | | | |

| Features | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles |
|---------------------------------------|---|---|---|
| Participating plans: Plans in Program | SCAN Health Plan/Los Angeles; SCAN Health Plan Riverside/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; Family Health Centers of San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus; Bakersfield PACE; Bakersfield PACE; Central Valley PACE; Central Valley PACE; InnovAge California PACE- El Dorado; InnovAge California PACE- Placer; InnovAge California PACE- Sacramento; InnovAge California PACE- San Joaquin; InnovAge California PACE- Sutter; InnovAge California PACE- Yuba; Coastline PACE; Sequoia PACE; Sequoia PACE; Sequoia PACE | Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles |
| Notes: Program notes | | | |

California Managed Care Program Features, as of 2020 (3 of 4)

| Features | Dental Managed Care/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|--|--|---|---------------------------------|
| Program type | Dental only (PAHP) | Comprehensive MCO + MLTSS | Comprehensive MCO |
| Statewide or region-specific? | Sacramento | Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare | Los Angeles |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1915(a) |
| Program start date | 01/01/1995 | 01/01/1996 | 04/01/2002 |
| Waiver expiration date (if applicable) | 12/31/2021 | 12/31/2021 | 12/31/2021 |
| If the program ended in 2020, 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 | Voluntary |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Mandatory | Voluntary |
| 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 | Mandatory | Varies | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Voluntary | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |

| Features | Dental Managed Care/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|---|---------------------------------------|-----------------------------|--|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Enrollment choice period | 60 days | Other | |
| Populations enrolled: Enrollment broker name (if applicable) | Health Care Operations (Maximus) | Health Care Options/MAXIMUS | |
| Populations enrolled: Notes on enrollment choice period | | Approximately 45 days | |
| 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 |
| Benefits covered: Partial hospitalization | | | |
| Benefits covered: Physician | | X | X |
| Benefits covered: Nurse practitioner | | 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 |
| Benefits covered: Prescription drugs | | X | X |
| Benefits covered: Prosthetic devices | | X | 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/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|---|---|--|--|
| Benefits covered: Home health services (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) | | | |
| Benefits covered: HCBS waiver services | | | |
| 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 | | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). |
| 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 | No |

| Features | Dental Managed Care/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|--|--|--------------------------------|--|
| Quality assurance and improvement: Accrediting organization | NCQA, Private credentialing organizations approved by DHCS | | |
| 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 | X | |
| Performance incentives: Withholds tied to performance metrics | | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | |

| Features | Dental Managed Care/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|---------------------------------------|--|--|--|
| Participating plans: Plans in Program | Health Net Dental Plan/Sacramento; Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento | 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 | Positive Healthcare/Los Angeles |
| Notes: Program notes | | 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). 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. | AHF was formerly a Primary Care Case Management (PCCM) model and became a full-risk plan effective July 2019, however, their enrollment remains limited to specific populations. |

California Managed Care Program Features, as of 2020 (4 of 4)

| Features | Family Mosaic Program/San Francisco | Rady Children's Hospital San Diego (RCHSD) |
|--|--|--|
| Program type | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Comprehensive MCO |
| Statewide or region-specific? | San Francisco | San Diego |
| Federal operating authority | 1915(a) | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 12/01/1992 | 08/01/2018 |
| Waiver expiration date (if applicable) | | 12/31/2021 |
| If the program ended in 2020, 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 | Voluntary |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Voluntary | Voluntary |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | | |
| Populations enrolled: Children with Special Health Care Needs | Voluntary | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary |

| Features | Family Mosaic Program/San Francisco | Rady Children's Hospital San Diego (RCHSD) |
|---|--|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Voluntary |
| 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 | 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 |
| 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 | | |

| Features | Family Mosaic Program/San Francisco | Rady Children's Hospital San Diego (RCHSD) |
|---|--|--|
| Benefits covered: Home health services (services in home) | | 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) | | |
| 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 |
| 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.) | | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy. Provisional post-partum care extension (PPCE). |
| Quality assurance and improvement: HEDIS data required? | Yes | No |
| Quality assurance and improvement: CAHPS data required? | No | No |

| Features | Family Mosaic Program/San Francisco | Rady Children's Hospital San Diego (RCHSD) |
|--|---|---|
| Quality assurance and improvement: Accreditation required? | No | No |
| 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 | | |
| 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 | Family Mosaic Project/San Francisco | Rady Children's Hospital San Diego (RCHSD) |
| Notes: Program notes | FMP is run by San Francisco Department of Public Health for at-risk youth and their families. | RCH was a pilot program which began in August 2018 serving special needs children and this contract will be terminating December 2021. The five eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes. |

Colorado Managed Care Program Features, as of 2020 (1 of 2)

| Features | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Accountable Care Collaborative (ACC) | Program of All-inclusive Care for the Elderly (PACE) |
|---|--|--|---|
| Program type | Comprehensive MCO | Primary Care Case Management Entity (PCCM Entity) | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties | Statewide | Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, and Montrose counties |
| Federal operating authority | 1915(b) | 1915(b) | PACE |
| Program start date | 09/01/2014 | 07/01/2018 | 10/01/1991 |
| Waiver expiration date (if applicable) | 06/30/2023 | 06/30/2023 | |
| If the program ended in 2020, 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 | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | Mandatory | |
| Populations enrolled: Full Duals | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | |

| Features | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Accountable Care Collaborative (ACC) | Program of All-inclusive Care for the Elderly (PACE) |
|---|---|--|--|
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Mandatory | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Mandatory | Exempt |
| Populations enrolled: Enrollment choice period | Other | Other | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus Health Services, Inc. | 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. | Beneficiaries are passively enrolled and can choose their primary care provider at any time. | 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. |
| 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 |

| Features | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Accountable Care Collaborative (ACC) | Program of All-inclusive Care for the Elderly (PACE) |
|--|--|---|---|
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | | X | X |
| Benefits covered: SSA Section 1945- authorized Health Home | | | |
| Benefits covered: Home health services (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 | | | |
| 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 | |

| Features | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Accountable Care Collaborative (ACC) | Program of All-inclusive Care for the Elderly (PACE) |
|--|--|---|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Durable medical equipment | Note that all members enrolled in ACC are eligible for all 1932(a) state plan benefits (most of these benefits are state plan benefits and are paid FFS). They also get benefits covered under the 1915(b) waiver. All plans are responsible for providing behavioral health benefits under the 1915(b) waiver. | PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, and transportation. |
| 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 |
| 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 | 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 | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | |

| Features | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | Accountable Care Collaborative (ACC) | Program of All-inclusive Care for the Elderly (PACE) |
|---------------------------------------|---|--|--|
| Participating plans: Plans in Program | Accountable Care Collaborative: Rocky Mountain Health Plans Prime | 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 | InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care; Rocky Mountain Health Care Services (PACE); InnovAge - Pueblo (PACE); InnovAge - Aurora (PACE); InnovAge - Lakewood (PACE) |
| Notes: Program notes | Rocky Mountain Health Plans Prime is contracted and operates under RAE 1 (Rocky Mountain Health Plans) of the Accountable Care Collaborative program. | 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. Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Prime (RMHP Prime) both operate under MCO authority and receive a physical health capitation. | |

Colorado Managed Care Program Features, as of 2020 (2 of 2)

| Features | Denver Health Medicaid Choice |
|--|---|
| Program type | Comprehensive MCO |
| Statewide or region-specific? | Denver, Arapahoe, Adams, and Jefferson counties |
| Federal operating authority | 1915(b) |
| Program start date | 01/01/1997 |
| Waiver expiration date (if applicable) | 06/30/2023 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |

| Features | Denver Health Medicaid Choice |
|---|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary |
| Populations enrolled: Enrollment choice period | Other |
| Populations enrolled: Enrollment broker name (if applicable) | 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. |
| 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 | |
| Benefits covered: EPSDT | X |
| Benefits covered: Case management | |

| Features | Denver Health Medicaid Choice |
|---|--------------------------------------|
| Benefits covered: SSA Section 1945-authorized Health Home | |
| Benefits covered: Home health services (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 | |
| 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 |
| Quality assurance and improvement: HEDIS data required? | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes |
| Quality assurance and improvement: Accreditation required? | No |

| Features | Denver Health Medicaid Choice |
|--|---|
| 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 |
| 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 (DHMC) |
| Notes: Program notes | Denver Health Medicaid Choice is contracted with the State for MCO and BH PIHP authority, with a sub-contract to Colorado Access for behavioral health PIHP benefits. |

Delaware Managed Care Program Features, as of 2020

| Features | Diamond State Health Plan & Diamond State Health Plan Plus | PACE | LogistiCare Non-Emergency Medical Transportation |
|--|--|--|--|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide | New Castle County | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | PACE | 1902(a)(70) NEMT |
| Program start date | 01/01/1996 | 02/01/2013 | 07/01/2002 |
| Waiver expiration date (if applicable) | 12/31/2023 | | |
| If the program ended in 2020, 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 | 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: Children with Special Health Care Needs | Mandatory | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Mandatory |

| Features | Diamond State Health Plan & Diamond State Health Plan Plus | PACE | LogistiCare Non-Emergency Medical Transportation |
|---|---|-------------|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Mandatory |
| Populations enrolled: Enrollment choice period | Pre-assigned | N/A | |
| Populations enrolled: Enrollment broker name (if applicable) | Automated Health Systems | | LogistiCare |
| 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 | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Diamond State Health Plan & Diamond State Health Plan Plus | PACE | LogistiCare Non-Emergency Medical Transportation |
|---|---|-------------|---|
| Benefits covered: Home health services (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? | Yes | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |
| Quality assurance and improvement: Accreditation required? | Yes | No | No |

| Features | Diamond State Health Plan & Diamond State Health Plan Plus | PACE | LogistiCare Non-Emergency Medical Transportation |
|--|---|--------------------|---|
| 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 | Highmark Health Options of Delaware; AmeriHealth Caritas of Delaware | Saint Francis Life | LogistiCare Non-Emergency Medical Transportation |
| Notes: Program notes | | | |

District of Columbia Managed Care Program Features, as of 2020

| Features | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | Non-Emergency Medical Transportation |
|--|-------------------------------|---|--------------------------------------|
| 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 2020, 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: Children with Special Health Care Needs | | Voluntary | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Voluntary | Mandatory |

| Features | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | Non-Emergency Medical Transportation |
|---|--------------------------------------|---|---|
| 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, else beneficiary stays 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 | | |
| Benefits covered: Home health services (services in home) | X | X | |

| Features | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | Non-Emergency Medical Transportation |
|---|-------------------------------|---|---|
| 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 | Yes | No, but accreditation considered in plan selection criteria |
| Quality assurance and improvement: Accrediting organization | NCQA | NCQA | |

| Features | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | Non-Emergency Medical Transportation |
|--|--|---|---|
| Quality assurance and improvement: EQRO contractor name (if applicable) | Qlarant | 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; CareFirst Community Health Plan District of Columbia; MedStar Family Choice | Health Services for Children with Special Needs | Medical Transportation Management, Inc. |

| Features | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | Non-Emergency Medical Transportation |
|----------------------|---|--|---|
| Notes: Program notes | <p>The managed care P4P program is funded through a 2% withhold of each MCO's actuarially sound capitation payments for non-delivery DCHF rate cells for the corresponding period. The 2% withhold is the profit margin for each MCO that is factored into the base per member per month payment rate. Actual P4P results are based on MCO experience during a performance year compared to the baseline. The baseline period used to set the target remains April 1, 2015 through March 31, 2016, with runout through September 2016. MCOs must meet the minimum threshold for improvement for all three performance measures in order to earn any portion of the withhold. The capitation withhold was not in effect for the FY 2019-2020 measurement years, though DHCF plans to reinstitute quality incentive requirements in future years. D.C. terminated its contract with AmeriGroup District of Columbia on 9/30/2020, and effectuated a contract with MedStar Family Choice on 10/1/2020.</p> | <p>Aged, Blind, or Disabled children and adults are eligible up to the age of 26. DHCF's CASSIP contract is a comprehensive managed care program under 1915(a) authority. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and residential treatment services. Primarily, services are furnished through the EPSDT benefit, as described in 42 USC 1905(a)(4)(B) and 1905(r), 42 C.F.R. § 440.40(b) and Subpart B of 42 C.F.R. Part 441, unless otherwise excluded.</p> | <p>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.</p> |

Florida Managed Care Program Features, as of 2020 (1 of 2)

| Features | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|---|---|-------------------------------|--|
| Program type | Comprehensive MCO | MLTSS only (PIHP and/or PAHP) | Dental only (PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1915(b)/1915(c) | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 08/01/2014 | 08/01/2013 | 12/01/2018 |
| Waiver expiration date (if applicable) | 06/30/2030 | 12/27/2021 | 06/30/2030 |
| If the program ended in 2020, indicate the end date | | | |
| Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Mandatory | Mandatory |
| 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 | 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 | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Mandatory |

| Features | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|---|---|-------------------------------|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Enrollment choice period | Other | 60 days | Other |
| 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 being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so. | | 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 | 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 | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|---|---|-------------------------------|---------------|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | |
| 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 | | |

| Features | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|--|--|--|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Midwife, birth center, podiatry, and targeted case management. Expanded benefits above the Medicaid state plan service package (e.g. expanded outpatient hospital visits, physician home visits). The following link contains a listing of the expanded benefits http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/EB_by_Plan_March_2021.pdf . | Home health prosthetic devices, intermittent and skilled nursing services. Expanded benefits above the Medicaid state plan service package and 1915(c) (e.g. cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of a nursing facility). | |
| 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 | Yes |
| Quality assurance and improvement: Accrediting organization | NCQA, AAAHC, Nationally recognized accrediting organizations | NCQA, AAAHC, Nationally recognized accrediting organizations | NCQA, Nationally recognized accrediting organizations |
| 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 | | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | | X |

| Features | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|---------------------------------------|---|---|---|
| Participating plans: Plans in Program | Vivida Health; Aetna Better Health; Florida Community Care; Humana Medical Plan; Lighthouse Health Plan, LLC; Miami Children's Health Plan; Molina Healthcare of Florida; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine State Health Plan, Inc.; United Healthcare of Florida; Magellan Complete Care, LLC; Clear Health Alliance; Staywell Serious Mental Illness; Sunshine State Health Plan - Child Welfare; Children's Medical Services Network | Simply Healthcare Plans, Inc.; Aetna Better Health; Florida Community Care; Humana Medical Plan, Inc.; Molina Healthcare of Florida, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; Staywell | MCNA Dental; DentaQuest; Liberty |
| Notes: Program notes | Pregnant women who meet all other criteria for Medicaid eligibility are mandatorily enrolled into the MMA program. Presumptively eligible pregnant women are excluded. Full dual recipients are mandatorily enrolled in the MMA program if they receive fee-for-service Medicare or are enrolled in a Medicare Advantage plan that is NOT fully liable. Full duals 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, and recipients with a serious mental illness. | A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration. Recipient enrolled with a plan has 120 days to change plans. | Dental services are available to recipients in the Medically Needy program. Recipient will be enrolled in the same plan each month that the recipient meets the share of cost requirement |

Florida Managed Care Program Features, as of 2019 (2 of 2)

| Features | Program of All-Inclusive Care for the Elderly |
|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide |
| Federal operating authority | PACE |
| Program start date | 01/01/2003 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |

| Features | Program of All-Inclusive Care for the Elderly |
|---|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |
| Populations enrolled: Enrollment choice period | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Automated Health Systems |
| Populations enrolled: Notes on enrollment choice period | Continuous while slots are available. |
| 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 | |
| Benefits covered: Case management | X |
| Benefits covered: SSA Section 1945-authorized Health Home | |

| Features | Program of All-Inclusive Care for the Elderly |
|---|---|
| Benefits covered: Home health services (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 |
| 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.) | All other FL Medicaid covered services and other services as determined by the multidisciplinary team |
| Quality assurance and improvement: HEDIS data required? | No |
| Quality assurance and improvement: CAHPS data required? | No |
| Quality assurance and improvement: Accreditation required? | No |

| Features | Program of All-Inclusive Care for the Elderly |
|--|--|
| 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 | Florida Pace Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.; NE PACE Partners |
| Notes: Program notes | At the time of the enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization. |

Georgia Managed Care Program Features, as of 2020 (1 of 2)

| Features | Georgia Families | Georgia Families 360 | Planning for Healthy Babies |
|--|-------------------|----------------------|--|
| 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) | 1932(a) | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 06/01/2006 | 03/03/2014 | 01/01/2011 |
| Waiver expiration date (if applicable) | | | 12/31/2029 |
| If the program ended in 2020, 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 |
| Populations enrolled: Full Duals | | | |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |

| Features | Georgia Families | Georgia Families 360 | Planning for Healthy Babies |
|---|------------------|----------------------|---|
| 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 day period to select a CMO of their choice. Furthermore, effective January 1, 2015, 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 auto-assigned to a CMO, in order to receive P4HB services , based on DCH'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 | |
| Benefits covered: Clinic services | X | X | |
| Benefits covered: Lab and x-ray | X | X | |

| Features | Georgia Families | Georgia Families 360 | Planning for Healthy Babies |
|---|-------------------------|-----------------------------|------------------------------------|
| 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: Home health services (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) | | X | |
| Benefits covered: HCBS waiver services | | | |
| Benefits covered: Private duty nursing | | | |
| Benefits covered: ICF-IDD | X | X | |
| 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 | | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Podiatry, Nurse Midwife | |

| Features | Georgia Families | Georgia Families 360 | Planning for Healthy Babies |
|--|---|---------------------------------------|---|
| 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, JCAHO, URAC | NCQA, JCAHO | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) | Health Services Advisory Group (HSAG) | |
| 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 Community Care | Amerigroup Community Care; CareSource Georgia; Peach State Health Plan; WellCare of Georgia |

| Features | Georgia Families | Georgia Families 360 | Planning for Healthy Babies |
|----------------------|---|---|------------------------------------|
| Notes: Program notes | <p>Georgia Families is a program that delivers health care services to members of Medicaid and Peach Care 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.</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 2020 (2 of 2)

| Features | Non-Emergency Medical Transportation |
|--|--------------------------------------|
| 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 2020, 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: Children with Special Health Care Needs | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Exempt |

| Features | Non-Emergency Medical Transportation |
|---|---|
| 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 |
|---|--------------------------------------|
| Benefits covered: Home health services (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 |
|--|--------------------------------------|
| 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 | NEMT |

| Features | Non-Emergency Medical Transportation |
|----------------------|--|
| Notes: Program notes | <p>The Georgia Department of Community Health's (DCH) Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment. NEMT is a ride-share program and multiple members may be riding in the same vehicle. 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.</p> |

Hawaii Managed Care Program Features, as of 2020

| Features | MedQUEST |
|--|---|
| Program type | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1902(a)(70) NEMT |
| Program start date | 08/01/2019 |
| Waiver expiration date (if applicable) | 07/31/2024 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |

| Features | MedQUEST |
|---|--|
| 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 | Initial enrollment: Applicant may select a plan at the time of application and will apply if deemed eligible to enroll in a QUEST Integration plan. In the absence of member pre-selecting a health plan, during application, he/she is auto-assigned to a QUEST Integration plan and has 60 days to select a health plan. Plan selection applies the first day of the next month. Annual Enrollment: Annual plan change occurs once a year. All members enrolled in a QUEST Integration plan may choose to continue enrollment in the same plan or select a different plan serving the geographic area. Plan selection applies the 1st day of the new benefit year. |
| 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 |

| Features | MedQUEST |
|---|-----------------|
| 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 | |
| Benefits covered: Home health services (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 |
| 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 | MedQUEST |
|---|--|
| 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.) | Dental (preventative or corrective) is offered for EPSDT but not for regular Medicaid. Other covered services include: Smoking Cessation Services, Urgent Care Services, Vaccinations, Vision and Hearing Services, Podiatry Services. |
| 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 |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) |
| 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 |

| Features | MedQUEST |
|---------------------------------------|--|
| Participating plans: Plans in Program | HMSA QUEST Integration (QI); Kaiser Foundation Health Plan Quest Integration (QI); 'Ohana Quest Integration (QI); UnitedHealthcare CP Quest Integration (QI); 'Ohana Community Care Services (CCS); AlohaCare Quest Integration (QI) |
| Notes: Program notes | HAR17-1720-10 lists all the services Hawaii MedQUEST provides to the members. |

Idaho Managed Care Program Features, as of 2020 (1 of 2)

| Features | Healthy Connections | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan |
|--|-------------------------------------|---|--|
| Program type | Primary Care Case Management (PCCM) | Non-Emergency Medical Transportation | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1932(a) | 1902(a)(70) NEMT | 1915(b)/1915(i) |
| Program start date | 10/01/2006 | 09/01/2010 | 09/01/2013 |
| Waiver expiration date (if applicable) | | | 03/21/2022 |
| If the program ended in 2020, 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) | Voluntary | | |
| Populations enrolled: Full Duals | Voluntary | | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Mandatory | Mandatory |

| Features | Healthy Connections | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan |
|---|----------------------------|---|-------------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Mandatory | 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 | | | |
| 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) | | | 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 | | | |
| Benefits covered: Lab and x-ray | | | |
| Benefits covered: Prescription drugs | | | |
| Benefits covered: Prosthetic devices | | | |
| Benefits covered: EPSDT | | | X |
| Benefits covered: Case management | X | | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Healthy Connections | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan |
|---|---|---|-------------------------------------|
| Benefits covered: Home health services (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.) | | | Peer Support, Family Support |
| 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, but accreditation considered in plan selection criteria | No | Yes |

| Features | Healthy Connections | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan |
|--|----------------------------|---|-------------------------------------|
| Quality assurance and improvement: Accrediting organization | | | NCQA |
| 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 | | | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | X |
| Participating plans: Plans in Program | Healthy Connections | MTM (Medical Transportation Management) | United Healthcare/Optum Idaho |
| Notes: Program notes | | | |

Idaho Managed Care Program Features, as of 2020 (2 of 2)

| Features | Idaho Smiles | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus |
|--|--------------------|---|---|
| Program type | Dental only (PAHP) | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls Counties | Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls Counties |
| Federal operating authority | 1915(b) | 1915(a)/1915(c) | 1915(b)/1915(c) |
| Program start date | 08/01/2008 | 07/01/2014 | 11/01/2018 |
| Waiver expiration date (if applicable) | 06/30/2022 | 09/30/2022 | 09/30/2022 |
| If the program ended in 2020, 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 | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | | |

| Features | Idaho Smiles | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus |
|---|---------------------|---|---|
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | | | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | | |
| Populations enrolled: Notes on enrollment choice period | | | 90 days - Enrollment open for ninety 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 | | | |
| Benefits covered: Case management | | X | X |

| Features | Idaho Smiles | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus |
|---|--------------|---|---|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 |
| 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 | | | |
| 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.) | | Medicaid Primary Services not covered by Medicare | Medicaid Primary Services not covered by Medicare |
| 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 | Yes | Yes |

| Features | Idaho Smiles | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus |
|--|--|---|--------------------------------------|
| Quality assurance and improvement: Accrediting organization | NCQA, AAAHC | NCQA | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Telligen | Telligen |
| 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 | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | X | X |
| Participating plans: Plans in Program | MCNA (Managed Care of North America, Inc.) | Blue Cross of Idaho; Molina of Idaho | Blue Cross of Idaho; Molina of Idaho |
| Notes: Program notes | | | |

Illinois Managed Care Program Features, as of 2020

| Features | HealthChoice Illinois - Managed Long Term Services and Supports | HealthChoice Illinois |
|---|---|---------------------------|
| Program type | MLTSS only (PIHP and/or PAHP) | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Statewide |
| Federal operating authority | 1915(b)/1915(c) | 1932(a)/1915(c) |
| Program start date | 01/01/2018 | 01/01/2018 |
| Waiver expiration date (if applicable) | 10/30/2021 | 10/31/2021 |
| If the program ended in 2020, 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) | | 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) | | |
| Populations enrolled: Full Duals | Mandatory | |
| 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 | Exempt | Exempt |

| Features | HealthChoice Illinois - Managed Long Term Services and Supports | HealthChoice Illinois |
|---|--|------------------------------|
| Populations enrolled: Enrollment choice period | 30 days | 30 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 | | |
| Benefits covered: Home health services (services in home) | | X |

| Features | HealthChoice Illinois - Managed Long Term Services and Supports | HealthChoice Illinois |
|---|---|---|
| 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 | 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.) | Non-Medical Behavioral Health, and telehealth. | Telehealth, 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, and vision. |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes |

| Features | HealthChoice Illinois - Managed Long Term Services and Supports | HealthChoice Illinois |
|--|---|--|
| 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 | 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 | 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; Meridian Health Plan; Molina HealthCare of Illinois | Blue Cross Blue Shield of Illinois; CountyCare; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois |
| Notes: Program notes | The Program includes enrollees of multiple 1915(c) waivers, which have different end dates as follows: The current Persons with Disabilities 1915(c) waiver was approved for a new 5 year term for 07/01/2021, and will expire on 06/30/2026; the current Elderly 1915(c) waiver began on 11/01/2016 and will expire on 10/31/2021; the current Traumatic Brain Injury 1915(c) waiver | HealthChoice Illinois is a statewide program that was implemented on January 1, 2018 and is comprised of populations that were previously included in the Integrated Care Program, the Family Health |

| Features | HealthChoice Illinois - Managed Long Term Services and Supports | HealthChoice Illinois |
|----------------------------------|---|---|
| Notes: Program notes (continued) | <p>began on 07/01/2017 and will expire on 06/30/2022; 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(c) waiver began on 10/01/2018 and will expire on 09/30/2023. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors and 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 eligible for accreditation and shall receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were given back to the health plans during this reporting period for COVID Community Reinvestment Efforts.</p> | <p>Plan/Affordable Care Act Program and the Managed Long Term Services and Supports Program. Low income pregnant women are mandatorily enrolled into the Program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Senior 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 receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were given back to the health plans during this reporting period for COVID Community Reinvestment Efforts. The Program includes enrollees of multiple 1915(c) waivers, which have different end dates as follows: The current Persons with Disabilities 1915(c) waiver was approved for a new 5 year term for 07/01/2021, and will expire on 06/30/2026; the current Elderly 1915(c) waiver began on 11/01/2016 and will expire on 10/31/2021; the current Traumatic Brain Injury 1915(c) waiver began on 07/01/2017 and will expire on 06/30/2022; 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(c) waiver began on 10/01/2018 and will expire on 09/30/2023.</p> |

Indiana Managed Care Program Features, as of 2020 (1 of 2)

| Features | Healthy Indiana Plan | PACE | Hoosier Care Connect |
|--|--|---|----------------------|
| Program type | Comprehensive MCO | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Lake County, Johnson County, 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 |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | PACE | 1915(b) |
| Program start date | 02/01/2015 | 10/01/2012 | 04/01/2015 |
| Waiver expiration date (if applicable) | 12/31/2030 | | 03/31/2023 |
| If the program ended in 2020, 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) | | | |

| Features | Healthy Indiana Plan | PACE | Hoosier Care Connect |
|---|--|-------------|--|
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | |
| Populations enrolled: Full 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 | Exempt | Voluntary |
| Populations enrolled: Enrollment choice period | Other | N/A | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus | | Maximus |
| Populations enrolled: Notes on enrollment choice period | Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 60 day window to make a health plan change. Members cannot change plans after having made a POWER account contribution. | | Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90 day window to make a health plan change. |
| 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 |

| Features | Healthy Indiana Plan | PACE | Hoosier Care Connect |
|---|-----------------------------|-------------|-----------------------------|
| 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 |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | X |
| Benefits covered: Hospice care | | X | X |
| Benefits covered: Non-Emergency Medical Transportation | X | X | X |

| Features | Healthy Indiana Plan | PACE | Hoosier Care Connect |
|---|--|--|--|
| 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 |
| 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? | Yes | No | Yes |
| Quality assurance and improvement: Accrediting organization | NCQA | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Currently under procurement | | Currently under procurement |
| 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 | Anthem; Managed Health Services of Indiana; CareSource Indiana, Inc.; MDwise | Franciscan Senior Health and Wellness; Saint Joseph PACE | Anthem; Managed Health Services of Indiana |

| Features | Healthy Indiana Plan | PACE | Hoosier Care Connect |
|----------------------|--|---|--|
| Notes: Program notes | Home health and nursing facility care is covered for a short period of time, no more than 100 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver in 2020. | The PACE state plan amendment was approved with an effective date of 10/1/2012. But, Indiana's first PACE program agreement was not effective until 1/1/2015. | Home health and nursing facility care is covered for a short period of time, no more than 100 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver in 2020. |

Indiana Managed Care Program Features, as of 2020 (2 of 2)

| Features | Hoosier Healthwise |
|--|--------------------|
| Program type | Comprehensive MCO |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1932(a) |
| Program start date | 01/01/2000 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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 | |
| 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |

| Features | Hoosier Healthwise |
|---|--|
| Populations enrolled: Enrollment choice period | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus |
| Populations enrolled: Notes on enrollment choice period | Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90 day window to make a health plan change. |
| 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 | Hoosier Healthwise |
|---|---------------------------|
| Benefits covered: Home health services (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 | 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 | 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 |
| Quality assurance and improvement: Accrediting organization | NCQA |

| Features | Hoosier Healthwise |
|--|--|
| Quality assurance and improvement: EQRO contractor name (if applicable) | Currently under procurement |
| 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 | Anthem; Managed Health Services of Indiana; CareSource Indiana, Inc.; MDwise |
| Notes: Program notes | IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver in 2020. Nursing facility and home health care is limited to short term needs. |

Iowa Managed Care Program Features, as of 2020 (1 of 2)

| Features | IA Healthlink | PACE | Dental Wellness Plan |
|--|---|--|--|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Dental only (PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b)/1915(c),1937 Alt Benefit Plan,1915(b)/1915(i),1945 Health Homes | PACE | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 04/01/2016 | 08/01/2018 | 05/01/2014 |
| Waiver expiration date (if applicable) | 03/31/2026 | | 12/31/2024 |
| If the program ended in 2020, 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 | Voluntary | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt | Voluntary |

| Features | IA Healthlink | PACE | Dental Wellness Plan |
|---|--|-------------|-----------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | Pre-assigned | N/A | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | 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 | | |
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | X | | |

| Features | IA Healthlink | PACE | Dental Wellness Plan |
|---|----------------------|-------------|-----------------------------|
| Benefits covered: Home health services (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) | | | |
| 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 |
| Quality assurance and improvement: Accreditation required? | Yes | No | No |
| Quality assurance and improvement: Accrediting organization | NCQA | | |

| Features | IA Healthlink | PACE | Dental Wellness Plan |
|--|---|-------------|---|
| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) | | Health Services Advisory Group (HSAG) |
| 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 | Amerigroup of Iowa, Inc.; Iowa Total Care | PACE | Delta Dental of Iowa; MCNA Dental Plans, Inc. |
| Notes: Program notes | | | |

Iowa Managed Care Program Features, as of 2020 (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 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory |

| Features | NEMT |
|---|------|
| 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 | |
| Benefits covered: Home health services (services in home) | |
| Benefits covered: Family planning | |

| Features | NEMT |
|---|------|
| 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 | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | |

| Features | NEMT |
|--|------|
| 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 | TMS |
| Notes: Program notes | |

Kansas Managed Care Program Features, as of 2020

| 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) | 12/31/2023 | |
| If the program ended in 2020, 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: 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) | Gainwell Technologies | Gainwell 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 |
| Benefits covered: EPSDT | X | |

| Features | KanCare | PACE |
|---|---------|--|
| Benefits covered: Case management | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | | |
| Benefits covered: Home health services (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 |
| Quality assurance and improvement: CAHPS data required? | Yes | No |

| Features | KanCare | PACE |
|--|--|--|
| 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 | Aetna Better Health of Kansas; 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 2020

| 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 | 01/01/2020 | 12/01/1998 |
| Waiver expiration date (if applicable) | 12/25/2025 | 12/31/2021 |
| If the program ended in 2020, 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 |
| Populations enrolled: Full Duals | Mandatory | |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory |

| Features | Kentucky Managed Care | Kentucky Non-Emergency Medical Transportation |
|---|------------------------------|--|
| Populations enrolled: Enrollment choice period | Other | |
| Populations enrolled: Enrollment broker name (if applicable) | | |
| Populations enrolled: Notes on enrollment choice period | 90 | |
| 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 | | |
| Benefits covered: Home health services (services in home) | | |

| Features | Kentucky Managed Care | Kentucky Non-Emergency Medical Transportation |
|---|------------------------------|--|
| 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.) | | |
| 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, URAC | |

| Features | Kentucky Managed Care | Kentucky Non-Emergency Medical Transportation |
|--|--|---|
| Quality assurance and improvement: EQRO contractor name (if applicable) | 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 | | |
| 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 BCBS; Humana; Passport Health Plan; WellCare of Kentucky | NEMT Human Services Transportation Delivery |
| Notes: Program notes | | |

Louisiana Managed Care Program Features, as of 2020 (1 of 2)

| Features | Healthy Louisiana | Dental Benefit Management Program | Coordinated System of Care |
|--|--|-----------------------------------|--|
| Program type | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Dental only (PAHP) | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a) | 1915(b) | 1915(b)/1915(c) |
| Program start date | 12/12/2015 | 07/01/2014 | 03/01/2012 |
| Waiver expiration date (if applicable) | 10/31/2022 | 06/30/2021 | 06/30/2022 |
| If the program ended in 2020, 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) | | | |
| Populations enrolled: Full Duals | Mandatory | Mandatory | |
| Populations enrolled: Children with Special Health Care Needs | Varies | Mandatory | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Mandatory | Exempt |

| Features | Healthy Louisiana | Dental Benefit Management Program | Coordinated System of Care |
|---|--------------------------|--|-----------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | |
| Populations enrolled: Enrollment choice period | | | |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus Health Services | | |
| Populations enrolled: Notes on enrollment choice period | | | |
| Benefits covered: Inpatient hospital physical health | | | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | X | | X |
| Benefits covered: Outpatient hospital physical health | | | |
| 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 | X |
| Benefits covered: Clinic services | X | X | X |
| Benefits covered: Lab and x-ray | | X | |
| Benefits covered: Prescription drugs | X | | |
| Benefits covered: Prosthetic devices | | | |
| Benefits covered: EPSDT | X | X | X |
| Benefits covered: Case management | X | | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Healthy Louisiana | Dental Benefit Management Program | Coordinated System of Care |
|---|-------------------|-----------------------------------|---|
| Benefits covered: Home health services (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 | | 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.) | | | Mental health rehabilitation services including: Psychosocial rehabilitation, Crisis Intervention, Crisis stabilization; Youth Support and Training (YST), Parent Support and Training (PST), Short-term Respite, and Independent Living/Skills Building (ILSB) |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |

| Features | Healthy Louisiana | Dental Benefit Management Program | Coordinated System of Care |
|--|--|---|----------------------------|
| Quality assurance and improvement: Accreditation required? | Yes | No | Yes |
| Quality assurance and improvement: Accrediting organization | NCQA | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | IPRO, Myers & Stauffer LC | 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 | 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 | Aetna Better Health of Louisiana; Healthy Blue; AmeriHealth Caritas Louisiana; Louisiana Healthcare Connections; UnitedHealthcare Community Plan | MCNA of Louisiana | Magellan |
| Notes: Program notes | This is a limited benefit MCO program. 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. | EPSDT dental benefits are provided by the DBPM for members ages 0-20. Adult Denture benefits are provided to members age 21+. | |

Louisiana Managed Care Program Features, as of 2020 (2 of 2)

| Features | PACE | Healthy Louisiana |
|--|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO |
| Statewide or region-specific? | Baton Rouge, Greater New Orleans, Lafayette: 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, 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592, 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 | Statewide |
| Federal operating authority | PACE | 1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a) |
| Program start date | 09/01/2007 | 02/01/2012 |
| Waiver expiration date (if applicable) | | 10/31/2022 |
| If the program ended in 2020, 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 |

| Features | PACE | Healthy Louisiana |
|---|-------------|--|
| Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities) | | Mandatory |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | | Varies |
| 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: Children with Special Health Care Needs | | Varies |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | | Mandatory |
| Populations enrolled: Enrollment choice period | N/A | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | Maximus Health Services |
| Populations enrolled: Notes on enrollment choice period | | Enrollee has the opportunity to choose an MCO at Medicaid application. If no plan is chosen, the enrollee is pre-assigned. |
| 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 |

| Features | PACE | Healthy Louisiana |
|---|-------------|--------------------------|
| 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 |
| 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 |
| Benefits covered: Case management | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | |
| Benefits covered: Home health services (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 | |
| Benefits covered: ICF-IDD | | |
| Benefits covered: Nursing facility services | X | |

| Features | PACE | Healthy Louisiana |
|---|---|---|
| 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.) | All specialized services authorized by IDT, including podiatry. | 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. |
| 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 | Yes |
| Quality assurance and improvement: Accrediting organization | | NCQA, URAC |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | IPRO, 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 | | X |
| Performance incentives: Withholds tied to performance metrics | | X |

| Features | PACE | Healthy Louisiana |
|--|--|--|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | X |
| Participating plans: Plans in Program | PACE - Baton Rouge; PACE - Greater New Orleans; PACE - Lafayette | Aetna Better Health of Louisiana; Healthy Blue; AmeriHealth Caritas Louisiana; Louisiana Healthcare Connections; UnitedHealthcare Community Plan |
| Notes: Program notes | | Personal care services are available to enrollees aged 0 - 20. Mandatory vs. Voluntary Enrollment for Aged, Blind, or Disabled Children and Adults: Some of our disabled children can voluntarily opt out. |

Maine Managed Care Program Features, as of 2020

| 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 2020, 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: Children with Special Health Care Needs | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Mandatory |

| Features | MaineCare | NET |
|---|------------------|--------------|
| 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 | | |
| Benefits covered: Home health services (services in home) | | |
| Benefits covered: Family planning | | |

| Features | MaineCare | NET |
|---|------------------|------------|
| 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? | 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) | | |

| Features | MaineCare | NET |
|--|---------------------------------|--|
| 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 | MotivCare; Penquis CAP; MidCoast Connector |
| Notes: Program notes | | |

Maryland Managed Care Program Features, as of 2020

| 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, 21212, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237 |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | PACE |
| Program start date | 02/02/1997 | 11/01/2002 |
| Waiver expiration date (if applicable) | 12/31/2021 | |
| If the program ended in 2020, 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) | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | |

| Features | HealthChoice | Hopkins Elder Plus |
|---|--|---------------------------|
| Populations enrolled: Native American/Alaskan Natives | Mandatory | 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) | Maryland Health Connection | |
| Populations enrolled: Notes on enrollment choice period | Auto assigned if MCO is not chosen at time of application. | |
| Benefits covered: Inpatient hospital physical health | X | |
| 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 | 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: Home health services (services in home) | | |
| 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 midwives, freestanding birthing centers, podiatry (routine footcare for <21 and diabetics), diabetes prevention, and telehealth. | 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 |

| Features | HealthChoice | Hopkins Elder Plus |
|--|---|---------------------------|
| Quality assurance and improvement: Accreditation required? | Yes | No |
| 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 | Aetna Better Health; Amerigroup Community Care; Jai Medical Systems; Kaiser Permanente; Maryland Physician's Care; MedStar Family Choice; Priority Partners; United Healthcare Community Plan; University of Maryland Health Partners | Hopkins Elder Plus |
| Notes: Program notes | | |

Massachusetts Managed Care Program Features, as of 2020 (1 of 3)

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|--|---|--|--|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Counties of Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester and Berkshire | Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester | Statewide |
| Federal operating authority | 1915(a)/1915(c) | PACE | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 07/01/2004 | 07/10/1990 | 07/01/1997 |
| Waiver expiration date (if applicable) | 12/31/2023 | | 06/30/2022 |
| If the program ended in 2020, 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) | | | |
| Populations enrolled: Full Duals | Voluntary | Voluntary | Mandatory |

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|---|--|---|-------------------------------|
| Populations enrolled: Children with Special Health Care Needs | | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | | | Voluntary |
| Populations enrolled: Enrollment choice period | Other | N/A | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | | Maximus |
| 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, to the extent that they have a quarterly Special Election Period or other Special Election Period available. | | Daily |
| 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 | X |
| Benefits covered: Partial hospitalization | X | X | X |
| Benefits covered: Physician | X | X | X |

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|---|----------------------------|---|-------------------------------|
| 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 | |
| Benefits covered: EPSDT | | | |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | X | |
| Benefits covered: Nursing facility services | X | X | |
| Benefits covered: Hospice care | X | X | |
| Benefits covered: Non-Emergency Medical Transportation | X | X | |

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|---|---|---|---|
| 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.) | All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver | The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services | 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? | Yes | No | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes | No | No |
| Quality assurance and improvement: Accreditation required? | No | No | Yes |
| Quality assurance and improvement: Accrediting organization | | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Innovative Resource Group, LLC D/B/A KEPRO | | Innovative Resource Group, DBA KEPRO |

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|--|---|---|---|
| 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 | | | |
| Participating plans: Plans in Program | Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare | 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 | Massachusetts Behavioral Health Partnership |

| Features | Senior Care Options | Program of All-Inclusive Care for the Elderly (PACE) | MassHealth BH/SUD PIHP |
|----------------------|---|--|--|
| Notes: Program notes | 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. | Enrollment numbers do not include private pay enrollees, if any. | Full duals are only enrolled mandatorily if less than 21 years of age. |

Massachusetts Managed Care Program Features, as of 2020 (2 of 3)

| Features | Primary Care Accountable Care Organizations (Primary Care ACO) | Primary Care Clinician Program | Accountable Care Partnership Plans |
|--|--|--|--|
| Program type | Primary Care Case Management Entity (PCCM Entity) | Primary Care Case Management (PCCM) | Comprehensive MCO |
| 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 | 03/01/2018 | 01/01/1995 | 03/01/2018 |
| Waiver expiration date (if applicable) | 06/30/2022 | 06/30/2022 | 06/30/2022 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Mandatory |

| Features | Primary Care Accountable Care Organizations (Primary Care ACO) | Primary Care Clinician Program | Accountable Care Partnership Plans |
|---|--|---------------------------------------|--|
| 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 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees. | | 14 days with 90 day plan selection period for new enrolls. Annual 90 day plan selection period for existing enrollees. |
| 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 | Primary Care Accountable Care Organizations (Primary Care ACO) | Primary Care Clinician Program | Accountable Care Partnership Plans |
|---|---|---------------------------------------|---|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | | | |
| 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 | Primary Care Accountable Care Organizations (Primary Care ACO) | Primary Care Clinician Program | Accountable Care Partnership Plans |
|--|---|--|---|
| 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 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). |
| 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 | Yes |
| Quality assurance and improvement: Accrediting organization | | | NCQA |
| 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 | 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 | X | | X |

| Features | Primary Care Accountable Care Organizations (Primary Care ACO) | Primary Care Clinician Program | Accountable Care Partnership Plans |
|--|---|--|--|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | | X |
| Participating plans: Plans in Program | Community Care Cooperative; Mass General Brigham ACO; Steward Health Choice | Multiple Primary Care Providers | 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 |
| Notes: Program notes | Services (other than behavioral health) provided to Primary Care ACOs enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Members are enrolled with the behavioral health PIHP for behavioral health services. | Services (other than behavioral health) provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Members are enrolled with the behavioral health PIHP for behavioral health services. | |

Massachusetts Managed Care Program Features, as of 2020 (3 of 3)

| Features | MassHealth Managed Care |
|--|--|
| Program type | Comprehensive MCO |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 07/07/1998 |
| Waiver expiration date (if applicable) | 06/30/2022 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary |

| Features | MassHealth Managed Care |
|---|--|
| Populations enrolled: Enrollment choice period | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus |
| Populations enrolled: Notes on enrollment choice period | 14 days with a 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees. |
| 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 | MassHealth Managed Care |
|---|-------------------------|
| Benefits covered: Home health services (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 |
| 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 |
|--|---|
| 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 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). |
| 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 |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Innovative Resource Group, LLC D/B/A KEPRO |
| 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 |

| Features | MassHealth Managed Care |
|--|---|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X |
| Participating plans: Plans in Program | Tufts Health Plan; Boston Medical Center HealthNet Plan |
| Notes: Program notes | Private duty nursing is covered for SKSC population only. |

Michigan Managed Care Program Features, as of 2020 (1 of 2)

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|--|-------------------------------|--|-----------------------------------|
| Program type | MLTSS only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b)/1915(c) | PACE | 1915(b) |
| Program start date | 10/01/2003 | 11/01/2003 | 07/01/1997 |
| Waiver expiration date (if applicable) | 09/30/2023 | | 12/31/2023 |
| If the program ended in 2020, 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 | 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 | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Exempt | Mandatory |

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|---|---|------|--|
| Populations enrolled: Enrollment choice period | Other | N/A | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | | 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 individuals case number. |
| 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 | | | |
| 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 | X |
| Benefits covered: Prescription drugs | | X | X |
| Benefits covered: Prosthetic devices | | X | X |
| Benefits covered: EPSDT | | | X |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|---|---|----------------|--|
| Benefits covered: Home health services (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 | |
| Benefits covered: HCBS waiver services | X | X | |
| Benefits covered: Private duty nursing | X | | |
| Benefits covered: ICF-IDD | | | |
| Benefits covered: Nursing facility services | | X | |
| Benefits covered: Hospice care | | | |
| 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 Health, Chore, Community Living Support, Community Transition, Counseling, Home Modifications, Fiscal Intermediary, Goods and Services, | Transportation | 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), |

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|---|---|-------------|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued | Home Delivered Meals, Non-Medical Transportation, Nursing Services, PERS, Private Duty Nursing, Respite, Specialized Medical Equipment and Supplies, Supports Coordination and Trainers, and NEMT | | 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 | No | Yes |
| Quality assurance and improvement: CAHPS data required? | No | No | Yes |
| Quality assurance and improvement: Accreditation required? | No | No | Yes |
| Quality assurance and improvement: Accrediting organization | | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | | Health Services Advisory Group (HSAG) |
| 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 |

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|---------------------------------------|---|--|---|
| Participating plans: Plans in Program | 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.; 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; R9 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 | Care Resources; Community PACE; Ascension Living PACE (formerly Genesys PACE); Great Lakes PACE; Huron Valley PACE; Life Circles; PACE Central Michigan; PACE North; PACE of Southeast MI; PACE of Southwest MI; Senior Care Partners; Senior Community Care; Thome PACE | Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; 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 |
| Notes: Program notes continued)) | 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. Attestation is not required, but some plans do this voluntarily. | 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 | 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. |

| Features | MI Choice | PACE | Comprehensive Health Care Program |
|-------------------------------------|------------------|---|--|
| Notes: Program notes (continued) | | 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. | |

Michigan Managed Care Program Features, as of 2020 (2 of 2)

| Features | Healthy Michigan Plan | Healthy Kids Dental | Specialty Prepaid Inpatient Health Plans |
|--|--|---------------------|--|
| Program type | Comprehensive MCO | Dental only (PAHP) | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1915(b) | 1915(b)/1915(c) |
| Program start date | 04/01/2014 | 04/01/2009 | 10/01/1998 |
| Waiver expiration date (if applicable) | 12/31/2023 | 12/31/2022 | 09/30/2024 |
| If the program ended in 2020, 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 | | 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 |
| Populations enrolled: Full Duals | | | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |

| Features | Healthy Michigan Plan | Healthy Kids Dental | Specialty Prepaid Inpatient Health Plans |
|---|---|--|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Mandatory | Mandatory |
| Populations enrolled: Enrollment choice period | Other | Other | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Michigan Enrolls | | |
| Populations enrolled: Notes on enrollment choice period | 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. | 90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year. | No lock-in 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 | | | |
| 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 Michigan Plan | Healthy Kids Dental | Specialty Prepaid Inpatient Health Plans |
|---|------------------------------|----------------------------|---|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | | | |
| 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 | | | |
| 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 | | | |

| Features | Healthy Michigan Plan | Healthy Kids Dental | Specialty Prepaid Inpatient Health Plans |
|--|---|---------------------|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | 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 | | Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications |
| 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 | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) | | |
| Performance incentives: Payment bonuses/differentials to reward plans | X | | |
| Performance incentives: Preferential auto-enrollment to reward plans | X | X | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | | |
| Performance incentives: Withholds tied to performance metrics | X | X | |

| Features | Healthy Michigan Plan | Healthy Kids Dental | Specialty Prepaid Inpatient Health Plans |
|--|--|--|---|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | |
| Participating plans: Plans in Program | Aetna Better Health; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan | Delta Dental of Michigan; Blue Cross Blue Shield of Michigan | CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority; Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10 PIHP; Southwest MI Behavioral Health |
| Notes: Program notes | 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. | 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 contractors mimic the dental services provided through the Fee-For-Service Medicaid program. Medicaid beneficiaries have access to dentists through the contractors participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract. | 7,619 beneficiaries received HCBS services as of 07/01/2020. |

Minnesota Managed Care Program Features, as of 2020 (1 of 2)

| Features | Prepaid Medical Assistance Plan Plus (PMAP+) | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) |
|--|--|-----------------------------------|---------------------------------------|
| Program type | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b),1932(a),1945 Health Homes | 1915(b)/1915(c),1945 Health Homes | 1915(a)/1915(c),1945 Health Homes |
| Program start date | 07/01/1985 | 06/01/2005 | 03/01/1997 |
| Waiver expiration date (if applicable) | 12/30/2022 | 06/30/2026 | 12/31/2022 |
| If the program ended in 2020, 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 |
| 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 | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | Voluntary | | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Exempt |

| Features | Prepaid Medical Assistance Plan Plus (PMAP+) | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) |
|---|---|--|--|
| 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 | | | 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 | X | X | X |
| Benefits covered: Home health services (services in home) | X | X | X |

| Features | Prepaid Medical Assistance Plan Plus (PMAP+) | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) |
|---|---|---|---|
| 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 | 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 | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, EDBI, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Residential Mental Health Services (ITRS, Children's Crisis), Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment | Ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment | Ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | Yes |

| Features | Prepaid Medical Assistance Plan Plus (PMAP+) | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) |
|--|---|--|---|
| 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) | | | |
| 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 | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | X |
| Participating plans: Plans in Program | Blue Plus; Health Partners; Hennepin Health; Itsaca Medical Care; Prime West Health; South Country; Ucare | Blue Plus; Health Partners; Itsaca Medical; Medica; Prime West; South Country Health Alliance; Ucare | Blue Plus; Health Partners; Itsaca Medical Care; Medica; Prime West Health; South Country Alliance; Ucare |
| Notes: Program notes | | | |

Minnesota Managed Care Program Features, as of 2020 (2 of 2)

| Features | Special Needs Basic Care (SNBC) |
|--|---------------------------------|
| Program type | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1915(a), 1945 Health Homes |
| Program start date | 01/01/2008 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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 | |
| 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary |

| Features | Special Needs Basic Care (SNBC) |
|---|--|
| 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 | |
| Benefits covered: Case management | X |
| Benefits covered: SSA Section 1945-authorized Health Home | X |
| Benefits covered: Home health services (services in home) | X |
| Benefits covered: Family planning | X |

| Features | Special Needs Basic Care (SNBC) |
|---|---|
| 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 | 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.) | Ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment |
| Quality assurance and improvement: HEDIS data required? | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes |
| Quality assurance and improvement: Accreditation required? | No |

| Features | Special Needs Basic Care (SNBC) |
|--|---|
| 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 | 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 | Health Partners; Hennepin Health; Medica; Prime West Health; South Country Health Alliance; UCare |
| Notes: Program notes | |

Mississippi Managed Care Program Features, as of 2020

| 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 2020, 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 | 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 | |
| Populations enrolled: Children with Special Health Care Needs | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary |

| Features | Mississippi Coordinated Access Network (MississippiCAN) |
|---|---|
| Populations enrolled: Enrollment choice period | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Conduent Healthcare Solutions |
| Populations enrolled: Notes on enrollment choice period | Initial enrollment choice period open for 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 | 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 | |
| Benefits covered: Home health services (services in home) | X |

| Features | Mississippi Coordinated Access Network (MississippiCAN) |
|---|--|
| 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 | X |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Podiatry, vaccines, chiropractic, vision and eyeglasses, 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 | Mississippi Coordinated Access Network (MississippiCAN) |
|--|--|
| Quality assurance and improvement: EQRO contractor name (if applicable) | The Carolinas Center for Medical Excellence (CCME) |
| 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; UnitedHealthcare Community Plan; Molina Healthcare of Mississippi |
| Notes: Program notes | MississippiCAN covers state plan services, except for waiver services and LTC services and facilities, and excludes members receiving those services including dual eligibles. |

Missouri Managed Care Program Features, as of 2020

| 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) | 06/30/2022 | |
| If the program ended in 2020, 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 |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory |

| Features | MO HealthNet Managed Care/1915b | Non-Emergency Medical Transportation Program (NEMT) |
|---|---|---|
| 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. Fifteen days for the rest of the population, however 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 | |
| Benefits covered: SSA Section 1945-authorized Health Home | | |

| Features | MO HealthNet Managed Care/1915b | Non-Emergency Medical Transportation Program (NEMT) |
|---|---|--|
| Benefits covered: Home health services (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 | |
| Quality assurance and improvement: HEDIS data required? | Yes | No |

| Features | MO HealthNet Managed Care/1915b | Non-Emergency Medical Transportation Program (NEMT) |
|--|--|---|
| 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 | | |
| 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 | Missouri Care Central; Missouri Care Western; Missouri Care Southwest; UnitedHealthcare Eastern; UnitedHealthcare Central; UnitedHealthcare Western; UnitedHealthcare Southwest; Home State Health Eastern; Home State Health Central; Home State Health Western; Home State Health Southwest; Missouri Care Eastern | Logisticare Solutions |
| Notes: Program notes | | |

Montana Managed Care Program Features, as of 2020

| Features | Passport to Health | Patient Centered Medical Home | Comprehensive Primary Care Plus |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Program type | Primary Care Case Management (PCCM) | Primary Care Case Management (PCCM) | Primary Care Case Management (PCCM) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b) | 1932(a) | 1932(a) |
| Program start date | 01/01/1993 | 01/01/2018 | 01/01/2018 |
| Waiver expiration date (if applicable) | 09/30/2021 | | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Mandatory |

| Features | Passport to Health | Patient Centered Medical Home | Comprehensive Primary Care Plus |
|---|---------------------------|--------------------------------------|--|
| Populations enrolled: Enrollment choice period | N/A | N/A | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Conduent | Conduent | Conduent |
| Populations enrolled: Notes on enrollment choice period | 45 days | 45 days | 45 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 | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | | | |
| Benefits covered: Family planning | | | |

| Features | Passport to Health | Patient Centered Medical Home | Comprehensive Primary Care Plus |
|---|---------------------------|--------------------------------------|--|
| 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 | No | Yes |
| Quality assurance and improvement: CAHPS data required? | No | No | Yes |
| 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) | | | |

| Features | Passport to Health | Patient Centered Medical Home | Comprehensive Primary Care Plus |
|--|---|--------------------------------------|--|
| 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 | Passport to Health; Team Care | Multiple primary care providers | Multiple primary care providers |
| Notes: Program notes | Team Care members are enrolled non-voluntarily. They are locked into a primary care manager and a single pharmacy. The program-level counts of Passport to Health include 21,995 people who also participate in the Tribal Health Improvement Plan. | | |

Nebraska Managed Care Program Features, as of 2020

| 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 | Nebraska Zip Codes: 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) | 06/30/2022 | 06/30/2022 | |
| If the program ended in 2020, 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: 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 |
| Benefits covered: Clinic services | | X | X |

| Features | Dental Benefit Manager | Heritage Health | Program of All-Inclusive Care for the Elderly (PACE) |
|---|-------------------------------|------------------------|---|
| 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: Home health services (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 | 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 (DME), occupational therapy, freestanding birth centers | |
| 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 |
| Notes: Program notes | | | |

Nevada Managed Care Program Features, as of 2020

| Features | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Transportation (NET) |
|---|--|--|--------------------------------------|
| Program type | Comprehensive MCO | Dental only (PAHP) | Non-Emergency Medical Transportation |
| Statewide or region-specific? | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | 88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599 | Statewide |
| Federal operating authority | 1932(a) | 1915(b), 1932(a) | 1902(a)(70) NEMT |
| Program start date | 10/31/1988 | 01/01/2018 | 10/01/2003 |
| Waiver expiration date (if applicable) | | 12/31/2021 | |
| If the program ended in 2020, indicate the end date | | | |

| Features | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Transportation (NET) |
|--|---|--|---|
| 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 |
| 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: Children with Special Health Care Needs | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Exempt | Mandatory |
| Populations enrolled: Enrollment choice period | Other | Pre-assigned | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | Gainwell Technologies (GWT) | Gainwell Technologies (GWT) | |
| Populations enrolled: Notes on enrollment choice period | MCO selection is made by recipient at time of application. If no selection is made, recipient is auto-assigned. New recipients have 90 days to switch MCO or must wait until next open enrollment period. | | |

| Features | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Transportation (NET) |
|---|---|--|---|
| 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 | X | |
| Benefits covered: Case management | X | | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | X | | |
| Benefits covered: Family planning | X | | |
| Benefits covered: Dental services (medical/surgical) | | X | |
| Benefits covered: Dental (preventative or corrective) | | X | |

| Features | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Transportation (NET) |
|---|--|--|---|
| 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.) | | | |
| 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 | Any Nationally Recognized Accrediting Organization | Any Nationally Recognized Accrediting Organization | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) | Health Services Advisory Group (HSAG) | |
| Performance incentives: Payment bonuses/differentials to reward plans | | | X |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |

| Features | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Transportation (NET) |
|--|---|--|---|
| 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 Plan of Nevada (HPN); Anthem Blue Cross Blue Shield of Nevada (ANT); Silver Summit Health Plan (SSH) | Liberty Dental Plan of Nevada | Medical Transportation Management (MTM) |
| Notes: Program notes | Nursing Facility Services - covered by the MCO the first 45 days. Performance Incentives: For the year 2020, the State cancelled the Performance Incentives due to the COVID-19 pandemic. | Enrollment: Recipients in Managed Care are automatically assigned to Liberty Dental as there is only one vendor. The state of Nevada operates its Dental Benefits Administrator (DBA) program under 1932(a) federal authority. Additionally, the state has a 1915(b) waiver that allows the state to limit administration/delivery of dental services provided by a Prepaid Ambulatory Health Plan (PAHP), Dental Benefits Administrator (DBA) to Medicaid recipients residing in urban Clark and urban Washoe Counties in Nevada. | NV Check-Up is not eligible for NEMT. Enrollment: Recipients in Managed Care are automatically assigned to MTM as there is only one vendor. Performance Incentives ended June 30, 2021. |

New Hampshire Managed Care Program Features, as of 2020

| Features | New Hampshire Medicaid Care Management |
|--|--|
| Program type | Comprehensive MCO |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1915(b),1932(a) |
| Program start date | 12/01/2013 |
| Waiver expiration date (if applicable) | 03/31/2022 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory |

| Features | New Hampshire Medicaid Care Management |
|---|--|
| Populations enrolled: Enrollment choice period | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | 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 | |
| Benefits covered: Home health services (services in home) | X |

| Features | New Hampshire Medicaid Care Management |
|---|---|
| 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 | |
| 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 | 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 |
| Quality assurance and improvement: HEDIS data required? | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes |
| Quality assurance and improvement: Accreditation required? | Yes |

| Features | New Hampshire Medicaid Care Management |
|--|--|
| Quality assurance and improvement: Accrediting organization | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | HSAG |
| 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 | New Hampshire Healthy Families; Well Sense Health Plan; AmeriHealth Caritas of New Hampshire |
| Notes: Program notes | New plan, AmeriHealth Caritas of New Hampshire, began 9/1/2019. NH's 1915(b) authority is only applicable to those members that cannot be mandated to participate in managed care. |

New Jersey Managed Care Program Features, as of 2020 (1 of 2)

| Features | Non- Emergency Medical Transportation | NJFamilyCare | PACE |
|--|---------------------------------------|--|--|
| Program type | Non-Emergency Medical Transportation | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | County or zip code specific, varies by plan. See individual plans. |
| Federal operating authority | 1902(a)(70) NEMT | 1115(a) (Medicaid demonstration waivers) | PACE |
| Program start date | 07/01/2009 | 09/01/1995 | 04/09/2009 |
| Waiver expiration date (if applicable) | | 06/30/2022 | |
| If the program ended in 2020, 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 | 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: Children with Special Health Care Needs | Mandatory | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |

| Features | Non- Emergency Medical Transportation | NJFamilyCare | PACE |
|---|--|---------------------|-------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Exempt |
| Populations enrolled: Enrollment choice period | | 10 days | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | | Conduent | |
| 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 |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Non- Emergency Medical Transportation | NJFamilyCare | PACE |
|---|--|---|-------------|
| Benefits covered: Home health services (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 | |
| 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 | 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.) | | Assistive tech, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Med 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? | No | Yes | No |
| Quality assurance and improvement: CAHPS data required? | No | Yes | No |

| Features | Non- Emergency Medical Transportation | NJFamilyCare | PACE |
|--|---------------------------------------|---|--|
| 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) | | 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 | | | |
| Participating plans: Plans in Program | ModivCare | Amerigroup New Jersey Inc; Aetna Better Health NJ; Horizon NJ Health; UnitedHealthcare Community Plan; WellCare of New Jersey | Atlanticare LIFE; Beacon of LIFE; Inspira LIFE; LIFE St. Francis; Lutheran Senior Life; Trinity Health LIFE NJ |
| Notes: Program notes | | HCBS and PDN 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. | |

New Jersey Managed Care Program Features, as of 2020 (2 of 2)

| Features | FIDE SNP |
|--|--|
| Program type | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Varies by MCO. |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 01/01/2012 |
| Waiver expiration date (if applicable) | 06/30/2022 |
| If the program ended in 2020, 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 | |
| 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |

| Features | FIDE SNP |
|---|---|
| Populations enrolled: Enrollment choice period | Other |
| Populations enrolled: Enrollment broker name (if applicable) | |
| Populations enrolled: Notes on enrollment choice period | All Fully Dual Benefit Eligible (FDBE) beneficiaries (i.e., those with Medicare and eligibility for full Medicaid benefits) qualify for a Special Election Period (SEP) under Medicare rules. This SEP allows them to enroll, disenroll, or change plans once per quarter without cause for the first three quarters of the calendar year. The standard rules then apply to them during the Annual Enrollment Period. This is true of all beneficiaries eligible to enroll in a FIDE SNP in New Jersey, as our enrollment standards require all enrollees to be QMB Plus or otherwise FDBE. |
| 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 |

| Features | FIDE SNP |
|---|-----------------|
| 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 | |
| Benefits covered: Home health services (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 |

| Features | FIDE SNP |
|--|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Assistive tech, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Med supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehav, non-routine podiatrist, post-acute care, preventive health, spec hosp, vision |
| 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 | |
| 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 | |
| Participating plans: Plans in Program | Amerivantage Dual Coordination (HMO D-SNP) Amerivantage Dual Secure (HMO POS); Horizon NJ TotalCare (HMO D-SNP); Wellcare Liberty (HMO D-SNP); UnitedHealthcare Dual Complete ONED; ONE (HMO D-SNP) |

| Features | FIDE SNP |
|----------------------|--|
| Notes: Program notes | Members may only enroll through Medicare or with the FIDE SNP plan directly. |

New Mexico Managed Care Program Features, as of 2020

| 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 | 01/01/2019 | 07/01/2004 |
| Waiver expiration date (if applicable) | 12/31/2023 | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt |

| Features | Centennial Care | Program of All-inclusive Care for the Elderly (PACE) |
|---|---|---|
| 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 MCOs 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 | |
| Benefits covered: Case management | X | X |

| Features | Centennial Care | Program of All-inclusive Care for the Elderly (PACE) |
|---|------------------------|---|
| Benefits covered: SSA Section 1945-authorized Health Home | | |
| Benefits covered: Home health services (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, respite | |
| 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) | 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; Presbyterian Health Plan; Western Sky Community Care, Inc. | Innovage New Mexico PACE dba Total Community Care |
| Notes: Program notes | Native American/Alaska Native Enrollment would be mandatorily enrolled if dually eligible or receiving LTSS. | |

New York Managed Care Program Features, as of 2020 (1 of 2)

| Features | Managed Long Term Care | Medicaid Advantage Plus | Medicaid Advantage |
|--|--|--|--|
| Program type | MLTSS only (PIHP and/or PAHP) | Comprehensive MCO + MLTSS | Comprehensive MCO |
| 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 | 01/01/1998 | 01/01/2007 | 10/01/2006 |
| Waiver expiration date (if applicable) | 03/31/2022 | 03/31/2022 | 03/31/2022 |
| If the program ended in 2020, 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 | | | |
| 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 | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Exempt | Exempt |

| Features | Managed Long Term Care | Medicaid Advantage Plus | Medicaid Advantage |
|---|-------------------------------|--------------------------------|----------------------------|
| Populations enrolled: Enrollment choice period | 60 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 | | | |
| 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 |
| 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 | | | |
| Benefits covered: Home health services (services in home) | X | X | X |
| Benefits covered: Family planning | | | |

| Features | Managed Long Term Care | Medicaid Advantage Plus | Medicaid Advantage |
|---|---------------------------------|---------------------------------|--|
| 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 | |
| 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 | 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 | Podiatry, outpatient rehabilitation, hearing services, and vision care services. |
| 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 | | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Island Peer Review Organization | Island Peer Review Organization | Island Peer Review Organization |

| Features | Managed Long Term Care | Medicaid Advantage Plus | Medicaid Advantage |
|--|--|---|--|
| 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 | | | |
| Participating plans: Plans in Program | Aetna Better Health; Agewell New York; Archcare Community Life; Centers Plan for Healthy Living; Elderplan; Elderserve; Elderwood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; Hamaspik Choice MLTC; Integra MLTC; Icircle Care MLTC; Health Advantage/Elant Choice; HealthPlus; Kalos Health Plan; MetroPlus; Montefiore HMO MLTC; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; Village Care; VNA Homecare Options; VNS Choice | Agewell New York; Centers Plan; Elderplan; Elderserve; Fidelis Legacy Plan; HealthFirst; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus | Fidelis Legacy Plan; United HealthCare; WellCare |
| Notes: Program notes | 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. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. | Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. | |

New York Managed Care Program Features, as of 2020 (2 of 2)

| Features | Medicaid Managed Care | Health and Recovery Plans | PACE |
|--|--|---|--|
| Program type | Comprehensive MCO + MLTSS | Comprehensive MCO | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes | 1115(a) (Medicaid demonstration waivers), 1945 Health Homes | PACE |
| Program start date | 10/01/1997 | 10/01/2015 | 01/01/2001 |
| Waiver expiration date (if applicable) | 03/31/2022 | 03/31/2022 | |
| If the program ended in 2020, 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) | Mandatory | Voluntary | |
| 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: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Exempt |

| Features | Medicaid Managed Care | Health and Recovery Plans | PACE |
|---|------------------------------|----------------------------------|----------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | 30 days | 30 days | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | NYS 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 | 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 |
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | X | X | |

| Features | Medicaid Managed Care | Health and Recovery Plans | PACE |
|---|---|---|---|
| Benefits covered: Home health services (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 | 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 |
| 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 services, audiology, vision care, foot care services, occupational therapy, physical therapy, and speech therapy. | Nurse midwife services, audiology, vision care, foot care services, occupational therapy, physical therapy, and speech therapy. | Podiatry, physical therapy, and occupational therapy. |
| 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 | Medicaid Managed Care | Health and Recovery Plans | PACE |
|--|--|---|--|
| Quality assurance and improvement: Accrediting organization | | | |
| 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 | X | |
| Participating plans: Plans in Program | Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina Healthcare of New York, Inc.; MVP Health Plan; United Healthcare; VNS Choice Special Needs; Affinity Health Plan; Amidacare Special Needs; Capital District Physician's Health Plan; Excellus; Fidelis Care; Health First; Health Now; HealthPlus; HIP Combined | Affinity Health Plan; Capital District Physician's Health Plan; Excellus; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina Healthcare of New York, Inc; MVP Health Plan; United Healthcare | 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 |

| Features | Medicaid Managed Care | Health and Recovery Plans | PACE |
|----------------------|---|---|--|
| Notes: Program notes | The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. Fidelis Care covers emergency and non - emergency transportation in Rockland County only. MMC includes children's HCBS authorized under the State's 1915c Children's waiver and 1115 MRT Waiver. | The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. CMS has approved HCBS within the HARP program under 1115(a) authority. | Enrollment includes both full and partial dually eligibles, as well as qualified and specified low income (QMB/SLMB) Medicare Support programs, must be 55 years of age or older. PACE has a comprehensive mandate to cover all services deemed necessary by IDT. Covered Benefits include non-hospice palliative care. OG/GYN is mandated with a minimum age of 55 years. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. |

North Carolina Managed Care Program Features, as of 2020

| 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, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Durham Wake, Gaston, Granville, Guilford, Harnett, Henderson, Hoke, Iredell, Lee, Lincoln, Lincoln, Mecklenburg, Montgomery, Moore, Moore, New Hanover, Orange, Randolph, Robeson, Rockingham, Rowan, Stanley, Union | 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) | | | 06/30/2024 |
| If the program ended in 2020, 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: 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 | 90 days | | |
| 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 | |
| Benefits covered: Rural health clinics and FQHCs | | X | |
| Benefits covered: Clinic services | | 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: 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 | | | |
| Benefits covered: Home health services (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) | | | |
| Benefits covered: HCBS waiver services | | | X |
| Benefits covered: Private duty nursing | | | |
| Benefits covered: ICF-IDD | | X | X |
| 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 | | | 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: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | | |
| 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, JCAHO, CARF |
| 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 | | | |
| Participating plans: Plans in Program | North Carolina Community Care | Carolina Seniorcare; CareartnePrs PACE; 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; Staywell; Voans Senior Community Care Of North Carolina | Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MM DD SA; Trillium Health Resources; Vaya Health |

| Features | Community Care of North Carolina | Program of All Inclusive Care for the Elderly | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services |
|----------------------|--|--|--|
| 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. | | All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of seven plans is based on the enrollee's administrative county. Waiver expiration date (if applicable): 1915(b) waiver was renewed – 7/1/19 through 6/30/24; 1915(c) Innovations was renewed through 4/30/25; 1915(c) TBI (not statewide) was renewed through 3/31/27 |

North Dakota Managed Care Program Features, as of 2020

| Features | North Dakota Medicaid Expansion | Multiple Primary Care Providers (PCCM) | PACE |
|--|---------------------------------|--|---|
| Program type | Comprehensive MCO | Primary Care Case Management (PCCM) | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | Bismarck: 58501, 58502, 58503; Burlington: 58722; Cass: 58047, 58078, 58102, 58103, 58104, 58105; Dickinson: 58601, 58602; Gladstone: 58630; Lincoln: 58504; Mandan: 58554; Menoken: 58558; Minot: 58701, 58702, 58703; Richardton: 58652; South Heart: 58655; Surrey: 58785; Taylor: 58656 |
| Federal operating authority | 1915(b), 1937 Alt Benefit Plan | 1932(a) | PACE |
| Program start date | 01/01/2014 | 01/10/1994 | 08/01/2008 |
| Waiver expiration date (if applicable) | 12/31/2021 | | |
| If the program ended in 2020, 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) | | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | Mandatory | |
| Populations enrolled: Full Duals | | | Voluntary |

| Features | North Dakota Medicaid Expansion | Multiple Primary Care Providers (PCCM) | PACE |
|---|---------------------------------|--|---|
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | | 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 | | 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. | Enrollment begins on the first day of the month following the determination that they are eligible. |
| 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 |

| Features | North Dakota Medicaid Expansion | Multiple Primary Care Providers (PCCM) | PACE |
|---|--|--|------|
| Benefits covered: Prescription drugs | X | | X |
| Benefits covered: Prosthetic devices | X | | X |
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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) | | | |
| 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) and Vision Services | | |

| Features | North Dakota Medicaid Expansion | Multiple Primary Care Providers (PCCM) | 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 | Yes | No |
| Quality assurance and improvement: Accrediting organization | | North Dakota | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | QIarant 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 | Multiple Primary Care Providers | Northland PACE Senior Care Services |
| Notes: Program notes | 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 | | |

| Features | North Dakota Medicaid Expansion | Multiple Primary Care Providers (PCCM) | PACE |
|--------------------------------|---|---|-------------|
| Notes: Program notes continued | 2016-2017, 2018-2019, and 2020-2021 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance as 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. | | |

Ohio Managed Care Program Features, as of 2020

| Features | Ohio Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio PACE |
|--|------------------------------------|---|--|
| Program type | Comprehensive MCO | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | West, Northeast, Central/Southeast | Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central | Cuyahoga County |
| Federal operating authority | 1915(b), 1932(a) | 1915(b)/1915(c) | PACE |
| Program start date | 07/01/2006 | 05/01/2014 | 11/01/2002 |
| Waiver expiration date (if applicable) | 03/31/2022 | 12/31/2023 | |
| If the program ended in 2020, 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 |
| 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: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt | Exempt |

| Features | Ohio Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio PACE |
|---|---|--|--|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | |
| Populations enrolled: Enrollment choice period | Other | Other | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Automated Health Systems, Inc. | Island Peer Review Organization | |
| Populations enrolled: Notes on enrollment choice period | 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. | Ohio PACE operates under an open enrollment model. |
| 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 | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Ohio Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio PACE |
|---|---|------------------------------------|------------------|
| Benefits covered: Home health services (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 |
| 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 Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio PACE |
|--|---|---|-----------|
| 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? | 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 | |
| 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 | X | | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | X | |
| Performance incentives: Withholds tied to performance metrics | X | X | |

| Features | Ohio Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio PACE |
|--|--|---|---|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | |
| Participating plans: Plans in Program | 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. | McGregor PACE |
| Notes: Program notes | On July 1, 2020, Ohio Medicaid allowed Paramount to terminate service delivery in the Central/Southeast region. The other four MCOs participating in this program continued to provide services statewide. The state also uses 1932(a) state plan amendment authority to enroll families, children, and ABD adults mandatorily and individuals in the state's Department of Developmental Disabilities waiver into this program on a voluntary basis and 1915(b) authority to enroll children not mandatorily enrolled through the SPA and to provide additional respite benefits. | Regarding Mandatory Enrollment: 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. | 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. |

Oklahoma Managed Care Program Features, as of 2020

| 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 | 73004, 73007, 73008, 73010, 73012, 73013, 73020, 73026, 73034, 73036, 73045, 73049, 73051, 73064, 73065, 73066, 73068, 73069, 73071, 73071, 73072, 73072, 73078, 73080, 73084, 73089, 73090, 73093, 73093, 73099, 73099, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73113, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73132, 73134, 73135, 73136, 73139, 73140, 73141, 73142, 73149, 73159, 73160, 73162, 73170, 74011, 74012, 74021, 74033, 74055, 74063, 74066, 74070, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74116, 74119, 74126, 74127, 74128, 74129, 74130, 74133, 74134, 74135, 74136, 74145, 74146, 74169, 74347, 74352, 74359, 74364, 74365, 74401, 74402, 74403, 74423, 74427, 74434, 74435, 74441, 74451, 74452, 74457, 74464, 74465, 74467, 74471, 74857, 74931, 74945, 74955, 74960, 74962, 74964, 74965 |
| 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) | | 12/23/2023 | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | | Voluntary | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Voluntary | Exempt |
| Populations enrolled: Enrollment choice period | | N/A | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Logisticare | Maximus | |
| 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 throughout the entire month to be effective the first day of the following month. Members go through the PACE Organizations for the entire enrollment process. |

| Features | SoonerRide | SoonerCare Choice | PACE |
|---|------------|-------------------|------|
| 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 |
| 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 | | | |
| Benefits covered: Home health services (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 |

| Features | SoonerRide | SoonerCare Choice | PACE |
|---|------------|---------------------|---|
| 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.) | | | Podiatry, speech therapy, disease management, hearing, institutional, occupational therapy, physical therapy, skilled nursing facility, vision, medication assisted treatment |
| 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 | |
| Performance incentives: Payment bonuses/differentials to reward plans | | | |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |

| Features | SoonerRide | SoonerCare Choice | PACE |
|--|-------------------|---|--|
| 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 | Life PACE; Valir PACE; Cherokee Elder Care (CEC) |
| Notes: Program notes | | Telligen is now the states Quality Improvement Organization as of 2018. | PACE members are not eligible for SoonerRide. |

Oregon Managed Care Program Features, as of 2020

| Features | OHP - Oregon Health Plan | 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 2020, 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: Children with Special Health Care Needs | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary |

| Features | OHP - Oregon Health Plan | PACE |
|---|---------------------------------|---|
| 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 |
| Benefits covered: SSA Section 1945-authorized Health Home | | |

| Features | OHP - Oregon Health Plan | PACE |
|---|---------------------------------|---|
| Benefits covered: Home health services (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 |
| Quality assurance and improvement: CAHPS data required? | Yes | No |

| Features | OHP - Oregon Health Plan | PACE |
|--|---|------------------------|
| 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 | | |
| Participating plans: Plans in Program | Advantage Dental Services; Capitol Dental Care, Inc.; Family Dental Care; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Managed Dental Care of Oregon; ODS Community Health Inc.; CareOregon Dental; Greater Oregon Behavioral Health, Inc.; PrimaryHealth of Josephine County; Willamette Valley Community Health; Eastern Oregon CCO; | Providence Elder Place |

| Features | OHP - Oregon Health Plan | PACE |
|---|--|------|
| Participating plans: Plans in Program continued | HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; Trillium Community Health Plan; Umpqua Health Alliance; Advanced Health; Yamhill Community Care; PacificSource Community Solutions - Lane (CCO); PacificSource Community Solutions - Marion Polk (CCO) | |
| 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. | |

Pennsylvania Managed Care Program Features, as of 2020 (1 of 2)

| Features | Medical Assistance Transportation Program | Physical Health HealthChoices | Behavioral Health HealthChoices |
|--|---|-------------------------------|--|
| Program type | Non-Emergency Medical Transportation | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Philadelphia | Statewide | Statewide |
| Federal operating authority | 1902(a)(70) NEMT | 1915(b) | 1115(a) (Medicaid demonstration waivers), 1915(b) |
| Program start date | 11/01/2005 | 02/01/1997 | 01/01/1997 |
| Waiver expiration date (if applicable) | | 12/31/2021 | 12/31/2021 |
| If the program ended in 2020, 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 | Mandatory |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Voluntary | 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) | Voluntary | Mandatory | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Voluntary | Mandatory | Mandatory |
| Populations enrolled: Full Duals | Voluntary | Mandatory | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Voluntary | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Mandatory | Mandatory |

| Features | Medical Assistance Transportation Program | Physical Health HealthChoices | Behavioral Health HealthChoices |
|---|--|--------------------------------------|--|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Mandatory | Mandatory |
| Populations enrolled: Enrollment choice period | | 15 days | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | LogistiCare | 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 | 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 | X |
| Benefits covered: Prosthetic devices | | X | |
| Benefits covered: EPSDT | | X | X |
| Benefits covered: Case management | | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Medical Assistance Transportation Program | Physical Health HealthChoices | Behavioral Health HealthChoices |
|---|--|--|--|
| Benefits covered: Home health services (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 | 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, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis centers, ambulatory surgical centers, medical supplies and equipment, and home health (visiting nurses). | Psychiatric rehabilitation and peer specialist services. |
| Quality assurance and improvement: HEDIS data required? | No | Yes | Yes |
| Quality assurance and improvement: CAHPS data required? | No | Yes | No |

| Features | Medical Assistance Transportation Program | Physical Health HealthChoices | Behavioral Health HealthChoices |
|--|--|--|--|
| Quality assurance and improvement: Accreditation required? | No | Yes | No |
| Quality assurance and improvement: Accrediting organization | | NCQA, NCQA Multicultural Health Care Distinction | NCQA, JCAHO, URAC |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Island Peer Review Organization (IPRO) | Island Peer Review Organization (IPRO) |
| 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 | | X | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | X | X |
| Participating plans: Plans in Program | LogistiCare | 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 | York/Adams HealthChoices Joinder Governing Board; Allegheny County HealthChoices; Beaver County HealthChoices; Behavioral Health Services of Somerset and Bedford Counties; Berks County HealthChoices; Blair County HealthChoices; Bucks County HealthChoices; Cambria County HealthChoices; Carbon-Monroe-Pike Joinder Board; Chester County |

| Features | Medical Assistance Transportation Program | Physical Health HealthChoices | Behavioral Health HealthChoices |
|---|---|--|---|
| Participating plans: Plans in Program continued | | | HealthChoices; Capital Area Behavioral Health Collaborative; Delaware County HealthChoices; Erie County HealthChoices; Fayette County HealthChoices; Greene County (Commonwealth); Lehigh County HealthChoices; Lycoming-Clinton Joinder Board; Montgomery County HealthChoices; Community Care Behavioral Health Organization; Northampton County HealthChoices; Northeast Behavioral Health Care Consortium; Northwest Behavioral Health Partnership; Philadelphia County HealthChoices; Southwest Behavioral Health Management; Tuscarora Managed Care Alliance |
| Notes: Program notes | | PA HealthChoices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately. Private Duty Nursing is only covered for children under 21 years old. While the majority of Full Duals are in CHC, a small population remains in PH-HC until they acquire Medicare Part D. Individuals are counted in the MCO that they were enrolled in on July 1, 2020. | Federal Operating Authority: 1915(b) for Managed Care and 1115(a) to cover SUD IMD (Residential Drug and Alcohol services). Waiver begin dates are 1/1/1997 for the 1915(b) and 7/1/2018 for 1115(a). Waiver expiration dates are 12/31/2021 for 1915(b) and 9/30/22 for 1115(a). Only methadone is covered by BH-HC. All other drugs are covered under PH-HC. The MH-IMD stay is covered under the in-lieu of service for stays in an IMD under 16 days in a month. For SUD-IMDs, it is covered as 'in-lieu of' under 16 days a month; days over 15 in a month are covered under 1115 SUD Waiver. Individuals are counted in the MCO that they were enrolled in on July 1, 2020. |

Pennsylvania Managed Care Program Features, as of 2020 (2 of 2)

| Features | Community HealthChoices | PA Living Independence for the Elderly | Adult Community Autism Program |
|---|---|---|--|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Other Prepaid Health Plan (PHP) (limited benefits) |
| Statewide or region-specific? | <p>Lehigh/Capital Zone: Adams, Berks, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York Counties. Southwest Zone: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties. Southeast Zone: Bucks, Chester, Delaware, Montgomery and Philadelphia Counties. Lehigh/Capital Zone: Adams, Berks, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York Counties. Northeast Zone: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming Counties. Northwest Zone: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, and Warren Counties.</p> | <p>Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Chester, Clarion, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Somerset (partial), Union, Venango, Warren, Washington, Westmoreland, and York.</p> | <p>Dauphin, Cumberland, Lancaster and Chester Counties</p> |
| Federal operating authority | 1915(b)/1915(c) | PACE | 1915(a) |
| Program start date | 01/01/2018 | 07/24/1998 | 08/01/2009 |
| Waiver expiration date (if applicable) | 12/31/2022 | | |
| If the program ended in 2020, indicate the end date | | | |

| Features | Community HealthChoices | PA Living Independence for the Elderly | Adult Community Autism Program |
|--|--------------------------------|---|---------------------------------------|
| 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) | | | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | |
| Populations enrolled: Full Duals | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | | Exempt |
| Populations enrolled: Enrollment choice period | 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 | |

| Features | Community HealthChoices | PA Living Independence for the Elderly | Adult Community Autism Program |
|---|--------------------------------|---|---------------------------------------|
| 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 | |
| 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 | |
| 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 | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | 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 | |
| Benefits covered: HCBS waiver services | X | X | X |

| Features | Community HealthChoices | PA Living Independence for the Elderly | Adult Community Autism Program |
|--|---|--|--|
| 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 | |
| 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.) | Chiropractic services, mobile mental health treatment, maternity services and podiatrist services | PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver. There is no limitation to scope or duration. | Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, and supported employment. |
| 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 | PACE Quality Assurance and Performance Improvement (QAPI) | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Island Peer Review Organization (IPRO) | | Island Peer Review Organization (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 | | | |

| Features | Community HealthChoices | PA Living Independence for the Elderly | Adult Community Autism Program |
|--|---|---|--|
| 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 | UPMC Community HealthChoices; Pennsylvania Health and Wellness; AmeriHealth Caritas; Keystone First | 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 | Adult Community Autism Program |
| Notes: Program notes | Community HealthChoices was phased in over a three-year period which began on 1/1/18. The final phase was implemented 1/1/2020. | Maximus is the enrollment broker in a nine county pilot region only. The number of Medicaid Only enrollees in several plans is less than 11 and was therefore suppressed to avoid the potential to reverse engineer and identify the enrollee by name. See individual plan data. | ACAP is a Prepaid Inpatient Health Plan (PIHP) with MLTSS. |

Puerto Rico Managed Care Program Features, as of 2020

| Features | Government Health Plan | Comprehensive MCO - Medicare Platino |
|--|-------------------------------|--------------------------------------|
| Program type | Comprehensive MCO | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Statewide |
| Federal operating authority | 1932(a),1937 Alt Benefit Plan | |
| Program start date | 02/01/1994 | 01/01/2006 |
| Waiver expiration date (if applicable) | | |
| If the program ended in 2020, 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 | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt |

| Features | Government Health Plan | Comprehensive MCO - Medicare Platino |
|---|-------------------------------|---|
| 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 | | |
| Benefits covered: SSA Section 1945-authorized Health Home | | |
| Benefits covered: Home health services (services in home) | | |

| Features | Government Health Plan | Comprehensive MCO - Medicare Platino |
|---|-------------------------------|---|
| 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 | Comprehensive MCO - Medicare Platino |
|--|--|--|
| Quality assurance and improvement: EQRO contractor name (if applicable) | Island Peer Review Organization | Island Peer Review Organization 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 | | |
| 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 | Government Health Plan First Medical; Government Health Plan MMM Multi Health Inc; Government Health Plan Molina Health Care PR; Government Health Plan de Salud Menonita; Government Health Plan Triple S | Medicare Platino - MMM Health Care Inc; Medicare Platino - MCS Advantage Inc; Medicare Platino - Triple S Advantage; Medicare Platino - Humana Health Plan of PR |
| Notes: Program notes | | The Medicare Platino program operates under Enhanced Allotment Plan (EAP) authority in Puerto Rico. |

Rhode Island Managed Care Program Features, as of 2020 (1 of 2)

| Features | Rlte Smiles Dental Program | RI Medicaid PACE Program | Rlte Care, Rhody Health Partners and Medicaid Expansion |
|--|--|--|---|
| Program type | Dental only (PAHP) | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | PACE | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 05/01/2006 | 11/01/2005 | 08/01/1994 |
| Waiver expiration date (if applicable) | 12/31/2023 | | 12/23/2023 |
| If the program ended in 2020, 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 |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | Mandatory |
| Populations enrolled: Full Duals | | Voluntary | |
| Populations enrolled: Children with Special Health Care Needs | | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Mandatory |

| Features | Rlte Smiles Dental Program | RI Medicaid PACE Program | Rlte Care, Rhody Health Partners and Medicaid Expansion |
|---|-----------------------------------|---------------------------------|--|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | | Mandatory |
| Populations enrolled: Enrollment choice period | Pre-assigned | N/A | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | | Gainwell Technologies |
| 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 |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | Rlte Smiles Dental Program | RI Medicaid PACE Program | Rlte Care, Rhody Health Partners and Medicaid Expansion |
|---|-----------------------------------|---------------------------------|--|
| Benefits covered: Home health services (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 | | 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 | |
| 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 | No | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes | No | Yes |
| Quality assurance and improvement: Accreditation required? | Yes | No | Yes |

| Features | Rlte Smiles Dental Program | RI Medicaid PACE Program | Rlte Care, Rhody Health Partners and Medicaid Expansion |
|--|---|-----------------------------------|---|
| Quality assurance and improvement: Accrediting organization | URAC | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | IPRO | | 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 | X | X |
| Performance incentives: Withholds tied to performance metrics | | | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | X | X |
| Participating plans: Plans in Program | UnitedHealthcare Dental of Rhode Island | PACE Organization of Rhode Island | Neighborhood Health Plan of Rhode Island; United HealthCare of Rhode Island Community Plan; Tufts Health Public Plans |
| Notes: Program notes | | | |

Rhode Island Managed Care Program Features, as of 2020 (2 of 2)

| Features | Rhode Island Non-Emergency Medical Transportation Program |
|--|---|
| Program type | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1902(a)(70) NEMT |
| Program start date | 05/01/2014 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | |

| Features | Rhode Island Non-Emergency Medical Transportation Program |
|---|---|
| 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 | |
| Benefits covered: Home health services (services in home) | |

| Features | Rhode Island Non-Emergency Medical Transportation Program |
|---|---|
| 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? | Yes |
| Quality assurance and improvement: Accrediting organization | URAC |

| Features | Rhode Island Non-Emergency 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 | 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 | Medical Transportation Management, Inc. |
| Notes: Program notes | |

South Carolina Managed Care Program Features, as of 2020 (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 2020, 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: Children with Special Health Care Needs | Voluntary | Voluntary | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | 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: 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 | | |
| 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 | | |
| Benefits covered: Case management | | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |

| Features | South Carolina Managed Care Organizations | South Carolina Medical Homes Network | South Carolina Program for All Inclusive Care for the Elderly |
|---|--|---|--|
| Benefits covered: Home health services (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) | | | 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 | | | |
| 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.), and vision. | | |
| 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 |

| 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: Accrediting organization | NCQA | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Carolina Center for Medical Excellence | 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 | | | |
| 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, Inc.; Molina Healthcare of South Carolina; BlueChoice Healthplan Medicaid; WellCare of South Carolina | South Carolina Solutions | Palmetto Senior Care; The Methodist Oaks; Greenville Senior Care |
| Notes: Program notes | <p>The States MCO withhold program was temporarily suspended for CY 2020 due to the COVID pandemic. The State has since reinstated the withhold for CY 2021.</p> <p>The State currently does operate a financial alignment demonstration model. As indicated in the instructions we have only included these members in the total Medicaid enrollment for the entire state and this model is not reflected in any other program on this report.</p> | | |

South Carolina Managed Care Program Features, as of 2020 (2 of 2)

| Features | South Carolina Non Emergency Medical Transportation |
|--|---|
| Program type | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1902(a)(70) NEMT |
| Program start date | 05/01/2007 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory |

| Features | South Carolina Non Emergency Medical Transportation |
|---|---|
| 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 | |
| Benefits covered: SSA Section 1945-authorized Health Home | |

| Features | South Carolina Non Emergency Medical Transportation |
|---|---|
| Benefits covered: Home health services (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 | South Carolina Non Emergency Medical Transportation |
|--|---|
| 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 | Modivcare formerly Logisticare |
| Notes: Program notes | |

South Dakota Managed Care Program Features, as of 2020

| 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 2020, 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |

| Features | PRIME |
|---|--------------|
| 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 | |
| Benefits covered: Home health services (services in home) | |
| Benefits covered: Family planning | |

| Features | PRIME |
|---|--------------|
| 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 | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | |

| Features | PRIME |
|--|---|
| 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 | Blind and disabled children not mandatory |

Tennessee Managed Care Program Features, as of 2020

| 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 | The PACE program in Tennessee delivers services to eligible individuals residing in Hamilton County, Tennessee. |
| 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 2020, 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: 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: Home health services (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.) | TennCare covers freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified). | 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; OptumRx; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select) | Alexian Brothers Community Services |
| Notes: Program notes | TennCare's SSA Section 1945-authorized health home program (named "Tennessee Health Link") became effective on January 1, 2017. Tennessee Health Link provides health | 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. |

| Features | TennCare II | Program of All-Inclusive Care for the Elderly |
|--------------------------------|--|---|
| Notes: Program notes continued | <p>home services to adults and children with severe and persistent mental illness and/or emotional disturbances through TennCare's managed care organizations. Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21. Enrollees age 21 and older are not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare II Demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits). 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>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.</p> |

Texas Managed Care Program Features, as of 2020 (1 of 3)

| Features | STAR | STAR+PLUS | STAR HEALTH |
|--|--|--|---------------------------|
| Program type | Comprehensive MCO | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1915(a) |
| Program start date | 12/11/2011 | 12/11/2011 | 04/01/2008 |
| Waiver expiration date (if applicable) | 09/30/2022 | 09/30/2022 | |
| If the program ended in 2020, 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 | | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | | Mandatory |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|-------------|------------------|--|
| Populations enrolled: Enrollment choice period | 15 days | 15 days | Other |
| 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 | | | |
| Benefits covered: Home health services (services in home) | X | X | X |
| Benefits covered: Family planning | X | X | X |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|--|---|--|
| Benefits covered: Dental services (medical/surgical) | X | 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 |
| 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 | X | X |
| 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. Emergency and non-emergency ambulance, audiology and hearing aids, behavioral health services, prenatal care, birthing services, cancer screening, diagnostic and treatment; chiropractic services, dialysis, durable medical equipment, early childhood | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services. |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued | | intervention, emergency services, laboratory; mastectomy, breast reconstruction, and related; radiology, therapies, organ transplant, telemedicine; community-based long term services and supports including habilitation, emergency response services (ERC) and support management. | |
| 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 |
| 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 | X | |
| Performance incentives: Preferential auto-enrollment to reward plans | 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 | X | X | X |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---------------------------------------|---|--|--|
| Participating plans: Plans in Program | <p>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.; Seton Health Plan, Inc., dba Dell Children's Health Plan; 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 Health Choice Texas, Inc.; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA. LLC, dba FirstCare Health Plans; Scott & White Health Plan</p> | <p>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</p> | <p>Superior HealthPlan</p> |
| Notes: Program notes | <p>STAR population also includes pregnant women. Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.</p> | | <p>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.4) An infant born to a mother who is enrolled in STAR Health; 5) Children through age 17 and young adults aged 18 through the month of their 21st birthday who are receiving Supplemental Security Income (SSI) or who were receiving Supplemental Income before becoming eligible for AA or PCA; and Children through age 17 and young adults aged 18 through the month of their 21st who are enrolled in a 1915(c) Medicaid Waiver and AA or PCA.</p> |

Texas Managed Care Program Features, as of 2020 (2 of 3)

| Features | PACE | STAR KIDS | Medical Transportation Program |
|--|--|--|--------------------------------------|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | PACE | 1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c), 1945 Health Homes | 1915(b) |
| Program start date | 06/01/2001 | 11/01/2016 | 09/01/2014 |
| Waiver expiration date (if applicable) | | 09/30/2022 | 03/31/2022 |
| If the program ended in 2020, 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 | Mandatory | 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 | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|-------------|------------------|---------------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Mandatory | Voluntary |
| Populations enrolled: Enrollment choice period | N/A | 15 days | Pre-assigned |
| 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 | |
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | | X | |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|---|---|--------------------------------|
| Benefits covered: Home health services (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 | 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.) | 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, | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services | |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|--|---|--|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued | needs, and preferences of each participant | | |
| 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, but accreditation considered in plan selection criteria | No |
| Quality assurance and improvement: Accrediting organization | | NCQA, URAC | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Institute for Child Health Policy | |
| 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 | Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basics at Jan Werner (Amarillo) | Cook Children's Health Plan; Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX); Children's Medical Center Health Plan; Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, | American Medical Response; LogistiCare; Medical Transportation Management; Project Amistad |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|-------------|--|---|
| Participating plans: Plans in Program continued | | dba United Healthcare; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan | |
| Notes: Program notes | | 1115 and 1915(c) waivers are applied to this program. | Based on the client's county of residence, the client is assigned to the single broker in the region. |

Texas Managed Care Program Features, as of 2020 (3 of 3)

| Features | Children's Medicaid Dental Services |
|--|--|
| Program type | Dental only (PAHP) |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 12/11/2011 |
| Waiver expiration date (if applicable) | 09/30/2022 |
| If the program ended in 2020, 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) | |
| Populations enrolled: Full Duals | |
| Populations enrolled: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |

| Features | Children's Medicaid Dental Services |
|---|--|
| Populations enrolled: Enrollment choice period | 15 days |
| Populations enrolled: Enrollment broker name (if applicable) | MAXIMUS |
| 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 | X |
| Benefits covered: Case management | |
| Benefits covered: SSA Section 1945-authorized Health Home | |
| Benefits covered: Home health services (services in home) | |
| Benefits covered: Family planning | |

| Features | Children's Medicaid Dental Services |
|---|---|
| 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? | No, but accreditation considered in plan selection criteria |
| Quality assurance and improvement: Accrediting organization | URAC |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Institute for Child Health Policy |

| Features | Children's Medicaid Dental Services |
|--|---|
| 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 | MCNA Insurance Company; DentaQuest USA Insurance Company, Inc. |
| Notes: Program notes | |

Utah Managed Care Program Features, as of 2020 (1 of 2)

| Features | Utah Medicaid Integrated Care | UNI HOME | Transportation |
|--|--|-------------------|--------------------------------------|
| Program type | Comprehensive MCO | Comprehensive MCO | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Davis, Salt Lake, Utah, Washington, and Weber counties | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1915(a) | 1902(a)(70) NEMT |
| Program start date | 01/01/2020 | 07/01/2011 | 07/12/2001 |
| Waiver expiration date (if applicable) | 06/30/2022 | 06/30/2025 | |
| If the program ended in 2020, 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 | | 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: Children with Special Health Care Needs | | Voluntary | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Mandatory |

| Features | Utah Medicaid Integrated Care | UNI HOME | Transportation |
|---|--|--|-----------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Voluntary | Mandatory |
| Populations enrolled: Enrollment choice period | Other | 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 and during an annual open enrollment period. | 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 | 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 | |

| Features | Utah Medicaid Integrated Care | UNI HOME | Transportation |
|---|--|---|----------------|
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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) | | | |
| Benefits covered: HCBS waiver services | | | |
| Benefits covered: Private duty nursing | X | 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 | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center. | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers. | |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |

| Features | Utah Medicaid Integrated Care | UNI HOME | Transportation |
|--|--|--|---|
| 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 Service 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 Integrated; Molina Integrated; Health Choice Integrated; SelectHealth Integrated | HOME | Logisticare Solutions |
| Notes: Program notes | Medicaid integration pilot program set up for Medicaid Expansion Adults in Salt Lake, Utah, Davis, Weber and Washington counties. Enrollment is mandatory for eligible individuals. Enrollees will be provided with both physical and behavioral health services. They will not enroll in a separate Prepaid Mental Health Plan. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Utah Medicaid Integrated Care, they may not also be enrolled in Choice of Health Care Delivery program, and vice-versa. | Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa. | AI/AN members enrolled in the Traditional Medicaid program are enrolled in Transportation, with the exception of those who are enrolled in a Nursing Home specific Medicaid program. 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 provided transportation services. |

Utah Managed Care Program Features, as of 2020 (2 of 2)

| Features | Choice of Health Care Delivery | Prepaid Mental Health | Dental |
|--|--------------------------------|--|--------------------|
| Program type | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Dental only (PAHP) |
| Statewide or region-specific? | Statewide | Based on State counties and some multi-county partnerships. | Statewide |
| Federal operating authority | 1915(b) | 1915(b) | 1915(b) |
| Program start date | 03/23/1983 | 07/01/1991 | 09/01/2013 |
| Waiver expiration date (if applicable) | 06/30/2022 | 06/30/2022 | 12/31/2023 |
| If the program ended in 2020, 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 | Mandatory | |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Varies | Mandatory | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Varies | Mandatory | Mandatory |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Varies | Mandatory | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Varies | Mandatory | |
| Populations enrolled: Full Duals | Varies | Mandatory | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Varies | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Mandatory |

| Features | Choice of Health Care Delivery | Prepaid Mental Health | Dental |
|---|--|-----------------------|--|
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Enrollment choice period | Other | Pre-assigned | 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 and during an annual open enrollment 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 and during an 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 | 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 | | |
| Benefits covered: Prosthetic devices | X | | |
| Benefits covered: EPSDT | X | X | |

| Features | Choice of Health Care Delivery | Prepaid Mental Health | Dental |
|---|--|--|--------|
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | | X | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center. | Comprehensive continuum of outpatient behavioral health services | |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | Yes |

| Features | Choice of Health Care Delivery | Prepaid Mental Health | Dental |
|--|--|--|--------------------------------|
| 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 | | | |
| 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 | Bear River Mental Health; Central Utah Counseling Center; Davis Behavioral Health; Four Corners Community Behavioral Health; Healthy U Behavioral Health; Northeastern Counseling Center; Salt Lake County Division of Behavioral Health Services; Southwest Behavioral Health Center; Wasatch Behavioral Health; Weber Human Services; Valley Behavioral Health | Premier Access; MCNA Dental |

| Features | Choice of Health Care Delivery | Prepaid Mental Health | Dental |
|----------------------|--|------------------------------|---|
| Notes: Program notes | Each of the enrollment subgroups can be voluntarily or mandatorily enrolled, depending on the county where they reside. Mandatory enrollment is required in the following 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber. The 16 other counties are voluntary enrollment in the plans. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa. | | Pregnant women are an enrollment group covered by Dental. Only Foster Care children are exempt from Dental PAHP enrollment. Those qualifying for subsidized adoption are mandatorily enrolled in a Dental PAHP. |

Vermont Managed Care Program Features, as of 2020

| 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 | 10/01/2015 |
| Waiver expiration date (if applicable) | 12/31/2021 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory |

| Features | Global Commitment To Health Demonstration |
|---|--|
| 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 |
| Benefits covered: SSA Section 1945-authorized Health Home | X |

| Features | Global Commitment To Health Demonstration |
|---|--|
| Benefits covered: Home health services (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 |
| Quality assurance and improvement: CAHPS data required? | No |

| Features | Global Commitment To Health Demonstration |
|--|--|
| 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 | 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 | Department of Vermont Health Access |
| Notes: Program notes | Health homes provide coordinated, systemic, whole-person care to Vermont Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency. |

Virginia Managed Care Program Features, as of 2020

| Features | Commonwealth Coordinated Care Plus | Medallion 4.0 | PACE |
|--|------------------------------------|-------------------|---|
| Program type | Comprehensive MCO + MLTSS | Comprehensive MCO | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | Big Stone Gap, Cedar Bluff, Charlottesville, Farmville, Gretna, Lynchburg, Newport News, Norfolk, Portsmouth, Richmond, Roanoke |
| Federal operating authority | 1915(b)/1915(c) | 1915(b) | PACE |
| Program start date | 08/01/2017 | 08/01/2018 | 02/05/2009 |
| Waiver expiration date (if applicable) | 08/01/2022 | 06/30/2023 | |
| If the program ended in 2020, 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 | | |
| 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: Children with Special Health Care Needs | Mandatory | Mandatory | |

| Features | Commonwealth Coordinated Care Plus | Medallion 4.0 | PACE |
|---|---|----------------------|-------------|
| 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 | Pre-assigned | Pre-assigned | 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 | 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 | |
| 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 |

| Features | Commonwealth Coordinated Care Plus | Medallion 4.0 | PACE |
|---|---|----------------------|-------------|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | 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 | | 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 | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |

| Features | Commonwealth Coordinated Care Plus | Medallion 4.0 | PACE |
|--|--|--|--|
| 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) | 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 | 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 of Virginia; Anthem HealthKeepers Plus; Magellan Complete Care; Optima Health Community Care; United Healthcare; Virginia Premier Elite Plus | Anthem Healthkeepers; Aetna Better Health; Magellan Complete Care; Optima Family Care; United Healthcare; Virginia Premier | Centra PACE; AllCare for Seniors; Sentara Senior Community Care; Mountain Empire PACE; InnovAge Virginia PACE Roanoke Valley, LLC; InnovAge Virginia PACE Charlottesville, LLC |
| Notes: Program notes | | | |

Washington Managed Care Program Features, as of 2020 (1 of 3)

| Features | PCCM | Apple Health/Healthy Options Health Home Program | Fully Integrated Managed Care (FIMC) |
|--|--|--|---|
| Program type | Primary Care Case Management (PCCM) | Other Prepaid Health Plan (PHP) (limited benefits) | Comprehensive MCO |
| Statewide or region-specific? | Benton, Clallam, Ferry, Grays Harbor, King, Snohomish, Lincoln, Okanogan, Spokane, Stevens, Whatcom, and Yakima counties | Statewide | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties |
| Federal operating authority | 1932(a) | 1945 Health Homes | 1932(a), 1945 Health Homes |
| Program start date | 07/01/1995 | 07/01/2013 | 04/01/2016 |
| Waiver expiration date (if applicable) | | | |
| If the program ended in 2020, 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 | Voluntary | 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 |

| Features | PCCM | Apple Health/Healthy Options Health Home Program | Fully Integrated Managed Care (FIMC) |
|---|------------------------------|---|---|
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | |
| Populations enrolled: Full Duals | | Voluntary | |
| Populations enrolled: Children with Special Health Care Needs | Voluntary | Voluntary | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Enrollment choice period | N/A | Pre-assigned | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | | |
| Populations enrolled: Notes on enrollment choice period | 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 |
| 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 |

| Features | PCCM | Apple Health/Healthy Options Health Home Program | Fully Integrated Managed Care (FIMC) |
|---|-------------|---|---|
| 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 | X |
| Benefits covered: Home health services (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) | | | |
| Benefits covered: Personal care (state plan option) | | | 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 |

| Features | PCCM | Apple Health/Healthy Options Health Home Program | Fully Integrated Managed Care (FIMC) |
|--|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | | |
| 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 | Yes |
| Quality assurance and improvement: Accrediting organization | | | NCQA |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | | Comagine Health |
| 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 | Multiple Primary Care Providers | Multiple Sites | Amerigroup; Coordinated Care of Washington; Community Health Plan; Molina Health Care of Washington; United Health Care |
| Notes: Program notes | IHS administers this program in three Service Units: Colville Service Unit, Wellpinit Service Unit, and Yakama Service Unit. Two FQHCs participate in | Washington delivers the optimal Health Home Medicaid/Medical Benefit Both in the Fee-For-Service system and through MCO's. For Individuals in | Please note, nursing home care under the managed care coverage would be for rehabilitation care only, custodial care is covered under FFS and not a |

| Features | PCCM | Apple Health/Healthy Options Health Home Program | Fully Integrated Managed Care (FIMC) |
|--------------------------------|---|---|---|
| Notes: Program notes continued | this program: Seattle Indian Health Board and NATIVE Project of Spokane. Seven tribes participate in this program: Confederated Tribes of the Colville Indian Reservation (through the Lake Roosevelt Community Health Centers for the half of the reservation that is outside of the IHS Colville Service Unit service area), Lower Elwha Klallam Tribe, Lummi Nation, Nooksack Tribe, Puyallup Tribe, Quinault Indian Nation, and Shoalwater Bay Tribe. | Comprehensive MCO's, the MCO's are at risk for a health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc.. For individual in PCCM's the MCO's administer health homes services separate from the PCCM program. | benefit under the Managed Care Coverage. |

Washington Managed Care Program Features, as of 2020 (2 of 2)

| Features | Behavioral Health Services Only (BHSO) | PACE | NEMT |
|--|---|--|--------------------------------------|
| Program type | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE) | Non-Emergency Medical Transportation |
| Statewide or region-specific? | 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, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties | Statewide | Statewide |
| Federal operating authority | 1915(b) | PACE | 1902(a)(70) NEMT |
| Program start date | 04/01/2016 | 01/01/1997 | 10/01/2008 |
| Waiver expiration date (if applicable) | 06/30/2022 | | |
| If the program ended in 2020, 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 | | 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 | | Mandatory |

| Features | Behavioral Health Services Only (BHSO) | PACE | NEMT |
|---|---|-------------|---|
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | Mandatory |
| Populations enrolled: Full Duals | Mandatory | Voluntary | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Exempt | Mandatory |
| Populations enrolled: Enrollment choice period | Other | N/A | |
| Populations enrolled: Enrollment broker name (if applicable) | | | Regional Brokers based on county of residents |
| Populations enrolled: Notes on enrollment choice period | Enrollment continuously open | | |
| 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 | |

| Features | Behavioral Health Services Only (BHSO) | PACE | NEMT |
|---|---|-------------|-------------|
| 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: Home health services (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 | |
| 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 | Behavioral Health Services Only (BHSO) | PACE | NEMT |
|--|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Comfort Care and Podiatry | |
| 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? | Yes | No | No |
| Quality assurance and improvement: Accrediting organization | NCQA | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Comagine | | |
| 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 | Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care; United Health Care | Provider Elder Place; International Community Health Services | Providence Elder Place; International Community Health Services |

| Features | Behavioral Health Services Only (BHSO) | PACE | NEMT |
|----------------------|--|--|---|
| Notes: Program notes | Clients who have factors that disqualifies them for Integrated Health Care and need Behavioral Health Services will fall under this service. | There are two PACE Providers. Providence Elder Place is located in King and Spokane County (Spokane County was added 06/2020). International Community Health Services is located in King County and was added in July 2019. | Brokers are based on counties. NEMT is provided for anyone on Medicaid that meet the requirement. |

West Virginia Managed Care Program Features, as of 2020

| Features | Mountain Health Promise | Mountain Health Trust |
|--|-------------------------|-----------------------|
| Program type | Comprehensive MCO | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Statewide |
| Federal operating authority | 1915(b)/1915(c) | 1915(b) |
| Program start date | 03/01/2020 | 01/01/1996 |
| Waiver expiration date (if applicable) | 06/30/2021 | 06/30/2021 |
| If the program ended in 2020, 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: Children with Special Health Care Needs | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Voluntary |

| Features | Mountain Health Promise | Mountain Health Trust |
|---|--------------------------------|------------------------------|
| Populations enrolled: Enrollment choice period | Pre-assigned | 30 days |
| Populations enrolled: Enrollment broker name (if applicable) | | Maximus US Services, Inc. |
| 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 | | |
| 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: Home health services (services in home) | X | X |
| Benefits covered: Family planning | X | X |

| Features | Mountain Health Promise | Mountain Health Trust |
|---|--------------------------------|------------------------------|
| 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 | | |
| 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 |
| 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) | Qlarant | Qlarant |

| Features | Mountain Health Promise | Mountain Health Trust |
|--|---|---|
| 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 | | |
| Participating plans: Plans in Program | Aetna Better Health of WV | Aetna Better Health of WV; The Health Plan of WV; Unicare of WV |
| Notes: Program notes | West Virginia's full-risk managed care program, Specialized Managed Care Plan for Children and Youth, provides statewide physical and behavioral health managed care services for approximately 20,000 children and youth in the foster care system and individuals receiving adoption assistance. This program runs concurrent with the state's 1915(c) waiver for Children with Serious Emotional Disturbances (SED) and 1115 expenditure authority allowing the state to enroll the SED population into one specialized MCO. | |

Wisconsin Managed Care Program Features, as of 2020 (1 of 3)

| Features | SSI Managed Care | Children Come First (CCF) | BadgerCare Plus |
|--|-------------------|--|-------------------|
| Program type | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Dane County | Statewide |
| Federal operating authority | 1932(a) | 1915(a) | 1932(a) |
| Program start date | 04/01/2005 | 04/01/1993 | 02/01/2008 |
| Waiver expiration date (if applicable) | | | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | | Voluntary | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Voluntary | Exempt |

| Features | SSI Managed Care | Children Come First (CCF) | BadgerCare Plus |
|---|--------------------------------|--|--------------------------------|
| 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 | Voluntary enrollment can occur at any time | 90 days open enrollment period |
| 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 |
| Benefits covered: Lab and x-ray | X | | X |
| Benefits covered: Prescription drugs | | | |
| 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: Home health services (services in home) | X | | X |
| Benefits covered: Family planning | X | | X |

| Features | SSI Managed Care | Children Come First (CCF) | BadgerCare Plus |
|---|--|---------------------------|--|
| 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 | | 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, podiatry, chiropractic (varies by plan), and dental (varies by geographic region). |
| Quality assurance and improvement: HEDIS data required? | Yes | No | Yes |
| 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 | | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | MetaStar | MetaStar | MetaStar |

| Features | SSI Managed Care | Children Come First (CCF) | BadgerCare Plus |
|--|---|----------------------------------|---|
| 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 | X | | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | | X |
| Participating plans: Plans in Program | Anthem Blue Cross Blue Shield; Group Health Cooperative of Eau Claire; Independent Care (iCare); Managed Health Services; Molina Health Plan; My Choice Wisconsin Health Plan, Inc.; Network Health Plan; UnitedHealthcare Community Plan | Children Come First | 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; Independent Care (iCare); MercyCare Insurance Company; MHS of Wisconsin; Molina Health Plan; My Choice Wisconsin Health Plan; Network Health Plan; Quartz; Security Health Plan of Wisconsin; UnitedHealthcare Community Plan |
| Notes: Program notes | | | |

Wisconsin Managed Care Program Features, as of 2020 (2 of 3)

| Features | Care4Kids | Program of All-inclusive Care for the Elderly (PACE) | Family Care Partnership |
|--|--|--|---|
| Program type | Other Prepaid Health Plan (PHP) (limited benefits) | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties | Milwaukee and Waukesha Counties | Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca Counties |
| Federal operating authority | 1937 Alt Benefit Plan | PACE | 1932(a)/1915(c) |
| Program start date | 01/01/2014 | 11/01/1990 | 12/01/1995 |
| Waiver expiration date (if applicable) | | | 12/31/2025 |
| If the program ended in 2020, 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 | 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: Children with Special Health Care Needs | Voluntary | | |

| Features | Care4Kids | Program of All-inclusive Care for the Elderly (PACE) | Family Care Partnership |
|---|---|---|--------------------------------|
| 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 | Other |
| Populations enrolled: Enrollment broker name (if applicable) | Maximus | | |
| Populations enrolled: Notes on enrollment choice period | Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county. | Open enrollment | Open enrollment |
| 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 |

| Features | Care4Kids | Program of All-inclusive Care for the Elderly (PACE) | Family Care Partnership |
|---|------------------|---|--------------------------------|
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (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 | X |
| Benefits covered: HCBS waiver services | | X | X |
| Benefits covered: Private duty nursing | X | 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 |
| 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 | Care4Kids | Program of All-inclusive Care for the Elderly (PACE) | Family Care Partnership |
|--|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Prosthetic devices, nurse midwife services, and podiatry. | 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. | 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 & language pathology, and vision care. |
| 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 | No | No |
| Quality assurance and improvement: Accrediting organization | | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | MetaStar | MetaStar | MetaStar |
| 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 | Children's Hospital of Wisconsin | Community Care, Inc. | Independent Care (iCare); Community Care Health Plan; Care Wisconsin Health Plan - Trilogy Health Ins |

| Features | Care4Kids | Program of All-inclusive Care for the Elderly (PACE) | Family Care Partnership |
|----------------------|------------------|---|--------------------------------|
| Notes: Program notes | | | |

Wisconsin Managed Care Program Features, as of 2020 (3 of 3)

| Features | Family Care | WrapAround Milwaukee |
|--|-------------------------------|--|
| Program type | MLTSS only (PIHP and/or PAHP) | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) |
| Statewide or region-specific? | Statewide | Milwaukee County |
| Federal operating authority | 1915(b)/1915(c) | 1915(a) |
| Program start date | 02/01/2000 | 03/01/1997 |
| Waiver expiration date (if applicable) | 12/31/2021 | |
| If the program ended in 2020, 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) | | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | Voluntary | |
| Populations enrolled: Children with Special Health Care Needs | | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Voluntary |

| Features | Family Care | WrapAround Milwaukee |
|---|--------------------|--|
| Populations enrolled: Enrollment choice period | Other | Other |
| Populations enrolled: Enrollment broker name (if applicable) | | |
| Populations enrolled: Notes on enrollment choice period | Open enrollment | Voluntary enrollment can occur at any time |
| Benefits covered: Inpatient hospital physical health | | |
| 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 | X |
| Benefits covered: Physician | | |
| Benefits covered: Nurse practitioner | | |
| Benefits covered: Rural health clinics and FQHCs | | |
| Benefits covered: Clinic services | | X |
| 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 | | |
| Benefits covered: Home health services (services in home) | X | |
| Benefits covered: Family planning | | |

| Features | Family Care | WrapAround Milwaukee |
|---|---|----------------------|
| 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 | X | |
| Benefits covered: ICF-IDD | X | |
| 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 | | X |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Community mental health services, durable medical equipment and medical supplies, occupational therapy, physical therapy, respiratory care for ventilator dependent persons, and speech & language pathology. | |
| 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 | | |

| Features | Family Care | WrapAround Milwaukee |
|--|--|-----------------------------|
| Quality assurance and improvement: EQRO contractor name (if applicable) | MetaStar | MetaStar |
| 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 | Inclusa, Inc.; Lakeland Care, Inc.; Community Care, Inc.; My Choice Family Care - Care Wisconsin | Wrap Around Milwaukee |
| Notes: Program notes | | |

Wyoming Managed Care Program Features, as of 2020

| Features | Wyoming PACE at Cheyenne Regional Medical Center |
|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Laramie County |
| Federal operating authority | PACE |
| Program start date | 02/01/2013 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, 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: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |

| Features | Wyoming PACE at Cheyenne Regional Medical Center |
|---|---|
| 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 |
| 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 | |

| Features | Wyoming PACE at Cheyenne Regional Medical Center |
|---|--|
| Benefits covered: Home health services (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 |
| 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. |
| Quality assurance and improvement: HEDIS data required? | No |
| Quality assurance and improvement: CAHPS data required? | No |

| Features | Wyoming PACE at Cheyenne Regional Medical Center |
|--|---|
| 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 | Cheyenne Regional Medical Center PACE |
| Notes: Program notes | This program ended on 02/01/2021. |