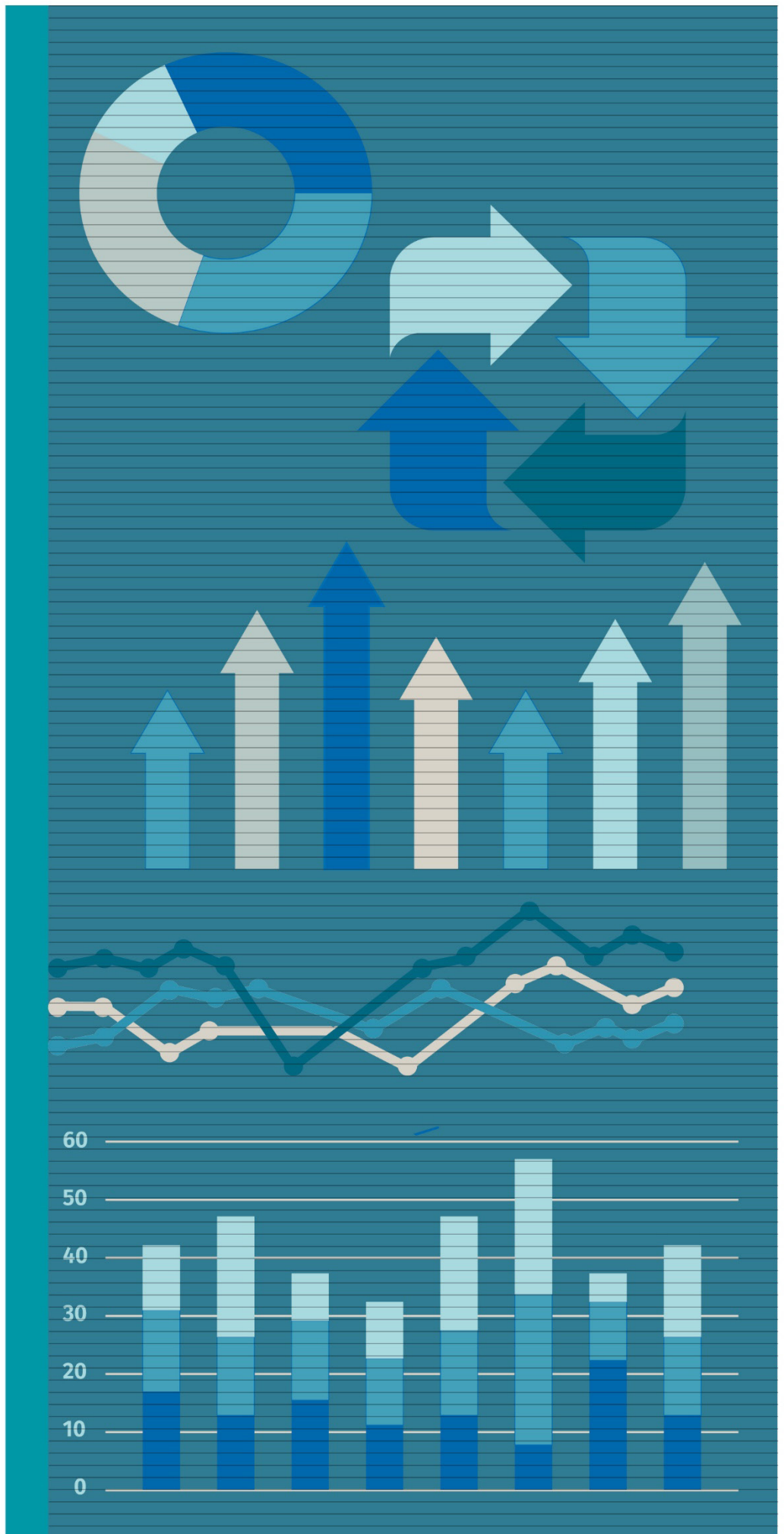




Medicaid Managed Care Enrollment and Program Characteristics, 2020

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.

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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.

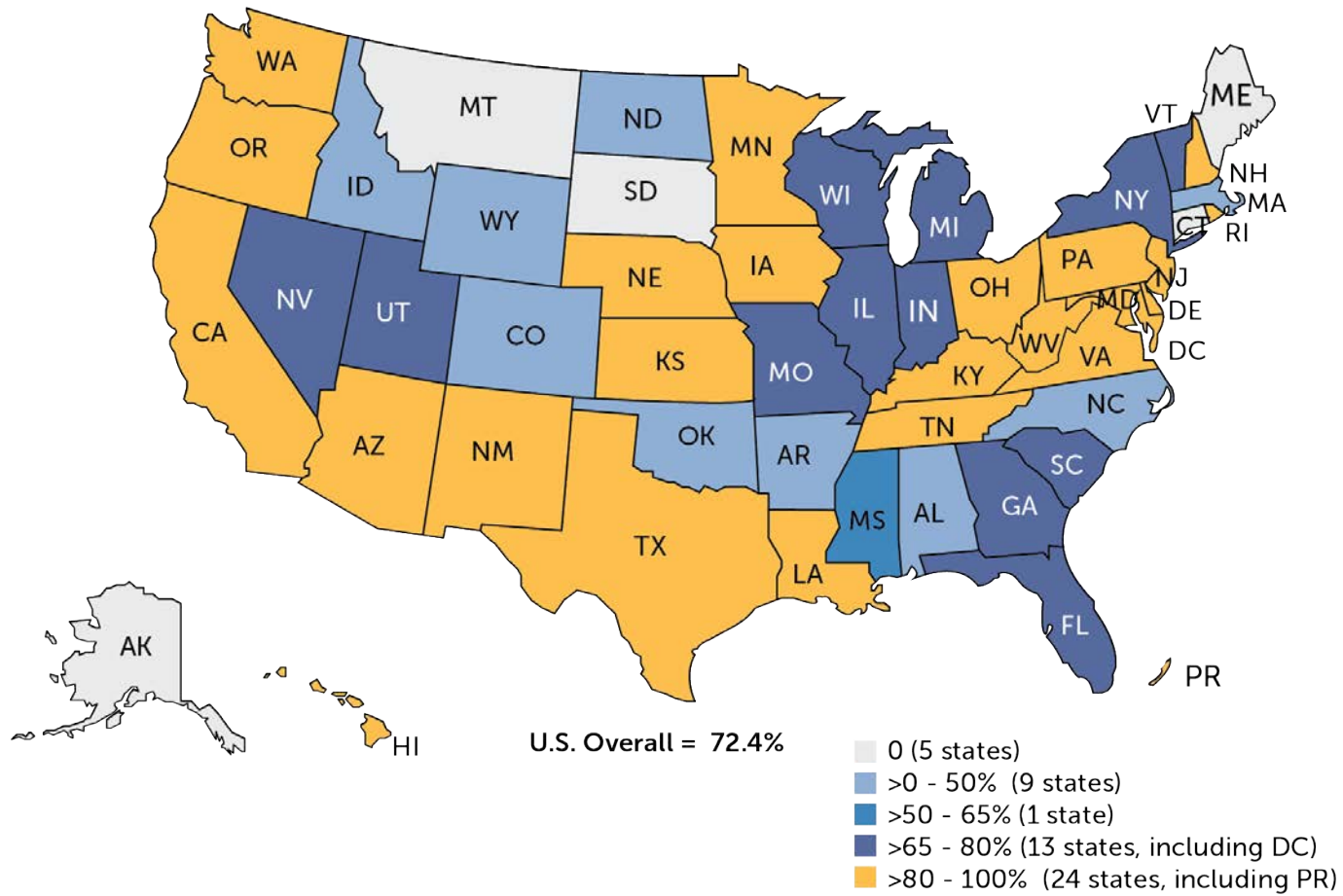
2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, PCCMs, and PCCM entities.

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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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, Ozaukee, 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%	--	--

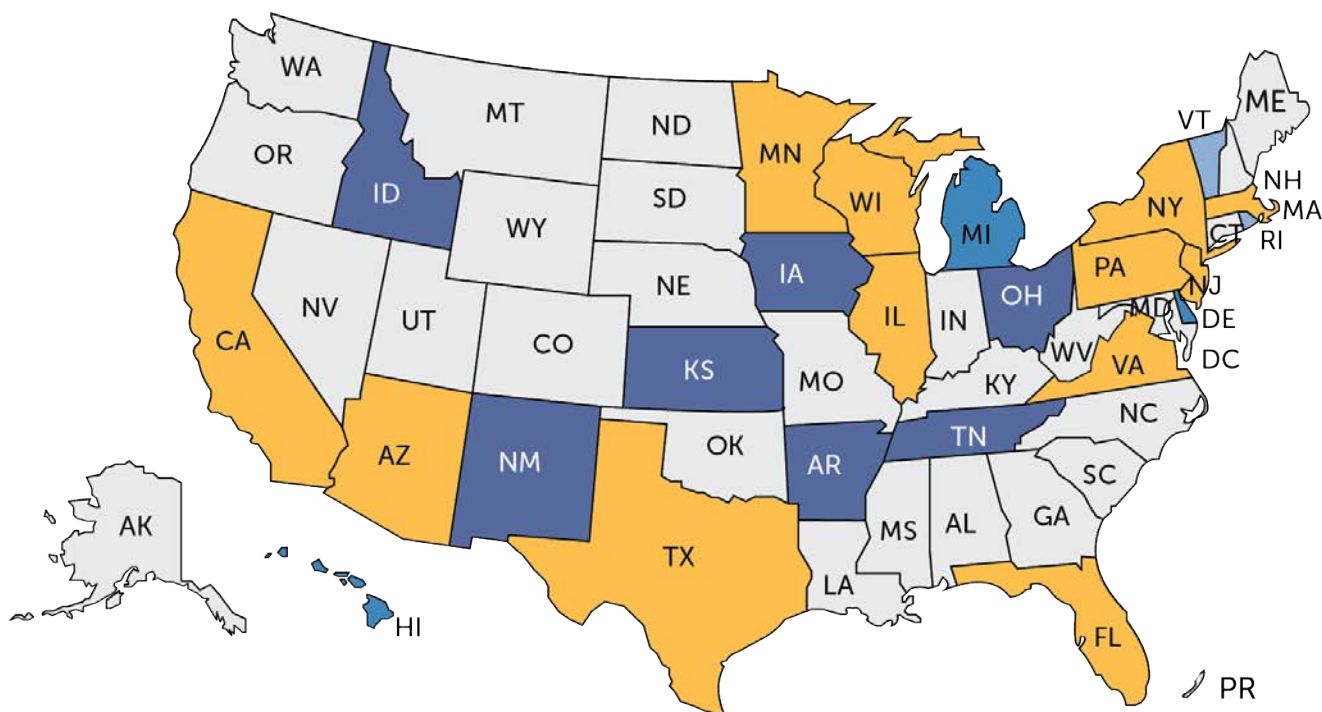
State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) 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</u> covered 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 DCHFP 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	<p>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.</p>		

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	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	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	Superior HealthPlan
Notes: Program notes	STAR population also includes pregnant women. Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.		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.

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.