Medicaid Managed Care Enrollment and Program Characteristics,
2019

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CONTENTS

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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, 2019, 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 2019, 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 2018 edition of this report series. Questions regarding state-specific information in this report should be directed to state/territorial Medicaid officials; contact information can be found on state Medicaid agency websites in each state's profile at this link: http://medicaiddirectors.org/about/medicaid-directors/

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

Acknowledgements

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Errors and Corrections to the 2018 Report

In the course of collecting data for the 2019 version of this report, Mathematica uncovered several errors in the data contained in the 2018 Medicaid Managed Care Enrollment Report released in Spring 2020. A corrected version of that report was re-issued in Summer 2021, and the errors identified in the Spring 2020 report are listed below.

State/Domain	Changes
Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2018	
District of Columbia	Total Medicaid enrollment in any type of managed care was previously reported as 189,363. The corrected figure is 245,921.
Pennsylvania	Medicaid enrollment in comprehensive MCOs under ACA Section VIII expansion was previously reported as 723,410. The corrected figure is 705,010.
Wyoming	Total Medicaid enrollment in any type of managed care was previously reported as 370. The corrected figure is 136.
All states	As a result of these changes: 1. Total Medicaid enrollment in any type of managed care was previously reported as 66,107,287. The corrected figure is 66,163,611. 2. Medicaid enrollment in comprehensive MCOs under ACA Section VIII expansion was previously reported as 13,637,012. The corrected figure is 13,618,612.
Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2018	
District of Columbia	1. Managed care enrollment in comprehensive MCOs was previously reported as 189,363. The corrected figure is 190,116. 2. Managed care enrollment in transportation programs was previously reported as 54,594. The corrected figure is 55,805.
Wyoming	Managed care enrollment in other program types was previously reported as 234. The corrected figure is 0.
All states	As a result of these changes: 1. Managed care enrollment in comprehensive MCOs was previously reported as 55,558,458. The corrected figure is 55,559,211. 2. Managed care enrollment in transportation programs was previously reported as 15,204,939. The corrected figure is 15,206,150. 3. Managed care enrollment in other program types was previously reported as 66,486. The corrected figure is 66,252.
Table 3: Medicare-Medicaid Dually Eligible Individuals Enrolled in Managed Care by Program Type, as of July 1, 2018	
District of Columbia	1. The total number of Medicare-Medicaid dually eligible beneficiaries was previously reported as 21,621. The corrected figure is 35,425. 2. Medicaid-Medicare dually eligible enrollment in comprehensive MCOs was previously reported as 125. The corrected figure is 878. 3. Medicaid-Medicare dually eligible enrollment in transportation programs was previously reported as 21,496. The corrected figure is 22,707.
All states	As a result of these changes: 1. The total number of Medicaid-Medicaid dually eligible beneficiaries was previously reported as 10,290,613. The corrected figure is 10,304,417. 2. Medicaid-Medicare dually eligible enrollment in comprehensive MCOs was previously reported as 2,981,554. The corrected figure is 2,982,307. 3. Medicaid-Medicare dually eligible enrollment in transportation programs was previously reported as 1,089,256. The corrected figure is 1,090,467.

State/Domain	Changes
Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2018	
District of Columbia	1. Total Medicaid enrollment in any type of managed care was previously reported as 189,363. The corrected figure is 245,921. 2. The percent of all Medicaid enrollees in any type of managed care was previously reported as 71.5%. The corrected figure is 92.8%. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 189,363. The corrected figure is 190,116. 4. The percent of all Medicaid enrollees in comprehensive managed care was previously reported as 71.5%. The corrected figure is 71.7%.
Wyoming	1. Total Medicaid enrollment in any type of managed care was previously reported as 370. The corrected figure is 136. 2. The percent of all Medicaid enrollees in any type of managed care was previously reported as 0.6%. The corrected figure is 0.2%.
All states	As a result of these changes: 1. Total Medicaid enrollment in any type of managed care was previously reported as 66,107,287. The corrected figure is 66,163,611. 2. The percent of all Medicaid enrollees in any type of managed care was previously reported as 83%. The corrected figure remains 83%. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 55,605,461. The corrected figure is 55,606,214. 4. The percent of all Medicaid enrollees in any type of managed care was previously reported as 70%. The corrected figure remains 70%.
Table 5: Enrollment by Program and Plan, as of July 1, 2018	
Alabama	The Integrated Care Network program, which began in October 2018, and its associated plans were previously omitted from the 2018 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 0, and a total enrollment of 0.
California	The Rady Children's Hospital San Diego ACO program, which began in August 2018, and its associated plans were previously omitted from the 2018 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 0, and a total enrollment of 0.
District of Columbia	1. Medicaid-Medicare dually eligible enrollment for the AmeriHealth Caritas District of Columbia, Amerigroup District of Columbia, and Trusted Health Plan plans in the DC Healthy Families program was previously reported as 7, 2, and 1, respectively. The corrected figures are 518, 148, and 90, respectively. 2. Total enrollment data for the AmeriHealth Caritas District of Columbia, Amerigroup District of Columbia, and Trusted Health Plan plans in the DC Healthy Families program were previously reported as 110,099; 43,376; and 30,585, respectively. The corrected figures are 110,610; 43,522; and 30,674, respectively. 3. Medicaid-Medicare dually eligible enrollment for Health Services for Children with Special Needs plan in the Child and Adolescent Supplemental Security Income Program (CASSIP) was previously reported as 115. The corrected figure is 122. 4. Total enrollment for Health Services for Children with Special Needs plan in the Child and Adolescent Supplemental Security Income Program (CASSIP) was previously reported as 5,303. The corrected figure is 5,310. 5. Medicaid-Medicare dually eligible enrollment for Medical Transportation Management, Inc. plan in the Non-Emergency Medical Transportation program was previously reported as 21,496. The corrected figure is 22,707. 6. Total enrollment for Medical Transportation Management, Inc. plan in the Non-Emergency Medical Transportation program was previously reported as 54,594. The corrected figure is 55,805.
Florida	The Dental program, which began in December 2018, and its associated plans were previously omitted from the 2018 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 0, and a total enrollment of 0.
New Mexico	The parent organization for the Blue Cross Blue Shield of NM plan was previously reported as Blue Cross Blue Shield. The corrected organization is Health Care Service Corporation.

State/Domain	Changes
North Dakota	The plan name and parent organization for the PACE program were previously reported as PACE. The corrected plan name and parent organization is Northland PACE Senior Care Services.
Wyoming	Medicaid enrollment, Medicaid-Medicare dually eligible enrollment, and total enrollment for CME Statewide plan in the Care managed Entity for Emotionally Disturbed Children program were previously reported as 234, 0, and 234 respectively. The corrected figures are 0, 0, and 0 respectively.

Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2018	
Texas	1. The number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 124,552. The corrected figure is 115,186. 2. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 3.2%. The corrected figure is 3.0%.
Vermont	1. The number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 202. The corrected figure is 1,311. 2. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 0.2%. The corrected figure is 1.1%.
All states	As a result of these changes: 1. The number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 1,025,522. The corrected figure is 1,017,265. 2. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 1.5%. The corrected figure remains 1.5%.

Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2018	
The changes for Table 7 result from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 76 to 77. 2. The number of programs in which aged, blind of disabled children or adults are enrolled voluntarily has been changed from 13 to 14. 3. The number of programs in which non-disabled children are enrolled voluntarily has changed from 3 to 4. 4. The number of programs in which children with special health care needs are enrolled voluntarily has been changed from 14 to 15. 5. The number of programs in which Native Americans/Alaskan Natives are enrolled voluntarily has been changed from 42 to 43. 6. The number of programs in which Foster Care and Adoption Assistance Children are enrolled voluntarily has been changed from 19 to 20.
PCCM entity	1. The total number of PCCM entity programs has been changed from 4 to 5. 2. The number of programs in which Native Americans/Alaskan Natives are enrolled voluntarily has been changed from 1 to 2. 3. The number of programs in which Foster Care and Adoption Assistance Children are enrolled voluntarily has been changed from 2 to 3.
Dental	1. The total number of dental programs has been changed from 12 to 13. 2. The number of programs in which low-income adults are enrolled mandatorily has been changed from 7 to 8. 3. The number of programs in which aged, blind of disabled children or adults are enrolled mandatorily has been changed from 8 to 9. 4. The number of programs in which non-disabled children are enrolled mandatorily has changed from 8 to 9. 5. The number of programs in which full-benefit duals are enrolled mandatorily has been changed from 5 to 6. 6. The number of programs in which children with special health care needs are enrolled mandatorily has been changed from 6 to 7. 7. The number of programs in which Native Americans/Alaskan Natives are enrolled mandatorily has been changed from 5 to 6. 8. The number of programs in which Foster Care and Adoption Assistance Children are enrolled mandatorily has been changed from 6 to 7.

State/Domain	Changes
Table 8: Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2018	
The changes for Table 8 result from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	The total number of comprehensive MCO programs with or without MLTSS has been changed from 76 to 77.
PCCM entity	1. The total number of PCCM entity programs has been changed from 4 to 5. 2. The total number of programs for which withholds tied to performance metrics are used as a performance incentive has been changed from 1 to 2.
Dental	1. The total number of dental programs has been changed from 12 to 13. 2. The total number of programs for which HEDIS data is required has been changed from 8 to 9. 3. The total number of programs for which CAHPS data is required has been changed from 9 to 10. 4. The total number of programs for which accreditation is required has been changed from 3 to 4. 5. The total number of programs for which an EQRO contractor is used has been changed from 6 to 7. 6. 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 4 to 5. 7. The total number of programs for which MCOs/PHPs are required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods has been changed from 4 to 5.
State Tables	
Alabama	The Integrated Care Network program, which began in October 2018, was previously omitted from the 2018 reports. The program is now shown in the corrected report.
California	The Rady Children's Hospital San Diego ACO program, which began in August 2018, was previously omitted from the 2018 reports. The program is now shown in the corrected report.
Florida	Florida's dental program, which began in December 2018, was previously omitted from the 2018 reports. The program is now shown in the corrected report.
Georgia	The federal operating authority for the Georgia Families 360 program was previously reported as 1932(a), 1932(a)/1915(i). The corrected authority is 1932(a), 1932(a)/1915(c).
Maine	Physician services and coverage of rural health clinics and FQHCs were previously reported as covered benefits under the MaineCare program. They have been removed in the corrected report.
Nevada	The federal operating authority for the Dental Benefits Administrator program was previously reported as 1932(a), 1937 Alt Benefit Plan. The corrected authority is 1932(a), 1915(b).
North Dakota	1. The federal operating authority for the PCCM program was previously reported as 1932(a)/1915(i). The corrected authority is 1932(a). 2. Outpatient hospital physical health, physician, nurse practitioner, rural health clinic and FQHC, and clinic services were previously reported as covered benefits under the PCCM program. They have been removed in the corrected report.
Wyoming	3. The program end date for the Care Management Entity for Emotionally Disturbed Children was previously reported as 6/30/2020. The corrected end date is 6/30/2018.

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2019 and pervious years show the following trends:

- **Medicaid enrollment in comprehensive MCOs decreased by 0.7 percent – from 55.6 million in 2018 to 55.2 million in 2019 – marking the first year of a decrease in enrollment following three years of slowed growth.** Comprehensive MCOs cover a broad range of Medicaid benefits, including acute, primary and specialty care, and in some states, behavioral health and long-term services and supports (LTSS) as well.

- **Enrollment of dually eligible individuals in comprehensive MCOs increased by 8 percent from 2018 to 2019.** About 3.2 million dually eligible beneficiaries were enrolled in comprehensive MCOs in 2019, an increase from about 3 million in 2018. Additionally, states expanded the use of comprehensive MCOs for dually eligible beneficiaries. In 2019, about 31 percent of dually eligible beneficiaries were enrolled in comprehensive MCOs, compared to about 29 percent of dually eligible beneficiaries in 2018.

- **Enrollment in Behavioral Health Organizations (BHOs) increased by 20 percent in 2019.** In 2019, about 12 percent of all Medicaid beneficiaries were enrolled in BHO programs, compared to about 10 percent of all Medicaid beneficiaries in 2018. However, this is a significant decrease from past enrollment levels - in 2013, 17 percent of Medicaid beneficiaries were enrolled in BHOs.

- **Enrollment in dental programs increased by 25 percent in 2019.** In 2019, about 13 percent of all Medicaid beneficiaries were enrolled in dental programs, compared to 10 percent in 2018.

- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty-three states had managed LTSS (MLTSS) programs in operation as of July 1, 2019, a slight increase from twenty-two states in 2018. As of July 1, 2019, there were 1.3 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-three states reporting LTSS users in both years reported an increase in the number of LTSS users from 2018 to 2019. Additionally, enrollment in MLTSS only programs increased to about 0.7 percent of managed care enrollees nationwide, compared to 0.4 percent in 2018.

- **The percentage of Medicaid beneficiaries enrolled in comprehensive managed care plans as a result of the ACA Medicaid expansion increased for the fourth straight year.** About 14.2 million low income adults eligible for Medicaid under Section VIII of the ACA in 2019 were enrolled in comprehensive MCOs, as compared to 13.6 million in 2018 (a 4 percent increase). Enrollment in comprehensive MCOs covered under Section VIII has almost 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
Affordable Care Act	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.
Behavioral Health Organization	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.
Centers for Medicare & Medicaid Services	CMS	The federal agency that administers the Medicare and Medicaid programs.
Comprehensive Managed Care Organization	Compre-hensive 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.
Consumer Assessment of Healthcare Providers and Systems	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.
Dental Prepaid Ambulatory Health Plan		A limited-benefit plan that only covers dental services.
Dual Eligibles (also referred to as "Duals", or Medicare-Medicaid Eligibles)		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").
Early and Periodic Screening, Diagnostic and Treatment	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.
External Quality Review Organization	EQRO	An organization that meets competence and independence requirements and performs an external quality review of managed care programs and plans.
Federally Qualified Health Center	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.
Fee-For-Service	FFS	A payment system in which the state reimburses providers directly for each individual service rendered.
Healthcare Effectiveness Data and Information Set	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).
Home and Community-based Services	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.
Intellectual/ Developmental Disabilities	IDD	An individual with an intellectual or developmental disability has an intellectual functioning level (IQ) below 70-75, limitations in adaptive skills, and must have had the condition start before the age of nineteen.

Term	Acronym	Definition
Intermediate Care Facilities	ICF	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
Institution for Mental Diseases	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.
Long-term Services and Supports	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.
Managed Long Term Services and Supports	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.
Medicaid		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.
Medicaid Managed Care		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.
Medicaid State Plan		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.
Medicaid State Plan Amendment	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.
Medicaid Waivers		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.
Medicare		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.

Term	Acronym	Definition
Mental Health	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.
Non-Emergency Medical Transportation	NEMT	A program that covers transportation to and from medically necessary health care services.
Other Prepaid Health Plans	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.
Prepaid Ambulatory Health Plan	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.
Prepaid Inpatient Health Plan	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.
Presumptive Eligibility		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.
Primary Care Case Management	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.
Primary Care Case Management entity	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.
Program for All-inclusive Care for the Elderly	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.

Term	Acronym	Definition
Section VIII		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.
Substance Use Disorder	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.
Transportation Prepaid Ambulatory Health Plan	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, 2019

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	**78,737,936**	**65,745,133**	**55,162,437**	**14,223,275**
Alabama	1,039,621	869,791	173	0
Alaska[5]	207,174	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	1,874,857	1,580,628	1,580,628	399,639
Arkansas	951,645	822,839	45,600	0
California	12,780,305	10,394,575	10,394,126	3,078,552
Colorado[6]	1,231,952	1,182,928	117,271	45,636
Connecticut[7]	837,367	0	0	0
Delaware	237,244	208,650	199,985	63,169
District of Columbia	267,329	249,119	194,136	66,283
Florida	3,813,067	3,097,487	2,969,638	0
Georgia[8]	1,917,560	1,466,300	1,418,039	0
Guam	n/a	n/a	n/a	n/a
Hawaii	327,893	327,762	327,762	104,712
Idaho	291,466	289,155	12,230	0
Illinois	3,001,288	2,122,611	2,122,611	445,661
Indiana	1,462,152	1,074,748	1,074,748	560,574
Iowa	642,329	603,246	603,246	174,583
Kansas	398,034	341,879	341,879	0
Kentucky	1,353,368	1,224,145	1,224,145	446,084

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	1,622,025	1,501,128	1,356,874	456,191
Maine	258,581	242,488	0	0
Maryland	1,457,966	1,190,559	1,190,559	296,967
Massachusetts	1,829,245	1,187,701	731,688	165,865
Michigan	4,713,103	4,650,365	2,446,408	621,998
Minnesota	1,085,204	849,507	849,507	166,096
Mississippi	673,247	436,028	436,028	0
Missouri	858,077	840,878	596,646	0
Montana	254,273	207,316	0	0
Nebraska	248,377	247,490	247,490	0
Nevada	654,497	575,184	498,872	196,682
New Hampshire	193,363	173,073	173,073	48,680
New Jersey	1,612,863	1,499,339	1,499,339	488,119
New Mexico	832,295	668,435	668,435	230,343
New York	6,140,117	4,705,224	4,466,540	3,447,402
North Carolina	2,173,625	1,621,483	2,310	0
North Dakota	88,829	45,939	19,872	19,692
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	2,823,271	2,371,585	2,371,585	564,575
Oklahoma	790,443	645,075	537	0
Oregon	1,080,170	869,710	869,710	396,073
Pennsylvania	2,827,289	2,626,598	2,442,251	686,944
Puerto Rico	1,331,694	1,331,694	1,331,694	408,694
Rhode Island	312,141	293,043	259,274	70,388

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]
South Carolina	1,253,433	1,253,433	801,566	0
South Dakota	122,209	90,253	0	0
Tennessee	1,565,485	1,437,688	1,437,688	0
Texas	3,878,840	3,742,053	3,578,633	0
Utah	290,203	258,484	215,764	0
Vermont[9]	166,114	108,731	108,731	44,868
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,460,075	1,275,928	1,275,928	303,154
Washington	1,742,684	1,742,684	1,513,259	78,346
West Virginia	508,092	387,376	387,376	147,305
Wisconsin	1,194,983	812,661	758,446	0
Wyoming	60,472	137	137	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 dually eligible 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, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

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, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

8. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include NEMT enrollees, as the state did not monitor NEMT program enrollment in 2019.

9. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. This program is classified as a "Comprehensive MCO + MLTSS" program but is considered by CMS and the state to be a "Comprehensive non-risk PIHP" program.

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

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2019[1]

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	78,737,936	55,157,090	2,612,803	2,994,995	552,658	9,262,546	10,398,696	13,508,968	51,654	99,035
Alabama[4]	1,039,621	--	809,137	28,018	--	--	--	--	173	32,463
Alaska[5]	207,174	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,874,857	1,580,628	--	--	--	--	--	--	--	--
Arkansas	951,645	45,236	416,811	--	--	--	581,778	663,301	364	--
California	12,780,305	10,385,180	--	--	--	26	800,356	--	8,946	595
Colorado[6]	1,231,952	112,938	--	1,019,506	--	--	--	--	4,333	--
Connecticut[7]	837,367	--	--	--	--	--	--	--	--	--
Delaware	237,244	199,724	--	--	--	--	--	208,650	261	--
District of Columbia	267,329	194,136	--	--	--	--	--	54,983	--	--
Florida	3,813,067	2,967,589	--	--	200,320	--	3,095,204	--	2,049	--
Georgia[8]	1,917,560	1,418,039	--	--	--	--	--	0	--	48,261
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii[9]	327,893	327,762	--	--	--	--	--	--	--	--
Idaho	291,466	12,230	247,524	--	--	264,723	289,155	289,155	--	--
Illinois	3,001,288	2,122,611	--	--	52,450	--	--	--	--	--
Indiana	1,462,152	1,074,346	--	--	--	--	--	--	402	--
Iowa	642,329	602,684	--	--	--	--	390,041	9,951	562	--
Kansas	398,034	341,297	--	--	--	--	--	--	582	--

State or Territory	Total Medicaid Enrollees[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Kentucky	1,353,368	1,224,145	--	--	--	--	--	1,201,648	--	--
Louisiana	1,622,025	1,356,398	--	--	--	132,951	1,499,473	--	476	--
Maine	258,581	--	155,099	--	--	--	--	242,488	--	--
Maryland	1,457,966	1,190,456	--	--	--	--	--	--	103	--
Massachusetts	1,829,245	726,804	106,929	356,253	--	530,032	--	--	4,884	--
Michigan[10]	4,713,103	2,443,239	--	--	11,425	2,204,802	975,356	--	3,169	--
Minnesota	1,085,204	849,507	--	--	--	--	--	--	--	--
Mississippi	673,247	436,028	--	--	--	--	--	--	--	--
Missouri	858,077	596,646	--	--	--	--	--	244,232	--	--
Montana	254,273	--	207,316	--	--	--	--	--	--	--
Nebraska	248,377	247,285	--	--	--	--	246,055	--	205	--
Nevada	654,497	498,872	--	--	--	--	498,872	575,184	--	--
New Hampshire	193,363	173,073	--	--	--	--	--	--	--	--
New Jersey	1,612,863	1,498,187	--	--	--	--	--	1,486,074	1,152	--
New Mexico	832,295	667,641	--	--	--	--	--	--	794	--
New York	6,140,117	4,460,781	--	--	238,684	--	--	--	5,759	--
North Carolina	2,173,625	--	--	1,591,218	--	1,542,689	--	--	2,310	--
North Dakota	88,829	19,692	45,939	--	--	--	--	--	180	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	2,823,271	2,371,042	--	--	--	--	--	--	543	--
Oklahoma	790,443	--	529,050	--	--	--	--	645,075	537	--
Oregon[11]	1,080,170	914,537	--	--	--	--	--	--	1,481	--
Pennsylvania	2,827,289	2,434,956	--	--	--	2,587,654	--	621,588	7,295	172

State or Territory	Total Medicaid Enrollees[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Puerto Rico	1,331,694	1,331,694	--	--	--	--	--	--	--	--
Rhode Island	312,141	258,954	--	--	--	--	113,240	290,144	320	--
South Carolina	1,253,433	801,150	666	--	--	--	--	1,253,433	416	--
South Dakota	122,209	--	90,253	--	--	--	--	--	--	--
Tennessee	1,565,485	1,437,402	--	--	--	--	--	--	285	--
Texas	3,878,840	3,577,456	--	--	--	--	1,710,062	3,740,712	1,177	--
Utah	290,203	215,764	--	--	--	255,795	199,104	239,666	--	--
Vermont[12]	166,114	108,731	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	1,460,075	1,274,510	--	--	--	--	--	--	1,418	--
Washington	1,742,684	1,512,472	4,079	--	--	1,742,684	--	1,742,684	787	14,298
West Virginia	508,092	387,376	--	--	--	--	--	--	--	--
Wisconsin	1,194,983	757,892	--	--	49,779	1,190	--	--	554	3,246
Wyoming	60,472	--	--	--	--	--	--	--	137	--

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

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

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

4. Beneficiaries can simultaneously enroll in Alabama's two PCCM programs: Patient 1st and Health Homes. Total PCCM enrollment is 1,062,265, and the de-duplicated enrollment is 809,137.

5. Alaska's Total Medicaid Enrollment as of July 1, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

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

7. Connecticut's Total Medicaid Enrollment as of July 1, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

8. Georgia did not monitor NEMT program enrollment in 2019, so total enrollment in transportation programs is reported here as zero.

9. Hawaii's enrollment in comprehensive MCOs includes 4,463 beneficiaries who enrolled in an MCO plus Ohana Community Care Service for behavioral health services.

10. Michigan has two programs that provide HCBS waiver services under capitation: MI Choice and the Specialty Prepaid Inpatient Health Plan (SPIHP). In this table, MI Choice is reported as an MLTSS program and SPIHP is reported as a BHO. In Table 6, both programs are considered in the count of LTSS users.

11. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Managed Dental Care of Oregon; ODS Community Health, Inc.; and Family Dental Care, or (3) the Mental Health Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.

Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2019, 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, 2019[1]

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
TOTALS	**10,449,224**	**3,212,068**	**14,598**	**239,252**	**418,028**	**702,906**	**588,815**	**1,261,683**	**45,581**	**379**
Alabama	216,053	--	0	23,861	--	--	--	--	149	0
Alaska	n/a	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	227,103	154,194	--	--	--	--	--	--	--	--
Arkansas	137,831	5,846	2,227	--	--	--	54,316	47,475	350	--
California	1,353,749	972,923	--	--	--	0	53,836	--	7,030	302
Colorado[4]	118,286	8,516	--	68,803	--	--	--	--	4,175	--
Connecticut	n/a	--	--	--	--	--	--	--	--	--
Delaware	30,924	13,452	--	--	--	--	--	14,862	249	--
District of Columbia	35,541	1,123	--	--	--	--	--	22,456	--	--
Florida	829,880	101,989	--	--	101,236	--	208,495	--	1,885	--
Georgia[5]	173,096	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	33,437	33,437	--	--	--	--	--	--	--	--
Idaho	48,617	12,230	12,371	--	--	15,542	27,744	27,744	--	--
Illinois	373,171	0	--	--	52,450	--	--	--	--	--
Indiana	217,684	3,617	--	--	--	--	--	--	384	--
Iowa	86,344	65,207	--	--	--	--	65,117	725	530	--
Kansas	82,687	38,776	--	--	--	--	--	--	0	--
Kentucky	151,720	53,941	--	--	--	--	--	0	--	--

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Louisiana	230,587	819	--	--	--	118,724	123,920	--	462	--
Maine	91,833	--	0	--	--	--	--	50,154	--	--
Maryland	148,036	0	--	--	--	--	--	--	92	--
Massachusetts	361,831	56,460	0	0	--	0	--	--	4,553	--
Michigan[6]	324,782	41,831	--	--	10,683	0	0	--	3,053	--
Minnesota	142,474	82,181	--	--	--	--	--	--	--	--
Mississippi	161,363	0	--	--	--	--	--	--	--	--
Missouri	182,883	0	--	--	--	--	--	143,735	--	--
Montana	29,030	--	0	--	--	--	--	--	--	--
Nebraska	35,058	34,583	--	--	--	--	34,555	--	188	--
Nevada	78,641	0	--	--	--	--	0	0	--	--
New Hampshire	31,704	16,866	--	--	--	--	--	--	--	--
New Jersey	222,768	181,966	--	--	--	--	--	180,945	1,034	--
New Mexico	40,824	40,824	--	--	--	--	--	--	732	--
New York	965,396	21,163	--	--	213,221	--	--	--	5,167	--
North Carolina	348,227	--	--	146,588	--	181,322	--	--	2,188	--
North Dakota	15,956	0	0	--	--	--	--	--	171	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	245,800	60,788	--	--	--	--	--	--	445	--
Oklahoma	116,025	--	0	--	--	--	--	116,025	483	--
Oregon[7]	77,545	54,116	--	--	--	--	--	--	1,403	--
Pennsylvania	491,909	229,066	--	--	--	356,550	--	77,770	6,793	77
Puerto Rico	328,980	328,980	--	--	--	--	--	--	--	--

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Rhode Island	47,085	0	--	--	--	--	0	36,831	320	--
South Carolina	162,309	0	0	--	--	--	--	162,309	374	--
South Dakota	12,202	--	0	--	--	--	--	--	--	--
Tennessee	274,779	147,455	--	--	--	--	--	--	269	--
Texas	653,629	293,758	--	--	--	--	0	353,546	1,129	--
Utah	31,574	24,239	--	--	--	30,766	20,832	27,106	--	--
Vermont[8]	31,491	445	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	190,867	113,201	--	--	--	--	--	--	1,319	--
Washington	105,198	0	0	--	--	0	--	0	0	0
West Virginia	81,865	0	--	--	--	--	--	--	--	--
Wisconsin	59,037	18,076	--	--	40,438	2	--	--	521	0
Wyoming	11,413	--	--	--	--	--	--	--	133	--

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

2. Total Medicare-Medicaid dually eligible beneficiaries represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including enrollees receiving full Medicaid benefits or Medicaid cost sharing.

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

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

5. Georgia did not monitor NEMT program enrollment in 2019, so dual-eligible enrollment in transportation programs is reported here as zero.

6. Michigan is not able to provide dual-eligible enrollment for the Specialty Prepaid Inpatient Health plan. As a result, reported dual-eligible enrollment in BHO programs is reported here as zero.

7. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Managed Dental Care of Oregon; ODS Community Health, Inc.; and Family Dental Care, or (3) the Mental Health

Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.

8. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. This program is classified as a "Comprehensive MCO + MLTSS" program but is considered by CMS and the state to be a "Comprehensive non-risk PIHP" program. 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.

Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2019, 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, 2019

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	**78,737,936**	**65,745,133**	**83.50%**	**55,162,437**	**70.06%**
Alabama	1,039,621	869,791	83.7%	173	0.0%
Alaska[4]	207,174	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,874,857	1,580,628	84.3%	1,580,628	84.3%
Arkansas	951,645	822,839	86.5%	45,600	4.8%
California	12,780,305	10,394,575	81.3%	10,394,126	81.3%
Colorado[5]	1,231,952	1,182,928	96.0%	117,271	9.5%
Connecticut[6]	837,367	0	0.0%	0	0.0%
Delaware	237,244	208,650	87.9%	199,985	84.3%
District of Columbia	267,329	249,119	93.2%	194,136	72.6%
Florida	3,813,067	3,097,487	81.2%	2,969,638	77.9%
Georgia[7]	1,917,560	1,466,300	76.5%	1,418,039	74.0%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	327,893	327,762	100.0%	327,762	100.0%
Idaho	291,466	289,155	99.2%	12,230	4.2%
Illinois	3,001,288	2,122,611	70.7%	2,122,611	70.7%
Indiana	1,462,152	1,074,748	73.5%	1,074,748	73.5%
Iowa	642,329	603,246	93.9%	603,246	93.9%
Kansas	398,034	341,879	85.9%	341,879	85.9%

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]: Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care[2]: Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care[3]: Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care[3]: Percent of all Medicaid enrollees
Kentucky	1,353,368	1,224,145	90.5%	1,224,145	90.5%
Louisiana	1,622,025	1,501,128	92.5%	1,356,874	83.7%
Maine	258,581	242,488	93.8%	0	0.0%
Maryland	1,457,966	1,190,559	81.7%	1,190,559	81.7%
Massachusetts	1,829,245	1,187,701	64.9%	731,688	40.0%
Michigan	4,713,103	4,650,365	98.7%	2,446,408	51.9%
Minnesota	1,085,204	849,507	78.3%	849,507	78.3%
Mississippi	673,247	436,028	64.8%	436,028	64.8%
Missouri	858,077	840,878	98.0%	596,646	69.5%
Montana	254,273	207,316	81.5%	0	0.0%
Nebraska	248,377	247,490	99.6%	247,490	99.6%
Nevada	654,497	575,184	87.9%	498,872	76.2%
New Hampshire	193,363	173,073	89.5%	173,073	89.5%
New Jersey	1,612,863	1,499,339	93.0%	1,499,339	93.0%
New Mexico	832,295	668,435	80.3%	668,435	80.3%
New York	6,140,117	4,705,224	76.6%	4,466,540	72.7%
North Carolina	2,173,625	1,621,483	74.6%	2,310	0.1%
North Dakota	88,829	45,939	51.7%	19,872	22.4%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	2,823,271	2,371,585	84.0%	2,371,585	84.0%
Oklahoma	790,443	645,075	81.6%	537	0.1%
Oregon	1,080,170	869,710	80.5%	869,710	80.5%

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]: Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care[2]: Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care[3]: Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care[3]: Percent of all Medicaid enrollees
Pennsylvania	2,827,289	2,626,598	92.9%	2,442,251	86.4%
Puerto Rico	1,331,694	1,331,694	100.0%	1,331,694	100.0%
Rhode Island	312,141	293,043	93.9%	259,274	83.1%
South Carolina	1,253,433	1,253,433	100.0%	801,566	63.9%
South Dakota	122,209	90,253	73.9%	0	0.0%
Tennessee	1,565,485	1,437,688	91.8%	1,437,688	91.8%
Texas	3,878,840	3,742,053	96.5%	3,578,633	92.3%
Utah	290,203	258,484	89.1%	215,764	74.3%
Vermont[8]	166,114	108,731	65.5%	108,731	65.5%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,460,075	1,275,928	87.4%	1,275,928	87.4%
Washington	1,742,684	1,742,684	100.0%	1,513,259	86.8%
West Virginia	508,092	387,376	76.2%	387,376	76.2%
Wisconsin	1,194,983	812,661	68.0%	758,446	63.5%
Wyoming	60,472	137	0.2%	137	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, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

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

6. Connecticut's Total Medicaid Enrollment as of July 1, 2019 was taken from the Medicaid Budget and Expenditure System, accessed June 16, 2021: https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme

7. Georgia's Total Medicaid Enrollment in Any Type of Managed Care does not include NEMT enrollees, as the state did not monitor NEMT program enrollment in 2019.

8. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. This program is classified as a "Comprehensive MCO + MLTSS" program but is considered by CMS and the state to be a "Comprehensive non-risk PIHP" program. 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.

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

Map of State Comprehensive MCO Penetration as of July 1, 2019

U.S Overall = 70.1%

Legend:
- ☐ 0 (5 states)
- ■ >0 - 50% (9 states)
- ■ >50-65% (5 states)
- ■ >65 - 80% (13 states, including DC)
- ■ >80 - 100% (20 states, including PR)
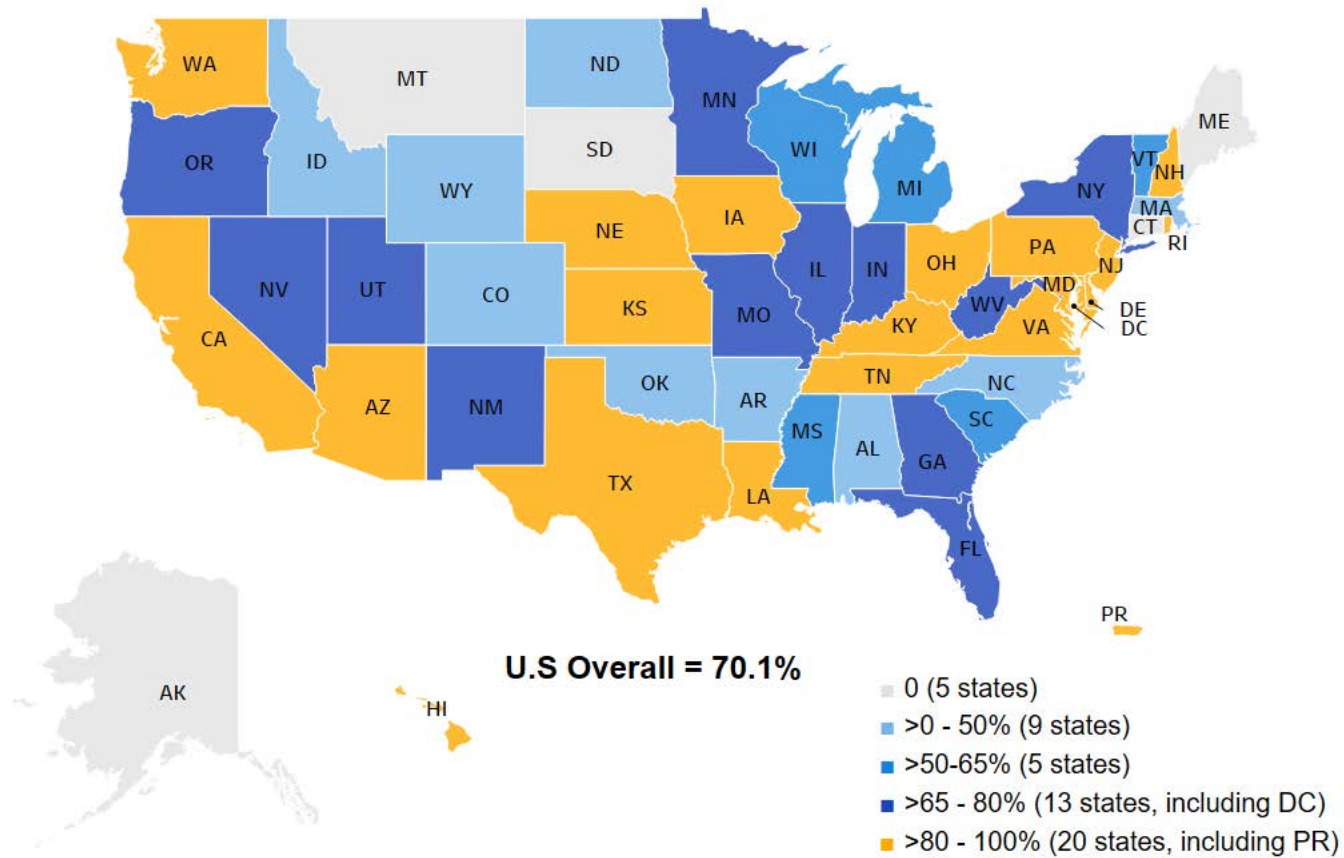
Note: Comprehensive managed care includes risk-based managed care organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACE).
Source: Medicaid Managed Care Enrollment and Program Characteristics, 2019.

Table 5. Enrollment by Program and Plan, as of 2019[1]

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama[2]	Integrated Care Network (Primary Care Case Management Entity (PCCM Entity))	Alabama Select Network	Senior Select Partners	Statewide	4,157	23,861	28,018
Alabama[2]	Patient 1st (Primary Care Case Management (PCCM))	Multiple primary care providers	Multiple primary care providers	Statewide	809,137	0	809,137
Alabama[2]	Health Homes (Primary Care Case Management (PCCM))	Multiple primary care providers	Multiple primary care providers	Statewide	253,128	0	253,128
Alabama[2]	Maternity Care Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Care Plan	Alabama Medicaid Agency	Statewide minus the following counties: Autuaga, Butler, Bullock, Crenshaw, Elmore, Lowdnes, Montgomery, Pike, Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington Counties	32,463	0	32,463
Alabama[2]	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Trinity Health	Mobile and Baldwin Counties	24	149	173
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Gila, Maricopa, Pima and Pinal Counties	327,817	30,719	358,536
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st	WellCare	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal and Yavapai Counties	160,492	12,898	173,390

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)	DCS/CMDP	Government Agency/Non-Profit Entity	Statewide	13,154	1	13,155
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DES/Division of Developmental Disabilities (MLTSS)	Government Agency/Non-Profit Entity	Statewide	21,849	12,131	33,980
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Heathcare (MLTSS)	United Healthcare	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, Yavapai Counties	1,251	8,329	9,580
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Steward Health Choice Arizona	Steward Healthcare System, LLC	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai Counties	187,899	14,163	202,062
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	175,396	16,443	191,839
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care	Dignity Health and Carondelet Health Network	Gila, Maricopa and Pinal Counties	304,633	13,551	318,184
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	2,464	10,176	12,640
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Magellan Complete Care	Magellan Health Services of Arizona	Gila, Maricopa and Pinal Counties	11,445	477	11,922

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)	Banner University Family Care	Banner Health	Cochise, Gila, Graham/Greenlee*, LaPaz, Maricopa, Pima, Pinal, Santa Cruz and Yuma Counties	177,446	15,984	193,430
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan - SMI	Dignity Health and Carondelet Health Network	Maricopa County	22,448	7,256	29,704
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Arizona Complete Health- Complete Care Plan SMI	Centene Corporation	Cochise, Graham/Greenlee*, LaPaz, Pima, Pinal, Santa Cruz and Yuma Counties	13,409	4,351	17,760
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Steward Health Choice Arizona SMI	Steward Healthcare System, LLC	Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties	5,791	2,072	7,863
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	940	5,643	6,583
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) (Comprehensive MCO + MLTSS)	Arkansas Total Care	Centene Corporation	Statewide	10,725	1,181	11,906
Arkansas	Provider-Led Arkansas Shared Savings Entity (PASSE) (Comprehensive MCO + MLTSS)	Empower Healthcare Solutions	Beacon	Statewide	16,654	1,701	18,355

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) (Comprehensive MCO + MLTSS)	Summit Community Care	Anthem Insurance Companies, Inc.	Statewide	12,011	2,964	14,975
Arkansas	Connect Care (Primary Care Case Management (PCCM))	Multiple primary care providers	Multiple primary care providers	Statewide	414,584	2,227	416,811
Arkansas	Arkansas Dental Managed Care (Dental only (PAHP))	Managed Care of North America (MCNA) Dental	Managed Care of North America (MCNA), Inc.	Statewide	254,785	26,364	281,149
Arkansas	Arkansas Dental Managed Care (Dental only (PAHP))	Delta Dental of Arkansas	Delta Dental	Statewide	272,677	27,952	300,629
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Central Arkansas Development Council	Central Arkansas Development Council	Montgomery, Garland, Saline, Hot Springs, Clark, Pike, Sevier, Howard, Hempstead, Little River, Miller, Lafayette, Columbia, Quachita, Dallas, Calhoun, and Union Counties	127,007	9,794	136,801
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Area Agency on Aging of Southeast Arkansas	Area Agency on Aging of Southeast Arkansas	Grant, Jefferson, Arkansas, Cleveland, Lincoln, Bradley, Drew, Desha, Chicot, and Ashley Counties	70,777	7,027	77,804
Arkansas	Arkansas Non-Emergency Medical Transport (NET) (Non-Emergency Medical Transportation)	Southeasttrans	Southeasttrans	Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, Poinsett, Cross, Crittenden, St. Francis, Faulkner, Pulaski, and Lonoke Counties	418,042	30,654	448,696

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))	Total Life Healthcare	PACE	Statewide	8	250	258
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Pace of the Ozarks	PACE	Statewide	1	30	31
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Health	PACE	Statewide	5	70	75
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, Imperial, and Riverside Counties	363	0	363
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Imperial	Centene Corporation	Imperial County	59,078	2,849	61,927
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Region 1	Centene Corporation	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama Counties	71,869	3,208	75,077
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	59,207	2,546	61,753
California	Regional Model (Comprehensive MCO)	Molina Healthcare of CA Partner Plan/Imperial	Molina Healthcare	Imperial County	13,372	907	14,279
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	60,128	2,492	62,620

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Region 2	Anthem Insurance Companies, Inc.	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba Counties	80,212	3,085	83,297
California	Regional Model (Comprehensive MCO)	KP Cal LLC/Amador	Kaiser Permanente	Amador County	108	1	109
California	Regional Model (Comprehensive MCO)	KP Cal LLC/El Dorado	Kaiser Permanente	El Dorado County	2,044	56	2,100
California	Regional Model (Comprehensive MCO)	KP Cal LLC/Placer	Kaiser Permanente	Placer County	7,646	262	7,908
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/San Benito	Anthem Insurance Companies, Inc.	San Benito County	7,760	86	7,846
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Blue Shield of California Promise/San Diego	Blue Shield of California	San Diego County	66,406	14,754	81,160
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group Partnership Plan/San Diego	Community Health Group	San Diego County	236,806	19,655	256,461
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	Centene Corporation	San Diego County	54,471	13,181	67,652
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/San Diego	Kaiser Permanente	San Diego County	43,168	6,453	49,621

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)	Molina Healthcare of CA Partner Plan/San Diego	Molina Healthcare	San Diego County	200,896	16,166	217,062
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/San Diego	Aetna Medicaid	San Diego County	9,667	151	9,818
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan/San Diego	UnitedHealthcare	San Diego County	10,913	280	11,193
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Anthem Insurance Companies, Inc.	Sacramento County	169,442	8,343	177,785
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Centene Corporation	Sacramento County	100,278	5,859	106,137
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/Sacramento	Kaiser Permanente	Sacramento County	80,425	7,385	87,810
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Sacramento	Molina Healthcare	Sacramento County	47,121	3,524	50,645
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/Sacramento	Aetna Medicaid	Sacramento County	7,227	170	7,397

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles	SCAN Health Plan	Los Angeles County	0	9,111	9,111
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan Riverside/San Bernardino	SCAN Health Plan	Riverside and San Bernardino Counties	0	4,249	4,249
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Centene Corporation	Kern County	63,483	3,158	66,641
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Los Angeles	Centene Corporation	Los Angeles County	819,355	135,060	954,415
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	Centene Corporation	San Joaquin County	19,609	594	20,203
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Centene Corporation	Stanislaus County	60,393	2,485	62,878
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Centene Corporation	Tulare County	107,155	4,130	111,285
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Fresno	CalViva Health	Fresno County	280,662	11,587	292,249
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Kings	CalViva Health	Kings County	28,281	1,083	29,364
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Madera	CalViva Health	Madera County	36,010	1,184	37,194

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Anthem Insurance Companies, Inc.	Fresno County	101,965	4,120	106,085
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Anthem Insurance Companies, Inc.	Kings County	18,656	612	19,268
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Anthem Insurance Companies, Inc.	Madera County	19,002	582	19,584
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Anthem Insurance Companies, Inc.	Alameda County	56,042	2,808	58,850
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Anthem Insurance Companies, Inc.	Contra Costa County	25,738	850	26,588
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	Anthem Insurance Companies, Inc.	San Francisco County	15,658	2,429	18,087
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Anthem Insurance Companies, Inc.	Santa Clara County	53,143	13,317	66,460
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Anthem Insurance Companies, Inc.	Tulare County	89,579	3,438	93,017
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Family Health Care	Kern Health Systems	Kern County	249,954	8,404	258,358
California	Two-Plan Model (Comprehensive MCO + MLTSS)	L.A. Care Health Plan/Los Angeles	L.A. Care	Los Angeles County	1,787,938	236,263	2,024,201
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa Health Plan	Contra Costa County	165,942	11,516	177,458

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)	Alameda Alliance for Health	Alameda Alliance for Health	Alameda County	229,949	22,518	252,467
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Inland Empire Health Plan	Riverside County	576,138	34,986	611,124
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	Inland Empire Health Plan	San Bernardino County	583,610	35,032	618,642
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Riverside	Molina Healthcare	Riverside County	72,444	8,866	81,310
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/San Bernardino	Molina Healthcare	San Bernardino County	59,102	7,178	66,280
California	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco Health Plan	San Francisco County	112,896	13,814	126,710
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	Health Plan of San Joaquin	San Joaquin County	201,410	10,145	211,555
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanislaus	Health Plan of San Joaquin	Stanislaus County	123,773	4,609	128,382
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara Family Health Plan	Santa Clara County	209,100	30,529	239,629
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/San Luis Obispo	CenCal Health	San Luis Obispo County	45,268	6,387	51,655

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)	CenCal Health/Santa Barbara	CenCal Health	Santa Barbara County	112,183	12,095	124,278
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	Health Plan of San Mateo	San Mateo County	93,364	8,906	102,270
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northeast	Partnership HealthPlan of California	Lassen, Mocdoc, Shasta, Siskiyou, and Trinity Counties	76,220	13,842	90,062
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northwest	Partnership HealthPlan of California	Del Norte and Humboldt Counties	55,501	7,679	63,180
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan/Southeast	Partnership HealthPlan of California	Napa, Solano and Yolo Counties	161,050	23,924	184,974
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan/Southwest	Partnership HealthPlan of California	Lake, Marin, Mendocino and Sonoma Counties	180,558	28,179	208,737
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Central California Alliance for Health	Merced County	109,463	10,971	120,434
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	196,270	20,554	216,824

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	652,647	82,503	735,150
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan/Ventura	Gold Coast Health Plan	Ventura County	174,139	21,813	195,952
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	26	0	26
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Health Net Dental Plan/Los Angeles	Health Net	Los Angeles County	159,706	13,873	173,579
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Access Dental Plan/Los Angeles	Access Dental	Los Angeles County	131,959	12,942	144,901
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	LIBERTY Dental Plan/Los Angeles	LIBERTY Dental Plan	Los Angeles County	56,930	5,376	62,306
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Health Net Dental Plan/Sacramento	Health Net	Sacramento County	120,953	6,970	127,923
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Access Dental Plan/Sacramento	Access Dental	Sacramento County	120,708	6,401	127,109
California	Dental Managed Care/Sacramento (Dental only (PAHP))	LIBERTY Dental Plan/Sacramento	LIBERTY Dental Plan	Sacramento County	156,264	8,274	164,538

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	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Positive Healthcare/Los Angeles	AIDS Healthcare Foundation (AHF)	Los Angeles County	293	302	595
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast Pace/Humboldt	Humboldt Senior Resource Center	Humboldt County	15	156	171
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	San Diego PACE	San Diego PACE	San Diego County	140	374	514
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	Community Eldercare of San Diego	San Diego County	175	710	885
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare PACE/Sacramento	Sutter Health	Sacramento County	51	327	378
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	AltaMed Senior Buenacare/Los Angeles	AltaMed Health Services Corporation	Los Angeles County	629	1,987	2,616
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Brandman Centers for Senior Care/Los Angeles	Brandman Centers for Senior Care	Los Angeles County	30	214	244

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) (Program of All-inclusive Care for the Elderly (PACE))	CalOptima PACE/Orange	CalOptima	Orange County	157	178	335
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Center for Elders Independence	Alameda County	76	588	664
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Center for Elders Independence	Contra Costa County	20	78	98
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fresno PACE	Central Valley Medical Services Corporation	Fresno County	260	407	667
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/Riverside	InnovAge	Riverside County	35	156	191
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/San Bernardino County	InnovAge	San Bernardino County	108	422	530
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Alameda	On Lok Lifeways	Alameda County	64	214	278

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) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Santa Clara	On Lok Lifeways	Santa Clara County	54	246	300
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/San Francisco	On Lok Lifeways	San Francisco County	85	912	997
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Family Health Centers of San Diego	Family Health Centers of San Diego	San Diego County	1	0	1
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Gary and Mary West PACE of Northern San Diego	West Health	San Diego County	0	1	1
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Pacific PACE/Los Angeles	Welbe Health	Los Angeles County	0	3	3
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Stockton PACE/San Joaquin	Welbe Health	San Joaquin County	15	51	66
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Stockton PACE/Stanislaus	Welbe Health	Stanislaus County	1	6	7

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[3]	Denver Health Medicaid Choice (Comprehensive MCO)	Denver Health Medicaid Choice	Denver Health Medical Plan	Denver, Arapahoe, Adams, and Jefferson Counties	75,012	4,471	79,483
Colorado[3]	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	29,410	4,045	33,455
Colorado[3]	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	131,442	8,232	139,674
Colorado[3]	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	70,599	5,531	76,130
Colorado[3]	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 3: Colorado Access	Colorado Access	Adams, Arapahoe, Douglas, and Elbert Counties	246,957	14,472	261,429
Colorado[3]	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	107,826	11,787	119,613

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[3]	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 5: Colorado Access	Colorado Access	Denver County	108,262	9,188	117,450
Colorado[3]	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	127,763	10,230	137,993
Colorado[3]	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	157,854	9,363	167,217
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services (PACE)	Rocky Mountain Health Care Services	El Paso County	45	638	683
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Pueblo (PACE)	Total Community Options, Inc.	Pueblo County	0	503	503
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Aurora (PACE)	Total Community Options, Inc.	Aurora	113	1,753	1,866
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Lakewood (PACE)	Total Community Options, Inc.	Lakewood	0	263	263

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[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Loveland (PACE)	Total Community Options, Inc.	Larimer and Weld County	0	381	381
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (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	317	317
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	TRU Community Care (PACE)	TRU Community Care	Boulder and Weld Counties	0	142	142
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Thornton (PACE)	Total Community Options, Inc.	Adams and Weld Counties	0	124	124
Colorado[3]	Program of All-inclusive Care for the Elderly (PACE) (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	54	54
Delaware	Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS)	Highmark Health Options of Delaware	Highmark	Statewide	128,194	8,254	136,448
Delaware	Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS)	AmeriHealth Caritas of Delaware	AmeriHealth Caritas	Statewide	58,078	5,198	63,276

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Delaware	LogistiCare/Circulation Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Statewide	193,788	14,862	208,650
Delaware	PACE (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	Saint Francis Healthcare	New Castle County	12	249	261
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth Caritas District of Columbia	AmeriHealth	Statewide	115,929	644	116,573
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	Amerigroup District of Columbia	Anthem Insurance Companies, Inc.	Statewide	42,217	209	42,426
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Trusted Health Plan, Inc.	Statewide	29,916	165	30,081
District of Columbia	Children and Adolescent Supplemental Security Program (Comprehensive MCO)	Health Services for Children with Special Needs	The HSC Foundation	Statewide	4,951	105	5,056
District of Columbia	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management, Inc.	Statewide	32,527	22,456	54,983
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	AmeriHealth Caritas	Regions 9, 11	77,715	1,895	79,610

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)	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	37,551	1,258	38,809
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Anthem, Inc.	Regions 5, 6, 7, 10, 11	439,330	15,063	454,393
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, 11	754,180	18,163	772,343
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Centene Corporation	Statewide	491,093	13,023	504,116
Florida	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida	UnitedHealth Group	Regions 3, 4, 6, 11	231,773	10,316	242,089
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Magellan Health Services, Inc.	Regions 4, 5, 7	21,494	2,822	24,316
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Clear Health Alliance	Anthem, Inc.	Statewide	6,912	3,010	9,922
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Staywell-Serious Mental Illness	WellCare Management Group, Inc.	Statewide	65,747	9,607	75,354
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan – Child Welfare	Centene Corporation	Statewide	33,933	0	33,933

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)	Children's Medical Services Network	Florida Department of Health	Statewide	56,703	113	56,816
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Vivida Health	Lee Memorial Health System	Region 8	8,479	287	8,766
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Aetna Better Health	CVS Health	Regions 6, 7, 11	86,640	2,999	89,639
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Florida Community Care	Independent Living Systems, LLC	Statewide	5,320	205	5,525
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Humana Inc.	Statewide	414,441	18,319	432,760
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Lighthouse Health Plan, LLC	Baptist Health Care Inc. and Evolent LLC	Regions 1, 2	28,645	658	29,303
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, 11	14,296	321	14,617
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida	Molina Healthcare, Inc.	Regions 8, 11	91,348	3,930	95,278
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Simply Healthcare Plans, Inc.	Anthem, Inc.	Regions 5, 6, 7, 10, 11	1,107	6,886	7,993
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	CVS Health	Regions 6, 7, 11	383	3,724	4,107

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Florida Community Care	Independent Living Systems, LLC	Statewide	716	6,033	6,749
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Humana Medical Plan, Inc.	Humana Inc.	Statewide	2,298	25,212	27,510
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of FL, Inc.	Molina Healthcare, Inc.	Regions 8, 11	307	2,549	2,856
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine State Health Plan, Inc.	Centene Corporation	Statewide	3,635	40,298	43,933
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of Florida	UnitedHealth Group	Regions 3, 4, 6, 11	892	10,494	11,386
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Staywell	WellCare Management Group, Inc.	Regions, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11	1,282	6,040	7,322
Florida	Dental (Dental only (PAHP))	MCNA Dental	MCNA Health Care Holdings, LLC	Statewide	534,894	41,499	576,393
Florida	Dental (Dental only (PAHP))	DentaQuest	Catalyst Institute	Statewide	1,383,297	110,399	1,493,696
Florida	Dental (Dental only (PAHP))	Liberty	Liberty Dental Plan Corp	Statewide	968,518	56,597	1,025,115
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 County	112	765	877

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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	312	316
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	37	520	557
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	11	288	299
Georgia[4]	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide	344,186	0	344,186
Georgia[4]	Georgia Families (Comprehensive MCO)	CareSource of Georgia	CareSource	Statewide	219,815	0	219,815
Georgia[4]	Georgia Families (Comprehensive MCO)	PeachState Health Plan	Centene	Statewide	350,997	0	350,997
Georgia[4]	Georgia Families (Comprehensive MCO)	WellCare of Georgia	WellCare	Statewide	474,410	0	474,410
Georgia[4]	Georgia Families 360 (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide	28,631	0	28,631

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[4]	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Southeast Trans	Southeastrans, Inc.	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White, Whitfield, Fulton, DeKalb, and Gwinnett Counties	0	0	0
Georgia[4]	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	ModivCare	Providence Service Corporation	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs, Wilkinson, Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans,	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
Georgia[4] (continued)	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	ModivCare	Providence Service Corporation	Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler, Wilkes, Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox, and Worth Counties	0	0	0
Georgia[4]	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup	Anthem	Statewide	13,038	0	13,038

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[4]	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	CareSource of Georgia	CareSource	Statewide	9,489	0	9,489
Georgia[4]	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Centene	Statewide	13,181	0	13,181
Georgia[4]	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare of Georgia	WellCare	Statewide	12,553	0	12,553
Hawaii[5]	MedQUEST (Comprehensive MCO + MLTSS)	HMSA QUEST Integration (QI)	An Independent Licensee of the Blue Cross and Blue Shield Association	Statewide	150,045	5,144	155,189
Hawaii[5]	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	28,399	1,137	29,536
Hawaii[5]	MedQUEST (Comprehensive MCO + MLTSS)	'Ohana Quest Integration	WellCare Health Insurance of Arizona, Inc., a subsidiary of WellCare Health Plans, Inc.	Statewide	25,942	9,522	35,464
Hawaii[5]	MedQUEST (Comprehensive MCO + MLTSS)	UnitedHealthcare CP Quest Integration (QI)	UnitedHealthcare Insurance Company	Statewide	32,259	14,466	46,725

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Hawaii[5]	MedQUEST (Comprehensive MCO + MLTSS)	'Ohana Community Care Services (CCS)	WellCare Health Insurance of Arizona, Inc., a subsidiary of WellCare Health Plans, Inc.	Statewide	2,584	1,879	4,463
Hawaii[5]	MedQUEST (Comprehensive MCO + MLTSS)	AlohaCare Quest Integration (QI)	AlohaCare	Statewide	57,680	3,168	60,848
Idaho	Idaho Medicaid Plus (Comprehensive MCO + MLTSS)	Molina of Idaho	Molina of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls Counties	0	2,550	2,550
Idaho	Idaho Medicaid Plus (Comprehensive MCO + MLTSS)	Blue Cross of Idaho	Blue Cross of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls Counties	0	2,945	2,945
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, Twin Falls Counties	0	5,092	5,092
Idaho	Medicare/Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Molina of Idaho	Molina of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls Counties	0	1,643	1,643
Idaho	Healthy Connections (Primary Care Case Management (PCCM))	Healthy Connections	Multiple Providers	Statewide	235,153	12,371	247,524

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Idaho	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	United Healthcare/Optum Idaho	United Healthcare/Optum Idaho	Statewide	249,181	15,542	264,723
Idaho	Idaho Smiles (Dental only (PAHP))	MCNA (Managed Care of North America, Inc.)	MCNA (Managed Care of North America, Inc.)	Statewide	261,411	27,744	289,155
Idaho	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	MTM (Medical Transportation Management)	MTM (Medical Transportation Management)	Statewide	261,411	27,744	289,155
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Statewide	400,108	0	400,108
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	CountyCare	Cook County Health and Hospital Systems	Cook County	316,688	0	316,688
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Centene Corporation	Statewide	350,347	0	350,347
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Meridian Health Plan	WellCare Health Plans, Inc.	Statewide	791,026	0	791,026
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Molina Healthcare	Statewide	216,913	0	216,913
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	NextLevel Health Partners	NextLevel Health Partners	Cook County	47,529	0	47,529

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))	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	15,399	15,399
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	CountyCare	Cook County Health and Hospitals System	Cook County	0	6,192	6,192
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	IlliniCare Health Plan	Centene Corporation	Cook, DuPage, Kane, Kankakee, Lake and Will Counties	0	13,715	13,715
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Meridian Health Plan	WellCare Health Plans, Inc.	Cook, DuPage, Kane and Will Counties	0	12,974	12,974
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Illinois	Molina Healthcare	Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell and Vermilion Counties	0	3,451	3,451
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	NextLevel Health Partners	NextLevel Health Partners	Cook County	0	719	719
Indiana	Hoosier Care Connect (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	56,103	242	56,345

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 Care Connect (Comprehensive MCO)	Managed Health Services of Indiana	Centene	Statewide	33,844	142	33,986
Indiana	Hoosier Healthwise (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	212,555	0	212,555
Indiana	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services of Indiana	Centene	Statewide	140,946	1	140,947
Indiana	Hoosier Healthwise (Comprehensive MCO)	CareSource Indiana, Inc	Caresource Management Group	Statewide	51,524	1	51,525
Indiana	Hoosier Healthwise (Comprehensive MCO)	MDwise	McLaren Health Care Corporation	Statewide	191,757	2	191,759
Indiana	Healthy Indiana Plan (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	176,166	1,553	177,719
Indiana	Healthy Indiana Plan (Comprehensive MCO)	CareSource Indiana, Inc	CareSource Management Group	Statewide	36,426	280	36,706
Indiana	Healthy Indiana Plan (Comprehensive MCO)	MDwise	McLaren Helath Care Corporation	Statewide	101,782	800	102,582
Indiana	Healthy Indiana Plan (Comprehensive MCO)	Managed Health Services of Indiana	Centene	Statewide	69,626	596	70,222
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Franciscan Senior Health and Wellness	Franciscan Alliance	Lake County, Johnson County, 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259	8	221	229

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	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	10	163	173
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	Amerigroup of Iowa, Inc.	AMERIGROUP Corporation	Statewide	315,919	38,513	354,432
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	Iowa Total Care	Centene Corporation	Statewide	221,558	26,694	248,252
Iowa	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Delta Dental of Iowa	Statewide	235,520	43,108	278,628
Iowa	Dental Wellness Plan (Dental only (PAHP))	MCNA Dental Plans, Inc.	Managed Care of North America, Inc.	Statewide	89,404	22,009	111,413
Iowa	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	TMS	TMS Management Group	Statewide	9,226	725	9,951
Iowa	Program of All-Inclusive Care for the Elderly (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	530	562
Kansas	KanCare (Comprehensive MCO + MLTSS)	Aetna Better Health of Kansas	CVS Health Corporation	Statewide	82,253	9,674	91,927

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Kansas	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Centene Corporation	Statewide	108,322	14,556	122,878
Kansas	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	United Healthcare Services, Inc.	Statewide	111,946	14,546	126,492
Kansas	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	Ascension	Sedgwick County	221	0	221
Kansas	Program of All-Inclusive Care for the Elderly (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	288	0	288
Kansas	Program of All-Inclusive Care for the Elderly (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	73	0	73
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	Aetna	Statewide	195,811	14,140	209,951
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Anthem Managed Care Plan of Kentucky	Anthem	Statewide	127,322	3,839	131,161
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Humana-CareSource	Humana	Statewide	140,479	5,058	145,537
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Passport Health Plan	Passport Health Plan	Statewide	293,949	10,157	304,106
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Wellcare of Kentucky	Wellcare	Statewide	412,643	20,747	433,390

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 Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	NEMT Human Services Transportation Delivery	NEMT Human Services Transportation Delivery	Statewide	1,201,648	0	1,201,648
Louisiana	Healthy Louisiana (Comprehensive MCO)	Aetna Better Health of Louisiana	Aetna	Statewide	97,242	117	97,359
Louisiana	Healthy Louisiana (Comprehensive MCO)	Healthy Blue	Anthem	Statewide	244,002	177	244,179
Louisiana	Healthy Louisiana (Comprehensive MCO)	AmeriHealth Caritas Louisiana	AmeriHealth Caritas Health Plan	Statewide	181,970	106	182,076
Louisiana	Healthy Louisiana (Comprehensive MCO)	Louisiana Healthcare Connections	Centene Corporation	Statewide	429,209	194	429,403
Louisiana	Healthy Louisiana (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	403,156	225	403,381
Louisiana	Coordinated System of Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan	Magellan of Louisiana	Statewide	2,494	2	2,496
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Aetna Better Health of Louisiana	Aetna	Statewide	1,811	21,121	22,932
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Healthy Blue	Anthem	Statewide	2,249	22,504	24,753
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	AmeriHealth Caritas Louisiana	AmeriHealth Caritas Health Plan	Statewide	1,904	20,986	22,890

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))	Louisiana Healthcare Connections	Centene Corporation	Statewide	2,749	26,658	29,407
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	3,020	27,453	30,473
Louisiana	Dental Benefit Management Program (Dental only (PAHP))	MCNA of Louisiana	MCNA	Statewide	1,375,553	123,920	1,499,473
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	192	192

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	13	178	191
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	1	92	93
Maine	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	MaineCare	Statewide	155,099	0	155,099
Maine	NET (Non-Emergency Medical Transportation)	Logisticare	MaineCare NET	Regions 1, 2, 6, 7, and 8	115,407	29,888	145,295
Maine	NET (Non-Emergency Medical Transportation)	MidCoast Connector	MaineCare NET	Region 5	20,859	4,733	25,592
Maine	NET (Non-Emergency Medical Transportation)	Penquis CAP	MaineCare NET	Regions 3 and 4	56,068	15,533	71,601
Maryland	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Kaiser Permanente of the Mid Atlantic States	Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard, Montgomery and Prince George's Counties	66,616	0	66,616
Maryland	HealthChoice (Comprehensive MCO)	Maryland Physician's Care	Maryland Care Inc	Statewide	212,426	0	212,426

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	HealthChoice (Comprehensive MCO)	MedStar	MedStar Health	Baltimore City, Anne Arundel, Baltimore, Carroll, Cecil, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties	90,824	0	90,824
Maryland	HealthChoice (Comprehensive MCO)	Priority Partners	John's Hopkins Health Care	Statewide	300,037	0	300,037
Maryland	HealthChoice (Comprehensive MCO)	United Healthcare Community Plan	United Healthcare	Baltimore City, Baltimore, Carroll, Cecil, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties	146,314	0	146,314
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	47,183	0	47,183
Maryland	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide	276,514	0	276,514
Maryland	HealthChoice (Comprehensive MCO)	Aetna Better Health of Maryland	Aetna Better Health	Statewide	23,553	0	23,553
Maryland	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Jai Medical Systems	Baltimore City, Balitmore County, Anne Arundel County	26,989	0	26,989

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	Hopkins Elder Plus (Program of All-inclusive Care for the Elderly (PACE))	Hopkins Elder Plus	John's Hopkins Health System	21052, 21202, 21205, 21206, 21212, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	11	92	103
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, Fitchburg, Framingham, Gardner, Lawrence, Lowell, Lynn, Malden, Plymouth, Quincy, Revere, Salem, Somerville, Waltham, Wareham, and Woburn Counties	37,296	0	37,296
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, and Woburn Counties	37,296	0	37,296

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Adams, Attleboro, Barnstable, Beverly, Boston, Brockton, Fall River, Falmouth, Fitchburg, Framingham, Gardner, Haverhill, Holyoke, Lawrence, Lowell, Lynn, Malden, New Bedford, Northampton, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn, and Worcester Counties	98,229	0	98,229
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP)	Tufts Health Plan	Boston, Lynn, Malden, Revere, Somerville, Waltham, and Woburn Counties	29,299	0	29,299
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Merrimack Valley ACO in partnership with AllWays Health Partners	AllWays Health Partners	Haverhill, Lawrence, and Lowell Counties	33,160	0	33,160
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Accountable Care Organization in partnership with BMC HealthNet Plan	Boston Medical Center HealthNet Plan	Attleboro, Boston, Brockton, Fall River, Falmouth, Greenfield, Holyoke, Lynn, Malden, New Bedford, Northampton, Plymouth, Quincy, Revere, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, and Woburn Counties	117,013	0	117,013

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)	Mercy Medical Center in partnership with BMC HealthNet Plan	Boston Medical Center HealthNet Plan	Holyoke, Northampton, Springfield, and Westfield Counties	28,382	0	28,382
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Signature Healthcare in partnership with BMC HealthNet Plan	Boston Medical Center HealthNet Plan	Attleboro, Brockton, Plymouth, Quincy, and Taunton Counties	18,097	0	18,097
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, and Wareham Counties	16,589	0	16,589
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Health Collaborative of the Berkshires in partnership with Fallon Health	Fallon Health Plan	Adams and Pittsfield Counties	16,147	0	16,147
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Reliant Medical Group in partnership with Fallon Health	Fallon Health Plan	Fitchburg, Framingham, Gardner, Southbridge, and Worcester Counties	31,432	0	31,432
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, and Woburn Counties	51,404	0	51,404
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Baystate Health Care Alliance in partnership with Health New England	Health New England	Holyoke, Northampton, Springfield, and Westfield Counties	38,687	0	38,687
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Tufts Health Plan	Tufts Health Plan	Northern, Greater Boston, Central, and Western Regions	64,199	0	64,199

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Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Boston Medical Center HealthNet Plan	Boston Medical Center HealthNet Plan	Statewide	47,768	0	47,768
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	124,974	0	124,974
Massachusetts	Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Partners HealthCare Choice	Partners HealthCare Choice	Statewide	107,883	0	107,883
Massachusetts	Primary Care Accountable Care Organizations (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Steward Health Choice	Steward Health Choice	Statewide	123,396	0	123,396
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Boston Medical Center HealthNet Plan	Boston Medical Center HealthNet Plan	Suffolk County	212	1,183	1,395

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01354, 01301, 01302, 01039, 01346, 01347, 01054, 01349, 01350, 01351, 01360, 01367, 01369, 01370, 01072, 01373, 01375, 01376, 01379, 01380, 01093, 02322, 02157, 02457, 02184, 02185, 02146, 02445, 02446, 02147, 02447, 02021, 02467, 02025, 02026, 02027, 02030, 02032, 02035, 02343, 02052, 02053, 02054, 02186, 02187, 02192, 02194, 02492, 02494, 02056, 02171, 02062, 02762, 02169, 02170, 02171, 02269, 02368, 02067, 02070, 02071, 02072, 02081, 02181, 02481, 02482, 02090, 02188, 02189, 02190, 02191, 02170, 02093, 02351, 02020, 02324, 02301, 02302, 02303, 02304, 02305, 02327, 02330, 02332, 02333, 02338, 02339, 02341, 02018, 02043, 02044,	727	10,455	11,182

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts (continued)	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	02045, 02364, 02050, 02065, 02346, 02061, 02355, 02059, 02358, 02558, 02359, 02360, 02362, 02367, 02770, 02370, 02040, 02055, 02060, 02066, 02379, 02382`	727	10,455	11,182
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	NaviCare HMO	Fallon Health Plan	Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	472	6,783	7,255
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Magellan Health	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	1,215	14,083	15,298
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Tufts Health Plan	Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	845	5,090	5,935
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	1,875	18,866	20,741
Massachusetts	Primary Care Clinician Plan (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	106,929	0	106,929
Massachusetts	MassHealth BH/SUD PIHP and/or PAHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Beacon	Statewide	530,032	0	530,032

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Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Cambridge Health Alliance	Elder Service Plan	Middlesex and Suffolk Counties	68	401	469
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Service Plan	Elder Service Plan	02108, 02445	26	238	264
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health	Elder Service Plan	02108, 02445, 02021, 02026, 02048, 02062, 02067, 02072, 02169, 02184, 02186, 02188, 02301, 02322, 02324, 02333, 02334, 02338, 02339, 02341, 02343, 02351, 02359, 02367, 02368, 02370, 02379, 02382, 02458, 02766, 02767, 02780	14	498	512
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit ElderCare	Fallon Health Plan	01001, 01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01034, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01005, 01037, 01068, 01083, 01331, 01331, 01366, 01368, 01420, 01430, 01431,	33	1,197	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
Massachusetts (continued)	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit ElderCare	Fallon Health Plan	01432, 01440, 01441, 01450, 01451, 01452, 01453, 01460, 01462, 01463, 01464, 01468, 01469, 01475, 01501, 01503, 01504, 01505, 01506, 01507, 01510, 01515, 01516, 01519, 01520, 01523, 01524, 01527, 01529, 01531, 01532, 01534, 01535, 01540, 01541, 01543, 01545, 01550, 01562, 01564, 01566, 01568, 01569, 01570, 01571, 01581, 01583, 01585, 01590, 01601, 01612, 01719, 01720, 01730, 01740, 01741, 01742, 01747, 01749, 01752, 01756, 01757, 01772, 01151, 01845	33	1,197	1,230
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care, Inc.	Element Care, Inc.	02176, 02180, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01845, 01801, 01803, 01830, 01833, 01834, 01860, 01864, 01867, 01880, 01887, 01890, 01901, 01906, 01907, 01908, 01913, 01915, 01921, 01923, 01929, 01930, 01936, 01938, 01940, 01944, 01945, 01949, 01950, 01951, 01952, 01960, 01966, 01969, 01970, 01983, 01984, 01985	49	999	1,048

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	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	65	422	487

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	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	8	223	231
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE	PACE	Middlesex and Suffolk Counties	68	575	643
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne	10,686	0	10,686

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Blue Shield	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	79,285	0	79,285
Michigan	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	1,742	0	1,742

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	65,955	0	65,955

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[6]	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	141,942	0	141,942

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[6]	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	84,317	0	84,317
Michigan[6]	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren	33,577	0	33,577

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[6]	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	16,028	0	16,028
Michigan[6]	Healthy Michigan Plan (Comprehensive MCO)	Trusted Health Plan	Trusted Health Plan Inc.	Macomb, Oakland, Wayne	3,501	0	3,501
Michigan[6]	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, 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	67,006	0	67,006

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[6]	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	15,745	0	15,745
Michigan[6]	Managed Care Plan Division (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	37,023	193	37,216
Michigan[6]	Managed Care Plan Division (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, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	202,351	3,479	205,830
Michigan[6]	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	3,568	72	3,640

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[6]	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceano, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	199,645	5,813	205,458

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[6]	Managed Care Plan Division (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, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford.	483,637	11,947	495,584

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[6]	Managed Care Plan Division (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.	483,637	11,947	495,584
Michigan[6]	Managed Care Plan Division (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	122,535	4,265	126,800

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[6]	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	50,165	205	50,370
Michigan[6]	Managed Care Plan Division (Comprehensive MCO)	Trusted Health Plan	Trusted Health Plan	Macomb, Oakland, Wayne	8,103	5	8,108
Michigan[6]	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, 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.	247,498	3,900	251,398

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[6]	Managed Care Plan Division (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	43,462	5	43,467
Michigan[6]	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, Tuscola	86	867	953
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Area Agencies on Aging	Livingston, Macomb, Monroe, Oakland, Washtenaw	37	716	753
Michigan[6]	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	25	338	363
Michigan[6]	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	38	807	845
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Area Agencies on Aging	Wayne (Detroit)	60	1,185	1,245
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	MORC Home Care Inc.	MORC Home Care Inc.	Livingston, Macomb, Monroe, Oakland, Washtenaw	10	231	241
Michigan[6]	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	26	307	333
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Area Agencies on Aging	Hillsdale, Jackson, Lenawee	30	538	568

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[6]	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	39	436	475
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 4 Area Agency on Aging	Area Agencies on Aging	Berrien, Cass, Van Buren	35	500	535
Michigan[6]	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	52	785	837
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 9 Area Agency on Aging	Area Agencies on Aging	Alcona, Alpena Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	25	382	407
Michigan[6]	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	51	631	682
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West MI	Area Agencies on Aging	Muskegon, Oceana, Ottawa	25	608	633
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Services Inc.	Senior Services Inc.	Barry, Branch, Calhoun, Kalamazoo	21	255	276
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center	The Information Center	Wayne	9	291	300
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Area Agencies on Aging	Wayne	17	485	502
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri County Office on Aging	Tri County Office on Aging	Clinton, Eaton, Ingham	101	681	782

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[6]	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	28	346	374
Michigan[6]	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Area Agencies on Aging	Genesee, Lapeer, Shiawassee	27	294	321
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw	110,805	0	110,805
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Detroit Wayne Mental Health Authority	Wayne	608,745	0	608,745
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	240,988	0	240,988
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb County CMH Services	Macomb	177,794	0	177,794

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[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Mid-State Health Network	Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, Tuscola	358,601	0	358,601
Michigan[6]	Specialty Prepaid Inpatient Health Plan (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	62,994	0	62,994
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northern Michigan Regional Entity	Northern Michigan Regional Entity	Alcona, Alpena, Antrim, Benzie, Charlevoix, Chevoygan, Crawford, Emmett, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford	112,733	0	112,733
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland County CMH Authority	Oakland	161,147	0	161,147
Michigan[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Region 10 PIHP	Lapeer, Sanilac, St. Clair	183,773	0	183,773

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[6]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Michigan Behavioral Health	Southwest Michigan Behavioral Health	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	187,222	0	187,222
Michigan[6]	Healthy Kids Dental (Dental only (PAHP))	Blue Cross Blue Shield of Michigan Dental	Blue Cross Blue Shield	Statewide	136,791	0	136,791
Michigan[6]	Healthy Kids Dental (Dental only (PAHP))	Delta Dental of Michigan	Delta Dental	Statewide	838,565	0	838,565
Michigan[6]	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	8	218	226
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Community PACE	The Home Care Group	Lake, Mason, Mecosta, Oceana, Osceola, Newaygo, Montcalm	0	39	39
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Genesys PACE	Ascension Health	Genesee	7	128	135
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	A & D Charitable Foundation	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, Tuscola	8	145	153
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	This plan is a separately incorporated partnership of UMRC	Portions of Livingston, Monroe, Oakland, Washtenaw, and Wayne counties	3	177	180

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Porter Hills, Trinity Health, Senior Resources	Muskegon, parts of Allegan and Ottawa counties	10	322	332
Michigan[6]	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	2	25	27
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE Southeast MI	Henry Ford Health and Presbyterian	Macomb, Oakland, and Wayne Counties	35	1,033	1,068
Michigan[6]	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 and Counties	9	203	212
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Care Partners	Comprehensive Senior Care Corporation	Calhoun and Kalamazoo, parts of Allegan, Barry, and Van Buren	22	466	488
Michigan[6]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care	This plan is a separately incorporated partnership of Volunteers of America, Ingham County Medical Care Facility, and UMRC	Barry, Clinton, Eaton, Ingham, Ionia, Livingston, Shiawassee	5	172	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
Michigan[6]	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, and Lenawee Counties	7	125	132
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield of Minnesota	Statewide	300,695	0	300,695
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	125,763	0	125,763
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health	Hennepin County	20,775	0	20,775
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	6,713	0	6,713
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	33,431	0	33,431

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	30,410	0	30,410
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Ucare	UCare Minnesota	Statewide	221,183	0	221,183
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross and Blue Shield of Minnesota	Statewide	407	2,760	3,167
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	346	1,916	2,262
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itsca County	3	220	223
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	554	3,341	3,895
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	14	860	874

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	42	844	886
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Ucare	Ucare Minnesota	Statewide	1,585	3,792	5,377
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross and Blue Shield of Minnesota	Statewide	0	8,668	8,668
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	0	3,408	3,408
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	0	435	435
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	0	10,575	10,575
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	0	1,943	1,943

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties	0	1,818	1,818
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Ucare	UCare Minnesota	Statewide	0	12,762	12,762
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	2,782	3,176	5,958
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health Systems	Hennepin County	1,136	829	1,965
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	5,376	6,402	11,778
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties	817	1,434	2,251
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 Counties	1,014	1,945	2,959

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)	Ucare	UCare Minnesota	Statewide	14,280	15,053	29,333
Mississippi	Mississippi Coordinated Access Network Program (MississippiCAN) (Comprehensive MCO)	Magnolia Health Plan	Centene Corporation	Statewide	200,210	0	200,210
Mississippi	Mississippi Coordinated Access Network Program (MississippiCAN) (Comprehensive MCO)	Molina Healthcare of Mississippi	Molina Healthcare	Statewide	64,423	0	64,423
Mississippi	Mississippi Coordinated Access Network Program (MississippiCAN) (Comprehensive MCO)	UnitedHealthcare of Mississippi	UnitedHealthcare	Statewide	171,395	0	171,395
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	85,019	0	85,019

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Central	Centene Corporation	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth Counties	50,064	0	50,064
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	37,944	0	37,944

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Southwest	Centene Corporation	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright Counties	40,715	0	40,715
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	59,348	0	59,348
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,	65,768	0	65,768

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri (continued)	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	WellCare Health Plans	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	65,768	0	65,768
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	56,811	0	56,811
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Missouri Care Southwest	WellCare Health Plans	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright Counties	45,149	0	45,149

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)	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	47,035	0	47,035
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, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne and Worth Counties	46,841	0	46,841

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)	UnitedHealthcare Western	United Healthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright Counties	34,895	0	34,895
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	UnitedHealthcare Southwest	United Healthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright Counties	27,057	0	27,057
Missouri	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Providence Service Corporation	Statewide	100,497	143,735	244,232
Montana	Passport to Health (Primary Care Case Management (PCCM))	Passport to Health	Passport to Health	Statewide	113,848	0	113,848
Montana	CPC+ (Primary Care Case Management (PCCM))	Track 1	Montana Medicaid fee-for-service	Statewide	22,319	0	22,319
Montana	CPC+ (Primary Care Case Management (PCCM))	Track 2	Montana Medicaid fee-for-service	Statewide	37,044	0	37,044
Montana	PCMH (Primary Care Case Management (PCCM))	PCMH	Montana Medicaid fee-for-service	Statewide	34,105	0	34,105

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	Heritage Health (Comprehensive MCO)	UnitedHealthcare Community Plan of Nebraska	United Healthcare	Statewide	69,251	12,635	81,886
Nebraska	Heritage Health (Comprehensive MCO)	WellCare of Nebraska	WellCare Health Plans, Inc	Statewide	74,743	8,281	83,024
Nebraska	Heritage Health (Comprehensive MCO)	Nebraska Total Care	Centene	Statewide	68,708	13,667	82,375
Nebraska	Dental Benefit Manager (Dental only (PAHP))	MCNA Nebraska	MCNA Insurance Company	Statewide	211,500	34,555	246,055
Nebraska	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	Immanuel Pathways	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068	17	188	205
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Health Plan of Nevada (HPN)	UnitedHealthcare	889103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117,	248,830	0	248,830

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)	Health Plan of Nevada (HPN)	UnitedHealthcare	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	248,830	0	248,830
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Anthem Blue Cross Blue Shield of Nevada (ANT)	Anthem Blue Cross Blue Shield	89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144,	196,888	0	196,888

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada (continued)	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Anthem Blue Cross Blue Shield of Nevada (ANT)	Anthem Blue Cross Blue Shield	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	196,888	0	196,888
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Silver Summit Health Plan (SSH)	Centene 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,	53,154	0	53,154

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada (continued)	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Silver Summit Health Plan (SSH)	Centene Corporation	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	53,154	0	53,154

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
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, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435,	498,872	0	498,872

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))	Liberty Dental Plan of Nevada	Liberty Dental Plan Corporation	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	498,872	0	498,872
Nevada	Non-Emergency Transportation (NET) (Non-Emergency Medical Transportation)	Medical Transportation Management (MTM)	MTM Inc	Statewide	575,184	0	575,184
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Centene	Statewide	72,056	8,528	80,584
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense Health Plan	Boston Medical Center Health Plan	Statewide	84,151	8,338	92,489
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Amerivantage Dual Coordination (HMO SNP)	Amerigroup New Jersey, Inc (Anthem)	Bergen, Burlington, Camden, Hudson, Middlesex, Monmouth, Ocean, Passaic, Somerset, Union Counties	0	9,011	9,011
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Horizon NJ TotalCare (HMO SNP)	Horizon Healthcare of New Jersey, Inc.	Statewide	0	11,241	11,241
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Wellcare Liberty (HMO SNP)	WellCare Health Plans, Inc.	Atlantic, Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Union Counties	0	3,836	3,836

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete ONE (HMO SNP)	UnitedHealthcare Community Plan	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union Counties	0	22,993	22,993
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey Inc	Anthem	Statewide	150,280	15,555	165,835
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	CVS Health	Statewide	52,266	6,807	59,073
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Horizon Blue Cross Blue Shield of New Jersey	Statewide	710,660	66,576	777,236
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	349,626	32,036	381,662
New Jersey	NJFamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	WellCare Health Plans Inc.	All counties except Hunterdon	53,389	13,911	67,300
New Jersey	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	The Providence Service Corp.	Statewide	1,305,129	180,945	1,486,074
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	17	75	92

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))	Beacon of LIFE	AcuteCare Health System	Monmouth County	10	105	115
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE	Inspira Health Network LIFE Inc.	Portions of Cumberland, Gloucester and Salem Counties, specifically, residents of zip codes: 08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362	23	245	268
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Francis	St. Francis Medical Center, Member of Trinity Health	All of Mercer County and those who reside in Burlington County with one of the following zip codes: 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554	40	302	342
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior Life	Lutheran Social Ministries of NJ	Most of Hudson County, including residents of zip codes: 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	10	110	120

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))	Trinity Health LIFE NJ	Virtua Health System	Most of Camden county, some of Burlington county. Zip codes: 08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08052, 08059, 08065, 08076, 08077, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	18	197	215
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Health Care Service Corporation	Statewide	221,204	12,385	233,589
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Presbyterian Health Plan	Statewide	348,401	25,828	374,229
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Western Sky Community Care, Inc.	Centene Corporation	Statewide	57,212	2,611	59,823
New Mexico	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage New Mexico PACE dba Total Community Care	Innovage New Mexico PACE dba Total Community Care	Bernalillo County, Sandoval County, Valencia County	62	732	794
New York	Health and Recovery Plans (Comprehensive MCO)	Affinity Health Plan	Affinity Health Plan	New York City; Nassau, Orange, Rockland, Suffolk, & Westchester Counties	5,022	0	5,022

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Tioga, Warren, & Washington Counties	3,740	0	3,740
New York	Health and Recovery Plans (Comprehensive MCO)	Excellus	Excellus	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties	9,321	0	9,321
New York	Health and Recovery Plans (Comprehensive MCO)	Fidelis Care	Centene Corporation	New York City & 57 Counties	41,118	0	41,118
New York	Health and Recovery Plans (Comprehensive MCO)	HealthFirst	HealthFirst	New York City; Nassau, Suffolk, & Westchester Counties	28,111	0	28,111
New York	Health and Recovery Plans (Comprehensive MCO)	HealthPlus	Anthem	New York City; Nassau & Putnam Counties	6,947	0	6,947
New York	Health and Recovery Plans (Comprehensive MCO)	HIP GNY	HIP GNY	New York City; Nassau, Suffolk, & Westchester Counties	5,060	0	5,060
New York	Health and Recovery Plans (Comprehensive MCO)	Independent Health Association	Independent Health Association	Erie County	2,419	0	2,419
New York	Health and Recovery Plans (Comprehensive MCO)	Metroplus	Metroplus	New York City	12,763	0	12,763
New York	Health and Recovery Plans (Comprehensive MCO)	Molina Healthcare of NY, Inc.	Molina Healthcare	Cortland, Onondaga, & Tompkins Counties	1,627	0	1,627

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	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, & Westchester Counties	6,581	0	6,581
New York	Health and Recovery Plans (Comprehensive MCO)	United Healthcare	United Health Group, Inc.	New York City & 42 Counties	9,766	0	9,766
New York	Health and Recovery Plans (Comprehensive MCO)	Yourcare Health Plan	Yourcare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, & Wyoming Counties	2,094	0	2,094
New York	Medicaid Advantage (Comprehensive MCO)	Fidelis Legacy Plan	Fidelis Legacy Plan	New York City & 35 Counties	33	1,226	1,259
New York	Medicaid Advantage (Comprehensive MCO)	United HealthCare	United HealthCare	New York City & Nassau County	20	2,365	2,385
New York	Medicaid Advantage (Comprehensive MCO)	VNS Choice	VNS Choice	Suffolk and Westchester Counties, New York City	0	0	0
New York	Medicaid Advantage (Comprehensive MCO)	WellCare	WellCare	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, & Wayne Counties	56	1,294	1,350
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Affinity Health Plan	Affinity Health Plan	New York City and Nassau, Orange, Rockland, Suffolk, Westchester Counties	195,375	0	195,375

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Amidacare Special Needs	Amidacare Special Needs	New York City	6,913	0	6,913
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, & Washington Counties	81,543	0	81,543
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Crystal Run Health Plan	Crystal Run Health Plan	Orange and Sullivan Counties	1,648	0	1,648
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Excellus	Excellus	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, and Yates Counties	169,917	0	169,917
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Fidelis Care	Centene Corporation	New York City and 57 Counties	1,247,429	0	1,247,429
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	New York City; Nassau, Suffolk, & Westchester Counties	928,468	0	928,468
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Health Now	Health Now	Albany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, & Wyoming Counties	34,447	0	34,447
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthPlus	Anthem	New York City; Nassau & Putnam Counties	311,998	0	311,998

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)	HIP Combined	HIP Combined	New York City; Nassau, Suffolk, & Westchester Counties	125,162	0	125,162
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Independent Health/Hudson Valley & WNY	Independent Health/Hudson Valley & WNY	Erie County	56,072	0	56,072
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan	MetroPlus Health Plan	New York City	362,706	0	362,706
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MertoPlus Health Plan Special Needs	Metroplus Health Plan Special Needs	New York City	4,000	0	4,000
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New York, Inc.	Molina Healthcare	Cortland, Onondage, & Tompkins Counties	26,938	0	26,938
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jeffferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, & Westchester Counties	163,314	0	163,314
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	United Healthcare	United Health Group Inc.	New York City & 42 Counties	441,821	0	441,821
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	VNS Choice Special Needs	VNS Choice Special Needs	New York City	3,042	0	3,042

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)	Wellcare	Wellcare	New York City; Albany, Broome, Dutchess, Erie, Nassau, Niagara, Orange, Rensselaer, Rockland, Schenectady, Schuyler, Steuben, Suffolk, & Ulster Counties	106,606	0	106,606
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Yourcare Health Plan	Yourcare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, and Wyoming Counties	37,447	0	37,447
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Centers Plan	Centers Plan	New York City	0	8	8
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderPlan	ElderPlan	New York City; Nassau & Westchester Counties	7	1,441	1,448
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Fidelis Legacy Plan	Fidelis Legacy Plan	New York City; Albany, Montgomery, Rensselaer, & Schenectady Counties	1	77	78
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Guildnet	Guildnet	New York City	0	0	0
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	New York City & Nassau County	62	10,844	10,906
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthPlus Advantage Plus	HealthPlus Advantage Plus	New York City	0	10	10
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	Senior Whole Health	New York City & Nassau County	0	84	84

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)	Village Care	Village Care	New York City	14	1,487	1,501
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice Plus	VNS Choice Plus	New York City; Nassau, Suffolk, & Westchester Counties	10	2,327	2,337
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Aetna Better Health	New York City; Nassau & Suffolk Counties	409	7,340	7,749
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	AgeWell New York	New York City; Nassau, Suffolk, & Westchester Counties	332	11,486	11,818
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	ArchCare Community Life	New York City; Putnam & Westchester Counties	543	4,385	4,928
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, & Westchester Counties	5,274	30,112	35,386
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, & Westchester Counties	767	13,677	14,444
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderServe	ElderServe	New York City; Nassau, Suffolk, & Westchester Counties	1,109	13,742	14,851
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderWood	ElderWood	Erie, Genesee, Monroe, Niagara, Orleans, & Wyoming counties.	30	786	816
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	Extended MLTC	New York City; Nassau & Suffolk Counties	684	6,334	7,018

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))	Fallon Health Weinberg	Fallon Health Weinberg	Erie & Niagara Counties	72	868	940
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care	Fidelis Care	New York City & 57 Counties	1,300	22,175	23,475
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Guildnet	Guildnet	New York City	0	0	0
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspik Choice MLTC	Hamaspik Choice MLTC	Dutchess, Orange, Putnam, Rockland, Sullivan, & Ulster Counties	130	2,232	2,362
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Health Advantage/Elant Choice	Dutchess, Orange, & Rockland Counties	72	903	975
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HealthPlus	HealthPlus	New York City	474	6,027	6,501
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Icircle Care MLTC	Icircle Care MLTC	Broome, Cayuga, Chemung, Chenango, Cortland, Genesee, Livingston, Madison, Monroe, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, & Yates	155	3,804	3,959
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	Independent Care Systems	New York City	0	0	0
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra MLTC	Integra MLTC	New York City; Nassau, Suffolk, & Westchester Counties	4,093	16,497	20,590

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))	Kalos Health Plan	Kalos Health Plan	Chautauqua, Erie, Genesee, Monroe, Niagara, & Orleans Counties	61	1,384	1,445
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus	MetroPlus	New York City	507	1,437	1,944
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO	Montefiore HMO	New York City & Westchester County	145	1,556	1,701
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Prime Health Choice	Albany, Dutchess, Orange, Putnam, Rockland, Warren, & Washington Counties	53	454	507
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	Senior Health Partners	New York City; Nassau & Westchester Counties	2,488	12,668	15,156
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Senior Network Health	Herkimer & Oneida counties	19	564	583
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	Senior Whole Health	New York City & Westchester Counties	1,965	12,848	14,813
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United HealthCare	United HealthCare	New York City	135	2,598	2,733
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	Village Care	New York City	2,267	9,377	11,644
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options	VNA HomeCare Options	Forty eight Counties	256	7,549	7,805

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))	VNS Choice	VNS Choice	New York City & 28 Counties	1,878	16,842	18,720
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	WellCare Advocate	WellCare Advocate	New York City; Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, & Westchester Counties	245	5,576	5,821
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	ArchCare Senior Life	New York City & Westchester County	99	737	836
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Catholic Health - Life	Erie County	9	253	262
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centerlight	Centerlight	New York City; Nassau, Suffolk, & Westchester Counties	393	2,306	2,699
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Complete Senior Care	Niagara County	8	120	128
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Eddy Senior Care	Albany & Schenectady Counties	14	198	212
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Weinberg	Fallon Health Weinberg	Erie County	15	123	138
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Independent Living for Seniors	Monroe, Ontario, & Wayne Counties	28	720	748
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	PACE CNY	Onondaga County	16	596	612

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Total Senior Care	Allegany, Cattaraugus, & Chautauqua Counties	10	114	124
North Carolina	Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity))	North Carolina Community Care	Community Care Health Plan (WI)	Statewide	1,444,630	146,588	1,591,218
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, and Wake Counties	211,715	22,128	233,843
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 Counties	397,630	47,366	444,996
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, and Wilson Counties	134,469	20,476	154,945
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, and Yadkin Counties	139,424	19,671	159,095

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, and Richmond Counties	166,646	20,170	186,816
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, and Washington Counties	186,708	29,546	216,254
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, and Yancey Counties	124,775	21,965	146,740
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Care Partners	Community Care Health Plan (WI)	Buncombe and Henderson Counties	14	179	193
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Staywell	Stay Well Senior Care	Randolph and Montgomery Counties and a portion of Moore County	6	102	108

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 (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Carolina Seniorcare	Carolina Seniorcare	Rowan, Davidson, Davie and Iredell Counties	10	208	218
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus	Elderhaus, Inc.	New Hanover and Brunswick Counties	10	115	125
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health SeniorCare	Piedmont Health Services, Inc.	Alamance, Caswell, Chatham, Lee, and Orange Counties and a portion of Durham County	21	316	337
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Joseph of the Pines	Life St. Joseph of the Pines, Inc.	Cumberland Country and portions of Harnett, Robeson, Moore and Hoke Counties	18	268	286
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Triad	PACE	Guilford and Rockingham Counties	13	222	235
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	PACE @Home	PACE	Catawba County and portions of Lincoln, Burke, Caldwell and Alexander Counties	3	162	165
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	PACE	Mecklenburg, Cabarrus, and Union Counties and portions of Stanley County	7	179	186

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	VOANS Senior CommUnity Care of North Carolina	Community Care Health Plan (WI)	Durham and Wake Counties and a portion of Granville County	8	204	212
North Carolina	Program of All Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care	Senior Total Life Care, Inc.	Gaston County and portions of Cleveland and Lincoln Counties	12	233	245
North Dakota	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion MCO	Sanford Health Plan	Statewide	19,692	0	19,692
North Dakota	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	45,939	0	45,939
North Dakota	PACE (Program of All-inclusive Care for the Elderly (PACE))	Northland PACE Senior Care Services	Northland PACE Senior Care Services	Ward: 58701, 58702, 58703, 58722, 58785; Burleigh: 58501, 58502, 58503, 58504, 58558; Morton: 58554; Stark: 58601, 58602, 58630, 58652, 58655, 58656	9	171	180
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Buckeye Health Plan	Centene Corportation	West, Northeast, Central/Southeast	308,783	0	308,783
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	CareSource	CareSource	West, Northeast, Central/Southeast	1,202,431	0	1,202,431
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	West, Northeast, Central/Southeast	276,396	0	276,396

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Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Paramount Advantage	Promedica	West, Northeast	242,669	0	242,669
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare, Inc.	West, Northeast, Central/Southeast	279,975	0	279,975
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Aetna Better Health of Ohio	Aetna, Inc.	Central, Northwest, Southwest	0	12,441	12,441
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Buckeye Health Plan	Centene Corporation	Northeast, Northwest, West Central	0	10,908	10,908
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	CareSource	CareSource	East Central, Northeast, Northeast Central	0	12,428	12,428
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	Central, Southwest, West Central	0	10,780	10,780
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare	East Central, Northeast, Northeast Central	0	14,231	14,231
Ohio	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	McGregor PACE	Cuyahoga county	98	445	543
Oklahoma	SoonerCare Choice (Primary Care Case Management (PCCM))	SoonerCare Choice	SoonerCare Choice	Statewide	529,050	0	529,050

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	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Oklahoma Health Care Authority	Statewide	529,050	116,025	645,075
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	16	146	162
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, 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	16	180	196

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	157	179
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Access Dental Plan, LLC	Access Dental Plan, LLC	Clackamas, Multnomah, and Washington Counties	0	0	0
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Advantage Dental Services	Advantage Dental Services	Statewide except Tillamook County	16,030	2,620	18,650
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Capitol Dental Care, Inc.	HealthShare of Oregon	Benton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, and Yamhill Counties	10,734	634	11,368
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	CareOregon Dental	CareOregon	Clackamas, Multnomah, and Washington Counties	1,887	93	1,980
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Greater Oregon Behavioral Health, Inc.	Greater Oregon Behavioral Health, Inc.	Baker (97869 excluded), Clatsop, Columbia, Douglas, Gilliam, Grant, Harney, Hood River, Lake, Malheur (97710 excluded), Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler (97848 excluded) Counties	492	869	1,361

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Managed Dental Care of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,759	58	1,817
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	ODS Community Health, Inc.	MODA Health	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes (97733, 97735 excluded), Hood River, Jackson, Jefferson, Josephine, Lane, Linn (97759 excluded), Malheur, Marion, Multnomah, Polk (97370 excluded), Tillamook, Wallowa (97828, 97846 only), Wasco, Washington, and Yamhill Counties	8,583	640	9,223
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	AllCare Health Plan	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, and Josephine Counties	46,556	2,978	49,534
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Cascade Health Alliance	Cascade Health Alliance	Klamath County (97731, 97733, 97737, 97739, 97425 excluded)	17,098	642	17,740
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Columbia Pacific	Columbia Pacific	Clatsop, Columbia, and Tillamook Counties	23,302	762	24,064
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Eastern Oregon CCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties	47,553	3,455	51,008
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Family Dental Care	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,824	85	1,909

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[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	HealthShare of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	292,701	18,735	311,436
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	InterCommunity Health Network	InterCommunity Health Network	Benton, Lincoln, and Linn Counties	50,693	4,259	54,952
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Jackson Care Connect	Jackson Care Connect	Jackson County	29,265	2,271	31,536
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only) Counties	45,933	2,760	48,693
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco Counties	11,541	697	12,238
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	PrimaryHealth of Josephine County	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson and Josephine Counties	9,481	782	10,263
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Trillium Community Health Plan	Trillium Community Health Plan	Benton (97448, 97456 only), Coos (97449 only), Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane, and Linn (97446 only) Counties	83,348	4,095	87,443
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Umpqua Health Alliance	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	25,366	1,268	26,634

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[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Willamette Valley Community Health	Willamette Valley Community Health	Benton (97361 only), Clackamas (97002, 97032, 97071, 97362, 97375 only), Linn (97346, 97350, 97352, 97358, 97360, 97383 only), Marion, Polk, and Yamhill (97304 only) Counties	95,266	4,569	99,835
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Yamhill Community Care	Yamhill Community Care	Clackamas (97002, 97071, 97140 only), Marion (97137 only), Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Tillamook (97347 only), Washington (97119, 97123, 97132, 97140 only), and Yamhill Counties	22,770	721	23,491
Oregon[7]	Oregon Health Plan (OHP) (Comprehensive MCO)	Advanced Health	Advanced Health	Coos, Curry, and Douglas (97459 only) Counties	18,239	1,123	19,362
Oregon[7]	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Providence	Multnomah, Washington, Clatsop, Clackamas, and Tillamook Counties	78	1,403	1,481
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Aetna Better Health	Aetna	Southeast zone, Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone	195,254	3,201	198,455
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Gateway Health	Gateway Health	Southwest zone, Lehigh/Capital zone, Northwest zone	272,509	4,984	277,493

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Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Health Partners Plan	Health Partners Plan	Southeast zone	228,158	3,575	231,733
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	United Healthcare Community Plan, Inc.	UnitedHealthcare	Southeast zone, Southwest zone, Lehigh/Capital zone	214,450	3,532	217,982
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	UPMC for You	UPMC Health Plan	Southwest zone, Lehigh/Capital zone, Northwest zone	405,401	8,665	414,066
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Geisinger Health Plan	Geisinger Health Plan	Northeast zone	175,714	3,610	179,324
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	AmeriHealth Caritas/AmeriHealth Caritas Northeast	Vista	Lehigh/Capital zone, Northwest zone, Northeast zone	276,727	5,042	281,769
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Keystone First	Vista	Southeast zone	415,556	6,354	421,910
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	UPMC Community HealthChoices	UPMC	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County. Southeast PA: Bucks County, Chester County, Delaware County, Montgomery County, Philadelphia County	4,606	66,073	70,679

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Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Pennsylvania Health & Wellness	Centene Corporation	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County. Southeast PA: Bucks County, Chester County, Delaware County, Montgomery County, Philadelphia County	3,463	47,473	50,936
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	AmeriHealth Caritas	Vista	Southwest PA: Allegheny County, Armstrong County, Beaver County, Bedford County, Blair County, Butler County, Cambria County, Fayette County, Greene County, Indiana County, Lawrence County, Somerset County, Washington County and Westmoreland County	714	14,411	15,125
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Keystone First	Vista	Southeast PA: Bucks County, Chester County, Delaware County, Montgomery County, Philadelphia County	13,338	62,146	75,484
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices	Community Care Behavioral Health	Allegheny County	182,590	35,622	218,212

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices	Beacon Health Options	Beaver County	26,665	5,356	32,021
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Somerset and Bedford Counties	Community Care Health Plan (WI)	Bedford and Somerset Counties	19,135	4,118	23,253
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices	Community Care Behavioral Health	Berks County	77,029	9,673	86,702
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices	Community Care Behavioral Health	Blair County	24,405	4,756	29,161
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices	Magellan Behavioral Health	Bucks County	64,485	11,499	75,984
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices	Magellan Behavioral Health	Cambria County	25,503	4,975	30,478
Pennsylvania	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	50,546	5,785	56,331

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices	Community Care Behavioral Health	Chester County	44,441	6,528	50,969
Pennsylvania	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	181,892	21,880	203,772
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices	Magellan Behavioral Health	Delaware County	93,915	14,268	108,183
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices	Community Care Behavioral Health	Erie County	59,054	8,143	67,197
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices	Beacon Health Options	Fayette County	31,080	6,412	37,492
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth)	Beacon Health Options	Greene County	7,128	1,455	8,583
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices	Magellan Behavioral Health	Lehigh County	71,124	9,364	80,488

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board	Community Care Behavioral Health	Clinton and Lycoming Counties	27,146	4,051	31,197
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices	Magellan Behavioral Health	Montgomery County	84,736	14,814	99,550
Pennsylvania	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	167,501	27,699	195,200
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices	Magellan Behavioral Health	Northampton County	42,407	5,828	48,235
Pennsylvania	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	123,367	17,861	141,228
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership	Beacon Health Options	Crawford, Mercer and Venango Counties	44,319	7,860	52,179

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Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices	Community Behavioral Health	Philadelphia County	535,091	87,763	622,854
Pennsylvania	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	141,582	28,645	170,227
Pennsylvania	Behavioral Health HealthChoices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance	PerformCare	Franklin and Fulton Counties	24,461	3,188	27,649
Pennsylvania	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	81,502	9,007	90,509
Pennsylvania	Medical Assistance Transportation Program (MATP) (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Philadelphia	543,818	77,770	621,588
Pennsylvania	Adult Community Autism Program (Other Prepaid Health Plan (PHP) (limited benefits))	Adult Community Autism Program	Keystone Autism Services	Dauphin, Cumberland, Lancaster and Chester Counties	95	77	172
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Senior LIFE	Westmoreland County	7	224	231

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Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Senior LIFE	Cambria County, Somerset County (partial)	22	212	234
Pennsylvania	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	29	335	364
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	Senior LIFE	York County and Dauphin County	22	247	269
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Senior LIFE	Lehigh County, Berks County and Northampton County	22	337	359
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington H-2992	Senior LIFE	Washington County, Fayette County and Greene County	86	547	633
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	SpiriTrust LIFE H-2537	Franklin County, Cumberland County and Perry County	3	101	104
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	LIFE NWPA H-4999	Erie County, Mercer County, Crawford County and Warren County	22	306	328
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Geisinger Health Plan	Luzerne County, Lackawanna County, Columbia County, Montour County, Northumberland County and Schuylkill County	6	248	254

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Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Mercy LIFE H-3919	Philadelphia County and Delaware County	53	791	844
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE West Philadelphia H-3908	Mercy LIFE West Philadelphia H-3908	Philadelphia County	38	465	503
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	LIFE St. Mary H-6551	Bucks County	9	246	255
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Innovage LIFE H-9830	Innovage LIFE H-9830	Philadelphia County	59	666	725
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Albright LIFE H-9068	Lancaster County, Lebanon County, Lycoming County, Clinton County, Union County and Chester County	3	198	201
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	Community LIFE H-3917	Allegheny County, Westmoreland County and Washington County	29	600	629
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Pittsburgh H-3918	LIFE Pittsburgh H-3918	Allegheny County	43	548	591
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	VieCare Butler H-3060	Butler County	15	190	205

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Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	VieCare Beaver H-7660	Beaver County and Lawrence County	31	458	489
Pennsylvania	PA Living Independence for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Armstrong H-6118	VieCare Armstrong H- 6118	Armstrong County	3	74	77
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan First Medical	Government Health Plan First Medical	Statewide	219,642	13,312	232,954
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan MMM Multi Health Inc	Government Health Plan MMM Multi Health Inc	Statewide	234,266	15,327	249,593
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan Molina Health Care PR Inc	Government Health Plan Molina Health Care PR Inc	Statewide	166,494	9,977	176,471
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan de Salud Menonita	Government Health Plan de Salud Menonita	Statewide	74,487	5,208	79,695
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan Triple S	Government Health Plan Triple S	Statewide	307,825	17,443	325,268
Puerto Rico	Comprehensive MCO - Medicare Platino (Comprehensive MCO)	Medicare Platino - MMM Health Care Inc	Medicare Platino - MMM Health Care Inc	Statewide	0	119,758	119,758
Puerto Rico	Comprehensive MCO - Medicare Platino (Comprehensive MCO)	Medicare Platino - MCS Advantage Inc	Medicare Platino - MCS Advantage Inc	Statewide	0	79,266	79,266
Puerto Rico	Comprehensive MCO - Medicare Platino (Comprehensive MCO)	Medicare Platino - Triple S Advantage	Medicare Platino - Triple S Advantage	Statewide	0	43,403	43,403
Puerto Rico	Comprehensive MCO - Medicare Platino (Comprehensive MCO)	Medicare Platino - Humana Health Plan of PR	Medicare Platino - Humana Health Plan of PR	Statewide	0	24,113	24,113

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Puerto Rico	Comprehensive MCO - Medicare Platino (Comprehensive MCO)	Medicare Platino - Constellation Health	Medicare Platino - Constellation Health	Statewide	0	1,173	1,173
Rhode Island	Rite Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	N/A	All State	163,331	0	163,331
Rhode Island	Rite Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	United HealthCare of Rhode Island Community Plan	UnitedHealthCare, Inc.	All State	86,383	0	86,383
Rhode Island	Rite Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	Tufts Health Public Plans	Tufts Health, Inc.	All state	9,240	0	9,240
Rhode Island	Rite Smiles Dental Program (Dental only (PAHP))	UnitedHealthCare Dental of Rhode Island	United Health Care	All State	113,240	0	113,240
Rhode Island	Rhode Island Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management	All State	253,313	36,831	290,144
Rhode Island	RI Medicaid PACE Program (Program of All-inclusive Care for the Elderly (PACE))	PACE Organization of Rhode Island	PACE Organizations	All State	0	320	320
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Centene	Statewide	122,593	0	122,593
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Healthy Blue by BlueChoice Healthplan	BlueCross BlueShield	Statewide	121,441	0	121,441

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South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina Health Care of South Carolina	Molina Health Care	Statewide	127,022	0	127,022
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Select Health of South Carolina	AmeriHealth Caritas	Statewide	348,112	0	348,112
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare of South Carolina	WellCare Inc.	Statewide	81,982	0	81,982
South Carolina	South Carolina Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Community Health Solutions	Statewide	666	0	666
South Carolina	South Carolina Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Logisticare	Logisticare Solutions LLC	Statewide	1,091,124	162,309	1,253,433
South Carolina	South Carolina Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Palmetto Senior Care	PRISMA Health	Richland, Lexington Counties	31	221	252
South Carolina	South Carolina Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Methodist Oaks	Methodist Oaks	Orangeburg County	9	95	104

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
South Carolina	South Carolina Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Greenville Health Senior Care	PRISMA Health	Anderson, Pickens, Greenville Counties	2	58	60
South Dakota	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	90,253	0	90,253
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	Amerigroup	Amerigroup	Statewide	371,379	41,677	413,056
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	DentaQuest USA Insurance Company	Statewide	844,663	371	845,034
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Magellan Health Services	Statewide	1,290,689	371	1,291,060
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	378,655	50,223	428,878
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Blue Cross Blue Shield Association	Statewide	474,286	51,885	526,171
Tennessee	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Blue Cross Blue Shield Association	Statewide	66,369	2,928	69,297
Tennessee	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Alexian Brothers Community Services	Hamilton County	16	269	285

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR (Comprehensive MCO)	Seton Health Plan, Inc., dba Dell Children's Health Plan	Seton Insurance Services Corporation	Travis SDA	22,841	0	22,841
Texas	STAR (Comprehensive MCO)	Health Care Service Corporation (dba Blue Cross Blue Shield)	Health Care Service Corporation	Travis SDA	30,688	0	30,688
Texas	STAR (Comprehensive MCO)	SHA, LLC, dba FirstCare Health Plans	Scott and White Health Plan	Lubbock SDA, MRSA West	76,104	0	76,104
Texas	STAR (Comprehensive MCO)	Scott and White Health Plan	Baylor Scott and White Holdings	MRSA Central	43,991	0	43,991
Texas	STAR (Comprehensive MCO)	Amerigroup	Amerigroup Corporation	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast	521,651	0	521,651
Texas	STAR (Comprehensive MCO)	Superior Health Plan, Inc.	Centene Corporation	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Nueces SDA, Travis SDA	706,022	0	706,022
Texas	STAR (Comprehensive MCO)	El Paso Health Plans, Inc., dba El Paso Health	El Paso County Hospital District, dba University Medical Center of El Paso	Bexar SDA, El Paso SDA	64,675	0	64,675
Texas	STAR (Comprehensive MCO)	Aetna Better Health of Texas, Inc.	Aetna	Bexar SDA, Tarrant SDA	70,239	0	70,239
Texas	STAR (Comprehensive MCO)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Bexar SDA	106,802	0	106,802

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR (Comprehensive MCO)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Hidalgo SDA, Jefferson SDA, Nueces SDA	138,885	0	138,885
Texas	STAR (Comprehensive MCO)	Texas Children's Health Plan, Inc.	Texas Children's	Harris SDA, Jefferson SDA	334,749	0	334,749
Texas	STAR (Comprehensive MCO)	Molina Healthcare of Texas, Inc.	Molina Healthcare	Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	90,829	0	90,829
Texas	STAR (Comprehensive MCO)	Driscoll Children's Health Plan	Driscoll	Hidalgo SDA, Nueces SDA	156,323	0	156,323
Texas	STAR (Comprehensive MCO)	Parkland Community Health Plan, Inc.	Dallas County Hospital District	Dallas SDA	152,735	0	152,735
Texas	STAR (Comprehensive MCO)	Cook Children's Health Plan	Cook Children's Health Care System	Tarrant SDA	102,832	0	102,832
Texas	STAR (Comprehensive MCO)	Community Health Choice Texas, Inc.	Harris County Hospital District, dba Harris Health System	Harris SDA, Jefferson SDA	239,497	0	239,497
Texas	STAR Health (Comprehensive MCO + MLTSS)	Superior HealthPlan	Centene Corporation	Statewide	32,707	0	32,707
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup Texas, Inc.	Amerigroup Corporation	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, Travis SDA	57,735	72,129	129,864
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc.	Centene Corporation	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, MRSA West	64,852	74,115	138,967

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, MRSA Northeast	57,409	65,974	123,383
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina Healthcare of Texas, Inc.	Molina Healthcare	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	34,780	51,140	85,920
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Cigna HealthSpring	NewQuest, LLC	Hidalgo SDA, MRSA Northeast, Tarrant SDA	19,137	29,607	48,744
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Amerigroup Insurance Company	Amerigroup, Inc.	Dallas SDA, El Paso SDA, Harris SDA, MRSA West, Lubbock SDA	26,170	134	26,304
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc.	Centene Corporation	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA West SDA, Travis SDA, Nueces SDA	27,671	166	27,837
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Aetna Better Health of Texas, Inc.	Aetna	Tarrant SDA	4,624	30	4,654
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Bexar SDA	7,533	44	7,577
Texas	STAR Kids (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	United Healthcare	Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA, Nueces SDA	29,882	133	30,015
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Texas Children's Health Plan, Inc.	Texas Children's	Harris SDA, Jefferson SDA, MRSA Northeast SDA	26,623	113	26,736

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)	Driscoll Children's Health Plan	Driscoll	Hidalgo SDA, Nueces SDA	10,110	36	10,146
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Cook Children's Health Plan	Cook Children's Health Care System	Tarrant SDA	9,246	58	9,304
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Blue Cross and Blue Shield of Texas (BCBSTX)	Health Care Service Corporation	MRSA Central SDA, Travis SDA	7,868	43	7,911
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Children's Medical Center Health Plan	Children's Health System of Texas	Dallas SDA	8,488	36	8,524
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA Insurance Company	Managed Care of North America (MCNA), Inc.	Statewide	118,130	0	118,130
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest USA Insurance Company, Inc.	DentaQuest, LLC (owned by DentaQuest Group, Inc.)	Statewide	1,591,932	0	1,591,932
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	American Medical Response	American Medical Response	Brown, Callahan, Coke, Coleman, Comanche, Concho, Crockett, Dimmit, Eastland, Edwards, Fisher, Haskell, Irion, Jones, Kent, Kimble, Kinney, Knox, Maverick, Mcculloch, Menard, Mitchell, Nolan, Reagan, Real, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Uvalde, Val Verde, Zavala	90,595	14,587	105,182

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, Ochiltree,	1,964,305	201,794	2,166,099

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas (continued)	Medical Transportation Program (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Oldham, Palo Pinto, Parker, Parmer, Potter, Randall, Refugio, Roberts, Robertson, Rockwall, San Patricio, San Saba, Sherman, Somervell Starr, Swisher, Tarrant, Terry, Travis, Washington, Webb, Wheeler, Willacy, Williamson, Wilson, Yoakum, Zapata	1,964,305	201,794	2,166,099
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management	Medical Transportation Management, Inc.	Anderson, Angelina, Austin, Bowie, Brazoria, Calhoun, Camp, Cass, Chambers, Cherokee, Colorado, De Witt, Delta, Fort Bend, Franklin, Galveston, Goliad, Gonzales, Gregg, Hardin, Harris, Harrison, Henderson, Hopkins, Houston, Jackson, Jasper, Jefferson, Lamar, Lavaca, Liberty, Marion, Matagorda, Montgomery, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wharton, Wood	1,141,880	110,642	1,252,522

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)	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, Winkler	190,386	26,523	216,909
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	36	852	888
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	10	157	167
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Werner (Amarillo)	PACE	9015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	2	120	122
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	University of Utah Health Plans	Statewide	42,620	6,936	49,556
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Molina Healthcare	Statewide	49,782	5,797	55,579

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Utah	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Steward Health Care System	Statewide	16,913	1,765	18,678
Utah	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	SelectHealth Inc	Statewide	81,484	9,264	90,748
Utah	UNI HOME (Comprehensive MCO)	HOME	University of Utah Health Plans	Salt Lake, Utah, Weber, Davis, Tooele, Summit and Wasatch Counties	726	477	1,203
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	13,957	1,558	15,515
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Central Utah Mental Health	Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties	7,785	1,037	8,822
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis Behavioral Health	Davis County	19,025	2,373	21,398
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Four Corners Community Behavioral Health	Grand, Emery and Carbon Counties	4,136	801	4,937
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling	Northeastern Counseling	Duchesne, Uintah, Daggett, and San Juan Counties	8,874	1,167	10,041
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Optum Health	Salt Lake County	81,724	12,994	94,718

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))	Southwest Behavioral Health	Southwest Behavioral Health	Beaver, Garfield, Kane, Iron and Washington Counties	21,780	2,709	24,489
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Valley Behavioral Health	Valley Behavioral Health	Summit and Tooele Counties	6,524	740	7,264
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Wasatch Mental Health	Utah County	39,636	3,933	43,569
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber Mental Health	Weber and Morgan Counties	21,588	3,454	25,042
Utah	Dental (Dental only (PAHP))	Premier Access	Avesis Incorporated	Statewide	121,566	11,368	132,934
Utah	Dental (Dental only (PAHP))	MCNA Dental	MCNA Dental	Statewide	56,706	9,464	66,170
Utah	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	The Providence Service Corporation	Statewide	212,560	27,106	239,666
Vermont[8]	Global Commitment To Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	Agency of Human Services	Statewide	108,286	445	108,731
Virginia	Medallion 4.0 (Comprehensive MCO)	Magellan	Magellan Health	Statewide	57,726	0	57,726
Virginia	Medallion 4.0 (Comprehensive MCO)	United	UnitedHealthcare	Statewide	103,563	0	103,563
Virginia	Medallion 4.0 (Comprehensive MCO)	Aetna	Aetna	Statewide	115,993	0	115,993

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	Medallion 4.0 (Comprehensive MCO)	Anthem	Anthem Insurance Companies, Inc.	Statewide	321,896	0	321,896
Virginia	Medallion 4.0 (Comprehensive MCO)	Optima	Sentara	Statewide	211,043	0	211,043
Virginia	Medallion 4.0 (Comprehensive MCO)	Virginia Premier	Virginia Premier Health Plan	Statewide	219,843	0	219,843
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	Magellan Health Plan	Magellan Health	Statewide	12,506	12,118	24,624
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	Aetna	Aetna	Statewide	19,317	17,566	36,883
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	Anthem	Anthem Insurance Companies, Inc.	Statewide	34,587	33,353	67,940
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	Optima	Sentara	Statewide	24,546	15,004	39,550
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	United	UnitedHealthcare	Statewide	13,591	14,742	28,333
Virginia	Commonwealth Coordinated Care Plus (Comprehensive MCO + MLTSS)	Virginia Premier	Virginia Premier Health Plan	Statewide	26,698	20,418	47,116
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge/Virginia PACE II	InnovAge Virginia PACE II	Central and Tidewater regions	23	399	422

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	AllCare	AllCare	Southwest region	12	92	104
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra	Centra	Central and Charlottesville/Western regions	10	226	236
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara	Sentara	Tidewater region	24	226	250
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	MEOC (Mountain Empire)	MEOC (Mountain Empire)	Southwest region	2	81	83
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Roanoke	InnovAge Roanoke	Roanoke/Alleghany region	6	146	152
Virginia	DMAS PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Charlottesville	InnovAge Charlottesville	Charlottesville/western region	22	149	171
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, 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, Yakima	2,271	0	2,271

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Community Health Plan of WA	Community Health Plan of WA	Adams, Asotin, Benton, Chelan, 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, Yakima	3,500	0	3,500
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, 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, Yakima	1,373	0	1,373

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	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, Yakima	6,402	0	6,402
Washington	Healthy Options - Blind Disabled (Comprehensive MCO)	United Health Care	United Health Care	Adams, Asotin, Benton, Chelan, 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, Yakima	2,210	0	2,210

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO) (Comprehensive MCO)	United Health Care	United Health Care	Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Whatcom	24,665	0	24,665
Washington	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO) (Comprehensive MCO)	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, 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, Yakima	25,916	0	25,916
Washington	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO) (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Adams, Asotin, Benton, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	36,561	0	36,561

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO) (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Franklin, Garfield, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	37,609	0	37,609
Washington	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO) (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, Yakima	91,528	0	91,528
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Amerigroup	Amerigroup	North Sound, Greater Columbia, King, Pierce, Spokane, North Central, Southwest	139,097	0	139,097
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	North Sound, North Central, King, Pierce, Greater Columbia	142,624	0	142,624

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	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	North Sound, Greater Columbia, King, Spokane, Southwest	199,123	0	199,123
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Molina Health Care	Molina Health Care	North Sound, Greater Columbia, King, Pierce, Spokane, North Central, Southwest	657,627	0	657,627
Washington	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	United Health Care	United Health Care	King, Pierce, North Sound	141,966	0	141,966
Washington	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, Yakima	4,079	0	4,079
Washington	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, Clark, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Island, King, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	25,873	0	25,873

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington	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, Skamania, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	24,382	0	24,382
Washington	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, Thurston, Walla Walla, Whatcom, Whitman, Yakima	21,436	0	21,436
Washington	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Molina Health Care of Washington	Molina Health Care of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Island, King, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	32,002	0	32,002
Washington	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	United Health Care	United Health Care	Island, King, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom	16,724	0	16,724

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	Washington State Integrated Community Mental Health Program (ICMH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	BHO	Behavorial Health Organizations of WA	Statewide	1,622,267	0	1,622,267
Washington	NEMT (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Multiple Transportation Brokers	Statewide	1,742,684	0	1,742,684
Washington	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, Yakima	14,298	0	14,298
Washington	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Providence Elder Place	Statewide	787	0	787
West Virginia	Mountain Health Trust (Comprehensive MCO)	Aetna Better Health of West Virginia	Aetna	Statewide	137,463	0	137,463
West Virginia	Mountain Health Trust (Comprehensive MCO)	UniCare	Anthem	Statewide	154,644	0	154,644
West Virginia	Mountain Health Trust (Comprehensive MCO)	The Health Plan	The Health Plan	Statewide	95,269	0	95,269

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	5,124	895	6,019

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)	Care Wisconsin	Care Wisconsin	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, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties	2,392	485	2,877
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, Columbia, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Price, Richland, Rusk, Sawyer, Shawano, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood Counties	2,535	722	3,257

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)	Independent Care (iCare)	Independent Care (iCare)	Adams, Brown, Calumet, Crawford, Dane, Dodge, Door, Fond du Lac, Grant, Green, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marathon, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca,and Winnebago Counties	6,138	3,933	10,071
Wisconsin	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee,	4,598	1,399	5,997

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)	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	4,598	1,399	5,997
Wisconsin	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Molina Health Plan	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	2,556	629	3,185

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Network Health Plan	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	2,995	852	3,847

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan	Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	12,670	5,835	18,505

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	88,205	76	88,281

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)	Children's Community Health Plan	Children's Community Health Plan	Brown, Calumet, Door, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marinette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties	121,110	36	121,146
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Dean Health Plan	Columbia, Dane, Dodge, Iowa, Jefferson, Rock, and Sauk Counties	36,260	20	36,280
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, Columbia, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Price, Richland, Rusk, Sawyer, Shawano, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood Counties	44,866	40	44,906

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of South Central WI	Group Health Cooperative Of South Central WI	Dane County	5,327	5	5,332
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	Independent Care (iCare)	Adams, Brown, Calumet, Crawford, Door, Fond du Lac, Grant, Green, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marathon, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, and Winnebago Counties	16,992	16	17,008
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	MercyCare Insurance Company	Rock and Walworth Counties	11,806	11	11,817

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	34,047	17	34,064
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Molina Health Plan	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee,	54,338	17	54,355

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin (continued)	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Molina Health Plan	Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood, NHP, Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	54,338	17	54,355

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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)	Network Health Plan	Network Health Plan	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	35,048	20	35,068
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Quartz	Quartz	Buffalo, Columbia, Crawford, Dane, Fond du Lac, Grant, Green, Jackson, Jefferson, Juneau, La Crosse, Monroe, Rock, Sauk, Trempealeau, and Vernon Counties	37,118	33	37,151

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	Security Health Plan	Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, 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 Wood Counties	55,039	55	55,094
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Trilogy Health Insurance	Brown, Calumet, Dodge, Florence, Forest, Green Lake, Kenosha, Kewaunee, Manitowoc, Marathon, Marinette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago Counties	12,490	3	12,493

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan	Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	147,344	140	147,484
Wisconsin	Family Care Partnership (Comprehensive MCO + MLTSS)	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Washington, and Waukesha Counties	287	1,617	1,904
Wisconsin	Family Care Partnership (Comprehensive MCO + MLTSS)	Community Care Health Plan, Inc. – Community Care, Inc.	Community Care Health Plan, Inc. – Community Care, Inc.	Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, and Waupaca Counties	162	487	649

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care Partnership (Comprehensive MCO + MLTSS)	Independent Care Health Plan – iCare	Independent Care Health Plan – iCare	Dane, Kenosha, Milwaukee, Racine, and Sauk Counties	369	733	1,102
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin (FC)	Care Wisconsin, Inc.	Adams, Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, and Waushara Counties	1,529	6,789	8,318
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc.	Community Care, Inc.	Calumet, Fond du Lac, Kenosha, Milwaukee, Manitowoc, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, and Winnebago Counties	2,481	8,916	11,397

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	Family Care (MLTSS only (PIHP and/or PAHP))	Inclusa	Inclusa	Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Dodge, Douglas, Dunn, Eau Claire, Florence, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, Vilas, Washington, Waukesha, Washburn, Waushara, and Wood Counties	2,417	12,379	14,796
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care District	Lakeland Care District	Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Outagamie, Portage, Shawano, Vilas, Waupaca, Winnebago, and Wood Counties	1,130	4,955	6,085

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))	My Choice Family Care	My Choice Family Care	Buffalo, Clark, Crawford, Dane, Grant, Greem, Iowa, Jackson, Juneau, Kenosha, LaCrosse, Lafayette, Milwaukee, Monroe, Ozaukee, Pepin, Racine, Richland, Rock, Sauk, Sheboygan, Trempealeau, Vernon, Walworth, Washington, and Waukesha Counties	1,784	7,399	9,183
Wisconsin	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Children Come First	Dane and County	123	0	123
Wisconsin	Wrap Around Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wrap Around Milwaukee	Wrap Around Milwaukee	Milwaukee County	1,065	2	1,067
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 Waukesha Counties	3,246	0	3,246
Wisconsin	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Community Care, Inc.	Milwaukee, Racine and Waukesha Counties	33	521	554
Wyoming	Wyoming PACE at Cheyenne Medical Center (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Cheyenne Regional Medical Center	Laramie County	4	133	137

1. The information in this table was provided by state officials. In some cases, program or plan names in this table differ from those used in publicly available sources. Questions regarding state-specific information in this table should be directed to State/territorial Medicaid officials.

2. Beneficiaries can simultaneously enroll in Alabama's two PCCM programs: Patient 1st and Health Homes. The de-duplicated Comprehensive Managed Care enrollment is 809,137.

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

4. Georgia did not monitor NEMT program enrollment in 2019. As a result, plan-level enrollment in NEMT plans is reported here as zero.

5. Beneficiaries can concurrently enroll in Ohana Community Care Service and another medical or dental plan under the Quest program. The de-duplicated comprehensive MCO enrollment is 327,762.

6. Michigan is not able to provide dual-eligible enrollment for the Specialty Prepaid Inpatient Health Plan.

7. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Managed Dental Care of Oregon; ODS Community Health, Inc.; and Family Dental Care, or (3) the Mental Health Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.

8. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. This program is classified as a "Comprehensive MCO + MLTSS" program but is considered by CMS and the state to be a "Comprehensive non-risk PIHP" program. 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.

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2019[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	**65,745,133**	**1,290,699**	**1.96%**	**299,888**	**0.46%**
Alabama	869,791	--	--	--	--
Alaska	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,580,628	63,549	4.0%	--	--
Arkansas	822,839	44,830	5.4%	--	--
California	10,394,575	362,877	3.5%	--	--
Colorado	1,182,928	--	--	--	--
Connecticut	--	--	--	--	--
Delaware	208,650	14,916	7.1%	--	--
District of Columbia	249,119	--	--	--	--
Florida[4]	3,097,487	--	--	111,856	4%
Georgia	1,466,300	--	--	--	--
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	327,762	7,728	2.4%	--	--
Idaho[4]	289,155	12,230	4.2%	--	--
Illinois[4]	2,122,611	32,980	1.6%	52,450	2.5%
Indiana	1,074,748	--	--	--	--
Iowa	603,246	46,644	7.7%	--	--
Kansas[4]	341,879	29,017	8.5%	--	--

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
Kentucky	1,224,145	--	--	--	--
Louisiana	1,501,128	--	--	--	--
Maine	242,488	--	--	--	--
Maryland	1,190,559	--	--	--	--
Massachusetts	1,187,701	67,047	5.6%		0.0%
Michigan	4,650,365	7,620	0.2%	11,425	0.2%
Minnesota	849,507	34,701	4.1%		0.0%
Mississippi	436,028	--	--	--	--
Missouri	840,878	--	--	--	--
Montana	207,316	--	--	--	--
Nebraska	247,490	--	--	--	--
Nevada	575,184	--	--	--	--
New Hampshire	173,073	--	--	--	--
New Jersey	1,499,339	50,230	3.4%	--	--
New Mexico	668,435	28,443	4.3%	--	--
New York	4,705,224	16,372	0.3%	238,684	5.1%
North Carolina	1,621,483	--	--	--	--
North Dakota	45,939	--	--	--	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	2,371,585	23,636	1.0%	--	--
Oklahoma	645,075	--	--	--	--
Oregon	869,710	--	--	--	--
Pennsylvania	2,626,598	87,792	3.3%	--	--

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	1,331,694	--	--	--	--
Rhode Island	293,043	--	--	--	--
South Carolina	1,253,433	--	--	--	--
South Dakota	90,253	--	--	--	--
Tennessee	1,437,688	27,470	1.9%	--	--
Texas	3,742,053	157,085	4.2%	--	--
Utah	258,484	--	--	--	--
Vermont	108,731	1,242	1.1%	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,275,928	244,862	19.2%	--	--
Washington	1,742,684	--	--	--	--
West Virginia	387,376	--	--	--	--
Wisconsin	812,661	3,655	0.4%	49,779	6.1%
Wyoming	137	--	--	--	--

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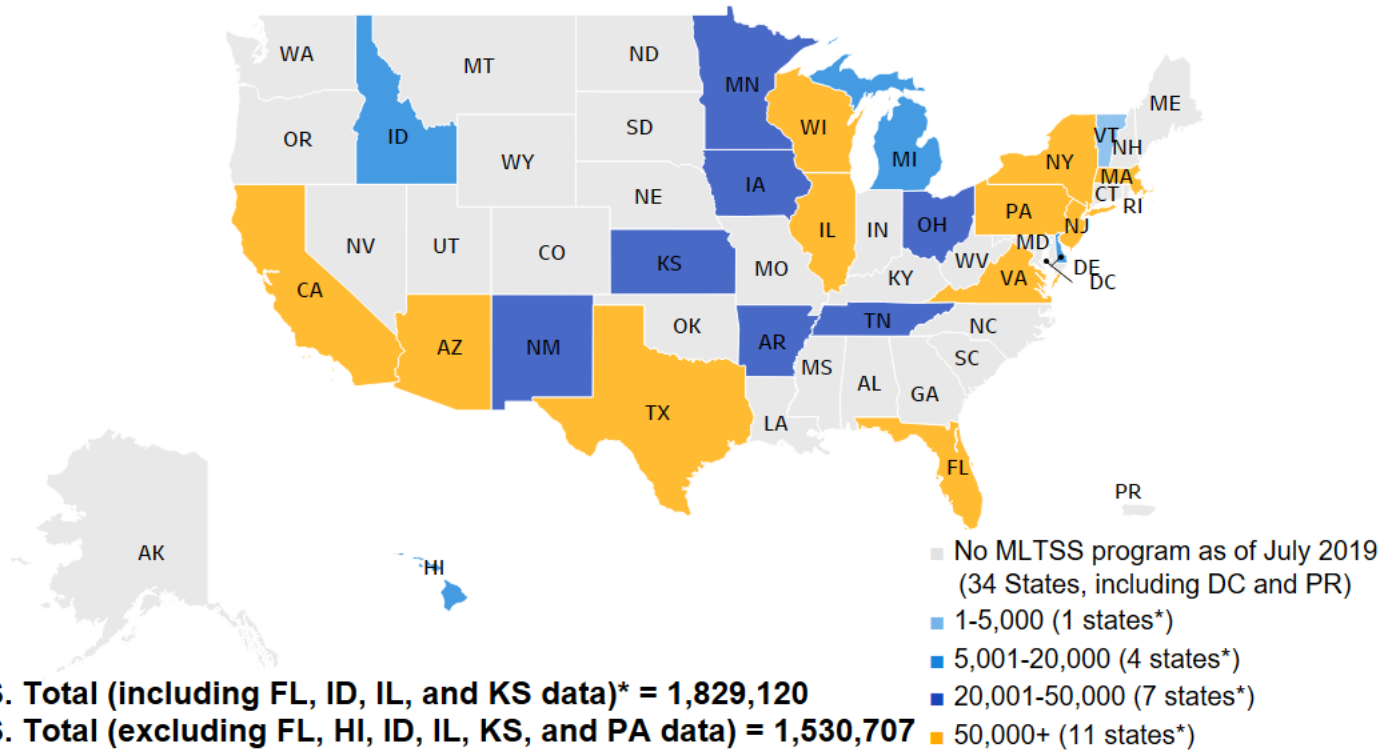
2. Comprehensive Managed Care Including LTSS does not include PACE programs.

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 six states because it is a count of users, not enrollees.

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

Map of State Counts of Users* of Managed Long-Term Services and Supports, as of July 1, 2019

Legend:
- No MLTSS program as of July 2019 (34 States, including DC and PR)
- 1-5,000 (1 states*)
- 5,001-20,000 (4 states*)
- 20,001-50,000 (7 states*)
- 50,000+ (11 states*)

U.S. Total (including FL, ID, IL, and KS data)* = 1,829,120
U.S. Total (excluding FL, HI, ID, IL, KS, and PA data) = 1,530,707

*This map presents 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 2019 is between 5,001-20,000 for Idaho, between 20,001-50,000 for 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, 2019.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2019

Features N = total number of programs) Enrollment (M=Mandatory, V=Voluntary)[1]	Comprehensive MCO with or without MLTSS (76): M	Comprehensive MCO with or without MLTSS (76): V	PCCM (14): M	PCCM (14): V	PCCM Entity (5): M	PCCM Entity (5): V	MLTSS (5): M	MLTSS (5): V	BHO (PIHP and/or PAHP) (13): M	BHO (PIHP and/or PAHP) (13): V	Dental (13): M	Dental (13): V	Transportation (18): M	Transportation (18): V	Other PHP (6): M	Other PHP (6): V	PACE (31): M	PACE (31): V
Low-income Adults	40	2	5	2	3	0	1	0	7	0	8	1	10	3	0	2	0	0
Aged, Blind or Disabled Children or Adults	45	12	8	5	3	1	3	1	9	1	10	1	15	3	1	1	0	24
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	44	3	9	2	4	0	1	0	8	1	10	1	13	3	1	0	0	0
Individuals receiving Limited Benefits	12	1	4	1	2	0	0	0	3	0	3	1	8	3	1	1	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	39	3	3	3	3	0	0	0	6	0	6	1	7	1	0	2	0	0
Full Duals	28	23	0	1	1	1	3	2	7	2	7	1	13	3	0	3	0	30
Partial Duals	6	7	0	1	0	0	0	1	2	2	2	0	2	1	0	1	0	15
Children with Special Health Care Needs	34	13	4	2	3	1	1	0	7	5	8	2	14	3	1	2	0	0
Native American/Alaskan Natives	24	42	4	7	2	3	1	3	4	7	6	6	9	4	0	4	0	24
Foster Care and Adoption Assistance Children	31	20	2	6	2	3	1	0	7	4	7	2	14	2	0	2	0	1
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children)[2]	NA/AN 10	FC/AA 22	NA/AN 3	FC/AA 3	NA/AN 0	FC/AA 0	NA/AN 1	FC/AA 4	NA/AN 2	FC/AA 1	NA/AN 1	FC/AA 4	NA/AN 5	FC/AA 1	NA/AN 2	FC/AA 3	NA/AN 7	FC/AA 19

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 2019

Features (total number of programs)	Comprehensive MCO with or without MLTSS (76)	PCCM (14)	PCCM Entity (5)	MLTSS (5)	BHO (PIHP and/or PAHP) (13)	Dental (13)	Transportation (18)	Other PHP (6)	PACE (31)
Quality Assurance and Data Collection: HEDIS data required	68	2	3	1	8	8	0	2	2
Quality Assurance and Data Collection: CAHPS data required	66	4	2	2	5	10	0	2	1
Quality Assurance and Data Collection: Accreditation required	41	1	0	2	7	3	1	0	1
Quality Assurance and Data Collection: EQRO contractor used	72	2	3	3	9	7	1	2	2
Performance incentives: Payment bonuses/differentials to reward MCOs	31	1	2	3	3	1	1	0	1
Performance incentives: Preferential auto-enrollment to reward MCOs	19	0	0	1	0	2	0	0	0
Performance incentives: Public reports comparing MCO performance on key metrics	49	1	3	1	4	6	2	0	1
Performance incentives: Withholds tied to performance metrics	38	0	2	2	3	6	2	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	6	1	0	1

State Tables

Alabama Managed Care Program Features, as of 2019 (1 of 2)

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

Features	Maternity Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Patient 1st
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		Exempt	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Open enrollment that begins the first of every month; disenrollment is effective the last day of the month chosen	
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	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X

Features	Maternity Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Patient 1st
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: Health home care (services in home)		X	
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	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			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	Maternity Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Patient 1st
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	freestanding birth centers	Any other benefits that are determined medically necessary by the interdiscplinary care team.	podiatry only for children
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	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			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Maternity Care Plan	Mercy Life of Alabama	Multiple primary care providers

Features	Maternity Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Patient 1st
Notes: Program notes	Maternity services are provided FFS, not under 1915(b) authority in the above excluded counties. Recipients residing in District 10 (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery and Pike counties) were excluded in January 1, 2016. Recipients residing in District 12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington Counties) were excluded in January 1, 2017.		

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

Features	Health Homes	Integrated Care Network	Alabama Coordinated Health Networks
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management Entity (PCCM Entity)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1945 Health Homes	1915(b)/1915(c)	1915(b)
Program start date	04/01/2015	10/01/2018	10/01/2019
Waiver expiration date (if applicable)		09/30/2023	09/30/2021
If the program ended in 2019, indicate the end date	09/30/2019		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory

Features	Health Homes	Integrated Care Network	Alabama Coordinated Health Networks
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			

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

Features	Health Homes	Integrated Care Network	Alabama Coordinated Health Networks
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	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	Multiple primary care providers	Alabama Select Network	Alabama Coordinated Health Networks

Features	Health Homes	Integrated Care Network	Alabama Coordinated Health Networks
Notes: Program notes	To be eligible for the Health Home, a recipient must be enrolled in Patient 1st and their assigned PMP also be enrolled with the Health Home. The enrollment is duplicated since an enrollee can be in both Health Home and Patient 1st.	ICNs receive a monthly capitated payment inclusive of HCBS Case Management; other HCBS services are reimbursed on a FFS-basis. Benefits 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 2019

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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory

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

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

Features	Arizona Health Care Cost Containment System
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	Please note that HEDIS and CAHPS are run by the EQRO not the MCO. CAHPS is done by AHCCCS's EQRO but AHCCCS does not request that every population be evaluated every year.
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X

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); Steward Health Choice Arizona; Arizona Complete Health-Complete Care Plan; Mercy Care; Mercy Care (MLTSS); Magellan Complete Care; Banner University Family Care; Mercy Care Plan - SMI; Arizona Complete Health- Complete Care Plan SMI; Steward Health Choice Arizona SMI; Banner University Family Care (MLTSS)

Features	Arizona Health Care Cost Containment System
Notes: Program notes	Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Magellan Complete Care began 10/1/18. AHCCCS Complete Care (ACC) began October 1, 2018 which combined physical and behavioral health services together for each awarded Health Plan. ACC replaced the ACUTE Care program. The ACC program applies to the following health plans: Care1st, Steward Health Choice Arizona, Magellan Complete Care, Mercy Care, Banner University Family Care, United Healthcare, and Arizona Complete Health-Complete Care Plan. Health Net Access ended 9/30/18 and Arizona Complete Health - Complete Care Plan began October 1, 2018. Mercy Maricopa Integrated Care, Cenpatico Integrated Care & Health Choice Integrated Care ended 9/30/18. Mercy Care Plan - SMI, Arizona Complete Health - Complete Care Plan SMI & Steward Health Choice Arizona SMI began October 1, 2018.

Arkansas Managed Care Program Features, as of 2019 (1 of 2)

Features	Provider-Led Arkansas Shared Savings Entity (PASSE)	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)	09/30/2021	12/31/2022	09/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	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	Mandatory
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Partial Duals		Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory

Features	Provider-Led Arkansas Shared Savings Entity (PASSE)	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
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		

Features	Provider-Led Arkansas Shared Savings Entity (PASSE)	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Benefits covered: Case management	X		
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		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.)			

Features	Provider-Led Arkansas Shared Savings Entity (PASSE)	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
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
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Q Source		
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	Arkansas Total Care; Empower Healthcare Solutions; Summit Community Care	Managed Care of North America (MCNA) Dental; Delta Dental of Arkansas	Central Arkansas Development Council; Area Agency on Aging of Southeast Arkansas; Southeasttrans

Features	Provider-Led Arkansas Shared Savings Entity (PASSE)	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Notes: Program notes	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.		

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

Features	PACE	Connect Care
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1932(a)
Program start date	04/01/2006	01/01/2014
Waiver expiration date (if applicable)		
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
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	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: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt

Features	PACE	Connect Care
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	
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		

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

Features	PACE	Connect Care
Quality assurance and improvement: Accrediting organization	Health Management Plan (CMS)	
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Total Life Healthcare; Pace of the Ozarks; Complete Health	Multiple primary care providers
Notes: Program notes		A beneficiary can be counted in two programs such as PCCM and PCMH. PCMH is a voluntary program in which a provider and their practice can choose to participate in and receive additional care coordination fees based on the risk score of the beneficiary and possibly become eligible for incentive payments in up to three measures which are performance based. To become eligible the PCMH must be in the top 35% of at least one of the measures and pass 100% of practice activities as well as 2/3 if the quality Metrics. If they do not achieve all these requirements, they will not qualify for incentive payments.

California Managed Care Program Features, as of 2019 (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, Mendocino, 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)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2019, 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)	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	Varies

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Populations enrolled: Partial Duals	Mandatory	Voluntary	Voluntary
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

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
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: Health home care (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)			X
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			

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
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/El 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 are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties. Children with Special Health Care Needs are mandatory in all COHS counties except Ventura County. Children with Special Health Care Needs are voluntary in Ventura County. 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.	San Benito is voluntary due to only one commercial plan in the county. 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. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.

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	Los Angeles
Federal operating authority	1915(a)	PACE	1915(a)/1915(i)
Program start date	01/01/1996	06/01/1991	04/01/1998
Waiver expiration date (if applicable)	12/31/2020		12/31/2020
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults covered 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
Populations enrolled: Partial Duals		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: Health home care (services in home)	X	X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
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.)		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	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization			NCQA, Private credentialling 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	Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles
Notes: Program notes	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 2019 (3 of 4)

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Other Prepaid Health Plan (PHP) (limited benefits)
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)	1937 Alt Benefit Plan,1945 Health Homes
Program start date	12/01/1998	01/01/1996	04/01/2002
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
Populations enrolled: Low-income adults covered 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: Partial Duals		Voluntary	

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	60 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Operations (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

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			X
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	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	
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.)			

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
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
Quality assurance and improvement: Accrediting organization	NCQA, Private credentialling 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

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Notes: Program notes	Accreditation of dental managed care plans are not required but it is considered in the plan selection criteria. Accreditation of the Dental Health Plans can be done through the NCQA or private credentialing organizations that must be reviewed and approved by DHCS to determine if the contractor meets DHCS requirements for credentialing.	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. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.	

California Managed Care Program Features, as of 2019 (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)		12/31/2020
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	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: Partial 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		
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: Health home care (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.)		
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

Features	Family Mosaic Program/San Francisco	Rady Children's Hospital San Diego (RCHSD)
Quality assurance and improvement: Accrediting organization		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
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		Rady Children's Hospital San Diego (RCHSD) is a new program that began serving special needs children in August 2018. The five CCS eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.

Colorado Managed Care Program Features, as of 2019 (1 of 2)

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)	Denver Health Medicaid Choice
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, Montrose	Denver, Arapahoe, Adams, Jefferson Counties
Federal operating authority	1915(b)	PACE	1915(b)
Program start date	7/1/2018	10/01/1991	01/01/1997
Waiver expiration date (if applicable)	06/30/2023		06/30/2023
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults covered 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)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)	Denver Health Medicaid Choice
Populations enrolled: Children with Special Health Care Needs	Mandatory		Voluntary
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A	Other
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	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.	Clients are passively enrolled with 90 days to opt-out after enrollment. Each year, clients are given notice 60 days prior to the first day of their birth month that they can disenroll.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)	Denver Health Medicaid Choice
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X	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		

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)	Denver Health Medicaid Choice
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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.	Durable medical equipment
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	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 (ACC)	Program of All-inclusive Care for the Elderly (PACE)	Denver Health Medicaid Choice
Participating plans: Plans in Program	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	Rocky Mountain Health Care Services (PACE); InnovAge - Pueblo (PACE); InnovAge - Aurora (PACE); InnovAge - Lakewood (PACE); InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care	Denver Health Medicaid Choice
Notes: Program notes	The Accountable Care Collaborative (ACC) program has seven regional plans called Regional Accountable Entities (RAEs). The RAEs operate as both PCCM Entity and PIHP program types. The state pays the RAEs a full-risk capitation payment for behavioral health services under the PIHP authority. The RAEs also get an administrative (not risk-based) per member per month payment for functions performed as a PCCM Entity. Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Prime (RMHP Prime) both operate under MCO authority and receive a physical health capitation.		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.

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

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Program type	Comprehensive MCO
Statewide or region-specific?	Garfield, Gunnison, Mesa, Montrose, Pitkin, Rio Blanco Counties
Federal operating authority	1915(b)
Program start date	09/01/2014
Waiver expiration date (if applicable)	06/30/2023
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Populations enrolled: Native American/Alaskan Natives	Voluntary
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)	
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	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

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
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)	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	Accountable Care Collaborative: Rocky Mountain Health Plans Prime
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.

Delaware Managed Care Program Features, as of 2019

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan & Diamond State Health Plan Plus	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	New Castle County
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2002	01/01/1996	02/01/2013
Waiver expiration date (if applicable)		12/31/2023	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan & Diamond State Health Plan Plus	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	N/A
Populations enrolled: Enrollment broker name (if applicable)	LogistiCare	Automated Health Systems	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	

Features	LogistiCare/Circulation Non-Emergency Medical Transportation	Diamond State Health Plan & Diamond State Health Plan Plus	PACE
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	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	

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

District of Columbia Managed Care Program Features, as of 2019

Features	Medicaid Managed Care Program	Children and Adolescent Supplemental Security 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 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
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	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Exempt

Features	Medicaid Managed Care Program	Children and Adolescent Supplemental Security Program	Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary, 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	

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

Features	Medicaid Managed Care Program	Children and Adolescent Supplemental Security Program	Non-Emergency Medical Transportation
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	
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; Trusted Health Plan	Health Services for Children with Special Needs	Medical Transportation Management, Inc.

Features	Medicaid Managed Care Program	Children and Adolescent Supplemental Security Program	Non-Emergency Medical Transportation
Notes: Program notes	Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household. Nursing Facilities is covered by MCO for the first 30 consecutive days. 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. From October 2016 to September 2018, DHCF's three full risk-based MCOs were required to meet performance goals in order to receive their full capitated payment rate. The capitation withhold was not in effect for the FY 2019 measurement year, though DHCF plans to reinstitute quality incentive requirements in future years.	Aged, Blind, or Disables children and adults are eligible up to the age of 26.	The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members; non-emergency medical transportation for managed care members is paid by the District's Medicaid managed care organizations for low-income adults and children.

Florida Managed Care Program Features, as of 2019 (1 of 2)

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	08/01/2013	01/01/2003
Waiver expiration date (if applicable)	06/30/2022	12/27/2021	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

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

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	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			
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		

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry, and Targeted Case Management. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded outpatient hospital visits, physician home visits, and many other expanded benefits. We have attached a pdf to our response that contains a listing of the expanded benefits.	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package and 1915(c). These expanded benefits vary by plan and include, but are not limited to, cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of a nursing facility.	All other FL Medicaid covered services and other services as determined by the multidisciplinary team
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, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	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; Vivida Health; Aetna Better Health; Florida Community Care; Humana Medical Plan; Lighthouse Health Plan, LLC; Miami Children's Health Plan; Molina Healthcare of Florida	Simply Healthcare Plans, Inc.; Aetna Better Health; Florida Community Care; Humana Medical Plan, Inc.; Molina Healthcare of FL, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of Florida; Staywell	Florida Pace Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
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, recipients with a serious mental illness. The MMA specialty plans cover the same health care services as the standard MMA plans.	A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll in the Long-Term Care program. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration in order to enroll in the Long-Term Care program. In addition to the 60 day enrollment period, once a recipient is enrolled with a plan, they have 120 days to change plans if they wish to do so.	Low income adults age 55 and older who are non-disabled may enroll if they meet all other PACE eligibility requirements. Aged, Blind or Disabled adults age 55 and older may enroll if they meet all other eligibility requirements. Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organizations provide pre-paid, capitated, comprehensive health care services. To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care and reside in the designated service area of a PACE organization. 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. Enrollment is voluntary and is not restricted to individuals who

Features	Managed Medical Assistance Program	Long-Term Care Program	Program of All-Inclusive Care for the Elderly
Notes: Program notes (continued)			are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid plan, all Medicare-covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the 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.

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

Features	Dental
Program type	Dental only (PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	12/01/2018
Waiver expiration date (if applicable)	06/30/2022
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

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

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

Features	Dental
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA, Nationally recognized accrediting organizations
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	MCNA Dental; DentaQuest; Liberty

Features	Dental
Notes: Program notes	Under the Medically Needy program, Floridians who would be eligible for Medicaid except for their income can "spend down" to the Medicaid limit using qualified medical expenses. Once they spend down (meet their "share of cost") each month, they are eligible for Medicaid services, including dental, until the end of the month. Medically Needy recipients who meet their monthly share of cost are enrolled into a dental plan at the point in the month when they meet their share of cost. Eligibility for dental services through the plans lasts through the end of the month once share of cost is met. The Medically Needy recipient will be enrolled into that same plan each month that they meet their share of cost.

Georgia Managed Care Program Features, as of 2019 (1 of 2)

Features	Non-Emergency Medical Transportation (NEMT)	Georgia Families	Georgia Families 360
Program type	Non-Emergency Medical Transportation	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70) NEMT	1932(a)	1932(a)
Program start date	10/07/1997	06/01/2006	03/03/2014
Waiver expiration date (if applicable)			
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	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	Voluntary		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt

Features	Non-Emergency Medical Transportation (NEMT)	Georgia Families	Georgia Families 360
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
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	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
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management		X	X

Features	Non-Emergency Medical Transportation (NEMT)	Georgia Families	Georgia Families 360
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)		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	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, Nurse Midwife
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes

Features	Non-Emergency Medical Transportation (NEMT)	Georgia Families	Georgia Families 360
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA, JCAHO, URAC	NCQA, JCAHO, URAC
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	Southeast Trans; ModivCare	Amerigroup Community Care; CareSource of Georgia; PeachState Health Plan; WellCare of Georgia	Amerigroup Community Care
Notes: Program notes			

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

Features	Planning for Healthy Babies (P4HB)
Program type	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2011
Waiver expiration date (if applicable)	12/31/2029
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Exempt

Features	Planning for Healthy Babies (P4HB)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	Women who are enrolled in the P4HB program are granted a 30 days period to select a CMO of their choice. Furthermore, eff 01/01/2015, 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, basaed on DCH's auto-assignment algorithm.
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
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	

Features	Planning for Healthy Babies (P4HB)
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (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	
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.)	

Features	Planning for Healthy Babies (P4HB)
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Amerigroup; CareSource of Georgia; Peach State Health Plan; WellCare of Georgia

Features	Planning for Healthy Babies (P4HB)
Notes: Program notes	P4HB consists of family planning, inter-pregnancy care and care management services. Inter-pregnancy & care management services are limited to women who have given birth to a very low birthweight (VLBW) baby. Women who do not receive Medicaid benefits and have given birth to a VLBW baby are only eligible for care management services. Women ages 18-44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State Plan are enrolled into one of the CMOs per the Medicaid State Plan. Women ages 18-44 who qualify under the Aged, Blind and Disabled classes of assistance under the Georgia Medicaid State Plan and who deliver a VLBW baby on or after January 1, 2011, will receive care management through a CMO of their choice.

Hawaii Managed Care Program Features, as of 2019

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 2019, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory

Features	MedQUEST
Populations enrolled: Native American/Alaskan Natives	Mandatory
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: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
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)—this is offered for EPSDT but not for regular Medicaid; 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; UnitedHealthcare CP Quest Integration (QI); 'Ohana Community Care Services (CCS); AlohaCare Quest Integration (QI)
Notes: Program notes	For State of Hawaii , for this to be applicable, we would need a 1115(a), which provides LTSS in home and community services rather than institutional setting and 1915(c), which is for DDID Services only and using FFS, 1115(a)/1915(c) is our combination response. HAR17-1720-10 lists all the services Hawaii MedQUEST provides to the members.

Idaho Managed Care Program Features, as of 2019 (1 of 2)

Features	Idaho Medicaid Plus	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Program type	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, Twin Falls County	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1902(a)(70) NEMT	1915(b)/1915(i)
Program start date	11/01/2018	09/01/2010	09/01/2013
Waiver expiration date (if applicable)	09/30/2022		
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		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
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		Voluntary
Populations enrolled: Partial Duals			Voluntary

Features	Idaho Medicaid Plus	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
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		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		

Features	Idaho Medicaid Plus	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Benefits covered: EPSDT			X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		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.)	Medicaid-Primary services not covered by Medicare		Peer Support, Family Support

Features	Idaho Medicaid Plus	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
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?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Telligen		
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Molina of Idaho; Blue Cross of Idaho	MTM (Medical Transportation Management)	United Healthcare/Optum Idaho
Notes: Program notes	Plan coverage increased beginning January 1, 2020 and enrollment is expected to increase. Additional counties with voluntary enrollment were also added to plan coverage on that date.		

Features	Idaho Smiles	Healthy Connections	Medicare/Medicaid Coordinated Plan
Program type	Dental only (PAHP)	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls Counties
Federal operating authority	1915(b)	1932(a)	1915(a)/1915(c)
Program start date	08/01/2010	10/01/2006	07/01/2014
Waiver expiration date (if applicable)	06/30/2022		09/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	

Features	Idaho Smiles	Healthy Connections	Medicare/Medicaid Coordinated Plan
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt
Populations enrolled: Enrollment choice period		N/A	
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
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

Features	Idaho Smiles	Healthy Connections	Medicare/Medicaid Coordinated Plan
Benefits covered: EPSDT			
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Medicaid-Primary services not covered by Medicare

Features	Idaho Smiles	Healthy Connections	Medicare/Medicaid Coordinated Plan
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC	For those participating at tiers 3 or 4 of our PCMH model, national accreditation is required.	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			Telligen
Performance incentives: Payment bonuses/differentials to reward plans			
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	MCNA (Managed Care of North America, Inc.)	Healthy Connections	Blue Cross of Idaho; Molina of Idaho
Notes: Program notes			

Illinois Managed Care Program Features, as of 2019

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?	Cook, DuPage, Kane, Kankakee, Will, Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell, Vermilion and Lake Counties	Statewide
Federal operating authority	1915(b)	1932(a)/1915(c)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	12/31/2024	07/11/2021
If the program ended in 2019, 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: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory

Features	HealthChoice Illinois - Managed Long Term Services and Supports	HealthChoice Illinois
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt
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

Features	HealthChoice Illinois - Managed Long Term Services and Supports	HealthChoice Illinois
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services	X	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

Features	HealthChoice Illinois - Managed Long Term Services and Supports	HealthChoice Illinois
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Non-medical behavioral health	Ambulatory surgical treatment center, assisted living, assistive/augmentative communication devices, audiology, behavioral, blood and blood components, chiropractic, durable medical equipment, environmental accessibility, immunization, physical/occupational and speech therapy, podiatry, renal, specialized medical equipment and supplies, vision
Quality assurance and improvement: HEDIS data required?	No	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)	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		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X

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

Indiana Managed Care Program Features, as of 2019 (1 of 2)

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Lake 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	Statewide
Federal operating authority	PACE	1915(b)	1932(a)
Program start date	10/01/2012	04/01/2015	01/01/2000
Waiver expiration date (if applicable)		12/31/2020	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		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.	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	PACE	Hoosier Care Connect	Hoosier Healthwise
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: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
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?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Burns and Associates	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans			
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

Features	PACE	Hoosier Care Connect	Hoosier Healthwise
Participating plans: Plans in Program	Franciscan Senior Health and Wellness; Saint Joseph PACE	Anthem; Managed Health Services of Indiana	Anthem; Managed Health Services of Indiana; CareSource Indiana, Inc; MDwise
Notes: Program notes	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 covered under Indiana's SMI (serious mental illness) waiver in 2020, but in 2019 these were covered under "in lieu of" authority.	IMD stays are covered under Indiana's SMI (serious mental illness) waiver in 2020, but in 2019 these were covered under "in lieu of" authority. Nursing facility and home health care is limited to short term needs.

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

Features	Healthy Indiana Plan
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	02/01/2015
Waiver expiration date (if applicable)	12/31/2020
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Healthy Indiana Plan
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	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.
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

Features	Healthy Indiana Plan
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
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
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

Features	Healthy Indiana Plan
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	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; CareSource Indiana, Inc; MDwise; Managed Health Services of Indiana
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 covered under Indiana's SMI (serious mental illness) waiver in 2020, but in 2019 these were covered under "in lieu of" authority. There is a discrepancy between Indiana's reporting of the Section VIII Expansion enrollment counts in the MMCD and the CMS-64, likely due to differences in identifying enrollees who are "not newly eligible".

Iowa Managed Care Program Features, as of 2019 (1 of 2)

Features	IA Healthlink	Program of All-Inclusive Care for the Elderly (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	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, and Warren Counties	Statewide
Federal operating authority	1915(b)/1915(c),1937 Alt Benefit Plan,1945 Health Homes	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2016	08/01/2008	05/01/2014
Waiver expiration date (if applicable)	03/31/2021		01/01/2020
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults covered 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

Features	IA Healthlink	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
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)		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	

Features	IA Healthlink	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
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		
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)			
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			

Features	IA Healthlink	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
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		
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		H8424 - SIOUXLAND PACE, INC. - Contract Effective Date: 08/01/2008; H0216 - PACE IOWA - Contract Effective Date: 01/01/2012	

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

Features	Non-Emergency Medical Transportation (NEMT)
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	01/01/2009
Waiver expiration date (if applicable)	
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary

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

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

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

Kansas Managed Care Program Features, as of 2019

Features	KanCare	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	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 2019, 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	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	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC Technology	DXC Technology
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
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

Features	KanCare	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X

Features	KanCare	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		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
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.

Features	KanCare	Program of All-Inclusive Care for the Elderly (PACE)
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 2019

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	11/01/2011	12/01/1998
Waiver expiration date (if applicable)	12/31/2020	12/31/2020
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	New beneficiaries are auto-assigned the night eligibility issues in a batch program. They have 90 days to 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		
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		

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	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.)	Chiropractic; podiatry	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	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	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of Kentucky; Anthem Managed Care Plan of Kentucky; Humana-CareSource; Passport Health Plan; Wellcare of Kentucky	NEMT Human Services Transportation Delivery
Notes: Program notes	IMD is covered for 15 days per month.	

Louisiana Managed Care Program Features, as of 2019 (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	12/01/2015	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 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
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	Mandatory	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Varies	Mandatory	Voluntary

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Populations enrolled: Native American/Alaskan Natives	Exempt	Mandatory	Exempt
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			
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			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT	X	X	X

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
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		

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
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
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		
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		

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
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. All subgroup populations described in the following are classified as enrollees with special health care needs, according to the state's definition: a) MCO Mandatory: Foster care children are mandatorily enrolled for all covered services, b) MCO Voluntary: Those under BHO-Voluntary may elect to receive all other state plan services, c) BHO Mandatory: Individuals under the age of 21 residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are mandatorily enrolled for specialized behavioral health and non-emergency ambulance transportation only, and d) BHO Voluntary: Disabled children on the NOW waiver registry (Children's Choice) and individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities' Request for Services Registry who are Chisholm Class Members are voluntarily enrolled		Children who participate in Coordinated System of Care may be enrolled in Healthy Louisiana but are not eligible for specialized behavioral health services (the BHO program).

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Notes: Program notes (continued)	for specialized behavioral health and medical transportation services. Additionally, Healthy Louisiana falls under three federal operating authorities: a) The 1932(a) State Plan authority is the primary authority under which Healthy Louisiana is authorized, b) the 1915(b) waiver allows the state to enroll children with special health care needs, Native Americans, dual-eligibles and other groups into managed care, and c) the 1115(a) authority allows the state to bypass the federal Institution for Mental Disease (IMD) exclusion rule for SUD treatment services provided to adults in IMDs. IMD services are provided to enrollees.		

Louisiana Managed Care Program Features, as of 2019 (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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory

Features	PACE	Healthy Louisiana
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: Partial 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
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		

Features	PACE	Healthy Louisiana
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		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	X

Features	PACE	Healthy Louisiana
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
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X

Features	PACE	Healthy Louisiana
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	PACE is a voluntary program. Once voluntarily enrolled in PACE, Medicare and/or Medicaid will no longer pay any other provider for services.	Personal care (state plan option) 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. All subgroup populations described in the following are classified as enrollees with special health care needs, according to the state's definition: a) MCO Mandatory: Foster care children are mandatorily enrolled for all covered services, b) MCO Voluntary: Those under BHO-Voluntary may elect to receive all other state plan services, c) BHO Mandatory: Individuals under the age of 21 residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are mandatorily enrolled for specialized behavioral health and non-emergency ambulance transportation only, and d) BHO Voluntary: Disabled children on the NOW waiver registry (Children's Choice) and individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities' Request for Services Registry who are Chisholm Class Members are voluntarily enrolled for specialized behavioral health and medical transportation services. Additionally,

Features	PACE	Healthy Louisiana
Notes: Program notes (continued)	PACE is a voluntary program. Once voluntarily enrolled in PACE, Medicare and/or Medicaid will no longer pay any other provider for services.	Healthy Louisiana falls under three federal operating authorities: a) The 1932(a) State Plan authority is the primary authority under which Healthy Louisiana is authorized, b) the 1915(b) waiver allows the state to enroll children with special health care needs, Native Americans, dual-eligibles and other groups into managed care, and c) the 1115(a) authority allows the state to bypass the federal Institution for Mental Disease (IMD) exclusion rule for SUD treatment services provided to adults in IMDs. IMD services are provided to enrollees.

Maine Managed Care Program Features, as of 2019

Features	NET	MaineCare
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)
Program start date	08/01/2011	05/01/1999
Waiver expiration date (if applicable)	03/31/2022	
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary

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

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

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

Maryland Managed Care Program Features, as of 2019

Features	Hopkins Elder Plus	HealthChoice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	21052, 21202, 21205, 21206, 21212, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	11/01/2002	02/02/1997
Waiver expiration date (if applicable)		12/31/2021
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
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	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: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory

Features	Hopkins Elder Plus	HealthChoice
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		
Populations enrolled: Enrollment choice period	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maryland Health Connections
Populations enrolled: Notes on enrollment choice period		If participants don't choose an MCO at time of application, they are auto assigned.
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		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	Hopkins Elder Plus	HealthChoice
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
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.)	All benefits listed under 42 CFR 460.90 – 460.106	Nurse midwife, freestanding birthing centers, podiatry (routine foot care under 21 and diabetics).
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes

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

Massachusetts Managed Care Program Features, as of 2019 (1 of 3)

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management Entity (PCCM Entity)	Comprehensive MCO
Statewide or region-specific?	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	Statewide	Statewide
Federal operating authority	1915(a)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/01/2004	03/01/2018	03/01/2018
Waiver expiration date (if applicable)	12/31/2023	06/30/2022	06/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	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.	14 days with 90 day plan selection period annually.	14 days with 90 day plan selection period annually.
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

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
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			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
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 MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver		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	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
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			

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Performance incentives: Preferential auto-enrollment to reward plans			
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
Participating plans: Plans in Program	Boston Medical Center HealthNet Plan; Commonwealth Care Alliance; NaviCare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare	Community Care Cooperative; Partners HealthCare Choice; Steward Health Choice	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

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
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. The SCO program is authorized by 1915(a) statutory authority. Additionally, the 1915(c) Frail Elder Waiver authorizes the enrollment of some waiver members in the program.	SNF covered up to 100 days per contract year.	SNF covered up to 100 days per contract year.

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/10/1990	01/01/1995	07/01/1997
Waiver expiration date (if applicable)		06/30/2022	06/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period	N/A	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period			Annual
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		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		

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
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	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	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.		Children's Behavioral Health Initiative (CBHI) services, Emergency Services Program, and Diversionary Services: Community Crisis Stabilization, Community-Based Acute Treatment for Children and Adolescents (CBAT), Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III.5), and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment, and Intensive Outpatient Treatment, Transitional Support Services (TSSW) for Substance Use Disorders, Residential Rehabilitation Services for Substance Use Disorder and Enhanced Residential Rehabilitation Services for Dually Diagnosed.
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	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 DBA KEPRO	Innovative Resource Group, DBA KEPRO
Performance incentives: Payment bonuses/differentials to reward plans			X

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
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	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	Multiple Primary Care Providers	Massachusetts Behavioral Health Partnership
Notes: Program notes		Members have the option of moving from the PCC Plan at any point throughout the year. 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.	Prescription drugs covered through MassHealth pharmacy benefit. Full duals are only enrolled mandatorily if less than 21 years of age.

Massachusetts Managed Care Program Features, as of 2019 (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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	MassHealth Managed Care
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	14 days with 90 day plan selection period annually.
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: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	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	
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

Features	MassHealth Managed Care
Participating plans: Plans in Program	Tufts Health Plan; Boston Medical Center HealthNet Plan
Notes: Program notes	Covers SNF up to 100 days per contract year. Private duty nursing is covered for SKSC population only.

Michigan Managed Care Program Features, as of 2019 (1 of 2)

Features	MI Choice	Specialty Prepaid Inpatient Health Plan	Healthy Michigan Plan
Program type	MLTSS only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2003	10/01/1998	04/01/2014
Waiver expiration date (if applicable)	09/30/2023	09/30/2024	12/31/2023
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals	Voluntary	Voluntary	
Populations enrolled: Children with Special Health Care Needs			

Features	MI Choice	Specialty Prepaid Inpatient Health Plan	Healthy Michigan Plan
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			Michigan Enrolls
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.	No lock-in 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.
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	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

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

Features	MI Choice	Specialty Prepaid Inpatient Health Plan	Healthy Michigan Plan
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Health, Chore, Community Living Support, Community Transition, Counseling, Home Modifications, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Non-Medical Transportation, Nursing Services, PERS, Private Duty Nursing, Respite, Specialized Medical Equipment and Supplies, Supports Coordination and Trainers, and NEMT	Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services.
Quality assurance and improvement: HEDIS data required?	No	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

Features	MI Choice	Specialty Prepaid Inpatient Health Plan	Healthy Michigan Plan
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	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; Region 9 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West MI; Senior Services Inc.; The Information Center; The Senior Alliance; Tri County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging	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 Michigan Behavioral Health	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Midwest Health Plan; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; Trusted Health Plan; UnitedHealthcare Community Plan; Upper Peninsula Health Plan
Notes: Program notes	Covers HCBS only. Enrollees must be elderly or disabled adults (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.	7,699 beneficiaries received HCBS services as of 07/01/2019.	

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

Features	Healthy Kids Dental	PACE	Managed Care Plan Division
Program type	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	PACE	1915(b)
Program start date	04/01/2009	11/01/2003	07/01/1997
Waiver expiration date (if applicable)	12/31/2020		12/31/2023
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			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	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary

Features	Healthy Kids Dental	PACE	Managed Care Plan Division
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
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	90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year.		New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individual's case number.
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		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
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

Features	Healthy Kids Dental	PACE	Managed Care Plan Division
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
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			

Features	Healthy Kids Dental	PACE	Managed Care Plan Division
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		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), 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		X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics	X		X

Features	Healthy Kids Dental	PACE	Managed Care Plan Division
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 Michigan Dental; Delta Dental of Michigan	Care Resources; Community PACE; Genesys PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE Central Michigan; PACE 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 Midwest Health Plan; McLaren Health Plan; Meridian Health Plan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; Trusted Health Plan; UnitedHealthcare Community Plan; Upper Peninsula Health Plan
Notes: Program notes			

Minnesota Managed Care Program Features, as of 2019 (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)	06/30/2021	06/30/2021	12/31/2020
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
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	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: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	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		
Benefits covered: Case management	X	X	X

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: SSA Section 1945-authorized health home	X	X	X
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	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		

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Birth centers, Durable Medical Equipment, Home Health, autism specialty services, chiropractic, acupuncture, MH targeted case management, inpatient medical detox, podiatry, audiology, interpreter services, vision care services.	Durable Medical Equipment, Home Health, waiver services including adult day services, chiropractic, acupuncture, MH targeted case management, inpatient medical detox, podiatry, audiology, interpreter services, vision care services.	Durable Medical Equipment, Home Health, waiver services including adult day services, chiropractic, acupuncture, MH targeted case management, inpatient medical detox, podiatry, audiology, interpreter services, vision care services.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Participating plans: Plans in Program	Blue Plus; HealthPartners; Hennepin Health; Itasca Medical Care; PrimeWest Health; South Country Health Alliance; Ucare	Blue Plus; HealthPartners; Itasca Medical Care; Medica; PrimeWest Health; South Country Health Alliance; Ucare	Blue Plus; HealthPartners; Itasca Medical Care; Medica; PrimeWest Health; South Country Health Alliance; Ucare
Notes: Program notes			

Minnesota Managed Care Program Features, as of 2019 (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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary

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

Features	Special Needs Basic Care (SNBC)
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	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.)	Birth centers, Durable Medical Equipment, Home Health, autism specialty services, chiropractic, acupuncture, MH targeted case management, inpatient medical detox, podiatry, audiology, interpreter services, vision care services.
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes

Features	Special Needs Basic Care (SNBC)
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	HealthPartners; Hennepin Health; Medica; PrimeWest Health; South Country Health Alliance; Ucare
Notes: Program notes	

Mississippi Managed Care Program Features, as of 2019

Features	Mississippi Coordinated Access Network Program (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 2019, 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)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary

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

Features	Mississippi Coordinated Access Network Program (MississippiCAN)
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
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.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	Mississippi Coordinated Access Network Program (MississippiCAN)
Quality assurance and improvement: Accrediting organization	NCQA
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 Plan; Molina Healthcare of Mississippi; UnitedHealthcare of Mississippi

Features	Mississippi Coordinated Access Network Program (MississippiCAN)
Notes: Program notes	In January 2011, the program was initially voluntary and included the disabled populations of SSI, Working Disabled, Breast and Cervical Cancer, Disabled Child Living at Home, and CWS Foster Care. Between December 2012 and December 2015, several changes occurred: the program became a mandatory program; it became voluntary for children with special needs; behavioral health services, NEMT, and inpatient hospital services were added; and populations added include pregnant women, newborns/infants, foster care children, non-disabled medical assistance children, newborns, medically assisted adults, quasi-CHIP children, those formerly eligible for CHIP with FPL 100%-133%, and psychiatric residential treatment and Psychiatric Residential Treatment Facility (PRTF) residents with case management and ancillary services. In October 2018, members were assigned to three managed care organizations instead of two.

Missouri Managed Care Program Features, as of 2019

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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)	WIPRO Infocrossing	Medicaid State Plan
Populations enrolled: Notes on enrollment choice period	Pregnant Women have 7 days. 15 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	

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
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
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		

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

Montana Managed Care Program Features, as of 2019

Features	Passport to Health	CPC+	PCMH
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	01/01/1994	05/22/2018	05/22/2018
Waiver expiration date (if applicable)	06/30/2021		
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt	Exempt

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

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

Features	Passport to Health	CPC+	PCMH
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)			
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	Passport to Health	Track 1; Track 2	PCMH
Notes: Program notes	Montana has four programs that operate under the authority of the 1915(b) waiver. The Passport to Health program is the Primary Care Case Management (PCCM) program. The Team Care program is a sub-program of Passport which began in 2004. The Tribal HIP program (Tribal EPCCM) was created in April 2017 as a partnership between the Tribal, State and Federal government to address factors that contribute to health disparities in American Indians eligible for Medicaid residing on a reservation. The Nurse First program is the nurse advice line that began in 2004.		

Nebraska Managed Care Program Features, as of 2019

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Statewide	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068	Statewide
Federal operating authority	1915(b)	PACE	1915(b)
Program start date	01/01/2017	05/01/2013	10/01/2017
Waiver expiration date (if applicable)	06/30/2022		06/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults covered 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	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Populations enrolled: Full Duals	Mandatory		Mandatory
Populations enrolled: Partial Duals	Mandatory		Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Pre-assigned
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	

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
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			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
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, Hearing, Immunization, Speech Therapy, Physical Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding Birth Center		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		URAC
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		

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Participating plans: Plans in Program	UnitedHealthcare Community Plan of Nebraska; WellCare of Nebraska; Nebraska Total Care	Immanuel Pathways	MCNA Nebraska
Notes: Program notes		Voluntary program in select zip codes throughout Cass, Dodge, Douglas, Sarpy, Saunders, and Washington Counties.	

Nevada Managed Care Program Features, as of 2019

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 2019, indicate the end date			

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Transportation (NET)
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)	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: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory
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	30 days	30 days	
Populations enrolled: Enrollment broker name (if applicable)	DXC	DXC	
Populations enrolled: Notes on enrollment choice 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		
Benefits covered: Case management	X		
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	

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	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	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?	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	NCQA	Any vetted accreditation that relates to plan's transportation mission
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Transportation (NET)
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	
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	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		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.	

New Hampshire Managed Care Program Features, as of 2019

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)	03/31/2020
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	New Hampshire Medicaid Care Management
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
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	

Features	New Hampshire Medicaid Care Management
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
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

Features	New Hampshire Medicaid Care Management
Quality assurance and improvement: Accreditation required?	Yes
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	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	New Hampshire Healthy Families; Well Sense Health Plan
Notes: Program notes	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 2019 (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),1937 Alt Benefit Plan	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 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered 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: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	Non-Emergency Medical Transportation	NJFamilyCare	PACE
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
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	

Features	Non-Emergency Medical Transportation	NJFamilyCare	PACE
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	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	

Features	Non-Emergency Medical Transportation	NJFamilyCare	PACE
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
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			

Features	Non-Emergency Medical Transportation	NJFamilyCare	PACE
Participating plans: Plans in Program	Logisticare	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 2019 (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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Exempt

Features	FIDE SNP
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	All full-benefit dually eligible individuals (i.e., those with Medicare and eligibility for full Medicaid benefits) qualify for a Special Enrollment Period (SEP under Medicare rules that enables them to enroll, disenroll, or change plans once per quarter without cause for the first three quarters of the year. This SEP is available to all beneficiaries eligible to enroll in a FIDE SNP in New Jersey.
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

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

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 rehab, 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 SNP); Horizon NJ TotalCare (HMO SNP); Wellcare Liberty (HMO SNP); UnitedHealthcare Dual Complete ONE (HMO 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 2019

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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
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	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Members have 90 days to switch 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	

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

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

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

New York Managed Care Program Features, as of 2019 (1 of 2)

Features	Medicaid Managed Care	Health and Recovery Plans	Managed Long Term Care
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1997	10/01/2015	01/01/1998
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/21/2021
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Low-income adults covered 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			Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt

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Features	Medicaid Managed Care	Health and Recovery Plans	Managed Long Term Care
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
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	Medicaid Managed Care	Health and Recovery Plans	Managed Long Term Care
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	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	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			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse Midwife Services, Vision Care, Foot Care Services	Midwife Services, Audiology, Vision, Occupational Therapy	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No

Features	Medicaid Managed Care	Health and Recovery Plans	Managed Long Term Care
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
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans	X	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	X	X	
Participating plans: Plans in Program	Affinity Health Plan; Amidacare Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus; Fidelis Care; HealthFirst; Health Now; HealthPlus; HIP Combined; 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; Wellcare; Yourcare Health Plan	Affinity Health Plan; Capital District Physician's Health Plan; Excellus; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina Healthcare of NY, Inc.; MVP Health Plan; United Healthcare; Yourcare Health Plan	Aetna Better Health; AgeWell New York; ArchCare Community Life; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; Guildnet; Hamaspik Choice MLTC; Health Advantage/Elant Choice; HealthPlus; Icircle Care MLTC; Independent Care Systems; Integra MLTC; Kalos Health Plan; MetroPlus; Montefiore HMO; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United HealthCare; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate

Features	Medicaid Managed Care	Health and Recovery Plans	Managed Long Term Care
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. As of 10/1/19, MMC does include children's HCBS authorized under the 1915c Children's waiver, added as a benefit in MMC through the State's 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.	MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans.

New York Managed Care Program Features, as of 2019 (2 of 2)

Features	PACE	Medicaid Advantage Plus	Medicaid Advantage
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2001	01/01/2007	10/01/2006
Waiver expiration date (if applicable)		03/31/2021	03/31/2021
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
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	Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			

Features	PACE	Medicaid Advantage Plus	Medicaid Advantage
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	N/A	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	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		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

Features	PACE	Medicaid Advantage Plus	Medicaid Advantage
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning			
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			
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, Physical Therapy, Occupational Therapy	Podiatry	Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services
Quality assurance and improvement: HEDIS data required?	No	No	No

Features	PACE	Medicaid Advantage Plus	Medicaid Advantage
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
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	ArchCare Senior Life; Catholic Health - Life; Centerlight; Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care	Centers Plan; ElderPlan; Fidelis Legacy Plan; Guildnet; HealthFirst; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus	Fidelis Legacy Plan; United HealthCare; VNS Choice; WellCare

Features	PACE	Medicaid Advantage Plus	Medicaid Advantage
Notes: Program notes	Enrollment includes 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 Assurance measures would include PACE home health agency, a federally mandated internal program.		

North Carolina Managed Care Program Features, as of 2019

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly (PACE)	Community Care of North Carolina
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Buncombe, Henderson, Montgomery, Moore, Randolph, Gaston, Cleveland, Lincoln, Durham Wake, Granville, Mecklenburg, Cabarrus, Union, Stanley, Rowan, Davidson, Davie, Iredell, Catawba, Lincoln, Burke, Caldwell, Alexander, Guilford, Rockingham, Cumberland, Harnett, Robeson, Moore, Hoke, Alamance, Caswell, Chatham, Lee, Orange, Durham, New Hanover, Brunswick	Statewide
Federal operating authority	1915(b)/1915(c)	PACE	1932(a)
Program start date	01/01/2012	02/01/2008	04/01/1991
Waiver expiration date (if applicable)	06/30/2024		
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly (PACE)	Community Care of North Carolina
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Other
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	

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly (PACE)	Community Care of North Carolina
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	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)			
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	

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly (PACE)	Community Care of North Carolina
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.)	Outpatient behavioral health services including services provided by psychiatrists for recipients with a mental disorder diagnosis; psychiatric residential treatment facilities; therapeutic foster care; residential childcare; hospital emergency dept		
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC, 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			

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly (PACE)	Community Care of North Carolina
Participating plans: Plans in Program	Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH DD SA; Trillium Health Resources; VAYA Health	Care Partners; Staywell; Carolina Seniorcare; Elderhaus; Piedmont Health SeniorCare; LIFE St. Joseph of the Pines; PACE of the Triad; PACE @Home; PACE of the Southern Piedmont; VOANS Senior CommUnity Care of North Carolina; Senior Total Life Care	North Carolina Community Care
Notes: Program notes	All Medicaid recipients are covered by a BHO. Enrollment in one of seven plans is based on the enrollee's administrative county. Waiver expiration date: 1915(b) waiver was renewed – 7/1/19 through 6/30/24, 1915(c) innovations was renewed – 5/1/20 through 4/30/25, 1915(c) TBI (not statewide) is in the process of being renewed – 5/1/18.		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.

North Dakota Managed Care Program Features, as of 2019

Features	PACE	PCCM	North Dakota Medicaid Expansion
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Ward: 58701, 58702, 58703, 58722, 58785; Burleigh: 58501, 58502, 58503, 58504, 58558; Morton: 58554; Stark: 58601, 58602, 58630, 58652, 58655, 58656	Statewide	Statewide
Federal operating authority	PACE	1932(a)	1915(b),1937 Alt Benefit Plan
Program start date	08/01/2008	01/10/1994	01/01/2014
Waiver expiration date (if applicable)			12/31/2021
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
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	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		
Populations enrolled: Partial Duals	Voluntary		

Features	PACE	PCCM	North Dakota Medicaid Expansion
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment begins on the first day of the month following the determination that they are eligible.	Once enrolled, the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the 60-day annual open enrollment period.	
Benefits covered: Inpatient hospital physical health	X		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		

Features	PACE	PCCM	North Dakota Medicaid Expansion
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: Health home care (services in home)	X		X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
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			

Features	PACE	PCCM	North Dakota Medicaid Expansion
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
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization		North Dakota	
Quality assurance and improvement: EQRO contractor name (if applicable)			Qlarant Quality Solutions
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Northland PACE Senior Care Services	Multiple Primary Care Providers	ND Medicaid Expansion MCO

Features	PACE	PCCM	North Dakota Medicaid Expansion
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 2016-2017, 2018-2019, and 2020-2021 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance as related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the State. CMS extended this 1115 waiver authority until such time that the Final Medicaid Managed Care CFR were published (May 6, 2016) - with the changes noted at 42 CFR § 438.52(b)(1) and (b)(3), the 1115 waiver was no longer needed, thus, it was allowed to expire. Per the Medicare Advantage Health Service Delivery (HSD) Reference file for the applicable calendar year, ND no longer has any counties designated as being urban, thus, the State may limit rural area residents to a single MCO.

Ohio Managed Care Program Features, as of 2019

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)	03/31/2020	12/31/2023	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
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		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory		

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt
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.	Automated Health Systems, Inc.	
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	

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

Features	Ohio 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)			
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

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Notes: Program notes	On 7/1/2019, ODM had no contracted EQRO. ODM's previous contract with Health Services Advisory Group expired on 6/30/2019. ODM had contracts pending with two vendors to perform EQRO work beginning 7/1/2019. However, these contracts were not effective 7/1/2019 due to a delay in receiving appropriation authority from a legislative oversight committee. These contracts have since been approved. ODM uses Island Peer Review Organization for performance evaluation and improvement-related items, and Qsource for administrative compliance-related items. Ohio Medicaid managed care plans are responsible for payment of medically necessary nursing facility services for ABD and MAGI enrollees until discharge or until the member is disenrolled, in accordance with the processes set forth in rule 5160-26-02.1 of the Ohio Administrative Code. For enrollees in the newly eligible category (ACA Section VIII expansion group, up to 138% federal poverty level), nursing facility stays are covered for the length of time medically necessary. Individuals enrolled in 1915(c) receiving HCBS services through the Ohio Department of Developmental Disabilities may enroll in this Medicaid managed care program voluntarily, with HCBS carved out to fee-for-service (not provided through managed care. 1932(a) state plan amendment authority used to enroll families, children, and ABD adults mandatorily and individuals in the	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. On 7/1/2019, ODM had no contracted EQRO. ODM's previous contract with Health Services Advisory Group expired on 6/30/2019. ODM had contracts pending with two vendors to perform EQRO work beginning 7/1/2019. However, these contracts were not effective 7/1/2019 due to a delay in receiving appropriation authority from a legislative oversight committee. These contracts have since been approved. ODM uses Island Peer Review Organization for performance evaluation and improvement-related items, and Qsource for administrative compliance-related items.	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.

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Notes: Program notes (continued)	state's Department of Developmental Disabilities waiver on a voluntary basis. 1915(b) authority used to enroll children not mandatorily enrolled through the SPA and to provide additional respite benefits.		

Oklahoma Managed Care Program Features, as of 2019

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	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, 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, 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, 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
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/01/2006	01/01/1996	08/01/2008
Waiver expiration date (if applicable)		12/31/2023	
If the program ended in 2019, indicate the end date			

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

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

Features	SoonerRide	SoonerCare Choice	PACE
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.)			Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	SoonerRide	SoonerCare Choice	PACE
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			
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 2019

Features	Oregon Health Plan (OHP)	Program of All-Inclusive Care for the Elderly (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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
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	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	

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

Features	Oregon Health Plan (OHP)	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
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

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

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

Pennsylvania Managed Care Program Features, as of 2019 (1 of 2)

Features	HealthChoices - Physical Health	Medical Assistance Transportation Program (MATP)	Adult Community Autism Program
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Philadelphia	Dauphin, Cumberland, Lancaster and Chester counties.
Federal operating authority	1915(b)	1902(a)(70) NEMT	1915(a)
Program start date	02/01/1997	11/01/2005	08/01/2009
Waiver expiration date (if applicable)	12/31/2021		
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
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	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Voluntary	
Populations enrolled: Full Duals	Mandatory	Voluntary	Voluntary
Populations enrolled: Partial Duals	Mandatory	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	

Features	HealthChoices - Physical Health	Medical Assistance Transportation Program (MATP)	Adult Community Autism Program
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other		
Populations enrolled: Enrollment broker name (if applicable)	Maximus	LogistiCare	
Populations enrolled: Notes on enrollment choice period	Consumers have the right to change MCOs at any time.		
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		

Features	HealthChoices - Physical Health	Medical Assistance Transportation Program (MATP)	Adult Community Autism Program
Benefits covered: Case management	X		
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X	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.)	Nurse midwife services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis centers, ambulatory surgical centers,		Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, supported employment.

Features	HealthChoices - Physical Health	Medical Assistance Transportation Program (MATP)	Adult Community Autism Program
	medical supplies & equipment, home health (visiting nurses).		
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)	Island Peer Review Organization (IPRO)		Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	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	LogistiCare	Adult Community Autism Program

Features	HealthChoices - Physical Health	Medical Assistance Transportation Program (MATP)	Adult Community Autism Program
Notes: Program notes	Private Duty Nursing is only covered for children under 21 years old. In addition, in counties that had not implemented the Community HealthChoices program during the period for this survey, the first 30 days of nursing facility services were covered by the HealthChoices plan. Beneficiaries with stays beyond the initial 30 days were disenrolled from HealthChoices and their stay was covered by FFS. For counties that had implemented Community HealthChoices, nursing facility services for days 31+ were covered by the Physical HealthChoices plan up to the day the Member was enrolled into Community HealthChoices. Full duals under 21 years of age are mandatory. Full duals 21 years of age and older without Medicare Part D are mandatory in the Northwest, Northeast, and Lehigh Capital Zones. Full Duals with Part D in these zones are disenrolled from HealthChoices and enrolled in Fee for Service. Full Duals in the Southwest were transitioned to Community HealthChoices (CHC) on January 1, 2018 and in the Southeast on January 1, 2019. Partial duals under 21 years of age are mandatory. Partial duals 21 years of age and older are excluded from PH HealthChoices. PA HealthChoices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.		ACAP is a PAHP with MLTSS.

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	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, Union, Venango, Warren, Washington, Westmoreland, York.	Community HealthChoices is being phased in over a three year period which began in Southwest Zone on January 1, 2018. On January 1, 2019, the second phase of the rollout, the Southeast Zone, was implemented. The following counties were included in Phase 2: Bucks, Chester, Delaware, Montgomery, and Philadelphia. The following counties were included in Phase 1: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland.
Federal operating authority	1115(a) (Medicaid demonstration waivers),1915(b)	PACE	1915(b)/1915(c)
Program start date	1/1/1997	07/24/1998	01/01/2018
Waiver expiration date (if applicable)	12/31/2021		12/31/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
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

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
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	Mandatory
Populations enrolled: Partial Duals	Mandatory	Voluntary	
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		Open enrollment all year.	Participants go through choice counseling at initial enrollment and can change their plan at any time. Dating rules affect when the member will be enrolled.
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	

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning			X
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	X
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			X

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
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.)	Psychiatric rehabilitation, peer specialist services and prescription drug coverage for methadone only.	PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver. There is no limitation to scope or duration.	Chiropractic services, mobile mental health treatment, maternity services, podiatrist services.
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, URAC		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization		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			

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
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	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 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; York/Adams HealthChoices Joinder Governing Board	Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H- 5902; Senior LIFE York H- 0819; Senior LIFE Lehigh H-5978; Senior LIFE Washington H-2992; SpiriTrust LIFE H-2537; LIFE NWPA H-4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H-6551; Innovage LIFE H-9830; Albright LIFE H-9068; Community LIFE H-3917; LIFE Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; VieCare Armstrong H- 6118	UPMC Community HealthChoices; Pennsylvania Health & Wellness; AmeriHealth Caritas; Keystone First

Features	Behavioral Health HealthChoices	PA Living Independence for the Elderly	Community HealthChoices
Notes: Program notes	The Federal Operating Authority for this program is 1915(b) for Managed Care and 1115(a) to cover SUD IMD (Residential Drug and Alcohol services). The 1915(b) waiver expires 12/31/2021, as noted, and the 1115(a) waiver expires 09/30/2022. Partial duals are mandatorily enrolled if they are under the age of 21. On July 1, 2019 five plan codes (CU, DA, LA, LB, PE) merged into one plan code (CF). All individuals were automatically transitioned into the new plan code. On July 1, 2019 one plan code (BS) changed the Managed Care Organization under contract and their plan code changed (to BZ). All individuals were automatically transitioned into the new plan code.	The Enrollment Broker, Maximus, is operational in a nine county pilot region only.	

Puerto Rico Managed Care Program Features, as of 2019

Features	Comprehensive MCO	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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
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	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary

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

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

Features	Comprehensive MCO	Comprehensive MCO - Medicare Platino
Quality assurance and improvement: Accrediting organization		
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 Inc; 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; Medicare Platino - Constellation Health
Notes: Program notes		The Medicare Platino program operates under Enhanced Allotment Plan (EAP) authority in Puerto Rico.

Features	Rite Smiles Dental Program	RI Medicaid PACE Program	Rite Care, Rhody Health Partners and Medicaid Expansion
Program type	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
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 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults covered 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: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory

Features	Rite Smiles Dental Program	RI Medicaid PACE Program	Rite Care, Rhody Health Partners and Medicaid Expansion
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
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)			DXC 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

Features	Rite Smiles Dental Program	RI Medicaid PACE Program	Rite Care, Rhody Health Partners and Medicaid Expansion
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			X
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.)			

Features	Rite Smiles Dental Program	RI Medicaid PACE Program	Rite Care, Rhody Health Partners and Medicaid Expansion
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	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 2019 (1 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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt

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

Features	Rhode Island Non-Emergency Medical Transportation Program
Quality assurance and improvement: Accrediting organization	URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	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 2019 (1 of 2)

Features	South Carolina Non-Emergency Medical Transportation (NEMT)	South Carolina Managed Care Organizations	South Carolina Medical Homes Network
Program type	Non-Emergency Medical Transportation	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70) NEMT	1932(a)	1932(a)
Program start date	05/01/2007	09/01/1996	08/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary

Features	South Carolina Non-Emergency Medical Transportation (NEMT)	South Carolina Managed Care Organizations	South Carolina Medical Homes Network
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Recipient chooses to use transportation services based on identifying the need to access service providers where the member needs a ride.	90 days	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	

Features	South Carolina Non-Emergency Medical Transportation (NEMT)	South Carolina Managed Care Organizations	South Carolina Medical Homes Network
Benefits covered: EPSDT		X	
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning		X	
Benefits covered: Dental services (medical/surgical)			
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		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Nurse midwife, birth center, chiropractic care, therapy services (speech, hearing, language, etc.), and vision	

Features	South Carolina Non-Emergency Medical Transportation (NEMT)	South Carolina Managed Care Organizations	South Carolina Medical Homes Network
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	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)		Carolinas 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	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	Absolute Total Care; Healthy Blue by BlueChoice Healthplan; Molina Health Care of South Carolina; Select Health of South Carolina; WellCare of South Carolina	South Carolina Solutions
Notes: Program notes			

South Carolina Managed Care Program Features, as of 2019 (2 of 2)

Features	South Carolina Program for All-Inclusive Care for the Elderly (PACE)
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Greenville County, Anderson County, Pickens County, Lexington County, Richland County, Orangeburg County
Federal operating authority	PACE
Program start date	01/01/1990
Waiver expiration date (if applicable)	
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	

Features	South Carolina Program for All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
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	South Carolina Program for All-Inclusive Care for the Elderly (PACE)
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	
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	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	

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

Features	South Carolina Program for All-Inclusive Care for the Elderly (PACE)
Notes: Program notes	

South Dakota Managed Care Program Features, as of 2019

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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	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	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory

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

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

Features	PRIME
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	Multiple Primary Care Providers
Notes: Program notes	Blind and disabled children are not mandatory

Tennessee Managed Care Program Features, as of 2019

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 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	

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

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Benefits covered: SSA Section 1945-authorized health home	X	
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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; Magellan Health Services; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)	Alexian Brothers Community Services

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Notes: Program notes	Tennessee Health Link provides health 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. HCBS waiver services are available to members of TennCare CHOICES and to members of TennCare Employment and Community First CHOICES. Nursing facility services are available to members of TennCare CHOICES. 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). Individuals eligible for coverage solely by virtue of the TennCare II Demonstration are not entitled to certain State Plan services but still receive a wide range of physical health services, behavioral health services, and long-term services and supports. 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	A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare II Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare II has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria. Individuals enroll in the PACE program voluntarily, but once enrolled, are required to participate in managed care. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO. Recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. Children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. The contract between TennCare and Alexian Brothers Community Services does provide for liquidated damages to be assessed on Alexian Brothers if provisions of the contract are not fulfilled.

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Notes: Program notes (continued)	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.	

Texas Managed Care Program Features, as of 2019 (1 of 3)

Features	STAR+PLUS	STAR Kids	Medical Transportation Program
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers),1915(b)/1915(c),1945 Health Homes	1915(b)
Program start date	12/11/2011	11/01/2016	09/01/2014
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	03/31/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
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	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	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	STAR+PLUS	STAR Kids	Medical Transportation Program
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory	Voluntary
Populations enrolled: Enrollment choice period	15 days	15 days	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	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	STAR+PLUS	STAR Kids	Medical Transportation Program
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	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	
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.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No

Features	STAR+PLUS	STAR Kids	Medical Transportation Program
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	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	Amerigroup Texas, Inc.; Superior HealthPlan, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Molina Healthcare of Texas, Inc.; Cigna HealthSpring	Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan; Cook Children's Health Plan; Blue Cross and Blue Shield of Texas (BCBSTX); Children's Medical Center Health Plan	American Medical Response; LogistiCare; Medical Transportation Management; Project Amistad
Notes: Program notes			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 2019 (2 of 3)

Features	Children's Medicaid Dental Services	PACE	STAR Health
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	1915(a)
Program start date	12/11/2011	06/01/2001	04/01/2008
Waiver expiration date (if applicable)	09/30/2022		
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			

Features	Children's Medicaid Dental Services	PACE	STAR Health
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	15 days	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	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
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X

Features	Children's Medicaid Dental Services	PACE	STAR Health
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services		X	X
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

Features	Children's Medicaid Dental Services	PACE	STAR Health
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, needs, and preferences of each participant	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services
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, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	URAC		NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy		Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans	X		
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			

Features	Children's Medicaid Dental Services	PACE	STAR Health
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	MCNA Insurance Company; DentaQuest USA Insurance Company, Inc.	Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); Werner (Amarillo)	Superior HealthPlan
Notes: Program notes			Enrollment in the STAR Health Program is voluntary for the following population categories: 1) Children and young adults in DFPS conservatorship; 2) Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement; 3) Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program.

Texas Managed Care Program Features, as of 2019 (3 of 3)

Features	STAR
Program type	Comprehensive MCO
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 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	STAR
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
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	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	STAR
Benefits covered: Health home care (services in home)	
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	
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.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes

Features	STAR
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria
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	
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	Seton Health Plan, Inc., dba Dell Children's Health Plan; Health Care Service Corporation (dba Blue Cross Blue Shield); SHA, LLC, dba FirstCare Health Plans; Scott and White Health Plan; Amerigroup; Superior Health Plan, Inc.; El Paso Health Plans, Inc., dba El Paso Health; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan; Parkland Community Health Plan, Inc.; Cook Children's Health Plan; Community Health Choice Texas, Inc.

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

Utah Managed Care Program Features, as of 2019 (1 of 2)

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1902(a)(70) NEMT	1915(b)
Program start date	07/01/2011	07/12/2001	03/23/1983
Waiver expiration date (if applicable)	06/30/2021		06/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Varies
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Varies
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Varies
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Varies
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Varies
Populations enrolled: Full Duals	Voluntary	Mandatory	Varies
Populations enrolled: Partial Duals	Voluntary		Varies
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	Varies
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	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	No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.		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		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		
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	UNI HOME	Transportation	Choice of Health Care Delivery
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			
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			
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 centers.		Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center.

Features	UNI HOME	Transportation	Choice of Health Care Delivery
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	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Service 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	HOME	Logisticare Solutions	Healthy U; Molina; Health Choice; SelectHealth

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Notes: Program notes	1915(a) is the operating authority. HCBS is not a covered benefit by the Uni Home program. 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. The enrollment tab did not have a category that included pregnant women.	Each of the enrollment subgroups can be voluntarily or mandatorily enrolled, depending on the county where they reside. 13 counties have mandatory enrollment, and 16 have voluntary enrollment. 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. All 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.

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

Features	Prepaid Mental Health	Dental
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Based on State counties and some multi-county partnerships.	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	07/01/1991	09/01/2013
Waiver expiration date (if applicable)	06/30/2022	12/31/2023
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
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	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	Prepaid Mental Health	Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		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		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
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		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT	X	

Features	Prepaid Mental Health	Dental
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		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	X	
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

Features	Prepaid Mental Health	Dental
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling; Optum Health; Southwest Behavioral Health; Valley Behavioral Health; Wasatch Mental Health; Weber Mental Health	Premier Access; MCNA Dental
Notes: Program notes	Utah Medicaid members residing in Wasatch County are not be enrolled in a PIHP or PAHP for Behavioral Health services. They will receive them via FFS Medicaid.	Pregnant women are an enrollment group covered by Dental. The only other options available to select (Low Income Adults) excluded pregnant women. 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 2019

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1937 Alt Benefit Plan,1945 Health Homes
Program start date	10/01/2005
Waiver expiration date (if applicable)	12/31/2021
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	
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: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwives, chiropractic, PT/OT/SP, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, and behavioral health services
Quality assurance and improvement: HEDIS data required?	Yes
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 VT Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.

Virginia Managed Care Program Features, as of 2019

Features	Commonwealth Coordinated Care Plus	Medallion 4.0	DMAS PACE
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1915(b)/1915(c)	1915(b)	PACE
Program start date	07/01/2017	07/01/1997	11/01/2007
Waiver expiration date (if applicable)	07/01/2022	07/01/2021	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
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		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			

Features	Commonwealth Coordinated Care Plus	Medallion 4.0	DMAS PACE
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
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	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	

Features	Commonwealth Coordinated Care Plus	Medallion 4.0	DMAS PACE
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

Features	Commonwealth Coordinated Care Plus	Medallion 4.0	DMAS PACE
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	JCAHO
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG	HSAG	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	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	Magellan Health Plan; Aetna; Anthem; Optima; United; Virginia Premier	Magellan; United; Aetna; Anthem; Optima; Virginia Premier	InnovAge/Virginia PACE II; AllCare; Centra; Sentara; MEOC (Mountain Empire); InnovAge Roanoke; InnovAge Charlottesville
Notes: Program notes			

Washington Managed Care Program Features, as of 2019 (1 of 3)

Features	Healthy Options - Blind Disabled	Washington State Integrated Community Mental Health Program (ICMH)	PCCM
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima counties
Federal operating authority	1932(a)	1915(b)	1932(a)
Program start date	07/01/2012	10/01/2014	07/01/1995
Waiver expiration date (if applicable)		12/31/2022	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	
Populations enrolled: Partial Duals		Mandatory	

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

Features	Healthy Options - Blind Disabled	Washington State Integrated Community Mental Health Program (ICMH)	PCCM
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	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 Options - Blind Disabled	Washington State Integrated Community Mental Health Program (ICMH)	PCCM
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	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	BHO's contract with Accredited Community Behavioral Health Agencies	
Quality assurance and improvement: EQRO contractor name (if applicable)	Comagine Health	Comagine Health	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup; Community Health Plan of WA; Coordinated Care of Washington; Molina Health Care of Washington; United Health Care	BHO	Multiple Primary Care Providers

Features	Healthy Options - Blind Disabled	Washington State Integrated Community Mental Health Program (ICMH)	PCCM
Notes: Program notes	Please note managed care plans only cover rehabilitation care in nursing home facility, they do not cover custodial care — this is covered under FFS.	Effective 07/01/2017: The AI/AN population was removed from mandatory enrollment in behavioral health managed care. That meant the majority of AI/AN individuals were transferred to the FFS system for behavioral health. That FFS system is not part of the waiver. The 1115 waiver (an amendment to the larger 1115) that allows us to use federal funds in SUD IMDS was effective 07/01/2018.	IHS administrates this program for Yakima, Spokane, and Confederated Tribes of the Colville Reservation. There are two FQHC's - Seattle Indian Health Board and Native Project. The tribal clinics are as follows: David C Wynecoop Memorial Clinic, Lake Roosevelt Community Health Centers, Lower Elwha Klallam, Lummi Nation, Native Project, Nooksack Community Clinic, Confederated Tribes of the Colville Reservation (non-IHS managed facility), Puyallup Tribal Health Authority, Quileute Tribe, Quinault Indian Nation, Roger Saux Health Center-Medical, Port Gamble S'Klallam Tribe, Tulalip Health Clinic and Yakama Health Center.

Washington Managed Care Program Features, as of 2019 (2 of 3)

Features	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	Apple Health/Healthy Options Health Home Program
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Ferry, Stevens, Pend, Oreille, Lincoln, Spokane, Adams, Kittitas, Yakima, Benton, Franklin, Walla Walla, Whitman, Columbia, Garfield, Asotin, Okanogan, Chelan, Douglas, Grant, King, Pierce, Clark, Skamania, Klickitat, Whatcom, Skagit, Snohomish, San Juan, Island	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(b)	1945 Health Homes
Program start date	04/01/2016	04/01/2016	07/01/2013
Waiver expiration date (if applicable)		06/30/2022	
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults covered 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	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)			

Features	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	Apple Health/Healthy Options Health Home Program
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously	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		
Benefits covered: Lab and x-ray	X		

Features	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	Apple Health/Healthy Options Health Home Program
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	X		X
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)			
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			
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	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	Apple Health/Healthy Options Health Home Program
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
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)	Comagine Health	Qualis	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup; Coordinated Care of Washington; Community Health Plan of Washington; Molina Health Care; United Health Care	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care of Washington; United Health Care	Multiple Sites

Features	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	Apple Health/Healthy Options Health Home Program
Notes: Program notes	The North Sound Region was effective as of 07/01/2020 and Healthy Options Foster Care became IMC January 1, 2019.		Washington delivers the optional Health Home Medicaid/Medical Benefit both in the Fee-For-service system and through MCO's. For individuals in Apple Health 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 individuals in PCCM's, the MCO's administer health homes services separate from the PCCM program.

Washington Managed Care Program Features, as of 2019 (3 of 3)

Features	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO)	NEMT	PACE
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	PACE
Program start date	07/01/1994	10/01/2008	01/01/1997
Waiver expiration date (if applicable)			
If the program ended in 2019, 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	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals		Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO)	NEMT	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		N/A
Populations enrolled: Enrollment broker name (if applicable)		Regional Brokers based on county of residents	
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously		
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		

Features	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO)	NEMT	PACE
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)			X
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		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.)			Comfort Care and Podiatry

Features	Apple Health (Program Includes, AHAC, CHIP, HOFC, BHSO & HO)	NEMT	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?	Yes	No	No
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		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	United Health Care; Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care of Washington	Multiple Transportation Brokers	Providence Elder Place
Notes: Program notes	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 benefit under the Managed Care Coverage.	Brokers are based on counties. NEMT is provided for anyone on Medicaid that meet the requirement.	State level MLTSS enrollment data is restricted to users of those services, not total enrollees in program that cover LTSS and does not include services received under a PACE Program.

West Virginia Managed Care Program Features, as of 2019

Features	Mountain Health Trust
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	09/01/1996
Waiver expiration date (if applicable)	06/30/2021
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	Mountain Health Trust
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS, Inc.
Populations enrolled: Notes on enrollment choice period	45-60 days depending on date of receipt of enrollment packet.
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	
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

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

Features	Mountain Health Trust
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	
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 West Virginia; UniCare; The Health Plan
Notes: Program notes	

Wisconsin Managed Care Program Features, as of 2019 (1 of 3)

Features	Wrap Around Milwaukee	SSI Managed Care	Children Come First (CCF)
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Milwaukee County	Statewide	Dane County
Federal operating authority	1915(a)	1932(a)	1915(a)
Program start date	03/01/1997	04/01/2005	04/03/1993
Waiver expiration date (if applicable)			
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	Wrap Around Milwaukee	SSI Managed Care	Children Come First (CCF)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	
Populations enrolled: Notes on enrollment choice period	Voluntary enrollment can occur at any time	90 day open enrollment period	Voluntary enrollment can occur at any time
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices		X	
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X

Features	Wrap Around Milwaukee	SSI Managed Care	Children Come First (CCF)
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
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			
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 services, podiatry, and chiropractic (varies by plan), and dental (varies by geographic region	
Quality assurance and improvement: HEDIS data required?	No	Yes	No

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Features	Wrap Around Milwaukee	SSI Managed Care	Children Come First (CCF)
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		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	Wrap Around Milwaukee	Anthem Blue Cross Blue Shield; Care Wisconsin; Group Health Cooperative of Eau Claire; Independent Care (iCare); MHS of Wisconsin; Molina Health Plan; Network Health Plan; UnitedHealthcare Community Plan	Children Come First
Notes: Program notes		Nursing facilities short-term only. Mandatory for ABD adults, exempt for ABD children.	

Features	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership	Family Care
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Counties: Milwaukee, Racine, and Waukesha	Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee. Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca Counties	Statewide
Federal operating authority	PACE	1932(a)/1915(c)	1915(b)/1915(c)
Program start date	11/01/1990	12/01/1995	02/01/2000
Waiver expiration date (if applicable)		12/31/2024	12/31/2024
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals			

Features	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership	Family Care
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	Exempt
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Open enrollment	Open enrollment	Open enrollment
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	
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	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership	Family Care
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	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	X	X	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			

Features	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership	Family Care
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; podiatry; respiratory care for ventilator dependent persons; speech & language pathology; 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; vision care.	Community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; respiratory care for ventilator dependent persons; speech & language pathology.
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)	MetaStar	MetaStar	
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership	Family Care
Participating plans: Plans in Program	Community Care, Inc.	Care Wisconsin Health Plan, Inc. – Care Wisconsin; Community Care Health Plan, Inc. – Community Care, Inc.; Independent Care Health Plan – iCare	Care Wisconsin (FC); Community Care, Inc.; Inclusa; Lakeland Care District; My Choice Family Care
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2019 (3 of 3)

Features	BadgerCare Plus	Care4Kids
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties
Federal operating authority	1932(a)	1937 Alt Benefit Plan
Program start date	02/01/2018	01/01/2014
Waiver expiration date (if applicable)		
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
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		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	BadgerCare Plus	Care4Kids
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county.
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		

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

Features	BadgerCare Plus	Care4Kids
Quality assurance and improvement: Accrediting organization		
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	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Children's Community Health Plan; Dean Health Plan; Group Health Cooperative Of Eau Claire; Group Health Cooperative Of South Central WI; Independent Care (iCare); MercyCare Insurance Company; MHS of Wisconsin; Molina Health Plan; Network Health Plan; Quartz; Security Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan	Children's Hospital of Wisconsin
Notes: Program notes	Nursing facilities short-term only.	Nursing facilities short-term only.

Wyoming Managed Care Program Features, as of 2019

Features	Wyoming PACE at Cheyenne Medical Center
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Laramie County, WY
Federal operating authority	PACE
Program start date	02/01/2013
Waiver expiration date (if applicable)	
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Wyoming PACE at Cheyenne 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 Medical Center
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	X
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 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	