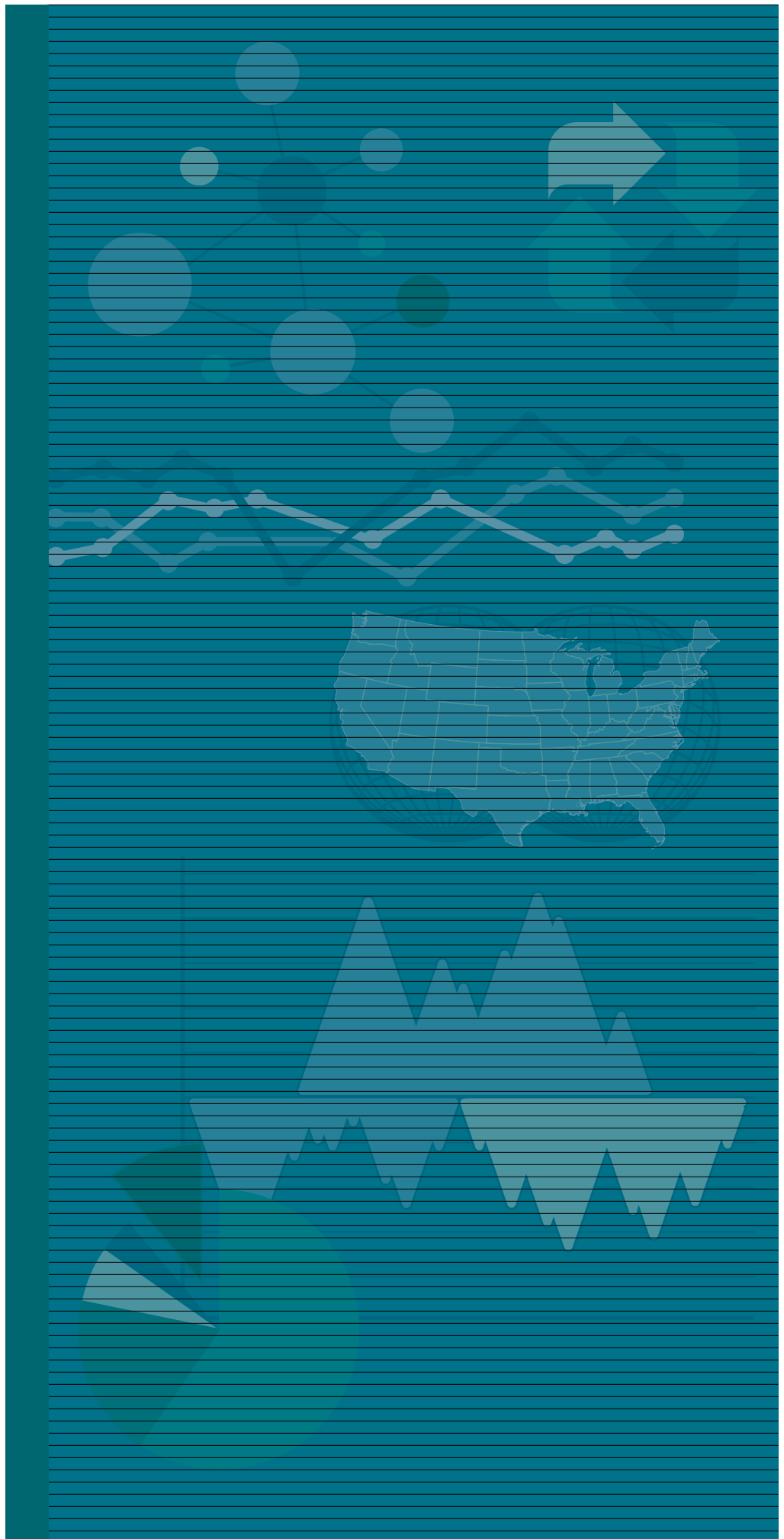




Medicaid Managed Care Enrollment and Program Characteristics, 2015

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CONTENTS

Medicaid Managed Care Enrollment and Program Characteristics, 2015.....	2
Errors and Corrections to the 2014 Report.....	3
Highlights	11
Glossary	12
Federal authorities (Waivers and State Plan Amendments).....	12
Key Terms, Acronyms and Definitions.....	13
National Tables and Maps	16
Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2015.....	16
Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid- only and Medicare-Medicaid), as of July 1, 2015	18
Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2015	21
Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2015	24
Map of State Comprehensive MCO Penetration as of July 1, 2015.....	27
Table 5. Enrollment by Program and Plan, as of 2015	28
Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2015	83
Map of State Counts of User of Managed Long-Term Services and Supports, as of July 1, 2015.....	86
Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Bases, at any point in 2015	87
Table 8. Number of Managed Care Programs, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2015.....	88
State Tables	89

Medicaid Managed Care Enrollment and Program Characteristics, 2015

Overview

This report is a production of the Division of Managed Care Programs (DMCP) in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services, with assistance from Mathematica Policy Research (contract # HHSM-500-2010-00026I/HHSM-500-T0011).

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, 2015, and (2) program features, including type of enrollment (mandatory or voluntary) by population group enrolled, quality assurance requirements, and use of performance incentives by managed care program type (see Glossary for definitions of each type).
- State tables summarize the characteristics of each managed care program operating in each state as of July 2015, 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 2014 edition of this report series. Questions regarding state-specific information in this report should be directed to state/territorial Medicaid officials; contact information can be found on state Medicaid agency websites in each state's profile at this link:

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

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

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Errors and Corrections to the 2014 Report

In the course of collecting data for the 2015 version of this report, Mathematica uncovered several errors in the data contained in the 2014 Medicaid Managed Care Enrollment Report, released in Spring 2016. That report was reissued and its errors are listed below.

State/Domain	Changes
Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2014	
Arizona	Section VIII enrollment was previously reported as 24,560. The correct figure is 260,038.
Maine	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 262,334. The corrected figure is 265,889. 2. Total Medicaid enrollment in any type of managed care was previously reported as 161,387. The corrected figure is 265,889.
Michigan	Total Medicaid enrollment in any type of managed care was previously reported as 3,774,727. The corrected figure is 3,766,912.
Missouri	Total Medicaid enrollment in any type of managed care was previously reported as 797,512. The corrected figure is 797,706.
Oklahoma	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 826,434. The corrected figure is 808,438. 2. Total Medicaid enrollment in any type of managed care was previously reported as 736,785. The corrected figure is 531,273.
Tennessee	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 1,288,631. The corrected figure is 1,288,912. 2. Total Medicaid enrollment in any type of managed care was previously reported as 1,288,631. The corrected figure is 1,288,912. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 1,288,631. The corrected figure is 1,288,912.
Washington	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 1,245,322. The corrected figure is 1,603,875. 2. Total Medicaid enrollment in any type of managed care was previously reported as 1,245,322. The corrected figure is 1,603,875. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 1,245,278. The corrected figure is 1,233,460.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 71,705,460. The corrected figure is 72,049,853. 2. Total Medicaid enrollment in any type of managed care was previously reported as 55,208,432. The corrected figure is 55,458,655. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 43,386,273. The corrected figure is 43,374,736. 4. Section VIII enrollment was previously reported as 4,810,182. The correct figure is 5,045,660.
Table 2: State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2014	
Maine	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 262,334. The corrected figure is 265,889. 2. Managed care enrollment in transportation programs was previously reported as 0. The corrected figure is 265,889.

State/Domain	Changes
Michigan	<ol style="list-style-type: none"> 1. Enrollment in MLTSS only programs was previously reported as 0. The corrected figure is 9,892. 2. A footnote has been added for Michigan that reads: 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.
Oklahoma	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 826,434. The corrected figure is 808,438. 2. Managed care enrollment in PCCM programs was previously reported as 531,147. The corrected figure is 531,273. 3. Managed care enrollment in transportation programs was previously reported as 736,785. The corrected figure is 531,147.
Tennessee	Total Medicaid enrollment was previously reported as 1,288,631. The corrected figure is 1,288,912.
Washington	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 1,245,322. The corrected figure is 1,603,875. 2. Total Medicaid enrollment in comprehensive MCOs (with or without MLTSS) was previously reported as 1,245,278. The corrected figure is 1,232,979. 3. Managed care enrollment in PCCM programs was previously reported as 0. The corrected figure is 11,818. 4. Managed care enrollment in BHO (PIHP and/or PAHP) programs was previously reported as 1,245,322. The corrected figure is 1,603,875. 5. Managed care enrollment in transportation programs was previously reported as 1,245,322. The corrected figure is 1,603,875. 6. Managed care enrollment in PACE programs was previously reported as 0. The corrected figure is 481.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 71,705,460. The corrected figure is 72,049,853. 2. Total Medicaid enrollment in comprehensive MCOs (with or without MLTSS) was previously reported as 43,354,363. The corrected figure is 43,342,064. 3. Managed care enrollment in PCCM programs was previously reported as 7,252,258. The corrected figure is 7,264,202. 4. Managed care enrollment in MLTSS only programs was previously reported as 243,131. The corrected figure is 253,023. 5. Managed care enrollment in BHO (PIHP and/or PAHP) programs was previously reported as 12,113,286. The corrected figure is 12,471,839. 6. Managed care enrollment in transportation programs was previously reported as 7,955,501. The corrected figure is 8,374,305. 7. Managed care enrollment in PACE programs was previously reported as 31,910. The corrected figure is 32,391.
Table 3: Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2014	
Maine	Medicare-Medicaid eligibles (duals) enrollment in managed care transportation programs was previously reported as 0. The corrected figure is 51,349.
Michigan	Medicare-Medicaid eligibles (duals) enrollment in MLTSS only programs was previously reported as 0. The corrected figure is 9,145.
Washington	<ol style="list-style-type: none"> 1. Medicare-Medicaid eligibles (duals) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 4,233. The corrected figure is 3,752. 2. Medicare-Medicaid eligibles (duals) enrollment in managed care PACE programs was previously reported as 0. The corrected figure is 481.

State/Domain	Changes
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Medicare-Medicaid eligibles (duals) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 1,898,202. The corrected figure is 1,897,721. 2. Medicare-Medicaid eligibles (duals) enrollment in MLTSS only programs was previously reported as 218,467. The corrected figure is 227,612. 3. Medicare-Medicaid eligibles (duals) enrollment in managed care transportation programs was previously reported as 728,104. The corrected figure is 779,453. 4. Medicare-Medicaid eligibles (duals) enrollment in managed care PACE programs was previously reported as 27,941. The corrected figure is 28,422.
Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2014	
Maine	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 262,334. The corrected figure is 265,889. 2. The number of individuals enrolled in any type of managed care was previously reported as 161,367. The corrected figure is 265,889. 3. The percent of all Medicaid enrollees enrolled in any type of Managed Care was previously reported as 61.5%. The corrected figure is 100%.
Michigan	<ol style="list-style-type: none"> 1. The number of individuals enrolled in any type of managed care was previously reported as 3,774,727. The corrected figure is 3,766,912. 2. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 97.5%. The corrected figure is 97.3%.
Missouri	<p>The number of individuals enrolled in any type of managed care was previously reported as 797,512. The corrected figure is 797,706.</p>
Oklahoma	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 826,434. The corrected figure is 808,438. 2. The number of individuals enrolled in any type of managed care was previously reported as 736,785. The corrected figure is 531,147. 3. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 89.2%. The corrected figure is 65.7%.
Tennessee	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 1,288,631. The corrected figure is 1,288,912. 2. The number of individuals enrolled in any type of managed care was previously reported as 1,288,631. The corrected figure is 1,288,912. 3. The number of individuals enrolled in comprehensive managed care was previously reported as 1,288,631. The corrected figure is 1,288,912.
Washington	<ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 1,245,322. The corrected figure is 1,603,875. 2. The number of individuals enrolled in any type of managed care was previously reported as 1,245,322. The corrected figure is 1,603,875. 3. Total Medicaid enrollment in comprehensive managed care was previously reported as 1,245,278. The corrected figure is 1,233,460. 4. The percent of all Medicaid enrollees enrolled in comprehensive managed care was previously reported as 100.0%. The corrected figure is 76.9%.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollment was previously reported as 71,705,460. The corrected figure is 72,049,853. 2. The number of individuals enrolled in any type of managed care was previously reported as 55,208,432. The corrected figure is 55,458,529. 3. The number of individuals enrolled in comprehensive managed care was previously reported as 43,386,273. The corrected figure is 43,374,736. 4. The percent of all Medicaid enrollees enrolled in Comprehensive Managed Care was previously reported as 60.5%. The corrected figure is 60.2%.

State/Domain	Changes
Table 5: Enrollment by Program and Plan, as of July 1, 2014	
Colorado	The Accountable Care Collaborative: Medicare-Medicaid Program (ACC-MMP) and its seven (7) associated plans, called Regional Care Collaborative Organizations (RCCOs) were mistakenly included in the 2014 reports. ACC-MMP is a managed FFS model operating as a federal Financial Alignment Initiative (FAI) demonstration, and FAI demonstrations are not considered managed care for the purposes of this report. Therefore ACC-MMP should not have been included and it is now removed from the corrected report.
Maine	The Non-Emergency Medical Transportation program was previously omitted from the 2014 reports. The program is now shown in the corrected report and includes three plans: Logisticare, Coordinated Transportation Solution (CTS), and Penquis CAP. For Logisticare, the Medicaid-Only enrollment is 27,937, the dual enrollment is 6,332, and the total enrollment is 34,269. For CTS, the Medicaid-only enrollment is 157,497, the dual enrollment is 37,471, and the total enrollment is 194,968. For Penquis CAP, the Medicaid-only enrollment is 29,106, the dual enrollment is 7,546, and the total enrollment is 36,652.
Michigan	The MI Choice program and its associated plans were previously omitted from the 2014 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 747, a dual enrollment of 9,145, and a total enrollment of 9,892.
Minnesota	<ol style="list-style-type: none"> 1. The Prepaid Medical Assistance Plan (PMAP+) program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report. 2. The Special Needs Basic Care (SNBC) program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report. 3. The Preferred Integrated Network (PIN) program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report.
North Carolina	Three programs were mistakenly attributed to North Carolina's managed care program/plans due to a typographical error. The PCCM – Multiple Primary Care Providers, Health Management Program - Health Management, and PACE - PACE programs should not have been listed as program/plans in North Carolina. These programs/plans belonged to North Dakota and have been updated accordingly.
North Dakota	Three programs were mistakenly attributed to North Carolina rather than North Dakota's managed care program/plans due to a typographical error. PCCM – Multiple Primary Care Providers, Health Management Program - Health Management, and PACE - PACE programs should have been listed as program/plans in North Dakota. These programs/plans have been updated accordingly.
Oklahoma	<ol style="list-style-type: none"> 1. Medicaid-only, dually eligible, and total SoonerCare Choice enrollment were previously reported as 736,785; 110,255; and 626,530, respectively. The corrected figures are 531,273; 0; and 531,273, respectively. 2. Medicaid-only, dually eligible, and total SoonerRide enrollment were previously reported as 626,530; 110,255; and 736,785, respectively. The corrected figures are 531,147; 0; and 531,147, respectively.
Washington	<ol style="list-style-type: none"> 1. The PCCM program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a PCCM program in the corrected report. 2. The PACE program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a PACE program in the corrected report. 3. Medicaid-only, dually eligible, and total Washington State Integrated Community Health Program enrollment was previously reported as 1,245,322; 0; and 1,245,322, respectively. The corrected figures are 1,603,875; 0; and 1,603,875, respectively. 4. Medicaid-only, dually eligible, and total NEMT Program enrollment was previously reported as 1,245,322; 0; and 1,245,322, respectively. The corrected figures are 1,603,875; 0; and 1,603,875, respectively.

State/Domain	Changes
Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2014	
Maine	Total Medicaid enrollment in any type of managed care was previously reported as 161,387. The corrected figure is 265,889.
Michigan	<ol style="list-style-type: none"> 1. The number of individuals enrolled in any type of managed care was previously reported as 3,774,727. The corrected figure is 3,766,912. 2. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 0. The corrected figure is 17,707. 3. The percent of total managed care enrollees using managed LTSS (MLTSS) only was previously reported as 0.0%. The corrected figure is 0.5%. 4. A footnote has been added for Michigan that reads: 7,815 of Michigan's MLTSS users are receiving capitated HCBS under the state's Specialty Prepaid Inpatient health Plan, a BHO. The remainder are receiving MLTSS under MI Choice, an MLTSS Only program.
Minnesota	<ol style="list-style-type: none"> 1. The number of enrollees using comprehensive managed care including LTSS was previously reported as 32,005. The corrected figure is 32,457. 2. The percent of total enrollees using comprehensive managed care including LTSS only was previously reported as 4.0%. The corrected figure is 4.1%.
Missouri	The number of individuals enrolled in any type of managed care was previously reported as 797,512. The corrected figure is 797,706.
North Carolina	<ol style="list-style-type: none"> 1. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 1,017. The corrected figure is 0. 2. The percent of total managed care enrollees using managed LTSS (MLTSS) only was previously reported as 0.1%. The corrected figure is 0.0%.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 736,785. The corrected figure is 531,273.
Tennessee	Total Medicaid enrollment was previously reported as 1,288,631. The corrected figure is 1,288,912.
Vermont	<ol style="list-style-type: none"> 1. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 0. The corrected figure is 1,426. 2. The percent of total managed care enrollees using managed LTSS (MLTSS) only was previously reported as 0.0%. The corrected figure is 1.8%.
Washington	Total Medicaid enrollment was previously reported as 1,245,322. The corrected figure is 1,603,875.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollment in any type of managed care was previously reported as 55,208,432. The corrected figure is 55,458,655. 2. The number of enrollees using comprehensive managed care including LTSS (including CA, NY, TX, and WI enrollees) was previously reported as 1,189,372. The corrected figure is 1,189,824. 3. The number of enrollees using comprehensive managed care including LTSS (excluding CA, NY, TX, and WI enrollees) was previously reported as 256,604. The corrected figure is 257,056. 4. The percent of total enrollees using comprehensive managed care including LTSS only (including CA, NY, TX, and WI enrollees) was previously reported as 2.2%. The corrected figure is 2.1%. 5. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 244,157. The corrected figure is 262,273. 6. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.4%. The corrected figure is 0.5%.

State/Domain	Changes
Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2014	
The changes for Table 7 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	<ol style="list-style-type: none"> 1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 81 to 79. 2. The number of low-income adults newly eligible enrolled mandatorily has been changed from 49 to 48. The number of low-income adults newly eligible enrolled voluntarily has been changed from 8 to 9. 3. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 42 to 41. The number of aged blind or disabled children or adults enrolled voluntarily has been changed from 17 to 16. 4. The number of non-disabled children (excluding children in foster care or receiving adoption assistance) enrolled voluntarily has been changed from 7 to 6. 5. The number of full duals enrolled voluntarily has been changed from 26 to 25. 6. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 49 to 47. 7. The number of foster care and adoption assistance children enrolled voluntarily has been changed from 29 to 28. 8. The number of foster care and adoption assistance children exempt from enrollment has been changed from 29 to 28.
PCCM	<ol style="list-style-type: none"> 1. The number of low-income adults newly eligible enrolled voluntarily has been changed from 7 to 8. 2. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 14 to 15. 3. The number of full duals enrolled voluntarily has been changed from 10 to 9. 4. The number of foster care and adoption assistance children enrolled voluntarily has been changed from 12 to 13. 5. The number of foster care and adoption assistance children exempt from enrollment has been changed from 14 to 13.
MLTSS	<ol style="list-style-type: none"> 1. The total number of MLTSS programs has been changed from 4 to 5. 2. The number of aged blind or disabled children or adults enrolled voluntarily has been changed from 1 to 2. 3. The number of full duals enrolled voluntarily has been changed from 2 to 3. 4. The number of partial duals enrolled voluntarily has been changed from 0 to 1. 5. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 2 to 3. 6. The number of foster care and adoption assistance children exempt from enrollment has been changed from 3 to 4.
Transportation	<ol style="list-style-type: none"> 1. The total number of transportation programs has been changed from 12 to 13. 2. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 11 to 12. 3. The number of non-disabled children (excluding children in foster care or receiving adoption assistance) enrolled mandatorily has been changed from 10 to 11. 4. The number of full duals enrolled mandatorily has been changed from 10 to 11. 5. The number of children with special health care needs enrolled mandatorily has been changed from 10 to 11. 6. The number of Native American/Alaskan Natives enrolled mandatorily has been changed from 7 to 8. 7. The number of foster care and adoption assistance children enrolled mandatorily has been changed from 9 to 10.

State/Domain	Changes
PACE	<ol style="list-style-type: none"> The total number of PACE programs has been changed from 30 to 31. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 2 to 0. The number of aged blind or disabled children or adults enrolled voluntarily has been changed from 21 to 24. The number of full duals enrolled mandatorily has been changed from 2 to 0. The number of full duals enrolled voluntarily has been changed from 25 to 28. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 22 to 23. The number of foster care and adoption assistance children exempt from enrollment has been changed from 28 to 29.
Table 8. Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2014	
The changes for Table 8 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	<ol style="list-style-type: none"> The total number of comprehensive MCO programs with or without MLTSS has been changed from 81 to 79. The number of programs requiring HEDIS data has been changed from 71 to 69. The number of programs requiring CAHPS data has been changed from 67 to 65. The number of programs using an EQRO contractor has been changed from 74 to 72.
PCCM	1. The number of PCCM programs using an EQRO contractor has been changed from 0 to 1.
MLTSS	<ol style="list-style-type: none"> The total number of MLTSS programs has been changed from 4 to 5. The number of programs using withholds tied to performance metrics has been changed from 0 to 1.
Transportation	1. The total number of transportation programs has been changed from 12 to 13.
PACE	<ol style="list-style-type: none"> The total number of PACE programs has been changed from 30 to 31. The number of programs requiring HEDIS data has been changed from 3 to 4. The number of programs requiring CAHPS data has been changed from 1 to 2. The number of programs using an EQRO contractor has been changed from 4 to 5.
State Tables	
California	The Senior Care Action Network program was previously reported as authorized under 1115(a). The correct authorization for the program is 1915(a).
Colorado	The Accountable Care Collaborative: Medicare-Medicaid Program (ACC-MMP) and its seven (7) associated plans, called Regional Care Collaborative Organizations (RCCOs) were mistakenly included in the 2014 reports. ACC-MMP is a managed FFS model operating as a federal Financial Alignment Initiative (FAI) demonstration, and FAI demonstrations are not considered managed care for the purposes of this report. Therefore ACC-MMP should not have been included and it is now removed from the corrected report.
Iowa	<ol style="list-style-type: none"> The Program of All-inclusive Care for the Elderly previously reported that enrollment was mandatory for Aged, Blind or Disabled Children or Adults and Full Duals. The corrected table shows program enrollment for these two populations as voluntary. The Health Maintenance Organization (HMO) program previously reported that enrollment was mandatory for low-income adults eligible not under ACA Section VIII. The corrected table shows enrollment as voluntary. The MediPASS program previously reported that enrollment was mandatory for low-income adults eligible under ACA Section VIII. The corrected table shows that program enrollment varies. The program now also includes a program note that reads: Adults covered under ACA Section VIII are voluntarily enrolled in MediPASS if they live in a county where the HMO program is also an option. They are mandatorily enrolled in MediPASS if they live in a county where the HMO program is not an option.
Maine	The Non-Emergency Medical Transportation program was previously omitted from the 2014 reports. The program is now shown in the corrected report.
Michigan	The MI Choice program was previously omitted from the 2014 reports. The program is now shown in the corrected report.

State/Domain	Changes
Minnesota	<ol style="list-style-type: none"> 1. The Prepaid Medical Assistance Plan (PMAP+), Special Needs Basic Care (SNBC), and Preferred Integrated Network (PIN) programs were previously classified as comprehensive MCOs in the 2014 reports. The programs are now classified as comprehensive MCO + MLTSS programs in the corrected report. 2. A note has been added to the notes for the programs listed below explaining that they offer a variety of long-term services and supports, some of which are covered by the capitation rate, and some of which are carved out and paid on a FFS basis: Prepaid Medical Assistance Plan (PMAP+), Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Option (MSHO), Special Needs Basic Care (SNBC), and Preferred Integrated Network (PIN).
Nevada	<ol style="list-style-type: none"> 1. The Health Care Guidance Program did not previously include an EQRO contractor name. The correct EQRO contractor is Nevada Health Services Advisory Group. 2. The Health Care Guidance Program did not previously report any performance incentives. In the corrected reports the program offers payment bonuses/differentials to reward plans and public reports comparing MCO performance on key metrics.
Tennessee	<p>The Program of All-inclusive Care for the Elderly previously reported that enrollment was mandatory for Aged, Blind or Disabled Children or Adults and Full Duals. The corrected table shows program enrollment for these two populations as voluntary.</p>
Washington	<ol style="list-style-type: none"> 1. The PCCM program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a PCCM program in the corrected report. 2. The PACE program was previously classified as a comprehensive MCO in the 2014 reports. The program is now classified as a PACE program in the corrected report.

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2014 and 2015 show the following trends:

- **Medicaid enrollment in comprehensive MCOs increased by 17.5 percent -- from 43.3 million in 2014 to 50.9 million in 2015.** 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.
- **States are increasingly relying on comprehensive MCOs to deliver Medicaid.** Nationally, two thirds (65.4 percent) of all Medicaid beneficiaries were enrolled in comprehensive MCOs in 2015, up from 60.2 percent in 2014. In 34 states at least 50 percent of all Medicaid beneficiaries were enrolled in comprehensive MCOs, up from 31 states in 2014.
- **Use of Primary Care Case Management (PCCM) programs declined while use of Non-Emergency Medical Transportation (NEMT) programs increased.** About 8.7 percent of all Medicaid beneficiaries were enrolled in PCCMs in 2015, down from about 10 percent in 2014. In contrast, NEMT managed care programs covered 15.6 percent of Medicaid beneficiaries in 2015, an increase from 11.6 percent in 2014.
- **More than 10 million low-income adults covered by the ACA Medicaid expansion were enrolled in comprehensive managed care plans.** About 10.1 million low income adults eligible for Medicaid under Section VIII of the ACA in 2015 were enrolled in comprehensive MCO plans. Twenty six of the 29 states that expanded Medicaid to low-income adults by July 2015 used comprehensive MCOs exclusively to provide coverage to this group.
- **Managed long-term services and supports (MLTSS) programs experienced growth.** Eighteen states had managed LTSS (MLTSS) programs in operation as of July 1, 2015, excluding three states (Ohio, South Carolina, and Virginia) whose only MLTSS programs at that time were Medicare-Medicaid Financial Alignment demonstrations. As of July 1, 2015, there were nearly 1 million (993,265) LTSS users, excluding a subset of 31,069 enrollees in Delaware and Rhode Island, some of whom may not be LTSS users (these states cannot report just LTSS users). With one exception (Tennessee), all states reporting LTSS users among MLTSS enrollees in both years also reported an increase in the number of LTSS users from 2014 to 2015.

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.
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.
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.
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 enrollees, Native Americans and children with special health care needs), and with exceptions for rural areas, the state must offer at least two managed care options.
1937 Alternative Benefit Plan	States can use Section 1937 statutory authority to provide alternative benefits tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the state, or provide services through specific delivery systems instead of following the traditional Medicaid benefit plan. The Affordable Care Act of 2010 amended Section 1937 by requiring states to provide an alternative benefit package to the newly eligible adult (Section VIII) Medicaid expansion population, which must cover 10 essential health benefits described in ACA Section 1302(b).
1945 Health Homes	States can use Section 1945 statutory authority to coordinate care for Medicaid beneficiaries who have chronic conditions. Although Medicaid Health Homes are not a managed care system, states can combine 1945 authority with a managed care authority such as 1915(a), 1932(a), or 1915(b) to provide health home services through managed care entities.

Key Terms, Acronyms and Definitions

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

Term	Acronym	Definition
<i>Intermediate Care Facilities</i>	ICF	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
<i>Long-term Services and Supports</i>	LTSS	Long term services and supports assist individuals with activities of daily living such as bathing, dressing and eating in institutional settings, including nursing homes and ICFs-IDD, or in home and community-based settings.
<i>Managed Long Term Services and Supports</i>	MLTSS	The delivery of LTSS, such as nursing home care and home and community-based services, through capitated Medicaid managed care programs. MLTSS programs can either provide LTSS in addition to medical care through comprehensive MCOs, or they can provide only LTSS benefits through PIHPs or PAHPs, referred to as MLTSS-only programs.
<i>Medicaid</i>		A health care program providing coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is jointly administered and funded by states and the federal government, according to federal rules.
<i>Medicaid Managed Care</i>		Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care entities, such as MCOs, that accept a set per member per month (capitation) payment for these services, or with providers responsible for coordinating a defined set of services.
<i>Medicaid State Plan</i>		An agreement between a state and the federal government describing how that state administers its Medicaid program, including eligible individuals, services covered, reimbursement methodologies, and administrative activities.
<i>Medicaid State Plan Amendment</i>	SPA	When a state is planning to make a change to its Medicaid program policies or operational approach, states submit SPAs to CMS for review and approval.
<i>Medicaid Waivers</i>		Statutory authorities under which the Secretary of Health and Human Services, upon the request of a state, may allow the state to receive federal Medicaid matching funds for its expenditures when the benefits or populations covered, or other program features deviate from requirements or limitations of the federal Medicaid statute.
<i>Medicare</i>		A health care program for individuals ages 65 and older, and individuals under age 65 with certain disabilities. Medicare is administered and funded by the federal government.
<i>Mental Health</i>	MH	An individual's psychological and emotional state. Mental disorders affect how individuals relate to each other and make choices, and may include changes in thinking, mood, and/or behavior.
<i>Non-Emergency Medical Transportation</i>	NEMT	A program that covers transportation to and from medically necessary health care services.
<i>Other Prepaid Health Plans</i>	PHP	Prepaid ambulatory or inpatient health plans that cover a limited set of benefits, such as behavioral health, long term care, dental, or transportation benefits.
<i>Prepaid Ambulatory Health Plan</i>	PAHP	An entity that provides medical services to enrollees under contract with the State agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PAHP does not provide or arrange for the provision of any inpatient hospital or institutional services for its enrollees.

Term	Acronym	Definition
<i>Prepaid Inpatient Health Plan</i>	PIHP	An entity that provides medical services to enrollees under contract with the State agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PIHP provides, arranges for, or otherwise has responsibility for, the provision of any inpatient hospital or institutional services for its enrollees.
<i>Presumptive Eligibility</i>		The option available to states to extend limited Medicaid coverage at the point a provider determines that an individual's income does not exceed the eligibility threshold until a formal determination of eligibility is made.
<i>Primary Care Case Management</i>	PCCM	A managed care arrangement in which primary care providers contract with the state to provide a core set of case management services to the enrollees assigned to them and to serve as the enrollees' home for medical care, in exchange for a small administrative fee. All other services are reimbursed on a FFS basis. Primary Care Providers (PCPs) can include primary care physicians, clinics, group practices and nurse practitioners, among others.
<i>Program for All-inclusive Care for the Elderly</i>	PACE	A program that provides prepaid, capitated comprehensive medical and social services in an adult day health center, as well as in-home and referral services according to a participant's needs. To qualify, individuals must: (1) be 55 years of age or older, (2) meet a nursing home level of care, and (3) live in a PACE organization service area.
<i>Section VIII</i>		Section VIII of the Affordable Care Act (ACA) authorized the expansion of Medicaid coverage to non-pregnant, childless, low-income adults with household income up to 138 percent of the federal poverty level, who could previously be covered only under a waiver or other special authority.
<i>Substance Use Disorder</i>	SUD	Individuals with an SUD recurrently use alcohol and/or drugs. As a result, they experience significant clinical and functional impairment that may include: health issues, disability and failure to meet responsibilities.
Transportation Prepaid Ambulatory Health Plan	NEMT PAHP	A prepaid ambulatory health plan covering transportation services only.

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2015

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	77,846,969	62,373,408	50,981,141	10,087,634
Alabama	1,050,989	660,652	175	0
Alaska ⁵	164,783	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	1,740,520	1,471,809	1,471,809	347,447
Arkansas	762,166	613,839	161	0
California	13,096,861	9,727,076	9,691,057	3,081,169
Colorado	1,264,600	1,214,657	68,799	24,637
Connecticut	746,119	0	0	0
Delaware	227,909	203,212	203,212	54,561
District of Columbia	271,428	192,086	184,788	61,198
Florida	3,808,334	3,007,086	3,007,086	0
Georgia ⁶	1,990,810	1,371,866	1,357,900	0
Guam	n/a	n/a	n/a	n/a
Hawaii	340,513	336,764	336,764	15,266
Idaho	283,355	283,355	1,635	0
Illinois	3,269,999	2,909,371	1,589,386	351,117
Indiana	1,295,358	933,156	905,997	214,458
Iowa	618,505	579,954	60,011	15,995
Kansas	403,844	364,838	364,838	0
Kentucky	1,284,193	1,198,540	1,198,540	401,322
Louisiana	1,402,212	1,171,742	966,286	0
Maine	288,324	242,390	0	0
Maryland	1,271,445	1,018,560	1,018,560	183,477
Massachusetts	1,829,618	1,236,659	877,233	360,116
Michigan	3,947,031	3,837,838	2,165,741	472,133
Minnesota	1,052,521	783,276	782,454	169,670
Mississippi	740,937	505,038	505,038	0
Missouri	944,257	922,072	463,172	0
Montana	139,950	103,752	0	0
Nebraska	239,463	229,172	188,693	0
Nevada	588,304	515,868	390,232	145,450
New Hampshire	186,399	161,411	161,411	44,533
New Jersey	1,705,594	1,542,739	1,542,739	521,024
New Mexico	826,155	649,041	649,041	199,261
New York	6,281,038	4,782,573	4,653,163	1,605,164
North Carolina	1,965,805	1,568,226	1,281	0
North Dakota	86,250	46,634	18,903	18,788

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2015

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
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	3,060,446	2,276,751	2,276,751	511,777
Oklahoma	829,561	549,496	229	0
Oregon	1,123,913	924,073	924,073	418,129
Pennsylvania	2,569,232	2,213,706	1,998,940	101,474
Puerto Rico ⁷	1,458,819	1,458,819	1,458,819	0
Rhode Island	308,521	308,521	242,784	61,935
South Carolina	1,233,430	1,233,430	764,852	0
South Dakota	124,497	93,548	0	0
Tennessee	1,562,745	1,436,156	1,436,143	0
Texas	4,273,982	3,532,759	3,532,759	0
Utah	293,867	288,198	241,631	0
Vermont	206,469	135,125	135,125	46,577
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,092,225	754,875	754,949	0
Washington	1,771,679	1,771,679	1,421,280	500,137
West Virginia	545,748	209,958	209,958	160,819
Wisconsin	1,209,714	800,996	756,677	0
Wyoming	66,532	66	66	0

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

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 managed care organizations (MCOs), limited benefit plans such as prepaid inpatient (PIHP) and ambulatory health plans (PAHP), and primary care case management (PCCM) programs.

3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a risk-based managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as Programs for All-Inclusive Care for the Elderly (PACE). 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 enrolled in comprehensive MCOs who are low-income adults, with or without dependent children, eligible for Medicaid under ACA Section VIII.

5. Alaska was not able to provide total Medicaid enrollment as of July 1, 2015. The figure in this table was calculated from the Alaska Medicaid 2015 Annual Report accessed September 9, 2016, at <http://dhss.alaska.gov/dhcs/Documents/PDF/Alaska-Medicaid-Annual-Report-SFY2015.pdf>.

6. Georgia's and Minnesota's state data systems have limitations around point-in-time reporting; therefore, the sum of enrollment in all managed care plans is slightly less than total Medicaid enrollment in any type of managed care in these states.

7. Puerto Rico expanded Medicaid to 395,355 low-income, childless adults under an authority other than ACA Section VIII.

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

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2015¹

State or Territory	Total Medicaid Enrollees	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
TOTALS	77,846,969	50,946,267	6,754,621	268,074	12,125,775	6,060,979	12,130,763	35,847	31,530
Alabama	1,050,989	--	644,384	--	--	--	--	175	16,093
Alaska ³	164,783	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,740,520	1,471,809	--	--	--	--	--	--	--
Arkansas	762,166	--	557,019	--	--	--	615,048	161	--
California	13,096,861	9,685,902	--	--	29	897,692	--	5,155	847
Colorado	1,264,600	66,108	874,656	--	1,210,753	--	--	2,691	--
Connecticut	746,119	--	--	--	--	--	--	--	--
Delaware	227,909	203,066	--	--	--	--	--	146	--
District of Columbia	271,428	184,788	--	--	--	--	55,241	--	--
Florida	3,808,334	3,005,986	--	87,591	--	--	--	1,100	--
Georgia ⁴	1,990,810	1,357,900	--	--	--	--	--	--	11,645
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	340,513	336,764	--	--	--	--	--	--	--
Idaho	283,355	1,635	258,734	--	273,783	278,427	281,189	--	--
Illinois	3,269,999	1,589,386	1,319,985	--	--	--	--	--	--
Indiana	1,295,358	905,997	27,159	--	--	--	--	--	--
Iowa	618,505	59,752	294,402	--	572,219	131,534	440,586	259	--
Kansas	403,844	364,464	--	--	--	--	--	374	--
Kentucky	1,284,193	1,198,540	--	--	--	--	--	--	--
Louisiana	1,402,212	965,955	--	--	1,080,811	1,085,531	--	331	--
Maine	288,324	--	159,905	--	--	--	242,390	--	--
Maryland	1,271,445	1,018,553	--	--	--	--	--	7	--
Massachusetts	1,829,618	873,682	374,575	--	374,575	--	--	3,551	--
Michigan ⁵	3,947,031	2,164,405	--	10,688	2,021,172	549,387	--	1,336	--
Minnesota ⁴	1,052,521	782,454	--	--	--	--	--	--	--
Mississippi	740,937	505,038	--	--	--	--	--	--	--
Missouri	944,257	462,963	--	--	--	--	458,900	209	--

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2015¹

State or Territory	Total Medicaid Enrollees	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
Montana	139,950	--	103,752	--	--	--	--	--	--
Nebraska	239,463	188,591	--	--	229,172	--	--	102	--
Nevada	588,304	390,232	35,470	--	--	--	515,868	--	--
New Hampshire	186,399	161,411	--	--	--	--	--	--	--
New Jersey	1,705,594	1,541,901	--	--	--	--	1,656,154	838	--
New Mexico	826,155	648,295	--	--	--	--	--	746	--
New York	6,281,038	4,647,584	--	129,410	--	--	--	5,579	--
North Carolina	1,965,805	--	1,381,034	--	1,568,226	--	--	1,281	--
North Dakota	86,250	18,788	46,299	--	--	--	--	115	219
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	3,060,446	2,276,400	--	--	--	--	--	351	--
Oklahoma	829,561	--	549,496	--	--	--	549,267	229	--
Oregon	1,123,913	922,992	--	--	--	--	--	1,081	--
Pennsylvania	2,569,232	1,993,748	--	--	2,186,609	--	534,104	5,192	--
Puerto Rico	1,458,819	1,458,819	--	--	--	--	--	--	--
Rhode Island	308,521	242,511	6,899	--	--	83,442	--	273	--
South Carolina	1,233,430	764,450	157	--	--	--	1,233,430	402	--
South Dakota	124,497	--	93,548	--	--	--	--	--	--
Tennessee	1,562,745	1,435,862	--	--	--	--	--	281	--
Texas	4,273,982	3,531,645	11,929	--	549,070	2,896,247	3,531,783	1,114	--
Utah	293,867	241,631	--	--	286,468	138,719	245,124	--	--
Vermont	206,469	135,125	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	1,092,225	753,416	--	--	--	--	--	1,533	--
Washington	1,771,679	1,420,767	12,420	--	1,771,679	--	1,771,679	513	--
West Virginia	545,748	209,958	2,798	--	--	--	--	--	--
Wisconsin	1,209,714	756,021	--	40,385	1,209	--	--	656	2,726
Wyoming	66,532	--	--	--	0	--	--	66	--

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2015¹

1. Because Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a behavioral health organization [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. Comprehensive MCOs cover acute, primary, and specialty medical care services; they may also cover behavioral health, long-term services and supports (LTSS), and other benefits in some states. Limited benefit managed care programs, including PCCM, managed LTSS (MLTSS) only, BHO, Dental, Transportation, and Other cover a narrower set of services.

3. Alaska was not able to provide total Medicaid enrollment as of July 1, 2015. The figure in this table was calculated from the Alaska Medicaid 2015 Annual Report accessed September 9, 2016, at <http://dhss.alaska.gov/dhcs/Documents/PDF/Alaska-Medicaid-Annual-Report-SFY2015.pdf>.

4. Georgia's and Minnesota's state data systems have limitations around point-in-time reporting; therefore, the sum of enrollment in all managed care plans is slightly less than total Medicaid enrollment in any type of managed care in these states.

5. Michigan has two programs that provide home and community-based service (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.

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 2015, 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, 2015¹

State or Territory	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
TOTALS	2,623,762	210,582	240,320	839,064	163,113	971,896	31,153	406
Alabama	--	0	--	--	--	--	171	0
Alaska	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	133,050	--	--	--	--	--	--	--
Arkansas	--	0	--	--	--	40,795	0	--
California	837,739	--	--	0	41,709	--	4,279	406
Colorado	2,347	34,116	--	68,827	--	--	2,533	--
Connecticut	--	--	--	--	--	--	--	--
Delaware	11,370	--	--	--	--	--	138	--
District of Columbia	138	--	--	--	--	14,502	--	--
Florida	206,564	--	81,403	--	--	--	983	--
Georgia ³	0	--	--	--	--	--	--	0
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	26,335	--	--	--	--	--	--	--
Idaho	1,635	19,384	--	23,332	23,209	25,166	--	--
Illinois	0	0	--	--	--	--	--	--
Indiana	1,560	194	--	--	--	--	--	--
Iowa	18	13,219	--	65,442	0	63,534	22	--
Kansas	43,575	--	--	--	--	--	0	--
Kentucky	67,451	--	--	--	--	--	--	--
Louisiana	0	--	--	97,943	98,123	--	315	--
Maine	--	0	--	--	--	51,803	--	--
Maryland	0	--	--	--	--	--	7	--
Massachusetts	36,678	0	--	0	--	--	3,288	--
Michigan ⁴	45,833	--	9,917	0	0	--	1,278	--
Minnesota ³	71,652	--	--	--	--	--	--	--
Mississippi	0	--	--	--	--	--	--	--
Missouri	0	--	--	--	--	0	172	--

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2015¹

State or Territory	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
Montana	--	0	--	--	--	--	--	--
Nebraska	45	--	--	33,314	--	--	93	--
Nevada	0	0	--	--	--	0	--	--
New Hampshire	8,317	--	--	--	--	--	--	--
New Jersey	158,033	--	--	--	--	179,458	755	--
New Mexico	40,397	--	--	--	--	--	687	--
New York	15,078	--	115,865	--	--	--	4,748	--
North Carolina	--	140,470	--	236,098	--	--	1,150	--
North Dakota	0	0	--	--	--	--	110	0
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	0	--	--	--	--	--	288	--
Oklahoma	--	0	--	--	--	0	202	--
Oregon	41,726	--	--	--	--	--	1,023	--
Pennsylvania	6,133	--	--	264,254	--	69,033	4,881	--
Puerto Rico	333,300	--	--	--	--	--	--	--
Rhode Island	17,640	3,193	--	--	0	--	232	--
South Carolina	0	1	--	--	--	157,187	357	--
South Dakota	--	0	--	--	--	--	--	--
Tennessee	145,476	--	--	--	--	--	273	--
Texas	334,674	5	--	22,381	0	334,415	1,068	--
Utah	22,050	--	--	27,468	72	36,003	--	--
Vermont	336	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	0	--	--	--	--	--	1,426	--
Washington	0	0	--	0	--	0	0	--
West Virginia	0	0	--	--	--	--	--	--
Wisconsin	14,612	--	33,135	5	--	--	610	0
Wyoming	--	--	--	0	--	--	64	--

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2015¹

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. 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 MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.

3. Georgia's and Minnesota's state data systems have limitations around point-in-time reporting; therefore, the sum of enrollment in all managed care plans is slightly less than total Medicaid enrollment in any type of managed care in these states.

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

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 2015, 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, 2015

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
TOTALS	77,846,969	62,373,408	80.1%	50,981,141	65.5%
Alabama	1,050,989	660,652	62.9%	175	0.0%
Alaska	164,783	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,740,520	1,471,809	84.6%	1,471,809	84.6%
Arkansas	762,166	613,839	80.5%	161	0.0%
California	13,096,861	9,727,076	74.3%	9,691,057	74.0%
Colorado	1,264,600	1,214,657	96.1%	68,799	5.4%
Connecticut	746,119	0	0.0%	0	0.0%
Delaware	227,909	203,212	89.2%	203,212	89.2%
District of Columbia	271,428	192,086	70.8%	184,788	68.1%
Florida	3,808,334	3,007,086	79.0%	3,007,086	79.0%
Georgia	1,990,810	1,371,866	68.9%	1,357,900	68.2%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	340,513	336,764	98.9%	336,764	98.9%
Idaho	283,355	283,355	100.0%	1,635	0.6%
Illinois	3,269,999	2,909,371	89.0%	1,589,386	48.6%
Indiana	1,295,358	933,156	72.0%	905,997	69.9%
Iowa	618,505	579,954	93.8%	60,011	9.7%
Kansas	403,844	364,838	90.3%	364,838	90.3%
Kentucky	1,284,193	1,198,540	93.3%	1,198,540	93.3%
Louisiana	1,402,212	1,171,742	83.6%	966,286	68.9%
Maine	288,324	242,390	84.1%	0	0.0%
Maryland	1,271,445	1,018,560	80.1%	1,018,560	80.1%
Massachusetts	1,829,618	1,236,659	67.6%	877,233	47.9%
Michigan	3,947,031	3,837,838	97.2%	2,165,741	54.9%
Minnesota	1,052,521	783,276	74.4%	782,454	74.3%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2015

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Mississippi	740,937	505,038	68.2%	505,038	68.2%
Missouri	944,257	922,072	97.7%	463,172	49.1%
Montana	139,950	103,752	74.1%	0	0.0%
Nebraska	239,463	229,172	95.7%	188,693	78.8%
Nevada	588,304	515,868	87.7%	390,232	66.3%
New Hampshire	186,399	161,411	86.6%	161,411	86.6%
New Jersey	1,705,594	1,542,739	90.5%	1,542,739	90.5%
New Mexico	826,155	649,041	78.6%	649,041	78.6%
New York	6,281,038	4,782,573	76.1%	4,653,163	74.1%
North Carolina	1,965,805	1,568,226	79.8%	1,281	0.1%
North Dakota	86,250	46,634	54.1%	18,903	21.9%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	3,060,446	2,276,751	74.4%	2,276,751	74.4%
Oklahoma	829,561	549,496	66.2%	229	0.0%
Oregon	1,123,913	924,073	82.2%	924,073	82.2%
Pennsylvania	2,569,232	2,213,706	86.2%	1,998,940	77.8%
Puerto Rico	1,458,819	1,458,819	100.0%	1,458,819	100.0%
Rhode Island	308,521	308,521	100.0%	242,784	78.7%
South Carolina	1,233,430	1,233,430	100.0%	764,852	62.0%
South Dakota	124,497	93,548	75.1%	0	0.0%
Tennessee	1,562,745	1,436,156	91.9%	1,436,143	91.9%
Texas	4,273,982	3,532,759	82.7%	3,532,759	82.7%
Utah	293,867	288,198	98.1%	241,631	82.2%
Vermont ⁴	206,469	135,125	65.4%	135,125	65.4%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,092,225	754,875	69.1%	754,949	69.1%
Washington	1,771,679	1,771,679	100.0%	1,421,280	80.2%
West Virginia	545,748	209,958	38.5%	209,958	38.5%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2015

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Wisconsin	1,209,714	800,996	66.2%	756,677	62.6%
Wyoming	66,532	66	0.1%	66	0.1%

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.

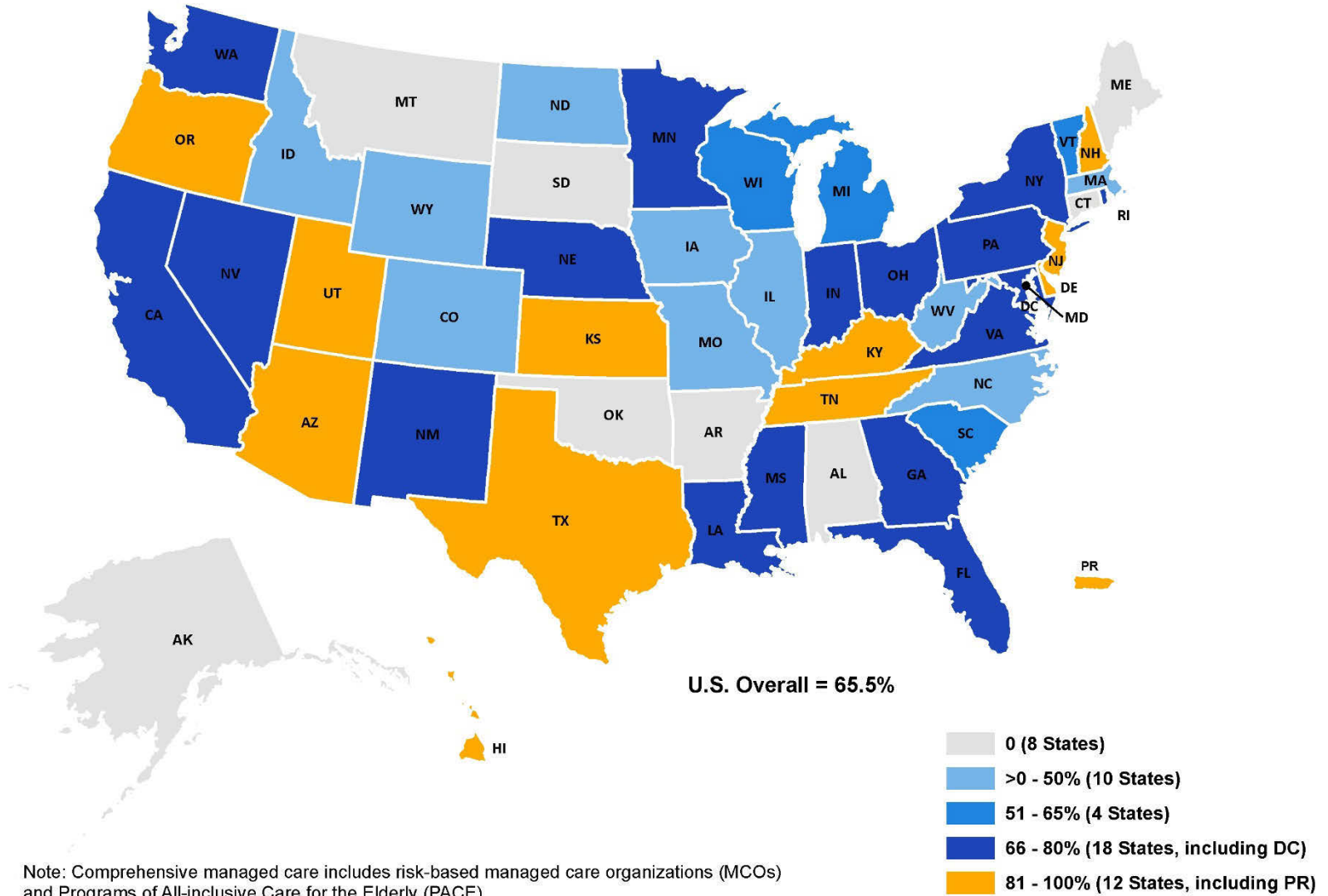
2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, and PCCMs.

3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a risk-based 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. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity.

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

State Comprehensive Managed Care Penetration, as of July 1, 2015



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, 2015.

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
AL	Patient 1st (Primary Care Case Management (PCCM))	Patient 1st	Statewide	644,384	0	644,384
AL	Patient 1st (Primary Care Case Management (PCCM))	Health Homes	Statewide	264,051	0	264,051
AL	Maternity Care Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Program	Statewide	16,093	0	16,093
AL	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Mobile and Baldwin Counties	4	171	175
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan	Yuma, La Paz, Apache, Coconino, Mohave, Navajo, Yavapai, Pima, Santa Cruz, Maricopa, Cochise, Graham, Greenlee	357,414	37,750	395,164
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Bridgeway Health Solution MLTSS	Gila, Pinal, Cochise, Graham, Grelee, Maricopa	775	4,669	5,444
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st Health Plan	Pima, Santa Cruz, Maricopa	95,883	5,297	101,180
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Comprehensive Medical and Dental Program	Statewide	16,229	1	16,230
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Division of Developmental Disabilities MLTSS	Gila, Pinal, La Paz, Yuma, Apache, Coconino, Mohave, Navajo, Cochise, Graham, Greenlee, Yavapai, Pima, Santruz, Maricopa	21,883	6,239	28,122
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan MLTSS	La Paz, Yuma, Apache, Coconino, Mohave, Navajo, Yavapai, Pima, Santa Cruz, Maricopa	1,327	8,191	9,518
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	Apache, Coconino, Mohave, Navajo, Gila, Pinal, Pima, Maricopa	206,591	14,942	221,533
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Net Access	Maricopa	67,590	3,508	71,098
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Maricopa Health Plan	Maricopa	74,363	4,083	78,446
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan	Maricopa, Pima	303,095	19,210	322,305
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan MLTSS	Maricopa, Pima	2,194	9,353	11,547
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Phoenix Health Plan	Maricopa	57,319	3,493	60,812
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Maricopa Integrated Care	Maricopa	11,701	7,600	19,301
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	University Family Care	Yuma, La Paz, Yavapai, Gila, Pinal, Pima, Santa Cruz, Cochise, Graham, Greenlee	122,395	8,714	131,109
AR	Multiple Primary Care Providers (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	557,019	0	557,019
AR	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Net Transportation	statewide	574,253	40,795	615,048

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
AR	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Craighead, Lonoke, Mississippi, Blytheville, Poinsette, Pulaski, St. Francis, Greene, Lawrence, Faulker	161	0	161
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	CenCal/San Luis Obispo	San Luis Obispo	46,399	6,372	52,771
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	CenCal/Santa Barbara	Santa Barbara	99,530	11,341	110,871
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Health Plan of San Mateo	Health Plan of San Mateo	97,501	8,352	105,853
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Solano	Solano	93,436	12,459	105,895
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Central California Alliance for Health/Santa Cruz	Santa Cruz	58,307	7,407	65,714
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	CalOPTIMA/Orange	Orange	652,191	88,833	741,024
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Napa	Napa	23,760	3,516	27,276
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Central California Alliance for Health/Monterey	Monterey	130,304	11,760	142,064
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Yolo	Yolo	44,156	5,999	50,155
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Marin	Marin	30,045	4,968	35,013
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Lake	Lake	23,124	4,390	27,514
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Mendocino	Mendocino	30,955	4,201	35,156
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Sonoma	Sonoma	93,667	13,604	107,271
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Central California Alliance for Health/Merced	Merced	110,813	10,363	121,176
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Gold Coast Health Plan/Ventura	Ventura	170,378	20,821	191,199
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Humboldt	Humboldt	41,247	5,651	46,898
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Lassen	Lassen	6,038	878	6,916
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Modoc	Modoc	2,393	501	2,894
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Shasta	Shasta	51,523	8,798	60,321
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Siskiyou	Siskiyou	13,503	2,299	15,802

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Trinity	Trinity	3,870	682	4,552
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO)	Partnership Health Plan of CA/Del Norte	Del Norte	9,259	1,501	10,760
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Alpine	Alpine	141	9	150
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Amador	Amador	4,892	98	4,990
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Butte	Butte	28,684	523	29,207
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Calaveras	Calaveras	2,987	55	3,042
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Colusa	Colusa	4,086	41	4,127
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/El Dorado	El Dorado	8,951	122	9,073
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Glenn	Glenn	3,966	53	4,019
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Inyo	Inyo	1,880	20	1,900
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mariposa	Mariposa	2,512	50	2,562
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mono	Mono	1,563	21	1,584
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Nevada	Nevada	10,992	216	11,208
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Placer	Placer	29,148	511	29,659
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Plumas	Plumas	2,129	39	2,168
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sierra	Sierra	329	12	341
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sutter	Sutter	19,277	276	19,553
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tehama	Tehama	9,312	131	9,443
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tuolumne	Tuolumne	4,651	62	4,713
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Yuba	Yuba	14,027	183	14,210
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Alpine	Alpine	121	2	123
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Amador	Amador	1,062	11	1,073

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Butte	Butte	32,862	636	33,498
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Calaveras	Calaveras	5,979	114	6,093
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Colusa	Colusa	2,230	18	2,248
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/El Dorado	El Dorado	17,322	349	17,671
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Glenn	Glenn	4,916	73	4,989
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Inyo	Inyo	1,911	45	1,956
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Mariposa	Mariposa	1,089	15	1,104
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Mono	Mono	917	10	927
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Nevada	Nevada	6,659	134	6,793
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Placer	Placer	10,309	219	10,528
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Plumas	Plumas	1,989	61	2,050
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Sierra	Sierra	228	4	232
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Sutter	Sutter	10,994	152	11,146
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Tehama	Tehama	10,122	158	10,280
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Tuolumne	Tuolumne	6,186	106	6,292
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Yuba	Yuba	8,978	113	9,091
CA	Regional Model (Comprehensive MCO)	Kaiser/Amador	Amador	56	0	56
CA	Regional Model (Comprehensive MCO)	Kaiser/El Dorado	El Dorado	1,170	16	1,186
CA	Regional Model (Comprehensive MCO)	Kaiser/Placer	Placer	4,279	63	4,342
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/San Benito	San Benito	7,246	42	7,288
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Imperial	Imperial	53,144	926	54,070
CA	Regional Model (Comprehensive MCO)	Molina Health Care/Imperial	Imperial	16,239	333	16,572
CA	Health Plan of San Mateo CCS Demo/San Mateo (Comprehensive MCO)	Health Plan of San Mateo CCS Demo/San Mateo	Health Plan of San Mateo CCS Demo/San Mateo	1,586	6	1,592
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles (plan code 200)	Los Angeles	0	6,151	6,151

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles (plan code 201)	Los Angeles	0	1,525	1,525
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside (plan code 204)	Riverside	0	1,644	1,644
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside (plan code 205)	Riverside	0	502	502
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino (plan code 206)	San Bernardino	0	1,107	1,107
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino (plan code 207)	San Bernardino	0	307	307
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group/San Diego	San Diego	233,802	15,443	249,245
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	San Diego	54,938	15,713	70,651
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Health Care/San Diego	San Diego	177,798	11,835	189,633
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Care 1st Healthplan/San Diego	San Diego	58,026	11,751	69,777
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/San Diego	San Diego	41,546	6,441	47,987
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Health Care/Sacramento	Sacramento	53,094	3,443	56,537
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Sacramento	117,002	5,254	122,256
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/Sacramento	Sacramento	67,092	4,078	71,170
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Sacramento	151,744	5,225	156,969
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda	225,660	16,327	241,987
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa	154,488	7,840	162,328
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Health Systems	Kern	205,560	4,920	210,480
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	LA Care	Los Angeles	1,550,662	200,318	1,750,980
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Riverside	507,252	27,299	534,551
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	San Bernardino	514,743	28,053	542,796
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco	116,047	8,355	124,402
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	San Joaquin	166,282	4,666	170,948
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara	218,524	20,857	239,381
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Tulare	84,763	2,678	87,441
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Sanislaus	Sanislaus	103,344	2,292	105,636

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Fresno	Fresno	257,394	7,346	264,740
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Kings	Kings	24,129	643	24,772
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Madera	Madera	32,606	783	33,389
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Alameda	58,124	2,055	60,179
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	San Francisco	19,966	2,286	22,252
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Contra Costa	26,960	689	27,649
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Santa Clara	58,137	8,853	66,990
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/LA	Los Angeles	826,091	127,528	953,619
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Tulare	97,512	2,467	99,979
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	San Joaquin	25,037	405	25,442
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Riverside	Riverside	70,022	11,551	81,573
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Bernardino	San Bernardino	76,986	9,993	86,979
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Kern	73,047	2,400	75,447
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Stanislaus	74,071	1,920	75,991
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Fresno	99,526	3,230	102,756
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Kings	17,983	480	18,463
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Madera	18,685	362	19,047
CA	Family Mosaic Project/San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Family Mosaic Project/San Francisco	San Francisco	29	0	29
CA	Dental Managed Care-Sacramento (Dental only (PAHP))	Access Dental Plan-Sacramento (Plan 421)	Sacramento	126,452	4,648	131,100
CA	Dental Managed Care-Sacramento (Dental only (PAHP))	Liberty Dental Plan of CA/Sacramento (Plan 425)	Sacramento	140,256	5,953	146,209
CA	Dental Managed Care-Sacramento (Dental only (PAHP))	Health Net of CA-Dental-Sacramento (Plan 427)	Sacramento	111,999	5,290	117,289
CA	Dental Managed Care-LA (Dental only (PAHP))	Health Net of CA-Dental-LA (Plan 405)	Los Angeles	210,160	11,844	222,004
CA	Dental Managed Care-LA (Dental only (PAHP))	Access Dental Plan-LA (Plan 409)	Los Angeles	200,386	9,457	209,843
CA	Dental Managed Care-LA (Dental only (PAHP))	Liberty Dental Plan of CA-LA (Plan 416)	Los Angeles	66,730	4,517	71,247
CA	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Positive Healthcare/Los Angeles	Los Angeles	441	406	847

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Central Valley Medical Services/Fresno	Fresno	54	90	144
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast PACE/Humboldt	Humboldt	3	42	45
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare/Sacramento	Sacramento	22	221	243
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Alameda	53	538	591
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Alta Med Health Senior Buenacare/Los Angeles	Los Angeles	424	1,374	1,798
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Contra Costa	4	55	59
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage/Riverside	Riverside	15	31	46
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage/San Bernardino	San Bernardino	31	96	127
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK LifeWays/San Francisco	San Francisco	70	886	956
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK LifeWays/Alameda	Alameda	27	171	198
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	San Diego	87	378	465
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK Lifeways/Santa Clara	Santa Clara	29	190	219
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOPTIMA PACE/Orange	Orange	32	69	101
CA	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	Los Angeles	21	115	136

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	San Diego	4	23	27
CO	Managed Care Program (Comprehensive MCO)	Denver Health Medicaid Choice (PIHP)	Denver, Arapahoe, Adams and Jefferson Counties	63,761	2,347	66,108
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 1: Rocky Mountain Health Plans	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel and Summit Counties	118,972	4,721	123,693
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 2: Colorado Access	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	67,819	3,247	71,066
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 3: Colorado Access	Adams, Arapahoe and Douglas Counties	230,944	6,284	237,228
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 4: Integrated Community Health Partnership	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande and Saguache Counties	99,282	7,181	106,463
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 5: Colorado Access	Denver County	67,943	4,063	72,006
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 6: Colorado Community Health Alliance	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	115,850	4,291	120,141
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 7: Community Health Partnerships	El Paso, Elbert, Park and Teller Counties	139,730	4,329	144,059
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Colorado Health Partnerships	Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit and Teller Counties	395,451	25,917	421,368
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Healthcare Inc.	Adams, Arapahoe and Douglas Counties	281,448	13,298	294,746
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Foothills Behavioral Health Partners	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	141,129	9,200	150,329
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Denver	Denver County	181,149	11,821	192,970
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Northeast	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	142,749	8,591	151,340

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services PACE	El Paso County	14	220	234
CO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care- Pueblo DBA InnovAge Greater Colorado PACE	Pueblo County	20	221	241
CO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - InnovAge Greater Colorado PACE	Adams, Arapahoe, Broomfield, Denver and Jefferson Counties	112	1,852	1,964
CO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Volunteers of America (VOANS) PACE DBA Senior CommUnity Care	Delta and Montrose Counties	12	240	252
CO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - InnovAge Loveland	Larimer and Weld County	0	0	0
DE	Diamond State Health Plan (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	96,105	7,761	103,866
DE	Diamond State Health Plan (Comprehensive MCO + MLTSS)	Highmark Health Options	Statewide	95,591	3,609	99,200
DE	Saint Francis Life (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	New Castle County	8	138	146
DC	Health Services for Children with Special Needs (Comprehensive MCO)	Health Services for Children with Special Needs	Statewide	5,769	32	5,801
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	AmeriHealth District of Columbia	Statewide	3,912	0	3,912
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	Medstar Family Choice	Statewide	2,953	0	2,953
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	Trusted Health Plan	Statewide	1,691	0	1,691
DC	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Statewide	28,083	12	28,095
DC	Medicaid Managed Care Program (Comprehensive MCO)	Medstar Family Choice	Statewide	43,078	22	43,100
DC	Medicaid Managed Care Program (Comprehensive MCO)	Amerihealth District of Columbia	Statewide	99,164	72	99,236
DC	Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management Inc.	Statewide	40,739	14,502	55,241
FL	Managed Medical Assistance Program (Comprehensive MCO)	Amerigroup Florida Inc.	Regions 5, 6, 7, and 11	319,821	15,248	335,069
FL	Managed Medical Assistance Program (Comprehensive MCO)	Better Health	Regions 6 and 10	88,702	4,151	92,853
FL	Managed Medical Assistance Program (Comprehensive MCO)	Coventry Health Care	Region 11	45,766	3,234	49,000

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Regions 1, 6, 9, 10, and 11	292,570	27,964	320,534
FL	Managed Medical Assistance Program (Comprehensive MCO)	Integral Quality Care	Regions 1, 6, and 8	85,801	5,189	90,990
FL	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida	Regions 4, 7, 9, and 11	158,355	8,589	166,944
FL	Managed Medical Assistance Program (Comprehensive MCO)	Preferred Medical Plan	Region 11	22,359	2,570	24,929
FL	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	Regions 2, 3, 5, 6, 7, 8, 9, and 11	288,229	19,495	307,724
FL	Managed Medical Assistance Program (Comprehensive MCO)	South Florida Community Care Network	Region 10	40,372	1,739	42,111
FL	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Region 11	68,080	12,234	80,314
FL	Managed Medical Assistance Program (Comprehensive MCO)	Staywell Health Plan of Florida	Regions 2, 3, 4, 5, 6, 7, 8, and 11	648,505	29,323	677,828
FL	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine Health Plan, Inc.	Regions 3, 4, 5, 6, 7, 8, 9, 10, and 11	371,728	42,786	414,514
FL	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida	Regions 3, 4, 7, and 11	241,624	28,643	270,267
FL	Managed Medical Assistance Program (Comprehensive MCO)	AHF / Positive Healthcare	Regions 10 and 11	1,010	799	1,809
FL	Managed Medical Assistance Program (Comprehensive MCO)	Freedom Health, Inc.	Regions 3, 5, 6, 7, 8, 9, 10, and 11	0	72	72
FL	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Regions 2, 4, 5, 6, 7, 9, 10, and 11	37,828	1,139	38,967
FL	Managed Medical Assistance Program (Comprehensive MCO)	Simply DBA Clear Health Alliance	Regions 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	5,975	3,253	9,228
FL	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine Health Plan Child Welfare	Statewide	21,463	0	21,463
FL	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services Network	Statewide	61,234	136	61,370
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Humana American Eldercare, Inc.	Statewide	1,200	17,299	18,499
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Amerigroup Florida, Inc.	Regions 10 and 11	312	4,239	4,551
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Coventry Healthcare of Florida, Inc.	Regions 6, 7, 9, and 11	342	4,412	4,754
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Florida, Inc.	Regions 5, 6, and 11	347	5,291	5,638
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine Health Plan, Inc.	Regions 1, 3,4, 5, 6, 7, 8, 9, 10, and 11	2,684	31,903	34,587
FL	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of Florida, Inc.	Regions 2, 3, 4, 5, 6, 7, 8, 9, and 11	1,303	18,259	19,562

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida Pace Center	Miami-Dade county	82	372	454
FL	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Hope Select Care	Collier, Charlotte, and Lee counties	16	266	282
FL	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Pinellas county	12	201	213
FL	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Morselife Home Care, Inc.	Palm Beach county	7	144	151
GA ²	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Statewide	354,328	0	354,328
GA ²	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Statewide	384,622	0	384,622
GA ²	Georgia Families (Comprehensive MCO)	WellCare of Georgia	Statewide	595,618	0	595,618
GA ²	Georgia Families 360° (Comprehensive MCO)	Amerigroup Community Care	Statewide	23,332	0	23,332
GA ²	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup Community Care	Statewide	3,997	0	3,997
GA ²	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Statewide	3,170	0	3,170
GA ²	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare of Georgia	Statewide	4,478	0	4,478
HI	QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare QUEST	statewide	65,097	1	65,098
HI	QUEST Integration (Comprehensive MCO + MLTSS)	Hawaii Medical Service Association (HMSA) QUEST	statewide	152,629	0	152,629
HI	QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser Permanente QUEST	Oahu and Maui	28,562	0	28,562
HI	QUEST Integration (Comprehensive MCO + MLTSS)	Ohana Health Plan QUEST	statewide	19,657	0	19,657
HI	QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan QUEST	statewide	19,027	0	19,027
HI	QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare ABD	Statewide	442	1,566	2,008
HI	QUEST Integration (Comprehensive MCO + MLTSS)	HMSA ABD	Statewide	2,249	933	3,182
HI	QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser ABD	Oahu and Maui	545	298	843
HI	QUEST Integration (Comprehensive MCO + MLTSS)	Ohana ABD	Statewide	12,773	10,690	23,463
HI	QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealth ABD	Statewide	9,448	12,847	22,295

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
ID	Medicare-Medicaid Coordinated Plan (Comprehensive MCO)	Medicare Medicaid Coordinated Plan	Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, NezPerce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington counties	0	1,635	1,635
ID	Health Homes (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	6,655	1,153	7,808
ID	Healthy Connections (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	232,695	18,231	250,926
ID	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Idaho Behavioral Health Plan	Statewide	250,451	23,332	273,783
ID	Idaho Smiles (Dental only (PAHP))	Idaho Smiles	Statewide	255,218	23,209	278,427
ID	Idaho NEMT (Non-Emergency Medical Transportation)	Non-Emergency Medical Transportation	Statewide	256,023	25,166	281,189
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Aetna Better Health	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	140,474	0	140,474
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	183,558	0	183,558
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	CountyCare	Cook county	167,790	0	167,790
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Family Health Network	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	223,644	0	223,644
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Harmony Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Madison, St. Clair, Clinton, Jackson, Randolph, Washington and Williamson counties	175,687	0	175,687
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Knox, Stark, Peoria, Tazewell, Menard, Sangamon, Christina, Logan, Macon, DeWitt, Piatt, McLean, Ford, Champaign and Vermilion counties	88,230	0	88,230
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Winnebago, Boone, McHenry, Lake, Kane, DuPage, Cook, Will, Kankakee, Rock Island, Mercer and Henry counties	180,378	0	180,378
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Meridian Health Plan	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island, Mercer, Henry, Knox, Stark, Peoria, Tazewell, Madison, St. Clair, Clinton, Adams, Brown, DeKalb, Henderson, Lee, Livingston, McLean, Pike, Scott, Warren, and Woodford counties	229,037	0	229,037
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Menard, Sangamon, Christian, Madison, St. Clair and Clinton counties	92,201	0	92,201
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Aetna Better Health	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	29,529	0	29,529
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	6,944	0	6,944

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Cigna-HealthSpring of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	4,455	0	4,455
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Community Care Alliance of Illinois	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	8,943	0	8,943
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	CountyCare	Cook county	2,809	0	2,809
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon and Menard counties	6,408	0	6,408
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Humana Health Plan	Lake, Cook, DuPage, Kane, Will and Kankakee counties	4,510	0	4,510
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island and Mercer counties	28,529	0	28,529
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Meridian Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Knox, Stark, Peoria, Tazewell, Madison, St. Clair and Clinton counties	10,693	0	10,693
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Christian, Sangamon, Menard, Logan, Madison, St. Clair and Clinton counties	5,567	0	5,567
IL	Illinois Health Connect Primary Care Case Management (PCCM) (Primary Care Case Management (PCCM))	Illinois Health Connect	Jo Daviess, Stephenson, Carroll, Ogle, Dekalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Mason, Schuyler, Mason, Cass, Brown, Adams, Pike, Scott, Morgan, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Moultrie, Douglas, Edgar, Coles, Clark, Cumberland, Crawford, Jasper, Effingham, Marion, Clay, Richland, Lawrence, Wabash, Edwards, Wayne, Jefferson, Washington, Monroe, Randolph, Perry, Franklin, Hamilton, White, Gallatin, Saline, Williamson, Jackson, Union, Johnson, Pop, Hardin, Alexander, Pulaski, and Massac counties	835,648	0	835,648
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Advocate Accountable Care	Cook, DuPage, Kane, Lake, McLean, McHenry, Will and Woodford counties	98,750	0	98,750
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Better Health Network	60104, 60153, 60155, 60130, 60160, 60161, 60164, 60301, 60302, 60303, 60304, 60409, 60419, 60472, 60609, 60612, 60615, 60616, 60617, 60619, 60620, 60621, 60623, 60624, 60628, 60629, 60633, 60636, 60639, 60643, 60644, 60649, 60651, 60652, 60653, 60607, and 60827	37,991	0	37,991

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Community Care Partners	60002, 60004, 60005, 60015, 60016, 60022, 60025, 60026, 60029, 60030, 60031, 60035, 60037, 60040, 60043, 60044, 60045, 60047, 60048, 60053, 60056, 60060, 60061, 60062, 60064, 60065, 60069, 60070, 60073, 60076, 60077, 60082, 60085, 60087, 60089, 60090, 60091, 60093, 60201, 60202, 60203, 60208, 60625, 60626, 60631, 60640, 60641, 60645, 60646, 60659, 60660, 60712, 60714, 60046 and 60099	43,928	0	43,928
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	HealthCura	Cook and DuPage counties	43,844	0	43,844
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Illinois Partnership for Health	Knox, Stark, Peoria, Tazewell, Menard, Sangamon, Christian, Macon, Logan, McLean, DeWitt, Piatt, Champaign, Ford, Vermilion, Winnebago, Boone, McHenry, Henry, Rock Island, Mercer, Adams, Brown, Cass, Clark, Coles, Crawford, Cumberland, DeKalb, Douglas, DuPage, Edgar, Effingham, Fulton, Grundy, Hancock, Henderson, Iroquois, Jasper, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Macoupin, Marshall, Mason, McDonough, Montgomery, Morgan, Moultrie, Ogle, Pike, Putnam, Richland, Schuyler, Scott, Shelby, Stephenson, Warren, Whiteside, Will and Woodford counties	32,865	0	32,865
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Loyola Family Care	60101, 60104, 60105, 60106, 60114, 60126, 60130, 60131, 60141, 60143, 60148, 60153, 60154, 60155, 60157, 60160, 60161, 60162, 60163, 60164, 60165, 60171, 60176, 60181, 60191, 60197, 60198, 60199, 60301, 60302, 60303, 60304, 60305, 60398, 60399, 60402, 60455, 60458, 60439, 60452, 60457, 60462, 60463, 60464, 60465, 60467, 60477, 60480, 60482, 60487, 60491, 60499, 60501, 60513, 60514, 60515, 60516, 60521, 60522, 60523, 60525, 60526, 60527, 60534, 60546, 60558, 60559, 60561, 60570, 60623, 60624, 60629, 60630, 60631, 60632, 60634, 60635, 60638, 60639, 60641, 60644, 60646, 60651, 60656, 60666, 60683, 60688, 60706, 60707, 60712, 60804	27,468	0	27,468
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	MyCare Chicago	60053, 60076, 60077, 60201, 60202, 60203, 60604, 60605, 60606, 60607, 60608, 60609, 60610, 60611, 60612, 60613, 60614, 60615, 60616, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60634, 60635, 60636, 60637, 60639, 60640, 60641, 60643, 60644, 60645, 60646, 60649, 60647, 60651, 60653, 60656, 60657, 60659, 60660, 60661, 60706, 60712, 60714, 60804	59,917	0	59,917
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	SmartPlan Choice	Champaign, Cook, Ford, Iroquois, Kane, Kankakee, Vermilion, and Will counties	73,467	0	73,467

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	UI Health Plus	60601, 60602, 60605, 60606, 60607, 60608, 60609, 60610, 60611, 60612, 60613, 60614, 60615, 60616, 60617, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60633, 60634, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60649, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60659, 60660, 60661, 60706, 60707, 60804, 60827, 60603, 60604, 60402, 60301, 60302, 60304, 60804	39,529	0	39,529
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Be Well Partners in Health	60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60614, 60616, 60618, 60622, 60623, 60624, 60625, 60626, 60630, 60631, 60634, 60639, 60640, 60641, 60644, 60645, 60646, 60647, 60651, 60654, 60656, 60657, 60659, 60660, 60661 and 60707	1,394	0	1,394
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Healthcare Consortium of Illinois DBA EntireCare Coordination	60615, 60617, 60619, 60620, 60621, 60627, 60628, 60633, 60636, 60637, 60643, 60649 and 60653	272	0	272
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	La Rabida Children's Hospital CCE	Cook county	735	0	735
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Lurie Children's Health Plan CCE	Cook, Dupage, Kane, Kendall, Lake, McHenry and Will counties	1,854	0	1,854
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	My Health Care Coordination (Macon County Mental Health Board)	Macon, Logan, Piatt, DeWitt, Moultrie and Shelby counties	2	0	2
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	NextLevel Health Partners	Cook county	19,647	0	19,647
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Precedence Care Coordination	Rock Island, Mercer, Bureau, Carroll, LaSalle, Lee, Ogle, Putnam and Whiteside counties	731	0	731
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Together4Health CCE	Cook county	1,943	0	1,943
IN	Hoosier Care Connect (Comprehensive MCO)	Anthem	Statewide	14,295	168	14,463
IN	Hoosier Care Connect (Comprehensive MCO)	Managed Health Services	Statewide	3,868	40	3,908
IN	Hoosier Care Connect (Comprehensive MCO)	MDWise	Statewide	11,396	107	11,503
IN	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services	Statewide	168,244	4	168,248
IN	Hoosier Healthwise (Comprehensive MCO)	MDWise	Statewide	243,976	9	243,985
IN	Hoosier Healthwise (Comprehensive MCO)	Anthem	Statewide	190,783	7	190,790
IN	Healthy Indiana Plan (2.0) (Comprehensive MCO)	MDWise	Statewide	92,346	404	92,750
IN	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Managed Health Services	Statewide	62,929	258	63,187
IN	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Anthem	Statewide	116,600	563	117,163
IN	Care Select (Primary Care Case Management (PCCM))	MDWise	Statewide	12,056	86	12,142
IN	Care Select (Primary Care Case Management (PCCM))	Advantage Health Solutions	Statewide	14,909	108	15,017

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IA	Health Maintenance Organization (Comprehensive MCO)	Meridian Health Plan of Iowa	Available in these 38 of Iowa's 99 counties: Appanoose Audubon Benton Black Hawk Boone Bremer Buchanan Butler Cedar Cerro Gordo Dallas Delaware Fayette Floyd Hancock Iowa Jefferson Johnson Keokuk Kossuth Madison Marshall Mills Monroe Muscatine Palo Alto Polk Scott Story Tama Wapello Warren Wayne Webster Winnebago Winneshiek Woodbury Worth	59,734	18	59,752
IA	MediPASS (Primary Care Case Management (PCCM))	Multiple primary care providers	ALL Iowa counties EXCEPT: Ida, Louisa, Plymouth and Ringgold	281,183	13,219	294,402
IA	Iowa Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Behavioral Health of Iowa	Statewide	506,777	65,442	572,219
IA	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Statewide	131,534	0	131,534
IA	NEMT (Non-Emergency Medical Transportation)	TMS	Statewide	377,052	63,534	440,586
IA	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury	237	22	259
KS	KanCare (Comprehensive MCO + MLTSS)	Amerigroup Kansas, Inc.	Statewide	103,566	14,323	117,889
KS	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Statewide	112,652	16,191	128,843
KS	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	Statewide	104,671	13,061	117,732
KS	PACE (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	Sedgwick	206	0	206
KS	PACE (Program of All-inclusive Care for the Elderly (PACE))	Midland	Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, and Wabaunsee	168	0	168
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield Medicaid	Statewide	118,236	1,824	120,060
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Humana CareSource	Statewide	73,942	3,505	77,447
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	WellCare of Kentucky	Statewide	411,355	27,321	438,676
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	Statewide	276,889	23,864	300,753
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Pass Port Health Plan	Statewide	250,667	10,937	261,604
LA	Bayou Health (Comprehensive MCO)	Aetna Better Health Louisiana	Statewide	26,100	0	26,100
LA	Bayou Health (Comprehensive MCO)	Amerigroup Louisiana	Statewide	147,140	0	147,140
LA	Bayou Health (Comprehensive MCO)	AmeriHealth Caritas Louisiana	Statewide	152,405	0	152,405
LA	Bayou Health (Comprehensive MCO)	Louisiana Healthcare Connections	Statewide	355,677	0	355,677
LA	Bayou Health (Comprehensive MCO)	UnitedHealthcare Community Plan	Statewide	284,633	0	284,633
LA	Louisiana Behavioral Health Partnership (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Louisiana Behavioral Health Partnership	Statewide	982,868	97,943	1,080,811

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
LA	Dental Benefit Program (Dental only (PAHP))	MCNA	Statewide	987,408	98,123	1,085,531
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	164	164
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	16	149	165
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE-Lafayette	70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	0	2	2
ME	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	State wide	159,905	0	159,905
ME	NET (Non-Emergency Medical Transportation)	Logisticare	Aroostook County, Patten, Hancock County, including Isle au Haut, Washington County, Cumberland County except Brunswick and Harpswell, Androscoggin County, Franklin County, Oxford County, York County	113,954	31,080	145,034
ME	NET (Non-Emergency Medical Transportation)	MidCoast Connector	Knox County, Lincoln County, Sagadahoc County, Waldo County, Brunswick and Harpswell	21,535	4,921	26,456
ME	NET (Non-Emergency Medical Transportation)	Penquis CAP	Penobscot County excluding Patten, Piscataquis County, Kennebec County, Somerset County	55,098	15,802	70,900
MD	HealthChoice (Comprehensive MCO)	Amerigroup Community Plan	Statewide except Talbot County	262,239	0	262,239
MD	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Baltimore City, Baltimore County	23,813	0	23,813
MD	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties	21,566	0	21,566
MD	HealthChoice (Comprehensive MCO)	Maryland Physician's Care	Statewide	186,359	0	186,359
MD	HealthChoice (Comprehensive MCO)	MedStar Family Choice	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Montgomery, Prince George's and St. Mary's Counties	63,009	0	63,009
MD	HealthChoice (Comprehensive MCO)	Priority Partners	Statewide except Cecil and Dorchester Counties	239,968	0	239,968
MD	HealthChoice (Comprehensive MCO)	Riverside Health of Maryland	Statewide except Allegany and Washington Counties	24,631	0	24,631
MD	HealthChoice (Comprehensive MCO)	UnitedHealthCare	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties	196,968	0	196,968
MD	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Hopkins Elder Plus	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	0	7	7
MA	MassHealth Managed Care (Comprehensive MCO)	Health New England	Berkshire, Franklin, Hampden, Hampshire	74,382	0	74,382

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MA	MassHealth Managed Care (Comprehensive MCO)	Neighborhood Health Plan	Statewide	276,497	0	276,497
MA	MassHealth Managed Care (Comprehensive MCO)	Fallon Community Health Plan	Worcester, Middlesex, Franklin, Hampden, Norfolk, Essex	30,417	0	30,417
MA	MassHealth Managed Care (Comprehensive MCO)	Tufts Health Plan	Statewide (excluding islands)	207,065	0	207,065
MA	MassHealth Managed Care (Comprehensive MCO)	Celticare	Statewide (excluding islands)	47,443	0	47,443
MA	MassHealth Managed Care (Comprehensive MCO)	Boston Medical Center Health Net Plan	Statewide	197,871	0	197,871
MA	Senior Care Options (Comprehensive MCO + MLTSS)	United Health Care	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	1,649	13,739	15,388
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	933	10,670	11,603
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Navicare HMO	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	181	4,388	4,569
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	435	6,656	7,091
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	131	1,225	1,356
MA	Multiple primary care providers (Primary Care Case Management (PCCM))	Primary Care Clinician (PCC) Plan	Statewide	374,575	0	374,575
MA	MassHealth MH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Statewide	374,575	0	374,575
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of the East Boston Neighborhood Health Center	Counties of Middlesex and Suffolk	36	404	440
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Service Plan	Suffolk County	21	234	255
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health Services, Inc.	Counties of Norfolk and Suffolk	13	437	450
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit ElderCare	Counties of Hampden, Hampshire, Middlesex and Worcester	48	897	945
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Services Plan of Cambridge Health Alliance	Counties of Middlesex and Suffolk	29	281	310
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care, Inc.	Counties of Essex and Middlesex	76	880	956

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	Counties of Hampden and Hampshire	38	62	100
MA	Program for All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life Inc.	Counties of Hampden and Hampshire	2	93	95
MI	Managed Care Plan Division (Comprehensive MCO)	Blue Cross Complete of Michigan	Livingston, Washtenaw, Wayne	87,070	1,746	88,816
MI	Managed Care Plan Division (Comprehensive MCO)	CoventryCares of MI	Cass, Kalamazoo, Oakland, St. Joseph, Wayne	41,627	806	42,433
MI	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan	Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne	92,242	2,428	94,670
MI	Managed Care Plan Division (Comprehensive MCO)	Harbor Health Plan	Wayne	6,718	67	6,785
MI	Managed Care Plan Division (Comprehensive MCO)	HealthPlus Partners Inc.	Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	90,609	2,894	93,503
MI	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygen, Clare, Clinton, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kent, Lapeer, Leelanau, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Ogemaw, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren	168,541	4,531	173,072
MI	Managed Care Plan Division (Comprehensive MCO)	Meridian Health Plan of Michigan, Inc.	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, 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	429,206	8,769	437,975

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	Managed Care Plan Division (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Berrien, Clare, Crawford, Genesee, Gladwin, Grand Traverse, Gratiot, Huron, Ingham, Ionia, Iosco, Isabella, Kalkaska, Kent, Lake, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Washtenaw, Wayne, Wexford	234,661	10,970	245,631
MI	Managed Care Plan Division (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Grand Traverse, Hillsdale, Jackson, Kent, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	109,325	3,252	112,577
MI	Managed Care Plan Division (Comprehensive MCO)	Sparrow PHP	Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee	20,963	530	21,493
MI	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Genesee, Macomb, Oakland, Wayne	64,871	1,493	66,364
MI	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan, Inc.	Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Huron, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Muskegon, Oakland, Oceana, Ottawa, Saginaw, St. Clair, St. Joseph, Sanilac, Tuscola, Van Buren, Wayne	259,618	8,200	267,818
MI	Managed Care Plan Division (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	40,988	147	41,135
MI	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete	Livingston, Washtenaw, Wayne	36,968	0	36,968
MI	Healthy Michigan Plan (Comprehensive MCO)	CoventryCares of MI	Cass, Kalamazoo, Oakland, St. Joseph, Wayne	8,992	0	8,992
MI	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan	Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne	26,365	0	26,365
MI	Healthy Michigan Plan (Comprehensive MCO)	Harbor Health Plan Inc.	Wayne	3,326	0	3,326
MI	Healthy Michigan Plan (Comprehensive MCO)	HealthPlus Partners, Inc.	Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	27,033	0	27,033
MI	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygen, Clare, Clinton, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kent, Lapeer, Leelanau, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Ogemaw, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren	53,603	0	53,603

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, 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	130,576	0	130,576
MI	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Berrien, Clare, Crawford, Genesee, Gladwin, Grand Traverse, Gratiot, Huron, Ingham, Ionia, Iosco, Isabella, Kalkaska, Kent, Lake, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Washtenaw, Wayne, Wexford	53,626	0	53,626
MI	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Grand Traverse, Hillsdale, Jackson, Kent, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	33,927	0	33,927
MI	Healthy Michigan Plan (Comprehensive MCO)	Sparrow PHP	Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee	5,196	0	5,196
MI	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Genesee, Macomb, Oakland, Wayne	17,339	0	17,339
MI	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Huron, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Muskegon, Oakland, Oceana, Ottawa, Saginaw, St. Clair, St. Joseph, Sanilac, Tuscola, Van Buren, Wayne	61,331	0	61,331
MI	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	13,851	0	13,851
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	A & D Home Health Care Inc.	Bay, Clare, Gladwin, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	80	740	820
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Livingston, Macomb, Monroe, Oakland, Washtenaw	50	733	783
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of NW Michigan	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	14	249	263
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of West Michigan	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	45	770	815
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Detroit	68	1,076	1,144

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Macomb-Oakland Regional Center (MORC)	Livingston, Macomb, Monroe, Oakland, Washtenaw	14	260	274
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Northeast MI Community Service Agency	Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	47	386	433
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Northern Health Care Management	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	25	286	311
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Hillsdale, Jackson, Lenawee	36	511	547
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 3B Area Agency on Aging	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren	41	464	505
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 4 Area Agency on Aging	Berrien, Cass, Van Buren	26	381	407
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 7 Area Agency on Aging	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	49	744	793
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Reliance Community Care Partners	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Osceola, Ottawa	56	591	647
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West Michigan	Muskegon, Oceana, Ottawa	33	568	601
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Services Inc.	Barry, Branch, Calhoun, Kalamazoo	21	250	271
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center Inc.	Wayne	17	281	298
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Wayne	32	340	372
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri-County Office on Aging	Clinton, Eaton, Ingham	53	612	665
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	UPCAP Area Agency on Aging	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	31	346	377
MI	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Genesee, Lapeer, Shiawassee	33	329	362
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw	102,415	0	102,415
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Wayne	548,332	0	548,332
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	225,406	0	225,406
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb	152,323	0	152,323
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Arenac, Bay, Claire, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, Tuscola	332,008	0	332,008

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northcare Network	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keeweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	56,256	0	56,256
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northern Michigan Regional Entity	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford	102,771	0	102,771
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland	155,785	0	155,785
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Genesee, Lapeer, Sanilac, St. Clair	172,198	0	172,198
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Michigan Behavioral Health	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	173,678	0	173,678
MI	Healthy Kids Dental (Dental only (PAHP))	Healthy Kids Dental	Keeweenaw, Houghton, Otonagon, Gogebic, Iron, Baraga, Marquette, Dickinson, Menominee, Delta, Alger, Schoolcraft, Luce, Mackinac, Chippewa, Emmet, Cheboygan, Presque Isle, Charlevoix, Leelanau, Antrim, Otsego, Montmorency, Alpena, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, Alcona, Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco, Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella, Midland, Bay, Huron, Muskegon, Montcalm, Gratiot, Saginaw, Tuscola, Sanilac, Ottawa, Ionia, Clinton, Shiawassee, Genesee, Lapeer, St. Clair, Allegan, Barry, Eaton, Ingham, Livingston, Van Buren, Calhoun, Jackson, Washtenaw, Berrien, Cass, St. Joseph, Branch, Hillsdale, Lenawee, Monroe, Macome, Kalamazoo, Kent, Oakland, Wayne	549,387	0	549,387
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	Kent, Ottawa	3	187	190
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	CentraCare	Calhoun, Kalamazoo	12	256	268
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, Tuscola	3	10	13
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	Livingston, Monroe, Oakland, Washtenaw, Wayne	3	62	65
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Muskegon, Ottawa	4	214	218
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	Macomb, Oakland, Wayne	20	403	423

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	Berrien, Cass, Van Buren	8	129	137
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care of Michigan	Barry, Clinton, Eaton, Ingham, Ionia, Livingston, Shiawassee	5	17	22
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	Statewide	78,069	0	78,069
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Health Partners	Statewide	87,227	0	87,227
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Medica	Statewide	134,555	0	134,555
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	UCare	Statewide	308,154	0	308,154
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin County	11,400	0	11,400
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	6,838	0	6,838
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	29,284	0	29,284
MN ²	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	30,190	0	30,190
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	Statewide	175	3,137	3,312
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Health Partners	Statewide	289	1,156	1,445
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	Statewide	474	2,477	2,951
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	UCare	Statewide	1,219	2,392	3,611
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	2	164	166
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	13	707	720
MN ²	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	23	759	782
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	Statewide	0	7,795	7,795
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Health Partners	Statewide	0	3,066	3,066
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	Statewide	0	9,873	9,873
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	UCare	Statewide	0	10,159	10,159

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	0	469	469
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	0	1,918	1,918
MN ²	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	0	1,541	1,541
MN ²	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	Statewide	9,092	11,855	20,947
MN ²	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Metropolitan Health Plan	Hennepin County	1,482	1,314	2,796
MN ²	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	PrimeWest	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	684	1,083	1,767
MN ²	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca counties	645	1,002	1,647
MN ²	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	UCare	Statewide	10,558	10,785	21,343
MN ²	Preferred Integrated Network (PIN) (Comprehensive MCO + MLTSS)	Medica	Dakota County	429	0	429
MS	MississippiCAN (Comprehensive MCO)	Magnolia Health - MississippiCAN	Statewide	252,220	0	252,220
MS	MississippiCAN (Comprehensive MCO)	UnitedHealthcare Community Plan of Mississippi - MississippiCAN	Statewide	252,818	0	252,818
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Aetna Better Health of Missouri Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis City, St. Louis County, Warren, Washington	135,558	0	135,558
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Aetna Better Health of Missouri Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, Shelby	45,997	0	45,997
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Aetna Better Health of Missouri Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, Vernon	86,563	0	86,563
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis City, St. Louis County, Warren, Washington	43,808	0	43,808
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, Shelby	32,350	0	32,350

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, Vernon	36,030	0	36,030
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis City, St. Louis County, Warren, Washington	44,324	0	44,324
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, Shelby	11,658	0	11,658
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, Vernon	26,675	0	26,675
MO	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	458,900	0	458,900
MO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	St. Louis City, St. Louis County	37	172	209
MT	Passport to Health (Primary Care Case Management (PCCM))	Passport to Health	Statewide	103,752	0	103,752
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	Amerihealth Caritas (D.B.A. Arbor Health Plan)	Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Gall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, York counties (Service Area 2)	24,508	7	24,515

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	Coventry Health Care of Nebraska (D.B.A. Aetna)	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington counties (Service Area 1), Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Gall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, York counties (Service Area 2)	103,825	23	103,848
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	United Health Care of Nebraska	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington counties (Service Area 1)	60,213	15	60,228
NE	Nebraska Behavioral Health Managed Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Health	Statewide	195,858	33,314	229,172
NE	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	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	9	93	102
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada (HPN)	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) Counties	220,784	0	220,784
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Amerigroup Community Care (AGP)	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) Counties	169,448	0	169,448
NV	Health Care Guidance Program (HCGP) (Primary Care Case Management (PCCM))	Axis Point Health	Statewide	35,470	0	35,470
NV	Non-Emergency Transportation (NEMT) (Non-Emergency Medical Transportation)	Logisticare	Statewide	515,868	0	515,868
NH	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	52,287	3,965	56,252
NH	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense	Statewide	63,214	4,352	67,566
NH	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	17,626	0	17,626

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NH	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	Well Sense	Statewide	19,967	0	19,967
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset, and Union Counties	11,866	1,146	13,012
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey, Inc.	Statewide except Salem County	181,101	18,184	199,285
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Statewide	719,035	75,698	794,733
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	United Healthcare Community Plan	Statewide	423,893	42,078	465,971
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union Counties	47,967	9,772	57,739
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerivantage Specialty + Rx (HMO-SNP)	Bergen, Burlington, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic, Somerset and Union Counties	5	7,092	7,097
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete One	Essex, Monmouth, Ocean and Union counties	1	4,063	4,064
NJ	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	statewide	1,476,696	179,458	1,656,154
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior LIFE Jersey City	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	15	131	146
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE at Lourdes	08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08059, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	17	192	209
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE (formerly South Jersey Healthcare LIFE)	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	13	161	174
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE (Living Independently for Elders) St. Francis	08501, 08505, 08512, 08518, 08520, 08525, 08530, 08534, 08540, 08541, 08542, 08543, 08544, 08550, 08554, 08560, 08561, 08601, 08602, 08603, 08604, 08605, 08606, 08607, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08625, 08628, 08629, 08638, 08645, 08646, 08647, 08648, 08650, 08666, 08690, 08691, 08695	38	271	309
NM	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Statewide	120,128	6,993	127,121
NM	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Statewide	204,945	6,741	211,686
NM	Centennial Care (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	64,942	19,554	84,496
NM	Centennial Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New Mexico Inc	Statewide	217,883	7,109	224,992
NM	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage Greater New Mexico PACE dba Total Community Care	Bernalillo County, Sandoval County, Valencia County	59	687	746

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Health and Recovery Plans (Comprehensive MCO)	HealthFirst	New York City	0	0	0
NY	Health and Recovery Plans (Comprehensive MCO)	HealthPlus	New York City	0	0	0
NY	Health and Recovery Plans (Comprehensive MCO)	HIP GNY	New York City	0	0	0
NY	Health and Recovery Plans (Comprehensive MCO)	MetroPlus	New York City	0	0	0
NY	Health and Recovery Plans (Comprehensive MCO)	NYS Catholic Health Plan	New York City	0	0	0
NY	Health and Recovery Plans (Comprehensive MCO)	United HealthCare	New York City	0	0	0
NY	Medicaid Advantage (Comprehensive MCO)	Affinity	New York City	4	362	366
NY	Medicaid Advantage (Comprehensive MCO)	HIP of Greater New York	New York City, Nassau, and Westchester	16	14	30
NY	Medicaid Advantage (Comprehensive MCO)	Liberty Health Advantage	New York City and Nassau	148	227	375
NY	Medicaid Advantage (Comprehensive MCO)	Managed Health Inc.	New York City and Westchester	0	0	0
NY	Medicaid Advantage (Comprehensive MCO)	MetroPlus	New York City	6	599	605
NY	Medicaid Advantage (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City, Albany, Broome, Columbia, Cortland, Dutchess, Erie, Greene, Herkimer, Montgomery, Niagara, Oneida, Onondaga, Oswego, Putnam, Rensselaer, Schenectady, Sullivan, and Ulster	40	1,525	1,565
NY	Medicaid Advantage (Comprehensive MCO)	Touchstone/Prestige	New York City, Orange and Westchester	155	1,417	1,572
NY	Medicaid Advantage (Comprehensive MCO)	United HealthCare	New York City and Nassau	18	1,793	1,811
NY	Medicaid Advantage (Comprehensive MCO)	VNS Choice	New York City, Nassau, Suffolk, and Westchester	17	328	345
NY	Medicaid Advantage (Comprehensive MCO)	WellCare	Albany, Broome, Dutchess, Erie, and Monroe	91	2,727	2,818
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	New York City, Nassau, Orange, Rockland, Suffolk and Westchester	261,068	0	261,068
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	AmidaCare Special Needs	New York City	5,977	0	5,977
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Capital District Physicians Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, and Washington	99,312	0	99,312
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Excellus	Broome, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, and Yates	179,841	0	179,841
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthFirst	New York City, Nassau and Suffolk	950,179	0	950,179
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Orleans and Wyoming	29,391	0	29,391
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthPlus	New York City, Nassau and Putnam counties.	407,066	0	407,066
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HIP Combined	New York City, Nassau, Suffok and Westchester	225,498	0	225,498
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster and Westchester	153,965	0	153,965

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Independent Health/Hudson Valley&WNY	Erie and Niagara	73,982	0	73,982
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan	New York City	423,316	0	423,316
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan Special Needs	New York City	4,701	0	4,701
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	Albany, Genesee, Jefferson, Livingston, Monroe, Ontario, Orange, Rensselaer, Saratoga, Schenectady, and Warren	31,224	0	31,224
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City and 57 counties	1,117,999	0	1,117,999
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Today's Options	Cortland, Onondaga and Tompkins	38,658	0	38,658
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	United HealthCare	New York City and 34 counties	469,673	0	469,673
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	4,149	0	4,149
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	WellCare	New York City, Albany, Dutchess, Erie, Orange, Rensselaer, Rockland and Ulster	105,410	0	105,410
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	YourCare Health Plan	Allegany, Cattaraugus, Chautauqua and Erie	50,547	0	50,547
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderPlan	New York City, Monroe, Nassau and Westchester	9	828	837
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	GuildNet	New York City, Nassau and Suffolk	9	693	702
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthFirst	New York City and Nassau	20	3,632	3,652
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthPlus	New York City	0	0	0
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HIP of Greater New York	New York City, Nassau, Suffolk, and Westchester	11	577	588
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	NYS Catholic Health Plan/Fidelis	New York City, Albany, Montgomery, Rensselaer and Schenectady	3	161	164
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	New York City	1	90	91
NY	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice	New York City	2	105	107
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	New York City, Nassau and Suffolk	250	2,897	3,147
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	New York City, Nassau, Suffolk and Westchester	250	4,598	4,848
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AlphaCare	New York City and Westchester	547	1,304	1,851
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	New York City, Putnam and Westchester	187	1,725	1,912

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centerlight Select	New York City, Nassau, Rockland, Suffolk, and Westchester	663	5,431	6,094
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living	New York City, Erie, Niagara and Rockland	593	2,449	3,042
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderPlan	New York City, Albany, Dutchess, Erie, Monroe, Nassau, Niagara, Onondaga, Orange, Putnam, Rockland, Schenectady, Suffolk, Sullivan, and Westchester	960	9,983	10,943
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderServe	New York City, Nassau, Suffolk and Westchester	1,044	9,401	10,445
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	New York City, Nassau and Suffolk	59	499	558
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care at Home	New York City and 56 counties	674	8,898	9,572
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	GuildNet	New York City, Nassau, Suffolk and Westchester	1,268	12,957	14,225
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspik Choice	Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster	113	849	962
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Dutchess, Orange and Rockland	82	776	858
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HealthPlus	New York City	332	2,289	2,621
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HHH Choices	New York City	0	0	0
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HIP/Managed Long Term Care	New York City, Nassau, Suffolk and Westchester	52	1,219	1,271
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Icircle Care	Broome, Cayuga, Chemung, Chenango, Cortland, Genesee, Livingston, Monroe, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming and Yates	14	301	315
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	New York City	1,111	4,296	5,407
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra	New York City, Nassau, Suffolk and Westchester	190	2,275	2,465
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Kalos Health Plan	Chautauqua, Erie, Genesee, Niagara and Orleans	26	348	374
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus/Managed Long Term Care	New York City	357	522	879
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO	New York City and Westchester	55	517	572
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	North Shore - LIJ Health Plan	New York City, Nassau and Suffolk	259	1,799	2,058
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Albany, Dutchess, Orange, and Rockland	8	60	68

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	New York City, Nassau and Westchester	1,549	12,331	13,880
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Herkimer and Oneida	38	446	484
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	New York City	343	2,438	2,781
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Total Aging in Place	Erie and Niagara	12	159	171
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United HealthCare/Managed Long Term Care	New York City, Albany, Broome, Erie, Monroe, Oneida, Onondaga, Orange and Rockland	79	1,260	1,339
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	New York City	516	3,425	3,941
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options	45 counties	79	658	737
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	New York City and 27 counties	1,271	13,066	14,337
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	WellCare Advocate	New York City, Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster and Westchester	564	6,689	7,253
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	New York City	48	371	419
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Erie	17	182	199
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centerlight (CMM)	New York City, Nassau, Suffolk, and Westchester	652	2,752	3,404
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Albany and Schenectady	19	148	167
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Monroe	47	619	666
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	Onondaga	15	475	490
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Allegany and Cattaraugus	16	97	113
NY	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Niagara	17	104	121
NC	Carolina ACCESS/Community Care of North Carolina (Primary Care Case Management (PCCM))	CCNC/CA Carolina ACCESS	Statewide	1,240,564	140,470	1,381,034
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Cumberland, Durham, Johnson and Wake Counties	199,222	28,017	227,239
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Center Point Human Services	Davie, Forsyth, Rockingham and Stokes Counties	73,807	13,045	86,852

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rowan, Stanly, Union, Vance and Warren Counties	319,612	49,433	369,045
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe	Bladen, Columbus, Duplin, Edgecombe, Green, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne and Wilson Counties	159,894	32,528	192,422
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Management	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin Counties	127,515	23,809	151,324
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond Counties	157,489	25,808	183,297
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Smoky Mountain Center	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey Counties	135,909	31,669	167,578
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Brunswick, Carteret, 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	158,680	31,789	190,469
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus, Inc.	Serving all zip codes in New Hanover County and the following zip codes in Brunswick County: 28422, 28451, 28461, 28479	19	101	120
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Senior Care	Serving the following zip codes in Alamance, Caswell, Orange, Chatham, Lee Counties and the portion of 27278 located in Durham County: 27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27330, 27332, 27505, 28326	10	107	117
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Saint Joseph of the Pines	Serving the following zip codes in Cumberland, Harnett Hoke, Moore and Robeson Counties: 28301, 28302, 28303, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28311, 28312, 28314, 28318, 28342, 28344, 28348, 28356, 28371, 28382, 28390, 28391, 28395, 28315, 28326, 28373, 28376, 28357, 28371, 28377, 28384, 28315, 28357, 28376, 28377, 28386, 28314, 28334, 28339	26	197	223

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of Guilford and Rockingham Counties DBA/ PACE of the Triad	Serving the following zip codes in Guilford and Rockingham Counties: 27027, 27048, 27288, 27235, 27282, 27301, 27310, 27377, 27401, 27403, 27405, 27406, 27407, 27408, 27409, 27410, 27455, 27495, 27025, 27214, 27233, 27244, 27249, 27260, 27262, 27263, 27265, 27283, 27284, 27298, 27311, 27313, 27320, 27326, 27357, 27358	21	162	183
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE @ Home	Serving all zip codes in Catawba County and portions of zip codes in Alexander, Burke, Caldwell and Lincoln Counties: 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690	7	100	107
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina Senior Care	Serving the following zip codes in Davidson, Davie, Iredell and Rowan Counties: 27012, 27107, 27127, 27239, 27262, 27265, 27284, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27013, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689	24	141	165
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	Serving the following zip codes in Mecklenburg, Cabarrus, Stanly and Union Counties: 28025, 28027, 28031, 28036, 28071, 28075, 28078, 28079, 28081, 28083, 28097, 28103, 28104, 28105, 28107, 28109, 28110, 28112, 28124, 28129, 28134, 28137, 28138, 28215, 28163, 28173, 28174, 28202, 28203, 28204, 28205, 28206, 28207, 28208, 28209, 28210, 28211, 28212, 28213, 28214, 28216, 28217, 28223, 28226, 28227, 28244, 28226, 28227, 28244, 28246, 28254, 28262, 28269, 28270, 28273, 28274, 28277, 28278, 28280, 28281, 28282, 28284, 28285, 28287	7	101	108
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VOANS Senior CommUnity Care of North Carolina, Inc.	Serving the following zip codes in Durham, Wake County : 27503, 27613, 27701, 27703, 27704, 27705, 27706, 27707, 27712, 27713, 27502, 27511, 27513, 27518, 27519, 27523, 27526, 27529, 27539, 27540, 27545, 27560, 27562, 27571, 27587, 27591, 27592, 27597, 27601, 27603, 27604, 27605, 27606, 27607, 27608, 27609, 27610, 27612, 27613, 27614, 27615, 27616, 27617 and Granville County zip codes: 27509, 27522	7	83	90
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care	Serving the following zip codes in Cleveland, Gaston and Lincoln Counties: 28006, 28012, 28016, 28021, 28032, 28033, 28034, 28052, 28053, 28054, 28055, 28056, 28077, 28080, 28086, 28092, 28098, 28101, 28120, 28164, 28021, 28073, 28086, 28150, 28152, 28006, 28021, 28033, 28080, 28164	5	111	116

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	StayWell Senior Care	Serving the following zip codes in Montgomery, Moore and Randolph Counties: 27203, 27205, 27208, 27233, 27239, 27248, 27260, 27263, 27283, 27292, 27298, 27313, 27316, 27317, 27325, 27341, 27344, 27350, 27355, 27360, 27370, 27371, 28127, 27209, 27229, 27281, 27306, 27341, 27356, 27371, 28127, 27208, 27209, 27242, 27281, 27325, 27330, 27341, 27356, 27376, 28327, 28347, 28350, 28374, 28387, 28394	3	22	25
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	CarePartners PACE	Serving the following zip codes in Buncombe and Henderson Counties: 28701, 28704, 28709, 28710, 28711, 28715, 28726, 28729, 28730, 28731, 28732, 28735, 28739, 28742, 28748, 28757, 28758, 28759, 28766, 28773, 28778, 28787, 28784, 28790, 28791, 28792, 28801, 28803, 28804, 28805, 28806, 28810	2	25	27
ND	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion - Sanford Health Plan	Statewide	18,788	0	18,788
ND	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	46,299	0	46,299
ND	Health Management Program (Other Prepaid Health Plan (PHP) (limited benefits))	Health Management	Statewide	219	0	219
ND	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Zip codes: 58501, 58502, 58503, 58504, 58554, 58558, 58601, 58602, 58652, 58655, 58656, 58701, 58702, 58703, 58722, 58785	5	110	115
OH	Medicaid Managed Care (Comprehensive MCO)	Buckeye Health Plan	Statewide	268,677	0	268,677
OH	Medicaid Managed Care (Comprehensive MCO)	CareSource	Statewide	1,209,129	0	1,209,129
OH	Medicaid Managed Care (Comprehensive MCO)	Molina Healthcare of Ohio	Statewide	315,645	0	315,645
OH	Medicaid Managed Care (Comprehensive MCO)	Paramount Advantage	Statewide	218,458	0	218,458
OH	Medicaid Managed Care (Comprehensive MCO)	United Healthcare Community Plan of Ohio	Statewide	264,491	0	264,491
OH	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	Cuyahoga County	63	288	351
OK	SoonerCare Choice (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	549,496	0	549,496
OK	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Statewide	549,267	0	549,267
OK	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care	74464,74441,74423,74960,74427,74465,74403,74457, 74451,74352,74434,74401,74471,74364,74347,74402, 74444,74368,74964,74446,74452,74359,74965,74439	12	135	147
OK	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life PACE	74103,74104,74105,74106,74107,74110,74112,74114, 74115,74119,74120,74126,74127,74128,74129,74130, 74132,74133,74136,74137,74145,74146,74134,74135, 74117,74116,74108	1	14	15

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
OK	PACE (Program of All-inclusive Care for the Elderly (PACE))	Valir PACE Foundation	73008,73106,73143,73003,73147,73025,73134,73084,73119,73140,73124,73157,73170,73163,73066,73150,73110,73139,73105,73142,73185,73109,73194,73113,73169,73103,73154,73121,73156,73165,73127,73013,73131,73198,73118,73178,73141,73184,73160,73146,73120,73149,73083,73137,73122,73155,73132,73108,73162,73112,73167,73102,73152,73012,73179,73135,73026,73190,73129,73196,73117,73173,73123,73153,73144,73116,73148,73034,73136,73120,73115,73107,73159,73111,73164,73101,73151,73130,73145,73125,73189,73128,73195,73114,73172,73104	14	53	67
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Access Dental Plan, LLC	Clackamas, Multnomah and Washington Counties	1,808	60	1,868
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Advantage Dental Services	Statewide except Tillamook County	19,891	3,748	23,639
OR	OHP - Oregon Health Plan (Comprehensive MCO)	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson and Josephine Counties	46,907	2,147	49,054
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Capitol Dental Care, Inc.	Benton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington and Yamhill Counties	13,369	1,036	14,405
OR	OHP - Oregon Health Plan (Comprehensive MCO)	CareOregon Dental	Clackamas, Multnomah and Washington Counties	1,885	79	1,964
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739, 97425 excluded) County	15,727	711	16,438
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Columbia Pacific	Clatsop, Columbia and Tillamook Counties	24,469	747	25,216
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler Counties	46,113	1,555	47,668
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Family Dental Care	Clackamas, Multnomah and Washington Counties	1,823	60	1,883
OR	OHP - Oregon Health Plan (Comprehensive MCO)	FamilyCare	Clackamas, Marion (97002, 97032, 97071, 97362, 97375, 97381 only), Multnomah and Washington Counties	122,427	2,117	124,544
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Greater Oregon Behavioral Health, Inc.	Baker (97869 excluded), Clatsop, Columbia (97231 excluded), Douglas, Gilliam (97830, 97843 excluded), Grant, Harney, Hood River, Lake (97758 excluded), Malheur (97710 excluded), Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler (97848 excluded) Counties	1,139	2,817	3,956
OR	OHP - Oregon Health Plan (Comprehensive MCO)	HealthShare of Oregon	Clackamas, Multnomah and Washington Counties	220,340	16,210	236,550
OR	OHP - Oregon Health Plan (Comprehensive MCO)	InterCommunity Health Network	Benton, Lincoln and Linn Counties	52,868	2,575	55,443

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Jackson Care Connect	Jackson County	28,238	1,082	29,320
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Kaiser Permanente Oregon Plus	Marion (97342, 97346, 97350, 97358, 97360, 97373 excluded) and Polk (97101, 97321, 97370, 97378 excluded) Counties	1,373	200	1,573
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Managed Dental Care of Oregon	Clackamas, Multnomah and Washington Counties	1,894	67	1,961
OR	OHP - Oregon Health Plan (Comprehensive MCO)	ODS Community Health Inc.	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes (97733, 97735 excluded), Hood River, Jackson, Jefferson, Josephine, Lane, Linn (97759 excluded), Malheur, Marion, Multnomah, Polk (97370 excluded), Tillamook, Wallowa (97828, 97846 only), Wasco, Washington and Yamhill Counties	6,285	1,122	7,407
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson and Klamath (97731, 97733, 97737, 97739 only)	51,499	2,055	53,554
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco Counties	12,765	301	13,066
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson (97497, 97525, 97527, 97530, 97537 only) and Josephine Counties	10,858	477	11,335
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Trillium Community Health Plan	Benton (97448, 97456 only), Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane and Linn (97446 only) Counties	86,940	4,030	90,970
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	24,697	1,468	26,165
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Western Oregon Advanced Health	Coos, Curry and Douglas (97459 only) Counties	18,662	1,252	19,914
OR	OHP - Oregon Health Plan (Comprehensive MCO)	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)	95,226	4,297	99,523
OR	OHP - Oregon Health Plan (Comprehensive MCO)	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	22,157	502	22,659
OR	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Multnomah, Washington, Clatsop and Tillamook Counties	58	1,023	1,081
PA	Health Choices/Physical Health (Comprehensive MCO)	UPMC for You, Inc.	Lehigh Capital, Southwest and New West Zones	318,835	962	319,797
PA	Health Choices/Physical Health (Comprehensive MCO)	AETNA Better Health	Lehigh Capital and Southeast Zones	163,151	577	163,728
PA	Health Choices/Physical Health (Comprehensive MCO)	Coventry Cares Health Plan	Southwest, Southeast, New West, New East zones	0	0	0
PA	Health Choices/Physical Health (Comprehensive MCO)	Gateway Health Plan	New West, Lehigh Capital and Southwest zones	290,654	783	291,437

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	Health Choices/Physical Health (Comprehensive MCO)	United Healthcare Community Plan of Pennsylvania	Southeast, Southwest, Lehigh Capital zones	185,879	588	186,467
PA	Health Choices/Physical Health (Comprehensive MCO)	Health Partners of Philadelphia, Inc.	Southeast zone	200,081	619	200,700
PA	Health Choices/Physical Health (Comprehensive MCO)	Geisinger Health Plan	New East zone	150,009	428	150,437
PA	Health Choices/Physical Health (Comprehensive MCO)	Vista Health Plan DBA Keystone First	Southeast zone	352,495	1,061	353,556
PA	Health Choices/Physical Health (Comprehensive MCO)	Vista Health Plan DBA AmeriHealth Northeast	New East zone	69,404	238	69,642
PA	Health Choices/Physical Health (Comprehensive MCO)	Vista Health Plan DBA AmeriHealth Caritas	Lehigh Capital and New West zones	156,005	505	156,510
PA	Healthy PA/Physical Health (Comprehensive MCO)	United Healthcare of Pennsylvania, Inc.	Region 1, 2, 3, 4, 5, 7, 8, and 9	12,107	44	12,151
PA	Healthy PA/Physical Health (Comprehensive MCO)	Capital Blue Cross DBA Keystone Health Plan Central, Inc.	Region 6, 7, and 9	10,094	43	10,137
PA	Healthy PA/Physical Health (Comprehensive MCO)	UPMC for You, Inc.	Region 1, 2, 4, 5, and 7	15,440	57	15,497
PA	Healthy PA/Physical Health (Comprehensive MCO)	Vista Health Plan Inc DBA Keystone Connect	Region 8	15,108	53	15,161
PA	Healthy PA/Physical Health (Comprehensive MCO)	Geisinger Health Plan, Inc.	Region 3 and 6	7,843	26	7,869
PA	Healthy PA/Physical Health (Comprehensive MCO)	Gateway Health Plan, Inc.	Region 1, 2, 4, 5, 6, 7, 8, 9	15,574	53	15,627
PA	Healthy PA/Physical Health (Comprehensive MCO)	Health Partners Plans, Inc.	Region 8	11,060	36	11,096
PA	Healthy PA/Physical Health (Comprehensive MCO)	Aetna Better Health, Inc.	Region 4, 8, and 9	6,712	31	6,743
PA	Healthy PA/Physical Health (Comprehensive MCO)	Vista Health Plan Inc DBA AmeriHealthConn	Region 1,2,3,5,6	7,164	29	7,193
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices - Community Care Behavioral Health Organization	Allegheny	160,559	25,658	186,217
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices-Value Behavioral Health of Pennsylvania	Beaver	24,353	3,885	28,238
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Armstrong-Indiana Counties HealthChoices-Value Behavioral Health of Pennsylvania	Armstrong and Indiana	21,804	3,858	25,662

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Somerset-Bedford-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Bedford and Somerset	17,288	3,087	20,375
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adams County HealthChoices-Community Care Behavioral Health Organization	Adams	10,817	1,135	11,952
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices-Community Care Behavioral Health Organization	Berks	66,259	7,872	74,131
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices-Community Care Behavioral Health Organization	Blair	22,147	3,531	25,678
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	North Central State Option (CCBHO)-Community Care Behavioral Health Organization	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne	150,507	25,081	175,588
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices-Magellan Behavioral Health of Pennsylvania	Bucks	51,679	7,262	58,941
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Butler County HealthChoices-Value Behavioral Health of Pennsylvania	Butler	17,401	2,731	20,132
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices-Value Behavioral Health of Pennsylvania	Cambria	21,882	3,875	25,757
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Carbon-Monroe-Pike Joinder Board-Community Care Behavioral Health Organization	Carbon, Monroe and Pike	40,768	4,553	45,321
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices-Community Care Behavioral Health Organization	Chester	37,443	4,224	41,667
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board-Community Care Behavioral Health Organization	Clinton and Lycoming	23,450	3,536	26,986
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices-Magellan Behavioral Health of Pennsylvania	Montgomery	70,237	8,561	78,798
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices-Community Care Behavioral Health Organization	Erie	53,859	7,053	60,912

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices-Value Behavioral Health of Pennsylvania	Fayette	28,960	5,057	34,017
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Franklin and Fulton	21,011	2,710	23,721
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth) Value Behavioral Health of Pennsylvania	Greene	6,311	1,090	7,401
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Health Care Consortium-Community Care Behavioral Health Organization	Lackawanna, Luzerne, Susquehanna and Wyoming	98,764	15,333	114,097
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lancaster County HealthChoices PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Lancaster	65,815	7,866	73,681
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lawrence County HealthChoices-Value Behavioral Health of Pennsylvania	Lawrence	14,949	2,457	17,406
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lebanon County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Lebanon	19,182	2,194	21,376
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership-Value Behavioral Health of Pennsylvania	Crawford, Mercer and Venango	41,117	7,031	48,148
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cumberland County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Cumberland	20,592	2,620	23,212
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Dauphin County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Dauphin	46,167	5,311	51,478

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices-Magellan Behavioral Health of Pennsylvania	Delaware	80,292	8,952	89,244
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices-Magellan Behavioral Health of Pennsylvania	Northampton	36,452	5,036	41,488
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Perry County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Perry	5,120	668	5,788
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices-Community Behavioral Health	Philadelphia	459,714	56,149	515,863
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Washington County HealthChoices-Value Behavioral Health of Pennsylvania	Washington	25,123	3,928	29,051
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Westmoreland County HealthChoices-Value Behavioral Health of Pennsylvania	Westmoreland	44,711	7,571	52,282
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York County HealthChoices-Community Care Behavioral Health Organization	York	59,956	6,527	66,483
PA	Health Choices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices-Magellan Behavioral Health of Pennsylvania	Lehigh	57,598	7,780	65,378
PA	Adult Community Autism Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adult Community Autism Program	Cumberland, Dauphin, Chester and Lancaster	68	72	140
PA	MATP (Medical Assistance Transportation Program) (Non-Emergency Medical Transportation)	LogistiCare, Inc.	Philadelphia	465,071	69,033	534,104
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Lancaster, Lebanon, Lycoming, Clinton (partial), and Chester	9	163	172
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	1/2 Allegheny and 1/2 Western Westmoreland	32	509	541
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE-Pittsburgh H-3918	1/2 Allegheny	25	520	545

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	Butler	5	130	135
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	Beaver and Lawrence	12	443	455
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington	Washington, Greene, and Fayette	55	426	481
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Westmoreland (majority)	5	150	155
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Cambria (partial) and Somerset (partial)	13	177	190
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altoona H-5902	Blair, Cambria (partial), and Indiana	16	170	186
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	York	3	118	121
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Lehigh and Northampton	9	137	146
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	Franklin and Cumberland	5	78	83
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	Erie	2	83	85
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Luzerne (partial), Lackawanna, Columbia (partial), Montour (partial), Northumberland (partial), and Schuylkill (partial)	1	191	192
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Philadelphia (partial) and Delaware	54	595	649
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE U-Penn H-3908	Philadelphia (partial) and Delaware (partial)	20	412	432
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	Bucks (partial)	14	205	219

Table 5. Enrollment by Program and Plan, as of 2015¹

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PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	New Courtland LIFE H-9830	Philadelphia (partial)	30	364	394
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCareArmstrong H-6188	Armstrong	1	10	11
PR	Government Health Plan (Comprehensive MCO)	First Medical Plan Inc.	North, San Juan, Special	250,004	16,506	266,510
PR	Government Health Plan (Comprehensive MCO)	PMC Medicare Choice, LLC	Southeast	129,834	9,311	139,145
PR	Government Health Plan (Comprehensive MCO)	Triple-S Salud Inc.	MetroNorth, West	363,891	20,228	384,119
PR	Government Health Plan (Comprehensive MCO)	Molina Health Care PR, Inc.	East, Southwest	269,340	16,797	286,137
PR	Government Health Plan (Comprehensive MCO)	MMM MULTI HEALTH, Inc	Northeast	112,450	5,874	118,324
PR	Medicare Platino (Comprehensive MCO)	Triple S	Statewide	0	48,563	48,563
PR	Medicare Platino (Comprehensive MCO)	Humana Health Plan of PR Inc.	Statewide	0	30,848	30,848
PR	Medicare Platino (Comprehensive MCO)	MCS Advantage Inc.	Statewide	0	73,223	73,223
PR	Medicare Platino (Comprehensive MCO)	MMM Health Care Inc.	Statewide	0	85,652	85,652
PR	Medicare Platino (Comprehensive MCO)	Preferred Medical Choice Inc.	Statewide	0	21,631	21,631
PR	Medicare Platino (Comprehensive MCO)	Constellation Health, LLC.	Statewide	0	4,667	4,667
RI	Rhody Health Partners - Expansion (Comprehensive MCO)	Neighborhood Health Plan	Statewide	28,020	0	28,020
RI	Rhody Health Partners - Expansion (Comprehensive MCO)	United Healthcare	Statewide	33,915	0	33,915
RI	Rhody Health Partners (Comprehensive MCO)	Neighborhood Health Plan of RI	Statewide	6,726	0	6,726
RI	Rhody Health Partners (Comprehensive MCO)	United Healthcare	Statewide	7,423	0	7,423
RI	Rite Care (Comprehensive MCO)	Neighborhood Health Plan of RI	Statewide	100,364	0	100,364
RI	Rite Care (Comprehensive MCO)	United Healthcare	Statewide	47,949	0	47,949
RI	Rhody Health Options (Comprehensive MCO + MLTSS)	Neighborhood Health Plan	Statewide	474	17,640	18,114
RI	ConnectCare Choice Community Partners (Primary Care Case Management (PCCM))	CareLink	Statewide	596	3,193	3,789
RI	Connect Care Choice (Primary Care Case Management (PCCM))	Multiple Primary Care providers	Statewide	3,110	0	3,110
RI	Rite Smiles (Dental only (PAHP))	United Healthcare Dental	Statewide	83,442	0	83,442
RI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Statewide	41	232	273
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Statewide	111,724	0	111,724
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Advicare	Statewide	34,973	0	34,973
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice Healthplan Medicaid	Statewide	86,797	0	86,797
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina Healthcare	Statewide	113,552	0	113,552
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	First Choice by Select Health	Statewide	348,828	0	348,828

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare	All counties (statewide) except for Cherokee County	68,576	0	68,576
SC	Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Statewide	156	1	157
SC	Non Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Statewide	1,076,243	157,187	1,233,430
SC	SC PACE (Program of All-inclusive Care for the Elderly (PACE))	Palmetto Senior Care	Richland County	33	251	284
SC	SC PACE (Program of All-inclusive Care for the Elderly (PACE))	The Oaks	Orangeburg and Calhoun Counties	12	106	118
SD	PRIME (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	93,548	0	93,548
TN	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Statewide	444,974	50,924	495,898
TN	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Statewide	59,576	2,642	62,218
TN	TennCare II (Comprehensive MCO + MLTSS)	Amerigroup	Statewide	366,630	39,785	406,415
TN	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	Statewide	837,595	373	837,968
TN	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Statewide	1,290,395	0	1,290,395
TN	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	419,206	52,125	471,331
TN	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Hamilton County	8	273	281
TX	STAR Health (Comprehensive MCO)	Superior HealthPlan	Statewide	30,777	0	30,777
TX	STAR (Comprehensive MCO)	Aetna	Bexar SDA, Tarrant SDA	74,412	0	74,412
TX	STAR (Comprehensive MCO)	Amerigroup Texas	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Tarrant SDA	569,109	0	569,109
TX	STAR (Comprehensive MCO)	Blue Cross Blue Shield	Travis SDA	25,207	0	25,207
TX	STAR (Comprehensive MCO)	Christus	Nueces SDA	6,690	0	6,690
TX	STAR (Comprehensive MCO)	Community First	Bexar SDA	109,263	0	109,263
TX	STAR (Comprehensive MCO)	Community Health Choice	Harris SDA, Jefferson SDA	235,186	0	235,186
TX	STAR (Comprehensive MCO)	Cook Children's	Tarrant SDA	98,909	0	98,909
TX	STAR (Comprehensive MCO)	Driscoll Children's	Hidalgo SDA, Nueces SDA	136,552	0	136,552
TX	STAR (Comprehensive MCO)	EL Paso First	El Paso SDA	65,856	0	65,856
TX	STAR (Comprehensive MCO)	First Care	Lubbock SDA, MRSA West	94,649	0	94,649
TX	STAR (Comprehensive MCO)	Molina Healthcare	Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	101,102	0	101,102
TX	STAR (Comprehensive MCO)	Parkland Health First	Dallas SDA	181,003	0	181,003
TX	STAR (Comprehensive MCO)	Scott and White	MRSA Central	42,113	0	42,113
TX	STAR (Comprehensive MCO)	Sendero	Travis SDA	11,856	0	11,856
TX	STAR (Comprehensive MCO)	Seton	Travis SDA	17,275	0	17,275

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
TX	STAR (Comprehensive MCO)	Superior HealthPlan	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA EAST, MRSA West, Nueces SDA, Travis SDA	698,804	0	698,804
TX	STAR (Comprehensive MCO)	Texas Children Health Plan	Harris SDA, Jefferson SDA	328,869	0	328,869
TX	STAR (Comprehensive MCO)	United Healthcare	Harris SDA, Hidalgo SDA, Jefferson SDA	119,739	0	119,739
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, Travis SDA	65,306	87,565	152,871
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Cigna-Health Spring	Hidalgo SDA, MRSA Northeast, Tarrant SDA	20,655	32,634	53,289
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA West	38,440	65,309	103,749
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior HealthPlan	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, MRSA West	73,626	81,769	155,395
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	United Healthcare	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, MRSA Northeast	51,573	67,397	118,970
TX	Texas Medicaid Wellness Program (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	11,924	5	11,929
TX	NorthSTAR (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	ValueOptions	Collin County, Dallas County, Ellis County, Hunt County, Kaufman County, Navarro County, Rockwall County	526,689	22,381	549,070
TX	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA	Statewide	1,291,374	0	1,291,374
TX	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest	Statewide	1,604,873	0	1,604,873
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	LeFleur	Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Briscoe, Brooks, Cameron, Carson, Castro, Childress, Cochran, Collingsworth, Comal, Crosby, Dallam, Deaf Smith, Dickens, Donley, Duval, Floyd, Frio, Garza, Gray, Guadalupe, Hale, Hall, Hansford, Hartley, Hemphill, Hidalgo, Hockley, Hutchinson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, King, Kleberg, Lamb, Lipscomb, Live Oak, Lubbock, Lynn, McMullen, Medina, Moore, Motley, Nueces, Ochiltrie, Oldham, Parmer, Potter, Randall, Refugio, Roberts, San Patricio, Sherman, Starr, Swisher, Terry, Webb, Wheeler, Willacy, Wilson, Yoakum, Zapata	550,035	71,414	621,449
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	Logisticare	Bastrop, Ell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Dallas, Denton, Ellis, Erath, Falls, Yvette, Reestone, Gillespie, G rimes, amilton, Hays, ill, Hood, Hunt, Johnson, Kaufman, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McLennan, Milam, Mills, N avarr, oPalo Pinto, Parker, Robertson, ockwall, San Saba, Somervell, Tarrant, Travis, ashington, Williamson	1,277,431	113,330	1,390,761

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	MTM	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, Vaand, Victoria, Walker, Waller, Wharton, Wood	1,017,179	99,612	1,116,791
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	AMR	Brown, Callahan, Coke, Coleman, Comanche, Concho, Crockett, Dimmit, Eastland, Edwards, Fisher, Haskell, Irion, Jones, Kent, Kimble, Kinney, Knox, La Salle, Maverick, McCulloch, Menard, Mitchell, Nolan, Reagan, Real, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Uvalde, Val Verde, Zavala	82,007	14,205	96,212
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	TAPS	Archer, Baylor, Clay, Collin, Cooke, Cottle, Fannin, Foard, Grayson, Hardeman, Jack, Montague, Wichita, Wilbarger, Wise, Young	88,559	11,058	99,617
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	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	182,157	24,796	206,953
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	26	825	851
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network	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	15	107	122
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	The Basics at Jan Werner	79015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	5	136	141
UT	UNI HOME (Comprehensive MCO)	HOME	Statewide	611	363	974
UT	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	Box Elder, Cache, Morgan, Summit, Tooele, Wasatch counties	43,526	5,590	49,116
UT	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Box Elder, Cache, Iron, Morgan, Rich, Summit, Tooele, Wasatch, Washington counties	71,775	6,638	78,413
UT	Choice of Health Care Delivery (Comprehensive MCO)	Molina Plus	Duchesne, Uintah, Daggett, Carbon, Emery, Grand, Juab, Millard, Sanpete, Sevier, Piute, Wayne, Beaver, Garfield, San Juan and Kane counties	1,676	73	1,749
UT	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Box Elder, Cache, Iron, Morgan, Rich, Summit, Tooele, Wasatch and Washington counties	15,021	1,057	16,078
UT	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	Box Elder, Cache, Iron, Summit, Wasatch and Washington counties	86,972	8,329	95,301

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Box Elder, Cache and Rich counties	16,193	1,337	17,530
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Juab, Millard, Piute, Sanpete, Sevier and Wayne counties	8,335	947	9,282
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis county	21,710	2,021	23,731
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Grand, Emery and Carbon counties	4,755	733	5,488
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling	Duchesne, Uintah, Daggett, and San Juan counties	8,668	1,040	9,708
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Salt Lake county	97,073	11,990	109,063
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health	Beaver, Garfield, Kane, Iron and Washington counties	24,665	2,350	27,015
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Valley Behavioral Health	Summit and Tooele counties	7,266	600	7,866
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Utah county	45,558	3,306	48,864
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber and Morgan counties	24,777	3,144	27,921
UT	Dental (Dental only (PAHP))	Premier Access	Salt Lake, Weber, Davis and Utah counties	86,303	42	86,345
UT	Dental (Dental only (PAHP))	Delta Dental	Davis, Salt Lake, Weber and Utah counties	52,344	30	52,374
UT	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	209,121	36,003	245,124
VT	Global Commitment to Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	State-wide	134,789	336	135,125
VA	Medallion 3.0 (Comprehensive MCO)	Virginia Premier Health Plan	State-Defined Regions: Tidewater, Central VA, Charlottesville, Roanoke, Winchester, Lynchburg and Far Southwestern VA Regions	188,509	0	188,509
VA	Medallion 3.0 (Comprehensive MCO)	Optima Family Care	State-Defined Regions: Tidewater, Central VA, Charlottesville, Halifax, Winchester, Lynchburg and Far Southwestern VA Regions	173,988	0	173,988
VA	Medallion 3.0 (Comprehensive MCO)	Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA)	State defined regions: Northern Virginia	7,645	0	7,645
VA	Medallion 3.0 (Comprehensive MCO)	INTotal Health	State defined regions: Northern VA, Roanoke/Alleghany, and Far Southwestern VA Regions	59,736	0	59,736
VA	Medallion 3.0 (Comprehensive MCO)	Coventry Cares of Virginia	Statewide Regions: Tidewater, Central VA, Lynchburg, Roanoke/Alleghany, and Far Southwestern Regions	41,208	0	41,208
VA	Medallion 3.0 (Comprehensive MCO)	HEALTHKEEPERS INC(Anthem Healthkeepers Plus)	Statewide	282,330	0	282,330

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	AllCare PACE	24217, 24220, 24224, 24225, 24226, 24228, 24237, 24239, 24256, 24260, 24266, 24269, 24272, 24280, 24377, 24601, 24602, 24603, 24604, 24605, 24606, 24607, 24608, 24609, 24612, 24613, 24614, 24619, 24620, 24622, 24624, 24627, 24628, 24630, 24631, 24634, 24635, 24637, 24639, 24640, 24641, 24646, 24647, 24649, 24651, 24656, 24657, 24658	8	91	99
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire Older Citizens PACE (MEOC)	24215, 24216, 24218, 24219, 24221, 24230, 24243, 24244, 24245, 24246, 24248, 24250, 24251, 24258, 24263, 24265, 24271, 24273, 24277, 24279, 24281, 24282, 24283, 24290, 24293	7	114	121
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Kissito PACE	24011, 24012, 24013, 24014, 24015, 24016, 24017, 24018, 24019, 24020, 24059, 24060, 24064, 24065, 24066, 24067, 24070, 24073, 24077, 24079, 24083, 24087, 24090, 24095, 24101, 24121, 24122, 24138, 24149, 24153, 24162, 24174, 24175, 24179, 24184, 24092, 24151, 24176	4	60	64
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Farmville	23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599	4	77	81
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Lynchburg	24501, 24502, 24503, 24504, 24521, 24522, 24536, 24538, 24550, 24551, 24554, 24556, 24572, 24574, 24588, 24593	5	120	125
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Life Care PACE Virginia Beach	23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23507, 23508, 23509, 23510, 23511, 23513, 23517, 23518, 23521, 23523, 23529, 23701, 23702, 23703, 23704, 23707, 23709	16	174	190
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Life Care PACE Churchland	23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433, 23434, 23435, 23436, 23437, 23438, 23451, 23452, 23453, 23454, 23455, 23456	10	148	158
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Hampton	23601, 23605, 23607, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669	11	140	151
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - MacTavish	23112, 23113, 23114, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23173, 23181, 23221, 23224, 23225, 23226, 23227, 23228, 23231, 23232, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23249, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23289, 23290, 23291, 23293, 23295, 22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23116, 23150, 23162, 23192, 23218, 23219, 23220, 23222, 23223, 23229, 23230, 23233, 23242, 23250, 23255, 23288, 23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885	19	257	276

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Newport News	23602, 23603, 23604, 23606, 23608 23692, 23693, 23696	7	109	116
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Blue Ridge PACE	22723, 22901, 22902, 22903, 22904, 22911, 22920, 22922, 22923, 22931, 22932, 22935, 22936, 22937, 22938, 22940, 22942, 22943, 22946, 22947, 22949, 22958, 22959, 22963, 22964, 22967, 22968, 22969, 22971, 22974, 22976, 23022, 23024, 23055, 23065, 23084, 23093, 23117, 24464, 24471, 24562, 24590	6	56	62
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	INOVA Cares for Seniors PACE	20041, 20120, 20121, 20124, 20151, 20170, 20171, 20190, 20191, 20192, 20194, 22003, 22015, 22027, 22030, 22031, 22032, 22033, 22039, 22041, 22042, 22043, 22044, 22046, 22060, 22066, 22067, 22079, 22101, 22102, 22124, 22125, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110, 20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193	10	80	90
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Molina Health Care	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Whatcom Walla Walla, Whitman and Yakima Counties	30,257	0	30,257
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	United Health Care	Serves the following counties: Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whitman and Yakima.	12,682	0	12,682
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Coordinated Care	Serves the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, and Yakima.	11,694	0	11,694
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Amerigroup	Serves the following Counties: Asotin, Benton, Columbia, Douglas, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, SanJuan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla and Yakima.	8,984	0	8,984

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Community Health Plan of WA	Serves the following counties: Adams, Asotin, Benton, Chelan, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima.	18,486	0	18,486
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Columbia United Providers	Clark County	2,495	0	2,495
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	Molina Health Care	Adams, Asotin, Benton, Chelan, Clark, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima Counties	506,443	0	506,443
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	Columbia United Providers	Clark County	52,097	0	52,097
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	Community Health Plan of WA	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walls, Whatcom and Yakima Counties	277,609	0	277,609
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	Amerigroup Washington Inc	Asotin, Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, and Yakima Counties	131,467	0	131,467
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	Coordinated Care	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla and Yakima Counties	167,966	0	167,966
WA	Apple Health (Programs include, AHAC CHIP, HO & HOFC) (Comprehensive MCO)	United Health Care	Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whitman and Yakima Counties	181,019	0	181,019
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Multiple Sites	Statewide	19,568	0	19,568
WA	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Clallam, Grays Harbor, King Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton and Yakima Counties	12,420	0	12,420
WA	Washington State Integrated Community Mental Health Program (ICMH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Multiple regional support networks	Statewide (all 39 counties)	1,771,679	0	1,771,679

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WA	NEMT Program (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Statewide (all 39 counties)	1,771,679	0	1,771,679
WA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	King County	513	0	513
WV	WV Mountain Health Trust (Comprehensive MCO)	Coventry Cares of WV	Statewide	74,994	0	74,994
WV	WV Mountain Health Trust (Comprehensive MCO)	Unicare	53 of 55 Counties (Excludes Cabell and Wayne).	90,268	0	90,268
WV	WV Mountain Health Trust (Comprehensive MCO)	The Health Plan of WV	53 of 55 Counties (Excluding Cabell and Wayne)	35,622	0	35,622
WV	WV Mountain Health Trust (Comprehensive MCO)	WV Family Health	Statewide	9,074	0	9,074
WV	Physician Assured Access System (Primary Care Case Management (PCCM))	Multiple primary care providers	Cabell and Wayne Counties	2,798	0	2,798
WI	SSI Managed Care (Comprehensive MCO)	Care Wisconsin	Columbia, Dane, Dodge, Green, Iowa, Jefferson, Juneau, La Crosse, Ozaukee, Rock, Trempealeau, Vernon, Waukesha	1,566	131	1,697
WI	SSI Managed Care (Comprehensive MCO)	Compcare	Ashland, Chippewa, Douglas, Eau Claire, Grant, Green, Iowa, Juneau, Lafayette, Lincoln, Marathon, Price, Richland, Vernon, Washburn	263	90	353
WI	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	Ashland, Buffalo, Chippewa, Columbia, Crawford, Douglas, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Oneida, Pepin, Polk, Portage, Price, Richland, Shawano, Trempealeau, Vernon, Vilas, Washburn, Wood	1,333	512	1,845
WI	SSI Managed Care (Comprehensive MCO)	Independent Care (iCare)	Brown, Dane, Dodge, Door, Fond Du Lac, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	5,118	3,364	8,482
WI	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewanunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	3,450	1,458	4,908

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Brown, Clark, Dodge, Door, Florence, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,416	563	1,979
WI	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,829	775	2,604
WI	SSI Managed Care (Comprehensive MCO)	Trilogy Health Insurance	Brown, Marinette, Menominee, Milwaukee, Outagamie, Ozaukee, Racine, Taylor, Waukesha, Waupaca, Winnebago	142	21	163
WI	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare Community Plan	Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Crawford, Dodge, Door, Douglas, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	9,233	4,781	14,014
WI	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Brown, Calumet, Dodge, Door, Fond du Lac, Jefferson, Kenosha, Kewaunee, Manitowoc, Marathon, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago	61,474	54	61,528
WI	BadgerCare Plus (Comprehensive MCO)	Children's Community Health Plan	Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	134,473	77	134,550
WI	BadgerCare Plus (Comprehensive MCO)	CompCare	Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Columbia, Crawford, Douglas, Dunn, Eau Claire, Grant, Green, Iowa, Jackson, Juneau, La Crosse, Lafayette, Lincoln, Marathon, Monroe, Pepin, Pierce, Price, Rusk, St. Croix, Sawyer, Trempealeau, Vernon, Washburn	21,882	21	21,903
WI	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, Sauk	42,215	16	42,231

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	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, Portage, Price, Rusk, St. Croix, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Wood	37,378	37	37,415
WI	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of South Central WI	Dane	6,093	0	6,093
WI	BadgerCare Plus (Comprehensive MCO)	Gundersen Health Plan	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon	17,102	9	17,111
WI	BadgerCare Plus (Comprehensive MCO)	Health Tradition Health Plan	Buffalo, Crawford, Grant, La Crosse, Monroe, Trempealeau, Vernon	8,975	3	8,978
WI	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	Brown, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Outagamie, Ozaukee, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	10,457	23	10,480
WI	BadgerCare Plus (Comprehensive MCO)	MHS of Wisconsin	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	34,553	21	34,574
WI	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	Dane, Green, Jefferson, Rock, Walworth	14,652	11	14,663
WI	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Brown, Calumet, Clark, Dodge, Door, Florence, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	75,549	39	75,588
WI	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	35,053	30	35,083
WI	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	Dane	10,134	6	10,140

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood	55,853	38	55,891
WI	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Milwaukee, Ozaukee, Racine, Waukesha	6,211	2	6,213
WI	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan	Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Crawford, Dodge, Door, Douglas, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	129,443	188	129,631
WI	BadgerCare Plus (Comprehensive MCO)	Unity Health Plan	Columbia, Dane, Dodge, Fond du Lac, Green, Jefferson, Juneau, Rock, Sauk	14,902	9	14,911
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Independent Care Health Plan – iCare	Dane, Kenosha, Milwaukee, Racine	305	512	817
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Columbia, Dane, Dodge, Jefferson, Sauk	213	1,268	1,481
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Community Care Health Plan, Inc. – Community Care, Inc.	Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, Waupaca	142	553	695
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc. (FC)	Calumet, Fond du Lac, Kenosha, Milwaukee, Manitowoc, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	1,982	7,246	9,228
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care Connections of Wisconsin (FC)	Ashland, Barron, Bayfield, Burnett, Douglass, Iron, Lincoln, Langlade, Marathon, Polk, Portage, Price, Rusk, Sawyer, Washburn, Wood	938	4,781	5,719
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin (FC)	Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon, Ozaukee, Sheboygan, Walworth, Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, Waushara, Brown, Door, Kewaunee, Marinette, Oconto, Shawano, Menominee	933	3,982	4,915
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care District	Calumet, Fond du Lac, Manitowoc, Outagamie, Waupaca, Winnebago, Brown, Door, Kewaunee, Marinette, Oconto, Shawano, Menominee	575	2,669	3,244
WI	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Family Care	Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha	1,351	7,067	8,418

Table 5. Enrollment by Program and Plan, as of 2015¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	Family Care (MLTSS only (PIHP and/or PAHP))	ContinuUs	Chippewa, Dunn, Eau Claire, Pierce, St. Croix, Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, Waushara, Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk	832	4,206	5,038
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Western Wisconsin Cares	Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	639	3,184	3,823
WI	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Edgerton (mostly in Rock County), Fitchburg, Madison, Middleton, Monona, Stoughton, Sun Prairie, Verona, 53589, 53590, 53594, 54017, 53593, 53596, 53598, 53597, 53703, 39110, 53705, 53704, 53706, 53711, 53714, 53713, 53716, 53715, 53718, 53717, 53719, 53726, 47250, 53794, 53508, 53707, 53515, 53517, 53516, 53521, 53523, 53911, 53527, 53916, 53529, 53528, 53531, 53530, 53532, 53925, 53534, 53544, 53545, 53551, 53555, 53559, 53558, 97045, 53560, 53562, 53566, 53960, 48906, 53572, 53571, 53574, 53575, 53578, 53190, 53583, 54613	126	0	126
WI	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	Bayside (partly in Ozaukee County), Brown Deer, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee (partly in Washington County and Waukesha County), Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, Whitefish Bay, 53201 – 53209, 53210 – 53220, 53221 – 53227, 54868, 5323, 53228, 53233, 54452, 53288, 53293, 54904, 53406, 53093, 54904, 53406, 53092, 54923, 53110, 53126, 53130, 53129, 53536, 53132, 53140, 70002, 53154, 53172, 54601, 53186	1,078	5	1,083
WI	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Hospital of Wisconsin	Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	2,726	0	2,726
WI	Program of All - Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Waukesha and Milwaukee	46	610	656
WY	Care Management Entity for Emotionally Disturbed Children (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CME Statewide	Statewide	0	0	0
WY	Wyoming PACE at Cheyenne Medical Center (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Laramie County Only	2	64	66

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. Georgia's and Minnesota's state data systems have limitations around point-in-time reporting; therefore, the sum of enrollment in all managed care plans is slightly less than total Medicaid enrollment in any type of managed care in each respective state.

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

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2015^{1,2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ^{3,4}		Managed LTSS (MLTSS) Only	
		Number of Enrollees Using LTSS ^{2, 3}	Percent of Total	Number of Enrollees Using LTSS ⁴	Percent of Total
TOTALS	62,373,408	840,680	1.3%	152,585	0.2%
Alabama	660,652	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,471,809	54,631	3.7%	0	0.0%
Arkansas	613,839	0	0.0%	0	0.0%
California	9,727,076	272,648	2.8%	0	0.0%
Colorado	1,214,657	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%
Delaware ³	203,212	12,955	6.4%	0	0.0%
District of Columbia	192,086	0	0.0%	0	0.0%
Florida	3,007,086	0	0.0%	87,591	2.9%
Georgia	1,371,866	0	0.0%	0	0.0%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	336,764	8,663	2.6%	0	0.0%
Idaho	283,355	0	0.0%	0	0.0%
Illinois	2,909,371	34,202	1.2%	0	0.0%
Indiana	933,156	0	0.0%	0	0.0%
Iowa	579,954	0	0.0%	0	0.0%
Kansas	364,838	31,898	8.7%	0	0.0%
Kentucky	1,198,540	0	0.0%	0	0.0%
Louisiana	1,171,742	0	0.0%	0	0.0%
Maine	242,390	0	0.0%	0	0.0%
Maryland	1,018,560	0	0.0%	0	0.0%
Massachusetts	1,236,659	42,718	3.5%	0	0.0%
Michigan ⁵	3,837,838	0	0.0%	18,468	0.5%
Minnesota ⁶	783,276	33,242	4.2%	0	0.0%

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2015^{1,2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ^{3,4}		Managed LTSS (MLTSS) Only	
		Number of Enrollees Using LTSS ^{2, 3}	Percent of Total	Number of Enrollees Using LTSS ⁴	Percent of Total
Mississippi	505,038	0	0.0%	0	0.0%
Missouri	922,072	0	0.0%	0	0.0%
Montana	103,752	0	0.0%	0	0.0%
Nebraska	229,172	0	0.0%	0	0.0%
Nevada	515,868	0	0.0%	0	0.0%
New Hampshire	161,411	0	0.0%	0	0.0%
New Jersey	1,542,739	18,221	1.2%	0	0.0%
New Mexico	649,041	29,058	4.5%	0	0.0%
New York	4,782,573	129,410	2.7%	6,141	0.1%
North Carolina	1,568,226	0	0.0%	0	0.0%
North Dakota	46,634	0	0.0%	0	0.0%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	2,276,751	0	0.0%	0	0.0%
Oklahoma	549,496	0	0.0%	0	0.0%
Oregon	924,073	0	0.0%	0	0.0%
Pennsylvania	2,213,706	0	0.0%	0	0.0%
Puerto Rico	1,458,819	0	0.0%	0	0.0%
Rhode Island ³	308,521	18,114	5.9%	0	0.0%
South Carolina	1,233,430	0	0.0%	0	0.0%
South Dakota	93,548	0	0.0%	0	0.0%
Tennessee	1,436,156	30,333	2.1%	0	0.0%
Texas	3,532,759	151,214	4.3%	0	0.0%
Utah	288,198	0	0.0%	0	0.0%
Vermont	135,125	1,449	1.1%	0	0.0%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	754,875	0	0.0%	0	0.0%
Washington	1,771,679	0	0.0%	0	0.0%
West Virginia	209,958	0	0.0%	0	0.0%

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2015^{1,2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ^{3,4}		Managed LTSS (MLTSS) Only	
		Number of Enrollees Using LTSS ^{2, 3}	Percent of Total	Number of Enrollees Using LTSS ⁴	Percent of Total
Wisconsin	800,996	2,993	0.4%	40,385	5.0%
Wyoming	66	0	0.0%	0	0.0%

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

2. The counts in this table report MLTSS enrollees who received LTSS, with two exceptions (see footnote 3). Some comprehensive managed care programs enroll beneficiaries who may be at risk of needing LTSS but do not receive any LTSS; such enrollees are generally excluded, again with two exceptions.

3. Delaware and Rhode Island report the number of enrollees in their MLTSS programs, some of whom may not be using MLTSS. In previous years, they reported the number of users of LTSS. The totals in this column do not include those two states because it is a count of users, not enrollees.

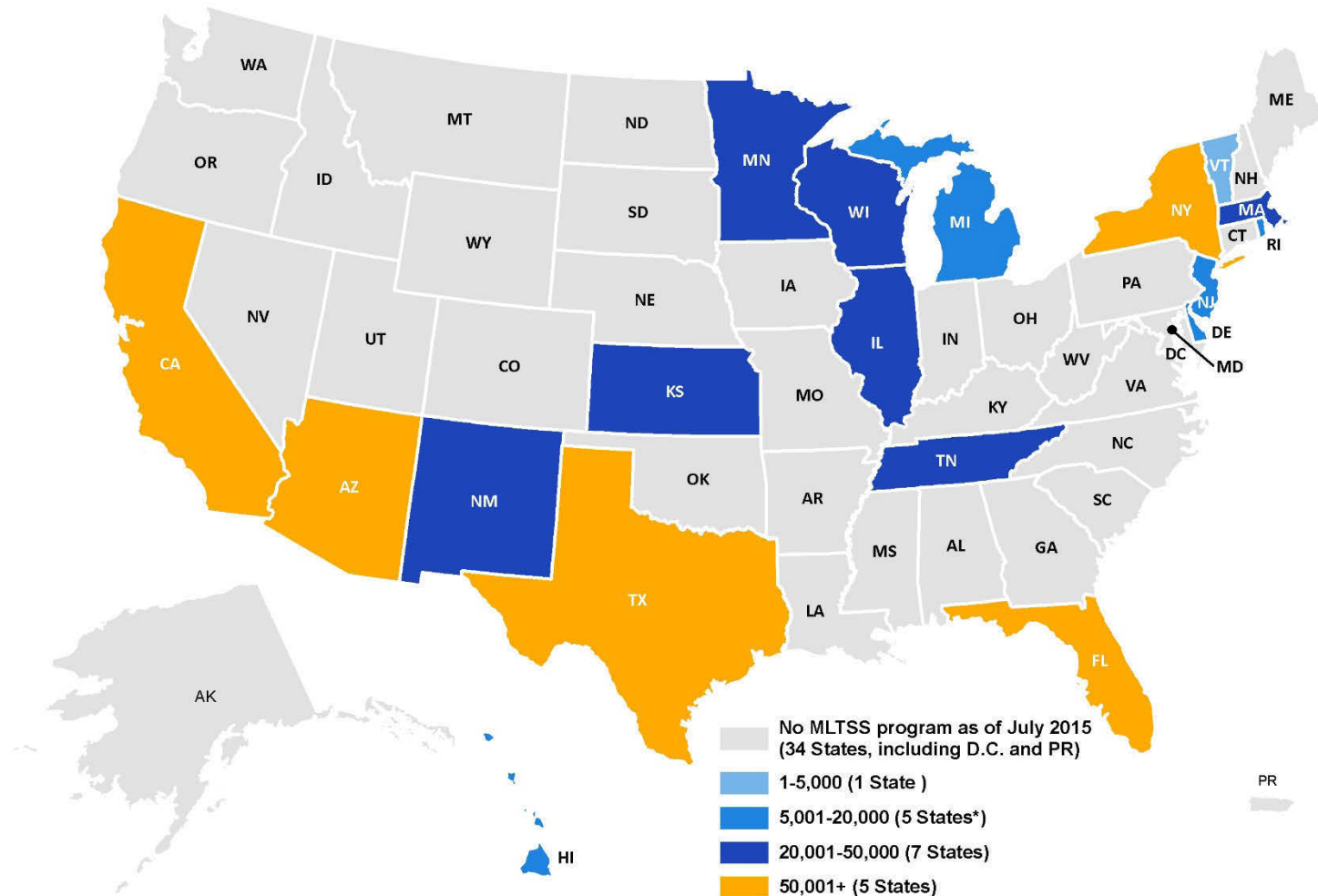
4. Comprehensive Managed Care Including LTSS does not include PACE programs; PACE enrollment is reported separately in Tables 2 and 3.

5. 7,780 of Michigan’s MLTSS users are receiving capitated HCBS under the state’s Specialty Prepaid Inpatient Health Plan, a BHO. The remainder are receiving MLTSS under MI Choice, an MLTSS Only program.

6. Minnesota’s MLTSS user count includes 663 dually eligible Medicare-Medicaid beneficiaries who received skilled nursing visits in the home, some of which may be paid for by Medicare rather than Medicaid.

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

State Counts of Users* of Managed Long-Term Services and Supports (MLTSS), as of July 1, 2015



U.S. Total (including DE and RI data)*: 1,024,334

U.S. Total (excluding DE and RI data): 993,265

*This map presents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligibles). Two states (Delaware and Rhode Island) were not able to report data on MLTSS users and instead report enrollment counts. Based on the number of MLTSS users each state reported in 2014, and the overall increase in enrollment in comprehensive managed care reported since 2014, we have assumed that the number of MLTSS users in 2015 in each state is between 5,001-20,000. Therefore, both states are shown on the map as having between 5,001-20,000 MLTSS users and counted in the total number of states with MLTSS users within this range. This assumption, however, may not be accurate; readers should interpret this map with caution.

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2015.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2015

Features (N = total number of programs)	Comprehensive MCO with or without MLTSS (75)		PCCM (24)		MLTSS (4)		BHO (PIHP and/or PAHP) (17)		Dental (9)		Transportation (14)		Other PHP (5)		PACE (31)	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Enrollment (M=Mandatory, V=Voluntary) ¹																
Low-income Adults	39	3	8	6	1	0	11	0	3	1	9	2	0	1	0	0
Aged, Blind or Disabled Children or Adults	40	14	12	9	1	2	12	0	6	1	13	2	1	1	0	24
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	39	4	16	4	1	0	11	0	7	1	11	2	1	2	0	0
Individuals receiving Limited Benefits	15	2	5	3	1	0	3	0	0	0	6	2	2	2	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	30	6	7	3	0	0	7	1	2	1	5	1	0	2	0	0
Full Duals	20	20	0	8	2	2	10	2	3	1	11	2	0	0	0	29
Partial Duals	7	6	0	4	0	1	5	1	1	0	7	2	0	0	0	21
Children with Special Health Care Needs	27	16	6	6	1	0	10	4	4	0	12	2	1	1	0	0
Native American/Alaskan Natives	20	41	6	16	1	2	8	6	4	4	10	2	0	4	0	23
Foster Care and Adoption Assistance Children	20	22	1	10	1	0	10	5	4	2	11	0	1	3	0	1
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children) ²	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA
	9	26	1	11	1	3	2	0	1	3	1	1	1	1	5	21

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

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

Table 8. Number of Managed Care Programs, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2015

Features (total number of programs)	Comprehensive MCO with or without MLTSS (75)	PCCM (24)	MLTSS (4)	BHO (PIHP and/or PAHP) (17)	Dental (9)	Transportation (14)	Other PHP (5)	PACE (31)
Quality Assurance and Data Collection								
HEDIS data required	67	8	1	8	6	0	3	3
CAHPS data required	64	6	0	3	5	1	2	1
Accreditation required	38	4	1	9	0	1	0	0
EQRO contractor used	75	24	4	17	9	14	5	31
Performance incentives								
Payment bonuses/differentials to reward MCOs	32	5	2	5	3	2	0	1
Preferential auto-enrollment to reward MCOs	19	0	1	0	1	0	0	0
Public reports comparing MCO performance on key metrics	34	3	1	1	3	1	0	0
Withholds tied to performance metrics	25	2	1	5	4	0	0	0
MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	19	0	0	0	1	1	0	0
Provider Value-Based Purchasing								
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	9	4	0	0	0	0	0	0

Alabama Managed Care Program Features, as of 2015

	Maternity Care Program	PACE	Patient 1st
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Mobile and Baldwin Counties	Statewide
Federal operating authority	1915(b)	PACE	1932(a), 1945 Health Homes
Program start date	09/01/1988	10/01/2011	10/01/2004
Waiver expiration date (if applicable)	08/31/2017	12/31/2299	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Full Duals		Voluntary	
Partial Duals		Voluntary	
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory		Exempt
Enrollment choice period	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)			
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
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	X

Alabama Managed Care Program Features, as of 2015

	Maternity Care Program	PACE	Patient 1st
Physician		X	X
Nurse practitioner		X	X
Rural health clinics and FQHCs			X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices		X	X
EPSDT			X
Case management	X	X	X
Health home (SSA 1945)			X
Family planning			X
Dental services (medical/surgical)		X	X
Dental (preventative or corrective)			X
Home health agency services		X	X
Personal care (state plan option)		X	X
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			X
Nursing facility services		X	
Hospice care		X	X
Non-Emergency Medical Transportation		X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Any service deemed medically necessary by the interdisciplinary team	Podiatry for children
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			

Alabama Managed Care Program Features, as of 2015

	Maternity Care Program	PACE	Patient 1st
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Maternity Program	Mercy Life of Alabama	Patient 1st; Health Homes
Notes			
Program notes	This is only a maternity care program. It is a PAHP only program.		

Arkansas Managed Care Program Features, as of 2015

	Multiple Primary Care Providers	PACE	Non-Emergency Medical Transportation
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	PACE	1915(b)
Program start date	01/01/2014	07/01/2004	10/30/2015
Waiver expiration date (if applicable)			09/30/2017
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Full Duals			
Partial Duals			
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Foster Care and Adoption Assistance Children			Mandatory
Enrollment choice period	N/A	N/A	
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health			
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)			
Partial hospitalization			
Physician	X	X	
Nurse practitioner	X	X	

Arkansas Managed Care Program Features, as of 2015

	Multiple Primary Care Providers	PACE	Non-Emergency Medical Transportation
Rural health clinics and FQHCs	X		
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices		X	
EPSDT	X		
Case management	X	X	
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)		X	
Dental (preventative or corrective)			
Home health agency services			
Personal care (state plan option)		X	
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Nutrition	
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			Beneficiary Survey
EQRO contractor name (if applicable)	Department of Health- ConnectCare		
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Arkansas Managed Care Program Features, as of 2015

	Multiple Primary Care Providers	PACE	Non-Emergency Medical Transportation
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Multiple Primary Care Providers	PACE	Net Transportation
Notes			
Program notes	PCCM was a waiver in 2013 it became a state plan service in 2014.		

Arizona Managed Care Program Features, as of 2015

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)	09/30/2016
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Full Duals	Voluntary
Partial Duals	Voluntary
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Other
Enrollment broker name (if applicable)	
Notes on enrollment choice period	If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 30 days to choose a different plan. Native Americans/Alaskan Natives who do not choose are assigned to a FFS plan and can choose to enroll in an MCO at any time.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X

Arizona Managed Care Program Features, as of 2015

	Arizona Health Care Cost Containment System
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	X
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No
Accrediting organization	Please note that HEDIS and CAHPS are run by the EQRO, not the MCO's.
EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	X
Public reports comparing MCO performance on key metrics	X

Arizona Managed Care Program Features, as of 2015

Arizona Health Care Cost Containment System	
Withholds tied to performance metrics	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	United Healthcare Plan; Bridgeway Health Solution MLTSS; Care 1st Health Plan; Comprehensive Medical and Dental Program; Division of Developmental Disabilities MLTSS; United Healthcare Plan MLTSS; Health Choice Arizona; Health Net Access; Maricopa Health Plan; Mercy Care Plan; Mercy Care Plan MLTSS; Phoenix Health Plan; Mercy Maricopa Integrated Care; University Family Care
Notes	
Program notes	

California Managed Care Program Features, as of 2015

	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Fresno County, Kings County, Madera County, Alameda County, Contra Costa County, Kern County, LA County, Riverside County, San Bernardino County, San Francisco County, San Joaquin County, Santa Clara County, Tulare County, Stanislaus County.	Orange County, Monterey County, Santa Cruz County, Merced County, San Mateo County, Solano county, Napa County, Yolo County, Marin County, Lake County, Mendocino County, Sonoma County, Humboldt County, Lassen County, Modoc County, Shasta County, Siskiyou County, Trinity County, Del Norte County, Santa Barbara County, San Luis Obispo County, Ventura County	Sacramento, San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/1996	01/01/1983	01/01/1994
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	
Full Duals	Varies	Mandatory	Mandatory
Partial Duals		Mandatory	
Children with Special Health Care Needs		Mandatory	
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Enrollment choice period	Other	Pre-assigned	Other
Enrollment broker name (if applicable)	Health Care Operations (Maximus)		Health Care Options (Maximus)
Notes on enrollment choice period	Aproximately 45 days		Approximately 45 days
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)			

California Managed Care Program Features, as of 2015

	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)			
Partial hospitalization			
Physician	X	X	X
Nurse practitioner	X	X	X
Rural health clinics and FQHCs	X	X	X
Clinic services	X		X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X	X	X
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)			
Dental (preventative or corrective)			
Home health agency services		X	
Personal care (state plan option)	X		X
HCBS waiver services	X		X
Private duty nursing	X		X
ICF-IDD	X	X	X
Nursing facility services	X	X	X
Hospice care	X	X	X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No	No	No
Accrediting organization	URAC		
EQRO contractor name (if applicable)	Health Services Advisor Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives?			
Payment bonuses/differentials to reward plans			

California Managed Care Program Features, as of 2015

	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model
Preferential auto-enrollment to reward plans	X		X
Public reports comparing MCO performance on key metrics	X	X	X
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X	
Participating plans and regions served			
Plans in Program	Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Santa Clara Family Health Plan; Anthem Blue Cross Partnership Plan/Tulare; Health Plan of San Joaquin/Sanislaus; CalViva Health Fresno; CalViva Health Kings; CalViva Health Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/Santa Clara; Health Net/LA; Health Net/Tulare; Health Net/San Joaquin; Molina Healthcare/Riverside; Molina Healthcare/San Bernardino; Health Net/Kern; Health Net/Stanislaus; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera	CenCal/San Luis Obispo; CenCal/Santa Barbara; Health Plan of San Mateo; Partnership Health Plan of CA/Solano; Central California Alliance for Health/Santa Cruz; CalOPTIMA/Orange; Partnership Health Plan of CA/Napa; Central California Alliance for Health/Monterey; Partnership Health Plan of CA/Yolo; Partnership Health Plan of CA/Marin; Partnership Health Plan of CA/Lake; Partnership Health Plan of CA/Mendocino; Partnership Health Plan of CA/Sonoma; Central California Alliance for Health/Merced; Gold Coast Health Plan/Ventura; Partnership Health Plan of CA/Humboldt; Partnership Health Plan of CA/Lassen; Partnership Health Plan of CA/Modoc; Partnership Health Plan of CA/Shasta; Partnership Health Plan of CA/Siskiyou; Partnership Health Plan of CA/Trinity; Partnership Health Plan of CA/Del Norte	Community Health Group/San Diego; Health Net/San Diego; Molina Health Care/San Diego; Care 1st Healthplan/San Diego; Kaiser/San Diego; Molina Health Care/Sacramento; Health Net/Sacramento; Kaiser/Sacramento; Anthem Blue Cross Partnership Plan/Sacramento
Notes			
Program notes	Low income adults must mandatorily enroll in this program unless they are dual eligibles, in which case enrollment is voluntary.	Full duals are mandatorily enrolled in San Diego, Los Angeles, Orange, Riverside, San Bernardino, San Mateo, and Santa Clara. In all other counties, they are voluntarily enrolled.	

California Managed Care Program Features, as of 2015

	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Statewide	Los Angeles, Riverside, San Bernardino	San Mateo County
Federal operating authority	PACE	1915(a)	1115(a) (Medicaid demonstration waivers)
Program start date	03/12/1993	01/01/1996	01/06/2012
Waiver expiration date (if applicable)			10/31/2015
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Voluntary	Voluntary	
Partial Duals	Voluntary		
Children with Special Health Care Needs			Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Enrollment choice period	N/A	Other	Pre-assigned
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	
Physician	X	X	X
Nurse practitioner	X	X	X

California Managed Care Program Features, as of 2015

	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Rural health clinics and FQHCs		X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X		X
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	X
Personal care (state plan option)	X	X	
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services	X	X	
Hospice care	X	X	X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Pediatric specialties and subspecialties, pediatric surgical specialties
Quality assurance and improvement			
HEDIS data required?	No	No	Yes
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

California Managed Care Program Features, as of 2015

	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Central Valley Medical Services/Fresno; Redwood Coast PACE/Humboldt; Sutter SeniorCare/Sacramento; Center for Elders Independence/Alameda; Alta Med Health Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; Innovage/Riverside; Innovage/San Bernardino; ONLOK LifeWays/San Francisco; ONLOK LifeWays/Alameda; St. Paul's PACE/San Diego; ONLOK Lifeways/Santa Clara; CalOPTIMA PACE/Orange; Brandman Centers for Senior Care/Los Angeles; St. Paul's PACE/San Diego	SCAN Health Plan/Los Angeles (plan code 200); SCAN Health Plan/Los Angeles (plan code 201); SCAN Health Plan/Riverside (plan code 204); SCAN Health Plan/Riverside (plan code 205); SCAN Health Plan/San Bernardino (plan code 206); SCAN Health Plan/San Bernardino (plan code 207)	Health Plan of San Mateo CCS Demo/San Mateo
Notes			
Program notes			

California Managed Care Program Features, as of 2015

	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
Program type	Dental only (PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Sacramento	Los Angeles	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	12/01/1998	04/01/1998	10/01/2013
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Mandatory	Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Enrollment choice period	60 days	60 days	Other
Enrollment broker name (if applicable)	Health Care Operation/Maximus	Health Care Operations/Maximus	
Notes on enrollment choice period			Approximately 45 Days
Benefits covered			
Inpatient hospital physical health			X
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health			X
Outpatient hospital behavioral health (MH and/or SUD)			
Partial hospitalization			
Physician			X

California Managed Care Program Features, as of 2015

	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
Nurse practitioner			X
Rural health clinics and FQHCs	X	X	X
Clinic services			X
Lab and x-ray			X
Prescription drugs and prosthetic devices			X
EPSDT	X	X	X
Case management	X	X	X
Health home (SSA 1945)			
Family planning			X
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services			
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care			X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No	No	No
Accrediting organization			URAC
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	
Preferential auto-enrollment to reward plans			X
Public reports comparing MCO performance on key metrics	X	X	X
Withholds tied to performance metrics	X	X	

California Managed Care Program Features, as of 2015

	Dental Managed Care-Sacramento	Dental Managed Care-LA	Regional Model
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			X
Participating plans and regions served			
Plans in Program	Access Dental Plan-Sacramento (Plan 421); Liberty Dental Plan of CA/Sacramento (Plan 425); Health Net of CA-Dental-Sacramento (Plan 427)	Health Net of CA-Dental-LA (Plan 405); Access Dental Plan-LA (Plan 409); Liberty Dental Plan of CA-LA (Plan 416)	Anthem Blue Cross Partnership Plan/Alpine; Anthem Blue Cross Partnership Plan/Amador; Anthem Blue Cross Partnership Plan/Butte; Anthem Blue Cross Partnership Plan/Calaveras; Anthem Blue Cross Partnership Plan/Colusa; Anthem Blue Cross Partnership Plan/EI Dorado; Anthem Blue Cross Partnership Plan/Glenn; Anthem Blue Cross Partnership Plan/Inyo; Anthem Blue Cross Partnership Plan/Mariposa; Anthem Blue Cross Partnership Plan/Mono; Anthem Blue Cross Partnership Plan/Nevada; Anthem Blue Cross Partnership Plan/Placer; Anthem Blue Cross Partnership Plan/Plumas; Anthem Blue Cross Partnership Plan/Sutter; Anthem Blue Cross Partnership Plan/Tehama; Anthem Blue Cross Partnership Plan/Tuolumne; Anthem Blue Cross Partnership Plan/Yuba; CA Health & Wellness/Alpine; CA Health & Wellness/Amador; CA Health & Wellness/Butte; CA Health & Wellness/Calaveras; CA Health & Wellness/Colusa; CA Health & Wellness/EI Dorado; CA Health & Wellness/Glenn; CA Health & Wellness/Inyo; CA Health & Wellness/Mariposa; CA Health & Wellness/Mono; CA Health & Wellness/Nevada; CA Health & Wellness/Placer; CA Health & Wellness/Plumas; CA Health & Wellness/Sutter; CA Health & Wellness/Tehama; CA Health & Wellness/Tuolumne; CA Health & Wellness/Yuba; Kaiser/Amador; Kaiser/EI Dorado; Kaiser/Placer; Anthem Blue Cross/San Benito; CA Health & Wellness/Imperial; Molina Health Care/Imperial
Notes			
Program notes			

California Managed Care Program Features, as of 2015

	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	San Francisco	Los Angeles
Federal operating authority	1915(a)	1937 Alt Benefit Plan
Program start date	01/12/1992	01/04/2002
Waiver expiration date (if applicable)		12/31/2020
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Aged, Blind or Disabled Children or Adults		
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		
Partial Duals		
Children with Special Health Care Needs	Voluntary	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Enrollment choice period	Other	Pre-assigned
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health		
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health		X
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization		
Physician	X	X
Nurse practitioner	X	X

California Managed Care Program Features, as of 2015

	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Rural health clinics and FQHCs		X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning		X
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services		
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing		
ICF-IDD		
Nursing facility services		
Hospice care		X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	No	Yes
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)		
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		

California Managed Care Program Features, as of 2015

	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Notes		
Program notes		

Colorado Managed Care Program Features, as of 2015

	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)
Statewide or region-specific?		Statewide	Statewide
Federal operating authority	PACE	1915(b)	1932(a)
Program start date	10/01/1991	07/01/1995	05/01/2011
Waiver expiration date (if applicable)		06/30/2018	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Full Duals	Voluntary	Mandatory	Voluntary
Partial Duals	Voluntary		
Children with Special Health Care Needs		Mandatory	Voluntary
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary
Enrollment choice period	N/A	Pre-assigned	N/A
Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS
Notes on enrollment choice period	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled the first of the month.		
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	

Colorado Managed Care Program Features, as of 2015

	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs			X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X		X
EPSDT		X	X
Case management	X	X	X
Health home (SSA 1945)			
Family planning			X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		
Personal care (state plan option)	X		X
HCBS waiver services	X		
Private duty nursing	X		X
ICF-IDD			X
Nursing facility services	X		X
Hospice care	X		X
Non-Emergency Medical Transportation	X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, transportation to/from PACE center and medical appointments, respite care and care giver education, meals and nutritional services in PACE center, social activities at PACE center, home care services and DME and supplies.		
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)		Health Services Advisory Group, Inc.	EQRO - Health Services Advisory Group, Inc.
Performance incentives?			

Colorado Managed Care Program Features, as of 2015

	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative
Payment bonuses/differentials to reward plans			X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X
Withholds tied to performance metrics			X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Rocky Mountain Health Care Services PACE; Total Longterm Care- Pueblo DBA InnovAge Greater Colorado PACE; Total Longterm Care - InnovAge Greater Colorado PACE; Volunteers of America (VOANS) PACE DBA Senior Community Care; Total Longterm Care - InnovAge Loveland	Colorado Health Partnerships; Behavioral Healthcare Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Denver; Access Behavioral Care - Northeast	RCCO 1: Rocky Mountain Health Plans; RCCO 2: Colorado Access; RCCO 3: Colorado Access; RCCO 4: Integrated Community Health Partnership; RCCO 5: Colorado Access; RCCO 6: Colorado Community Health Alliance; RCCO 7: Community Health Partnerships
Notes			

Colorado Managed Care Program Features, as of 2015

	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative
Program notes	Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organizations provide pre-paid, capitated comprehensive health care services to frail elders. To be eligible, 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 service area of a PACE organization. At the time of 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 are Medicare beneficiaries and Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicaid that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have 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 Colorado Medicaid Community Behavioral Health Services Program is a statewide managed care program that provides comprehensive behavioral health services to all Coloradoans with Medicaid. The State is divided into five service areas. In each area, the program is managed by a different behavioral health organization (BHO). Medicaid members are assigned to a BHO based on where they live. BHOs arrange for, or provide, medically necessary mental health services to clients in their service area.	This program operates under 1932(a) authority, and is a PCCM model. Medical services are paid on a fee-for-service basis where two administrative per-member-per-month fee payments are made: 1) the first payment is to the ACO to be accountable for improved health and recuded cost; and 2) the second payment is to the PCMP for providing a medical home level of care. The program has seven ACOs. These organizations are called Regional Care Collaborative Organizations (RCCOs). RCCOs contract with providers to serve as medical homes for clients and also provide support services that include care coordination, case management, data analytics, practice transformation assistance and community resource referrals.

Colorado Managed Care Program Features, as of 2015

Managed Care Program	
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a),1915(a)
Program start date	05/01/1983
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Individuals receiving Limited Benefits (excludes partial duals)	
Full Duals	Voluntary
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	60 days
Enrollment broker name (if applicable)	HealthColorado - MAXIMUS
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X

Colorado Managed Care Program Features, as of 2015

	Managed Care Program
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X
Provider Value-Based Purchasing	

Colorado Managed Care Program Features, as of 2015

	Managed Care Program
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Denver Health Medicaid Choice (PIHP)
Notes	
Program notes	<p>Denver Health & Hospital Authority (DHHA) is a staff-model MCO. DHHA's Medicaid program, Denver Health Medicaid Choice (DHMC) is a full-risk capitation contract. In addition to DHHA's main medical campus (e.g., hospital, pharmacy, clinic), it operates eight community health centers and 15 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area. Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime) is a full-risk capitation contract that operates in six counties on the Western Slope, and began operating in September 1, 2014, through State Plan Amendment 1932(a). This program tests two main payment methodologies designed to prioritize value-based care over volume-based care. RMHP establishes a global budget with both primary care providers and community mental health centers and provides an opportunity for shared savings if quality targets are met. RMHP does not cover Non-Emergency Medical Transportation (NEMT), whereas DHMC covers NEMT only if used in connection with a covered medical Service. Although RMHP offers Health Plan Performance incentives by paying providers for value/quality outcomes using shared-risk or shared-savings method, DHMC does not.</p>

District of Columbia Managed Care Program Features, as of 2015

Health Services for Children with Special Needs	
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(a)
Program start date	01/01/1996
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits (excludes partial duals)	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	
Enrollment choice period	Other
Enrollment broker name (if applicable)	
Notes on enrollment choice period	Enrollment is voluntary, else beneficiary stays in fee-for-service.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X

District of Columbia Managed Care Program Features, as of 2015

	Health Services for Children with Special Needs
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	X
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	

District of Columbia Managed Care Program Features, as of 2015

	Health Services for Children with Special Needs
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Health Services for Children with Special Needs
Notes	
Program notes	

Delaware Managed Care Program Features, as of 2015

	Saint Francis Life	Diamond State Health Plan
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	New Castle County	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	02/01/2013	01/01/1996
Waiver expiration date (if applicable)		12/31/2018
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)		Mandatory
Full Duals	Voluntary	Mandatory
Partial Duals	Voluntary	
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children		Mandatory
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)	HP Enterprise Services LLC (HPE)	HP Enterprise Services L.L.C. (HPE)
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X

Delaware Managed Care Program Features, as of 2015

	Saint Francis Life	Diamond State Health Plan
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	
Dental (preventative or corrective)	X	
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD	X	
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers, home-delivered meals, emergency response system, home modifications
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Mercer Government Human Services Consulting	Mercer Government Human Services Consulting
Performance incentives?		
Payment bonuses/differentials to reward plans		X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		X
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X
Provider Value-Based Purchasing		

Delaware Managed Care Program Features, as of 2015

	Saint Francis Life	Diamond State Health Plan
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Saint Francis Life	UnitedHealthcare Community Plan; Highmark Health Options
Notes		
Program notes		

Florida Managed Care Program Features, as of 2015

	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	03/01/2014	01/01/2003
Waiver expiration date (if applicable)	06/30/2017	09/28/2016	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Full Duals	Mandatory	Mandatory	Voluntary
Partial Duals			
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Enrollment choice period	30 days	30 days	N/A
Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems
Notes on enrollment choice period			Continuous while slots are available
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		X
Physician	X		X
Nurse practitioner	X		X

Florida Managed Care Program Features, as of 2015

	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X	X	X
Personal care (state plan option)	X	X	
HCBS waiver services		X	X
Private duty nursing	X	X	
ICF-IDD			
Nursing facility services		X	X
Hospice care	X	X	X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded adult dental services, expanded outpatient hospital visits, physician home visits, and many other expanded benefits that can be viewed through the following link: http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Expanded_Benefits.pdf .	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. 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
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives?			

Florida Managed Care Program Features, as of 2015

	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Payment bonuses/differentials to reward plans	X	X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Amerigroup Florida Inc.; Better Health; Coventry Health Care; Humana Medical Plan; Integral Quality Care; Molina Healthcare of Florida; Preferred Medical Plan; Prestige Health Choice; South Florida Community Care Network; Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine Health Plan, Inc.; United Healthcare of Florida; AHF / Positive Healthcare; Freedom Health, Inc.; Magellan Complete Care, LLC; Simply DBA Clear Health Alliance; Sunshine Health Plan Child Welfare; Children's Medical Services Network	Humana American Eldercare, Inc.; Amerigroup Florida, Inc.; Coventry Healthcare of Florida, Inc.; Molina Healthcare of Florida, Inc.; Sunshine Health Plan, Inc.; United Healthcare of Florida, Inc.	Florida Pace Center; Hope Select Care; Suncoast Neighborly Care, Inc.; Morselife Home Care, Inc.
Notes			

Florida Managed Care Program Features, as of 2015

	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program notes	<p>Please see the following information in regards to the populations that are enrolled mandatorily into the Managed Medical Assistance (MMA) program: 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, and adults with chronic conditions who have both Medicare and full Medicaid (also called "full duals"). The MMA specialty plans cover the same health care services as the standard MMA plans.</p>	<p>A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll in the Long-term Care program. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration in order to enroll in the Long-term Care program.</p>	<p>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.</p>

Georgia Managed Care Program Features, as of 2015

	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)/1915(c)	1932(a)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011
Waiver expiration date (if applicable)	06/30/2016	06/30/2016	12/31/2020
If the program ended in 2015, 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		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults			
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Varies
Full Duals			
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Enrollment choice period	30 days	30 days	Other
Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Notes on enrollment choice period			Women who are enrolled in the P4HB program are granted a 30 day period to select a CMO of their choice. Furthermore, effective January 1, 2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is auto-assigned to a CMO, in order to receive P4HB services, based on DCH's auto-assignment algorithm.
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	

Georgia Managed Care Program Features, as of 2015

	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization			
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD	X	X	
Nursing facility services	X	X	
Hospice care			
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Nurse Practitioner, Nurse Midwife	Podiatry, Nurse Practitioner, Nurse Midwife	P4HB was designed to improve Georgia's very low birth weight (VLBW) and low birth weight (LBW) rates and consists of three services: 1. Family planning 2. Inter-pregnancy care (IPC) 3. Resource Mother (care management)
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, JCAHO, URAC	NCQA, JCAHO, URAC	
EQRO contractor name (if applicable)			

Georgia Managed Care Program Features, as of 2015

	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Amerigroup Community Care; Peach State Health Plan; WellCare of Georgia	Amerigroup Community Care	Amerigroup Community Care; Peach State Health Plan; WellCare of Georgia
Notes			
Program notes		<p>Georgia Families 360°, the state's new managed care program for children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system, launched on March 3, 2014.</p> <p>Amerigroup Community Care of Georgia, one of the state's CMOs, will provide health care coverage for these populations state-wide.</p>	<p>Women ages 18 through 44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State plan are mandatorily enrolled into one of the CMOs per the Medicaid State plan. If these women are deemed eligible for Resource Mothers only Outreach under the P4HB program, they will receive those services through the CMO in which they are enrolled.</p> <p>Women ages 18 through 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 Resource Mothers Outreach via a CMO. They will not be enrolled into a CMO, but will be allowed to choose a CMO through which they will receive only Resource Mothers Outreach services.</p>

Hawaii Managed Care Program Features, as of 2015

	QUEST Integration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	07/01/2015
Waiver expiration date (if applicable)	06/30/2018
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	Mandatory
Partial Duals	
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	15 days
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X

Hawaii Managed Care Program Features, as of 2015

	QUEST Integration
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X
Provider Value-Based Purchasing	

Hawaii Managed Care Program Features, as of 2015

	QUEST Integration
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	AlohaCare QUEST; Hawaii Medical Service Association (HMSA) QUEST; Kaiser Permanente QUEST; Ohana Health Plan QUEST; UnitedHealthcare Community Plan QUEST; AlohaCare ABD; HMSA ABD; Kaiser ABD; Ohana ABD; UnitedHealth ABD
Notes	
Program notes	Majority of the members are enrolled in managed care (QUEST) plans. Aged, Blind and Disabled members are enrolled in QUEST Extended (QExA) plans.

Iowa Managed Care Program Features, as of 2015

	Iowa Plan	PACE	NEMT
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Available in these counties: Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury,	Statewide
Federal operating authority	1915(b)	PACE	1902(a)(70) NEMT
Program start date	07/01/2008	9/1/2009	01/01/2009
Waiver expiration date (if applicable)	12/31/2015		
If the program ended in 2015, indicate the end date	12/31/2015		
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Mandatory	Voluntary	Mandatory
Partial Duals			
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Enrollment choice period	Pre-assigned	N/A	Pre-assigned
Enrollment broker name (if applicable)	Mediciad Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS Contractor)	Medicaid Member Services (MAXIMUS Contractor)
Notes on enrollment choice period		Members opt-in.	
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	
Physician	X	X	

Iowa Managed Care Program Features, as of 2015

	Iowa Plan	PACE	NEMT
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management	X	X	
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)		X	
Dental (preventative or corrective)		X	
Home health agency services		X	
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing		X	
ICF-IDD			
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)	McCurry Swartz Consulting		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics	X		

Iowa Managed Care Program Features, as of 2015

	Iowa Plan	PACE	NEMT
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Magellan Behavioral Health of Iowa	PACE	TMS
Notes			
Program notes			

Iowa Managed Care Program Features, as of 2015

	Dental Wellness Plan	MediPASS	Health Maintenance Organization
Program type	Dental only (PAHP)	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Statewide	All Iowa counties except: Ida, Louisa, Plymouth and Ringgold	Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Dallas, Delaware, Fayette, Floyd, Hancock, Iowa, Jefferson, Johnson, Keokuk, Kossuth, Madison, Marshall, Mills, Monroe, Muscatine, Palo Alto, Polk, Scott, Story, Tama, Wapello, Warren, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1932(a)	1932(a)
Program start date	05/01/2014	01/01/1990	04/01/2012
Waiver expiration date (if applicable)	01/01/2017	12/31/2015	12/31/2015
If the program ended in 2015, indicate the end date		12/31/2015	12/31/2015
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Varies	Voluntary
Aged, Blind or Disabled Children or Adults			
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Enrollment choice period	Pre-assigned	N/A	Other
Enrollment broker name (if applicable)	Iowa Medicaid Member Services (MAXIMUS Contractor)	Iowa Medicaid Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS contractor)
Notes on enrollment choice period		Members are tentatively assigned for 10-45 dys at which point they are default enrolled unless they opt for another form of managed care under the 1932a.	Members are tentatively assigned for 10-45 dys at which point they are default enrolled unless they opt for another form of managed care under the 1932a.
Benefits covered			
Inpatient hospital physical health			X

Iowa Managed Care Program Features, as of 2015

	Dental Wellness Plan	MediPASS	Health Maintenance Organization
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health			X
Outpatient hospital behavioral health (MH and/or SUD)			
Partial hospitalization			X
Physician		X	X
Nurse practitioner		X	X
Rural health clinics and FQHCs		X	X
Clinic services		X	X
Lab and x-ray		X	X
Prescription drugs and prosthetic devices			X
EPSDT			X
Case management		X	
Health home (SSA 1945)			
Family planning		X	X
Dental services (medical/surgical)			
Dental (preventative or corrective)	X		
Home health agency services			X
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			X
ICF-IDD			
Nursing facility services			
Hospice care			X
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	No	Yes
CAHPS data required?	No	No	Yes
Accreditation required?	No	No	Yes
Accrediting organization			NCQA
EQRO contractor name (if applicable)			McCurry Swartz Consulting
Performance incentives?			

Iowa Managed Care Program Features, as of 2015

	Dental Wellness Plan	MediPASS	Health Maintenance Organization
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Delta Dental of Iowa	Multiple primary care providers	Meridian Health Plan of Iowa
Notes			
Program notes		Adults covered under ACA Section VIII are voluntarily enrolled in MediPASS if they live in a county where the Health Maintenance Organization program is also an option. They are mandatorily enrolled in MediPASS if they live in a county where the Health Maintenance Organization program is not an option.	

Idaho Managed Care Program Features, as of 2015

	Health Homes	Healthy Connections	Idaho Smiles
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1945 Health Homes	1932(a)	1915(b)
Program start date	01/01/2013	10/01/2006	08/01/2010
Waiver expiration date (if applicable)			01/01/2016
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Voluntary	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Voluntary	
Full Duals	Voluntary	Voluntary	
Partial Duals	Voluntary	Voluntary	
Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Mandatory
Enrollment choice period	N/A	N/A	
Enrollment broker name (if applicable)			
Notes on enrollment choice period		20 days	
Benefits covered			
Inpatient hospital physical health			
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health			
Outpatient hospital behavioral health (MH and/or SUD)			
Partial hospitalization			
Physician			
Nurse practitioner			
Rural health clinics and FQHCs			

Idaho Managed Care Program Features, as of 2015

	Health Homes	Healthy Connections	Idaho Smiles
Clinic services			
Lab and x-ray			
Prescription drugs and prosthetic devices			
EPSDT			
Case management	X	X	
Health home (SSA 1945)	X		
Family planning			
Dental services (medical/surgical)			
Dental (preventative or corrective)			X
Home health agency services			
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	No	No	Yes
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			

Idaho Managed Care Program Features, as of 2015

	Health Homes	Healthy Connections	Idaho Smiles
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Multiple primary care providers	Multiple primary care providers	Idaho Smiles
Notes			
Program notes			

Idaho Managed Care Program Features, as of 2015

	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan	Idaho NEMT
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, NezPerce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington counties	Statewide
Federal operating authority	1915(b)	1915(a)/1915(c)	1902(a)(70) NEMT
Program start date	09/02/2013	07/01/2014	09/01/2010
Waiver expiration date (if applicable)	08/31/2015	10/01/2017	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Full Duals		Voluntary	Mandatory
Partial Duals		Voluntary	Mandatory
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Mandatory
Enrollment choice period			
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)		X	
Outpatient hospital physical health		X	

Idaho Managed Care Program Features, as of 2015

	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan	Idaho NEMT
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization		X	
Physician		X	
Nurse practitioner		X	
Rural health clinics and FQHCs		X	
Clinic services		X	
Lab and x-ray		X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management		X	
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)		X	
Dental (preventative or corrective)		X	
Home health agency services		X	
Personal care (state plan option)		X	
HCBS waiver services		X	
Private duty nursing			
ICF-IDD		X	
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation		X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No	Yes	Yes
Accrediting organization		NCQA	URAC
EQRO contractor name (if applicable)		Qualis health	
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			

Idaho Managed Care Program Features, as of 2015

	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan	Idaho NEMT
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X	X
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Idaho Behavioral Health Plan	Medicare Medicaid Coordinated Plan	Non-Emergency Medical Transportation
Notes			
Program notes			

Illinois Managed Care Program Features, as of 2015

	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Stephenson, Winnebago, Boon, McHenry, Lake, Ogle, Whiteside, Lee, DeKalb, Kendall, Grundy, LaSalle, Putnam, Marshall, Woodford, Livingston, Kane, DuPage, Cook, Will, Kankakee, Iroquois, Vermillion, Champaign, Ford, Piatt, DeWitt, McLean, Logan, Macon, Christian, Sangamon, Menard, Macoupin, Montgomery, Shelby, Moultrie, Douglas, Edgar, Coles, Cumberland, Clark, Effingham, Jasper, Crawford, Richland, Morgan, Scott, Pike, Brown, Cass, Adams, Schuyler, Mason, Fulton, McDonoughHancock, Henderson, Warren, Tazewell, Peoria, Stark, Knox, Henry, Rock Island, and Mercer counties	McHenry, Lake, Cook, DuPage, Kane, Ogle, Carroll, Whiteside, Lee, Bureau, Putnam, LaSalle, Will, Iroquois, Vermilion, Champaign, Ford, DeWitt, Piatt, Macon, Logan, Moultrie, Shelby, Rock Island, and Mercer counties	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, DeKalb, Lee, Livingston, Woodford, Ford, Vermilion, Champaign, Piatt, DeWitt, McLean, Macon, Logan, Christian, Sangamon, Menard, Scott, Pike, Brown, Adams, Warren, Henderson, Tazewell, Peoria, Stark, Knox, Hnery, Rock Island, Mercer, Madison, Clinton, St. Clair, Washington, Randolph, Perry, Jackson, and Williamson counties
Federal operating authority	1932(a)	1932(a)	1932(a)/1915(c)
Program start date	07/01/2014	12/13/2012	07/01/2014
Waiver expiration date (if applicable)			09/30/2019
If the program ended in 2015, indicate the end date	12/31/2015	12/31/2015	
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals			
Partial Duals			
Children with Special Health Care Needs			Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Enrollment choice period	N/A	N/A	60 days
Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS

Illinois Managed Care Program Features, as of 2015

	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization			X
Physician	X	X	X
Nurse practitioner			X
Rural health clinics and FQHCs	X	X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X	X	X
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)	X	X	X
Dental (preventative or corrective)			X
Home health agency services	X	X	X
Personal care (state plan option)			
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			
Nursing facility services	X	X	X
Hospice care	X	X	X
Non-Emergency Medical Transportation	X	X	X

Illinois Managed Care Program Features, as of 2015

	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunizations, physical therapy, podiatry	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis, and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry	Ambulatory, surgical treatment center, assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, vision, podiatry, physical/occupational and speech therapy, renal, behavioral, assisted living, specialized medical equipment and supplies, environmental accessibility
Quality assurance and improvement			
HEDIS data required?	No	No	Yes
CAHPS data required?	No	No	Yes
Accreditation required?	No	No	Yes
Accrediting organization			NCQA
EQRO contractor name (if applicable)			Health Services Advisory Group
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X
Withholds tied to performance metrics			X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X	
Participating plans and regions served			
Plans in Program	Advocate Accountable Care; Better Health Network; Community Care Partners; HealthCura; Illinois Partnership for Health; Loyola Family Care; MyCare Chicago; SmartPlan Choice; UI Health Plus	Be Well Partners in Health; Healthcare Consortium of Illinois DBA EntireCare Coordination; La Rabida Children's Hospital CCE; Lurie Children's Health Plan CCE; My Health Care Coordination (Macon County Mental Health Board); NextLevel Health Partners; Precedence Care Coordination; Together4Health CCE	Aetna Better Health; Blue Cross Blue Shield of Illinois; CountyCare; Family Health Network; Harmony Health Plan; Health Alliance Connect; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois
Notes			

Illinois Managed Care Program Features, as of 2015

	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Program notes	<p>The Department of Healthcare & Family Services made the decision to terminate the Accountable Care Entity (ACE) program due to the Illinois State Budget crisis of FY16. All ACEs were given until December 31, 2015 to transition into an MCCN, partner with an existing Medicaid Managed Care Organization (MCO) or desolve and disenroll their memberships. On January 1, 2016 all auto enrollment for the ACE program was turned off. ACEs did not receive any new enrollees or capitation payments after December 31st, 2015. Some ACEs continued to exist and operated on their own without receiving a capitation payment until they partnered with an MCO.</p>	<p>The Department of Healthcare & Family Services made the decision to terminate the Care Coordination Entity (CCE) program due to the Illinois State Budget crisis of FY16. All CCEs were given until December 31, 2015 to transition into an MCCN, partner with an existing Medicaid Managed Care Organization (MCO) or desolve and disenroll their memberships. On January 1, 2016 all auto enrollment for the CCE program was turned off. CCEs did not receive any new enrollees or capitation payments after December 31st, 2015. Some CCEs continued to exist and operated on their own without receiving a capitation payment until they partnered with an MCO.</p>	

Illinois Managed Care Program Features, as of 2015

	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)
Statewide or region-specific?	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Ford, Vermilion, Champaign, Piatt, McLean, DeWitt, Macon, Christian, Sangamon, Menard, Logan, Tazewell, Peoria, Stark, Knox, Mercer and Rock Island counties	Jo Daviess, Stephenson, Carroll, Ogle, Dekalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Mason, Schuyler, Mason, Cass, Brown, Adams, Pike, Scott, Morgan, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Moultrie, Douglas, Edgar, Coles, Clark, Cumberland, Crawford, Jasper, Effingham, Marion, Clay, Richland, Lawrence, Wabash, Edwards, Wayne, Jefferson, Washington, Monroe, Randolph, Perry, Franklin, Hamilton, White, Gallatin, Saline, Williamson, Jackson, Union, Johnson, Pop, Hardin, Alexander, Pulaski, and Massac counties
Federal operating authority	1932(a)/1915(c)	1932(a)
Program start date	05/01/2011	07/01/2006
Waiver expiration date (if applicable)	09/30/2019	
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		
Partial Duals		
Children with Special Health Care Needs		
Native American/Alaskan Natives	Voluntary	Voluntary

Illinois Managed Care Program Features, as of 2015

	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	60 days	N/A
Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	
Physician	X	X
Nurse practitioner	X	
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services	X	
Private duty nursing	X	
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X

Illinois Managed Care Program Features, as of 2015

	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, chiropractic, durable medical equipment, hearing, immunization, physical therapy, renal dialysis services, speech therapy, vision	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives?		
Payment bonuses/differentials to reward plans		X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X
Participating plans and regions served		
Plans in Program	Aetna Better Health; Blue Cross Blue Shield of Illinois; Cigna-HealthSpring of Illinois; Community Care Alliance of Illinois; CountyCare; Health Alliance Connect; Humana Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois	Illinois Health Connect
Notes		
Program notes		

Indiana Managed Care Program Features, as of 2015

Healthy Indiana Plan (2.0)	
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	02/01/2015
Waiver expiration date (if applicable)	01/31/2018
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	
Partial Duals	
Children with Special Health Care Needs	
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	Other
Enrollment broker name (if applicable)	Maximus
Notes on enrollment choice period	Members are auto-assigned if no selection is made during application process and are given a 90-day window to change plans. Members cannot change plans after having made contributions.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	

Indiana Managed Care Program Features, as of 2015

	Healthy Indiana Plan (2.0)
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	
Personal care (state plan option)	X
HCBS waiver services	
Private duty nursing	X
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA
EQRO contractor name (if applicable)	Burns and Associates
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	X

Indiana Managed Care Program Features, as of 2015

	Healthy Indiana Plan (2.0)
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	MDWise; Managed Health Services; Anthem
Notes	
Program notes	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.

Indiana Managed Care Program Features, as of 2015

	Hoosier Care Connect	Care Select	Hoosier Healthwise
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1932(a)
Program start date	04/01/2015	11/01/2007	01/01/2000
Waiver expiration date (if applicable)	03/31/2017		
If the program ended in 2015, indicate the end date		07/31/2015	
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals			
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Enrollment choice period	60 days	N/A	Other
Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Notes on enrollment choice period			Members are auto-assigned if no selection is made during application process and are given a 90-day window to change plans.
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		
Physician	X		X
Nurse practitioner	X		X

Indiana Managed Care Program Features, as of 2015

	Hoosier Care Connect	Care Select	Hoosier Healthwise
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		
EPSDT	X		X
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services	X		X
Personal care (state plan option)			X
HCBS waiver services			
Private duty nursing			X
ICF-IDD			
Nursing facility services	X		
Hospice care	X		
Non-Emergency Medical Transportation	X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	No	Yes
CAHPS data required?	Yes	No	Yes
Accreditation required?	Yes	Yes	Yes
Accrediting organization	NCQA	NCQA	NCQA
EQRO contractor name (if applicable)	Burns and Associates		Burns and Associates
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics	X	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Indiana Managed Care Program Features, as of 2015

	Hoosier Care Connect	Care Select	Hoosier Healthwise
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Anthem; Managed Health Services; MDwise	MDwise; Advantage Health Solutions	Managed Health Services; MDwise; Anthem
Notes			
Program notes	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.	On July 1, 2015, MDwise operated as both a PCCM plan and as an MCO plan. The PCCM program was completely phased out on July 31, 2015. As an MCO, MDwise serves as a comprehensive risk-based managed care plan. As a PCCM plan, MDwise coordinated services and received a case management fee.

Kansas Managed Care Program Features, as of 2015

	KanCare	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Sedgwick, Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee Counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2013	08/01/2002
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Mandatory	Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt
Enrollment choice period	60 days	N/A
Enrollment broker name (if applicable)	HP Enterprise Services	HP Enterprise Services
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X

Kansas Managed Care Program Features, as of 2015

	KanCare	PACE
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services	X	
Private duty nursing		
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
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
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		

Kansas Managed Care Program Features, as of 2015

	KanCare	PACE
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup Kansas, Inc.; Sunflower State Health Plan; United HealthCare Community Plan of Kansas	Via Christi; Midland
Notes		
Program notes		

Kentucky Managed Care Program Features, as of 2015

Kentucky Medicaid Managed Care	
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	11/01/2011
Waiver expiration date (if applicable)	10/31/2017
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Exempt
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X

Kentucky Managed Care Program Features, as of 2015

	Kentucky Medicaid Managed Care
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	
Private duty nursing	X
ICF-IDD	X
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA
EQRO contractor name (if applicable)	Island Peer Review
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	

Kentucky Managed Care Program Features, as of 2015

	Kentucky Medicaid Managed Care
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Anthem Blue Cross Blue Shield Medicaid; Humana CareSource; WellCare of Kentucky; Aetna Better Health of Kentucky; Pass Port Health Plan
Notes	
Program notes	

Louisiana Managed Care Program Features, as of 2015

	Bayou Health	Louisiana Behavioral Health Partnership	Dental Benefit Program
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)/1915(c), 1915(b)/1915(i)	1915(b)
Program start date	02/01/2012	03/01/2012	07/01/2014
Waiver expiration date (if applicable)		08/31/2019	06/30/2021
If the program ended in 2015, indicate the end date		11/30/2015	
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Varies	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Mandatory	Mandatory
Partial Duals			
Children with Special Health Care Needs	Varies	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Enrollment choice period	Pre-assigned	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)	Maximus Health Services		
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)		X	
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)		X	
Partial hospitalization		X	
Physician	X	X	
Nurse practitioner	X	X	

Louisiana Managed Care Program Features, as of 2015

	Bayou Health	Louisiana Behavioral Health Partnership	Dental Benefit Program
Rural health clinics and FQHCs	X	X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X		
EPSDT	X	X	X
Case management	X	X	
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)			X
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services		X	
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care	X		
Non-Emergency Medical Transportation	X		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Similar to private duty nursing, Louisiana offers extended home nursing to recipients under 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are covered but limited to a list of payable procedures. Aged, blind, or disabled adults are mandatorily enrolled. Disabled children and/or children with special health care needs in a HCBS waiver program or on a HCBS waiver list are voluntarily enrolled. Otherwise, disabled children and/or children with special health care needs not in a HCBS waiver program and not on a HCBS waiver waiting list are mandatorily enrolled through a 1915b waiver.		Limited medical and surgical services are covered, only Current Dental Terminology (CDT) codes are reimbursed by the Dental Benefit program.
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, URAC	NCQA, URAC	

Louisiana Managed Care Program Features, as of 2015

	Bayou Health	Louisiana Behavioral Health Partnership	Dental Benefit Program
EQRO contractor name (if applicable)	I PRO	I PRO	I PRO
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Aetna Better Health Louisiana; Amerigroup Louisiana; AmeriHealth Caritas Louisiana; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	Louisiana Behavioral Health Partnership	MCNA
Notes			
Program notes	Personal care services are available for those under 21 only. Disabled children on a waiver waiting list (also called Chisholm case members) and children receiving home and community based services may opt-in to Bayou Health. There is a 90 day post-enrollment choice period for all newly enrolled individuals. Accreditation by either NCQU or URAC is required, not both; The plan may choose.		

Louisiana Managed Care Program Features, as of 2015

	PACE
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	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
Federal operating authority	PACE
Program start date	09/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits (excludes partial duals)	
Full Duals	Voluntary
Partial Duals	Voluntary
Children with Special Health Care Needs	
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A

Louisiana Managed Care Program Features, as of 2015

	PACE
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	
Case management	X
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All specialized services authorized by LDH including podiatry.
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No

Louisiana Managed Care Program Features, as of 2015

	PACE
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	PACE-Baton Rouge; PACE-Greater New Orleans; PACE-Lafayette
Notes	
Program notes	

Massachusetts Managed Care Program Features, as of 2015

Features	MassHealth MH/SUD PIHP	MassHealth Managed Care	Senior Care Options
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Counties of: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)/1915(c)
Program start date	07/01/1997	07/07/1998	07/01/2004
Waiver expiration date (if applicable)	06/30/2019	06/30/2019	06/30/2019
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Mandatory		Voluntary
Partial Duals			Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	
Enrollment choice period	Other	Other	Other
Enrollment broker name (if applicable)	Maximus	Maximus	
Notes on enrollment choice period	Daily	within 14 days	Enrollment open all year, effective the first day of the month
Benefits covered			
Inpatient hospital physical health		X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health		X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization	X	X	X

Massachusetts Managed Care Program Features, as of 2015

Features	MassHealth MH/SUD PIHP	MassHealth Managed Care	Senior Care Options
Physician		X	X
Nurse practitioner		X	X
Rural health clinics and FQHCs		X	X
Clinic services	X	X	X
Lab and x-ray		X	X
Prescription drugs and prosthetic devices		X	X
EPSDT		X	
Case management		X	X
Health home (SSA 1945)			
Family planning		X	X
Dental services (medical/surgical)		X	X
Dental (preventative or corrective)		X	X
Home health agency services		X	X
Personal care (state plan option)		X	X
HCBS waiver services		X	X
Private duty nursing		X	X
ICF-IDD			
Nursing facility services		X	X
Hospice care		X	X
Non-Emergency Medical Transportation		X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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	acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF, chronic or rehab (Note: this list is not fully inclusive)	All LTSS and waiver services
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	No	Yes	No

Massachusetts Managed Care Program Features, as of 2015

Features	MassHealth MH/SUD PIHP	MassHealth Managed Care	Senior Care Options
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA	NCQA	
EQRO contractor name (if applicable)	Kepro/APS	Kepro/APS	Kepro/APS
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Massachusetts Behavioral Health Partnership	Health New England; Neighborhood Health Plan; Fallon Community Health Plan; Tufts Health Plan; Celticare; Boston Medical Center Health Net Plan	United Health Care; Senior Whole Health; Navicare HMO; Commonwealth Care Alliance; Tufts Health Plan
Notes			
Program notes	Full duals are only enrolled mandatorily if less than 21 years of age.	Some services, such as day habilitation services, personal care services, private duty nursing services, and long-term nursing facility services, are not covered for low-income adult beneficiaries covered under Section VIII expansion under the Affordable Care Act.	

Massachusetts Managed Care Program Features, as of 2015

Features	Multiple primary care providers	Program for All-Inclusive Care for the Elderly (PACE)
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Counties of Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk and Worcester
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/1995	07/01/1990
Waiver expiration date (if applicable)	06/30/2019	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	
Enrollment choice period	N/A	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	14 days	Open all year, effective the first day of the month
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X

Massachusetts Managed Care Program Features, as of 2015

Features	Multiple primary care providers	Program for All-Inclusive Care for the Elderly (PACE)
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatrist services, nurse midwife, hearing aid, speech and hearing, renal dialysis, therapy services, ambulatory surgery	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicaid and Medicare services
Quality assurance and improvement		
HEDIS data required?	No	Yes
CAHPS data required?	No	No
Accreditation required?	No	No
Accrediting organization	Voluntary participation in EQRO of performance measures	
EQRO contractor name (if applicable)	Kepro/APS	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		

Massachusetts Managed Care Program Features, as of 2015

Features	Multiple primary care providers	Program for All-Inclusive Care for the Elderly (PACE)
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Primary Care Clinician (PCC) Plan	Elder Service Plan of the East Boston Neighborhood Health Center; Upham's Elder Service Plan; Elder Service Plan of Harbor Health Services, Inc.; Fallon Health Summit ElderCare; Elder Services Plan of Cambridge Health Alliance; Element Care, Inc.; Serenity Care PACE Program; Mercy Life Inc.
Notes		
Program notes		

Maryland Managed Care Program Features, as of 2015

	HealthChoice	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	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/02/1997	11/01/2002
Waiver expiration date (if applicable)	12/31/2016	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Mandatory	Exempt
Foster Care and Adoption Assistance Children		Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	21 days, 60 days for foster children	
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization	X	
Physician	X	

Maryland Managed Care Program Features, as of 2015

	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
Nurse practitioner	X	
Rural health clinics and FQHCs	X	
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care	X	
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, freestanding birthing centers, podiatry (under 21 and diabetics).	All benefits listed under 42 CFR 460.90 - 460.106
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Delmarva Foundation for Medical Care, Inc.	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		

Maryland Managed Care Program Features, as of 2015

	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup Community Plan; Jai Medical Systems; Kaiser Permanente; Maryland Physician's Care; MedStar Family Choice; Priority Partners; Riverside Health of Maryland; UnitedHealthCare	Hopkins Elder Plus
Notes		
Program notes		

Maine Managed Care Program Features, as of 2015

	MaineCare	NET
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)/1915(c)
Program start date	05/01/1999	08/01/2010
Waiver expiration date (if applicable)		06/30/2016
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		Mandatory
Partial Duals		
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Mandatory
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)		
Notes on enrollment choice period	28 days	
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)		
Partial hospitalization	X	
Physician	X	
Nurse practitioner	X	
Rural health clinics and FQHCs	X	

Maine Managed Care Program Features, as of 2015

	MaineCare	NET
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care		
Non-Emergency Medical Transportation		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	No	No
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)		
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		

Maine Managed Care Program Features, as of 2015

	MaineCare	NET
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	
Participating plans and regions served		
Plans in Program	Multiple Primary Care Providers	Logisticare; MidCoast Connector; Penquis CAP
Notes		
Program notes		

Michigan Managed Care Program Features, as of 2015

	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental
Program type	Comprehensive MCO	Comprehensive MCO	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1115(a) (Medicaid demonstration waivers)	1915(b)
Program start date	07/01/1997	04/01/2014	04/01/2009
Waiver expiration date (if applicable)	10/31/2015	12/31/2018	10/31/2015
If the program ended in 2015, 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		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Full Duals	Voluntary		
Partial Duals	Voluntary		
Children with Special Health Care Needs	Voluntary		
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Enrollment choice period	Other	Other	Other
Enrollment broker name (if applicable)	Michigan Enrolls	Michigan Enrolls	
Notes on enrollment choice period	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number	Does not apply because State only contracts with one managed care entity.
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization			
Physician	X	X	

Michigan Managed Care Program Features, as of 2015

	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)		X	X
Home health agency services	X	X	
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services	X	X	
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services.	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?	Yes	Yes	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, URAC	NCQA, URAC	

Michigan Managed Care Program Features, as of 2015

	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	
Preferential auto-enrollment to reward plans	X	X	
Public reports comparing MCO performance on key metrics	X	X	
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Blue Cross Complete of Michigan; CoventryCares of MI; HAP Midwest Health Plan; Harbor Health Plan; HealthPlus Partners Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Sparrow PHP; Total Health Care; UnitedHealthcare Community Plan, Inc.; Upper Peninsula Health Plan	Blue Cross Complete; CoventryCares of MI; HAP Midwest Health Plan; Harbor Health Plan Inc.; HealthPlus Partners, Inc.; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Sparrow PHP; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Healthy Kids Dental
Notes			
Program notes	Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	Due to a policy change Medicare Eligibles are excluded from the Healthy Michigan Plan. Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in 80 counties and 3 expansion counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractor mimic the dental services provided through the FFS Medicaid program. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.

Michigan Managed Care Program Features, as of 2015

	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1915(b)/1915(c)	1915(b)/1915(c)
Program start date	11/01/2003	10/01/1998	10/01/2013
Waiver expiration date (if applicable)		09/30/2015	09/30/2018
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Full Duals	Voluntary	Voluntary	Voluntary
Partial Duals	Voluntary	Voluntary	Voluntary
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Enrollment choice period	N/A	Other	Other
Enrollment broker name (if applicable)			
Notes on enrollment choice period		No lock in period.	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization			

Michigan Managed Care Program Features, as of 2015

	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Physician	X		
Nurse practitioner			
Rural health clinics and FQHCs			
Clinic services			
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT			
Case management	X		X
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services	X	X	X
Private duty nursing			X
ICF-IDD			
Nursing facility services	X		
Hospice care			
Non-Emergency Medical Transportation	X		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Transportation	Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications.	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, NEMT is being phased in starting 10/1/2016 with Statewide implementation planned for 4/1/2017 (pending CMS approval).
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			NCQA, JCAHO, URAC, *See Notes Section
EQRO contractor name (if applicable)			

Michigan Managed Care Program Features, as of 2015

	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Care Resources; CentraCare; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI; Senior Community Care of Michigan	CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority; Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10 PIHP; Southwest Michigan Behavioral Health	A & D Home Health Care Inc.; Area Agency on Aging 1-B; Area Agency on Aging of NW Michigan; Area Agency on Aging of West Michigan; Detroit Area Agency on Aging; Macomb-Oakland Regional Center (MORC); Northeast MI Community Service Agency; Northern Health Care 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; Reliance Community Care Partners; Senior Resources of West Michigan; Senior Services Inc.; The Information Center Inc.; The Senior Alliance; Tri-County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging
Notes			

Michigan Managed Care Program Features, as of 2015

	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Program notes	<p>Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. Pace organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid 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.</p>		<p>Covers HCBS only. Must be elderly or disabled adult (at least age 18), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. *Accreditation is not required, but some plans do this voluntarily.</p>

Minnesota Managed Care Program Features, as of 2015

	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	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	1915(a)/1915(c)
Program start date	07/01/1985	06/01/2005	03/01/1997
Waiver expiration date (if applicable)	12/31/2020	06/30/2016	06/30/2018
If the program ended in 2015, 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		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Aged, Blind or Disabled Children or Adults		Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Mandatory	Voluntary
Partial Duals			
Children with Special Health Care Needs	Voluntary		
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Enrollment choice period	30 days	30 days	30 days
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization	X	X	X
Physician	X	X	X
Nurse practitioner	X	X	X

Minnesota Managed Care Program Features, as of 2015

	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Rural health clinics and FQHCs	X	X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X		
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)	X	X	X
Dental (preventative or corrective)	X	X	X
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services		X	X
Private duty nursing		X	X
ICF-IDD			
Nursing facility services	X	X	X
Hospice care			
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Rehabilitation, therapeutic, chemical dependency, and mental health services	mental health services	
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No	No	No
Accrediting organization			
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			
Preferential auto-enrollment to reward plans	X	X	X
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics	X	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Minnesota Managed Care Program Features, as of 2015

	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X	X
Participating plans and regions served			
Plans in Program	Blue Plus; Health Partners; Medica; UCare; Hennepin Health; Itasca Medical Care; PrimeWest Health; South Country Health Alliance	Blue Plus; Health Partners; Medica; UCare; Itasca Medical Care; PrimeWest Health; South Country Health Alliance	Blue Plus; Health Partners; Medica; UCare; Itasca Medical Care; PrimeWest Health; South Country Health Alliance
Notes			
Program notes	Minnesota managed care programs offer some form of long-term services and supports through the capitation rate, but not all such services are paid that way. MLTSS under capitation rate for this program includes: PCA services, Home Care Nursing, Skilled Nursing visits, and Skilled Nursing Facility (limited). LTSS outside of capitation rate for this program includes: HCBS waiver services.	Minnesota managed care programs offer some form of long-term services and supports through the capitation rate, but not all such services are paid that way. MLTSS under capitation rate for this program includes: PCA services, Home Care Nursing, Skilled Nursing visits, Skilled Nursing Facility (limited), Home health services, and Elderly Waiver services. LTSS outside of capitation rate for this program includes: Other HCBS waiver services (not EW).	Minnesota managed care programs offer some form of long-term services and supports through the capitation rate, but not all such services are paid that way. MLTSS under capitation rate for this program includes: PCA services, Home Care Nursing, Skilled Nursing visits, Skilled Nursing Facility (limited), Home health services, and Elderly Waiver services. LTSS outside of capitation rate for this program includes: Other HCBS waiver services (not EW).

Minnesota Managed Care Program Features, as of 2015

	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Dakota County
Federal operating authority	1915(a)	1915(a)
Program start date	01/01/2008	09/01/2009
Waiver expiration date (if applicable)		
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Voluntary	
Partial Duals		
Children with Special Health Care Needs		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Enrollment choice period	30 days	30 days
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X

Minnesota Managed Care Program Features, as of 2015

	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care		
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans	X	X
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		

Minnesota Managed Care Program Features, as of 2015

	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X
Participating plans and regions served		
Plans in Program	Medica; Metropolitan Health Plan; PrimeWest; South Country Health Alliance; UCare	Medica
Notes		
Program notes	Minnesota managed care programs offer some form of long-term services and supports through the capitation rate, but not all such services are paid that way. MLTSS under capitation rate for this program includes: Skilled Nursing visits, Skilled Nursing Facility (limited), and Home health services. LTSS outside of capitation rate for this program includes: PCA services, Home Care Nursing, and HCBS waiver services.	Minnesota managed care programs offer some form of long-term services and supports through the capitation rate, but not all such services are paid that way. MLTSS under capitation rate for this program includes: Skilled Nursing visits, Skilled Nursing Facility (limited), and Home health services. LTSS outside of capitation rate for this program includes: PCA services, Home Care Nursing, and HCBS waiver services.

Missouri Managed Care Program Features, as of 2015

	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Audrain, Bates, Benton, Boone, Callaway, Camden, Cass, Cedar, Chariton, Clay, Cole, Cooper, Franklin, Gasconade, Henry, Howard, Jackson, Jefferson, Johnson, Laclede, Lafayette, Lincoln, Linn, Macon, Madison, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Ralls, Randolph, Ray, St. Charles, St. Clair, St. Francois, St. Genevieve, St. Louis City, St. Louis County, Saline, Shelby, Vernon, Warren, Washington	Statewide	St. Louis City, St. Louis County
Federal operating authority	1915(b)	1902(a)(70) NEMT	PACE
Program start date	09/01/1995	10/01/2006	11/01/2001
Waiver expiration date (if applicable)	06/30/2016		
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Mandatory	Voluntary
Partial Duals		Mandatory	Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Enrollment choice period	Other		N/A
Enrollment broker name (if applicable)	WIPRO INFOCROSSING	Medicaid State Plan	
Notes on enrollment choice period	15 days. However, children in the care and custody of the State of Missouri have 90 calendar days to choose a MO HealthNet Managed Care health plan.		

Missouri Managed Care Program Features, as of 2015

	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		X
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		X
Case management	X		X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		X
Personal care (state plan option)	X		X
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			X
Nursing facility services			X
Hospice care	X		X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Care, Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision		Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision
Quality assurance and improvement			
HEDIS data required?	Yes	No	No

Missouri Managed Care Program Features, as of 2015

	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)	Behavioral Health Concepts, Inc.		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Aetna Better Health of Missouri Eastern; Aetna Better Health of Missouri Central; Aetna Better Health of Missouri Western; Missouri Care Eastern; Missouri Care Central; Missouri Care Western; Home State Eastern; Home State Central; Home State Western	Logisticare Solutions	Alexian Brothers Community Services
Notes			
Program notes			

Mississippi Managed Care Program Features, as of 2015

	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 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	Other
Enrollment broker name (if applicable)	Xerox Healthcare Solutions (partial)
Notes on enrollment choice period	30 days to choose CCO; 90 days to change CCOs once after initial enrollment; Annual Open Enrollment Oct-Dec 15.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	
Physician	X

Mississippi Managed Care Program Features, as of 2015

	MississippiCAN
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	NET services began 7/1/2014, Inpatient services began 12/1/2015
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA, JCAHO, AAAHC, URAC
EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence (CCME)
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	X
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	

Mississippi Managed Care Program Features, as of 2015

	MississippiCAN
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Magnolia Health - MississippiCAN; UnitedHealthcare Community Plan of Mississippi - MississippiCAN
Notes	
Program notes	From May 1, 2015 to July 31, 2015, MississippiCAN expanded its population to include Medical Assistance (MA) Children under age 19.

Montana Managed Care Program Features, as of 2015

	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	01/01/1994
Waiver expiration date (if applicable)	12/31/2016
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	Xerox State Healthcare, LLC
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X

Montana Managed Care Program Features, as of 2015

	Passport to Health
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Transplants and urgent care services
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	

Montana Managed Care Program Features, as of 2015

	Passport to Health
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Passport to Health
Notes	
Program notes	Montana has four programs that operate under the authority of the 1915(b) waiver. The Passport to Health (Passport) program is the Primary Care Case Management (PCCM) program. The Team Care program is a sub program of Passport, which began in 2004. The Health Improvement program, the Enhanced Primary Care Case Management (EPCCM) program, began in 2009 as an enhancement to passport. The Nurse First program is the nurse advice line that began in 2004.

North Carolina Managed Care Program Features, as of 2015

	Carolina ACCESS/Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	See information in Notes Section	Statewide
Federal operating authority	1932(a)	PACE	1915(b)/1915(c)
Program start date	04/01/1991	02/01/2008	07/01/2012
Waiver expiration date (if applicable)			07/01/2018
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Voluntary	Voluntary	Mandatory
Partial Duals	Voluntary	Voluntary	
Children with Special Health Care Needs	Voluntary		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary		Mandatory
Enrollment choice period	N/A	N/A	Pre-assigned
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	
Physician		X	
Nurse practitioner		X	

North Carolina Managed Care Program Features, as of 2015

	Carolina ACCESS/Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Rural health clinics and FQHCs		X	
Clinic services		X	
Lab and x-ray		X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management	X	X	
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)		X	
Dental (preventative or corrective)		X	
Home health agency services		X	
Personal care (state plan option)		X	
HCBS waiver services		X	X
Private duty nursing		X	
ICF-IDD			X
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Restorative Therapies; Nutrition counseling; Recreational therapies; Meals	Outpatient Behavioral Health Services including services provided by psychiatrists for recipients with a diagnosis in the 290-319 range; Psychiatric Residential Treatment Facilities; Therapeutic Foster Care; Residential Child Care; Hospital Emergency Dept
Quality assurance and improvement			
HEDIS data required?	Yes	No	Yes
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	Yes
Accrediting organization			NCQA, URAC
EQRO contractor name (if applicable)			Carolinas Center for Medical Excellence (CCME)
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			

North Carolina Managed Care Program Features, as of 2015

	Carolina ACCESS/Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	CCNC/CA Carolina ACCESS	Elderhaus, Inc.; Piedmont Health Senior Care; LIFE Saint Joseph of the Pines; PACE of Guilford and Rockingham Counties DBA/ PACE of the Triad; PACE @ Home; Carolina Senior Care; PACE of the Southern Piedmont; VOANS Senior CommUnity Care of North Carolina, Inc.; Senior Total Life Care; StayWell Senior Care; CarePartners PACE	Alliance Behavioral Healthcare; Center Point Human Services; Cardinal Innovations Healthcare Solutions; Eastpointe; Partners Behavioral Health Management; Sandhills Center; Smoky Mountain Center; Trillium Health Resources
Notes			
Program notes			All Medicaid recipients are covered by a Behavioral Healthcare (BHO). There are eight (8) plans and enrollment is based on the enrollee's county of residence. Counties served are listed with each plan.

North Dakota Managed Care Program Features, as of 2015

	North Dakota Medicaid Expansion	Health Management Program	PACE
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	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), 1937 Alt Benefit Plan	1932(a)	PACE
Program start date	01/01/2014	08/01/2007	08/01/2008
Waiver expiration date (if applicable)	12/31/2017		
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Aged, Blind or Disabled Children or Adults		Voluntary	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary	
Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Full Duals			Voluntary
Partial Duals			Voluntary
Children with Special Health Care Needs			
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	
Enrollment choice period	Pre-assigned	Other	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period		Open enrollment at all times with no timeframe indicated	Enrollment begins on the first day of the month following the determination that they are eligible.
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		
Physician	X		X

North Dakota Managed Care Program Features, as of 2015

	North Dakota Medicaid Expansion	Health Management Program	PACE
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		X
Personal care (state plan option)			X
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services	X		X
Hospice care	X		X
Non-Emergency Medical Transportation	X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	No, but accreditation considered in plan selection criteria	No
Accrediting organization	NCQA	URAC	
EQRO contractor name (if applicable)	Delmarva		CMS and North Dakota
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			

North Dakota Managed Care Program Features, as of 2015

	North Dakota Medicaid Expansion	Health Management Program	PACE
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	ND Medicaid Expansion - Sanford Health Plan	Health Management	PACE
Notes			
Program notes	In order for the State to provide Medicaid Expansion through private carriers, an initial and renewal 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. Federal Medicaid Regulations require enrollees to have a choice of plans in the Metropolitan Statistical Areas (MSA's). The State was only able to award one statewide Managed Care Organization (MCO) contract, thus a 1115 waiver was submitted (and granted) which ensures compliance with regulations.		

North Dakota Managed Care Program Features, as of 2015

	PCCM
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	11/01/1994
Waiver expiration date (if applicable)	
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	
Partial Duals	
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	
Notes on enrollment choice period	Once enrolled the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the annual open enrollment period.
Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	

North Dakota Managed Care Program Features, as of 2015

	PCCM
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	
Prescription drugs and prosthetic devices	
EPSDT	
Case management	X
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	North Dakota
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	

North Dakota Managed Care Program Features, as of 2015

	PCCM
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Multiple Primary Care Providers
Notes	
Program notes	

Nebraska Managed Care Program Features, as of 2015

	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068
Federal operating authority	1915(b),1932(a)	1915(b)	PACE
Program start date	07/01/1995	09/01/2013	05/01/2013
Waiver expiration date (if applicable)	06/30/2017	06/30/2017	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Full Duals	Mandatory	Mandatory	
Partial Duals	Mandatory	Mandatory	
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Enrollment choice period	15 days	Pre-assigned	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X		X

Nebraska Managed Care Program Features, as of 2015

	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization	X	X	X
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices			X
EPSDT	X		X
Case management	X		X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)			X
Home health agency services	X		X
Personal care (state plan option)			X
HCBS waiver services			X
Private duty nursing	X		X
ICF-IDD			X
Nursing facility services			X
Hospice care			X
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Hearing, Immunization, Speech Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy		
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, URAC	URAC	
EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)	

Nebraska Managed Care Program Features, as of 2015

	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics		X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Amerihealth Caritas (D.B.A. Arbor Health Plan); Coventry Health Care of Nebraska (D.B.A. Aetna); United Health Care of Nebraska	Magellan Health	Immanuel Pathways
Notes			
Program notes			

New Hampshire Managed Care Program Features, as of 2015

	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1932(a), 1937 Alt Benefit Plan
Program start date	12/01/2013	09/01/2014
Waiver expiration date (if applicable)		
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Voluntary	
Partial Duals		
Children with Special Health Care Needs	Voluntary	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt
Enrollment choice period	60 days	60 days
Enrollment broker name (if applicable)	Maximus	Maximus
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X

New Hampshire Managed Care Program Features, as of 2015

	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	X
Personal care (state plan option)	X	
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
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, methadone	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, chiropractic, full substance use disorder treatment
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	HSAG	HSAG
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		

New Hampshire Managed Care Program Features, as of 2015

	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	New Hampshire Healthy Families; Well Sense	New Hampshire Healthy Families; Well Sense
Notes		
Program notes	The program enrolls the non-expansion population and those in the expansion population who are self-declared as medically frail and opted to receive the standard plan.	People in the NH Health Protection Program who self-declare as medically frail are given the option of electing the ABP or standard Medicaid benefit. The program enrolls those in the expansion population that are not medically frail, and if they are medically frail, they elected to stay in the ABP.

New Jersey Managed Care Program Features, as of 2015

	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Program type	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation	Comprehensive MCO + MLTSS
Statewide or region-specific?	Varies by plan	Statewide	Statewide
Federal operating authority	PACE	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	04/09/2009	07/01/2009	09/01/1995
Waiver expiration date (if applicable)			06/30/2017
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Voluntary	Mandatory	Mandatory
Partial Duals	Voluntary	Mandatory	
Children with Special Health Care Needs		Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Enrollment choice period	N/A	Other	10 days
Enrollment broker name (if applicable)			Xerox
Notes on enrollment choice period	Monthly, on the first day of the month	Enrolled simultaneously with MCO enrollment	
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		X
Physician	X		X
Nurse practitioner	X		X

New Jersey Managed Care Program Features, as of 2015

	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Rural health clinics and FQHCs			X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT			X
Case management	X		X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		X
Personal care (state plan option)	X		X
HCBS waiver services	X		X
Private duty nursing			X
ICF-IDD			X
Nursing facility services	X		X
Hospice care	X		X
Non-Emergency Medical Transportation	X	X	X
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, podiatrist, post-acute care, preventive health, spec hosp, vision
Quality assurance and improvement			
HEDIS data required?	No	No	Yes
CAHPS data required?	No	No	Yes
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)			Island Peer Review Organization (IPRO)
Performance incentives?			
Payment bonuses/differentials to reward plans			X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			

New Jersey Managed Care Program Features, as of 2015

	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Lutheran Senior LIFE Jersey City; LIFE at Lourdes; Inspira LIFE (formerly South Jersey Healthcare LIFE); LIFE (Living Independently for Elders) St. Francis	Logisticare	Aetna Better Health NJ; Amerigroup New Jersey, Inc.; Horizon NJ Health; United Healthcare Community Plan; WellCare of New Jersey; Amerivantage Specialty + Rx (HMO-SNP); UnitedHealthcare Dual Complete One
Notes			
Program notes			On July 1, 2015, a performance-based incentive program was implemented that pays MCOs a one time bonus for achieving (and maintaining) NCQA commendable status. An additional annual amount was set-up to fund performance-based payments to any NCQA Commendable MCO that achieved benchmarks in one or more of five predetermined quality metrics.

New Mexico Managed Care Program Features, as of 2015

	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Bernalillo County, Sandoval County, Valencia County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2014	07/01/2004
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Full Duals	Mandatory	Voluntary
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period	Members have 90 days to switch to MCO's when initially enrolled and during recertification.	Disenrollments permitted every 30 days.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		
Physician	X	X
Nurse practitioner	X	X

New Mexico Managed Care Program Features, as of 2015

	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	
Non-Emergency Medical Transportation	X	X
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	Adult Day/Health Center, Optometry, Audiology, Podiatry, Alternative Therapies (Chiropractic, Acupuncture)
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Healthsight	
Performance incentives?		
Payment bonuses/differentials to reward plans		

New Mexico Managed Care Program Features, as of 2015

	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Preferential auto-enrollment to reward plans	X	
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Blue Cross Blue Shield of NM; Presbyterian Health Plan; UnitedHealthcare Community Plan; Molina Healthcare of New Mexico Inc	Innovage Greater New Mexico PACE dba Total Community Care
Notes		
Program notes	Native American/Alaskan Native Enrollment would be manditorily enrolled if receiving LTSS.	

Nevada Managed Care Program Features, as of 2015

	Nevada Medicaid	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) counties	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	10/31/1988		06/01/2014
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals			
Partial Duals			
Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Enrollment choice period	Other		N/A
Enrollment broker name (if applicable)	Hewlett Packard Enterprise Services		Hewlett Packard Enterprise Services
Notes on enrollment choice period	Members choose upon application and have 90 days to switch plans; exception if members have been eligible and enrolled in a plan within the past 60 days: auto-enrolled in prior plan.		
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X		
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X		
Partial hospitalization	X		

Nevada Managed Care Program Features, as of 2015

	Nevada Medicaid	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
Physician	X		
Nurse practitioner	X		
Rural health clinics and FQHCs	X		
Clinic services	X		
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT	X		
Case management	X		X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services	X		
Private duty nursing	X		
ICF-IDD	X		
Nursing facility services			
Hospice care	X		
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nursing facility services under 45 days		
Quality assurance and improvement			
HEDIS data required?	Yes	No	Yes
CAHPS data required?	Yes	No	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA		Vendor is contractually required to adhere to NCQA standards
EQRO contractor name (if applicable)	Health Services Advisory Group		Nevada and Health Services Advisory Group
Performance incentives?			
Payment bonuses/differentials to reward plans			X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X

Nevada Managed Care Program Features, as of 2015

	Nevada Medicaid	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Health Plan of Nevada (HPN); Amerigroup Community Care (AGP)	Logisticare	Axis Point Health
Notes			
Program notes	Last year I reported Children with Special Health Care Needs as Enrolled Mandatorily; this was in error and corrected this year.		Last year I reported mistakenly under Quality Assurance and Performance Incentives: while not mandated, we do have our EQRO contractor extensively involved in the program with regard to performance measure validation and assessment; also, there is a payment incentive for truly exceptional performance with regard to member health care outcomes.

New York Managed Care Program Features, as of 2015

	Health and Recovery Plans	Medicaid Advantage	PACE
Program type	Comprehensive MCO	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)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	10/01/2015	10/01/2006	01/01/2001
Waiver expiration date (if applicable)			
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults			
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Enrollment choice period	30 days	60 days	N/A
Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization			
Physician	X	X	X
Nurse practitioner	X	X	X

New York Managed Care Program Features, as of 2015

	Health and Recovery Plans	Medicaid Advantage	PACE
Rural health clinics and FQHCs	X		X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT			
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)		X	X
Dental (preventative or corrective)	X	X	X
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services	X		X
Private duty nursing	X	X	X
ICF-IDD			
Nursing facility services	X	X	X
Hospice care	X		
Non-Emergency Medical Transportation		X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse Midwife Services, Audiology, Vision, Occupational Therapy	Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services	Podiatry, Physical Therapy, Occupational Therapy
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	No
Accrediting organization			
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		
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

New York Managed Care Program Features, as of 2015

	Health and Recovery Plans	Medicaid Advantage	PACE
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	HealthFirst; HealthPlus; HIP GNY; MetroPlus; NYS Catholic Health Plan; United HealthCare	Affinity; HIP of Greater New York; Liberty Health Advantage; Managed Health Inc.; MetroPlus; NYS Catholic Health Plan/Fidelis; Touchstone/Prestige; United HealthCare; VNS Choice; WellCare	ArchCare Senior Life; Catholic Health - Life; Centerlight (CMM); Eddy Senior Care; Independent Living for Seniors; PACE CNY; Total Senior Care; Complete Senior Care
Notes			
Program notes	The waiver is on extension as we wait for the approval of the renewal that will extend these programs until 3/30/2020.	The waiver is on extension as we wait for the approval of the renewal that will extend these programs until 3/30/2020.	

New York Managed Care Program Features, as of 2015

	Medicaid Advantage Plus	Partnership Plan Medicaid Managed Care	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	01/01/2007	10/01/1997	01/01/1998
Waiver expiration date (if applicable)			
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Aged, Blind or Disabled Children or Adults		Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Voluntary		Mandatory
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Enrollment choice period	60 days	30 days	60 days
Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization			
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs			

New York Managed Care Program Features, as of 2015

	Medicaid Advantage Plus	Partnership Plan Medicaid Managed Care	Managed Long Term Care
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT		X	
Case management	X	X	X
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X	X	X
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services	X		X
Private duty nursing	X	X	
ICF-IDD			
Nursing facility services	X		
Hospice care		X	
Non-Emergency Medical Transportation	X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry	Nurse Midwife Services, Foot Care Services	
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	No	No	No
Accrediting organization			
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
Preferential auto-enrollment to reward plans		X	X
Public reports comparing MCO performance on key metrics		X	X
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			

New York Managed Care Program Features, as of 2015

	Medicaid Advantage Plus	Partnership Plan Medicaid Managed Care	Managed Long Term Care
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	ElderPlan; GuildNet; HealthFirst; HealthPlus; HIP of Greater New York; NYS Catholic Health Plan/Fidelis; Senior Whole Health; VNS Choice	Affinity Health Plan; AmidaCare Special Needs; Capital District Physicians Health Plan; Excellus; HealthFirst; HealthNow; HealthPlus; HIP Combined; Hudson Health Plan; Independent Health/Hudson Valley&WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; MVP Health Plan; NYS Catholic Health Plan/Fidelis; Today's Options; United HealthCare; VNS Choice Special Needs; WellCare; YourCare Health Plan	Aetna Better Health; AgeWell New York; AlphaCare; ArchCare Community Life; Centerlight Select; Centers Plan for Healthy Living; ElderPlan; ElderServe; Extended MLTC; Fidelis Care at Home; GuildNet; Hamaspik Choice; Health Advantage/Elant Choice; HealthPlus; HHH Choices; HIP/Managed Long Term Care; Icircle Care; Independent Care Systems; Integra; Kalos Health Plan; MetroPlus/Managed Long Term Care; Montefiore HMO; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; Total Aging in Place; United HealthCare/Managed Long Term Care; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate
Notes			
Program notes	The waiver is on extension as we wait for the approval of the renewal that will extend these programs until 3/30/2020.	The waiver is on extension as we wait for the approval of the renewal that will extend these programs until 3/30/2020.	The waiver is on extension as we wait for the approval of the renewal that will extend these programs until 3/30/2020.

Ohio Managed Care Program Features, as of 2015

	Medicaid Managed Care	Ohio PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Cuyahoga County
Federal operating authority	1915(b),1932(a)	PACE
Program start date	07/01/2005	11/01/2002
Waiver expiration date (if applicable)	06/30/2017	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Varies	
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Voluntary	
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Automated Health Systems, Inc.	
Notes on enrollment choice period	Enrollment letters are sent to individuals at the time of eligibility, which can be at any time. The length of the enrollment choice period is dependent upon when the letter is sent; it can be anywhere between 18 and 60 days.	Ohio PACE operates under an open enrollment model.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		

Ohio Managed Care Program Features, as of 2015

	Medicaid Managed Care	Ohio PACE
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management		
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services		X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, freestanding birth centers, podiatry, Care management, OME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette), respite services for eligible children receiving Supplemental Security Income (SSI)	
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives?		

Ohio Managed Care Program Features, as of 2015

	Medicaid Managed Care	Ohio PACE
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans	X	
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio; Paramount Advantage; United Healthcare Community Plan of Ohio	McGregor PACE
Notes		
Program notes	1) MCOs/PHPs are required or encouraged to pay providers for value/quality outcomes, but we don't specify how, so its not necessarily through "using shared-risk or shared- savings methods." 2) Children with Special Health Care Needs (SSI population ONLY) are mandatorially enrolled in Ohio's Medicaid Managed Care program. 3) Children with Special Health Care Needs (BCMh population only) are enrolled voluntarily in Ohio's Medicaid Managed Care program.	

Oklahoma Managed Care Program Features, as of 2015

	SoonerCare Choice	SoonerRide	PACE
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108, 73008, 73106, 73143, 73003, 73147, 73025, 73134, 73084, 73119, 73140, 73124, 73157, 73170, 73163, 73066, 73150, 73110, 73139, 73105, 73142, 73185, 73109, 73194, 73113, 73169, 73103, 73154, 73121, 73156, 73165, 73127, 73013, 73131, 73198, 73118, 73178, 73141, 73184, 73160, 73146, 73120, 73149, 73083, 73137, 73122, 73155, 73132, 73108, 73162, 73112, 73167, 73102, 73152, 73012, 73179, 73135, 73026, 73190, 73129, 73196, 73117, 73173, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT	PACE
Program start date	01/01/1996	06/01/2006	08/01/2008
Waiver expiration date (if applicable)	12/31/2016		
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Mandatory	Voluntary
Partial Duals			Voluntary

Oklahoma Managed Care Program Features, as of 2015

	SoonerCare Choice	SoonerRide	PACE
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Enrollment choice period	N/A	Pre-assigned	N/A
Enrollment broker name (if applicable)	Maximus	Logisticare	
Notes on enrollment choice period	Members are enrolled within 72 hours of application.		
Benefits covered			
Inpatient hospital physical health			X
Inpatient hospital behavioral health (MH and/or SUD)			X
Outpatient hospital physical health			X
Outpatient hospital behavioral health (MH and/or SUD)			X
Partial hospitalization			X
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs			
Clinic services			X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices			X
EPSDT	X		
Case management	X		X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)			X
Dental (preventative or corrective)			X
Home health agency services			X
Personal care (state plan option)			X
HCBS waiver services			
Private duty nursing			X
ICF-IDD			
Nursing facility services			X
Hospice care			X
Non-Emergency Medical Transportation		X	X

Oklahoma Managed Care Program Features, as of 2015

	SoonerCare Choice	SoonerRide	PACE
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
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization	State specific PCMH		
EQRO contractor name (if applicable)	Contractor is Telligen		
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Multiple Primary Care Providers	SoonerRide	Cherokee Elder Care; Life PACE; Valir PACE Foundation
Notes			
Program notes			

Oregon Managed Care Program Features, as of 2015

	OHP - Oregon Health Plan	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Multnomah, Washington, Clatsop 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)	06/30/2017	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults	Voluntary	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Full Duals	Voluntary	Voluntary
Partial Duals	Voluntary	Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
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
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		X
Physician	X	X
Nurse practitioner		X

Oregon Managed Care Program Features, as of 2015

	OHP - Oregon Health Plan	PACE
Rural health clinics and FQHCs		
Clinic services		X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		X
HCBS waiver services		X
Private duty nursing		
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Hearing, Immunization, Vision	Medications (OTC and RX), Mental Health Care, DME, Speech/Physical/Occupational/Recreational Therapeutic Services, Audiology/Optical/Podiatry Specialty Medical Care, Occupational and Physical Therapy and Social Services
Quality assurance and improvement		
HEDIS data required?	No	No
CAHPS data required?	Yes	No
Accreditation required?	No	No
Accrediting organization	NCQA, URAC	NCQA
EQRO contractor name (if applicable)	Acumentra	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	

Oregon Managed Care Program Features, as of 2015

	OHP - Oregon Health Plan	PACE
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Access Dental Plan, LLC; Advantage Dental Services; AllCare Health Plan; Capitol Dental Care, Inc.; CareOregon Dental; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; Family Dental Care; FamilyCare; Greater Oregon Behavioral Health, Inc.; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; Kaiser Permanente Oregon Plus; Managed Dental Care of Oregon; ODS Community Health Inc.; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Western Oregon Advanced Health; Willamette Valley Community Health; Yamhill Community Care	Providence Elder Place
Notes		
Program notes		

Pennsylvania Managed Care Program Features, as of 2015

	PA Living Independence For the Elderly (LIFE)	Health Choices/Physical Health	Adult Community Autism Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Cumberland, Dauphin, Chester and Lancaster Counties
Federal operating authority	PACE	1915(b)	1915(a)
Program start date	07/24/1998	02/01/1997	06/01/2009
Waiver expiration date (if applicable)		12/31/2016	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Aged, Blind or Disabled Children or Adults		Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Full Duals	Voluntary	Mandatory	Voluntary
Partial Duals	Voluntary	Mandatory	
Children with Special Health Care Needs		Mandatory	
Native American/Alaskan Natives	Voluntary	Mandatory	Exempt
Foster Care and Adoption Assistance Children	Exempt		
Enrollment choice period	N/A	Other	Pre-assigned
Enrollment broker name (if applicable)		Maximus Health Services	
Notes on enrollment choice period		Consumer has the right to initiate a change in MCO at any time.	
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X		
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		
Physician	X	X	X

Pennsylvania Managed Care Program Features, as of 2015

	PA Living Independence For the Elderly (LIFE)	Health Choices/Physical Health	Adult Community Autism Program
Nurse practitioner	X	X	X
Rural health clinics and FQHCs		X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT		X	
Case management	X	X	X
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)	X	X	X
Dental (preventative or corrective)	X	X	X
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services	X		X
Private duty nursing	X	X	
ICF-IDD		X	X
Nursing facility services	X	X	X
Hospice care	X	X	X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry falls under Specialist Services	nurse midwife services, CNRP services, freestanding birth centers, podiatry, medical supplies and equipment, home health (visiting nurse), chiropractic services, optometry, renal dialysis center, ambulatory surgical center	physical, occupational, vision and mobility and speech therapies (group & individual). Prevocational, health promotion and disease prevention services. Prosthetic eyes and other eye appliances.
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	No	Yes	No
Accrediting organization		NCQA	
EQRO contractor name (if applicable)		Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics		X	

Pennsylvania Managed Care Program Features, as of 2015

	PA Living Independence For the Elderly (LIFE)	Health Choices/Physical Health	Adult Community Autism Program
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X	
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Albright LIFE H-9068; Community LIFE H-3917; LIFE-Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; Senior LIFE Washington; 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; SpiriTrust LIFE H-2537; LIFE NWPA H-4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; LIFE U-Penn H-3908; LIFE St. Mary H-6551; New Courtland LIFE H-9830; VieCareArmstrong H-6188	UPMC for You, Inc.; AETNA Better Health; Coventry Cares Health Plan; Gateway Health Plan; United Healthcare Community Plan of Pennsylvania; Health Partners of Philadelphia, Inc.; Geisinger Health Plan; Vista Health Plan DBA Keystone First; Vista Health Plan DBA AmeriHealth Northeast; Vista Health Plan DBA AmeriHealth Caritas	Adult Community Autism Program
Notes			
Program notes	Quality Assessment and Performance Improvement (QAPI) program listed for the accrediting organization is holdover language from when IPRO reviewed the program which is no longer required. Therefore any reference to QAPI is being removed.		

Pennsylvania Managed Care Program Features, as of 2015

	MATP (Medical Assistance Transportation Program)	Healthy PA/Physical Health
Program type	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Philadelphia	Statewide
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	11/01/2005	01/01/2015
Waiver expiration date (if applicable)		12/31/2015
If the program ended in 2015, indicate the end date		12/31/2015
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Mandatory
Full Duals	Voluntary	Mandatory
Partial Duals	Voluntary	Mandatory
Children with Special Health Care Needs	Voluntary	Mandatory
Native American/Alaskan Natives	Exempt	Mandatory
Foster Care and Adoption Assistance Children		
Enrollment choice period	Pre-assigned	Other
Enrollment broker name (if applicable)		Maximus Health Services
Notes on enrollment choice period		The consumer has the right to initiate a change in MCO at any time
Benefits covered		
Inpatient hospital physical health		X
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health		X
Outpatient hospital behavioral health (MH and/or SUD)		
Partial hospitalization		
Physician		X
Nurse practitioner		X

Pennsylvania Managed Care Program Features, as of 2015

	MATP (Medical Assistance Transportation Program)	Healthy PA/Physical Health
Rural health clinics and FQHCs		X
Clinic services		X
Lab and x-ray		X
Prescription drugs and prosthetic devices		X
EPSDT		X
Case management		X
Health home (SSA 1945)		
Family planning		X
Dental services (medical/surgical)		X
Dental (preventative or corrective)		
Home health agency services		X
Personal care (state plan option)		X
HCBS waiver services		
Private duty nursing		X
ICF-IDD		X
Nursing facility services		X
Hospice care		X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		nurse midwife services, CNRP services, freestanding birth centers, podiatry, medical supplies and equipment, home health (visiting nurse), chiropractic services, optometry, renal dialysis center, ambulatory surgical center
Quality assurance and improvement		
HEDIS data required?	No	Yes
CAHPS data required?	No	Yes
Accreditation required?	No	Yes
Accrediting organization		NCQA
EQRO contractor name (if applicable)		Island Peer Review Organization (IPRO)
Performance incentives?		
Payment bonuses/differentials to reward plans		X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		X
Withholds tied to performance metrics		

Pennsylvania Managed Care Program Features, as of 2015

	MATP (Medical Assistance Transportation Program)	Healthy PA/Physical Health
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	LogistiCare, Inc.	United Healthcare of Pennsylvania, Inc.; Capital Blue Cross DBA Keystone Health Plan Central, Inc.; UPMC for You, Inc.; Vista Health Plan Inc DBA Keystone Connect; Geisinger Health Plan, Inc.; Gateway Health Plan, Inc.; Health Partners Plans, Inc.; Aetna Better Health, Inc.; Vista Health Plan Inc DBA AmeriHealthConn
Notes		
Program notes		

Pennsylvania Managed Care Program Features, as of 2015

	Health Choices/Behavioral Health
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	01/01/1999
Waiver expiration date (if applicable)	12/31/2016
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Exempt
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	
Rural health clinics and FQHCs	X

Pennsylvania Managed Care Program Features, as of 2015

	Health Choices/Behavioral Health
Clinic services	X
Lab and x-ray	
Prescription drugs and prosthetic devices	
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Psychiatric Rehabilitation, Peer Specialist Services
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	No
Accreditation required?	Yes
Accrediting organization	JCAHO, for Inpatient, Outpatient
EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	

Pennsylvania Managed Care Program Features, as of 2015

	Health Choices/Behavioral Health
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Allegheny County HealthChoices - Community Care Behavioral Health Organization; Beaver County HealthChoices-Value Behavioral Health of Pennsylvania; Armstrong-Indiana Counties HealthChoices-Value Behavioral Health of Pennsylvania; Behavioral Health Services of Somerset-Bedford-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Adams County HealthChoices-Community Care Behavioral Health Organization; Berks County HealthChoices-Community Care Behavioral Health Organization; Blair County HealthChoices-Community Care Behavioral Health Organization; North Central State Option (CCBHO)-Community Care Behavioral Health Organization; Bucks County HealthChoices-Magellan Behavioral Health of Pennsylvania; Butler County HealthChoices-Value Behavioral Health of Pennsylvania; Cambria County HealthChoices-Value Behavioral Health of Pennsylvania; Carbon-Monroe-Pike Joinder Board-Community Care Behavioral Health Organization; Chester County HealthChoices-Community Care Behavioral Health Organization; Lycoming-Clinton Joinder Board-Community Care Behavioral Health Organization; Montgomery County HealthChoices-Magellan Behavioral Health of Pennsylvania; Erie County HealthChoices-Community Care Behavioral Health Organization; Fayette County HealthChoices-Value Behavioral Health of Pennsylvania; Tuscarora Managed Care Alliance-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Greene County (Commonwealth)-Value Behavioral Health of Pennsylvania; Northeast Behavioral Health Care Consortium-Community Care Behavioral Health Organization; Lancaster County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Lawrence County HealthChoices-Value Behavioral Health of Pennsylvania; Lebanon County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Northwest Behavioral Health Partnership-Value Behavioral Health of Pennsylvania; Cumberland County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Dauphin County HealthChoices- PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Delaware County HealthChoices-Magellan Behavioral Health of Pennsylvania; Northampton County HealthChoices-Magellan Behavioral Health of Pennsylvania; Perry County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Philadelphia County HealthChoices-Community Behavioral Health; Washington County HealthChoices-Value Behavioral Health of Pennsylvania; Westmoreland County HealthChoices-Value Behavioral Health of Pennsylvania; York County HealthChoices-Community Care Behavioral Health Organization; Lehigh County HealthChoices-Magellan Behavioral Health of Pennsylvania
Notes	
Program notes	Pennsylvania HealthChoices/ Behavioral Health program operates statewide with some minor variation in benefits covered by county.

Puerto Rico Managed Care Program Features, as of 2015

	Government Health Plan	Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a), 1937 Alt Benefit Plan	1915(b), 1915(a)
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)		
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Mandatory	Mandatory
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt
Enrollment choice period	Pre-assigned	Other
Enrollment broker name (if applicable)		
Notes on enrollment choice period		No specific time
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner		
Rural health clinics and FQHCs	X	X

Puerto Rico Managed Care Program Features, as of 2015

	Government Health Plan	Medicare Platino
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services		
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing		
ICF-IDD		
Nursing facility services		
Hospice care		
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X
Provider Value-Based Purchasing		

Puerto Rico Managed Care Program Features, as of 2015

	Government Health Plan	Medicare Platino
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	First Medical Plan Inc.; PMC Medicare Choice, LLC; Triple-S Salud Inc.; Molina Health Care PR, Inc.; MMM MULTI HEALTH, Inc	Triple S; Humana Health Plan of PR Inc.; MCS Advantage Inc.; MMM Health Care Inc.; Preferred Medical Choice Inc.; Constellation Health, LLC.
Notes		
Program notes	The Government Health Plan covers medical and behavioral health benefits for most Medicaid eligibles. In 2014, this program was reported as two separate programs under "Mi Salud."	

Rhode Island Managed Care Program Features, as of 2015

	PACE	Rhody Health Partners	Rite Care
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	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	01/01/2006	04/01/2008	08/01/1994
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Full Duals	Voluntary		
Partial Duals	Voluntary		
Children with Special Health Care Needs			Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Enrollment choice period	N/A	30 days	30 days
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization	X	X	X
Physician	X	X	X
Nurse practitioner	X	X	X

Rhode Island Managed Care Program Features, as of 2015

	PACE	Rhody Health Partners	Rite Care
Rural health clinics and FQHCs	X	X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT			X
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)	X	X	X
Dental (preventative or corrective)	X		
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services	X		
Private duty nursing		X	X
ICF-IDD			
Nursing facility services	X		
Hospice care	X	X	X
Non-Emergency Medical Transportation	X		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, vision, interpreter	
Quality assurance and improvement			
HEDIS data required?	No	Yes	Yes
CAHPS data required?	No	Yes	Yes
Accreditation required?	No	Yes	Yes
Accrediting organization	RI EOHHHS and CMS Team	NCQA	NCQA
EQRO contractor name (if applicable)		IPRO	IPRO
Performance incentives?			
Payment bonuses/differentials to reward plans		X	X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics		X	X
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Rhode Island Managed Care Program Features, as of 2015

	PACE	Rhody Health Partners	Rite Care
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	PACE	Neighborhood Health Plan of RI; United Healthcare	Neighborhood Health Plan of RI; United Healthcare
Notes			
Program notes	PACE is subsumed under the Rhode Island 1115 demonstration program and will remain an option for qualifying demonstration eligibles, that is, those that meet the High and Highest level of care determinations.		

Rhode Island Managed Care Program Features, as of 2015

	Rlte Smiles	Rhody Health Options	ConnectCare Choice Community Partners
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)
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	05/01/2006	11/01/2013	11/01/2013
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Voluntary	Voluntary
Partial Duals			Voluntary
Children with Special Health Care Needs	Mandatory		
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)		X	
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)		X	
Partial hospitalization		X	
Physician		X	
Nurse practitioner		X	
Rural health clinics and FQHCs		X	

Rhode Island Managed Care Program Features, as of 2015

	Rlte Smiles	Rhody Health Options	ConnectCare Choice Community Partners
Clinic services		X	
Lab and x-ray		X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management		X	X
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)		X	
Dental (preventative or corrective)	X		
Home health agency services		X	
Personal care (state plan option)		X	
HCBS waiver services		X	
Private duty nursing		X	
ICF-IDD			
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, vision, interpreter	
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	No	Yes	No
Accrediting organization		NCQA	
EQRO contractor name (if applicable)		I PRO	
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			

Rhode Island Managed Care Program Features, as of 2015

	Rite Smiles	Rhody Health Options	ConnectCare Choice Community Partners
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	United Healthcare Dental	Neighborhood Health Plan	CareLink
Notes			
Program notes	This program covers children born on or after May 1, 2000.		

Rhode Island Managed Care Program Features, as of 2015

	Rhody Health Partners - Expansion	Connect Care Choice
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	12/23/2013	06/01/2007
Waiver expiration date (if applicable)	12/31/2018	12/31/2018
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults		Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		
Partial Duals		
Children with Special Health Care Needs		
Native American/Alaskan Natives	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization	X	
Physician	X	
Nurse practitioner	X	
Rural health clinics and FQHCs	X	

Rhode Island Managed Care Program Features, as of 2015

	Rhody Health Partners - Expansion	Connect Care Choice
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT		
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	
Dental (preventative or corrective)		
Home health agency services	X	
Personal care (state plan option)	X	
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care		
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)		
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		

Rhode Island Managed Care Program Features, as of 2015

	Rhody Health Partners - Expansion	Connect Care Choice
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Neighborhood Health Plan; United Healthcare	Multiple Primary Care providers
Notes		
Program notes		

South Carolina Managed Care Program Features, as of 2015

	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	09/01/1996	08/01/2007	01/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs	Voluntary	Voluntary	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Enrollment choice period	Other	N/A	N/A
Enrollment broker name (if applicable)	Maximus	Maximus	
Notes on enrollment choice period	90 days	90 days	
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization			X
Physician	X		X
Nurse practitioner	X		X

South Carolina Managed Care Program Features, as of 2015

	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		X
Case management		X	X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)			X
Dental (preventative or corrective)			X
Home health agency services	X		X
Personal care (state plan option)			
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			
Nursing facility services	X		X
Hospice care			
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)	The Carolina Centers for Medical Excellence		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

South Carolina Managed Care Program Features, as of 2015

	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X		
Participating plans and regions served			
Plans in Program	Absolute Total Care; Advicare; BlueChoice Healthplan Medicaid; Molina Healthcare; First Choice by Select Health; WellCare	South Carolina Solutions	Palmetto Senior Care; The Oaks
Notes			
Program notes			

South Carolina Managed Care Program Features, as of 2015

	Non Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	05/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Other
Enrollment broker name (if applicable)	
Notes on enrollment choice period	Recipient chooses to use transportation.
Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	
Physician	
Nurse practitioner	
Rural health clinics and FQHCs	

South Carolina Managed Care Program Features, as of 2015

	Non Emergency Medical Transportation
Clinic services	
Lab and x-ray	
Prescription drugs and prosthetic devices	
EPSDT	
Case management	
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	Yes
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	

South Carolina Managed Care Program Features, as of 2015

	Non Emergency Medical Transportation
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Logisticare
Notes	
Program notes	

South Dakota Managed Care Program Features, as of 2015

	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 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	
Partial Duals	
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X

South Dakota Managed Care Program Features, as of 2015

	PRIME
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	

South Dakota Managed Care Program Features, as of 2015

	PRIME
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Multiple primary care providers
Notes	
Program notes	Recipients under the age of 19 who are blind or disabled are not required to be part of the managed care program.

Tennessee Managed Care Program Features, as of 2015

	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	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2002	04/07/1999
Waiver expiration date (if applicable)	08/31/2016	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Mandatory	Voluntary
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	

Tennessee Managed Care Program Features, as of 2015

	TennCare II	Program of All-Inclusive Care for the Elderly
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)		X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	TennCare covers nurse midwife services, 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.
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Qsource	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	

Tennessee Managed Care Program Features, as of 2015

	TennCare II	Program of All-Inclusive Care for the Elderly
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select); Amerigroup; DentaQuest USA Insurance Company; Magellan Health Services; UnitedHealthcare Community Plan	Alexian Brothers Community Services
Notes		
Program notes	<p>1. TennCare covers services only when they are determined to be medically necessary. 2. TennCare MCOs are encouraged--but not required--to include rural health clinics and FQHCs in their provider networks. If these providers are not used, a TennCare MCO must demonstrate that network capacity and appropriate services are available to vulnerable populations in relevant coverage areas. 3. Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21. Enrollees age 21 and older are not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. 4. HCBS waiver services and nursing facility services are available to members of TennCare CHOICES, which is TennCare's program of long-term services and supports for qualified individuals. 5. 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). ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: 1. Partial duals do not qualify for TennCare and, therefore, are not counted as part of Tennessee's Medicaid population and are not enrolled in a TennCare MCO. ADDITIONAL INFORMATION FOR "PLANS" TAB: Beginning on January 1, 2015, all three of TennCare's at-risk MCOs shifted to a statewide model of service delivery (after having operated on a regional basis previously).</p>	<p>CLARIFICATION CONCERNING "FEDERAL OPERATING AUTHORITY" SECTION: 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. ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: The category of "Aged, Blind, or Disabled Children and Adults" has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted, however, that children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. ADDITIONAL INFORMATION FOR "QUALITY ASSURANCE" TAB: Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR 460 Subpart H).</p>

Texas Managed Care Program Features, as of 2015

	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2008	12/12/2011	12/12/2011
Waiver expiration date (if applicable)		09/30/2016	09/30/2016
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults		Varies	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Mandatory	
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Enrollment choice period	Other	Other	15 days
Enrollment broker name (if applicable)		Maximus	Maximus
Notes on enrollment choice period	Members are auto-enrolled by the MCO	15 days for SSI members 30 days for Special Population(interest list release, age-out and MFPs)	
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X		
Physician	X	X	

Texas Managed Care Program Features, as of 2015

	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	X
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	X
Home health agency services	X	X	
Personal care (state plan option)	X	X	
HCBS waiver services		X	
Private duty nursing	X	X	
ICF-IDD		X	
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation	X		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No
Accrediting organization	NCQA, URAC	NCQA, URAC	
EQRO contractor name (if applicable)	Institute of Child Health Policy	Institute for Child Health Policy	Institute of Child Health Policy
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	X
Preferential auto-enrollment to reward plans			X
Public reports comparing MCO performance on key metrics		X	X

Texas Managed Care Program Features, as of 2015

	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Withholds tied to performance metrics			X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	X
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Superior HealthPlan	Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare	MCNA; DentaQuest
Notes			

Texas Managed Care Program Features, as of 2015

	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Program notes	<p>Enrollment in the STAR Health Program is voluntary for the following population categories:</p> <p>1. Children and young adults in DFPS conservatorship</p> <p>2. Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement</p> <p>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</p> <p>4. Young adults age 21 through the month of their 23rd birthday who are not eligible for the Former Foster Care Children program, but are enrolled in an institute of higher education</p> <p>Adoption Assistance Children are not enrolled in this program. Beginning January 1, 2014, Texas started providing Medicaid benefits to adults under age 26 who were in foster care and receiving Medicaid when they aged out. This program is called the Former Foster Care Children Program (FFCC). FFCC Members will receive health care benefits in one of two programs. These are based on their age: Members who are 18-20 years old will continue to get their benefits in the STAR Health program, unless they want to change to a STAR plan. Members 21-25 years old will get their Medicaid benefits through a STAR plan of their choice. Medicaid for Transitioning Foster Care Youth (MTFCY) is still available, but only for those that were not receiving Medicaid when they aged out of foster care. On September 1, 2014, Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area)</p>	<p>For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory. On September 1, 2014, the following became effective for the STAR+PLUS Program: [1] The STAR+PLUS Medicaid managed care program expanded to the Medicaid rural service areas and became available statewide. [2] Some people who have intellectual or developmental disabilities (IDD) began getting basic medical services (acute care) through the STAR+PLUS Medicaid managed care program. [3] Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area) On March 1, 2015, Nursing facility services were covered in STAR+PLUS.</p>	<p>The following policy applies to the population category of "Non-Disabled Children Enrolled Mandatorily": As of March 1, 2012, children's Medicaid dental services are provided through a managed care model to children birth through age 20, those eligible for Medicaid Texas Health Steps Comprehensive Care services, including Supplemental Security Income (SSI) clients. The following Medicaid clients are not eligible to participate in the Dental program and will continue to receive dental services through their existing service delivery models:</p> <ul style="list-style-type: none"> • Medicaid clients age 21 and over, • All Medicaid clients, regardless of age, residing in Medicaid-paid facilities such as nursing homes, state supported living centers, or Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICFs/IID), and • STAR Health program clients. <p>This program covers the category "Aged, Blind, or Disabled Children and Adults" only for children but excludes adults.</p>

Texas Managed Care Program Features, as of 2015

	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(b)/1915(c)
Program start date	12/12/2011	03/01/2011	09/01/2014
Waiver expiration date (if applicable)	09/30/2016	03/31/2018	09/30/2016
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Varies
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Varies
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Varies
Individuals receiving Limited Benefits (excludes partial duals)			Varies
Full Duals		Voluntary	Varies
Partial Duals			Varies
Children with Special Health Care Needs			Varies
Native American/Alaskan Natives	Voluntary	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt		
Enrollment choice period	15 days	N/A	
Enrollment broker name (if applicable)	Maximus		
Notes on enrollment choice period		There is no enrollment period since the program is on a voluntary basis. A member can elect to enroll in the Wellness Program at any time as long as they are eligible for the program.	
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X		
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X		
Partial hospitalization	X		
Physician	X		

Texas Managed Care Program Features, as of 2015

	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Nurse practitioner	X		
Rural health clinics and FQHCs	X		
Clinic services	X		
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT	X		
Case management	X	X	
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services			
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.		
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	No, but accreditation considered in plan selection criteria	Yes	No
Accrediting organization	NCQA, URAC	NCQA, URAC	
EQRO contractor name (if applicable)	Institute of Child Health Policy		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics	X		

Texas Managed Care Program Features, as of 2015

	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Aetna; Amerigroup Texas; Blue Cross Blue Shield; Christus; Community First; Community Health Choice; Cook Children's; Driscoll Children's; EL Paso First; First Care; Molina Healthcare; Parkland Health First; Scott and White; Sendero; Seton; Superior HealthPlan; Texas Children Health Plan; United Healthcare	Multiple Primary Care Providers	Logisticare; MTM; AMR; TAPS; LeFleur; Project Amistad
Notes			

Texas Managed Care Program Features, as of 2015

	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Program notes	<p>Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations. The following Medicaid benefit was implemented by the STAR Program in January 1, 2014: o Former foster care children age 21 through the month of their 26th birthday can receive Medicaid benefits through STAR (mandatory as required by the Affordable Care Act - ACA) On September 1, 2014, Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area)</p>	<p>The goal of the Wellness Program is to promote improved health outcomes by supporting and sustaining the client-provider relationship and building connections between HHSC, providers, clients, and community resources. A focused provider outreach team informs providers of services available through the program, provides practice support, and enables collaboration among providers and regional care teams. Community-based multidisciplinary care teams provide intensive care coordination, one-on-one patient counseling, health assessments, and personalized care plans to help clients better self-manage their conditions. The teams live in the clients' communities and use evidence-based clinical guidelines to coordinate care with the clients' physicians and treatment teams and advocate on their clients' behalf. The clients benefit by having access to regionally-based resources that help implement personalized care plans, manage follow-up appointments, obtain equipment and medications, and arrange transportation to appointments. Also included for educational purposes are program mailings and focused communications applicable to the Wellness Program population, including children and their caregivers. Enrollment in the Wellness Program is voluntary for all eligible Medicaid members. The following population categories may enroll voluntarily under a Fee-for-Service arrangement: [1] Blind/Disabled Children and Related Populations, Voluntary [2] Blind/Disabled Adults and Related Populations, Voluntary [3] Section 1931 Children and Related Populations, Voluntary [4] Section 1931 Adults and Related Populations, Voluntary [5] Dual eligible Medicaid members under the age of 21, Voluntary [6] Non-disabled children, Voluntary</p>	

Texas Managed Care Program Features, as of 2015

	PACE	NorthSTAR
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Amarillo/Canyon, El Paso, Lubbock	Dallas
Federal operating authority	PACE	1915(b)
Program start date	06/01/2001	11/01/1999
Waiver expiration date (if applicable)		09/30/2017
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Voluntary	Mandatory
Partial Duals	Voluntary	Mandatory
Children with Special Health Care Needs		
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)		Maximus
Notes on enrollment choice period	Open enrollment subject to facility availability	
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	

Texas Managed Care Program Features, as of 2015

	PACE	NorthSTAR
Rural health clinics and FQHCs	X	
Clinic services	X	
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	
EPSDT		
Case management	X	X
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)	X	
Dental (preventative or corrective)	X	
Home health agency services	X	
Personal care (state plan option)	X	
HCBS waiver services	X	
Private duty nursing	X	
ICF-IDD		
Nursing facility services	X	
Hospice care	X	
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	No	No
CAHPS data required?	No	No
Accreditation required?	No	Yes
Accrediting organization		URAC
EQRO contractor name (if applicable)		Institute for Child Health Policy
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		

Texas Managed Care Program Features, as of 2015

	PACE	NorthSTAR
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Bienvivir Senior Health Services; Silver Star Health Network; The Basics at Jan Werner	ValueOptions
Notes		
Program notes	<p>Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organization provide pre-paid, capitated, comprehensive health care services to frail elders. 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 service of a PACE organization. At the time of 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 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 is set by 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.</p>	<p>Individuals on SSI and QMB plus are the only Medicare dual eligibles that are eligible to enroll. The program is mostly fee-for-service but on occasions there are some risk based arrangement. NorthSTAR covers labs, but not X-Rays. Pregnant women in Medicaid Medically Needy Population are excluded from NorthSTAR.</p>

Utah Managed Care Program Features, as of 2015

	Prepaid Mental Health	Dental	UNI HOME
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)	1915(a)
Program start date	07/01/1991	09/01/2013	07/01/2011
Waiver expiration date (if applicable)	12/31/2016	08/31/2018	10/31/2016
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Full Duals	Mandatory	Mandatory	Voluntary
Partial Duals	Mandatory	Mandatory	Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary
Enrollment choice period	Pre-assigned	15 days	Other
Enrollment broker name (if applicable)			
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.
Benefits covered			
Inpatient hospital physical health			X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health			X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization			X
Physician			X

Utah Managed Care Program Features, as of 2015

	Prepaid Mental Health	Dental	UNI HOME
Nurse practitioner			X
Rural health clinics and FQHCs			X
Clinic services			X
Lab and x-ray			X
Prescription drugs and prosthetic devices			X
EPSDT			X
Case management			X
Health home (SSA 1945)			
Family planning			X
Dental services (medical/surgical)			
Dental (preventative or corrective)		X	
Home health agency services			X
Personal care (state plan option)			X
HCBS waiver services			
Private duty nursing			X
ICF-IDD			
Nursing facility services			
Hospice care			X
Non-Emergency Medical Transportation			
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.
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			

Utah Managed Care Program Features, as of 2015

	Prepaid Mental Health	Dental	UNI HOME
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling; Optum Health; Southwest Behavioral Health; Valley Behavioral Health; Wasatch Mental Health; Weber Mental Health	Premier Access; Delta Dental	HOME
Notes			
Program notes			

Utah Managed Care Program Features, as of 2015

	Choice of Health Care Delivery	Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	03/23/1982	07/01/2001
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Full Duals	Mandatory	Mandatory
Partial Duals	Mandatory	Mandatory
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Enrollment choice period	30 days	Pre-assigned
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)		
Partial hospitalization	X	
Physician	X	
Nurse practitioner	X	
Rural health clinics and FQHCs	X	

Utah Managed Care Program Features, as of 2015

	Choice of Health Care Delivery	Transportation
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care	X	
Non-Emergency Medical Transportation		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center.	
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		

Utah Managed Care Program Features, as of 2015

	Choice of Health Care Delivery	Transportation
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Healthy U; Molina; Molina Plus; Health Choice; SelectHealth	Logisticare Solutions
Notes		
Program notes	July 1, 2015, Health Choice, Healthy U, Molina and SelectHealth expanded into 9 additional counties. Those counties were removed as counties with Molina Plus.	Specific Native American populations are exempted by race, zip code and/or county code. Prior to February 2014 our federal operating authority was through a 1915(b)(4) NEMT Waiver. From February 2014 our federal operating authority was through our CMS State Plan Amendment.

Virginia Managed Care Program Features, as of 2015

	Medallion 3.0	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	22901, 22902, 22903, 22904, 22911, 22920, 22922, 22923, 22931, 22932, 22935, 22936, 22937, 22938, 22940, 22942, 22943, 22946, 22947, 22949, 22958, 22959, 22963, 22964, 22967, 22968, 22969, 22971, 22973, 22974, 22976, 23022, 23024, 23055, 23065, 23084, 23093, 23117, 24464, 24562, 24590, 24599, 23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599, 24501, 24502, 24503, 24504, 24521, 24522, 24536, 24538, 24550, 24551, 24554, 24556, 24572, 24574, 24588, 24593, 24011, 24012, 24013, 24014, 24015, 24016, 24017, 24018, 24019, 24020, 24059, 24060, 24064, 24065, 24066, 24067, 24070, 24073, 24077, 24079, 24083, 24087, 24090, 24095, 24101, 24121, 24122, 24138, 24149, 24153, 24162, 24174, 24175, 24179, 24184, 24092, 24151, 24176, 22546, 23005, 23009, 23011, 23015, 23024, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23112, 23113, 23114, 23116, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23150, 23162, 23173, 23181, 23192, 23218, 23219, 23220, 23221, 23222, 23223, 23224, 23225, 23226, 23227, 23228, 23229, 23230, 23231, 23232, 23233, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23242, 23249, 23250, 23255, 23260, 23261, 23269, 23270, 23272, 23273, 23274, 23275, 23276, 23278, 23279, 23280, 23282, 23284, 23285, 23286, 23288, 23289, 23290, 23291, 23292, 23293, 23294, 23295, 23298, 23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885, 23601, 23602, 23603, 23604, 23605, 23606, 23607, 23608, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669, 23692, 23693, 23696, 23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433, 23434, 23435, 23436, 23437, 23438, 23451, 23452, 23453, 23454, 23455, 23456, 23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23507, 23508, 23509, 23510, 23511, 23513, 23517, 23518, 23521, 23523, 23529, 23701, 23702, 23703, 23704, 23707, 23709, 24215, 24216, 24218, 24219, 24221, 24230, 24243, 24244, 24245, 24246, 24248, 24250, 24251, 24258, 24263, 24265, 24271, 24273, 24277, 24279, 24281, 24282, 24283, 24290, 24293, 24217, 24220, 24224, 24225, 24226, 24228, 24237, 24239, 24256, 24260, 24266, 24269, 24272, 24280, 24377, 24601, 24602, 24603, 24604, 24605, 24606, 24607, 24608, 24609, 24612, 24613, 24614, 24619, 24620, 24622, 24624, 24627, 24628, 24630, 24631, 24634, 24635, 24637, 24639, 24640, 24641, 24646, 24647, 24649, 24651, 24656, 24657, 24658, 20041, 20120, 20121, 20124, 20151, 20170, 20171, 20190, 20191, 20192, 20194, 22003, 22015, 22027, 22030, 22031, 22032, 22033, 22039, 22041, 22042, 22043, 22044, 22046, 22060, 22066, 22067, 22079, 22101, 22102, 22124, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110, 20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193
Federal operating authority	1915(b)	PACE
Program start date	01/01/1996	11/01/2007
Waiver expiration date (if applicable)	07/01/2017	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		

Virginia Managed Care Program Features, as of 2015

	Medallion 3.0	PACE
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Exempt	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	At the time a member is enrolled, a new VAMMIS generated letter will be sent to individuals stating that the individual will likely be managed care eligible, and that the individual may pre-select an MCO. At the time a member is assigned, an assignment letter will be generated by VAMMIS, either confirming the pre-selected MCO from above, or assigning the member to an MCO for enrollment. At that time, the member may call the enrollment broker to change or select a different MCO. Timing varies, usually averaging 30 days or less. After this period, a member can disenroll from the assigned MCO and select another MCO within the first ninety (90) days of enrollment without cause.	Enrollment begins on the first day of the month, each month. For example, if a participant wants to join PACE and is assessed as eligible and signs the enrollment agreement on Feb.5th, they are enrolled, start receiving benefits, and can begin attending the PACE center on March 1st
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)		X
Partial hospitalization		X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning		

Virginia Managed Care Program Features, as of 2015

	Medallion 3.0	PACE
Dental services (medical/surgical)		X
Dental (preventative or corrective)		X
Home health agency services		X
Personal care (state plan option)		X
HCBS waiver services		
Private duty nursing		
ICF-IDD		
Nursing facility services		X
Hospice care		
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Certified Nurse Midwife, Emergency Dental Services, Health Homes but not under SSA 1945 (state-specified)	Adult Day Care, Respite Services
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Virginia Premier Health Plan; Optima Family Care; Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA); INTotal Health; Coventry Cares of Virginia; HEALTHKEEPERS INC (Anthem Healthkeepers Plus)	AllCare PACE; Mountain Empire Older Citizens PACE (MEOC); Kissito PACE; Centra PACE - Farmville; Centra PACE - Lynchburg; Sentara Life Care PACE Virginia Beach; Sentara Life Care PACE Churchland; Riverside PACE - Hampton; Riverside PACE - MacTavish; Riverside PACE - Newport News; Blue Ridge PACE; INOVA Cares for Seniors PACE
Notes		
Program notes		Riverside PACE consolidated its Petersburg site into its MacTavish site on May 1, 2015, absorbing all of those zip codes, and converted its Manchester site into an alternative care setting from a full PACE site on June 1, 2015. Riverside Mactavish is now serving all of the Richmond metro region.

Vermont Managed Care Program Features, as of 2015

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)	12/31/2016
If the program ended in 2015, 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
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X

Vermont Managed Care Program Features, as of 2015

	Global Commitment to Health Demonstration
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	X
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	X
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	nurse midwives, chiro, podiatry, pt/ot/slp, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, behavioral health services.
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	

Vermont Managed Care Program Features, as of 2015

	Global Commitment to Health Demonstration
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Department of Vermont Health Access
Notes	
Program notes	<p>1) Health homes provide coordinated, systemic, whole-person care to VT Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.</p> <p>2) Covered MLTSS Services are: Day Treatment Adult, HCBS Aged/Disabled, HCBS Developmental Services, HCBS Mental Health, HCBS Traumatic Brain Injury, Mental Health Clinic Case Rate Community Rehabilitation Treatment, Choices for Care Nursing Home, Personal Care Services, Residential Treatment (nonmedical), Targeted Case Management Developmental Services, Targeted Case Management Mental Health, Hospice, Residential Treatment Services.</p>

Washington Managed Care Program Features, as of 2015

	PCCM	Healthy Options - Blind/Disabled	PACE
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?		Statewide	King County
Federal operating authority	1932(a)	1915(b)	PACE
Program start date	07/01/1995	07/01/2012	01/01/1997
Waiver expiration date (if applicable)		06/30/2017	
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals			Voluntary
Partial Duals			
Children with Special Health Care Needs	Voluntary	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Enrollment choice period	N/A	Other	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period	Enrollment open continuously.	Enrollment open continuously.	
Benefits covered			
Inpatient hospital physical health		X	X
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health		X	X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	X
Physician	X	X	X
Nurse practitioner	X	X	X

Washington Managed Care Program Features, as of 2015

	PCCM	Healthy Options - Blind/Disabled	PACE
Rural health clinics and FQHCs	X	X	X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X	X	
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)		X	X
Dental (preventative or corrective)			X
Home health agency services		X	X
Personal care (state plan option)			X
HCBS waiver services			X
Private duty nursing		X	X
ICF-IDD			
Nursing facility services	X	X	X
Hospice care		X	
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Comfort Care and Podiatry
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	No	No, but accreditation considered in plan selection criteria	No
Accrediting organization		NCQA	
EQRO contractor name (if applicable)		Qualis	
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Washington Managed Care Program Features, as of 2015

	PCCM	Healthy Options - Blind/Disabled	PACE
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Multiple Primary Care Providers	Molina Health Care; United Health Care; Coordinated Care; Amerigroup; Community Health Plan of WA; Columbia United Providers	Providence Elder Place
Notes			
Program notes	Indian Health Services administers 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: Lower Elwha Klallam, Lummi Nation, Nooksack Tribe, Tulalip Nation, Confederated Tribes of the Colville Reservation (non-HIS managed facility), Puyallup Tribe, Quileute Tribe. Quinault Indian Nation, Port Gamble S'Klallam Tribe. PCCM's are located in the following counties: Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton and Yakima.		Services provided in King County only by Providence facilities. Enrollment on 07/01/2015 was 513. This is a voluntary enrolled program not assigned.

Washington Managed Care Program Features, as of 2015

	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Apple Health (Programs include, AHAC CHIP, HO & HOFC)
Program type	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70) NEMT	1915(b)	1932(a), 1945 Health Homes
Program start date	10/01/2008	10/01/2014	07/01/1994
Waiver expiration date (if applicable)		09/30/2016	
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Full Duals	Mandatory	Mandatory	
Partial Duals	Mandatory	Mandatory	
Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Mandatory	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Enrollment choice period		Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)	Regional Brokers based on county of Residence.	Regional Support Networks	
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health			X
Inpatient hospital behavioral health (MH and/or SUD)			
Outpatient hospital physical health			X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	X
Physician			X
Nurse practitioner			X

Washington Managed Care Program Features, as of 2015

	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Apple Health (Programs include, AHAC CHIP, HO & HOFC)
Rural health clinics and FQHCs		X	X
Clinic services		X	X
Lab and x-ray			X
Prescription drugs and prosthetic devices			X
EPSDT		X	X
Case management		X	X
Health home (SSA 1945)			X
Family planning			X
Dental services (medical/surgical)			X
Dental (preventative or corrective)			
Home health agency services			X
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			X
ICF-IDD			
Nursing facility services			X
Hospice care			X
Non-Emergency Medical Transportation	X	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	No	Yes
CAHPS data required?	No	No	Yes
Accreditation required?	No	Yes	No, but accreditation considered in plan selection criteria
Accrediting organization		RSN's contract with accredited community mental health agencies.	NCQA
EQRO contractor name (if applicable)		Qualis Health	Qualis
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			

Washington Managed Care Program Features, as of 2015

	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Apple Health (Programs include, AHAC CHIP, HO & HOFC)
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Multiple Transportation Brokers	Multiple regional support networks	Molina Health Care; Columbia United Providers; Community Health Plan of WA; Amerigroup Washington Inc; Coordinated Care; United Health Care
Notes			
Program notes	Regarding the Enrollment tab, please note that the populations outlined in this database are categorized differently than in WA current SPA language. Please refer to pages 62d and 62e of attachment3.1-A at this link: http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx . Brokers are based on county - see this link - http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx .	Please note that all individuals are mandatorily enrolled into this waiver upon approval for medicaid. There is no separate count.	

Washington Managed Care Program Features, as of 2015

	Apple Health/Healthy Options Health Home Program
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1945 Health Homes
Program start date	07/01/2013
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled	
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Individuals receiving Limited Benefits (excludes partial duals)	
Full Duals	Voluntary
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X

Washington Managed Care Program Features, as of 2015

	Apple Health/Healthy Options Health Home Program
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	X
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X
ICF-IDD	
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	Accumentra (end date of 12/31/2014)
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	

Washington Managed Care Program Features, as of 2015

	Apple Health/Healthy Options Health Home Program
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Multiple Sites
Notes	
Program notes	

Wisconsin Managed Care Program Features, as of 2015

	WrapAround 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?	Cities in Milwaukee County: Bayside (partly in Ozaukee County), Brown Deer, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee (partly in Washington County and Waukesha County), Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, Whitefish Bay Zip Codes: 53201 – 53209, 53210 – 53220, 53221 – 53227, 54868, 5323, 53228, 53233, 54452, 53288, 53293, 54904, 53406, 53093, 54904, 53406, 53092, 54923, 53110, 53126, 53130, 53129, 53536, 53132, 53140, 70002, 53154, 53172, 54601, 53186	Statewide	Cities in Dane County: Edgerton (mostly in Rock County), Fitchburg, Madison, Middleton, Monona, Stoughton, Sun Prairie, Verona Zip Codes: 53589, 53590, 53594, 54017, 53593, 53596, 53598, 53597, 53703, 39110, 53705, 53704, 53706, 53711, 53714, 53713, 53716, 53715, 53718, 53717, 53719, 53726, 47250, 53794, 53508, 53707, 53515, 53517, 53516, 53521, 53523, 53911, 53527, 53916, 53529, 53528, 53531, 53530, 53532, 53925, 53534, 53544, 53545, 53551, 53555, 53559, 53558, 97045, 53560, 53562, 53566, 53960, 48906, 53572, 53571, 53574, 53575, 53578, 53190, 53583, 54613
Federal operating authority	1915(a)	1932(a)	1915(a)
Program start date	03/01/1997	04/01/2005	04/01/1993
Waiver expiration date (if applicable)			
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults		Mandatory	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals		Voluntary	
Partial Duals			
Children with Special Health Care Needs	Voluntary		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Enrollment choice period	Other	Other	Other
Enrollment broker name (if applicable)		Automated Health Systems Incorporated (AHSI)	
Notes on enrollment choice period	Voluntary enrollment can occur at any time	90 days open enrollment period	Enrollment may occur at any time

Wisconsin Managed Care Program Features, as of 2015

	WrapAround Milwaukee	SSI Managed Care	Children Come First (CCF)
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization		X	
Physician		X	
Nurse practitioner		X	
Rural health clinics and FQHCs		X	
Clinic services		X	
Lab and x-ray		X	
Prescription drugs and prosthetic devices			
EPSDT		X	
Case management	X	X	X
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)		X	
Dental (preventative or corrective)		X	
Home health agency services		X	
Personal care (state plan option)		X	
HCBS waiver services			
Private duty nursing		X	
ICF-IDD			
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		nurse midwife services, podiatry and chiropractic, and dental varies by geographic region.	
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No

Wisconsin Managed Care Program Features, as of 2015

	WrapAround Milwaukee	SSI Managed Care	Children Come First (CCF)
Accrediting organization			
EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics		X	
Withholds tied to performance metrics		X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	WrapAround Milwaukee	Care Wisconsin; CompCare; Group Health Cooperative Of Eau Claire; Independent Care (iCare); MHS of Wisconsin; Molina Health Plan; Network Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan	Children Come First
Notes			
Program notes			

Wisconsin Managed Care Program Features, as of 2015

	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	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?	Milwaukee and Waukesha Counties	Columbia, Dane, Dodge, Jefferson, Sauk, Kenosha, Milwaukee, Racine, Calumet, Outagamie, Waupaca, Ozaukee, Washington, and Waukesha Counties	Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Eau Claire, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Lincoln, Langlade, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties
Federal operating authority	PACE	1932(a)/1915(c)	1915(b)/1915(c)
Program start date	05/01/2001	01/01/1999	01/01/2001
Waiver expiration date (if applicable)		12/31/2019	12/31/2019
If the program ended in 2015, indicate the end date			
Populations enrolled			
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Individuals receiving Limited Benefits (excludes partial duals)			
Full Duals	Voluntary	Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Enrollment choice period	N/A	Other	Other
Enrollment broker name (if applicable)			
Notes on enrollment choice period	Open enrollment	Open enrollment	Open Enrollment

Wisconsin Managed Care Program Features, as of 2015

	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization	X	X	X
Physician	X	X	
Nurse practitioner	X	X	X
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT			
Case management	X	X	X
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	X
Personal care (state plan option)	X	X	X
HCBS waiver services	X	X	X
Private duty nursing	X	X	X
ICF-IDD	X	X	X
Nursing facility services	X	X	X
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X

Wisconsin Managed Care Program Features, as of 2015

	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	adaptive aids, adult day care services, assistive technology/communication aids, consumer education and training services, consultative and therapeutic services for caregivers, counseling and therapeutic services, financial management services, habilitation services, home-delivered meals, home modifications, housing counseling, personal emergency response system, prevocational services, relocation services, residential care, respite care services, self-directed personal care, skilled nursing, specialized medical equipment and supplies, specialized transportation, support broker, supported employment, supportive home care, training for unpaid caregivers, vocational futures training and support	adaptive aids, adult day care services, assistive technology/communication aids, consumer education and training services, consultative and therapeutic services for caregivers, counseling and therapeutic services, financial management services, habilitation services, home delivered meals, home modifications, housing counseling, personal emergency response system, prevocational services, relocation services, residential care, respite care services, self-directed personal care, skilled nursing, specialized medical equipment and supplies, specialized transportation, support broker, supported employment, supportive home care, training for unpaid caregivers, vocational futures planning and support	adaptive aids, adult day care services, assistive technology/communication aids, consumer education and training services, consultative and therapeutic services for caregivers, counseling and therapeutic services, financial management services, habilitation services, home delivered meals, home modifications, housing counseling, personal emergency response system, prevocational services, relocation services, residential care, respite care services, self-directed personal care, skilled nursing, specialized medical equipment and supplies, specialized transportation, support broker, supported employment, supportive home care, training for unpaid caregivers, vocational futures planning and support
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)	MetaStar Inc	MetaStar Inc	MetaStar, Inc
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			

Wisconsin Managed Care Program Features, as of 2015

	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care
Plans in Program	Community Care, Inc.	Independent Care Health Plan – iCare; Care Wisconsin Health Plan, Inc. – Care Wisconsin; Community Care Health Plan, Inc. – Community Care, Inc.	Community Care, Inc. (FC); Community Care Connections of Wisconsin (FC); Care Wisconsin (FC); Lakeland Care District; My Choice Family Care; ContinuUs; Western Wisconsin Cares
Notes			
Program notes			

Wisconsin Managed Care Program Features, as of 2015

	BadgerCare Plus	Care4Kids
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Milwaukee, Racine, Kenosha, Waukesha, Ozaukee, and Washington Counties
Federal operating authority	1932(a)	1937 Alt Benefit Plan
Program start date	02/01/2008	01/01/2014
Waiver expiration date (if applicable)		
If the program ended in 2015, 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	
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Aged, Blind or Disabled Children or Adults		
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		
Partial Duals		
Children with Special Health Care Needs		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary
Enrollment choice period	Other	Other
Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)	Automated Health Systems Incorporated (AHSI)
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
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X

Wisconsin Managed Care Program Features, as of 2015

	BadgerCare Plus	Care4Kids
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices		
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	nurse midwife services, podiatry and chiropractic varies by region, and dental varies by program region.	prosthetic devices, nurse midwife services, and podiatry
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	No	No
Accreditation required?	No	No
Accrediting organization		
EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	

Wisconsin Managed Care Program Features, as of 2015

	BadgerCare Plus	Care4Kids
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Anthem Blue Cross Blue Shield; Children's Community Health Plan; CompCare; Dean Health Plan; Group Health Cooperative Of Eau Claire; Group Health Cooperative Of South Central WI; Gundersen Health Plan; Health Tradition Health Plan; Independent Care (iCare); MHS of Wisconsin; MercyCare Insurance Company; Molina Health Plan; Network Health Plan; Physicians Plus Health Plan; Security Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan; Unity Health Plan	Children's Hospital of Wisconsin
Notes		
Program notes		

West Virginia Managed Care Program Features, as of 2015

	WV Mountain Health Trust	Physician Assured Access System
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Cabell and Wayne Counties
Federal operating authority	1915(b)	1915(b)
Program start date	09/01/1996	12/01/1996
Waiver expiration date (if applicable)	07/01/2016	07/01/2016
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals		
Partial Duals		
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS
Notes on enrollment choice period	Enrollment choice period is between 30-45 days depending on date enrollment packets are mailed, but 30 day minimum.	
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization	X	
Physician	X	X

West Virginia Managed Care Program Features, as of 2015

	WV Mountain Health Trust	Physician Assured Access System
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	
Dental (preventative or corrective)	X	
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services		
Hospice care	X	X
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Delmarva	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	

West Virginia Managed Care Program Features, as of 2015

	WV Mountain Health Trust	Physician Assured Access System
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Coventry Cares of WV; Unicare; The Health Plan of WV; WV Family Health	Multiple primary care providers
Notes		
Program notes		The PAAS program ended June 30, 2016.

Wyoming Managed Care Program Features, as of 2015

	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1915(b)/1915(c)
Program start date	02/01/2013	09/01/2015
Waiver expiration date (if applicable)		06/30/2020
If the program ended in 2015, indicate the end date		
Populations enrolled		
Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Aged, Blind or Disabled Children or Adults	Voluntary	
Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Individuals receiving Limited Benefits (excludes partial duals)		
Full Duals	Voluntary	
Partial Duals	Voluntary	
Children with Special Health Care Needs		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary
Enrollment choice period	N/A	
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization	X	
Physician	X	
Nurse practitioner	X	

Wyoming Managed Care Program Features, as of 2015

	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Rural health clinics and FQHCs		
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT		
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	
Dental (preventative or corrective)	X	
Home health agency services	X	
Personal care (state plan option)	X	
HCBS waiver services		X
Private duty nursing		
ICF-IDD		
Nursing facility services	X	
Hospice care	X	
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult day services, Home Delivered Meals, Recreational Therapy, Nutritional Counseling, Social Services, Non-Medical Transportation	Targeted case management State Plan Authority including Family care coordinators, Youthpeer support partners, Family Support Partners. All individuals receive respite. Individuals on the 1915c waiver receive additional HCBS service (youth and family training and support).
Quality assurance and improvement		
HEDIS data required?	No	No
CAHPS data required?	No	No
Accreditation required?	No	Yes
Accrediting organization		URAC, Council on Accreditation COA
EQRO contractor name (if applicable)		Navigant
Performance incentives?		
Payment bonuses/differentials to reward plans		X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		X

Wyoming Managed Care Program Features, as of 2015

	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Cheyenne Regional Medical Center PACE	CME Statewide
Notes		
Program notes		