



Medicaid Managed Care Enrollment and Program Characteristics, 2016

Winter 2018 —
Updated from Spring 2018

MATHEMATICA
Policy Research



CONTENTS

Medicaid Managed Care Enrollment and Program Characteristics, 2016.....	2
Errors and Corrections to the 2015 Report.....	3
Highlights	5
Glossary.....	6
Federal authorities (Waivers and State Plan Amendments).....	6
Key Terms, Acronyms and Definitions.....	7
National Tables and Maps	11
Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2016.....	11
Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2016	14
Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2016.....	17
Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2016.....	20
Map of State Comprehensive MCO Penetration as of July 1, 2016.....	23
Table 5. Enrollment by Program and Plan, as of 2016	24
Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2016	82
Map of State Counts of User of Managed Long-Term Services and Supports, as of July 1, 2016.....	85
Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Bases, at any point in 2016.....	86
Table 8. Number of Managed Care Programs, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2016.....	87
State Tables	88

Medicaid Managed Care Enrollment and Program Characteristics, 2016

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, 2016, 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 2016, 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 2015 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.

Acknowledgements

We wish to extend special thanks to the many state officials who contributed their time and assistance for this data collection. We also appreciate the contributions of the Mathematica team that participated in this effort: Jane Ahn, Christopher Fleming, Cyrus Jadun, Sean Kirk, Rebecca Lester, Jenna Libersky, Debra Lipson, Christine O'Malley, and Susan Williams.

Errors and Corrections to the 2015 Report

In the course of collecting data for the 2016 version of this report, Mathematica uncovered several errors in the data contained in the 2015 Medicaid Managed Care Enrollment Report, released in Winter 2018. 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, 2015	
Massachusetts	Section VIII enrollment was previously reported as 360,116. The correct figure is 288,930.
All states	As a result of these changes Section VIII enrollment was previously reported as 10,087,634. The correct figure is 10,016,448.
Table 5: Enrollment by Program and Plan, as of July 1, 2015	
Idaho	The Medicare-Medicaid Coordinated Plan program was previously classified as a Comprehensive MCO in the 2015 reports. The program is now classified as a Comprehensive MCO + MLTSS program in the corrected report.
Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2015	
Florida	Florida reports MLTSS enrollees, not users as the original report suggested. A footnote has been added for Florida that reads: "Delaware, Florida, Idaho, Illinois, and Rhode Island report the number of enrollees in their MLTSS programs, some of which 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 five states because it is a count of users, not enrollees."
Idaho	<ol style="list-style-type: none"> 1. The number of managed LTSS enrollees under comprehensive managed care including LTSS was previously reported as 0. The corrected figure is 1,635. 2. Because Idaho reports enrollees rather than users, a footnote has been added for Idaho that reads: "Delaware, Florida, Idaho, Illinois, and Rhode Island report the number of enrollees in their MLTSS programs, some of which 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 five states because it is a count of users, not enrollees."
Illinois	Illinois reports MLTSS enrollees, not users as the original report suggested. A footnote has been added for Illinois that reads: "Delaware, Florida, Idaho, Illinois, and Rhode Island report the number of enrollees in their MLTSS programs, some of which 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 five states because it is a count of users, not enrollees."
New York	<ol style="list-style-type: none"> 1. The number of enrollees using managed LTSS under comprehensive managed care including LTSS was previously reported as 129,410. The corrected figure is 6,141. 2. The percent of total managed care enrollees using comprehensive managed care including LTSS was previously reported as 2.7%. The corrected figure is 0.1%. 3. The number of enrollees using Managed LTSS (MLTSS) only was previously reported as 6,141. The corrected figure is 129,410. 4. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.1%. The corrected figure is 2.7%.
Ohio	A footnote has been added for Ohio that reads: "Since 2014, Ohio has operated an MLTSS program, MyCare, that serves dually eligible individuals who opt out of the Financial Alignment Initiative demonstration of the same name. Ohio has not reported a separate count of non-demonstration MLTSS users as part of this data collection."

State/Domain	Changes
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Footnote 2 has been updated to read: “The counts in this table report MLTSS enrollees who received LTSS, with five exceptions (see footnote 3). Some 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 five exceptions.” 2. Footnote 3 has been added to the column for Managed LTSS (MLTSS) Only number of enrollees using LTSS that reads: “Delaware, Florida, Idaho, Illinois, and Rhode Island report the number of enrollees in their MLTSS programs, some of which 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 five states because it is a count of users, not enrollees.” 3. The total number of enrollees using comprehensive managed care including LTSS was previously reported as 840,680. The corrected figure is 683,209. 4. The percent of total managed care enrollees using comprehensive managed care including LTSS was previously reported as 1.3%. The corrected figure is 1.1%. 5. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 152,585. The corrected figure is 188,263. 6. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.2%. The corrected figure is 0.3%.
State Tables	
Idaho	<p>The Medicare-Medicaid Coordinated Plan program was previously classified as a Comprehensive MCO in the 2015 reports. The program is now classified as a Comprehensive MCO + MLTSS program in the corrected report.</p>

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2015 and 2016 show the following trends:

- **Medicaid enrollment in comprehensive MCOs increased by 7.0 percent – from 50.9 million in 2015 to 54.5 million in 2016 – representing the lowest rate of increase since 2013.** 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 continue to expand their use of comprehensive MCOs to deliver Medicaid.** Nationally, over two thirds (68.0 percent) of all Medicaid beneficiaries were enrolled in comprehensive MCOs in 2016, up from 65.5 percent in 2015. In 37 states at least 50 percent of all Medicaid beneficiaries were enrolled in comprehensive MCOs, up from 34 states in 2015.
- **Use of Primary Care Case Management (PCCM) or PCCM entities, and Behavioral Health Organization (BHO) programs declined, while use of Dental and Non-Emergency Medical Transportation (NEMT) programs increased.** In 2016, about 6.7 percent of all Medicaid beneficiaries were enrolled in PCCMs or PCCM entities, and 14.0 percent were enrolled in BHOs in 2016, down from 2015 enrollment of 8.7 percent and 15.6 percent, respectively. In contrast, in 2016 NEMT managed care programs covered 17.0 percent of Medicaid beneficiaries and dental programs covered 8.3 percent, up from 2015 enrollment of 15.6 percent and 7.8 percent, respectively.
- **Nearly 12 million low-income adults covered by the ACA Medicaid expansion were enrolled in comprehensive managed care plans, compared to over 10 million enrolled in 2015.** About 11.9 million low income adults eligible for Medicaid under Section VIII of the ACA in 2016 were enrolled in comprehensive MCO plans, compared to just over 10 million in 2015 (a 17.9 percent increase).
- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty one states¹ had managed LTSS (MLTSS) programs in operation as of July 1, 2016, up from 19 states in 2015. As of July 1, 2016, there were over 1.1 million (1,174,958) LTSS users, excluding a subset of 55,308 enrollees in Delaware, Idaho, Illinois, and Rhode Island, some of whom may not be LTSS users (these states cannot report just LTSS users). Thirteen of the 19 states reporting LTSS users among MLTSS enrollees in both years reported an increase in the number of LTSS users from 2015 to 2016.

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

Glossary

Federal authorities (Waivers and State Plan Amendments)

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

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

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

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2016

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
TOTALS	80,263,839	65,034,032	54,547,048	11,898,178
Alabama	1,037,037	664,687	175	0
Alaska ⁵	155,865	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	1,849,166	1,560,972	1,560,972	387,382
Arkansas ⁶	1,026,621	512,041	167	0
California	13,739,388	10,574,784	10,571,742	3,022,256
Colorado	1,344,548	1,291,043	134,792	37,943
Connecticut ⁷	860,758	0	0	0
Delaware	221,229	196,102	196,102	53,352
District of Columbia	251,791	180,942	180,942	63,350
Florida	3,900,380	3,280,187	3,187,837	0
Georgia	1,857,292	1,228,700	1,218,210	0
Guam	n/a	n/a	n/a	n/a
Hawaii	358,302	354,289	354,289	113,737
Idaho	295,267	280,527	2,326	0
Illinois	3,230,870	1,967,783	1,967,553	434,953
Indiana	1,421,696	1,078,625	1,078,625	318,450
Iowa	624,973	562,382	562,382	144,383
Kansas	435,850	390,829	390,829	0
Kentucky	1,361,722	1,284,134	1,262,610	457,746
Louisiana	1,504,333	1,381,116	1,263,562	282,115
Maine	277,697	239,953	0	0
Maryland	1,324,796	1,080,085	1,080,085	247,085
Massachusetts	1,889,306	1,268,120	874,367	289,891
Michigan	4,448,582	4,370,138	2,220,029	484,937
Minnesota	1,088,610	817,463	814,947	162,747
Mississippi	726,473	499,365	499,365	0
Missouri	982,776	961,682	494,392	0
Montana	207,340	121,277	0	0

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2016

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
Nebraska	244,355	242,836	191,479	0
Nevada	629,265	557,397	401,434	175,686
New Hampshire	206,997	136,985	136,985	5,929
New Jersey	1,679,572	1,557,081	1,557,081	516,336
New Mexico	884,368	684,488	684,488	222,110
New York	6,139,403	4,669,344	4,512,115	1,887,296
North Carolina	2,028,935	1,581,301	1,636	0
North Dakota	93,422	48,621	21,347	21,232
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	3,022,121	2,455,224	2,413,500	643,312
Oklahoma	792,387	643,789	310	0
Oregon	1,109,321	894,543	894,543	422,316
Pennsylvania	2,753,618	2,521,421	2,233,115	701,225
Puerto Rico ⁸	1,617,501	1,617,501	1,617,501	0
Rhode Island	293,676	278,087	251,714	66,909
South Carolina	1,235,361	1,235,361	742,528	0
South Dakota	125,395	94,295	0	0
Tennessee ⁹	1,684,268	1,556,369	1,556,369	0
Texas	4,051,664	3,922,822	3,582,604	0
Utah	294,707	291,426	244,763	0
Vermont	200,481	124,399	124,399	46,107
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,111,999	761,019	761,019	0
Washington	1,820,084	1,820,084	1,557,421	525,700
West Virginia	553,318	390,083	390,083	163,693
Wisconsin	1,204,511	801,939	754,202	0
Wyoming	64,442	391	112	0

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2016

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.
2. Total Medicaid Enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit plans such as prepaid inpatient and ambulatory health plans, primary care case management (PCCM) programs, and PCCM entities.
3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), or PACE program. It excludes beneficiaries who are enrolled in a Financial Alignment Demonstration Medicare-Medicaid Plan as their only form of managed care.
4. Medicaid Enrollment in Comprehensive MCOs under ACA Section VIII Expansion is a subset of the total reported in column C, and includes individuals who are enrolled in comprehensive MCOs and are low-income adults, with or without dependent children, eligible for Medicaid under ACA Section VIII.
5. Alaska was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated September 2017, and accessed February 15, 2017. See <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
6. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1, 2015-June 30, 2016).
7. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated September 2017, and accessed February 15, 2017. See <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
8. Puerto Rico expanded Medicaid to 382,368 low-income, childless adults under an authority other than ACA Section VIII.
9. For purposes of this report, partial duals are included in the count of Total Medicaid Enrollees; however, Tennessee does not generally include partial duals in counts of Medicaid enrollees in other data sources.

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, 2016¹

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
TOTALS	80,263,839	54,549,119	2,961,240	2,438,400	304,748	11,255,129	6,686,542	13,647,373	39,653	32,295
Alabama ⁴	1,037,037	--	416,332	--	--	--	--	--	175	17,661
Alaska ⁵	155,865	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,849,166	1,560,972	--	--	--	--	--	--	--	--
Arkansas ⁶	1,026,621	--	508,813	--	--	--	--	512,041	167	--
California	13,739,388	10,565,689	--	--	--	25	949,591	--	6,053	771
Colorado	1,344,548	131,693	--	942,295	--	1,287,238	--	--	3,099	--
Connecticut ⁷	860,758	--	--	--	--	--	--	--	--	--
Delaware	221,229	195,911	--	--	--	--	--	--	191	--
District of Columbia	251,791	180,942	--	--	--	--	--	53,970	--	--
Florida	3,900,380	3,186,511	--	--	92,350	--	--	--	1,326	--
Georgia	1,857,292	1,218,210	--	--	--	--	--	--	--	10,490
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii ⁸	358,302	354,289	--	--	--	--	--	--	--	--
Idaho	295,267	2,326	270,113	--	--	261,018	278,157	262,829	--	--
Illinois	3,230,870	1,967,553	366,520	--	214	--	--	--	--	--
Indiana	1,421,696	1,078,625	--	--	--	--	--	--	--	--
Iowa	624,973	562,087	--	--	--	--	150,413	13,395	295	--
Kansas	435,850	390,398	--	--	--	--	--	--	431	--
Kentucky	1,361,722	1,262,610	--	--	--	--	--	1,225,842	--	--
Louisiana	1,504,333	1,263,151	--	--	--	114,278	1,316,034	--	411	--
Maine	277,697	--	152,642	--	--	--	--	239,953	--	--
Maryland	1,324,796	1,079,985	--	--	--	--	--	--	100	--
Massachusetts	1,889,306	870,318	391,166	--	--	462,347	--	--	4,049	--
Michigan ⁹	4,448,582	2,218,308	--	--	11,377	2,192,335	823,290	--	1,721	--
Minnesota	1,088,610	814,947	--	--	--	--	--	--	--	--
Mississippi	726,473	499,365	--	--	--	--	--	--	--	--

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2016¹

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Missouri	982,776	494,392	--	--	--	--	--	467,290	--	--
Montana	207,340	--	121,277	--	--	--	--	--	--	--
Nebraska	244,355	191,346	--	--	--	232,507	--	--	133	--
Nevada	629,265	401,434	38,252	--	--	--	--	557,397	--	--
New Hampshire	206,997	136,985	--	--	--	--	--	--	--	--
New Jersey	1,679,572	1,556,150	--	--	--	--	--	1,556,150	931	--
New Mexico	884,368	683,701	--	--	--	--	--	--	787	--
New York	6,139,403	4,506,561	--	--	157,229	--	--	--	5,554	--
North Carolina	2,028,935	--	--	1,496,105	--	1,581,301	--	--	1,636	--
North Dakota	93,422	21,232	48,264	--	--	--	--	--	115	223
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	3,022,121	2,454,836	--	--	--	--	--	--	388	--
Oklahoma	792,387	--	532,213	--	--	--	--	643,789	310	--
Oregon ¹⁰	1,109,321	893,387	--	--	--	--	--	--	1,156	--
Pennsylvania	2,753,618	2,227,383	--	--	--	2,514,920	--	611,477	5,732	--
Puerto Rico	1,617,501	1,617,501	--	--	--	--	--	--	--	--
Rhode Island	293,676	251,437	0	--	--	--	94,318	277,378	277	--
South Carolina	1,235,361	742,134	302	--	--	--	--	1,235,361	394	--
South Dakota	125,395	--	94,295	--	--	--	--	--	--	--
Tennessee ¹¹	1,684,268	1,556,089	--	--	--	--	--	--	280	--
Texas	4,051,664	3,581,401	11,969	--	--	499,259	2,935,496	3,922,822	1,203	--
Utah	294,707	244,763	--	--	--	288,529	139,243	247,595	--	--
Vermont	200,481	124,399	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	1,111,999	759,579	--	--	--	--	--	--	1,440	--
Washington ¹²	1,820,084	1,556,853	9,082	--	--	1,820,084	--	1,820,084	568	--
West Virginia	553,318	390,083	--	--	--	--	--	--	--	--
Wisconsin	1,204,511	753,583	--	--	43,578	1,288	--	--	619	2,871
Wyoming	64,442	--	--	--	--	--	--	--	112	279

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2016¹

1. Because Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a BHO), users should not sum enrollment across all program types, since the total would count individuals more than once and, in some states, exceed the actual number of Medicaid enrollees.
2. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.
3. Comprehensive MCOs cover acute, primary, and specialty medical care services; they may also cover behavioral health, long-term services and supports, and other benefits in some states. Limited benefit managed care programs, including PCCM, PCCM entity, MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.
4. Beneficiaries can simultaneously enroll in Alabama's Patient 1st and Health Homes plans. The de-duplicated Patient 1st plan enrollment is 416,332.
5. Alaska was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated September 2017, and accessed February 15, 2017. See <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
6. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1,2015-June 30, 2016).
7. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System accessed February 15, 2017, at <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
8. Hawaii's enrollment in comprehensive MCOs includes 5,506 beneficiaries who are also enrolled in Ohana Community Care Service for behavioral health services.
9. Michigan has two programs that provide HCBS waiver services under capitation: MI Choice and the Specialty Prepaid Inpatient Health Plan (SPIHP). In this table, MI Choice is reported as an MLTSS program and SPIHP is reported as a BHO. In Table 6, both programs are considered in the count of LTSS users.
10. Oregon's enrollment in comprehensive MCOs includes beneficiaries in (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; and ODS Community Health, Inc., or (3) the Mental Health Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously. Plan-level enrollment is found in Report 5.
11. Tennessee's enrollment in comprehensive MCOs includes 1,403,823 beneficiaries who are also enrolled in Magellan Health Services for pharmacy benefits and 889,454 beneficiaries who are also enrolled in DentaQuest USA Insurance Company for dental services. For purposes of this report, partial duals are included in the count of Total Medicaid Enrollees; however, Tennessee does not generally include partial duals in counts of Medicaid enrollees in other data sources.
12. Washington's enrollment in comprehensive MCOs includes 21,412 beneficiaries in Health Homes that provide services under contract with a comprehensive MCO.

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 2016, 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, 2016¹

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
TOTALS	10,003,132	2,461,330	19,479	183,144	273,791	714,831	172,835	1,222,840	33,678	388
Alabama	209,660	--	0	--	--	--	--	--	171	0
Alaska	n/a	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	201,884	139,177	--	--	--	--	--	--	--	--
Arkansas ⁴	148,603	--	0	--	--	--	--	57,213	0	--
California	1,405,112	856,418	--	--	--	0	49,076	--	4,883	388
Colorado	113,226	6,319	--	33,590	--	69,345	--	--	2,923	--
Connecticut	n/a	--	--	--	--	--	--	--	--	--
Delaware	28,972	11,791	--	--	--	--	--	--	183	--
District of Columbia	16,383	43	--	--	--	--	--	16,340	--	--
Florida	768,103	147,268	--	--	85,845	--	--	--	1,229	--
Georgia	302,526	0	--	--	--	--	--	--	--	0
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	44,311	28,361	--	--	--	--	--	--	--	--
Idaho	25,744	2,326	19,475	--	--	20,752	23,416	22,563	--	--
Illinois	363,072	0	0	--	214	--	--	--	--	--
Indiana	198,694	5,079	--	--	--	--	--	--	--	--
Iowa	80,230	58,511	--	--	--	--	0	1,123	265	--
Kansas	78,943	38,107	--	--	--	--	--	--	0	--
Kentucky	167,990	65,562	--	--	--	--	--	0	--	--
Louisiana	211,760	0	--	--	--	100,960	100,263	--	397	--
Maine	93,402	--	0	--	--	--	--	51,562	--	--
Maryland	139,112	0	--	--	--	--	--	--	93	--
Massachusetts	352,604	26,003	0	--	--	247	--	--	3,759	--
Michigan ⁵	320,491	34,483	--	--	10,605	0	0	--	1,640	--
Minnesota	139,128	74,541	--	--	--	--	--	--	--	--

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2016¹

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Mississippi	159,518	0	--	--	--	--	--	--	--	--
Missouri	181,883	0	--	--	--	--	--	144,162	--	--
Montana	26,774	--	0	--	--	--	--	--	--	--
Nebraska	34,811	47	--	--	--	33,813	--	--	15	--
Nevada	64,120	0	0	--	--	--	--	0	--	--
New Hampshire	31,392	15,957	--	--	--	--	--	--	--	--
New Jersey	214,625	166,097	--	--	--	--	--	166,086	829	--
New Mexico	41,676	40,944	--	--	--	--	--	--	732	--
New York	878,246	14,217	--	--	141,509	--	--	--	4,789	--
North Carolina	330,949	--	--	149,554	--	190,351	--	--	565	--
North Dakota	14,162	0	0	--	--	--	--	--	111	0
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	93,385	41,724	--	--	--	--	--	--	316	--
Oklahoma	111,886	--	0	--	--	--	--	111,886	277	--
Oregon ⁶	72,400	44,419	--	--	--	--	--	--	1,099	--
Pennsylvania	444,833	22,275	--	--	--	272,137	--	72,933	5,382	--
Puerto Rico	366,591	365,862	--	--	--	--	--	--	--	--
Rhode Island	42,672	21,399	0	--	--	--	0	34,191	247	--
South Carolina	163,382	0	0	--	--	--	--	163,382	345	--
South Dakota	11,912	--	0	--	--	--	--	--	--	--
Tennessee ⁷	280,797	152,633	--	--	--	--	--	--	268	--
Texas	631,571	44,542	4	--	--	0	0	357,384	1,157	--
Utah	30,197	21,429	--	--	--	27,219	80	24,015	--	--
Vermont ⁸	35,189	363	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	61,966	0	--	--	--	--	--	--	1,330	--
Washington ⁹	123,714	0	0	--	--	0	--	0	0	--
West Virginia	82,212	0	--	--	--	--	--	--	--	--

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2016¹

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Wisconsin	51,638	15,433	--	--	35,618	7	--	--	580	0
Wyoming	10,681	--	--	--	--	--	--	--	93	-

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

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

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

4. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1,2015-June 30, 2016).

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

6. Oregon's enrollment in comprehensive MCOs includes dually eligible beneficiaries in (1) Coordinated Care Organizations (CCOs); (2) Dental Care Organizations (DCOs), like Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; and ODS Community Health, Inc., or (3) the Mental Health Organization called Greater Oregon Behavioral Health, Inc. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously. Plan-level enrollment is found in Report 5.

7. Tennessee's enrollment in comprehensive MCOs includes 367 dually eligible beneficiaries who are also enrolled in Magellan Health Services for pharmacy benefits and 367 dually eligible beneficiaries who are also enrolled in DentaQuest USA Insurance Company for dental services.

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

9. Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH, and PACE programs. Enrollment counts presented in Table 2 include both Medicaid-only and Medicare-Medicaid dually eligible beneficiaries.

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 2016, 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, 2016

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
TOTALS	80,263,839	65,034,032	81.0%	54,547,048	68.0%
Alabama	1,037,037	664,687	64.1%	175	0.0%
Alaska ⁴	155,865	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,849,166	1,560,972	84.4%	1,560,972	84.4%
Arkansas ⁵	1,026,621	512,041	49.9%	167	0.0%
California	13,739,388	10,574,784	77.0%	10,571,742	76.9%
Colorado	1,344,548	1,291,043	96.0%	134,792	10.0%
Connecticut ⁶	860,758	0	0.0%	0	0.0%
Delaware	221,229	196,102	88.6%	196,102	88.6%
District of Columbia	251,791	180,942	71.9%	180,942	71.9%
Florida	3,900,380	3,280,187	84.1%	3,187,837	81.7%
Georgia	1,857,292	1,228,700	66.2%	1,218,210	65.6%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	358,302	354,289	98.9%	354,289	98.9%
Idaho	295,267	280,527	95.0%	2,326	0.8%
Illinois	3,230,870	1,967,783	60.9%	1,967,553	60.9%
Indiana	1,421,696	1,078,625	75.9%	1,078,625	75.9%
Iowa	624,973	562,382	90.0%	562,382	90.0%
Kansas	435,850	390,829	89.7%	390,829	89.7%
Kentucky	1,361,722	1,284,134	94.3%	1,262,610	92.7%
Louisiana	1,504,333	1,381,116	91.8%	1,263,562	84.0%
Maine	277,697	239,953	86.4%	0	0.0%
Maryland	1,324,796	1,080,085	81.5%	1,080,085	81.5%
Massachusetts	1,889,306	1,268,120	67.1%	874,367	46.3%
Michigan	4,448,582	4,370,138	98.2%	2,220,029	49.9%
Minnesota	1,088,610	817,463	75.1%	814,947	74.9%
Mississippi	726,473	499,365	68.7%	499,365	68.7%
Missouri	982,776	961,682	97.9%	494,392	50.3%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2016

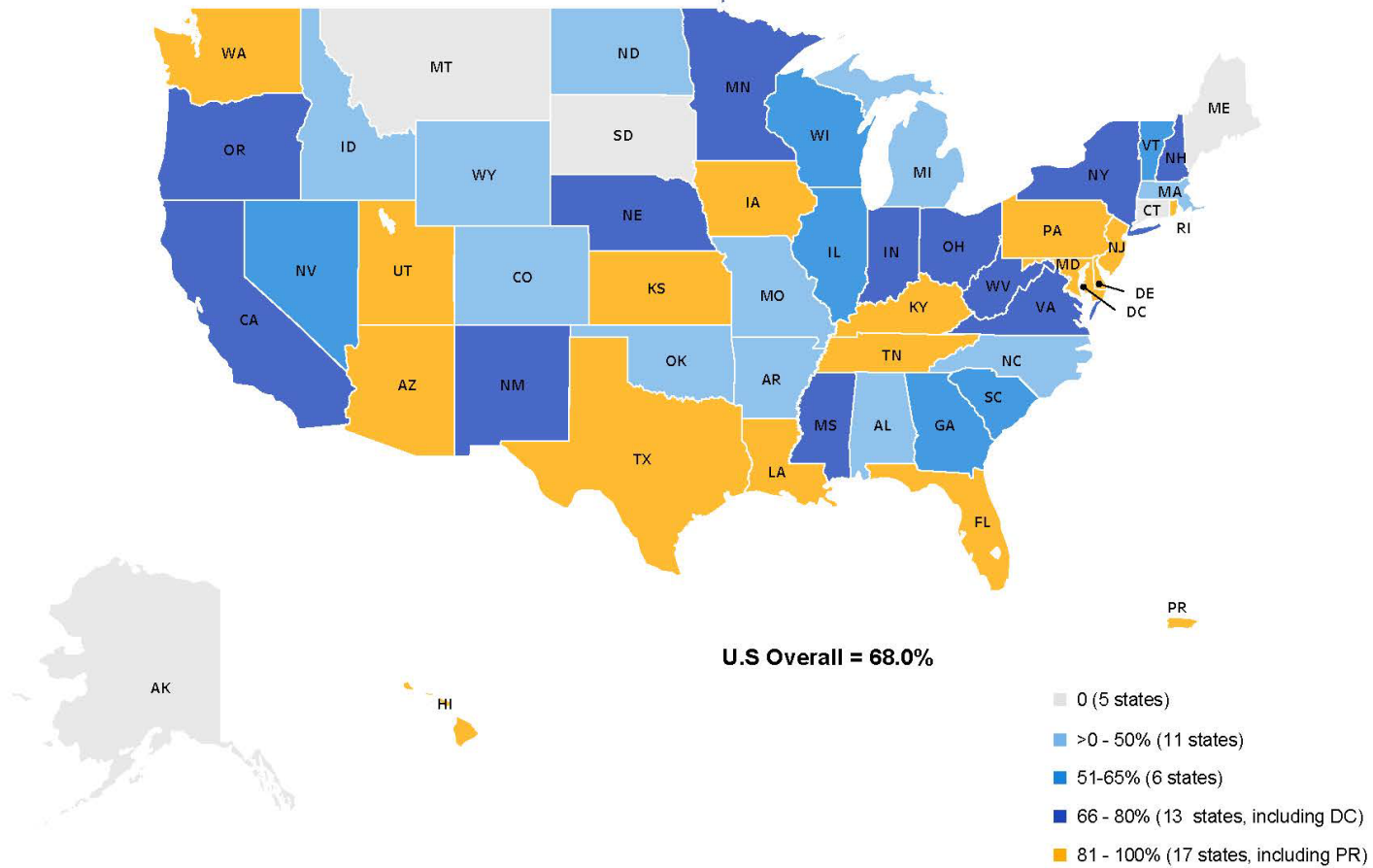
State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
Montana	207,340	121,277	58.5%	0	0.0%
Nebraska	244,355	242,836	99.4%	191,479	78.4%
Nevada	629,265	557,397	88.6%	401,434	63.8%
New Hampshire	206,997	136,985	66.2%	136,985	66.2%
New Jersey	1,679,572	1,557,081	92.7%	1,557,081	92.7%
New Mexico	884,368	684,488	77.4%	684,488	77.4%
New York	6,139,403	4,669,344	76.1%	4,512,115	73.5%
North Carolina	2,028,935	1,581,301	77.9%	1,636	0.1%
North Dakota	93,422	48,621	52.0%	21,347	22.9%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	3,022,121	2,455,224	81.2%	2,413,500	79.9%
Oklahoma	792,387	643,789	81.2%	310	0.0%
Oregon	1,109,321	894,543	80.6%	894,543	80.6%
Pennsylvania	2,753,618	2,521,421	91.6%	2,233,115	81.1%
Puerto Rico	1,617,501	1,617,501	100.0%	1,617,501	100.0%
Rhode Island	293,676	278,087	94.7%	251,714	85.7%
South Carolina	1,235,361	1,235,361	100.0%	742,528	60.1%
South Dakota	125,395	94,295	75.2%	0	0.0%
Tennessee ⁷	1,684,268	1,556,369	92.4%	1,556,369	92.4%
Texas	4,051,664	3,922,822	96.8%	3,582,604	88.4%
Utah	294,707	291,426	98.9%	244,763	83.1%
Vermont ⁸	200,481	124,399	62.1%	124,399	62.1%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,111,999	761,019	68.4%	761,019	68.4%
Washington	1,820,084	1,820,084	100.0%	1,557,421	85.6%
West Virginia	553,318	390,083	70.5%	390,083	70.5%
Wisconsin	1,204,511	801,939	66.6%	754,202	62.6%
Wyoming	64,442	391	0.6%	112	0.2%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2016

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.
2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, PCCMs, and PCCM entities.
3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care.
4. Alaska was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated September 2017, and accessed February 15, 2017. See <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
5. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1,2015-June 30, 2016).
6. Connecticut was not able to provide total Medicaid enrollment as of July 1, 2016. This figure is from the April - June 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated September 2017, and accessed February 15, 2017. See <https://www.medicaid.gov/medicaid/program-information/downloads/cms-64-enrollment-report-apr-jun-2016.pdf>.
7. For purposes of this report, partial duals are included in the count of Total Medicaid Enrollees; however, Tennessee does not generally include partial duals in counts of Medicaid enrollees in other data sources.
8. 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, 2016



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, 2016.

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama ²	Patient 1st (Primary Care Case Management (PCCM))	Patient 1st	Statewide	646,851	0	646,851
Alabama ²	Patient 1st (Primary Care Case Management (PCCM))	Health Homes	Statewide	230,519	0	230,519
Alabama	Maternity Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Program	Statewide minus the following counties: Autauga, Butler, Bullock, Crenshaw, Elmore, Lowndes, Montgomery, Pike	17,661	0	17,661
Alabama	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Mobile and Baldwin County	4	171	175
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan	Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	394,557	36,525	431,082
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Bridgeway Health Solution MLTSS	Cochise, Gila, Graham, Greenlee, Maricopa, Pinal	753	4,548	5,301
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st Health Plan	Maricopa, Pima	102,199	5,634	107,833
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Comprehensive Medical and Dental Program	Statewide	17,937	0	17,937
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Division of Developmental Disabilities MLTSS	Statewide	22,785	6,544	29,329
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan MLTSS	Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	1,337	8,677	10,014
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, Pinal	224,574	14,400	238,974
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Net Access	Maricopa	52,415	3,306	55,721
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Maricopa Health Plan	Maricopa	76,713	4,574	81,287
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan	Maricopa, Pima	328,377	19,816	348,193
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan MLTSS	Maricopa, Pima	2,124	9,041	11,165
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Phoenix Health Plan	Maricopa	48,973	3,153	52,126
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	University Family Care	Cochise, Gila, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yavapai, Yuma	124,795	8,811	133,606
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Maricopa Integrated Care	Maricopa	12,353	7,617	19,970
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Cenpatico Integrated Care	Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma	8,537	4,419	12,956
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Integrated Care	Apache, Coconino, Gila, Mohave, Navajo, Yavapai	3,366	2,112	5,478
Arkansas ³	Primary Care Case Mangement (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	508,813	0	508,813
Arkansas ³	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Net Transportation	Statewide	454,828	57,213	512,041

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas ³	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Statewide	167	0	167
California	Health Plan of San Mateo CCS Demo/San Mateo (Comprehensive MCO)	Health Plan of San Mateo CCS Demo	San Mateo	1,644	7	1,651
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Alpine	Alpine	138	9	147
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Amador	Amador	5,264	149	5,413
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Butte	Butte	30,232	842	31,074
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Calaveras	Calaveras	3,366	83	3,449
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Colusa	Colusa	4,605	86	4,691
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/El Dorado	El Dorado	8,731	171	8,902
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Glenn	Glenn	4,160	101	4,261
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Inyo	Inyo	1,959	34	1,993
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mariposa	Mariposa	2,854	83	2,937
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mono	Mono	1,669	24	1,693
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Nevada	Nevada	12,662	336	12,998
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Placer	Placer	31,037	719	31,756
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Plumas	Plumas	2,446	71	2,517
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/San Benito	San Benito	7,697	69	7,766
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sierra	Sierra	339	18	357
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sutter	Sutter	21,385	466	21,851
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tehama	Tehama	9,499	210	9,709
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tuolumne	Tuolumne	4,970	105	5,075
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Yuba	Yuba	15,685	301	15,986
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Alpine	Alpine	119	4	123
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Amador	Amador	1,033	26	1,059

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Butte	Butte	34,041	982	35,023
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Calaveras	Calaveras	6,049	182	6,231
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Colusa	Colusa	2,391	33	2,424
California	Regional Model (Comprehensive MCO)	California Health & Wellness/El Dorado	El Dorado	18,799	541	19,340
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Glenn	Glenn	5,349	112	5,461
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Imperial	Imperial	57,382	1,535	58,917
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Inyo	Inoy	1,964	59	2,023
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Mariposa	Mariposa	959	22	981
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Mono	Mono	957	13	970
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Nevada	Nevada	7,665	214	7,879
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Placer	Placer	9,921	290	10,211
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Sierra	Sierra	214	6	220
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Sutter	Sutter	10,744	210	10,954
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Tehama	Tehama	10,747	278	11,025
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Tuolumne	Tuolumne	5,980	157	6,137
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Yuba	Yuba	8,912	162	9,074
California	Regional Model (Comprehensive MCO)	Kaiser/Amador	Amador	75	0	75
California	Regional Model (Comprehensive MCO)	Kaiser/El Dorado	El Dorado	1,508	30	1,538
California	Regional Model (Comprehensive MCO)	Kaiser/Placer	Placer	5,540	129	5,669
California	Regional Model (Comprehensive MCO)	Molina Healthcare/Imperial	Imperial	15,792	506	16,298
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles	Los Angeles	0	6,889	6,889
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Los Angeles	Los Angeles	0	1,607	1,607
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside	Riverside	0	1,869	1,869
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Riverside	Riverside	0	534	534
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino	San Bernardino	0	1,272	1,272

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/San Bernardino	San Bernardino	0	320	320
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Madera	Madera	34,268	895	35,163
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Alameda	60,021	2,365	62,386
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	San Francisco	18,807	2,322	21,129
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Contra Costa	28,843	784	29,627
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Santa Clara	63,261	12,368	75,629
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Los Angeles	Los Angeles	895,863	124,999	1,020,862
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Tulare	108,421	2,967	111,388
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	San Joaquin	24,771	484	25,255
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Riverside	Riverside	77,012	9,621	86,633
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Bernardino	San Bernardino	73,385	8,161	81,546
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Kern	75,763	2,700	78,463
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Stanislaus	73,199	2,190	75,389
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Fresno	107,932	3,567	111,499
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Kings	19,058	535	19,593
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Madera	18,950	409	19,359
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda	239,892	18,043	257,935
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa	172,914	9,224	182,138
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Health Systems	Kern	229,417	5,753	235,170
California	Two-Plan Model (Comprehensive MCO + MLTSS)	LA Care	Los Angeles	1,757,770	203,333	1,961,103
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Riverside	556,686	27,843	584,529
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	San Bernardino	566,685	27,972	594,657

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco	122,685	9,906	132,591
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	San Joaquin	208,967	8,179	217,146
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanslaus	Stanislaus	116,125	3,141	119,266
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara	237,081	28,167	265,248
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Tulare	91,544	3,003	94,547
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Kings	Kings	25,335	800	26,135
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Fresno	Fresno	286,686	8,753	295,439
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal/San Luis Obispo	San Luis Obispo	49,703	6,459	56,162
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal/Santa Barbara	Santa Barbara	110,502	11,831	122,333
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	San Mateo	104,001	9,146	113,147
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Solano	Solano	100,786	13,090	113,876
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Napa	Napa	25,273	3,626	28,899
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Yolo	Yolo	47,478	6,124	53,602
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Marin	Marin	32,106	5,138	37,244
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Lake	Lake	25,076	4,548	29,624
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Mendocino	Mendocino	33,439	4,335	37,774
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Sonoma	Sonoma	99,466	14,001	113,467
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Humboldt	Humboldt	46,000	5,838	51,838

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Lassen	Lassen	6,228	941	7,169
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Modoc	Modoc	2,548	453	3,001
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Shasta	Shasta	52,336	8,847	61,183
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Siskiyou	Siskiyou	14,867	2,441	17,308
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Trinity	Trinity	3,927	644	4,571
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Del Norte	Del Norte	9,844	1,525	11,369
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Monterey	Monterey	142,172	12,211	154,383
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Merced	115,731	10,543	126,274
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Santa Cruz	Santa Cruz	62,763	7,705	70,468
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CalOPTIMA	Orange	703,634	73,809	777,443
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan	Ventura	187,408	21,624	209,032
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group/San Diego	San Diego	262,532	16,072	278,604
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	San Diego	60,712	14,095	74,807
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Diego	San Diego	207,755	12,435	220,190
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Care 1st Healthplan/San Diego	San Diego	66,572	11,680	78,252
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/San Diego	San Diego	46,310	6,339	52,649
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Sacramento	Sacramento	57,229	3,785	61,014
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Sacramento	118,887	5,417	124,304

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/Sacramento	Sacramento	75,359	5,052	80,411
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Sacramento	170,803	6,314	177,117
California	Family Mosaic Project/ San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Family Mosaic Project/San Francisco	San Francisco	25	0	25
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Health Net Dental/Los Angeles	Los Angeles	210,149	12,945	223,094
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Access Dental Plan/Los Angeles	Los Angeles	209,050	13,090	222,140
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Liberty Dental Plan/Los Angeles	Los Angeles	67,470	4,927	72,397
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Access Dental Plan/Sacramento	Sacramento	138,032	5,376	143,408
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Liberty Dental Plan/Sacramento	Sacramento	151,244	6,636	157,880
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Health Net Dental/Sacramento	Sacramento	124,570	6,102	130,672
California	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Multiple Primary Care Providers	Los Angeles	383	388	771
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Central Valley Medical Services/Fresno	Fresno	93	162	255
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast PACE/Humboldt	Humboldt	9	80	89
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare PACE/Sacramento	Sacramento	19	237	256
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Alameda	60	557	617
California	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	506	1,500	2,006
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Contra Costa	10	58	68
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage PACE/Riverside	Riverside	30	49	79
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage PACE/San Bernardino	San Bernardino	54	136	190

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK Lifeways/San Francisco	San Francisco	83	911	994
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK Lifeways/Alameda	Alameda	38	176	214
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK Lifeways/Santa Clara	Santa Clara	39	205	244
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	San Diego	97	438	535
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOPTIMA PACE/Orange	Orange	70	105	175
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Brandman Centers for Senior Care/Los Angeles	Los Angeles	23	163	186
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	San Diego PACE	San Diego	39	106	145
Colorado	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime) (Comprehensive MCO)	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco Counties	31,120	2,944	34,064
Colorado	Denver Health Medicaid Choice (Comprehensive MCO)	Denver Health Medicaid Choice	Denver, Arapahoe, Adams and Jefferson Counties	71,330	3,363	74,693
Colorado	Accountable Care Collaborative: Access KP (Comprehensive MCO)	Colorado Access Kaiser Permanente	Adams, Arapahoe, Douglas Counties	22,924	12	22,936
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 1: Rocky Mountain Health Plans	Moffat, Routt, Jackson, Larimer, Grand, Rio Blanco, Garfield, Eagle, Summit, Mesa, Pitkin, Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale, Dolores, San Juan, Montezuma, La Plata, and Archuleta.	127,424	4,672	132,096
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 2: Colorado Access	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	72,435	3,151	75,586
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 3: Colorado Access	Adams, Arapahoe and Douglas Counties	223,451	6,314	229,765
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	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	105,105	7,067	112,172
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 5: Colorado Access	Denver County	100,158	3,914	104,072

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 6: Colorado Community Health Alliance	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	122,958	4,333	127,291
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 7: Community Health Partnerships	El Paso, Elbert, Park and Teller Counties	157,174	4,139	161,313
Colorado	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	428,027	26,039	454,066
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Healthcare Inc.	Adams, Arapahoe and Douglas Counties	298,985	13,713	312,698
Colorado	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	149,152	9,217	158,369
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Denver	Denver County	190,276	11,703	201,979
Colorado	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	151,453	8,673	160,126
Colorado	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	24	359	383
Colorado	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	23	254	277
Colorado	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	1,983	2,095
Colorado	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	13	283	296
Colorado	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	4	44	48
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	81,665	7,747	89,412

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	Highmark Health Options	Statewide	102,455	4,044	106,499
Delaware	Saint Francis Life (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	New Castle County	8	183	191
District of Columbia	Health Services for Children with Special Needs (Comprehensive MCO)	Health Services for Children with Special Needs	Statewide	5,526	26	5,552
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Statewide	30,310	4	30,314
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	Medstar Family Choice	Statewide	48,449	5	48,454
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth District of Columbia	Statewide	96,614	8	96,622
District of Columbia	Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management Inc.	Statewide	37,630	16,340	53,970
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Amerigroup Florida, Inc.	Regions 5, 6, 7, and 11	341,360	11,428	352,788
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Better Health, Inc.	Regions 6 and 10	96,324	3,674	99,998
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Coventry Healthcare of FL, Inc.	Region 11	55,579	2,824	58,403
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Regions 1, 6, 9, 10, and 11	320,561	21,077	341,638
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida, Inc.	Regions 1, 4, 6, 7, 8, 9, and 11	310,783	12,560	323,343
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	Regions 2, 3, 5, 6, 7, 8, 9, and 11	294,535	14,869	309,404
Florida	Managed Medical Assistance Program (Comprehensive MCO)	South Florida Community Care Network	Region 10	42,442	1,747	44,189
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Region 11	73,355	9,856	83,211
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Wellcare Health Plan of Florida DBA Staywell	Regions 2, 3, 4, 5, 6, 7, 8, and 11	653,023	22,988	676,011
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Regions 3, 4, 5, 6, 7, 8, 9, 10, and 11	450,497	17,622	468,119
Florida	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida, Inc.	Regions 3, 4, 7, and 11	259,710	17,905	277,615
Florida	Managed Medical Assistance Program (Comprehensive MCO)	AIDS Healthcare Foundation DBA Positive Healthcare, Inc.	Regions 10 and 11	1,067	832	1,899
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Freedom Health, Inc.	Regions 3, 5, 6, 7, 8, 9, 10, and 11	0	110	110
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Regions 2, 4, 5, 6, 7, 9, 10, and 11	50,787	6,684	57,471
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans DBA Clear Health Alliance	Regions 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	6,236	2,960	9,196
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Statewide	31,129	0	31,129

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services Network	Statewide	51,855	132	51,987
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	American Eldercare, Inc.	Statewide	1,275	18,189	19,464
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Amerigroup Florida, Inc.	Regions 10 and 11	329	4,444	4,773
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Coventry Healthcare of FL, Inc.	Regions 6, 7, 9, and 11	381	4,478	4,859
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of FL, Inc.	Regions 5, 6, and 11	379	5,644	6,023
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine State Health Plan, Inc.	Regions 1, 3,4, 5, 6, 7, 8, 9, 10, and 11	2,872	35,799	38,671
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of FL, Inc.	Regions 2, 3, 4, 5, 6, 7, 8, 9, and 11	1,269	17,291	18,560
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida Pace Center	Miami-Dade County	72	445	517
Florida	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	9	303	312
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Morselife Home Care, Inc.	Palm Beach County	5	217	222
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Pinellas County	11	264	275
Georgia	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Statewide	314,406	0	314,406
Georgia	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Statewide	365,744	0	365,744
Georgia	Georgia Families (Comprehensive MCO)	WellCare of Georgia	Statewide	512,634	0	512,634
Georgia	Georgia Families 360o (Comprehensive MCO)	Amerigroup Community Care	Statewide	25,426	0	25,426
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup	Statewide	2,423	0	2,423
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Statewide	4,323	0	4,323
Georgia	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare of Georgia	Statewide	3,744	0	3,744
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	AlohaCare QUEST	Statewide	66,242	1	66,243
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Hawaii Medical Service Association (HMSA) QUEST	Statewide	156,744	0	156,744
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Kaiser Permanente QUEST	Oahu and Maui	30,612	0	30,612
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Ohana Health Plan QUEST	Statewide	23,310	0	23,310

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	UnitedHealthcare Community Plan QUEST	Statewide	22,901	0	22,901
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	AlohaCare ABD	Statewide	1,657	2,264	3,921
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	HMSA ABD	Statewide	4,166	1,887	6,053
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Kaiser ABD	Oahu and Maui	863	505	1,368
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Ohana ABD	Statewide	11,210	10,328	21,538
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	UnitedHealth ABD	Statewide	8,223	13,376	21,599
Hawaii ⁴	QUEST Integration (Comprehensive MCO)	Ohana Community Care Service (BHS)	Statewide	5,506	0	5,506
Idaho	Idaho Medicare-Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Blue Cross of Idaho Care Plus, Inc.	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls	0	2,326	2,326
Idaho	Healthy Connections (Primary Care Case Management (PCCM))	Multiple primary care providers		250,638	19,475	270,113
Idaho	Healthy Homes (Primary Care Case Management (PCCM))	Multiple primary care providers		0	0	0
Idaho	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	IBHP		240,266	20,752	261,018
Idaho	Idaho Smiles (Dental only (PAHP))	Idaho Smiles		254,741	23,416	278,157
Idaho	Idaho Non-Emergent Medical Transportation (Non-Emergency Medical Transportation)	NEMT		240,266	22,563	262,829
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Aetna Better Health	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	28,871	0	28,871
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	11,264	0	11,264
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Cigna-HealthSpring of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	5,630	0	5,630
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Community Care Alliance of Illinois	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	9,019	0	9,019
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	CountyCare	Cook County	4,585	0	4,585
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Rock Island, Mercer and Henry counties	7,920	0	7,920
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Humana Health Plan	Lake, Cook, DuPage, Kane, Will and Kankakee counties	4,885	0	4,885
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island, Mercer and Henry counties	27,099	0	27,099
Illinois	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	11,557	0	11,557

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Madison, St. Clair and Clinton counties	5,872	0	5,872
Illinois	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	NextLevel Health Partners	Cook County	4,115	0	4,115
Illinois	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	169,021	0	169,021
Illinois	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	287,315	0	287,315
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	CountyCare	Cook County	147,420	0	147,420
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Family Health Network	Lake, Cook, DuPage, Kane, Will and Kankakee counties	217,732	0	217,732
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Harmony Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Madison, St. Clair, Clinton, Washington, Randolph, Perry, Jackson and Williamson counties	167,151	0	167,151
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Rock Island, Mercer, Henry, Winnebago, Boone and McHenry counties	123,959	0	123,959
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island, Mercer and Henry counties	171,090	0	171,090
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Meridian Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Stark, Knox, Peoria, Tazewell, McLean, Madison, St. Clair, Clinton, Rock Island, Mercer, Henry, Winnebago, Boone, McHenry, Adams, Brown, DeKalb, Henderson, Lee, Livingston, Pike, Scott, Warren and Woodford counties	346,189	0	346,189
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Cook, Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Madison, St. Clair and Clinton counties	188,021	0	188,021
Illinois	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	NextLevel Health Partners	Cook County	28,838	0	28,838

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	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, 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, Pope, Hardin, Alexander, Pulaski and Massac counties	366,520	0	366,520
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Cook, DuPage, Kane, Will and Kankakee counties	0	49	49
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Blue Cross Blue Shield of Illinois	Lake, Kane, DuPage, Cook, Will and Kankakee counties	0	100	100
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	IlliniCare Health Plan	Lake, Kane, DuPage, Cook, Will and Kankakee counties	0	46	46
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Meridian Health Plan	Cook, DuPage, Kane and Will counties	0	19	19
Indiana	Hoosier Care Connect (Comprehensive MCO)	Anthem	Statewide	34,902	939	35,841
Indiana	Hoosier Care Connect (Comprehensive MCO)	Managed Health Services	Statewide	19,755	399	20,154
Indiana	Hoosier Care Connect (Comprehensive MCO)	MDWise	Statewide	41,109	764	41,873
Indiana	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services	Statewide	166,465	6	166,471
Indiana	Hoosier Healthwise (Comprehensive MCO)	MDWise	Statewide	240,176	8	240,184
Indiana	Hoosier Healthwise (Comprehensive MCO)	Anthem	Statewide	195,520	4	195,524
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	MDWise	Statewide	128,087	919	129,006
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Managed Health Services	Statewide	85,810	686	86,496
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Anthem	Statewide	161,722	1,354	163,076
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	UnitedHealthcare of the River Valley, Inc.	Statewide	157,280	13,863	171,143
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	Amerigroup of Iowa, Inc.	Statewide	166,653	15,964	182,617
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	AmeriHealth Caritas of Iowa, Inc.	Statewide	179,643	28,684	208,327

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Iowa	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Statewide	150,413	0	150,413
Iowa	NEMT (Non-Emergency Medical Transportation)	TMS	Statewide	12,272	1,123	13,395
Iowa	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, Warren	30	265	295
Kansas	KanCare (Comprehensive MCO + MLTSS)	Amerigroup Kansas, Inc.	Statewide	115,213	11,210	126,423
Kansas	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Statewide	119,185	14,704	133,889
Kansas	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	Statewide	117,893	12,193	130,086
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	Sedgwick	225	0	225
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Midland	Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee	206	0	206
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	All 8 Regions in the state. Statewide	254,195	21,312	275,507
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield Medicaid	All 8 MCO Medicaid Regions. Statewide	107,310	3,036	110,346
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Humana- Caresource	All 8 Medicaid MCO regions. Statewide	129,303	4,153	133,456
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Passport Health Plan	All 8 Medicaid MCO regions. Statewide	285,074	11,235	296,309
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	WellCare of Kentucky	All 8 Medicaid MCO Regions. Statewide	421,166	25,826	446,992
Kentucky	Non-Emergency Transportation Program (Non-Emergency Medical Transportation)	NEMT-Human Services Transportation Delivery	Statewide	1,225,842	0	1,225,842
Louisiana	Healthy Louisiana (MCO) (Comprehensive MCO)	Aetna Better Health Louisiana	Statewide	78,315	0	78,315
Louisiana	Healthy Louisiana (MCO) (Comprehensive MCO)	Amerigroup Louisiana	Statewide	200,086	0	200,086
Louisiana	Healthy Louisiana (MCO) (Comprehensive MCO)	AmeriHealth Caritas Louisiana	Statewide	186,933	0	186,933
Louisiana	Healthy Louisiana (MCO) (Comprehensive MCO)	Louisiana Healthcare Connections	Statewide	427,806	0	427,806
Louisiana	Healthy Louisiana (MCO) (Comprehensive MCO)	UnitedHealthcare Community Plan	Statewide	370,011	0	370,011
Louisiana	Healthy Louisiana (BHO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Aetna Better Health of Louisiana	Statewide	2,393	19,939	22,332
Louisiana	Healthy Louisiana (BHO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Amerigroup Louisiana	Statewide	2,505	18,980	21,485
Louisiana	Healthy Louisiana (BHO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	AmeriHealth Caritas Louisiana	Statewide	2,332	18,775	21,107

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	Healthy Louisiana (BHO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Louisiana Healthcare Connections	Statewide	2,942	21,085	24,027
Louisiana	Healthy Louisiana (BHO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	UnitedHealthcare Community Plan	Statewide	3,146	22,181	25,327
Louisiana	Dental (Dental only (PAHP))	MCNA	Statewide	1,215,771	100,263	1,316,034
Louisiana	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	185	185
Louisiana	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	10	161	171
Louisiana	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	4	51	55
Maine	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	152,642	0	152,642
Maine	NET (Non-Emergency Medical Transportation)	Logisticare	Regions 1,2,6,7 and 8	113,341	30,849	144,190
Maine	NET (Non-Emergency Medical Transportation)	MidCoast Connector	Region 5	20,582	4,897	25,479
Maine	NET (Non-Emergency Medical Transportation)	Penquis CAP	Regions 3 and 4	54,468	15,816	70,284
Maryland	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Statewide except Kent, Queen Anne's and Talbot counties.	268,070	0	268,070
Maryland	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Baltimore City, Anne Arundel and Baltimore counties	23,639	0	23,639
Maryland	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Baltimore City, Anne Arunde, Baltimore, Calvert, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties.	44,641	0	44,641
Maryland	HealthChoice (Comprehensive MCO)	Maryland Physicians Care	Statewide	203,979	0	203,979
Maryland	HealthChoice (Comprehensive MCO)	MedStar Family Choice	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Montgomery, Prince George's and St. Mary's counties	76,036	0	76,036
Maryland	HealthChoice (Comprehensive MCO)	Priority Partners	Statewide	263,824	0	263,824
Maryland	HealthChoice (Comprehensive MCO)	Riverside Health of Maryland	Baltimore City, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, M	33,414	0	33,414

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	HealthChoice (Comprehensive MCO)	United HealthCare	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's counties	166,382	0	166,382
Maryland	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	7	93	100
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Health New England	Berkshire, Franklin, Hampden, Hampshire	66,959	0	66,959
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Neighborhood Health Plan	Statewide	302,079	0	302,079
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Failon Community Health Plan	Worcester, Middlesex, Franklin, Hampden, Norfolk, Essex, Middlesex	30,268	0	30,268
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Tufts Health Plan	Statewide (excludes islands).	204,263	0	204,263
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Celticare	Statewide (Excludes islands)	35,728	0	35,728
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Boston Medical Center Health Net Plan	Statewide	188,357	0	188,357
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Boston Medical Center HealthNet Plan	Suffolk County	5	41	46
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	United HealthCare	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	15,155	1,560	16,715
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	762	10,800	11,562
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Navicare HMO	Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	165	4,623	4,788
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	369	7,099	7,468
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Counties of Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties	205	1,880	2,085
Massachusetts	Primary Care Clinician Plan (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	391,166	0	391,166
Massachusetts	Money Follows the Person - Behavioral Supports (MFP-BH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Money Follows the Person - Behavioral Supports (BFP-BH)	Statewide	26	247	273
Massachusetts	MassHealth BH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Statewide	462,074	0	462,074
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE	Middlesex and Suffolk Counties	39	438	477
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Services Plan	Suffolk County	23	236	259

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health Services	Middlesex, Norfolk and Suffolk Counties	11	449	460
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit ElderCare	Hampden, Hampshire, Middlesex and Worcester Counties	40	1,020	1,060
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Cambridge Health Alliance	Middlesex and Suffolk Counties	31	318	349
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care, Inc.	Essex and Middlesex Counties	78	855	933
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care Pace Program	Franklin, Hampden and Hampshire Counties	60	296	356
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life Inc.	Hampden and Hampshire County	8	147	155
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Aetna Better Health of Michigan	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Vanburen, Washtenaw, Wayne	10,258	0	10,258
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mesosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	59,342	0	59,342
Michigan	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan Inc.	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	772	0	772
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Harbor Health Plan, Inc.	Macomb, Oakland, Wayne	3,585	0	3,585
Michigan	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	56,031	0	56,031

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan, 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, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Orscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne Wexford	143,854	0	143,854
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, 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, VanBuren, Washtenaw, Wayne, Wexford	87,696	0	87,696
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, VanBuren	32,058	0	32,058
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Macomb, Oakland, Wayne	15,216	0	15,216

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan Inc.	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	61,622	0	61,622
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	14,503	0	14,503
Michigan	Managed Care Plan Division (Comprehensive MCO)	Aetna Better Health of MI	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Vanburen, Washtenaw, Wayne	42,736	265	43,001
Michigan	Managed Care Plan Division (Comprehensive MCO)	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mesosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	150,640	2,681	153,321
Michigan	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan Inc.	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	1,929	25	1,954
Michigan	Managed Care Plan Division (Comprehensive MCO)	Harbor Health Plan Inc.	Macomb, Oakland, and Wayne	7,934	20	7,954
Michigan	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygen, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, 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	186,778	5,284	192,062

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Meridian Health Plan of Michigan, 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, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	476,539	8,643	485,182
Michigan	Managed Care Plan Division (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	364,605	9,905	374,510
Michigan	Managed Care Plan Division (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren	113,687	3,529	117,216
Michigan	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Macomb, Oakland, Wayne	55,742	445	56,187

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan Inc.	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	255,455	3,599	259,054
Michigan	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	42,843	87	42,930
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Macomb-Oakland Regional Center (MORC)	Livingston, Macomb, Monroe, Oakland, Washtenaw	19	277	296
Michigan	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	37	416	453
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	A & D Home Health Care Inc.	Bay, Clare, Gladwin, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	71	810	881
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Livingston, Macomb, Monroe, Oakland, Washtenaw	49	774	823
Michigan	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	21	302	323
Michigan	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	774	819
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Detroit	88	1,192	1,280
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Northern Health Care Management	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	27	317	344
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Hillsdale, Jackson, Lenawee	35	542	577
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 3B Area Agency on Aging	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren	41	520	561
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region IV (4) Area Agency on Aging	Berrien, Cass, Van Buren	30	380	410
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region VII (7) Area Agency on Aging	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	64	809	873
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Reliance Community Care Partners	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Osceola, Ottawa	42	581	623
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West Michigan	Muskegon, Oceana, Ottawa	34	550	584

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Services Inc.	Barry, Branch, Calhoun, Kalamazoo	20	258	278
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center Inc.	Wayne	22	318	340
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Wayne	33	420	453
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri-County Office on Aging	Clinton, Eaton, Ingham	46	648	694
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	UPCAP Care Services	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	24	359	383
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Genesee, Lapeer, Shiawassee	24	358	382
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw	110,143	0	110,143
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Wayne	597,469	0	597,469
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	244,220	0	244,220
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb	170,504	0	170,504
Michigan ⁵	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	356,756	0	356,756
Michigan ⁵	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	61,663	0	61,663
Michigan ⁵	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	112,776	0	112,776
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland	168,392	0	168,392
Michigan ⁵	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Genesee, Lapeer, Sanilac, St. Clair	182,620	0	182,620
Michigan ⁵	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	187,792	0	187,792

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Kids Dental (Dental only (PAHP))	Healthy Kids Dental	Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalkaska, Kalamazoo, Kent, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Macomb, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	823,290	0	823,290
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	Kent, Ottawa	5	194	199
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	CentraCare	Calhoun, Kalamazoo	12	247	259
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Genesys PACE	Genesee	3	24	27
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, Tuscola	4	49	53
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	Livingston, Monroe, Oakland, Washtenaw, Wayne	6	115	121
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Allegan, Muskegon, Ottawa	8	276	284
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	Macomb, Oakland, Wayne	26	475	501
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	Berrien, Cass, Van Buren	5	154	159
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care	Barry, Clinton, Eaton, Ingham, Ionia, Livingston, Shiawassee	11	81	92
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Thome PACE	Hillsdale, Jackson, Lenawee	1	25	26
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	statewide	281,837	0	281,837
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Health Partners	statewide	77,317	0	77,317
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin County	8,212	0	8,212
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	6,998	0	6,998
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Medica	statewide	270,369	0	270,369

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	31,572	0	31,572
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	27,261	0	27,261
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Ucare	statewide	12,301	0	12,301
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	statewide	271	3,367	3,638
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Health Partners	statewide	263	1,501	1,764
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	2	193	195
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	statewide	525	2,980	3,505
Minnesota	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	15	719	734
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	26	806	832
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Ucare	statewide	1,048	2,470	3,518
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	statewide	0	7,789	7,789
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Health Partners	statewide	0	3,101	3,101
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Center	Itasca County	0	461	461
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	statewide	0	10,549	10,549
Minnesota	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	1,900	1,900
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	0	1,567	1,567
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Ucare	statewide	0	10,649	10,649
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Health Partners	statewide	1,276	1,959	3,235
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	statewide	6,573	7,380	13,953
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	737	1,432	2,169

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca counties	873	1,927	2,800
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Ucare	statewide	12,559	13,791	26,350
Minnesota	Preferred Integrated Network (PIN) (Comprehensive MCO + MLTSS)	Medica	Dakota County	371	0	371
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	Magnolia Health	Statewide	250,647	0	250,647
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	UnitedHealthcare of Mississippi Community Plan	Statewide	248,718	0	248,718
Missouri	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 Co, Warren, Washington, and St Louis City	139,832	0	139,832
Missouri	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, and Shelby	45,605	0	45,605
Missouri	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, and Vernon	89,291	0	89,291
Missouri	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, St Genevieve, St Louis Co, Warren, Washington, and St Louis City	45,955	0	45,955
Missouri	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, and Shelby	31,055	0	31,055
Missouri	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	38,971	0	38,971
Missouri	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, St Genevieve, St Louis Co, Warren, Washington, and St Louis City	50,980	0	50,980
Missouri	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, and Shelby	19,593	0	19,593
Missouri	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	33,110	0	33,110

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	323,128	144,162	467,290
Montana	Passport to Health (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	121,277	0	121,277
Nebraska	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)	25,883	4	25,887
Nebraska	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) and 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)	104,543	28	104,571
Nebraska	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)	60,873	15	60,888
Nebraska	Nebraska Behavioral Health Managed Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Health	Statewide	198,694	33,813	232,507

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nebraska	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	Nebraska Zip Codes: 68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068	118	15	133
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada (HPN)	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) counties	246,658	0	246,658
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Amerigroup Community Care (AGP)	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) counties	154,776	0	154,776
Nevada	Health Care Guidance Program (HCGP) (Primary Care Case Management (PCCM))	Axis Point Health	Statewide	38,252	0	38,252
Nevada	Non-Emergency Transportation (NET) (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc (MTM)	Statewide	557,397	0	557,397
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	52,328	8,140	60,468
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense	Statewide	63,639	7,817	71,456
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	2,121	0	2,121
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	Well Sense	Statewide	2,940	0	2,940
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare Liberty D-SNP	Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Somerset, and Union counties	0	206	206
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset, Union	23,732	2,188	25,920
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey	Statewide except Salem County	170,710	18,304	189,014
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerivantage Dual Coordination	Atlantic, Bergen, Burlington, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset and Union Counties	0	7,965	7,965
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Statewide	741,646	78,477	820,123
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	407,571	40,357	447,928
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete ONE	Atlantic, Bergen, Burlington, Essex, Hudson, Mercer, Monmouth, Morris, Ocean, Union counties	0	7,879	7,879
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union Counties	46,394	10,721	57,115
New Jersey	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Statewide	1,390,064	166,086	1,556,150

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira 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	23	202	225
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Beacon of LIFE	07701, 07702, 07703, 07704, 07709, 07710, 07711, 07715, 07716, 07718, 07721, 07722, 07723, 07724, 07726, 07728, 07730, 07732, 07733, 07734, 07735, 07737, 07738, 07739, 07740, 07746, 07747, 07748, 07750, 07751, 07752, 07755, 07756, 07757, 07758, 07760, 07763, 07764, 07765, 07799, 08501, 08510, 08514, 08526, 08535, 08555, 08720	3	37	40
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE (Living Independently For Elders) St. Francis	08015, 08016, 08022, 08060, 08068, 08505, 08512, 08515, 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	37	273	310
New Jersey	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	24	205	229
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior LIFE	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	15	112	127
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Statewide	130,233	7,381	137,614
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Statewide	217,697	7,418	225,115
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	69,722	18,548	88,270
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New Mexico Inc	Statewide	225,105	7,597	232,702
New Mexico	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	55	732	787
New York	Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	New York City & Nassau, Orange, Rockland, Suffolk, Westchester counties.	233,950	0	233,950
New York	Medicaid Managed Care (Comprehensive MCO)	Amidacare Special Needs	New York City	6,128	0	6,128
New York	Medicaid Managed Care (Comprehensive MCO)	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, & Washington counties.	93,193	0	93,193
New York	Medicaid Managed Care (Comprehensive MCO)	Crystal Run Health Plan	Orange & Sullivan counties.	314	0	314

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO)	Excellus Health Plan	Broome, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties.	177,816	0	177,816
New York	Medicaid Managed Care (Comprehensive MCO)	Healthfirst	New York City & Nassau, Suffolk counties.	911,690	0	911,690
New York	Medicaid Managed Care (Comprehensive MCO)	Healthnow	Allegany, Cattaraugus, Chautauqua, Erie, Orleans, & Wyoming counties.	24,122	0	24,122
New York	Medicaid Managed Care (Comprehensive MCO)	Healthplus	New York City & Nassau, Suffolk counties.	371,536	0	371,536
New York	Medicaid Managed Care (Comprehensive MCO)	HIP Combined	New York City & Nassau, Suffolk, Westchester counties.	184,491	0	184,491
New York	Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, & Westchester counties.	0	0	0
New York	Medicaid Managed Care (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie & Niagara counties	62,385	0	62,385
New York	Medicaid Managed Care (Comprehensive MCO)	Metroplus Health Plan	New York City	389,954	0	389,954
New York	Medicaid Managed Care (Comprehensive MCO)	Metroplus Health Plan Special Needs	New York City	4,470	0	4,470
New York	Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	22 counties.	175,878	0	175,878
New York	Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City & 57 counties.	1,170,307	0	1,170,307
New York	Medicaid Managed Care (Comprehensive MCO)	Today's Options	Cortland, Onondaga, & Tompkins counties.	36,293	0	36,293
New York	Medicaid Managed Care (Comprehensive MCO)	United Healthcare	New York City & 38 counties.	457,746	0	457,746
New York	Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	3,668	0	3,668
New York	Medicaid Managed Care (Comprehensive MCO)	Wellcare	New York City & Albany, Dutchess, Erie, Nassau, Niagara, Orange, Rensselaer, Rockland, Schenectady, Schuyler, Steuben, Ulster counties.	95,350	0	95,350
New York	Medicaid Managed Care (Comprehensive MCO)	Yourcare Health Plan	Albany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, & Wyoming counties.	45,294	0	45,294
New York	Medicaid Advantage (Comprehensive MCO)	VNS Choice	New York City & Nassau, Suffolk, Westchester counties.	21	899	920
New York	Medicaid Advantage (Comprehensive MCO)	Wellcare	Albany, Broome, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, & Wayne counties.	67	2,315	2,382
New York	Medicaid Advantage (Comprehensive MCO)	Affinity	New York City	1	301	302
New York	Medicaid Advantage (Comprehensive MCO)	HIP of Greater New York	New York City & Nassau, Westchester counties.	13	1	14
New York	Medicaid Advantage (Comprehensive MCO)	Liberty Health Advantage	New York City & Nassau County	125	89	214
New York	Medicaid Advantage (Comprehensive MCO)	Metroplus	New York City	2	0	2

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City & 33 counties.	37	1,570	1,607
New York	Medicaid Advantage (Comprehensive MCO)	Touchstone/Prestige	New York City & Orange, Westchester counties.	114	3	117
New York	Medicaid Advantage (Comprehensive MCO)	United Healthcare	New York City & Nassau County.	28	3,122	3,150
New York	Health and Recovery Plans (Comprehensive MCO)	Affinity Health Plan	New York City & Nassau, Orange, Rockland, Suffolk, Westchester counties.	144	0	144
New York	Health and Recovery Plans (Comprehensive MCO)	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, & Washington counties.	276	0	276
New York	Health and Recovery Plans (Comprehensive MCO)	Excelsus Health Plan	Broome, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties.	805	0	805
New York	Health and Recovery Plans (Comprehensive MCO)	Healthfirst	New York City & Nassau, Suffolk counties.	15,929	0	15,929
New York	Health and Recovery Plans (Comprehensive MCO)	Healthplus	New York City & Nassau, Putnam counties.	4,673	0	4,673
New York	Health and Recovery Plans (Comprehensive MCO)	HIP of Greater New York	New York City & Nassau, Suffolk, Westchester counties.	3,229	0	3,229
New York	Health and Recovery Plans (Comprehensive MCO)	Independent Health Association	Erie County.	233	0	233
New York	Health and Recovery Plans (Comprehensive MCO)	Metroplus	New York City.	8,361	0	8,361
New York	Health and Recovery Plans (Comprehensive MCO)	MVP Health Plan	Albany, Dutchess, Genesee, Jefferson, Livingston, Monroe, Oneida, Ontario, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, & Westchester counties.	464	0	464
New York	Health and Recovery Plans (Comprehensive MCO)	NYS Catholic Health Plan	New York City & 57 counties.	9,974	0	9,974
New York	Health and Recovery Plans (Comprehensive MCO)	Today's Options	Cortland, Onondaga, & Tompkins counties.	188	0	188
New York	Health and Recovery Plans (Comprehensive MCO)	United Healthcare	New York City & 38 counties.	2,810	0	2,810
New York	Health and Recovery Plans (Comprehensive MCO)	Yourcare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, & Wyoming counties.	232	0	232
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Elderplan	New York City & Nassau, Westchester counties.	8	1,080	1,088
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Guildnet	New York City & Nassau, Suffolk counties.	7	652	659
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Healthfirst	New York City & Nassau County.	17	3,821	3,838
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Healthplus Advantage Plus	New York City	0	2	2
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HIP of Greater New York	New York City & Nassau, Suffolk counties.	0	0	0

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	NYS Catholic Health Plan/Fidelis	New York City & Albany, Montgomery, Rensselaer, Schenectady counties.	1	130	131
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	New York City	0	124	124
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice Plus	New York City & Nassau County.	0	108	108
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	New York City & Nassau, Suffolk counties.	257	3,517	3,774
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Agewell New York	New York City & Nassau, Suffolk, Westchester counties.	339	6,619	6,958
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Alphacare	New York City & Westchester County.	719	2,196	2,915
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Archcare Community Life	New York City & Putnam, Westchester counties.	221	1,912	2,133
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centerlight Select	New York City & Nassau, Rockland, Suffolk, Westchester counties.	508	4,971	5,479
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living	New York City & Erie, Niagara, Rockland counties.	1,066	5,529	6,595
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Elderplan	New York City & Albany, Dutchess, Erie, Monroe, Nassau, Niagara, Orange, Putnam, Rockland, Schenectady, Suffolk, Sullivan, Ulster, Westchester counties.	846	10,297	11,143
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Elderserve	New York City & Nassau, Suffolk, Westchester counties.	1,024	9,891	10,915
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Elderwood	Erie, Genesee, Monroe, & Niagara counties.	0	23	23
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	New York City & Nassau, Suffolk counties.	130	1,168	1,298
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fallon Health Weinberg	Erie & Niagara counties.	47	279	326
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care at Home	New York City & 58 counties.	1,085	13,457	14,542
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Guildnet	New York City & Nassau, Suffolk, Westchester counties.	1,243	15,535	16,778
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspek Choice	Dutchess, Orange, Putnam, Rockland, Sullivan, & Ulster counties.	167	1,600	1,767
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Dutchess, Orange, & Rockland counties.	72	793	865
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Healthplus	New York City	407	3,121	3,528
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HIP of Greater New York	New York City & Nassau, Suffolk, Westchester counties.	0	0	0
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Icircle Care	Broome, Cayuga, Chemung, Chenango, Cortland, Genesee, Livingston, Madison, Monroe, Onondaga, Ontario, Orleans, Oswego, Otsego, Shuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, & Yates counties.	65	1,296	1,361

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	New York City.	1,143	5,017	6,160
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra	New York City & Nassau, Suffolk, Westchester counties.	293	3,443	3,736
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Kalos Health Plan	Chautauqua, Erie, Genesee, Niagara, & Orleans counties.	49	723	772
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Metroplus	New York City	477	728	1,205
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO	New York City & Westchester County.	101	1,052	1,153
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	North Shore - LIJ Health Plan	New York City & Nassau, Suffolk counties.	438	3,151	3,589
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Albany, Dutchess, Orange, Putnam, Rockland, Warren, & Washington counties.	26	168	194
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	New York City & Nassau, Westchester counties.	1,521	11,029	12,550
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Herkimer & Oneida counties.	30	484	514
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	New York City	647	4,769	5,416
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United Healthcare	New York City & Albany, Broome, Erie, Monroe, Oneida, Onondaga, Orange, Rockland counties.	119	2,221	2,340
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	New York City	1,028	5,397	6,425
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA Homecare Options	48 counties.	140	2,369	2,509
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	New York City & 27 counties.	1,101	12,910	14,011
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Wellcare Advocate	New York City & Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, Westchester counties.	411	5,844	6,255
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	New York City	65	450	515
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Erie County	10	212	222
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centerlight (CCM)	New York City & Nassau, Rockland, Suffolk, Westchester counties.	588	2,597	3,185
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Niagara County	16	106	122
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Albany & Schenectady counties.	21	167	188
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Weinberg	Erie County	1	43	44
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Monroe County	41	635	676
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	Onondaga County	11	478	489

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Allegany & Cattaraugus counties.	12	101	113
North Carolina	Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity))	North Carolina Community Care Carolina Access	Statewide	1,346,551	149,554	1,496,105
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Counties: Cumberland, Durham, Johnston, Wake	209,317	22,323	231,640
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Sol	Counties: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance and Warren	405,751	49,949	455,700
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe Human Services	Counties: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	167,505	27,032	194,537
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Manag	Counties: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	134,061	18,994	153,055
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center For Mh Dd Sa	Counties: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	165,188	20,828	186,016
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Counties: Brunswick, Carteret, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	166,661	25,843	192,504
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Vaya Health	Counties: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	142,467	25,382	167,849
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina Seniorcare	Serving the following zip codes in Davidson, Davie, Iredell and Rowan Counties: 27012, 27107, 27127, 27239, 27262, 27265, 27284, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27013, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689	130	61	191
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community Carepartners, Inc.	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	54	18	72

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus Inc	Serving all zip codes in New Hanover County and the following zip codes in Brunswick County: 28422, 28451, 28461, 28479	66	42	108
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Life St Joseph Of The Pines Inc	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	127	94	221
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Pace At Home Inc	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	87	31	118
North Carolina	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	85	35	120
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	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	126	56	182
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Services Inc	Serving the following zip codes in Alamance, Caswell, Orange, Chatham, Lee Counties and the portion of 27278 located in Durham County: 27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27330, 27332, 27505, 28326	132	88	220

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care, Inc.	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	100	42	142
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Stay Well Senior Care	Serving the following zip codes in Montgomery, Moore and Randolph Counties: 27203, 27205, 27208, 27233, 27239, 27248, 27260, 27263, 27283, 27292, 27298, 27313, 27316, 27317, 27325, 27341, 27344, 27350, 27355, 27360, 27370, 27371, 28127, 27209, 27229, 27281, 27306, 27341, 27356, 27371, 28127, 27208, 27209, 27242, 27281, 27325, 27330, 27341, 27356, 27376, 28327, 28347, 28350, 28374, 28387, 28394	69	34	103
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Voans Senior Community Care Of Nort	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	95	64	159
North Dakota	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion - Sanford Health Plan	Statewide	21,232	0	21,232
North Dakota	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	48,264	0	48,264
North Dakota	Health Management Program (Other Prepaid Health Plan (PHP) (limited benefits))	Health Management	Statewide	223	0	223
North Dakota	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	58501, 58502, 58503 (Bismarck), 58504 (Lincoln), 58554 (Mandan), 58558 (Menoken), 58601, 58602 (Dickinson), 58652 (Richardton), 58655 (South Heart), 58656 (Taylor), 58701, 58702, 58703, 58722, 58785 (Minot)	4	111	115
Ohio	Medicaid Managed Care (Comprehensive MCO)	Buckeye Health Plan	Statewide	293,319	0	293,319
Ohio	Medicaid Managed Care (Comprehensive MCO)	CareSource	Statewide	1,290,080	0	1,290,080
Ohio	Medicaid Managed Care (Comprehensive MCO)	Molina Healthcare of Ohio	Statewide	313,922	0	313,922
Ohio	Medicaid Managed Care (Comprehensive MCO)	Paramount Advantage	Statewide	236,561	0	236,561
Ohio	Medicaid Managed Care (Comprehensive MCO)	United Healthcare Community Plan of Ohio	Statewide	279,230	0	279,230

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Aetna	Central, Northwest, Southwest Regions	0	9,201	9,201
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Buckeye Health Plan	Northeast, Northwest, West Central Regions	0	7,714	7,714
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	CareSource	East Central, Northeast, Northeast Central Regions	0	9,420	9,420
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Molina	Central, Southwest, West Central Regions	0	7,562	7,562
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	United Healthcare Community Plan of Ohio	East Central, Northeast, Northeast Central Regions	0	7,827	7,827
Ohio	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	Cuyahoga County	72	316	388
Oklahoma	SoonerCare Choice (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	532,213	0	532,213
Oklahoma	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Statewide	531,903	111,886	643,789
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care (CEC)	74464, 74427, 74451, 74471, 74444, 74452, 74441, 74465, 74352, 74364, 74368, 74359, 74423, 7440,3 74434, 74347, 74964, 74965, 74960, 74457, 74401, 74402, 74446, 74439	14	139	153
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life PACE	74103, 74104, 74105, 74106, 74110, 74112, 74114, 74115, 74119, 74120, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108, 7412, 74107	7	47	54
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Valir PACE	73008, 73140, 73105, 73121, 73141, 73155, 73179, 73106, 73124, 73142, 73156, 73184, 73132, 73179, 73143, 73157, 73185, 73165, 73160, 73108, 73026, 73003, 73170, 73109, 73127, 73146, 73162, 73190, 73147, 73163, 73194, 73013, 73120, 73112, 73129, 73025, 73066, 73113, 73131, 73149, 73167, 73196, 73134, 73150, 73169, 73198, 73083, 73102, 73117, 73084, 73110, 7310, 73118, 73137, 73152, 73173, 73119, 73139, 73154, 73178, 73122, 73012, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104	12	91	103
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Access Dental Plan, LLC	Clackamas, Multnomah, and Washington Counties	1,896	71	1,967
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Advantage Dental Services	Statewide except Tillamook County	18,652	4,003	22,655
Oregon ⁶	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	13,385	1,031	14,416
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	CareOregon Dental	Clackamas, Multnomah, and Washington Counties	1,891	94	1,985

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Family Dental Care	Clackamas, Multnomah, and Washington Counties	1,878	76	1,954
Oregon ⁶	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	1,186	2,925	4,111
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Managed Dental Care of Oregon	Clackamas, Multnomah, and Washington Counties	1,958	76	2,034
Oregon ⁶	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	6,014	1,194	7,208
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, and Josephine Counties	46,286	2,207	48,493
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739, 97425 excluded) County	15,588	772	16,360
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Columbia Pacific	Clatsop, Columbia, and Tillamook Counties	23,570	810	24,380
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties	45,961	1,666	47,627
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	FamilyCare	Clackamas, Marion (97002, 97032, 97071, 97362, 97375, 97381 only), Multnomah, and Washington Counties	119,527	2,456	121,983
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	204,875	16,382	221,257
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	InterCommunity Health Network	Benton, Lincoln, and Linn Counties	51,350	2,646	53,996
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Jackson Care Connect	Jackson County	27,860	1,068	28,928
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only)	49,169	2,158	51,327
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco Counties	12,290	348	12,638
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson (97497, 97525, 97527, 97530, 97537 only), and Josephine Counties	10,429	523	10,952
Oregon ⁶	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	85,925	4,292	90,217
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	24,828	1,510	26,338

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oregon ⁶	OHP - Oregon Health Plan (Comprehensive MCO)	Western Oregon Advanced Health	Coos, Curry, and Douglas (97459 only) Counties	18,292	1,275	19,567
Oregon ⁶	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)	91,849	4,618	96,467
Oregon ⁶	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	22,268	589	22,857
Oregon	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Multnomah, Washington, Clatsop and Tillamook Counties	57	1,099	1,156
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	UPMC for You Inc.	Lehigh/Capital, Southwest, Northwest	390,632	3,946	394,578
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Aetna Better Health	Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest	203,919	2,060	205,979
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Gateway Health Plan	Southwest, Lehigh/Capital, and Northwest	309,277	3,124	312,401
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	United Healthcare Community Plan of Pennsylvania	Southeast, Lehigh/Capital, and Southwest	218,949	2,212	221,161
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Health Partners of Philadelphia, Inc.	Southeast	236,010	2,384	238,394
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Geisinger Health Plan	Northeast	175,790	1,776	177,566
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Vista	Southeast, Lehigh/Capital, Notheast, and Northwest	670,531	6,773	677,304
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adams County HealthChoices - Community Care Behavioral Health Organization	Adams County	12,637	1,210	13,847
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices - Community Care Behavioral Health Organization	Allegheny County	183,473	25,996	209,469
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices - Value Behavioral Health of Pennsylvania	Beaver County	27,866	3,969	31,835
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Bedford and Somerset - Performcare	Bedford and Somerset Counties	20,474	3,167	23,641
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices - Community Care Behavioral Health Organization	Berks County	75,646	8,312	83,958
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices - Community Care Behavioral Health Organization	Blair County	25,315	3,600	28,915

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices - Magellan Behavioral Health of Pennsylvania	Bucks County	61,501	7,435	68,936
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices - Value Behavioral Health of Pennsylvania	Cambria County	25,927	4,045	29,972
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Carbon-Monroe-Pike Joinder Board - Community Care Behavioral Health Organization	Carbon, Monroe & Pike Counties	49,267	4,754	54,021
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices - Community Care Behavioral Health Organization	Chester County	43,591	4,406	47,997
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cumberland County HealthChoices - PerformCare	Cumberland County	25,329	2,699	28,028
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Dauphin County HealthChoices - PerformCare	Dauphin County	54,089	5,520	59,609
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices - Magellan Behavioral Health of Pennsylvania	Delaware County	95,542	9,360	104,902
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices - Community Care Behavioral Health Organization	Erie County	60,682	7,203	67,885
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices - Value Behavioral Health of Pennsylvania	Fayette County	33,370	5,127	38,497
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth) - Value Behavioral Health of Pennsylvania	Greene County	7,795	1,097	8,892
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lancaster County HealthChoices - PerformCare	Lancaster County	74,692	8,153	82,845
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lebanon County HealthChoices - PerformCare	Lebanon County	22,282	2,266	24,548
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices - Magellan Behavioral Health of Pennsylvania	Lehigh County	67,513	8,044	75,557

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board - Community Care Behavioral Health Organization	Clinton & Lycoming Counties	28,043	3,597	31,640
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices - Magellan Behavioral Health of Pennsylvania	Montgomery County	84,729	8,914	93,643
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	North Central State Option - Community Care Behavioral Health Organization	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potters, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren & Wayne Counties	176,016	25,532	201,548
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices - Magellan Behavioral Health of Pennsylvania	Northampton County	43,587	5,208	48,795
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Health Care Consortium - Community Care Behavioral Health Organization	Lackawanna, Luzerne, Susquehanna & Wyoming Counties	118,042	15,888	133,930
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership - Value Behavioral Health of Pennsylvania	Crawford, Mercer & Venango Counties	46,831	7,132	53,963
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Perry County HealthChoices - PerformCare	Perry County	5,917	685	6,602
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices - Community Behavioral Health	Philadelphia County	532,513	58,063	590,576
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health Management - Value Behavioral Health of Pennsylvania	Armstrong, Butler, Indiana, Lawrence, Washington & Westmoreland Counties	145,845	21,113	166,958
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance - PerformCare	Franklin & Fulton Counties	24,890	2,802	27,692
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York County HealthChoices - Community Care Behavioral Health Organization	York County	69,310	6,765	76,075
Pennsylvania	Adult Community Autism Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adult Community Autism Program	Cumberland, Dauphin, Chester and Lancaster	69	75	144
Pennsylvania	MATP (Medical Assistance Transportation Program) (Non-Emergency Medical Transportation)	Logisticare	Philadelphia County	538,544	72,933	611,477

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Westmoreland County (majority)	1	163	164
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Cambria County (partial), Somerset County (partial)	14	174	188
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altoona H-5902	Blair County, Cambria County (partial), Indiana County	16	223	239
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	York County	4	121	125
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Lehigh, Northampton, Berks Counties	11	231	242
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	Franklin (partial), Cumberland Counties	4	86	90
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	Erie County	4	94	98
Pennsylvania	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), Schuylkill (partial)	2	184	186
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Mercy LIFE H-3919	66	632	698
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE West Philadelphia H-3908	Philadelphia County (partial)	25	437	462
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	Bucks County (partial)	14	212	226
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	New Courtland LIFE H-9830	Philadelphia County (partial)	37	451	488
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Lancaster , Lebanon , Clinton , Lycoming Counties; part of Chester County	5	175	180
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	Allegheny, parts of Westmoreland Counties	35	545	580
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE-Pittsburgh H-3918	Allegheny County (partial)	31	548	579

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	Butler County	7	151	158
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	Beaver and Lawrence Counties	18	466	484
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Armstrong H-6188	Armstrong County	2	30	32
Pennsylvania	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington H-2992	Washington , Fayette , Greene Counties	54	459	513
Puerto Rico	Government Health Plan (Comprehensive MCO)	First Medical Plan Inc.	North, San Juan,Special	277,517	21,574	299,091
Puerto Rico	Government Health Plan (Comprehensive MCO)	MMM MULTI HEALTH, Inc.	Southeast	140,373	11,964	152,337
Puerto Rico	Government Health Plan (Comprehensive MCO)	Triple-S Salud Inc.	MetroNorth, West	395,130	25,037	420,167
Puerto Rico	Government Health Plan (Comprehensive MCO)	Molina Health Care PR, Inc.	East, Southwest	313,022	23,711	336,733
Puerto Rico	Government Health Plan (Comprehensive MCO)	MMM MULTI HEALTH, Inc. - PMC	Northeast	125,597	8,300	133,897
Puerto Rico	Medicare Platino (Comprehensive MCO)	Triple S	Statewide	0	52,692	52,692
Puerto Rico	Medicare Platino (Comprehensive MCO)	Humana Health Plan of PR Inc.	Statewide	0	34,286	34,286
Puerto Rico	Medicare Platino (Comprehensive MCO)	MCS Advantage Inc.	Statewide	0	81,442	81,442
Puerto Rico	Medicare Platino (Comprehensive MCO)	MMM Health Care Inc.	Statewide	0	81,218	81,218
Puerto Rico	Medicare Platino (Comprehensive MCO)	Preferred Medicare Choice Inc.	Statewide	0	20,607	20,607
Puerto Rico	Medicare Platino (Comprehensive MCO)	Constellation Health, LLC.	Statewide	0	5,031	5,031
Rhode Island	Rhody Health Partners (Comprehensive MCO)	Neighborhood Health Plan of R	Statewide	7,232	0	7,232
Rhode Island	Rhody Health Partners (Comprehensive MCO)	United Healthcare	Statewide	7,705	0	7,705
Rhode Island	Rlite Care (Comprehensive MCO)	Neighborhood Health Plan of RI	Statewide	102,700	0	102,700
Rhode Island	Rlite Care (Comprehensive MCO)	United Healthcare	Statewide	47,584	0	47,584
Rhode Island	Rhody Health Partners Expansion (Comprehensive MCO)	Neighborhood Health Plan	Statewide	35,612	0	35,612
Rhode Island	Rhody Health Partners Expansion (Comprehensive MCO)	United Healthcare	Statewide	28,639	0	28,639
Rhode Island	Rhody Health Options (Comprehensive MCO + MLTSS)	Neighborhood Health Plan	Statewide	566	21,399	21,965
Rhode Island	ConnectCare Choice Community Partners (Primary Care Case Management (PCCM))	CareLink	Statewide	0	0	0
Rhode Island	Connect Care Choice (Primary Care Case Management (PCCM))	Multiple Primary Care providers	Statewide	0	0	0

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Rhode Island	Rite Smiles (Dental only (PAHP))	United Healthcare Dental	Statewide	94,318	0	94,318
Rhode Island	Transportation Broker (Non-Emergency Medical Transportation)	LogistiCare	Statewide	243,187	34,191	277,378
Rhode Island	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Statewide	30	247	277
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Select Health of South Carolina	Statewide	346,764	0	346,764
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina HealthCare	Statewide	104,560	0	104,560
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Statewide	112,658	0	112,658
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice Healthplan Medicaid	Statewide	86,797	0	86,797
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare of South Carolina	Statewide	91,355	0	91,355
South Carolina	Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Statewide	302	0	302
South Carolina	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Statewide	1,071,979	163,382	1,235,361
South Carolina	SC PACE (Program of All-inclusive Care for the Elderly (PACE))	Palmetto Senior Care	Richland and Lexington Counties	36	242	278
South Carolina	SC PACE (Program of All-inclusive Care for the Elderly (PACE))	The Oaks	Orangeburg County	13	103	116
South Dakota	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	94,295	0	94,295
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	Amerigroup	Statewide	412,487	43,319	455,806
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	Statewide	889,087	367	889,454
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Statewide	1,403,456	367	1,403,823
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	433,628	52,391	486,019
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Statewide	487,642	53,693	541,335
Tennessee ⁷	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Statewide	69,699	3,230	72,929
Tennessee ⁷	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Hamilton County	12	268	280
Texas	STAR Health (Comprehensive MCO)	Superior Health Plan	Statewide	31,662	0	31,662
Texas	STAR (Comprehensive MCO)	Blue Cross Blue Shield	Travis SDA	25,949	0	25,949
Texas	STAR (Comprehensive MCO)	Christus	Nueces SDA	5,474	0	5,474
Texas	STAR (Comprehensive MCO)	Community First Health Plan	Bexar SDA	106,096	0	106,096
Texas	STAR (Comprehensive MCO)	Community Health Choice	Harris SDA, Jefferson SDA	247,101	0	247,101
Texas	STAR (Comprehensive MCO)	Cook Children's Health Plan	Tarrant SDA	103,656	0	103,656
Texas	STAR (Comprehensive MCO)	Driscoll Children's Health Plan	Hidalgo SDA, Nueces SDA	151,862	0	151,862

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	STAR (Comprehensive MCO)	El Paso First	El Paso SDA	66,379	0	66,379
Texas	STAR (Comprehensive MCO)	FirstCare	Lubbock SDA, MRSA West	92,723	0	92,723
Texas	STAR (Comprehensive MCO)	Molina Healthcare of Texas	Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	98,985	0	98,985
Texas	STAR (Comprehensive MCO)	Parkland HEALTH First	Dallas SDA	167,760	0	167,760
Texas	STAR (Comprehensive MCO)	Scott & White	MRSA Central	45,480	0	45,480
Texas	STAR (Comprehensive MCO)	Sendero	Travis SDA	13,563	0	13,563
Texas	STAR (Comprehensive MCO)	Seton	Travis SDA	18,429	0	18,429
Texas	STAR (Comprehensive MCO)	Superior Health Plan	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Nueces SDA, Travis SDA	718,296	0	718,296
Texas	STAR (Comprehensive MCO)	Texas Children's Health Plan	Harris SDA, Jefferson SDA	349,127	0	349,127
Texas	STAR (Comprehensive MCO)	United Healthcare Texas	Harris SDA, Hidalgo SDA, Jefferson SDA	129,250	0	129,250
Texas	STAR (Comprehensive MCO)	Aetna	Bexar SDA, Tarrant SDA	72,966	0	72,966
Texas	STAR (Comprehensive MCO)	Amerigroup Texas, Inc.	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Tarrant SDA	572,123	0	572,123
Texas	STAR Kids (Comprehensive MCO)	Aetna	Tarrant SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Amerigroup Texas, Inc.	Dallas SDA, El Paso SDA, Harris SDA, MRSA West, Lubbock SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Blue Cross Blue Shield	MRSA Central SDA, Travis SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Children's Medical Center	Dallas SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Community First Health Plan	Bexar SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Cook Children's Health Plan	Tarrant SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Driscoll Children's Health Plan	Hidalgo SDA, Nueces SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Superior Health Plan	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA West SDA, Travis SDA, Nueces SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	Texas Children's Health Plan	Harris SDA, Jefferson SDA, MRSA Northeast SDA	0	0	0
Texas	STAR Kids (Comprehensive MCO)	United Healthcare Texas	Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA	0	0	0
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, Travis SDA	132,317	15,165	147,482
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Cigna-HealthSpring	Hidalgo SDA, MRSA Northeast, Tarrant SDA	50,054	1,401	51,455
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	86,139	13,113	99,252
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior Health Plan	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, MRSA West	138,103	9,552	147,655
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	United Healthcare Texas	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, MRSA Northeast	113,365	5,311	118,676
Texas	Texas Medicaid Wellness Program (Primary Care Case Management (PCCM))	AxisPoint Health	Statewide	11,965	4	11,969
Texas	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	499,259	0	499,259

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest	Statewide	1,646,712	0	1,646,712
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA Dental	Statewide	1,288,784	0	1,288,784
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Logisticare	Atascosa, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Comal, Coryell, Dallas, Denton, Ellis, Erath, Falls, Fayette, Freestone, Frio, Gillespie, Grimes, Guadalupe, Hamilton, Hays, Hill, Hood, Hunt, Johnson, Karnes, Kaufman, Kendall, Kerr, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McLennan, Medina, Milam, Mills, Navarro, Palo Pinto, Parker, Robertson, Rockwall, San Saba, Somervell, Tarrant, Travis, Washington, Williamson, Wilson	1,455,724	128,232	1,583,956
Texas	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, Galveston, Goliad, Gonzales, Gregg, Hardin, Harris, Harrison, Henderson, Hopkins, Houston, Jackson, Jasper, Jefferson, Lamar, Lavaca, Liberty, Marion, Matagorda, Montgomery, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wharton, Wood	1,188,048	110,307	1,298,355
Texas	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, Noland, Reagan, Real, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Uvalde, Val Verde, Zavala	96,982	15,471	112,453
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	LeFleur	Aransas, Armstrong, Bailey, Bee, Briscoe, Brooks, Cameron, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, DeFoe, Dickens, Donley, Duval, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hidalgo, Hockley, Hutchinson, Jim Hogg, Jim Wells, Kenedy, King, Kleberg, Lamb, Lipscomb, Live Oak, Lubbock, Lynn, McMullen, Moore, Motley, Neufuss, Ochiltree, Oldham, Parmer, Potter, Randall, Refugio, Roberts, San Patricio, Sherman, Starr, Swisher, Terry, Webb, Wheeler, Willacy, Yoakum, Zapata	616,613	76,015	692,628

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Project Amistad	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	208,071	27,359	235,430
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services (El Paso)	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	27	888	915
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network (Lubbock)	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	14	140	154
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	The Basics at Jan Werner (Amarillo)	79015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	5	129	134
Utah	UNI HOME (Comprehensive MCO)	HOME	Statewide	816	298	1,114
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	Statewide	41,958	5,288	47,246
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, Weber	72,151	6,503	78,654
Utah	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, Kane	1,389	60	1,449
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Beaver, Box Elder, Cache, Davis, Iron, Juab, Miller, Morgan, Rich, Salt Lake, Sanpete, Sevier, Summit, Tooele, Utah, Wasatch, Washington, Weber	16,457	1,212	17,669
Utah	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	Box Elder, Cache, Davis, Iron, Salt Lake, Summit, Utah, Wasatch, Washington, Weber	90,563	8,068	98,631
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Box Elder, Cache, Rich	16,256	1,373	17,629
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Juab, Millard, Piute, Sanpete, Sevier, Wayne	8,400	932	9,332
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis	21,650	2,049	23,699
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Grand, Emery, Carbon	4,833	689	5,522
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling	Duchesne, Uintah, Daggett, San Juan counties	10,103	978	11,081
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Salt Lake County	97,555	11,818	109,373

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health	Beaver, Garfield, Kane, Iron, Washington	24,250	2,441	26,691
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Valley Behavioral Health	Summit, Tooele	7,532	633	8,165
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Utah, Wasatch	45,609	3,334	48,943
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber, Morgan	25,122	2,972	28,094
Utah	Dental (Dental only (PAHP))	Premier Access	Salt Lake, Weber, Davis, Utah	85,620	49	85,669
Utah	Dental (Dental only (PAHP))	Delta Dental	Davis, Salt Lake, Weber, Utah	53,543	31	53,574
Utah	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	223,580	24,015	247,595
Vermont ^a	Global Commitment to Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	State-wide	124,036	363	124,399
Virginia	Medallion 3.0 (Comprehensive MCO)	Virginia Premier	108 cities/counties State-Defined Regions:Tidewater, Central VA, Charlottesville, Roanoke, Winchester, Lynchburg and Far Southwestern VA Regions	187,942	0	187,942
Virginia	Medallion 3.0 (Comprehensive MCO)	HEALTHKEEPERS INC (Anthem Healthkeepers Plus)	State Wide Plan: 133 cities/counties State Defined Regions: Tidewater, Central VA, Halifax, Winchester, Northern VA, Charlottesville, Roanoke/Alleghany, Far Southwest,and Culpeper Regions	285,580	0	285,580
Virginia	Medallion 3.0 (Comprehensive MCO)	Optima Family Care	113 cities/counties State-Defined Regions: Tidewater, Central VA, Charlottesville, Halifax, Winchester, Lynchburg and Far Southwestern VA Regions	175,683	0	175,683
Virginia	Medallion 3.0 (Comprehensive MCO)	Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA)	9 cities/counties State-Defined Regions: Northern Virginia	10,219	0	10,219
Virginia	Medallion 3.0 (Comprehensive MCO)	INTotal Health	57 cities/counties State defined regions: Northern VA, Roanoke/Alleghany, and Far Southwestern VA Regions	59,499	0	59,499
Virginia	Medallion 3.0 (Comprehensive MCO)	Aetna Better Health of Virginia	72 cities/counties Statewide Regions: Tidewater, Central VA, Lynchburg, Roanoke/Alleghany, and Far Southwestern Regions	40,656	0	40,656

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	7	91	98
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire Older Citizen 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	92	99
Virginia	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	2	94	96
Virginia	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	3	72	75
Virginia	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	6	99	105
Virginia	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	126	142
Virginia	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	8	95	103
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Hampton	23601, 23605, 23607, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669	13	130	143

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	221	240
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Newport News	23602, 23603, 23604, 23606, 23608, 23692, 23693, 23696	8	107	115
Virginia	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	9	93	102
Virginia	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	12	107	119
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Gretna	24054, 24055, 24069, 24078, 24082, 24089, 24102, 24104, 24112, 24137, 24139, 24146, 24148, 24161, 24165, 24168, 24517, 24527, 24528, 24530, 24531, 24540, 24541, 24549, 24557, 24563, 24565, 24566, 24569, 24571, 24586, 24594, 24133, 24176, 24543, 24576	0	3	3
Washington ⁹	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Molina Health Care	Clark and Skamania Counties	85,724	0	85,724
Washington ⁹	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Community Health Plan of WA	Clark and Skamania Counties	18,069	0	18,069

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ⁹	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Multiple Sites	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	21,412	0	21,412
Washington ⁹	Healthy Options - Blind Disabled (Comprehensive MCO)	Amerigroup	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	9,703	0	9,703
Washington ⁹	Healthy Options - Blind Disabled (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	17,317	0	17,317
Washington ⁹	Healthy Options - Blind Disabled (Comprehensive MCO)	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	11,701	0	11,701
Washington ⁹	Healthy Options - Blind Disabled (Comprehensive MCO)	Molina	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	31,004	0	31,004
Washington ⁹	Healthy Options - Blind Disabled (Comprehensive MCO)	United Health Care	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	13,419	0	13,419

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ⁹	Apple Health (Program includes, AHAC, CHIP, HOFC, & HO) (Comprehensive MCO)	Amerigroup	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	137,298	0	137,298
Washington ⁹	Apple Health (Program includes, AHAC, CHIP, HOFC, & HO) (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	262,844	0	262,844
Washington ⁹	Apple Health (Program includes, AHAC, CHIP, HOFC, & HO) (Comprehensive MCO)	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	193,988	0	193,988
Washington ⁹	Apple Health (Program includes, AHAC, CHIP, HOFC, & HO) (Comprehensive MCO)	Molina	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	551,096	0	551,096
Washington ⁹	Apple Health (Program includes, AHAC, CHIP, HOFC, & HO) (Comprehensive MCO)	United Health Care	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima.	203,278	0	203,278
Washington	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	PCCM'S are located in the following counties: Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton and Yakima.	9,082	0	9,082
Washington	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Health Plan of Washington	Clark and Skamania Counties	6,544	0	6,544
Washington	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Molina Health Care	Clark and Skamania Counties	8,234	0	8,234

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹⁰	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)	1,820,084	0	1,820,084
Washington ¹⁰	NEMT Program (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Statewide (all 39 counties)	1,820,084	0	1,820,084
Washington ¹⁰	PACE (MLTSS) (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	King County	568	0	568
West Virginia	WV Mountain Health Trust (Comprehensive MCO)	CoventryCares of WV	Statewide	123,656	0	123,656
West Virginia	WV Mountain Health Trust (Comprehensive MCO)	The Health Plan	Statewide	72,947	0	72,947
West Virginia	WV Mountain Health Trust (Comprehensive MCO)	UniCare	Statewide	132,088	0	132,088
West Virginia	WV Mountain Health Trust (Comprehensive MCO)	WV Family Health	Statewide	61,392	0	61,392
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	61,521	57	61,578
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Children's Community Health Plan	Counties: Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	131,745	54	131,799
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Compcare	Counties: 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	21,838	23	21,861
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Counties: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, Sauk	41,803	20	41,823
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	Counties: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Rusk, St. Croix, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Wood	39,438	30	39,468
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of South Central WI	County: Dane	5,917	4	5,921

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Gundersen Health Plan	Counties: Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon	17,066	16	17,082
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Health Tradition Health Plan	Counties: Buffalo, Crawford, Grant, La Crosse, Monroe, Trempealeau, Vernon	8,909	8	8,917
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	Counties: Adams, Brown, Door, Fond du Lac, Grant, Green, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	11,565	18	11,583
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MHS of Wisconsin	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	32,604	20	32,624
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	Counties: Dane, Green, Jefferson, Rock, Walworth	14,431	13	14,444
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	68,177	24	68,201
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	33,322	28	33,350
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	County: Dane	10,265	3	10,268

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	Counties: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood	56,425	55	56,480
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Counties: Brown, Dodge, Green Lake, Kenosha, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago	7,682	5	7,687
Wisconsin	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	135,349	145	135,494
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Unity Health Plan	Counties: Columbia, Dane, Dodge, Fond du Lac, Green, Jefferson, Juneau, Rock, Sauk	15,726	13	15,739
Wisconsin	SSI Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	529	198	727
Wisconsin	SSI Managed Care (Comprehensive MCO)	Care Wisconsin	Counties: Adams, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Outagamie, Ozaukee, Richland, Rock, Trempealeau, Vernon, Waukesha, Waupaca, Waushara, Winnebago	1,580	233	1,813
Wisconsin	SSI Managed Care (Comprehensive MCO)	Compcare	Counties: Ashland, Chippewa, Douglas, Eau Claire, Grant, Green, Iowa, Juneau, Lafayette, Lincoln, Marathon, Price, Richland, Vernon, Washburn	279	104	383

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	Counties: Ashland, Buffalo, Chippewa, Columbia, Crawford, Douglas, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Oneida, Pepin, Polk, Portage, Price, Richland, Shawano, Trempealeau, Vernon, Vilas, Washburn, Wood	1,346	551	1,897
Wisconsin	SSI Managed Care (Comprehensive MCO)	Independent Care (iCare)	Counties: Adams, Brown, Dane, Dodge, Door, Fond Du Lac, Grant, Green, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Rock, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	4,696	3,543	8,239
Wisconsin	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	3,056	1,380	4,436
Wisconsin	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,437	622	2,059
Wisconsin	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,667	815	2,482
Wisconsin	SSI Managed Care (Comprehensive MCO)	Trilogy Health Insurance	Counties: Brown, Dodge, Green Lake, Kenosha, Marinette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Taylor, Washington, Waukesha, Waupaca, Winnebago, Wood	235	40	275

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare Community Plan	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	8,868	5,092	13,960
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Independent Care Health Plan – iCare	Counties: Dane, Kenosha, Milwaukee, Racine	298	538	836
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Counties: Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Waukesha	224	1,267	1,491
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Community Care Health Plan, Inc. – Community Care, Inc.	Counties: Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, Waupaca	152	514	666
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc. (FC)	Counties: Calumet, Fond du Lac, Kenosha, Milwaukee, Manitowoc, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	2,108	7,593	9,701
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care Connections of Wisconsin (FC)	Counties: Ashland, Barron, Bayfield, Burnett, Douglass, Iron, Lincoln, Langlade, Marathon, Polk, Portage, Price, Rock, Rusk, Sawyer, Washburn, Wood	1,035	5,029	6,064
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin (FC)	Counties: Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara	1,175	4,958	6,133
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care District	Counties: Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Winnebago	791	3,518	4,309
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Family Care	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington, Waukesha	1,463	6,998	8,461

Table 5. Enrollment by Program and Plan, as of 2016¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	ContinuUs	Counties: Chippewa, Dunn, Eau Claire, Pierce, St. Croix, Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, Waushara, Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk	799	4,283	5,082
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Western Wisconsin Cares	Counties: Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	589	3,239	3,828
Wisconsin	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	County: Milwaukee	1,149	7	1,156
Wisconsin	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	County: Dane	132	0	132
Wisconsin	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Hospital of Wisconsin	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	2,871	0	2,871
Wisconsin	Program of All - Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Counties: Waukesha and Milwaukee	39	580	619
Wyoming	Care Management Entity for Emotionally Disturbed Children (Other Prepaid Health Plan (PHP) (limited benefits))	CME Statewide	Statewide	279	0	279
Wyoming	Wyoming PACE at Cheyenne Medical Center (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Laramie County	19	93	112

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

2. Beneficiaries can simultaneously enroll in Alabama's Patient 1st and Health Homes plans. The de-duplicated Patient 1st plan enrollment is 416,332.

3. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1, 2015-June 30, 2016).

4. Beneficiaries can simultaneously enroll in Ohana Community Care Service and another medical or dental plan under the Quest program. The de-duplicated comprehensive MCO enrollment is 354,289.

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

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

7. Beneficiaries can simultaneously enroll in (1) Magellan Health services, (2) DentaQuest USA Insurance Company, and (3) another comprehensive MCO. The de-duplicated comprehensive MCO enrollment is 1,556,089

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

9. In Washington, Health Homes provide services under contract with a comprehensive MCO. The de-duplicated comprehensive MCO enrollment is 1,535,441.

10. Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH, and PACE programs. As a result, total enrollment counts presented in this table include both Medicaid-only and Medicare-Medicaid dually eligible beneficiaries.

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2016^{1, 2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
TOTALS	65,034,032	821,972	1.3%	352,986	0.5%
Alabama	664,687	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,560,972	56,278	3.6%	0	0.0%
Arkansas ⁵	512,041	0	0.0%	0	0.0%
California	10,574,784	317,693	3.0%	0	0.0%
Colorado	1,291,043	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%
Delaware ⁴	196,102	12,452	6.3%	0	0.0%
District of Columbia	180,942	0	0.0%	0	0.0%
Florida	3,280,187	0	0.0%	92,350	2.8%
Georgia	1,228,700	0	0.0%	0	0.0%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	354,289	9,132	2.6%	0	0.0%
Idaho ⁴	280,527	2,326	0.8%	0	0.0%
Illinois ⁴	1,967,783	35,177	1.8%	214	0.0%
Indiana	1,078,625	0	0.0%	0	0.0%
Iowa	562,382	40,280	7.2%	0	0.0%
Kansas	390,829	30,428	7.8%	0	0.0%
Kentucky	1,284,134	0	0.0%	0	0.0%
Louisiana	1,381,116	0	0.0%	0	0.0%
Maine	239,953	0	0.0%	0	0.0%
Maryland	1,080,085	0	0.0%	0	0.0%
Massachusetts	1,268,120	47,253	3.7%	0	0.0%
Michigan ⁶	4,370,138	0	0.0%	19,120	0.4%
Minnesota ⁷	817,463	32,560	4.0%	0	0.0%

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2016^{1, 2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Mississippi	499,365	0	0.0%	0	0.0%
Missouri	961,682	0	0.0%	0	0.0%
Montana	121,277	0	0.0%	0	0.0%
Nebraska	242,836	0	0.0%	0	0.0%
Nevada	557,397	0	0.0%	0	0.0%
New Hampshire	136,985	0	0.0%	0	0.0%
New Jersey	1,557,081	28,810	1.9%	0	0.0%
New Mexico	684,488	30,191	4.4%	0	0.0%
New York	4,669,344	5,950	0.1%	157,229	3.4%
North Carolina	1,581,301	0	0.0%	0	0.0%
North Dakota	48,621	0	0.0%	0	0.0%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio ⁸	2,455,224	0	0.0%	40,709	1.7%
Oklahoma	643,789	0	0.0%	0	0.0%
Oregon	894,543	0	0.0%	0	0.0%
Pennsylvania	2,521,421	0	0.0%	0	0.0%
Puerto Rico	1,617,501	0	0.0%	0	0.0%
Rhode Island ⁴	278,087	5,139	1.8%	0	0.0%
South Carolina	1,235,361	0	0.0%	0	0.0%
South Dakota	94,295	0	0.0%	0	0.0%
Tennessee	1,556,369	26,820	1.7%	0	0.0%
Texas	3,922,822	192,445	4.9%	0	0.0%
Utah	291,426	0	0.0%	0	0.0%
Vermont	124,399	1,139	0.9%	0	0.0%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	761,019	0	0.0%	0	0.0%
Washington	1,820,084	0	0.0%	0	0.0%
West Virginia	390,083	0	0.0%	0	0.0%

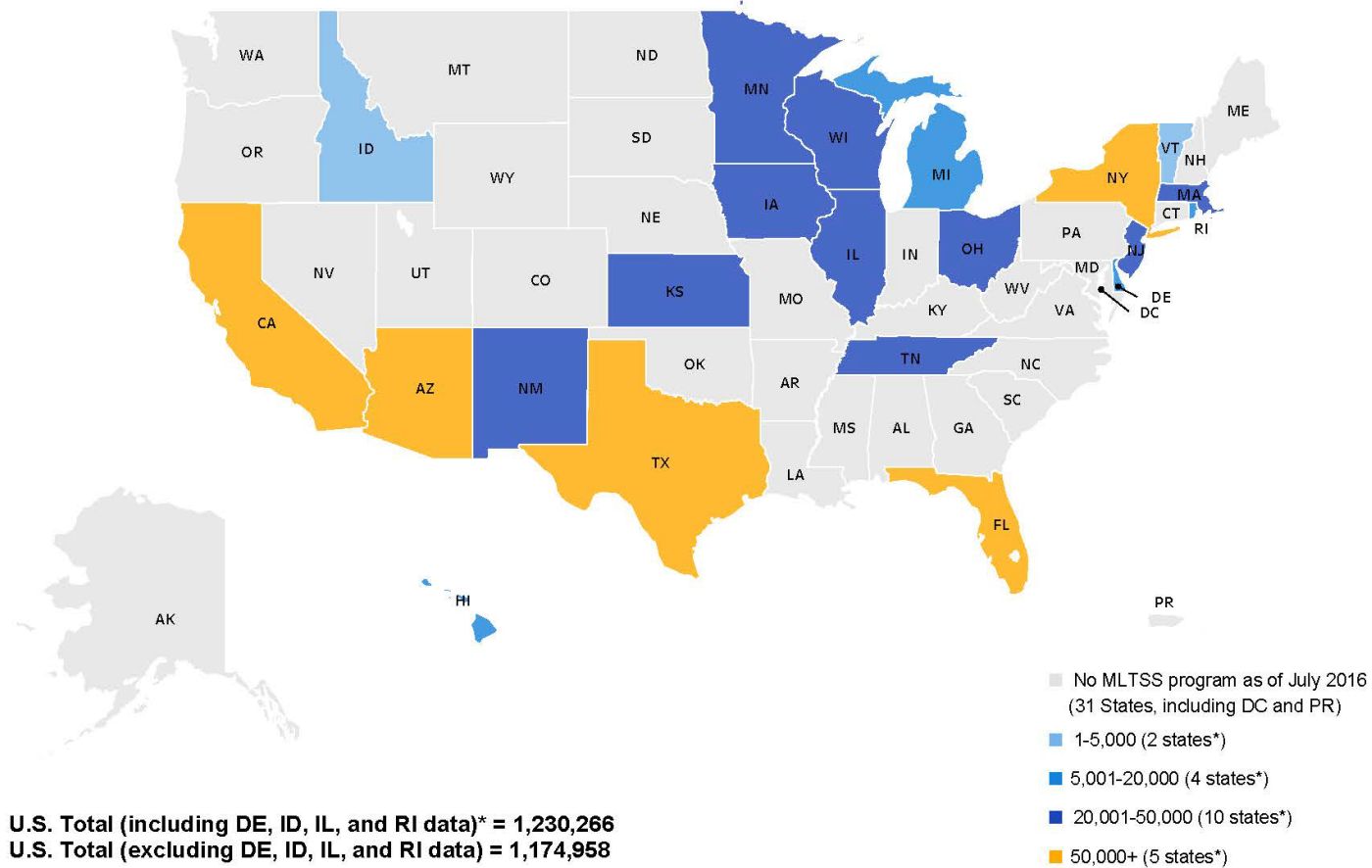
Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2016^{1, 2}

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Wisconsin	801,939	2,993	0.4%	43,578	5.4%
Wyoming	391	0	0.0%	0	0.0%

1. Enrollment and user counts include both Medicaid-only and Medicare-Medicaid (“dual”) enrollees. For both types of enrollees, Medicaid covers LTSS. For dual enrollees, Medicaid may also cover Medicare cost-sharing for acute, primary care, and specialty services covered by Medicare, and other non-LTSS services that are not covered by Medicare.
2. Comprehensive Managed Care Including LTSS does not include PACE programs.
3. Some comprehensive managed care programs enroll beneficiaries who may be at risk of needing LTSS but do not receive any LTSS. These counts only include individuals that receive LTSS. Moreover, states differ in their ability to report individuals who use MLTSS versus those who are enrolled (and may or may not be using LTSS). This table reports MLTSS users unless otherwise noted.
4. Delaware, Idaho, Illinois, 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 five states because it is a count of users, not enrollees.
5. Arkansas is unable to report enrollment as of July 1, 2016. Enrollment figures represent cumulative enrollment for the state fiscal year (July 1,2015-June 30, 2016).
6. 7,743 of Michigan's MLTSS users are receiving capitated HCBS under the state's Specialty Prepaid Inpatient Health Plan, a BHO. The remainder are receiving MLTSS under MI Choice, an MLTSS Only program.
7. Minnesota's MLTSS user count includes 6,134 dually eligible Medicare-Medicaid beneficiaries who received skilled nursing visits in the home, some of which may be paid for by Medicare rather than Medicaid.
8. Since 2014, Ohio has operated an MLTSS program for dually eligible beneficiaries who chose not to participate in (i.e., opt out of) the MyCare Financial Alignment. Ohio began reporting the MyCare Opt-Out as an MLTSS program in 2016.

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

State Counts of Users* of Managed Long-Term Services and Supports (MLTSS), as of July 1, 2016



*This map presents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligible). Four states (Delaware, Idaho, Illinois, 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 reported in 2014, and the overall increase in enrollment in comprehensive managed care reported since 2015, we have assumed the number of MLTSS users in 2016 is between 1-5,000 for Idaho, between 5,001-20,000 for Delaware and Rhode Island, and between 20,001-50,000 for Illinois. The map assigns the aforementioned categories to each state and counts them in the assigned categories when totaling the number of states with MLTSS users. This assumption, however, may not be accurate; readers should interpret this map with caution.
 Source: Medicaid Managed Care Enrollment and Program Characteristics, 2016.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2016

Features (N = total number of programs) Enrollment (M=Mandatory, V=Voluntary) ¹	Comprehe nsive MCO with or without MLTSS (78): M	Comprehen sive MCO with or without MLTSS (78): V	PCCM (17): M	PCCM (17): V	PCCM Entity (2): M	PCCM Entity (2): V	MLTSS Only (5): M	MLTSS Only (5): V	BHO (PIHP and/or PAHP) (17): M	BHO (PIHP and/or PAHP) (17): V	Dental (9): M	Dental (9): V	Transporta tion (16): M	Transportat ion (16): V	Other PHP (6): M	Other PHP (6): V	PACE (30): M	PACE (30): V
Low-income Adults	39	5	5	3	1	1	1	0	12	0	4	1	11	1	0	2	0	0
Aged, Blind or Disabled Children or Adults	41	13	9	7	0	2	2	2	13	0	6	1	15	1	1	1	0	24
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	41	3	12	2	1	1	1	0	10	0	7	1	13	1	1	2	0	0
Individuals receiving Limited Benefits	12	1	3	1	0	1	1	0	5	0	1	0	6	1	1	2	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	36	5	5	1	0	1	0	0	7	0	3	1	8	1	0	1	0	0
Full Duals	22	23	0	4	0	2	3	2	11	3	3	1	12	1	0	0	0	29
Partial Duals	7	6	0	3	0	0	0	1	5	2	1	0	5	1	0	0	0	20
Children with Special Health Care Needs	30	16	4	4	0	2	1	0	10	3	4	0	13	1	1	2	0	0
Native American/Alaskan Natives	18	47	5	10	0	2	1	3	9	5	5	3	7	5	0	5	0	21
Foster Care and Adoption Assistance Children	25	23	2	7	0	2	1	0	9	4	4	2	12	0	1	4	0	1
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children)²	NA/AN 13	FC/AA 26	NA/AN 2	FC/AA 6	NA/AN 0	FC/AA 0	NA/AN 1	FC/AA 4	NA/AN 3	FC/AA 2	NA/AN 1	FC/AA 3	NA/AN 4	FC/AA 1	NA/AN 1	FC/AA 1	NA/AN 9	FC/AA 21

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

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

Table 8. Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2016

Features (total number of programs)	Comprehensive MCO with or without MLTSS (78)	PCCM (17)	PCCM Entity (2)	MLTSS Only (5)	BHO (PIHP and/or PAHP) (17)	Dental (9)	Transportation (16)	Other PHP (6)	PACE (30)
Quality Assurance and Data Collection: HEDIS data required	70	4	2	1	12	5	0	3	3
Quality Assurance and Data Collection: CAHPS data required	66	5	2	1	5	7	1	2	1
Quality Assurance and Data Collection: Accreditation required	39	2	0	2	10	0	0	1	1
Quality Assurance and Data Collection: EQRO contractor used	73	3	1	3	13	2	0	2	4
Performance incentives: Payment bonuses/differentials to reward MCOs	31	3	1	3	4	3	2	1	1
Performance incentives: Preferential auto-enrollment to reward MCOs	18	0	0	1	0	0	0	0	0
Performance incentives: Public reports comparing MCO performance on key metrics	37	2	1	1	3	3	1	0	0
Performance incentives: Withholds tied to performance metrics	29	0	1	2	3	4	0	1	0
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared- savings methods	26	0	0	1	1	1	0	0	0

Alabama Managed Care Program Features, as of 2016

Features	Patient 1st	PACE	Maternity Program
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Mobile and Baldwin County	Statewide minus the following counties: Autauga, Butler, Bullock, Crenshaw, Elmore, Lowdnes, Montgomery, Pike
Federal operating authority	1932(a), 1945 Health Homes	PACE	1915(b)
Program start date	10/01/2004	01/01/2012	09/01/1988
Waiver expiration date (if applicable)			08/31/2017
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		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	

Alabama Managed Care Program Features, as of 2016

Features	Patient 1st	PACE	Maternity Program
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Alabama Managed Care Program Features, as of 2016

Features	Patient 1st	PACE	Maternity Program
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Any service deemed medically necessary by the interdisciplinary team (IDT Team)	Freestanding birth centers
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Patient 1st; Health Homes	Mercy Life of Alabama	Maternity Program

Alabama Managed Care Program Features, as of 2016

Features	Patient 1st	PACE	Maternity Program
Notes: Program notes	<p>To be eligible for the Health Home, a recipient must be enrolled in Patient 1st and their assigned PMP also be enrolled with the Health Home. The enrollment is duplicated since an enrollee can be in both Health Home and Patient 1st. In August, 2011, Alabama added an enhanced PCCM program to its Patient 1st program, called the Patient Care Network of Alabama (PCNA), in which primary medical providers (PMPs) in four geographic regions are given the option to contract with a primary care network (PCN) and serve as medical homes for high-risk individuals. Alabama's PCNs support PMPs by providing intensive case management, reviewing service utilization data, monitoring capacity and referrals, facilitating quality improvement and the use of evidence-based care, and conducting education and outreach. In 2012, Alabama was approved for a 1945 Health Home SPA, serving recipients with two chronic conditions, or one chronic condition and the risk of developing another, or a mental health condition. In 2015, Alabama was approved for an additional 1945 Health Home SPA to expand the Health Homes statewide and changed the program's name from PCNA to Health Home.</p>		<p>This is only a maternity care program. It is a PAHP only program.</p>

Arizona Managed Care Program Features, as of 2016

Features	Arizona Health Care Cost Containment System
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	07/13/1982
Waiver expiration date (if applicable)	09/30/2021
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X

Arizona Managed Care Program Features, as of 2016

Features	Arizona Health Care Cost Containment System
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X

Arizona Managed Care Program Features, as of 2016

Features	Arizona Health Care Cost Containment System
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	Please note that HEDIS and CAHPS are run by the EQRO, not the MCOs.
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans 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; University Family Care; Mercy Maricopa Integrated Care; Cenpatico Integrated Care; Health Choice Integrated Care

Arizona Managed Care Program Features, as of 2016

Features	Arizona Health Care Cost Containment System
Notes: Program notes	*Enrollment (voluntary with auto-enrollment) - Members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 30 days to choose a different plan.

Arkansas Managed Care Program Features, as of 2016

Features	Primary Care Case Management	Non-Emergency Transportation	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	Statewide
Federal operating authority	1932(a)	1915(b), 1902(a)(70) NEMT	PACE
Program start date	01/01/2014	10/01/2015	04/01/2016
Waiver expiration date (if applicable)		12/31/2017	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	N/A		N/A
Populations enrolled: Enrollment broker name (if applicable)	Connecticare		
Populations enrolled: Notes on enrollment choice period	Effective immediately		
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			

Arkansas Managed Care Program Features, as of 2016

Features	Primary Care Case Mangement	Non-Emergency Transportation	PACE
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Arkansas Managed Care Program Features, as of 2016

Features	Primary Care Case Mangement	Non-Emergency Transportation	PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Capitated Comprehensive Medical and Social services in adult health day centers and in-home and referral services according to participant needs
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			Health Management Plan (CMS)
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers	Net Transportation	PACE
Notes: Program notes			

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	San Mateo	San Francisco	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(a)	1937 Alt Benefit Plan
Program start date	06/01/2012	12/01/1992	04/01/2002
Waiver expiration date (if applicable)	04/01/2018		
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned		
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

California Managed Care Program Features, as of 2016

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

California Managed Care Program Features, as of 2016

Features	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Project/ San Francisco	Positive Healthcare/Los Angeles
Notes: Program notes			

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Dental only (PAHP)	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Los Angeles	Sacramento	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, OrangeRiverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	04/01/1998	12/01/1998	06/01/1991
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period			

California Managed Care Program Features, as of 2016

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

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Health Net Dental/Los Angeles; Access Dental Plan/Los Angeles; Liberty Dental Plan/Los Angeles	Access Dental Plan/Sacramento; Liberty Dental Plan/Sacramento; Health Net Dental/Sacramento	Central Valley Medical Services/Fresno; Redwood Coast PACE/Humboldt; Sutter SeniorCare PACE/Sacramento; Center for Elders Independence/Alameda; Alta Med Health Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; Innovage PACE/Riverside; Innovage PACE/San Bernardino; ONLOK Lifeways/San Francisco; ONLOK Lifeways/Alameda; ONLOK Lifeways/Santa Clara; St. Paul's PACE/San Diego; CalOPTIMA PACE/Orange; Brandman Centers for Senior Care/Los Angeles; San Diego PACE

California Managed Care Program Features, as of 2016

Features	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento	Program of All-Inclusive Care for the Elderly (PACE)
Notes: Program notes			

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/1996	01/01/1996	10/01/1995
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Varies	Varies
Populations enrolled: Partial Duals			Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period		Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Health Care Operations (Maximus)	
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	X
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)		Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	SCAN Health Plan (Los Angeles, Riverside, San Bernadino); SCAN Health Plan (Nurs hm cert) (Los Angeles, Riverside, San Bernardino)	CalViva Health (Fresno, Kings, Madera); Anthem Blue Cross Partnership Plan (Alameda, San Francisco, Contra Costa, Fresno, Kings, Madera, Santa Clara, Tulare); Health Net (Kern, Los Angeles, Tulare, San Joaquin, Stanislaus); Molina Healthcare (Riverside, San Bernardino); Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care; Inland Empire Health Plan (Riverside, San Bernardino); San Francisco Health Plan; Health Plan of San Joaquin (San Joaquin, Stanislaus); Santa Clara Family Health Plan	CenCal (San Luis Obispo, Santa Barbara); Health Plan of San Mateo; Partnership HealthPlan of CA (Del Norte, Humboldt, Lassen, Lake, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo); Central California Alliance for Health (Merced, Monterey, Santa Cruz); CalOPTIMA; Gold Coast Health Plan

California Managed Care Program Features, as of 2016

Features	Senior Care Action Network (SCAN)	Two-Plan Model	County Organized Health Systems (COHS) Model
Notes: Program notes		Full duals are mandatory for managed care enrollment in Coordinated Care Initiative (CCI) Counties (Los Angeles, Riverside, San Bernardino and Santa Clara) and voluntary for all other Counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare).	Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties.

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Sacramento, San Diego	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)
Program start date	06/01/1991	10/01/2013
Waiver expiration date (if applicable)	12/31/2020	12/31/2020
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Varies	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Health Care Options (Maximus)	
Populations enrolled: Notes on enrollment choice period	Approximately 45 days	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Community Health Group/San Diego; Health Net/San Diego; Molina Healthcare/San Diego; Care 1st Healthplan/San Diego; Kaiser/San Diego; Molina Healthcare/Sacramento; Health Net/Sacramento; Kaiser/Sacramento; Anthem Blue Cross Partnership Plan/Sacramento	Anthem Blue Cross Partnership Plan (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba); California Health & Wellness (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Sierra, Sutter, Tehama, Tuolumne, Yuba); Kaiser (Amador, El Dorado, Placer); Molina Healthcare (Imperial)

California Managed Care Program Features, as of 2016

Features	Geographic Managed Care (GMC) Model	Regional Model
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other Counties (Sacramento).	

Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco Counties	Statewide	Statewide
Federal operating authority	1932(a)	PACE	1915(b)
Program start date	09/01/2014	10/01/1991	07/01/1995
Waiver expiration date (if applicable)			06/30/2017
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado-MAXIMUS	HealthColorado - MAXIMUS

Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Populations enrolled: Notes on enrollment choice period	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	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	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			

Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable Medical Equipment	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	
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.		Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Participating plans and regions served: Plans in Program	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	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
Notes: Program notes	Accountable Care Collaborative: Rocky Mountain Health Plans Prime tests two main payment methodologies designed to prioritize value-based care over volume-based care. First, the Department's payment to RMHP is tied to quality through a medical loss ratio (MLR). RMHP's MLR is adjusted down for every quality target they meet or surpass. Second, 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. This shared savings structure incentivizes primary care and behavioral health providers to collaborate in new and innovative ways that improve health care delivery. RMHP also offers Health Plan Performance incentives by paying providers for value/quality outcomes using shared-risk or shared-savings method.		The Colorado Medicaid Community Behavioral Health Services Program contracts with BHOs to arrange for, or provide, medically necessary mental health services to clients in five service areas. In each area, the program is managed by a different behavioral health organization BHO. Medicaid members are assigned to a BHO based on where they live.

Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Program type	Comprehensive MCO	Primary Care Case Management Entity (PCCM Entity)	Comprehensive MCO
Statewide or region-specific?	Denver, Arapahoe, Adams and Jefferson Counties	Statewide	Adams, Arapahoe, Douglas Counties
Federal operating authority	1915(a)	1932(a)	1932(a)
Program start date	01/01/1997	05/11/2011	07/01/2016
Waiver expiration date (if applicable)			
If the program ended in 2016, 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	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS

Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Populations enrolled: Notes on enrollment choice period	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	On July 1, 2016, clients who had Kaiser Permanente as their primary care medical provider were passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, those clients are given notice 60 days prior to their birth month that they can disenroll. Eligible clients may select this program at any time.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management			
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	

Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment	Note that the RCCOS do not pay for any services; providers continue to bill FFS for all physical health care benefits. The RCCOs are responsible for coordinating services. Additionally, durable medical equipment is covered.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.	EQRO - HealthServices Advisory Group, Inc.	Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Participating plans and regions served: Plans in Program	Denver Health Medicaid Choice	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	Colorado Access Kaiser Permanente
Notes: Program notes	Denver Health & Hospital Authority (DHHA) is a staff-model MCO, which was reported as "Managed Care Program" in MMCDCS 2015. 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.	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 recoded cost; and 2) the second payment is to the PCMP for providing a medical home level of care. The program has seven ACOs, 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.	ACC: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative is a limited benefit, capitated primary care model designed to pilot an alternative to the current fee for service payment mechanism. The initiative is a partnership between the State of Colorado Department of Health Care Policy and Financing (HCPF), Colorado Access, and Kaiser Permanente. Initially the Department did a passive enrollment into the program; however, for continuing enrollment, clients have to actively select the program.

Delaware Managed Care Program Features, as of 2016

Features	Diamond State Health Plan	Saint Francis Life
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	New Castle County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/1996	02/01/2013
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	HP Enterprise Services L.L.C. (HPE)	HP Enterprise Services LLC (HPE)
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X

Delaware Managed Care Program Features, as of 2016

Features	Diamond State Health Plan	Saint Francis Life
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		X
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X

Delaware Managed Care Program Features, as of 2016

Features	Diamond State Health Plan	Saint Francis Life
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers, home-delivered meals, emergency response system, home modifications	
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Mercer Government Human Services Consulting	Mercer Government Human Services Consulting
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans and regions served: Plans in Program	UnitedHealthcare Community Plan; Highmark Health Options	Saint Francis Life
Notes: Program notes		

District of Columbia Managed Care Program Features, as of 2016

Features	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a), 1945 Health Homes	1902(a)(70) NEMT	1915(a)
Program start date	04/01/1994	10/01/2007	01/01/1996
Waiver expiration date (if applicable)			
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children			Voluntary
Populations enrolled: Enrollment choice period	30 days		Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period			Enrollment is voluntary, else beneficiary stays in fee-for-service.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X

District of Columbia Managed Care Program Features, as of 2016

Features	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

District of Columbia Managed Care Program Features, as of 2016

Features	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers		Freestanding birth centers
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Trusted Health Plan; Medstar Family Choice; AmeriHealth District of Columbia	Medical Transportation Management Inc.	Health Services for Children with Special Needs
Notes: Program notes	Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household.		

Florida Managed Care Program Features, as of 2016

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	03/01/2014	01/01/2003
Waiver expiration date (if applicable)	06/30/2017	12/27/2021	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	30 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.		Continuous while slots are available
Benefits covered: Inpatient hospital physical health	X		X

Florida Managed Care Program Features, as of 2016

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Florida Managed Care Program Features, as of 2016

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry, and Targeted Case Management. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded adult dental services, expanded outpatient hospital visits, physician home visits, and many other expanded benefits.	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include, but are not limited to, cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of a nursing facility.	.All other FL Medicaid covered services and other services as determined by the multidisciplinary team.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		

Florida Managed Care Program Features, as of 2016

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Participating plans and regions served: Plans in Program	Amerigroup Florida, Inc.; Better Health, Inc.; Coventry Healthcare of FL, Inc.; Humana Medical Plan; Molina Healthcare of Florida, Inc.; Prestige Health Choice; South Florida Community Care Network; Simply Healthcare Plans, Inc.; Wellcare Health Plan of Florida DBA Staywell; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; AIDS Healthcare Foundation DBA Positive Healthcare, Inc.; Freedom Health, Inc.; Magellan Complete Care, LLC; Simply Healthcare Plans DBA Clear Health Alliance; Sunshine State Health Plan, Inc.; Children's Medical Services Network	American Eldercare, Inc.; Amerigroup Florida, Inc.; Coventry Healthcare of FL, Inc.; Molina Healthcare of FL, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of FL, Inc.	Florida Pace Center; Hope Select care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.
Notes: Program notes	Pregnant women who meet all other criteria for Medicaid eligibility are mandatorily enrolled into the MMA program. Presumptively eligible pregnant women are excluded. Full Dual recipients are mandatorily enrolled in the MMA program if they receive fee-for-service Medicare or are enrolled in a Medicare Advantage plan that is NOT fully liable. Full Duals enrolled in a fully liable Medicare Advantage plan or in a Medicare Advantage Special Needs plan are excluded. The MMA program includes MMA specialty plans for recipients in the child welfare system, recipients under the age of 21 with chronic conditions, recipients with HIV or AIDS, recipients with a serious mental illness, 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. An extension request has been submitted to Federal CMS to extend the MMA waiver authority from July 1, 2017 - June 30, 2022.	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.	

Georgia Managed Care Program Features, as of 2016

Features	Georgia Families	Georgia Families 360o	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)	1932(a),1932(a)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011
Waiver expiration date (if applicable)	06/30/2017	06/30/2017	12/31/2020
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Voluntary
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	

Georgia Managed Care Program Features, as of 2016

Features	Georgia Families	Georgia Families 360o	Planning for Healthy Babies (P4HB)
Populations enrolled: Notes on enrollment choice period			Women who are enrolled in the P4HB program are granted a 30 days period to select a CMO of their choice. Futhermore, eff. 01/01/2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO w/in the 30 day choice period, she is auto-assigned to a CMO, in order to receive P4HB services, based on DCH's auto-assignment algorithm.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			

Georgia Managed Care Program Features, as of 2016

Features	Georgia Families	Georgia Families 360o	Planning for Healthy Babies (P4HB)
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X	X	
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, Nurse Midwife	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC	NCQA, JCAHO, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Amerigroup Community Care; Peach State Health Plan; WellCare of Georgia	Amerigroup Community Care	Amerigroup; Peach State Health Plan; WellCare of Georgia

Georgia Managed Care Program Features, as of 2016

Features	Georgia Families	Georgia Families 360o	Planning for Healthy Babies (P4HB)
Notes: Program notes		Georgia Families 360o enrolls children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system.	P4HB consists of family planning, inter-pregnancy care and care management services. Inter-pregnancy care and care management services are limited to women who have given birth to a very low birthweight (VLBW) baby. Women who do not receive Medicaid benefits and have given birth to a VLBW baby are only eligible for care management services. Women ages 18 through 44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State Plan are enrolled into one of the CMOs per the Medicaid state plan. Women ages 18 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 care management services through a CMO of their choice.

Hawaii Managed Care Program Features, as of 2016

Features	QUEST Integration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	09/01/1994
Waiver expiration date (if applicable)	12/31/2018
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	15 days
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X

Hawaii Managed Care Program Features, as of 2016

Features	QUEST Integration
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

Hawaii Managed Care Program Features, as of 2016

Features	QUEST Integration
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans 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; Ohana Community Care Service (BHS)
Notes: Program notes	Ohana Community Care Service members can also enroll in other medical or dental plans reported under the QUEST Integration program.

Idaho Managed Care Program Features, as of 2016

Features	Idaho Smiles	Idaho Non-Emergent Medical Transportation	Idaho Behavioral Health Plan
Program type	Dental only (PAHP)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT	1915(b)
Program start date	08/01/2007	09/01/2010	09/01/2013
Waiver expiration date (if applicable)	12/31/2016		03/31/2022
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	Mandatory
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period			
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			

Idaho Managed Care Program Features, as of 2016

Features	Idaho Smiles	Idaho Non-Emergent Medical Transportation	Idaho Behavioral Health Plan
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT			X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Idaho Managed Care Program Features, as of 2016

Features	Idaho Smiles	Idaho Non-Emergent Medical Transportation	Idaho Behavioral Health Plan
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Peer Support, Family Support, Community Transitions Services
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans and regions served: Plans in Program	Idaho Smiles	NEMT	IBHP
Notes: Program notes	The waiver for Idaho Smiles expired 12/31/2016 and is currently pending an approval for renewal and extension by CMS which would extend the waiver to 12/31/2021.		

Idaho Managed Care Program Features, as of 2016

Features	Idaho Medicare-Medicaid Coordinated Plan	Healthy Connections	Healthy Homes
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls Counties	Statewide	Statewide
Federal operating authority	1915(a), 1915(a)/1915(c)	1932(a)	1945 Health Homes
Program start date	06/01/2014	10/01/2006	01/01/2013
Waiver expiration date (if applicable)	12/31/2017		
If the program ended in 2016, indicate the end date			01/31/2016
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period		N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			

Idaho Managed Care Program Features, as of 2016

Features	Idaho Medicare-Medicaid Coordinated Plan	Healthy Connections	Healthy Homes
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			X
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation			

Idaho Managed Care Program Features, as of 2016

Features	Idaho Medicare-Medicaid Coordinated Plan	Healthy Connections	Healthy Homes
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Primary Care Case Management	Primary Care Case Management
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	Yes	No, but accreditation considered in plan selection criteria	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Telligen		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans and regions served: Plans in Program	Blue Cross of Idaho Care Plus, Inc.	Multiple primary care providers	Multiple primary care providers
Notes: Program notes	This program does not utilize withholds tied to performance metrics, but does employ invoice reductions for performance deficiencies.		

Illinois Managed Care Program Features, as of 2016

Features	Integrated Care Program (ICP)	Family Health Plan/Affordable Care Act (FHP/ACA)	Managed Long Term Services and Supports
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Boone, Champaign, Christian, Clinton, Cook, DeWitt, DuPage, Ford, Henry, Kane, Kankakee, Knox, Lake, Logan, Macon, Madison, McHenry, McLean, Menard, Mercer, Peoria, Piatt, Rock Island, Sangamon, St. Clair, Stark, Tazewell, Vermilion, Will and Winnebago 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, Henry, Rock Island, Mercer, Madison, Clinton, St. Clair, Washington, Randolph, Perry, Jackson and Williamson counties	Lake, Kane, DuPage, Cook, Will and Kankakee counties
Federal operating authority	1932(a)/1915(c)	1932(a)/1915(c)	1915(b)
Program start date	05/01/2011	07/01/2014	07/01/2016
Waiver expiration date (if applicable)	09/30/2019	09/30/2019	12/31/2019
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days	60 days

Illinois Managed Care Program Features, as of 2016

Features	Integrated Care Program (ICP)	Family Health Plan/Affordable Care Act (FHP/ACA)	Managed Long Term Services and Supports
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X	X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	

Illinois Managed Care Program Features, as of 2016

Features	Integrated Care Program (ICP)	Family Health Plan/Affordable Care Act (FHP/ACA)	Managed Long Term Services and Supports
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, chiropractic, durable medical equipment, hearing, immunization, physical therapy, renal dialysis services, speech therapy, vision	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	Non-Medicare behavioral health
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X

Illinois Managed Care Program Features, as of 2016

Features	Integrated Care Program (ICP)	Family Health Plan/Affordable Care Act (FHP/ACA)	Managed Long Term Services and Supports
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; NextLevel Health Partners	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; NextLevel Health Partners	Aetna Better Health; Blue Cross Blue Shield of Illinois; IlliniCare Health Plan; Meridian Health Plan
Notes: Program notes	Dual eligibles are not allowed to enroll in the ICP program. Health Alliance Connect ended service to the program (and all its Illinois Medicaid products) effective 12/31/2016.	Low-income pregnant women are enrolled mandatorily in this program. Dual eligibles are not allowed to enroll in the FHP/ACA program. Health Alliance Connect ended service to the program (and all its Illinois Medicaid products) effective 12/31/2016.	Only dual eligibles are allowed to enroll in the MLTSS program.

Illinois Managed Care Program Features, as of 2016

Features	Illinois Health Connect (IHC) Primary Care Case Management (PCCM)
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Jo Daviess, Stephenson, Carroll, Ogle, DeKalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, 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, Pope, Hardin, Alexander, Pulaski and Massac counties
Federal operating authority	1932(a)
Program start date	07/01/2006
Waiver expiration date (if applicable)	
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	

Illinois Managed Care Program Features, as of 2016

Features	Illinois Health Connect (IHC) Primary Care Case Management (PCCM)
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs and prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	

Illinois Managed Care Program Features, as of 2016

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

Illinois Managed Care Program Features, as of 2016

Features	Illinois Health Connect (IHC) Primary Care Case Management (PCCM)
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	Illinois Health Connect
Notes: Program notes	Providers that render services to IHC members bill the state in accordance with state Fee-For-Service reimbursement policies. As such, clients receive the same fee-for-service covered benefits in PCCM as they do in regular fee-for-service.

Indiana Managed Care Program Features, as of 2016

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2015	01/01/2000	02/01/2015
Waiver expiration date (if applicable)	03/31/2017		01/31/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members auto-assigned if no selection done on the application and from there they have a 90-day window to change	Members auto-assigned if no selection done on the application and from there they have a 90-day window to change.	Members are auto-assigned if there is no selection done on the application; they have 60 days to change plans. Members cannot change plans after having made a power account contributions.

Indiana Managed Care Program Features, as of 2016

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

Indiana Managed Care Program Features, as of 2016

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates	Burns and Associates	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans and regions served: Plans in Program	Anthem; Managed Health Services; MDWise	Managed Health Services; MDWise; Anthem	MDWise; Managed Health Services; Anthem
Notes: Program notes			

Iowa Managed Care Program Features, as of 2016

Features	IA Healthlink	Dental Wellness Plan
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)/1915(c), 1937 Alt Benefit Plan, 1945 Health Homes	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2016	05/01/2014
Waiver expiration date (if applicable)	03/31/2019	01/01/2020
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus (Iowa Medicaid Member Services contractor)	
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	

Iowa Managed Care Program Features, as of 2016

Features	IA Healthlink	Dental Wellness Plan
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home	X	
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Iowa Managed Care Program Features, as of 2016

Features	IA Healthlink	Dental Wellness Plan
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans and regions served: Plans in Program	UnitedHealthcare of the River Valley, Inc.; Amerigroup of Iowa, Inc.; AmeriHealth Caritas of	Delta Dental of Iowa

Iowa Managed Care Program Features, as of 2016

Features	IA Healthlink	Dental Wellness Plan
Notes: Program notes	<p>On April 1, 2016, most existing Iowa Medicaid programs were joined together into one managed care program called IA Health Link. Coverage is provided through a Managed Care Organization (MCO) that brings together physical, behavioral and long term care under one program. Some Medicaid members continue to receive Medicaid coverage through a Fee-for-Service model and will not transition to the IA Health Link program. IA Health Link was intended to implement 1/1/2016 after other managed care plans ended, but was delayed until 4/1/2016. Between 1/1/2016 and 3/31/2016 service delivery was provided through a Medicaid FFS mechanism.</p>	<p>A second plan option (MCNA) was added to the Dental Wellness Plan, but after July 1, 2016; all members at this time were only assigned to Delta.</p>

Iowa Managed Care Program Features, as of 2016

Features	PACE	NEMT
Program type	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Available in these counties: Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, Warren.	Statewide
Federal operating authority	PACE	1902(a)(70) NEMT
Program start date	09/01/2009	01/01/2009
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Members opt-in	
Benefits covered: Inpatient hospital physical health	X	

Iowa Managed Care Program Features, as of 2016

Features	PACE	NEMT
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Iowa Managed Care Program Features, as of 2016

Features	PACE	NEMT
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	PACE	TMS

Iowa Managed Care Program Features, as of 2016

Features	PACE	NEMT
Notes: Program notes		

Kansas Managed Care Program Features, as of 2016

Features	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 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	HP Enterprise Services	HP Enterprise Services
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X

Kansas Managed Care Program Features, as of 2016

Features	KanCare	PACE
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Kansas Managed Care Program Features, as of 2016

Features	KanCare	PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Adult day care, recreational therapy, meals, social services, social work counseling, etc.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
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 2016

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Program type	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	12/01/1998	11/01/2011
Waiver expiration date (if applicable)	06/30/2018	10/31/2017
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period		Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X

Kentucky Managed Care Program Features, as of 2016

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs and prosthetic devices		X
Benefits covered: EPSDT		X
Benefits covered: Case management		
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Kentucky Managed Care Program Features, as of 2016

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X
Participating plans and regions served: Plans in Program	NEMT-Human Services Transportation Delivery	Aetna Better Health of Kentucky; Anthem Blue Cross Blue Shield Medicaid; Humana-Caresource; Passport Health Plan; WellCare of Kentucky
Notes: Program notes		

Louisiana Managed Care Program Features, as of 2016

Features	Healthy Louisiana (MCO)	Healthy Louisiana (BHO)
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)/1915(c)
Program start date	02/01/2012	12/01/2015
Waiver expiration date (if applicable)		08/31/2019
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Varies	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services	Maximus Health Services
Populations enrolled: Notes on enrollment choice period	Enrollee has the opportunity to choose a plan at Medicaid application. If no plan is chosen the enrollee is pre-assigned.	
Benefits covered: Inpatient hospital physical health	X	

Louisiana Managed Care Program Features, as of 2016

Features	Healthy Louisiana (MCO)	Healthy Louisiana (BHO)
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Louisiana Managed Care Program Features, as of 2016

Features	Healthy Louisiana (MCO)	Healthy Louisiana (BHO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are covered, but limited to a list of payable procedures.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	IPRO
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Aetna Better Health Louisiana; Amerigroup Louisiana; AmeriHealth Caritas Louisiana; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	Aetna Better Health of Louisiana; Amerigroup Louisiana; AmeriHealth Caritas Louisiana; Louisiana Healthcare Connections; UnitedHealthcare Community Plan
Notes: Program notes	Adults who are aged, blind or disabled are mandatorily enrolled. Children who are blind or disabled are voluntarily enrolled.	On December 1, 2015 Louisiana transitioned from a single BHO provider to incorporating behavioral health services into our MCO program. A BHO program still exists for those ineligible for full coverage. On July 1, 2016 Louisiana expanded Medicaid and rebranded our MCO/BHO programs from Bayou Health to Healthy Louisiana.

Louisiana Managed Care Program Features, as of 2016

Features	Dental	PACE
Program type	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	PACE
Program start date	07/01/2014	09/01/2007
Waiver expiration date (if applicable)	06/30/2021	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period		N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		X

Louisiana Managed Care Program Features, as of 2016

Features	Dental	PACE
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices		X
Benefits covered: EPSDT	X	
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Louisiana Managed Care Program Features, as of 2016

Features	Dental	PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		All specialized services authorized by the interdisciplinary team including podiatry.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	MCNA	PACE - Baton Rouge; PACE - Greater New Orleans; PACE - Lafayette
Notes: Program notes	All eligible enrollees are mandatorily enrolled.	

Maine Managed Care Program Features, as of 2016

Features	MaineCare	NET
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)
Program start date	05/01/1999	08/01/2011
Waiver expiration date (if applicable)		12/31/2016
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	28 days	
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		

Maine Managed Care Program Features, as of 2016

Features	MaineCare	NET
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs and prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Maine Managed Care Program Features, as of 2016

Features	MaineCare	NET
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers	Logisticare; MidCoast Connector; Penquis CAP
Notes: Program notes		

Maryland Managed Care Program Features, as of 2016

Features	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)	12/31/2021	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	
Populations enrolled: Notes on enrollment choice period	21 days, 60 days for foster children	
Benefits covered: Inpatient hospital physical health	X	

Maryland Managed Care Program Features, as of 2016

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

Maryland Managed Care Program Features, as of 2016

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, freestanding birthing centers, podiatry (routine foot care under 21 and diabetics).	All benefits listed under 42 CFR 460.90 - 460.106
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Amerigroup Community Care; Jai Medical Systems; Kaiser Permanente; Maryland Physicians Care; MedStar Family Choice; Priority Partners; Riverside Health of Maryland; United HealthCare	Hopkins Elder Plus
Notes: Program notes		

Massachusetts Managed Care Program Features, as of 2016

Features	MassHealth BH/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)	06/30/2022	06/30/2019	12/31/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period	Daily	14 days	Enrollment open all year, effective the first day of the month
Benefits covered: Inpatient hospital physical health		X	X

Massachusetts Managed Care Program Features, as of 2016

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	X
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Massachusetts Managed Care Program Features, as of 2016

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options
Benefits covered: 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
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	KEPRO	KEPRO	KEPRO
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Massachusetts Managed Care Program Features, as of 2016

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options
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	Boston Medical Center HealthNet Plan; United HealthCare; 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.		The SCO program is a voluntary program offered to MassHealth members age 65 and older residing in the service area of a Senior Care Organization. The SCO program is available in 11 of the 14 counties in Massachusetts, excluding the far west and island counties. The SCO program covers all medically necessary Medicaid and Medicare covered services (there are no wrap services) through a robust provider network. Each enrollee must select a PCP upon enrollment, receives care coordination and participates and signs off on the development of his/her care plan. Each Senior Care Organization is also a Medicare Advantage Dual Eligible Special Needs Plan.

Massachusetts Managed Care Program Features, as of 2016

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person - Behavioral Supports (MFP-BH)
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Counties of Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk and Worcester	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)
Program start date	07/01/1990	01/01/1995	04/01/2013
Waiver expiration date (if applicable)		06/30/2022	03/31/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Exempt
Populations enrolled: Enrollment choice period	N/A	N/A	
Populations enrolled: Enrollment broker name (if applicable)		Maximus	
Populations enrolled: Notes on enrollment choice period	365	14 days	
Benefits covered: Inpatient hospital physical health	X	X	

Massachusetts Managed Care Program Features, as of 2016

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person - Behavioral Supports (MFP-BH)
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X

Massachusetts Managed Care Program Features, as of 2016

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person - Behavioral Supports (MFP-BH)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	The PACE Program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.	Podiatrist services, nurse midwife, hearing aid, speech and hearing, renal dialysis, therapy services, ambulatory surgery	Emergency Services Program and Diversionary Services, Community Crisis Stabilization, Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III-5) and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Partial Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment and Intensive Outpatient Treatment
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization		Voluntary participation in EQRO performance measure validation	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		KEPRO	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Massachusetts Managed Care Program Features, as of 2016

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person - Behavioral Supports (MFP-BH)
Participating plans and regions served: Plans in Program	Neighborhood PACE; Upham's Elder Services Plan; Elder Service Plan of Harbor Health Services; Fallon Health Summit ElderCare; Elder Service Plan of Cambridge Health Alliance; Element Care, Inc.; Serenity Care Pace Program; Mercy Life Inc.	Multiple Primary Care Providers	Money Follows the Person - Behavioral Supports (BFP-BH)
Notes: Program notes			<p>MassHealth members enrolled in the two 1915(c) MFP waiver who are not otherwise eligible for the 1115 demonstration are mandatorily enrolled in this 1915(b) waiver. The 1915(c) MFP waivers included both the Community Living (MFP-CL, waiver control number MA.1027) and the MFP Residential Supports (MFP-RS, waiver control number MA.1028) waiver. The MFP-BH waiver (MFP-BH, waiver control number Ma.0002) runs concurrently with these 1915(c) Waivers. The 1915(b) waiver provides managed behavioral health benefits for participants enrolled in the MFP-CL and MFP-RS 1915(c) waivers. All other 1915(c) waiver HCBS are provided on a fee-for-service basis. MFP waiver participants must be age 16-64 with disabilities or age 65 or over and must be on MassHealth Standard.</p>

Michigan Managed Care Program Features, as of 2016

Features	Healthy Michigan Plan	Managed Care Plan Division	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)	1915(b)	PACE
Program start date	04/01/2014	07/01/1997	11/01/2003
Waiver expiration date (if applicable)	12/31/2018	12/31/2019	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Michigan Enrolls	Michigan Enrolls	
Populations enrolled: Notes on enrollment choice period	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on 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.	

Michigan Managed Care Program Features, as of 2016

Features	Healthy Michigan Plan	Managed Care Plan Division	PACE
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X

Michigan Managed Care Program Features, as of 2016

Features	Healthy Michigan Plan	Managed Care Plan Division	PACE
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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.	Transportation
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	

Michigan Managed Care Program Features, as of 2016

Features	Healthy Michigan Plan	Managed Care Plan Division	PACE
Participating plans and regions served: Plans in Program	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Midwest Health Plan Inc.; Harbor Health Plan, Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Total Health Care; UnitedHealthcare Community Plan Inc.; Upper Peninsula Health Plan	Aetna Better Health of MI; Blue Cross Complete of Michigan; HAP Midwest Health Plan Inc.; Harbor Health Plan Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Total Health Care; UnitedHealthcare Community Plan Inc.; Upper Peninsula Health Plan	Care Resources; CentraCare; Genesys PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI; Senior Community Care; Thome PACE
Notes: Program notes	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.	Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	

Michigan Managed Care Program Features, as of 2016

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	MI Choice
Program type	Dental only (PAHP)	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	1915(b)	1915(b)/1915(c)	1915(b)/1915(c)
Program start date	04/01/2009	10/01/1998	10/01/2003
Waiver expiration date (if applicable)	12/31/2019	06/30/2017	09/30/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Does not apply because State only contracts with one managed care entity.	No lock in period	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet a nursing facility level of care to qualify.

Michigan Managed Care Program Features, as of 2016

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	MI Choice
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			

Michigan Managed Care Program Features, as of 2016

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	MI Choice
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications	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
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Michigan Managed Care Program Features, as of 2016

Features	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plan	MI Choice
Participating plans and regions served: Plans in Program	Healthy Kids Dental	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	Macomb-Oakland Regional Center (MORC); Northeast MI Community Service Agency; 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; Northern Health Care Management; Region 2 Area Agency on Aging; Region 3B Area Agency on Aging; Region IV (4) Area Agency on Aging; Region VII (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 Care Services; Valley Area Agency on Aging
Notes: Program notes	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.	The state does not report any dual enrollment in SPHIP because it is not able to identify duals in the data for this program.	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.

Minnesota Managed Care Program Features, as of 2016

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	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	06/30/2021	06/30/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X

Minnesota Managed Care Program Features, as of 2016

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	X

Minnesota Managed Care Program Features, as of 2016

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Rehabilitation, therapeutic, chemical dependency, mental health	Mental health services	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Blue Plus; Health Partners; Hennepin Health; Itasca Medical Care; Medica; PrimeWest Health; South Country Health; Ucare	Blue Plus; Health Partners; Itasca Medical Care; Medica; PrimeWest Health; South Country Health; Ucare	Blue Plus; Health Partners; Itasca Medical Center; Medica; PrimeWest Health; South Country Health; Ucare
Notes: Program notes			

Minnesota Managed Care Program Features, as of 2016

Features	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide
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 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X

Minnesota Managed Care Program Features, as of 2016

Features	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	

Minnesota Managed Care Program Features, as of 2016

Features	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Health Partners; Medica; PrimeWest Health; South Country Health; Ucare	Medica
Notes: Program notes		

Mississippi Managed Care Program Features, as of 2016

Features	Mississippi Coordinated Access Network (MississippiCAN)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	01/01/2011
Waiver expiration date (if applicable)	
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Xerox Health Solutions (partial broker)
Populations enrolled: Notes on enrollment choice period	1) 30 days from notification to choose, 2) 90 days to change CCOs during initial enrollment, and 3) 76 days during Annual Open Enrollment Period
Benefits covered: Inpatient hospital physical health	X

Mississippi Managed Care Program Features, as of 2016

Features	Mississippi Coordinated Access Network (MississippiCAN)
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

Mississippi Managed Care Program Features, as of 2016

Features	Mississippi Coordinated Access Network (MississippiCAN)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Presently MississippiCAN covers all state plan services as Medicaid fee-for-service for the categories of eligibility enrolled in program
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, AAAHC, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolinas Center of Medical Excellence (CCME)
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	Magnolia Health; UnitedHealthcare of Mississippi Community Plan

Mississippi Managed Care Program Features, as of 2016

Features	Mississippi Coordinated Access Network (MississippiCAN)
Notes: Program notes	<p>The MississippiCAN Program was implemented January 1, 2011, with two Coordinated Care Organizations (CCOs), Magnolia Health and UnitedHealthcare Community Plan. The program has evolved from a limited number of beneficiaries in 2011 (approximately 48,000) to a majority of the Mississippi Medicaid population by July 1, 2016 (499,365 or 69%). Also, additional services have been added since 2011, including behavioral health, non-emergency transportation, and inpatient hospital services. Presently all populations enrolled receive full benefits and all applicable state plan services. Excluded populations include residents of institutions, waiver beneficiaries, and dual eligibles. For more information, please see https://medicaid.ms.gov/wp-content/uploads/2015/08/2015-MississippiCANProvider-Workshop-Presentation.pdf.</p>

Missouri Managed Care Program Features, as of 2016

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
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 Co, Saline, Shelby, Vernon, Warren, Washington, and St Louis City	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	09/01/1995	10/01/2006
Waiver expiration date (if applicable)	06/30/2018	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	

Missouri Managed Care Program Features, as of 2016

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Populations enrolled: Enrollment broker name (if applicable)	Wipro Infocrossing	
Populations enrolled: 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.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		

Missouri Managed Care Program Features, as of 2016

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Impatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Behavioral Health Concepts, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Missouri Managed Care Program Features, as of 2016

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Participating plans and regions served: Plans in Program	Aetna Better Health (of Missouri Eastern, Missouri Central, and Missouri Western); Missouri Care (Eastern, Central, Western); Home State (Eastern, Central, Western)	Logisticare Solutions
Notes: Program notes		Partial duals are not enrolled in NEMT. Full duals are and it is reflected in the counts for Logisticare.

Montana Managed Care Program Features, as of 2016

Features	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	01/01/1994
Waiver expiration date (if applicable)	03/31/2019
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	Conduent
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	

Montana Managed Care Program Features, as of 2016

Features	Passport to Health
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

Montana Managed Care Program Features, as of 2016

Features	Passport to Health
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Transplants and urgent care services
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	<p>Montana has four programs that operate under the authority of the 1915(b) waiver. The Passport to Health program is the Primary Care Case Management (PCCM) program. Benefits covered include those that are covered by both the monthly PMPM and FFS benefits that could be delivered by a primary provider participating in the Passport to Health Program. The Team Care program is a sub-program of Passport which began in 2004. The Health Improvement program, the EPCCM program, began in 2009 as an enhancement to Passport. The Nurse First program is the nurse advice line that began in 2004.</p>

Nebraska Managed Care Program Features, as of 2016

Features	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 2016, indicate the end date	12/31/2016	12/31/2016	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Partial Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	15 days	Pre-assigned	N/A

Nebraska Managed Care Program Features, as of 2016

Features	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X

Nebraska Managed Care Program Features, as of 2016

Features	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Hearing, Immunization, Speech Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding birth		
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics		X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans 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			

Nevada Managed Care Program Features, as of 2016

Features	Mandatory Health Maintenance Program	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?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	10/31/1988	10/31/1998	06/01/2014
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other		N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC (formerly a Hewlett Packard company)		
Populations enrolled: 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		

Nevada Managed Care Program Features, as of 2016

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	

Nevada Managed Care Program Features, as of 2016

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA		Vendor is contractually required to adhere to NCQA standards
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Nevada and Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Health Plan of Nevada (HPN); Amerigroup Community Care (AGP)	Medical Transportation Management, Inc (MTM)	Axis Point Health
Notes: Program notes			

New Hampshire Managed Care Program Features, as of 2016

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b), 1932(a)	1932(a), 1937 Alt Benefit Plan
Program start date	12/01/2013	09/01/2014
Waiver expiration date (if applicable)	08/30/2017	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X

New Hampshire Managed Care Program Features, as of 2016

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

New Hampshire Managed Care Program Features, as of 2016

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full substance use disorder treatment	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, chiropractic, full substance use disorder treatment
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG	HSAG
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	New Hampshire Healthy Families; Well Sense	New Hampshire Healthy Families; Well Sense
Notes: Program notes	Individuals in the New Hampshire Medicaid Care Management program can be enrolled under either a 1915(b) waiver or a 1932(a) federal operating authority.	

New Jersey Managed Care Program Features, as of 2016

Features	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?	Zip code specific, varies by plan. See individual plans	Statewide	Statewide
Federal operating authority	PACE	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan
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 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Partial Duals	Voluntary	Mandatory	
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A		10 days
Populations enrolled: Enrollment broker name (if applicable)			Xerox
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X

New Jersey Managed Care Program Features, as of 2016

Features	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT			X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

New Jersey Managed Care Program Features, as of 2016

Features	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Assistive technology, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehabilitation/specialty hospital, outpatient rehabilitation, non-routine podiatrist, post-acute care, preventive health, specialty hospital, vision
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Inspira LIFE; Beacon of LIFE; LIFE (Living Independently For Elders) St. Francis; LIFE at Lourdes; Lutheran Senior LIFE	Logisticare	WellCare Liberty D-SNP; Aetna Better Health NJ; Amerigroup New Jersey; Amerivantage Dual Coordination; Horizon NJ Health; UnitedHealthcare Community Plan; UnitedHealthcare Dual Complete ONE; WellCare of New Jersey

New Jersey Managed Care Program Features, as of 2016

Features	PACE	Non-Emergency Medical Transportation	NJ FamilyCare
Notes: Program notes	Enrollment is open monthly on the first day of the month.		<p>1. On July 1, 2016 an MLTSS Nursing Facility Transition incentive was initiated that paid a bonus to the MCO for each MLTSS beneficiary that they transitioned from a Nursing Facility to a community living arrangement. NCQA Commendable Accreditation (or higher) will become a requirement for MCOs that have been NJ FamilyCare MCOs starting with the state fiscal year after they have been an NJ FamilyCare Contractor for at least 36 months. 2. New Jersey implemented a Physician Rate Increase to increase reimbursement rates for certain primary and specialty care services in NJ FamilyCare to encourage new and continued provider participation in the NJ FamilyCare program and ensure recipients have adequate access to physician services. The managed care plans were directed to distribute this money using value-based purchasing.</p>

New Mexico Managed Care Program Features, as of 2016

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Bernalillo County, Sandoval County, Valencia County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2014	07/01/2004
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: 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

New Mexico Managed Care Program Features, as of 2016

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

New Mexico Managed Care Program Features, as of 2016

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory, Surgical, Anesthesia, Diagnostic Imaging, Imaging and Therapeutic Radiology services, Dialysis, Durable Medical Equipment and Medical Supplies, Hearing and Audiology, Immunization, Medical Service Providers, Midwife, Nutritional, Occupational Therapy, Physical Therapy, Podiatry, Pregnancy Termination (State Funded), Prosthetics and Orthotics, Rehabilitation, Reproductive Health, School Based, Speech Therapy, Telehealth, Transplant, Transportation, Vision, Pediatricians	Adult Day/Health Center, Optometry, Audiology, Podiatry, Alternative Therapies (Chiropractic, Acupuncture)
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	HealthInsight	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans 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 mandatorily enrolled if receiving LTSS.	

New York Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	PACE	Managed Long Term Care
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1997	01/01/2001	01/01/1998
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/31/2021
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	

New York Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	PACE	Managed Long Term Care
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	

New York Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	PACE	Managed Long Term Care
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse Midwife Services, Foot Care Services	Podiatry, Physical Therapy, Occupational Therapy	
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	X		X
Performance incentives: Preferential auto-enrollment to reward plans	X		X
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Affinity Health Plan; Amidacare Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus Health Plan; 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	ArchCare Senior Life; Catholic Health - Life; Centerlight (CCM); Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care	Aetna Better Health; Agewell New York; Alphacare; Archcare Community Life; Centerlight Select; Centers Plan for Healthy Living; Elderplan; Elderserve; Elderwood; Extended MLTC; Fallon Health Weinberg; Fidelis Care at Home; Guildnet; Hamaspik Choice; Health Advantage/Elant Choice; Healthplus; HIP of Greater New York; Icircle Care; Independent Care Systems; Integra; Kalos Health Plan; Metroplus; Montefiore HMO; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United Healthcare; Village Care; VNA Homecare Options; VNS Choice; Wellcare Advocate

New York Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	PACE	Managed Long Term Care
Notes: Program notes	Medicaid Managed Care was reported as Partnership Plan Medicaid Managed Care in 2015.		

New York Managed Care Program Features, as of 2016

Features	Medicaid Advantage Plus	Medicaid Advantage	Health and Recovery Plans
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2007	10/01/2006	10/01/2015
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/31/2021
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days	30 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X

New York Managed Care Program Features, as of 2016

Features	Medicaid Advantage Plus	Medicaid Advantage	Health and Recovery Plans
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

New York Managed Care Program Features, as of 2016

Features	Medicaid Advantage Plus	Medicaid Advantage	Health and Recovery Plans
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry	Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services	Nurse Midwife Services, Audiology, Vision, Occupational Therapy
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Elderplan; Guildnet; Healthfirst; Healthplus Advantage Plus; HIP of Greater New York; NYS Catholic Health Plan/Fidelis; Senior Whole Health; VNS Choice Plus	VNS Choice; Wellcare; Affinity; HIP of Greater New York; Liberty Health Advantage; Metroplus; NYS Catholic Health Plan/Fidelis; Touchstone/Prestige; United Healthcare	Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; Healthfirst; Healthplus; HIP of Greater New York; Independent Health Association; Metroplus; MVP Health Plan; NYS Catholic Health Plan; Today's Options; United Healthcare; Yourcare Health Plan

New York Managed Care Program Features, as of 2016

Features	Medicaid Advantage Plus	Medicaid Advantage	Health and Recovery Plans
Notes: Program notes			

North Carolina Managed Care Program Features, as of 2016

Features	Community Care of North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly
Program type	Primary Care Case Management Entity (PCCM Entity)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Alamance, Alexander, Brunswick, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Moore, New Hanover, Orange, Robeson, Rockingham, Rowan, Stanley, Union, and Wake counties
Federal operating authority	1932(a)	1915(b)/1915(c)	PACE
Program start date	04/01/1991	01/01/2012	02/01/2008
Waiver expiration date (if applicable)		07/01/2018	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)			

North Carolina Managed Care Program Features, as of 2016

Features	Community Care of North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly
Populations enrolled: Notes on enrollment choice period	Beneficiaries have 90 days to enroll into the PCCM program		
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			X

North Carolina Managed Care Program Features, as of 2016

Features	Community Care of North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Outpatient Behavioral Health Services including services provided by psychiatrists for recipients with a diagnosis in the 290-319 range; Psychiatric Residential Treatment Facilities; Therapeutic Foster Care; Residential Child Care; Hospital Emergency Dept	Restorative Therapies; Nutrition counseling; Recreational therapies; Meals
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)		Carolinas Center for Medical Excellence (CCME)	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	North Carolina Community Care Carolina Access	Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH/DD/SA; Trillium Health Resources; Vaya Health	Carolina Senior Care; Community Care Partners, Inc.; Elderhauc, Inc; Life St. Josteph of the Pines, Inc; PACE at Home, Inc; PACE of the Southern Piedmonth; PACE of the TRIAD; Piedmont Health Services, Inc; Senior Total Life Care, Inc.; Stay Well Senior Care; Voans Senior Community Care of North Carolina

North Carolina Managed Care Program Features, as of 2016

Features	Community Care of North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Program of All Inclusive Care for the Elderly
Notes: Program notes	Plan consists of independently contracted medical home/primary care providers who receive a per member per month (PMPM) management fee for coordination of care at the medical home provider office.		IMD: PACE serves individuals 55 and over in pre-approved service areas / zip codes. In regards to inpatient psych placements, a PACE organization can be contracted with a particular hospital or psych clinic in their approved service area and network. Most psychiatric inpatient placements with PACE have participants placed in a local contracted hospital that may have a psychiatric unit /wing within the facility.

North Dakota Managed Care Program Features, as of 2016

Features	PACE	PCCM
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1932(a)
Program start date	08/01/2008	11/01/1994
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		
Populations enrolled: Enrollment choice period	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Enrollment begins on the first day of the month following the determination that they are eligible	Once enrolled the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the 60 day annual open enrollment period.

North Dakota Managed Care Program Features, as of 2016

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

North Dakota Managed Care Program Features, as of 2016

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

North Dakota Managed Care Program Features, as of 2016

Features	PACE	PCCM
Notes: Program notes		

North Dakota Managed Care Program Features, as of 2016

Features	North Dakota Medicaid Expansion	Health Management Program
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b), 1937 Alt Benefit Plan	1932(a)
Program start date	01/01/2014	08/01/2007
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Open enrollment at all times with no timeframe indicated

North Dakota Managed Care Program Features, as of 2016

Features	North Dakota Medicaid Expansion	Health Management Program
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	

North Dakota Managed Care Program Features, as of 2016

Features	North Dakota Medicaid Expansion	Health Management Program
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Up to 30 days of SNF coverage	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	ND Medicaid Expansion - Sanford Health Plan	Health Management

North Dakota Managed Care Program Features, as of 2016

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

Ohio Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	Ohio PACE	MyCare Ohio Opt-out
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Cuyahoga County	Central, Northwest, Southwest, Northeast, West Central, East Central, Northeast Central
Federal operating authority	1915(b), 1932(a)	PACE	1915(b)/1915(c)
Program start date	07/01/2005	11/01/2002	05/01/2014
Waiver expiration date (if applicable)	06/30/2017		03/31/2019
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Varies		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary		Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.		
Populations enrolled: Notes on enrollment choice period	Enrollment letters are sent to individuals at the time of eligibility, which can be any given day.	Ohio PACE operates under an open enrollment model.	
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X

Ohio Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	Ohio PACE	MyCare Ohio Opt-out
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X

Ohio Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	Ohio PACE	MyCare Ohio Opt-out
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Immunizations, podiatry, nurse midwife services, freestanding birth centers, 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	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
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	Aetna; Buckeye Health Plan; CareSource; Molina; United Healthcare Community Plan of Ohio

Ohio Managed Care Program Features, as of 2016

Features	Medicaid Managed Care	Ohio PACE	MyCare Ohio Opt-out
Notes: Program notes	<p>Children with special health care needs (SSI population ONLY) are enrolled mandatorily; children with special needs (BCMH population) are enrolled voluntarily.</p> <p>The program originally operated under 1932a authority but then implemented 1915(b) in 2013 to cover the SSI child population.</p>	<p>Low-income adults not covered under ACA Section VIII, Low-income adults covered under ACA Section VIII, Individuals receiving limited benefits, Full duals, and Partial duals can all be voluntarily enrolled in PACE if they meet the following requirements: 1) 55 years of age; 2) Reside in a PACE service area; 3) Have a level of care that would be provided in a nursing facility</p>	<p>MyCare Opt-out reflects the Medicaid MLTSS service option available for dual eligibles who choose not to participate in the MyCare financial alignment demonstration. Performance Incentive for MyCare Opt-out: on an annual basis ODM will withhold a percentage of the MCOPs Medicaid-only (opt-out population) capitation rate. The percent of Medicaid-only withheld amounts are repaid to the MCOP will be equal to the percent of withhold the MCOP receives for the dual-benefit (opt-in) members.</p>

Oklahoma Managed Care Program Features, as of 2016

Features	SoonerCare Choice	PACE	SoonerRide
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	74464, 74427, 74451, 74471, 74444, 74452, 74441, 74465, 74352, 74364, 74368, 74359, 74423, 7 4403, 74434, 74347, 74964, 74965, 74960, 74457, 74401, 74402, 74446, 74439, 74103, 74104, 74105, 74106, 74110, 74112, 74114, 74115, 74119, 74120, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108, 74126, 74106, 73008, 73140, 73105, 73121, 73141, 73155, 73179, 73106, 73124, 73142, 73156, 73184, 73132, 73179, 73143, 73157, 73185, 73165, 73160, 73108, 73026, 73003, 73170, 73109, 73127, 73146, 73162, 73190, 73147, 73163, 73194, 73013, 73120, 73112, 73129, 73025, 73066, 73113, 73131, 73149, 73167, 73196, 73134, 73150, 73169, 73198, 73083, 73102, 73117, 73084, 73110, 7313, 73118, 73137, 73152, 73173, 73119, 73139, 73154, 73178, 73122, 73012, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1902(a)(70) NEMT
Program start date	01/01/1996	08/01/2008	06/01/2006
Waiver expiration date (if applicable)	12/31/2017		
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		

Oklahoma Managed Care Program Features, as of 2016

Features	SoonerCare Choice	PACE	SoonerRide
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus		Logisticare
Populations enrolled: Notes on enrollment choice period	Members are enrolled within 72 hours of application.		
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		

Oklahoma Managed Care Program Features, as of 2016

Features	SoonerCare Choice	PACE	SoonerRide
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision	Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision	
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization	State Specific PCMH		
Quality assurance and improvement: EQRO contractor name (if applicable)	Telligen		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			

Oklahoma Managed Care Program Features, as of 2016

Features	SoonerCare Choice	PACE	SoonerRide
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers	Cherokee Elder Care (CEC); Life PACE; Valir PACE	SoonerRide
Notes: Program notes			

Oregon Managed Care Program Features, as of 2016

Features	OHP - Oregon Health Plan	PACE
Program type	Comprehensive MCO	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	02/01/1994	01/01/1986
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month.
Benefits covered: Inpatient hospital physical health	X	X

Oregon Managed Care Program Features, as of 2016

Features	OHP - Oregon Health Plan	PACE
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Oregon Managed Care Program Features, as of 2016

Features	OHP - Oregon Health Plan	PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Hearing, Immunization, Vision	Medications (OTC and RX), Mental Health Care, DME, Speech/ Physical/ Occupational/ Recreational Therapeutic Services, Audiology/ Optical/ Podiatry Specialty Medical Care, Occupational and Physical Therapy and Social Services
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Insight	
Performance incentives: Payment bonuses/differentials to reward plans	X	X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Oregon Managed Care Program Features, as of 2016

Features	OHP - Oregon Health Plan	PACE
Participating plans and regions served: Plans in Program	<p>Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; Greater Oregon Behavioral Health, Inc.; Managed Dental Care of Oregon; ODS Community Health Inc.; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; FamilyCare; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Western Oregon Advanced Health; Willamette Valley Community Health; Yamhill Community Care</p>	<p>Providence Elder Place</p>
Notes: Program notes	<p>A person can be enrolled simultaneously in two or three plans. For example, a client can be enrolled in the PACE program for physical health, a dental plan (DCO) for dental care and a mental health plan (CCO) for mental health care. So the person would be counted three times, once in PACE, once for the DCO and once for the MHO. Or a person could be enrolled in a CCO for physical health and mental health but be enrolled in a DCO for dental health care. Then the person would be counted twice, once for the CCO enrollment and once for the dental care organization enrollment. Note: Both CareOregon (FCHP) and Kaiser Permanente (PCO) had closed to enrollment prior to June 2016.</p>	

Pennsylvania Managed Care Program Features, as of 2016

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices - Physical Health	HealthChoices - Behavioral Health
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	Statewide
Federal operating authority	PACE	1915(b)	1915(b)
Program start date	07/24/1998	02/01/1997	01/01/1999
Waiver expiration date (if applicable)		12/31/2021	12/31/2021
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	Mandatory
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Partial Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Maximus	
Populations enrolled: Notes on enrollment choice period	Open enrollment, all year.	The consumer has the right to initiate a change in MCOs at any time.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X

Pennsylvania Managed Care Program Features, as of 2016

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

Pennsylvania Managed Care Program Features, as of 2016

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices - Physical Health	HealthChoices - Behavioral Health
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry falls under Specialist Services	Nurse midwife services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis center, ambulatory surgical center, medical supplies & equipment, home health (visiting nurse).	Psychiatric Rehabilitation, Peer Specialist Services
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization	Quality Assurance and Performance Improvement (QAPI) program	NCQA, Nationally Recognized Organization	JCAHO, For Inpatient, Outpatient
Quality assurance and improvement: EQRO contractor name (if applicable)		Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics		X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	

Pennsylvania Managed Care Program Features, as of 2016

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices - Physical Health	HealthChoices - Behavioral Health
Participating plans and regions served: Plans in Program	Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H-5902; Senior LIFE York H-0819; Senior LIFE Lehigh H-5978; SpiriTrust LIFE H-2537; LIFE NWPA H-4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H-6551; New Courtland LIFE H-9830; Albright LIFE H-9068; Community LIFE H-3917; LIFE-Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; VieCare Armstrong H-6188; Senior LIFE Washington H-2992	UPMC for You Inc.; Aetna Better Health; Gateway Health Plan; United Healthcare Community Plan of Pennsylvania; Health Partners of Philadelphia, Inc.; Geisinger Health Plan; Vista	Adams - Community Care BHO; Allegheny - Community Care BHO; Beaver - Value Behavioral Health of Pennsylvania; Behavioral Health Services of Bedford and Somerset - Performcare; Berks - Community Care BHO; Blair - Community Care BHO; Bucks - Magellan Behavioral Health of Pennsylvania; Cambria - Value Behavioral Health of Pennsylvania; Carbon-Monroe-Pike Joinder Board - Community Care BHO; Chester - Community Care BHO; Cumberland - PerformCare; Dauphin - PerformCare; Delaware - Magellan Behavioral Health of Pennsylvania; Erie - Community Care BHO; Fayette - Value Behavioral Health of Pennsylvania; Greene (Commonwealth) - Value Behavioral Health of Pennsylvania; Lancaster - PerformCare; Lebanon - PerformCare; Lehigh - Magellan Behavioral Health of Pennsylvania; Lycoming-Clinton Joinder Board - Community Care BHO; Montgomery - Magellan Behavioral Health of Pennsylvania; North Central State Option - Community Care BHO; Northampton - Magellan Behavioral Health of Pennsylvania; Northeast Behavioral Health Care Consortium - Community Care BHO; Northwest Behavioral Health Partnership - Value Behavioral Health of Pennsylvania; Perry - PerformCare; Philadelphia - Community Behavioral Health; Southwest Behavioral Health Management - Value Behavioral Health of Pennsylvania; Tuscarora Managed Care Alliance - PerformCare; York - Community Care BHO

Pennsylvania Managed Care Program Features, as of 2016

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices - Physical Health	HealthChoices - Behavioral Health
Notes: Program notes		<p>Private Duty Nursing is only covered for children under 21 years old. Only children under 21 years old, Full Dual and Partial Dual, are enrolled mandatorily in HealthChoices.</p> <p>PA Health Choices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.</p>	<p>Pennsylvania HealthChoices-Behavioral Health program operates statewide with some minor variation in benefits covered by county.</p> <p>PA Health Choices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.</p>

Pennsylvania Managed Care Program Features, as of 2016

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Cumberland, Dauphin, Chester and Lancaster Counties	Philadelphia
Federal operating authority	1915(a)	1902(a)(70) NEMT
Program start date	06/01/2009	11/01/2005
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		
Populations enrolled: Enrollment choice period	Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)		Logisticare
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		

Pennsylvania Managed Care Program Features, as of 2016

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs and prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	

Pennsylvania Managed Care Program Features, as of 2016

Features	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Adult Community Autism Program	Logisticare
Notes: Program notes		Beneficiaries who require access to NEMT services contact the NEMT program at the point they are seeking services.

Puerto Rico Managed Care Program Features, as of 2016

Features	Government Health Plan	Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a), 1937 Alt Benefit Plan	1915(b)
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		No specific time
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X

Puerto Rico Managed Care Program Features, as of 2016

Features	Government Health Plan	Medicare Platino
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Puerto Rico Managed Care Program Features, as of 2016

Features	Government Health Plan	Medicare Platino
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans and regions served: Plans in Program	First Medical Plan Inc.; MMM Multi Health, Inc.; Triple-S Salud Inc.; Molina Health Care PR, Inc.; MMM Multi Health, Inc. - PMC	Triple S; Humana Health Plan of PR Inc.; MCS Advantage Inc.; MMM Health Care Inc.; Preferred Medicare Choice Inc.; Constellation Health, LLC.
Notes: Program notes		

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners	Rite Care	Rite Smiles
Program type	Comprehensive MCO	Comprehensive MCO	Dental only (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	04/01/2008	08/01/1994	05/01/2006
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	30 days	30 days	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners	Rlte Care	Rlte Smiles
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners	Rite Care	Rite Smiles
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	IPRO	
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Neighborhood Health Plan of RI; United Healthcare	Neighborhood Health Plan of RI; United Healthcare	United Healthcare Dental
Notes: Program notes			

Rhode Island Managed Care Program Features, as of 2016

Features	ConnectCare Choice Community Partners	Connect Care Choice	Rhody Health Options
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	11/01/2013	06/01/2007	11/01/2013
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2016, indicate the end date	01/31/2016	01/31/2016	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X

Rhode Island Managed Care Program Features, as of 2016

Features	ConnectCare Choice Community Partners	Connect Care Choice	Rhody Health Options
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Rhode Island Managed Care Program Features, as of 2016

Features	ConnectCare Choice Community Partners	Connect Care Choice	Rhody Health Options
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Podiatry, vision, interpreter
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			IPro
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	CareLink	Multiple Primary Care providers	Neighborhood Health Plan
Notes: Program notes			This program includes RI's Financial Alignment Demonstration, so demo enrollment is not reported.

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners Expansion	PACE	Transportation Broker
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers),PACE	1115(a) (Medicaid demonstration waivers)
Program start date	12/23/2013	01/01/2006	05/01/2014
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners Expansion	PACE	Transportation Broker
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Rhode Island Managed Care Program Features, as of 2016

Features	Rhody Health Partners Expansion	PACE	Transportation Broker
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA	RI EOHHS and CMS Team	
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Neighborhood Health Plan; United Healthcare	PACE	LogistiCare
Notes: Program notes		PACE is subsumed under the Rhode Island section 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.	

South Carolina Managed Care Program Features, as of 2016

Features	South Carolina Managed Care Organizations	Medical Homes Network
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1932(a)
Program start date	09/01/1996	08/01/2007
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	90 days	90 days
Benefits covered: Inpatient hospital physical health	X	

South Carolina Managed Care Program Features, as of 2016

Features	South Carolina Managed Care Organizations	Medical Homes Network
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

South Carolina Managed Care Program Features, as of 2016

Features	South Carolina Managed Care Organizations	Medical Homes Network
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, birth centers, chiropractic services, therapy services (speech, hearing, language, etc.), vision	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolina Center for Medical Excellence	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans and regions served: Plans in Program	Select Health of South Carolina; Molina HealthCare; Absolute Total Care; BlueChoice Healthplan Medicaid; WellCare of South Carolina	South Carolina Solutions
Notes: Program notes		

South Carolina Managed Care Program Features, as of 2016

Features	SC PACE	Non-Emergency Medical Transportation
Program type	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Richland/Orangeburg/Greenville Counties	Statewide
Federal operating authority	PACE	1902(a)(70) NEMT
Program start date	01/01/1990	05/01/2007
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory
Populations enrolled: Full Duals	Voluntary	Mandatory
Populations enrolled: Partial Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Recipient chooses to use transportation services based on identifying the need to access service providers.
Benefits covered: Inpatient hospital physical health	X	

South Carolina Managed Care Program Features, as of 2016

Features	SC PACE	Non-Emergency Medical Transportation
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

South Carolina Managed Care Program Features, as of 2016

Features	SC PACE	Non-Emergency Medical Transportation
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Palmetto Senior Care; The Oaks	Logisticare
Notes: Program notes		

South Dakota Managed Care Program Features, as of 2016

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/02/2002
Waiver expiration date (if applicable)	
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X

South Dakota Managed Care Program Features, as of 2016

Features	PRIME
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

South Dakota Managed Care Program Features, as of 2016

Features	PRIME
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans 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 PRIME program.

Tennessee Managed Care Program Features, as of 2016

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2002	04/07/1999
Waiver expiration date (if applicable)	06/30/2021	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Individuals newly approved for TennCare are pre-assigned to an MCO but have a 45-day period in which they may transfer to a different MCO without cause.	

Tennessee Managed Care Program Features, as of 2016

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

Tennessee Managed Care Program Features, as of 2016

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	TennCare covers freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified).	Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies are additional services covered by Tennessee's PACE program.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans and regions served: Plans in Program	Amerigroup; DentaQuest USA Insurance Company; Magellan Health Services; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)	Alexian Brothers Community Services

Tennessee Managed Care Program Features, as of 2016

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Notes: Program notes	<p>(1)TennCare covers services only when they are determined to be medically necessary. (2) As of July 1, 2016, MCOs were encouraged to include rural health clinics and FQHCs in their provider networks; MCOs that did not include these providers had to demonstrate that appropriate services were available in relevant coverage areas. (This arrangement was modified as part of the TennCare II Demonstration extension approved on December 16, 2016.) (3) On October 12, 2016, TennCare requested authorization for a health home program that would begin on January 1, 2017. (4) Dental services are available to enrollees under age 21 as part of EPSDT; those age 21 and older are not entitled to dental services except under EMTALA. (5) HCBS waiver services and nursing facility services are available through TennCare CHOICES. (6) The ICF-IDD services are reimbursed outside the TennCare II Demonstration. (7) TennCare does not cover any individuals receiving limited benefits, including partial duals. (8) Tennessee does not have any federally recognized Indian tribes. (10) Each member is enrolled in one Managed Care Entity (MCE) for physical health services, behavioral health services, and long-term services and supports. Adults (excluding PACE members) and children are also enrolled in a second MCE for pharmacy benefits. Children are enrolled in a third MCE for dental benefits.</p>	<p>A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare II Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare II has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO. PACE enrollees must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. 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 2016

Features	STAR Health	STAR	STAR+PLUS
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c), 1915(a)/1915(i)
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 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			Varies
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	15 days	15 days
Populations enrolled: Enrollment broker name (if applicable)		MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period	Members are auto-enrolled by the MCO		

Texas Managed Care Program Features, as of 2016

Features	STAR Health	STAR	STAR+PLUS
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X		X

Texas Managed Care Program Features, as of 2016

Features	STAR Health	STAR	STAR+PLUS
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute of Child Health Policy	Institute of Child Health Policy	Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans and regions served: Plans in Program	Superior Health Plan	Blue Cross Blue Shield; Christus; Community First Health Plan; Community Health Choice; Cook Children's Health Plan; Driscoll Children's Health Plan; El Paso First; FirstCare; Molina Healthcare of Texas; Parkland HEALTH First; Scott & White; Sendero; Seton; Superior Health Plan; Texas Children's Health Plan; United Healthcare Texas; Aetna; Amerigroup Texas, Inc.	Amerigroup; Cigna-HealthSpring; Molina; Superior Health Plan; United Healthcare Texas

Texas Managed Care Program Features, as of 2016

Features	STAR Health	STAR	STAR+PLUS
Notes: Program notes		STAR population also includes pregnant women.	For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and adults are mandatory.

Texas Managed Care Program Features, as of 2016

Features	Children's Medicaid Dental Services	Texas Medicaid Wellness Program	NorthSTAR
Program type	Dental only (PAHP)	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(b)
Program start date	12/12/2011	03/01/2011	11/01/1999
Waiver expiration date (if applicable)	09/30/2016	03/31/2018	9/30/2017
If the program ended in 2016, indicate the end date			12/31/2016
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals			Mandatory
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		
Populations enrolled: Enrollment choice period	15 days	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS		MAXIMUS
Populations enrolled: 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.	

Texas Managed Care Program Features, as of 2016

Features	Children's Medicaid Dental Services	Texas Medicaid Wellness Program	NorthSTAR
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			

Texas Managed Care Program Features, as of 2016

Features	Children's Medicaid Dental Services	Texas Medicaid Wellness Program	NorthSTAR
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA, URAC	URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute of Child Health Policy		Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans and regions served: Plans in Program	DentaQuest; MCNA Dental	AxisPoint Health	ValueOptions

Texas Managed Care Program Features, as of 2016

Features	Children's Medicaid Dental Services	Texas Medicaid Wellness Program	NorthSTAR
Notes: Program notes		The following population categories may enroll voluntarily: [1] Blind/Disabled Children and Related Populations [2] Blind/Disabled Adults and Related Populations [3] Section 1931 Children and Related Populations [4] Section 1931 Adults and Related Populations [5] Dual eligible Medicaid members under the age of 21 [6] Non-disabled children.	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.

Texas Managed Care Program Features, as of 2016

Features	Medical Transportation Program	STAR Kids	PACE
Program type	Non-Emergency Medical Transportation	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b), 1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c)	PACE
Program start date	09/01/2014	11/01/2016	06/01/2001
Waiver expiration date (if applicable)	08/31/2016	12/31/2017	
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children		Exempt	Exempt
Populations enrolled: Enrollment choice period		15 days	N/A
Populations enrolled: Enrollment broker name (if applicable)		MAXIMUS	
Populations enrolled: Notes on enrollment choice period			Open enrollment subject to facility availability

Texas Managed Care Program Features, as of 2016

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

Texas Managed Care Program Features, as of 2016

Features	Medical Transportation Program	STAR Kids	PACE
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)		Institute for Child Health Policy	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Logisticare; MTM; AMR; LeFleur; Project Amistad	Aetna; Amerigroup Texas, Inc.; Blue Cross Blue Shield; Children's Medical Center; Community First Health Plan; Cook Children's Health Plan; Driscoll Children's Health Plan; Superior Health Plan; Texas Children's Health Plan; United Healthcare Texas	Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basics at Jan Werner (Amarillo)

Texas Managed Care Program Features, as of 2016

Features	Medical Transportation Program	STAR Kids	PACE
Notes: Program notes		1115 and 1915(c) waivers are applied to this program. The 1915(b)/ 1915(c) combination is the closest definition to this population.	

Utah Managed Care Program Features, as of 2016

Features	Prepaid Mental Health	Dental	UNI HOME
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Counties and multi-county partnerships	Salt Lake, Utah, Weber, Davis	Statewide
Federal operating authority	1915(b)	1915(b)	1915(a)
Program start date	07/01/1991	09/01/2013	07/01/2011
Waiver expiration date (if applicable)	06/30/2017	08/31/2018	06/30/2021
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	15 days	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.
Benefits covered: Inpatient hospital physical health			X

Utah Managed Care Program Features, as of 2016

Features	Prepaid Mental Health	Dental	UNI HOME
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Utah Managed Care Program Features, as of 2016

Features	Prepaid Mental Health	Dental	UNI HOME
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans 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			Qualifications for enrollment in this program are 1) mental or behavioral health condition and 2) developmental disability.

Utah Managed Care Program Features, as of 2016

Features	Choice of Health Care Delivery	Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	03/23/1982	07/01/2001
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	30 days	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	

Utah Managed Care Program Features, as of 2016

Features	Choice of Health Care Delivery	Transportation
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Utah Managed Care Program Features, as of 2016

Features	Choice of Health Care Delivery	Transportation
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center.	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans and regions served: Plans in Program	Healthy U; Molina; Molina Plus; Health Choice; SelectHealth	Logisticare Solutions
Notes: Program notes		Specific Native American populations are exempted by race, zip code, and/or county code.

Vermont Managed Care Program Features, as of 2016

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes
Program start date	10/01/2005
Waiver expiration date (if applicable)	12/31/2016
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X

Vermont Managed Care Program Features, as of 2016

Features	Global Commitment to Health Demonstration
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	X
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X

Vermont Managed Care Program Features, as of 2016

Features	Global Commitment to Health Demonstration
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwives, chiropractic, pt/ot/sp, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, and behavioral health services.
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	Department of Vermont Health Access
Notes: Program notes	Health homes provide coordinated, systemic, whole-person care to VT Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency. While the Waiver Authority Expiration date as of 7/1/2016 was 12/31/2016, the program began again on 1/1/2017 with a new expiration date of 12/31/2021.

Virginia Managed Care Program Features, as of 2016

Features	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
Federal operating authority	1915(b)	PACE
Program start date	01/01/1996	11/01/2007
Waiver expiration date (if applicable)	07/01/2017	

Virginia Managed Care Program Features, as of 2016

Features	Medallion 3.0	PACE
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	

Virginia Managed Care Program Features, as of 2016

Features	Medallion 3.0	PACE
Populations enrolled: Notes on enrollment choice period	At the time a member is enrolled, a new 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 either confirm the pre-selected MCO from above or assign 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 want 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
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning	X	

Virginia Managed Care Program Features, as of 2016

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

Virginia Managed Care Program Features, as of 2016

Features	Medallion 3.0	PACE
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans and regions served: Plans in Program	Virginia Premier; Healthkeepers Inc (Anthem Healthkeepers Plus); Optima Family Care; Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA); INTotal Health; Aetna Better Health of Virginia	AllCare Pace; Mountain Empire Older Citizen 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; Centra PACE - Gretna
Notes: Program notes		Centra PACE - Greta began on July 1, 2016

Washington Managed Care Program Features, as of 2016

Features	Fully Integrated Managed Care (FIMC)	Apple Health/Healthy Options Health Home Program	PCCM
Program type	Comprehensive MCO	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Clark and Skamania Counties	Statewide	Statewide
Federal operating authority	1932(a), 1945 Health Homes	1945 Health Homes	1932(a)
Program start date	04/01/2016	07/01/2013	07/01/1995
Waiver expiration date (if applicable)			
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously.		Enrollment open continuously.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		

Washington Managed Care Program Features, as of 2016

Features	Fully Integrated Managed Care (FIMC)	Apple Health/Healthy Options Health Home Program	PCCM
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home	X	X	
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Washington Managed Care Program Features, as of 2016

Features	Fully Integrated Managed Care (FIMC)	Apple Health/Healthy Options Health Home Program	PCCM
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Qualis		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Molina Health Care; Community Health Plan of WA	Multiple Sites	Multiple Primary Care Providers
Notes: Program notes		Washington delivers the optional Health Home Medicaid/medical benefit both in the fee for service system and through MCOs. For individuals in Apple Health comprehensive MCOs, the MCOs are at risk for a health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc. For individuals in PCCMs, the MCOs administer health homes services separate from the PCCM program	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.

Washington Managed Care Program Features, as of 2016

Features	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Healthy Options - Blind Disabled
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)	1915(b)
Program start date	10/01/2008	10/01/2014	07/01/2012
Waiver expiration date (if applicable)		09/30/2016	06/30/2017
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Partial Duals		Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period		Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Regional Brokers based on county of Residence.	Regional Support Networks	
Populations enrolled: Notes on enrollment choice period			Enrollment open continuously.
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			

Washington Managed Care Program Features, as of 2016

Features	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Healthy Options - Blind Disabled
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT		X	X
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Washington Managed Care Program Features, as of 2016

Features	NEMT Program	Washington State Integrated Community Mental Health Program (ICMH)	Healthy Options - Blind Disabled
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		RSNs contract with accredited community mental health agencies	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Qualis Health	Qualis
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Multiple Transportation Brokers	Multiple Regional Support Networks	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington;
Notes: Program notes			

Washington Managed Care Program Features, as of 2016

Features	Apple Health (Program includes, AHAC, CHIP, HOFC, BHSO & HO)	PACE (MLTSS)	Behavioral Health Services Only (BHSO)
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Clark and Skamania County
Federal operating authority	1932(a), 1945 Health Homes	PACE	1915(b)
Program start date	07/01/1994	01/01/1997	04/01/2016
Waiver expiration date (if applicable)			06/30/2022
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously.		Enrollment continuously open
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X

Washington Managed Care Program Features, as of 2016

Features	Apple Health (Program includes, AHAC, CHIP, HOFC, BHSO & HO)	PACE (MLTSS)	Behavioral Health Services Only (BHSO)
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Washington Managed Care Program Features, as of 2016

Features	Apple Health (Program includes, AHAC, CHIP, HOFC, BHSO & HO)	PACE (MLTSS)	Behavioral Health Services Only (BHSO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Comfort Care and Podiatry	
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Qualis		Qualis
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington;	Providence Elder Place	Community Health Plan of Washington; Molina Health Care
Notes: Program notes	BHSO is a new program that started on 04/01/2016. Because it is included with AHAC/CHIP/HOFC/HO, it does not have a separate count of enrollees.	The State Level MLTSS enrollment data is restricted to users of those services, not total enrollees in programs that cover LTSS, and does not include services received under a PACE Program. Enrollees enrolled in PACE are not included but benefits covered under this program are listed.	BHSO services are provided to Medicaid clients that receive their medical services through the fee-for-service system.

West Virginia Managed Care Program Features, as of 2016

Features	WV Mountain Health Trust
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	09/01/1996
Waiver expiration date (if applicable)	07/01/2017
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS
Populations enrolled: Notes on enrollment choice period	Enrollment choice period is between 30-60 days depending on the date packets are mailed, but 30 days minimum.
Benefits covered: Inpatient hospital physical health	X

West Virginia Managed Care Program Features, as of 2016

Features	WV Mountain Health Trust
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

West Virginia Managed Care Program Features, as of 2016

Features	WV Mountain Health Trust
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	CoventryCares of WV; The Health Plan; UniCare; WV Family Health
Notes: Program notes	WV received an extension through 7/1/17 for its current waiver, and is currently in the process of having its newest waiver submission reviewed. For 2016 reporting, WV added its Medicaid Expansion members to Managed Care during this time, thus the reason for the increase in managed care enrollment.

Wisconsin Managed Care Program Features, as of 2016

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	County: Dane
Federal operating authority	1932(a)	1937 Alt Benefit Plan	1915(a)
Program start date	02/01/2008	01/01/2014	04/01/1993
Waiver expiration date (if applicable)			
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)	Automated Health Systems Incorporated (AHSI)	
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county	Enrollment may occur at any time
Benefits covered: Inpatient hospital physical health	X	X	

Wisconsin Managed Care Program Features, as of 2016

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Wisconsin Managed Care Program Features, as of 2016

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services; podiatry and chiropractic varies by region; dental varies by program region	Prosthetic devices; nurse midwife services; podiatry	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Wisconsin Managed Care Program Features, as of 2016

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
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	Children Come First
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2016

Features	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	SSI Managed Care
Program type	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	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, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	Counties: Milwaukee, Waukesha	Statewide
Federal operating authority	1915(b)/1915(c)	PACE	1932(a)
Program start date	02/01/2000	11/01/1990	04/01/2005
Waiver expiration date (if applicable)	12/31/2019		
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			

Wisconsin Managed Care Program Features, as of 2016

Features	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	SSI Managed Care
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			Automated Health Systems Incorporated (AHSI)
Populations enrolled: Notes on enrollment choice period	Open enrollment	Open enrollment	90 days open enrollment period
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X

Wisconsin Managed Care Program Features, as of 2016

Features	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	SSI Managed Care
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD	X	X	
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; respiratory care for ventilator dependent persons; speech & language pathology	Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; podiatry; respiratory care for ventilator dependent persons; speech & language pathology; vision care	Nurse midwife services; podiatry and chiropractic; dental varies by geographic region
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X

Wisconsin Managed Care Program Features, as of 2016

Features	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	SSI Managed Care
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans and regions served: Plans in Program	Community Care, Inc. (FC); Community Care Connections of Wisconsin (FC); Care Wisconsin (FC); Lakeland Care District; My Choice Family Care; ContinuUs; Western Wisconsin Cares	Community Care, Inc.	Anthem Blue Cross Blue Shield; 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
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2016

Features	Wisconsin Partnership Program	WrapAround Milwaukee
Program type	Comprehensive MCO + MLTSS	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Counties: Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, Waupaca	County: Milwaukee
Federal operating authority	1932(a)/1915(c)	1915(a)
Program start date	12/01/1995	03/01/1997
Waiver expiration date (if applicable)	12/31/2019	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Open enrollment	Voluntary enrollment can occur at any time

Wisconsin Managed Care Program Features, as of 2016

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

Wisconsin Managed Care Program Features, as of 2016

Features	Wisconsin Partnership Program	WrapAround Milwaukee
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; nurse-midwife; occupational therapy; physical therapy; podiatry; prenatal care coordination; respiratory care for ventilator dependent persons; school-based services; speech & language pathology; vision care	
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Wisconsin Managed Care Program Features, as of 2016

Features	Wisconsin Partnership Program	WrapAround Milwaukee
Participating plans and regions served: Plans in Program	Independent Care Health Plan – iCare; Care Wisconsin Health Plan, Inc. – Care Wisconsin; Community Care Health Plan, Inc. – Community Care, Inc.	WrapAround Milwaukee
Notes: Program notes		

Wyoming Managed Care Program Features, as of 2016

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Program type	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Laramie County	Statewide
Federal operating authority	PACE	1915(b)/1915(c)
Program start date	02/01/2013	09/01/2015
Waiver expiration date (if applicable)		06/30/2020
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary
Populations enrolled: Enrollment choice period	N/A	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	

Wyoming Managed Care Program Features, as of 2016

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		

Wyoming Managed Care Program Features, as of 2016

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