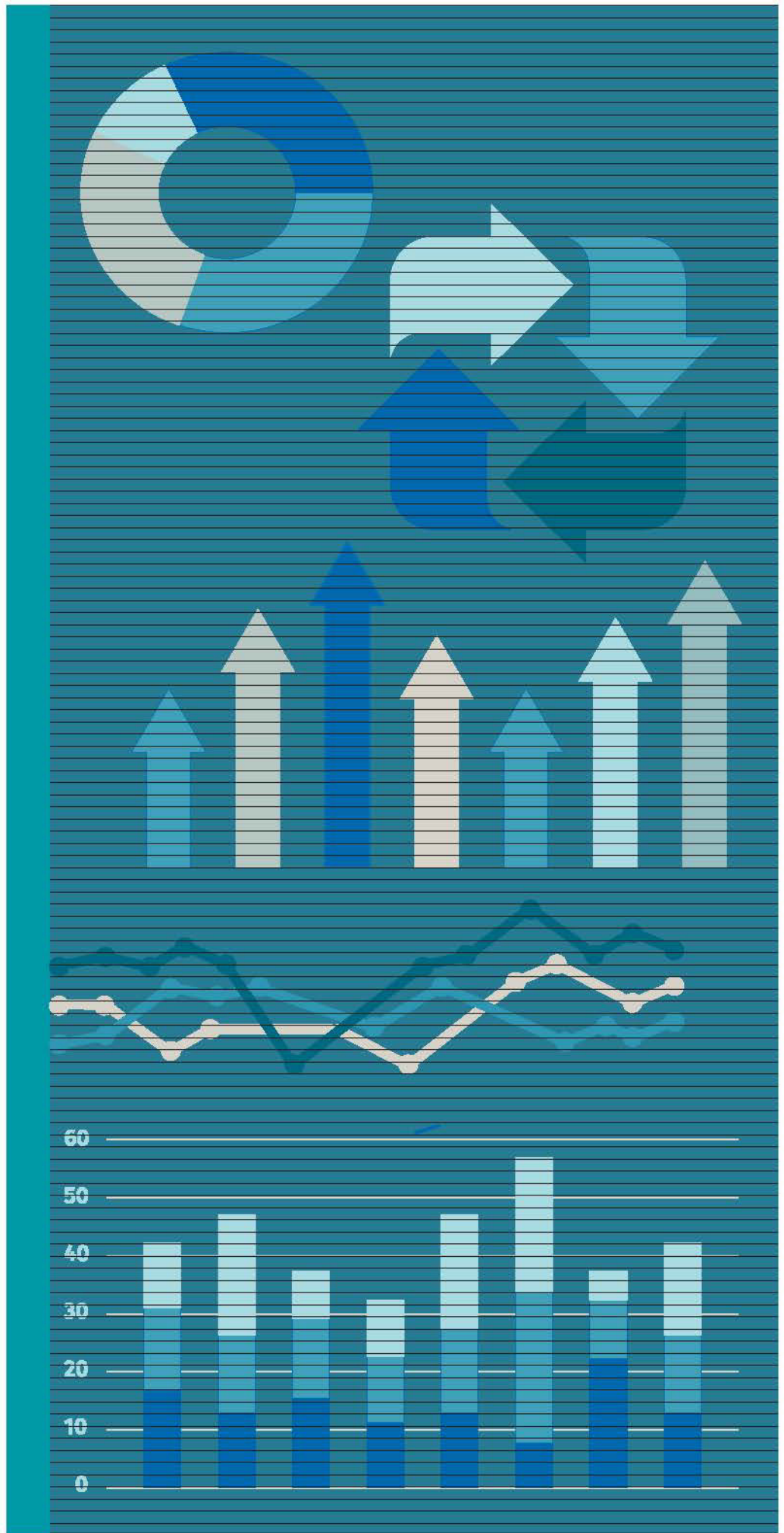




Medicaid Managed Care Enrollment and Program Characteristics, 2021

Spring 2023



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Medicaid Managed Care Enrollment and Program Characteristics, 2021

Overview

This report is a production of the Division of Managed Care Policy (DMCP) in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services, with assistance from Mathematica (contract # HHSM-500-2014-00034I/HHSM-500-T0021).

The data and information presented in this report were collected directly from all states, the District of Columbia, and US territories. Please see the Glossary for definitions of all terms and acronyms used in this report.

- National tables provide summary data on Medicaid managed care: (1) enrollment at the state and plan level, as of July 1, 2021, and (2) program features, including type of enrollment (mandatory or voluntary) by population group enrolled, quality assurance requirements, and use of performance incentives by managed care program type (see Glossary for definitions of each type).
- State tables summarize the characteristics of each managed care program operating in each state in 2021, 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 2020 edition of this report series. Questions regarding state-specific information in this report should be directed to state/territorial Medicaid officials; contact information can be found on state Medicaid agency websites in each state's profile at this link:

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

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

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Errors and Corrections to the 2020 Report

In the course of collecting data for the 2021 version of this report, Mathematica uncovered several errors in the data contained in the 2020 Medicaid Managed Care Enrollment Report released in Spring 2022. A corrected version of that report was re-issued in Spring 2023, and the errors identified in the Spring 2022 report are listed below.

State/Domain	Changes
Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2020	
Georgia	Total Medicaid enrollment in any type of managed care was previously reported as 1,647,055. The corrected figure is 1,980,894.
Iowa	<ol style="list-style-type: none"> Total Medicaid enrollees was previously reported as 673,328. The corrected figure is 673,411. Total Medicaid enrollment in any type of managed care was previously reported as 603,274. The corrected figure is 635,672. Medicaid enrollment in comprehensive MCOs under ACA section VIII expansion was previously reported as 192,488. The corrected figure is 192,609.
Nevada	<ol style="list-style-type: none"> Total Medicaid enrollment in any type of managed care was previously reported as 650,160. The corrected figure is 688,143. Medicaid enrollment in comprehensive managed care was previously reported as 558,040. The corrected figure is 549,863. Medicaid enrollment in comprehensive MCOs under ACA section VIII expansion was previously reported as 213,483. The corrected figure is 213,509.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> Total Medicaid enrollees was previously reported as 80,814,842. The corrected figure is 80,814,925. Total Medicaid enrollment in any type of managed care was previously reported as 67,836,622. The corrected figure is 68,240,842. Medicaid enrollment in comprehensive managed care was previously reported as 58,521,930. The corrected figure is 58,513,753. Medicaid enrollment in comprehensive MCOs under ACA section VIII expansion was previously reported as 17,365,895. The corrected figure is 17,366,042.
Table 2: State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2020	
Iowa	<ol style="list-style-type: none"> Total Medicaid enrollees was previously reported as 673,328. The corrected figure is 673,411. Managed care enrollment in dental programs was previously reported as 419,105. The corrected figure is 354,770. Managed care enrollment in transportation programs was previously reported as 9,803. This figure has been removed as the state did not operate this program type .
Nevada	<ol style="list-style-type: none"> Medicaid enrollment in comprehensive managed care was previously reported as 558,040. The corrected figure is 549,863. Managed care enrollment in dental programs was previously reported as 556,987. The corrected figure is 549,863. Managed care enrollment in transportation programs was previously reported as 650,160. The corrected figure is 649,101.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> Total Medicaid enrollees was previously reported as 80,814,842. The corrected figure is 80,814,925. Medicaid enrollment in comprehensive managed care was previously reported as 58,469,355. The corrected figure is 58,461,178. Managed care enrollment in dental programs was previously reported as 12,353,019. The corrected figure is 12,281,560. Managed care enrollment in transportation programs was previously reported as 16,506,478. The corrected figure is 16,495,616.

State/Domain	Changes
Table 3: Medicare-Medicaid Dually Eligible Individuals Enrolled in Managed Care by Program Type, as of July 1, 2020	
Florida	Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 1,316,856. The corrected figure is 891,503.
Iowa	<ol style="list-style-type: none"> 1. Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 88,700. The corrected figure is 88,832. 2. Medicaid-Medicare dually eligible enrollment in dental programs was previously reported as 67,234. The corrected figure is 67,357. 3. Medicaid-Medicare dually eligible enrollment in transportation programs was previously reported as 779. This figure has been removed as the state did not operate this program type.
Nevada	Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 81,465. The corrected figure is 8,606.
New Jersey	Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 197,043. The corrected figure is 221,143.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid-Medicare (dual) eligible enrollment was previously reported as 11,253,390. The corrected figure is 10,779,410. 2. Medicaid-Medicare dually eligible enrollment in dental programs was previously reported as 479,318. The corrected figure is 479,441. 3. Medicaid-Medicare dually eligible enrollment in transportation programs was previously reported as 1,373,246. The corrected figure is 1,372,467.
Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2020	
Georgia	<ol style="list-style-type: none"> 1. Total Medicaid enrollment in any type of managed care was previously reported as 1,647,055. The corrected figure is 1,980,894. 2. The percent of all Medicaid enrollees in any type of managed care was previously reported as 72.0%. The corrected figure is 86.6%.
Iowa	<ol style="list-style-type: none"> 1. Total Medicaid enrollees was previously reported as 673,328. The corrected figure is 673,411. 2. Total Medicaid enrollment in any type of managed care was previously reported as 603,274. The corrected figure is 635,672. 3. The percent of all Medicaid enrollees in any type of managed care was previously reported as 89.6%. The corrected figure is 94.4%.
Nevada	<ol style="list-style-type: none"> 1. Total Medicaid enrollment in any type of managed care was previously reported as 650,160. The corrected figure is 688,143. 2. The percent of all Medicaid enrollees in any type of managed care was previously reported as 90.3%. The corrected figure is 95.5%. 3. Medicaid enrollment in comprehensive managed care was previously reported as 558,040. The corrected figure is 549,863. 4. The percent of all Medicaid enrollees in comprehensive managed care was previously reported as 77.5%. The corrected figure is 76.3%.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> 1. Total Medicaid enrollees was previously reported as 80,814,842. The corrected figure is 80,814,925. 2. Medicaid enrollment in any type of managed care was previously reported as 67,836,622. The corrected figure is 68,240,842. 3. The percent of all Medicaid enrollees in any type of managed care was previously reported as 84%. The corrected figure is 84.4%. 4. Medicaid enrollment in comprehensive managed care was previously reported as 58,521,930. The corrected figure is 58,513,753. 5. The percent of all Medicaid enrollees in any type of managed care was previously reported as 72.4%. The corrected figure remains 72.4%.
Table 5: Enrollment by Program and Plan, as of July 1, 2020	
California	KP Cal LLC/Amador, KP Cal LLC/EI Dorado, and KP Cal LLC/Placer plans were previously reported to be part of the Regional Model program. The corrected report now shows these plans as part of the Geographic Managed Care (GMC) program.

State/Domain	Changes
Indiana	<ol style="list-style-type: none"> The parent organizations for the Anthem plans in the Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise programs were originally reported as Anthem Insurance Companies. The parent organizations have been corrected to Anthem, Inc. The parent organizations for the MDwise plans in the Healthy Indiana Plan and Hoosier Healthwise programs were originally reported as McLaren Health Care Corporation. The parent organizations have been corrected to McLaren Health Care.
Iowa	<ol style="list-style-type: none"> Medicaid-only enrollment for Amerigroup plan in the IA Healthlink program was previously reported as 314,630. The corrected figure is 325,698. Medicaid-Medicare dually eligible enrollment for Amerigroup plan in the IA Healthlink program was previously reported as 39,802. The corrected figure is 39,876. Total enrollment for Amerigroup plan in the IA Healthlink program was previously reported as 354,432. The corrected figure is 365,574. Medicaid-only enrollment for Iowa Total Care plan in the IA Healthlink program was previously reported as 221,100. The corrected figure is 238,595. Medicaid-Medicare dually eligible enrollment for Iowa Total Care plan in the IA Healthlink program was previously reported as 27,152. The corrected figure is 27,206. Total enrollment for Iowa Total Care plan in the IA Healthlink program was previously reported as 248,252. The corrected figure is 265,801. Medicaid-only enrollment for Delta Dental of Iowa plan in the Dental Wellness Plan program was previously reported as 247,706. The corrected figure is 184,583. Medicaid-Medicare dually eligible enrollment for Delta Dental of Iowa plan in the Dental Wellness Plan program was previously reported as 44,741. The corrected figure is 44,828. Total enrollment for Delta Dental of Iowa plan in the Dental Wellness Plan program was previously reported as 292,447. The corrected figure is 228,411. Medicaid-only enrollment for MCNA Dental Plans, Inc. plan in the Dental Wellness Plan program was previously reported as 104,165. The corrected figure is 103,830. Medicaid-Medicare dually eligible enrollment for MCNA Dental Plans, Inc. plan in the Dental Wellness Plan program was previously reported as 22,493. The corrected figure is 22,529. Total enrollment for MCNA Dental Plans, Inc. plan in the Dental Wellness Plan program was previously reported as 126,658. The corrected figure is 126,359.
Missouri	The parent organizations for the United Healthcare Eastern, United Healthcare Central, United Healthcare Western, and United Healthcare Southwest plans in the MO HealthNet Managed Care/1915b program were originally reported as United Healthcare. The parent organizations have been corrected to Optum.
Nevada	<ol style="list-style-type: none"> Medicaid-only and total enrollment for the Health Plan of Nevada in the Mandatory Health Maintenance Program was previously reported as 269,044. The corrected figure is 265,327. Medicaid-only and total enrollment for Anthem Blue Cross Blue Shield of Nevada plan in the Mandatory Health Maintenance Program was previously reported as 225,873. The corrected figure is 222,519. Medicaid-only and total enrollment for Silver Summit Health plan in the Mandatory Health Maintenance Program was previously reported as 63,123. The corrected figure is 62,017.
Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2020	
Georgia	Total Medicaid enrollment in any type of managed care was previously reported as 1,647,055. The corrected figure is 1,980,894.
Iowa	<ol style="list-style-type: none"> Total Medicaid enrollment in any type of managed care was previously reported as 603,274. The corrected figure is 635,672. The number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 46,819. The corrected figure is 35,050. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 7.8%. The corrected figure is 5.5%.
Nevada	Total Medicaid enrollment in any type of managed care was previously reported as 650,160. The corrected figure is 688,143.

State/Domain	Changes
Virginia	<ol style="list-style-type: none"> The number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 257,623. The corrected figure is 54,827. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 17.5%. The corrected figure is 3.7%.
All states	<p>As a result of these changes:</p> <ol style="list-style-type: none"> Total Medicaid enrollment in any type of managed care was previously reported as 67,836,622. The corrected figure is 68,240,842. The total number of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 1,396,445. The corrected figure is 1,181,880. The percent of beneficiaries receiving comprehensive managed care including LTSS was previously reported as 2.0%. The corrected figure is 1.7%.
<p>Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2020</p>	
<p>There are no changes or corrections for Table 7.</p>	
<p>Table 8: Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2020</p>	
<p>The changes for Table 8 result from the errors and corrections described in in the State Tables.</p>	
Comprehensive MCO with or without MLTSS	<ol style="list-style-type: none"> The total number of programs for which HEDIS data is required has been changed from 69 to 71. The total number of programs for which Payment bonuses/differentials to reward MCOs are used as a performance incentive has been changed from 33 to 35. The total number of programs for which withholds tied to performance metrics are used as a performance incentive has been changed from 43 to 42. The total number of programs for which MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods are used as a performance incentive has been changed from 49 to 54.
Dental	<p>The total number of programs for which MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods are used as a performance incentive has been changed from 5 to 7.</p>
<p>State Tables</p>	
California	<ol style="list-style-type: none"> KP Cal LLC/Amador, KP Cal LLC/EI Dorado, and KP Cal LLC/Placer plans were previously reported to be part of the Regional Model program. The corrected program is the Geographic Managed Care (GMC) program. Rural health clinics and FQHCs were previously not reported as a covered benefit for the PACE program. The benefits have been added in the corrected report. Lab and x-ray services were previously not reported as a covered benefit for the Dental Managed Care/Los Angeles and Dental Managed Care/Sacramento programs. The benefits have been added in the corrected report. HEDIS data were previously not reported as required for the SCAN and Rady Children's Hospital Sand Diego (RCHSD) programs. This is now shown as required in the corrected report. An EQRO contractor name was not reported for the SCAN, Dental Managed Care/Los Angeles, Dental Managed Care/Sacramento, Positive Healthcare/Los Angeles, and RCHSD programs in the previous report. The EQRO contract has been updated to Health Advisory Services for these programs in the corrected report. NCQA was listed as a credentialing organization in the previous report for the Dental Managed Care/Los Angeles and Dental Managed Care/Sacramento programs. This has been removed from the corrected report. MCOs/PHPs required or encouraged to pay providers for value/quality outcomes was not listed as an applicable performance incentive for the COHS Model, Regional Model, GMC Model, Dental Managed Care/Los Angeles, Dental Managed Care/Sacramento, Two-Plan Model, Positive Healthcare/Los Angeles programs in the previous report. This is now included as an applicable performance incentive in the corrected report.

State/Domain	Changes
Indiana	<ol style="list-style-type: none"> 1. Hospice care was not previously reported as a covered benefit for the Healthy Indiana Plan program. This benefit is now included in the corrected report. 2. Other covered benefits for the Healthy Indiana, Hoosier Care Connect, Hoosier Healthwise programs have been updated to include podiatry, chiropractic, and vision. 3. Payment bonuses/differentials are used as incentives to reward plans was not listed as an applicable performance incentive for Hoosier Care Connect and Hoosier Healthwise programs in the previous report. This is now included as an applicable performance incentive in the corrected report.
Louisiana	<ol style="list-style-type: none"> 1. The federal operating authorities for the Healthy Louisiana (Comprehensive MCO) and Healthy Louisiana (BHO only PIHP and/or PAHP) programs were previously reported as 1115(a) (Medicaid demonstration waivers), 1915(b), and 1932(a). The corrected authorities are 1915(b) and 1932(a) for the Healthy Louisiana (Comprehensive MCO) program and 1932(a) for the Healthy Louisiana (BHO only PIHP and/or PAHP) program. 2. The Healthy Louisiana (BHO only PIHP and/or PAHP) program previously noted coverage for prescription drugs. This has been removed from the corrected report.
Maryland	Withholds tied to performance metrics was listed as an applicable performance incentive for the HealthChoice program in the previous report. This incentive has been removed in the corrected report.
Nebraska	Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit were not previously reported as covered benefits under the Heritage Health program. This has been added in the corrected report.
South Carolina	Dental services (medical/surgical) were not previously reported as a covered benefit for PACE. This benefit is now included in the corrected report.

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2021 and previous years show the following trends:

- **Medicaid enrollment in comprehensive managed care organizations (MCOs) increased by 15.4 percent – from 58.5 million in 2020 to 67.6 million in 2021.** Many states suggested that the increases in enrollment at least partly resulted from the temporary enrollment continuity provisions put in place in response to the COVID-19 Public Health Emergency (PHE).
- **Enrollment of people dually eligible for Medicare and Medicaid in comprehensive MCOs decreased by 5.5 percent from 2020 to 2021.** About 3.2 million dually eligible individuals were enrolled in comprehensive MCOs in 2021, a decrease from about 3.3 million in 2020. However, states use of comprehensive MCOs for dually eligible individuals remained relatively consistent. In 2021, about 28.3 percent of dually eligible individuals were enrolled in comprehensive MCOs, compared to 29.6 percent of dually eligible individuals in 2020.
- **Enrollment in Behavioral Health Organizations (BHOs) decreased by 3.2 percent in 2021.** In 2021, 9.0 percent of all Medicaid beneficiaries were enrolled in BHO programs, compared to 10.2 percent of all Medicaid beneficiaries in 2020.
- **Enrollment in dental programs increased by 13.8 percent in 2021.** In 2021, 15.5 percent of all Medicaid beneficiaries were enrolled in dental programs, compared to 15.3 percent in 2020.
- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty-four states had managed LTSS (MLTSS) programs in operation as of July 1, 2021, which is consistent with the number of states with MLTSS programs in 2020. As of July 1, 2021, there were 1.9 million LTSS users, excluding a subset of enrollees in Florida, Idaho, Illinois, Kansas, and Pennsylvania because the states are unable to report LTSS users. Twelve of the twenty-four states reporting LTSS users in both years reported an increase in the number of LTSS users from 2020 to 2021.
- **The percentage of Medicaid beneficiaries enrolled in comprehensive managed care plans as a result of the ACA Medicaid expansion increased for the sixth straight year.** About 19.3 million low income adults eligible for Medicaid under Section VIII of the ACA in 2021 were enrolled in comprehensive MCOs, as compared to 17.3 million in 2020 (an 11.2 percent increase). Enrollment in comprehensive MCOs covered under Section VIII has increased four-fold since 2014, when just 4.8 million beneficiaries enrolled in such plans.

Glossary

Federal authorities (Waivers and State Plan Amendments)

1115(a)	States can apply for a Section 1115 waiver to test experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.
1902(a)(70) NEMT	States can use Section 1902(a)(70) statutory authority to amend their Medicaid state plans to establish non-emergency medical transportation (NEMT) brokerage programs without regard to the statutory requirements for comparability, geographic region served, and freedom of choice.
1905(t)	States can use Section 1905(t) statutory authority to create voluntary primary care case management (PCCM) managed care programs.
1915(a)	States can use Section 1915(a) statutory authority to enter into a voluntary contract with an entity to provide State plan services. Enrollment is voluntary.
1915(b)	States can use Section 1915(b) waivers to mandate enrollment of special populations into managed care delivery systems or otherwise limit beneficiaries' choice of providers.
1915(c)	States can use Section 1915(c) waivers to provide long-term services and supports (LTSS) in home and community settings rather than institutional settings. By using 1915(c) waivers concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(c) waiver services are paid fee-for-service.
1915(i)	States can use Section 1915(i) statutory authority to offer a variety of home and community-based services through the state plan, regardless of whether enrollees meet the institutional level of care. By using 1915(i) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(i) services are paid fee-for-service.
1915(j)	States can use Section 1915(j) statutory authority to offer self-directed personal assistance services provided under the state plan and/or section 1915(c) waivers. By using 1915(j) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(j) services are paid fee-for-service.
1915(k)	States can use Section 1915(k) statutory authority to provide home and community-based attendant services and supports (the "Community First Choice Option") under their state plan. By using 1915(k) authority concurrently with 1915(a), 1932(a), or 1915(b) authorities, states can provide LTSS through managed care. Without a concurrent waiver allowing a state to deliver these services through managed care, 1915(k) services are paid fee-for-service.
1932(a)	State can use Section 1932(a) statutory authority to mandate enrollment of Medicaid beneficiaries in managed care entities without section 1915(b) or 1115 waiver authority. However, certain groups are exempt from mandatory enrollment (for example, people dually eligible for Medicare and Medicaid, American Indians/Alaska Natives, and children with special health care needs). Additionally, with exceptions for rural areas, the state must offer at least two managed care options.
1937 Alternative Benefit Plan	States can use Section 1937 statutory authority to provide alternative benefits tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the state, or provide services through specific delivery systems instead of following the traditional Medicaid benefit plan. The Affordable Care Act of 2010 amended Section 1937 by requiring states to provide an alternative benefit package to the newly eligible adult (Section VIII) Medicaid expansion population, which must cover 10 essential health benefits described in ACA Section 1302(b).
1945 Health Homes	States can use Section 1945 statutory authority to coordinate care for Medicaid beneficiaries who have chronic conditions. Although Medicaid Health Homes are not a managed care system, states can combine 1945 authority with a managed care authority such as 1915(a), 1932(a), or 1915(b) to provide health home services through managed care entities.

Key Terms, Acronyms and Definitions

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

Term	Acronym	Definition
<i>Intellectual/ Developmental Disabilities</i>	IDD	An individual with an intellectual or developmental disability has an intellectual functioning level (IQ) below 70-75, limitations in adaptive skills, and must have had the condition start before the age of nineteen.
<i>Intermediate Care Facilities</i>	ICF	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
<i>Institution for Mental Diseases</i>	IMD	Services furnished by a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. The facility must be a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder crisis residential services, and length of stay in the IMD must be for a short term stay of no more than 15 days during the period of the monthly capitation payment. The provision of inpatient psychiatric or substance use disorder treatment in an IMD must meet the requirements for in lieu of services.
<i>Long-term Services and Supports</i>	LTSS	Long term services and supports assist individuals with activities of daily living such as bathing, dressing and eating. LTSS may be provided in institutional settings, including nursing homes and ICFs-IDD, or in home and community-based settings.
<i>Managed Long Term Services and Supports</i>	MLTSS	The delivery of LTSS, such as nursing home care and home and community-based services, through capitated Medicaid managed care programs. MLTSS programs may cover: (1) LTSS in addition to medical care through comprehensive MCOs, or (2) only LTSS benefits through PIHPs or PAHPs, referred to as MLTSS-only programs.
<i>Medicaid</i>		A health care program providing coverage for eligible low-income adults, children, pregnant women, adults over the age of 65 and people with disabilities. Medicaid is jointly administered and funded by states and the federal government, according to federal rules.
<i>Medicaid Managed Care</i>		Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care entities, such as MCOs that accept a set per member per month (capitation) payment for these services or providers responsible for coordinating a defined set of services.
<i>Medicaid State Plan</i>		An agreement between a state and the federal government describing how that state administers its Medicaid program, including eligible individuals, services covered, reimbursement methodologies, and administrative activities.
<i>Medicaid State Plan Amendment</i>	SPA	When a state is planning to make a change to its Medicaid program policies or operational approach, states submit SPAs to CMS for review and approval.

Term	Acronym	Definition
<i>Medicaid Waivers</i>		Statutory authorities under which the Secretary of Health and Human Services, upon the request of a state, may allow the state to receive federal Medicaid matching funds for its expenditures when the benefits or populations covered, or other program features deviate from requirements or limitations of the federal Medicaid statute.
<i>Medicare</i>		A health care program for individuals ages 65 and older and individuals under age 65 with certain disabilities. Medicare is administered and funded by the federal government.
<i>Mental Health</i>	MH	An individual's psychological and emotional state. Mental health disorders affect how individuals relate to each other and make choices, and may include changes in thinking, mood, and/or behavior.
<i>Non-Emergency Medical Transportation</i>	NEMT	A program that covers transportation to and from medically necessary health care services.
<i>Other Prepaid Health Plans</i>	PHP	Prepaid ambulatory or inpatient health plans that cover a limited set of benefits, such as behavioral health, long term care, dental, or transportation benefits.
<i>Prepaid Ambulatory Health Plan</i>	PAHP	An entity that provides medical services to enrollees under contract with the State Medicaid agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PAHP does not provide or arrange for the provision of any inpatient hospital or institutional services for its enrollees.
<i>Prepaid Inpatient Health Plan</i>	PIHP	An entity that provides medical services to enrollees under contract with the State Medicaid agency and on the basis of prepaid capitation payments or other payment arrangements that do not use State plan payment rates. A PIHP provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees.
<i>Presumptive Eligibility</i>		The option available to states to extend limited Medicaid coverage from the point a provider determines that an individual's income does not exceed the eligibility threshold until a formal determination of eligibility is made.
<i>Primary Care Case Management</i>	PCCM	A managed care arrangement in which primary care providers contract with the state to provide a core set of case management services to the enrollees assigned to them and to serve as the enrollees' home for medical care, in exchange for a small administrative fee. All other services are reimbursed on a fee-for-service basis. Primary Care Providers (PCPs) can include primary care physicians, clinics, group practices and nurse practitioners, among others.

Term	Acronym	Definition
<i>Primary Care Case Management entity</i>	PCCM entity	In addition to providing primary care case management services for the State, a PCCM entity is an organization that provides any of the following functions: (1) Provision of intensive telephonic or face-to-face case management, including operation of a nurse triage advice line; (2) Development of enrollee care plans; (3) Execution of contracts with and/or oversight responsibilities for the activities of FFS providers in the FFS program; (4) Provision of payments to FFS providers on behalf of the State; (5) Provision of enrollee outreach and education activities; (6) Operation of a customer service call center; (7) Review of provider claims, utilization and practice patterns to conduct provider profiling and/or practice improvement; (8) Implementation of quality improvement activities, including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers; (9) Coordination with behavioral health systems/providers; and/or (10) Coordination with long-term services and supports systems/ providers.
<i>Program for All-inclusive Care for the Elderly</i>	PACE	A program that provides prepaid, capitated comprehensive medical and social services in an adult day health center, as well as in-home and referral services according to a participant's needs. To qualify, individuals must: (1) be 55 years of age or older, (2) meet a nursing home level of care, and (3) live in a PACE organization service area.
<i>Section VIII</i>		Section VIII of the Affordable Care Act (ACA) authorized the expansion of Medicaid coverage to non-pregnant, childless, low-income adults with household income up to 138 percent of the federal poverty level, who could previously be covered only under a waiver or other special authority.
<i>Substance Use Disorder</i>	SUD	Individuals with an SUD recurrently use alcohol and/or drugs. As a result, they experience significant clinical and functional impairment that may include: health issues, disability and/or failure to meet responsibilities.
<i>Transportation Prepaid Ambulatory Health Plan</i>	NEMT PAHP	A prepaid ambulatory health plan covering transportation services only.

National Tables and Maps

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2021

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	90,519,895	77,211,654	67,561,426	19,313,621
Alabama	1,198,510	951,174	161	0
Alaska ⁵	242,176	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	2,244,273	1,920,290	1,795,458	581,850
Arkansas	1,069,577	963,945	50,269	1,961
California	14,150,266	11,674,619	11,663,813	3,774,831
Colorado ⁶	1,499,303	1,422,844	4,818	77,560
Connecticut ⁷	1,106,169	0	0	0
Delaware	276,475	244,822	240,913	74,684
District of Columbia	285,297	268,245	231,323	73,744
Florida	4,871,362	4,099,027	3,812,042	0
Georgia	2,539,039	2,229,243	1,829,900	0
Guam	n/a	n/a	n/a	n/a
Hawaii	420,033	420,033	420,033	159,087
Idaho	421,589	391,216	23,603	0
Illinois	3,467,588	2,680,873	2,616,074	665,086
Indiana	1,870,171	1,474,054	1,474,054	461,955
Iowa	749,862	711,427	704,047	229,765
Kansas	461,405	407,229	406,634	0
Kentucky	1,584,976	1,582,351	1,416,189	645,520

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
Louisiana	1,894,676	1,759,372	1,617,083	662,959
Maine	331,396	326,611	0	0
Maryland	1,780,886	1,520,599	1,520,599	440,264
Massachusetts	2,091,955	1,387,657	848,004	187,809
Michigan ⁸	2,900,801	2,692,435	2,914,629	758,228
Minnesota	1,253,815	1,150,333	1,086,715	239,203
Mississippi	776,482	475,168	475,168	0
Missouri	1,048,083	810,775	777,173	0
Montana	309,776	245,390	0	0
Nebraska	336,290	334,939	334,931	51,213
Nevada	847,650	792,428	641,100	273,265
New Hampshire	239,439	218,604	218,604	76,648
New Jersey	1,892,091	1,821,033	1,821,033	664,202
New Mexico	941,830	781,820	781,820	267,716
New York ⁹	7,145,884	5,620,459	5,377,127	4,262,161
North Carolina	2,557,593	2,054,350	1,549,975	0
North Dakota	125,354	86,164	33,806	33,639
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	3,238,849	2,782,891	2,782,891	756,534
Oklahoma ¹⁰	1,065,121	1,049,630	1,171	0
Oregon	1,286,095	1,164,999	1,164,999	545,022
Pennsylvania	3,292,313	3,155,790	3,090,783	1,032,189
Puerto Rico	1,501,860	1,501,860	1,501,860	587,748

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²	Medicaid Enrollment in Comprehensive Managed Care ³	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion ⁴
Rhode Island	339,276	336,240	287,052	97,032
South Carolina	1,446,070	1,446,070	962,377	0
South Dakota	137,268	83,890	0	0
Tennessee	1,717,984	1,596,482	1,596,482	0
Texas	4,928,655	4,770,549	4,024,322	0
Utah ¹¹	424,565	402,216	351,918	62,863
Vermont ¹²	191,240	131,002	131,002	57,656
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,852,563	1,692,156	1,692,156	523,964
Washington	2,008,655	2,008,655	1,772,786	789,431
West Virginia	599,336	488,048	488,048	197,832
Wisconsin	1,484,746	1,081,647	1,026,481	0
Wyoming ¹³	73,227	0	0	0

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including people eligible for Medicaid-only and people dually eligible for Medicare and Medicaid 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 Medicare-Medicaid financial alignment model plan as their only form of managed care.

4. Medicaid Enrollment in Comprehensive MCOs under ACA Section VIII Expansion is a subset of the total reported in column C, and includes individuals who are enrolled in comprehensive MCOs and are low-income adults, with or without dependent children, eligible for Medicaid under ACA Section VIII.

5. Alaska's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicare.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

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

7. Connecticut's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicare.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

8. Michigan reported a number for total enrollment in comprehensive managed care that was greater than total Medicaid enrollment and total Medicaid enrollment in any managed care, but did not provide an explanation for why this number was greater.
 9. New York's total Medicaid Section VIII expansion count is higher than expected as compared to MBES. New York's Medicaid Section VIII expansion count includes many people with New York State of Health enrollment who are not actually in the Medicaid Section VIII expansion population.
 10. Oklahoma's total Medicaid enrollment increased due to expanding Medicaid coverage to childless adults effective July 1, 2021.
 11. Utah Medicaid enrollment increased due to state Medicaid expansion in 2020.
 12. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity via a managed care-like model that operates like a non-risk pre-paid inpatient health plan (PIHP).
 13. Wyoming's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicare.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
- Note: "n/a" indicates that a state or territory did not report data.

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and people dually eligible for Medicare and Medicaid), as of July 1, 2021¹

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	90,519,895	67,655,060	2,142,801	3,184,167	555,988	8,005,984	14,062,551	14,217,057	59,788	366,572
Alabama	1,198,510	--	--	951,013	--	--	--	--	161	--
Alaska ⁴	242,176	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	2,244,273	1,795,458	--	--	62,938	61,894	--	--	--	--
Arkansas	1,069,577	49,839	453,131	--	--	--	723,012	909,865	430	287,904
California	14,150,266	11,650,518	--	--	--	--	886,441	--	13,295	--
Colorado ⁵	1,499,303	153,422	--	1,264,505	--	--	--	--	4,818	--
Connecticut ⁶	1,106,169	--	--	--	--	--	--	--	--	--
Delaware	276,475	240,660	--	--	--	--	--	244,822	253	--
District of Columbia	285,297	231,323	--	--	--	--	--	36,922	--	--
Florida	4,871,362	3,808,931	--	--	121,321	--	4,049,723	--	3,111	--
Georgia	2,539,039	1,829,900	--	--	--	--	--	1,990,527	--	62,686
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	420,033	420,033	--	--	--	--	--	--	--	--
Idaho	421,589	23,603	340,606	--	--	367,563	391,216	391,216	--	--
Illinois	3,467,588	2,616,074	--	--	64,799	--	--	--	--	--
Indiana	1,870,171	1,473,626	--	--	--	--	--	--	428	--
Iowa	749,862	703,448	--	--	--	--	711,215	--	599	--
Kansas	461,405	405,893	--	--	--	--	--	--	741	--

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Kentucky	1,584,976	1,416,189	--	--	--	--	--	1,582,351	--	--
Louisiana	1,894,676	1,616,662	--	--	--	138,111	1,758,888	--	421	--
Maine	331,396	--	228,386	--	--	--	--	326,611	--	--
Maryland	1,780,886	1,520,492	--	--	--	--	--	--	107	--
Massachusetts	2,091,955	842,924	112,733	449,121	--	624,711	--	--	5,080	--
Michigan ⁷	2,900,801	2,910,628	--	--	12,288	2,700,042	814,699	--	4,001	--
Minnesota	1,253,815	1,086,715	--	--	--	--	--	--	--	--
Mississippi	776,482	475,168	--	--	--	--	--	--	--	--
Missouri	1,048,083	777,173	--	--	--	--	--	267,152	--	--
Montana	309,776	--	245,390	--	--	--	--	--	--	--
Nebraska	336,290	334,718	--	--	--	--	296,127	--	213	--
Nevada	847,650	641,100	--	--	--	--	653,494	770,538	--	--
New Hampshire	239,439	218,604	--	--	--	--	--	--	--	--
New Jersey	1,892,091	1,819,895	--	--	--	--	--	1,820,183	1,138	--
New Mexico	941,830	780,811	--	--	--	--	--	--	1,009	--
New York	7,145,884	5,371,739	--	--	243,332	--	--	--	5,388	--
North Carolina	2,557,593	1,547,885	--	519,528	--	500,129	--	--	2,090	--
North Dakota	125,354	33,639	52,339	--	--	--	--	--	167	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	3,238,849	2,782,234	--	--	--	--	--	--	657	--
Oklahoma	1,065,121	--	622,382	--	--	--	--	1,039,676	1,171	--
Oregon ⁸	1,286,095	1,163,448	--	--	--	--	--	--	1,551	--
Pennsylvania ⁹	3,292,313	3,083,197	--	--	--	3,110,478	--	705,163	7,586	183

State or Territory	Total Medicaid Enrollees ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Puerto Rico	1,501,860	1,501,860	--	--	--	--	--	--	--	--
Rhode Island	339,276	286,708	--	--	--	--	127,877	335,296	344	--
South Carolina	1,446,070	961,934	890	--	--	--	--	1,446,070	443	--
South Dakota	137,268	--	83,890	--	--	--	--	--	--	--
Tennessee ¹⁰	1,717,984	1,596,211	--	--	--	--	--	--	271	--
Texas	4,928,655	4,023,238	--	--	--	--	3,432,747	--	1,084	--
Utah ¹¹	424,565	351,918	--	--	--	335,584	217,112	342,010	--	--
Vermont ¹²	191,240	131,002	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	1,852,563	1,690,548	--	--	--	--	--	--	1,608	--
Washington	2,008,655	1,771,676	3,054	--	--	166,465	--	2,008,655	1,110	12,950
West Virginia	599,336	488,048	--	--	--	--	--	--	--	--
Wisconsin	1,484,746	1,025,968	--	--	51,310	1,007	--	--	513	2,849
Wyoming ¹³	73,227	--	--	--	--	--	--	--	--	--

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 people eligible for Medicaid-only and people dually eligible for Medicare and Medicaid receiving full Medicaid benefits or Medicaid cost sharing.

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

4. Alaska's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

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

6. Connecticut's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

7. Michigan reported a number for total enrollment in comprehensive managed care that was greater than total Medicaid enrollment and total Medicaid enrollment in any managed care, but did not provide an explanation for why this number was greater.
 8. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.
 9. Pennsylvania did not provide Medicaid-only enrollment counts for plans with fewer than 11 beneficiaries. As a result, PACE program level enrollment may be slightly undercounted
 10. Tennessee's enrollment in comprehensive MCOs includes 1,438,599 beneficiaries who were also enrolled in OptumRx for pharmacy benefits and 929,377 beneficiaries who were also enrolled in DentaQuest USA Insurance Company for dental services.
 11. Utah Medicaid enrollment increased due to state Medicaid expansion in 2020.
 12. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity via a managed care-like model that operates like a non-risk pre-paid inpatient health plan (PIHP).
 13. Wyoming's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
- Note: "n/a" indicates that a state or territory did not report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2021, but it ended before July 1 or began after that date.

Table 3. Dually Eligible Individuals Enrolled in Managed Care by Program Type, as of July 1, 2021¹

State or Territory	Total dually eligible individuals ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
TOTALS	11,138,348	3,154,697	4,755	266,945	471,165	737,347	617,068	1,080,612	50,425	92
Alabama	221,216	--	--	18,277	--	--	--	--	152	--
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	249,510	128,391			29,507	14,816				
Arkansas	143,973	6,193	0				62,364	64,028	413	0
California	1,472,734	961,385					61,758		8,850	
Colorado	97,676	11,402	--	81,184	--	--	--	--	4,635	--
Connecticut	n/a	--	--	--	--	--	--	--	--	--
Delaware	31,047	15,027	--	--	--	--	--	16,785	233	--
District of Columbia	38,902	1,855	--	--	--	--	--	24,786	--	--
Florida	945,043	104,308	--	--	110,549	--	225,361	--	2,929	--
Georgia ⁴	371,127	0	--	--	--	--	--	0	--	--
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	40,662	40,662	--	--	--	--	--	--	--	--
Idaho	51,066	23,603	4,755	--	--	6,116	29,853	29,853	--	--
Illinois ⁵	422,567	0	--	--	64,799	--	--	--	--	--
Indiana ⁶	237,807	9,209	--	--	--	--	--	--	402	--
Iowa	92,987	70,192	--	--	--	--	70,515	--	568	--
Kansas	85,977	41,815	--	--	--	--	--	--	0	--
Kentucky	102,045	72,313	--	--	--	--	--	102,045	--	--

State or Territory	Total dually eligible individuals ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Louisiana	249,986	1,046				125,586	131,128		403	
Maine	97,691	--	0	--	--	--	--	54,881	--	--
Maryland	182,712	0	--	--	--	--	--	--	83	--
Massachusetts	377,275	65,632	0	0	--	0	--	--	4,788	--
Michigan	352,294	47,574	--	--	11,435	0	0	--	3,795	--
Minnesota	131,786	41,785								
Mississippi	165,884	0	--	--	--	--	--	--	--	--
Missouri	203,982	0	--	--	--	--	--	168,429	--	--
Montana	28,950	--	0	--	--	--	--	--	--	--
Nebraska	36,925	36,233					36,019		193	
Nevada	6,484	0	--	--	--	--	0	0	--	--
New Hampshire	35,518	19,556	--	--	--	--	--	--	--	--
New Jersey	235,908	199,422	--	--	--	--	--	199,598	1,012	--
New Mexico	48,519	47,575	--	--	--	--	--	--	944	--
New York	1,027,881	32,052	--	--	213,455	--	--	--	4,856	--
North Carolina	379,080	347	--	167,484	--	181,139	--	--	1,992	--
North Dakota	17,305	17,305	0	--	--	--	--	--	158	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	251,693	57,450	--	--	--	--	--	--	543	--
Oklahoma	124,856	--	0	--	--	--	--	99,411	1,023	--
Oregon ⁷	87,316	87,316	--	--	--	--	--	--	1,468	--
Pennsylvania	490,940	42,332	--	--	--	381,219	--	84,424	7,022	92
Puerto Rico	341,495	341,495	--	--	--	--	--	--	--	--

State or Territory	Total dually eligible individuals ²	Comprehensive MCO (with or without MLTSS) ³	PCCM ³	PCCM entity ³	MLTSS only ³	BHO (PIHP and/or PAHP) ³	Dental ³	Transportation ³	PACE	Other ³
Rhode Island	40,513	3,693	--	--	--	--	52	39,335	316	--
South Carolina	170,605	0	0	--	--	--	--	170,605	389	--
South Dakota	18,930	--	0	--	--	--	--	--	--	--
Tennessee ⁸	279,004	158,035	--	--	--	--	--	--	255	--
Texas	681,233	296,579	--	--	--	--	0	--	1,032	--
Utah	35,721	23,808	--	--	--	28,471	18	26,432	--	--
Vermont ⁹	33,822	669								
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	127,891	126,407							1,484	
Washington ¹⁰	119,074	0	0			0		0	0	0
West Virginia	88,798	0	--	--	--	--	--	--	--	--
Wisconsin	63,938	22,031	--	--	41,420	0	--	--	487	0
Wyoming	n/a	--	--	--	--	--	--	--	--	--

1. Because dually eligible individuals 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 dually eligible individuals represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including people dually eligible for Medicare and Medicaid 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. Georgia is unable to provide separate counts of Medicaid-only and dually eligible individuals for their NEMT program. As a result, dually eligible enrollment is reported here as zero.
5. In Illinois, the total number of beneficiaries using MLTSS increased substantially in 2021 due to the statewide expansion of the Medicare-Medicaid Alignment Initiative (MMAI) Program with initial enrollment effective dates of July 1, 2021. MLTSS members disenrolling from the MMAI program enrolled in the MLTSS program, with initial enrollment effective dates of July 1, 2021.
6. The dually eligible individuals shown in the enrollment counts for Healthy Indiana, Hoosier Healthwise, and Hoosier Care Connect are Medicaid managed care enrollees who gained Medicare eligibility during the public health emergency and, due to maintenance of effort requirements, remained in their existing Medicaid managed care plan.

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

8. Tennessee's enrollment in comprehensive MCOs includes 420 dually eligible individuals who were also enrolled in OptumRx for pharmacy benefits and 420 dually eligible individuals who are also enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.

9. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity via a managed care-like model that operates like a non-risk pre-paid inpatient health plan (PIHP). Vermont pays for Medicaid services for dually eligible individuals on an FFS basis. Dually eligible enrollees reported in the Global Commitment to Health Demonstration are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program.

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

Note: "n/a" indicates that a state or territory did not report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2021, 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, 2021

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	90,519,895	77,211,654	85.30%	67,561,426	74.64%
Alabama	1,198,510	951,174	79.4%	161	0.0%
Alaska ⁴	242,176	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	2,244,273	1,920,290	85.6%	1,795,458	80.0%
Arkansas	1,069,577	963,945	90.1%	50,269	4.7%
California	14,150,266	11,674,619	82.5%	11,663,813	82.4%
Colorado	1,499,303	1,422,844	94.9%	4,818	0.3%
Connecticut ⁵	1,106,169	0	0.0%	0	0.0%
Delaware	276,475	244,822	88.6%	240,913	87.1%
District of Columbia	285,297	268,245	94.0%	231,323	81.1%
Florida	4,871,362	4,099,027	84.1%	3,812,042	78.3%
Georgia	2,539,039	2,229,243	87.8%	1,829,900	72.1%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	420,033	420,033	100.0%	420,033	100.0%
Idaho	421,589	391,216	92.8%	23,603	5.6%
Illinois	3,467,588	2,680,873	77.3%	2,616,074	75.4%
Indiana	1,870,171	1,474,054	78.8%	1,474,054	78.8%
Iowa	749,862	711,427	94.9%	704,047	93.9%

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
Kansas	461,405	407,229	88.3%	406,634	88.1%
Kentucky	1,584,976	1,582,351	99.8%	1,416,189	89.4%
Louisiana	1,894,676	1,759,372	92.9%	1,617,083	85.3%
Maine	331,396	326,611	98.6%	0	0.0%
Maryland	1,780,886	1,520,599	85.4%	1,520,599	85.4%
Massachusetts	2,091,955	1,387,657	66.3%	848,004	40.5%
Michigan ^{6,7}	2,900,801	2,692,435	92.8%	2,914,629	100.5%
Minnesota	1,253,815	1,150,333	91.7%	1,086,715	86.7%
Mississippi	776,482	475,168	61.2%	475,168	61.2%
Missouri	1,048,083	810,775	77.4%	777,173	74.2%
Montana	309,776	245,390	79.2%	0	0.0%
Nebraska	336,290	334,939	99.6%	334,931	99.6%
Nevada	847,650	792,428	93.5%	641,100	75.6%
New Hampshire	239,439	218,604	91.3%	218,604	91.3%
New Jersey	1,892,091	1,821,033	96.2%	1,821,033	96.2%
New Mexico	941,830	781,820	83.0%	781,820	83.0%
New York	7,145,884	5,620,459	78.7%	5,377,127	75.2%
North Carolina	2,557,593	2,054,350	80.3%	1,549,975	60.6%
North Dakota	125,354	86,164	68.7%	33,806	27.0%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	3,238,849	2,782,891	85.9%	2,782,891	85.9%
Oklahoma	1,065,121	1,049,630	98.5%	1,171	0.1%

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ² : Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care ² : Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care ³ : Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care ³ : Percent of all Medicaid enrollees
Oregon ⁸	1,286,095	1,164,999	90.6%	1,164,999	90.6%
Pennsylvania	3,292,313	3,155,790	95.9%	3,090,783	93.9%
Puerto Rico	1,501,860	1,501,860	100.0%	1,501,860	100.0%
Rhode Island	339,276	336,240	99.1%	287,052	84.6%
South Carolina	1,446,070	1,446,070	100.0%	962,377	66.6%
South Dakota	137,268	83,890	61.1%	0	0.0%
Tennessee	1,717,984	1,596,482	92.9%	1,596,482	92.9%
Texas	4,928,655	4,770,549	96.8%	4,024,322	81.7%
Utah	424,565	402,216	94.7%	351,918	82.9%
Vermont	191,240	131,002	68.5%	131,002	68.5%
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,852,563	1,692,156	91.3%	1,692,156	91.3%
Washington	2,008,655	2,008,655	100.0%	1,772,786	88.3%
West Virginia	599,336	488,048	81.4%	488,048	81.4%
Wisconsin	1,484,746	1,081,647	72.9%	1,026,481	69.1%
Wyoming ⁹	73,227	0	0.0%	0	0.0%

1. 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.

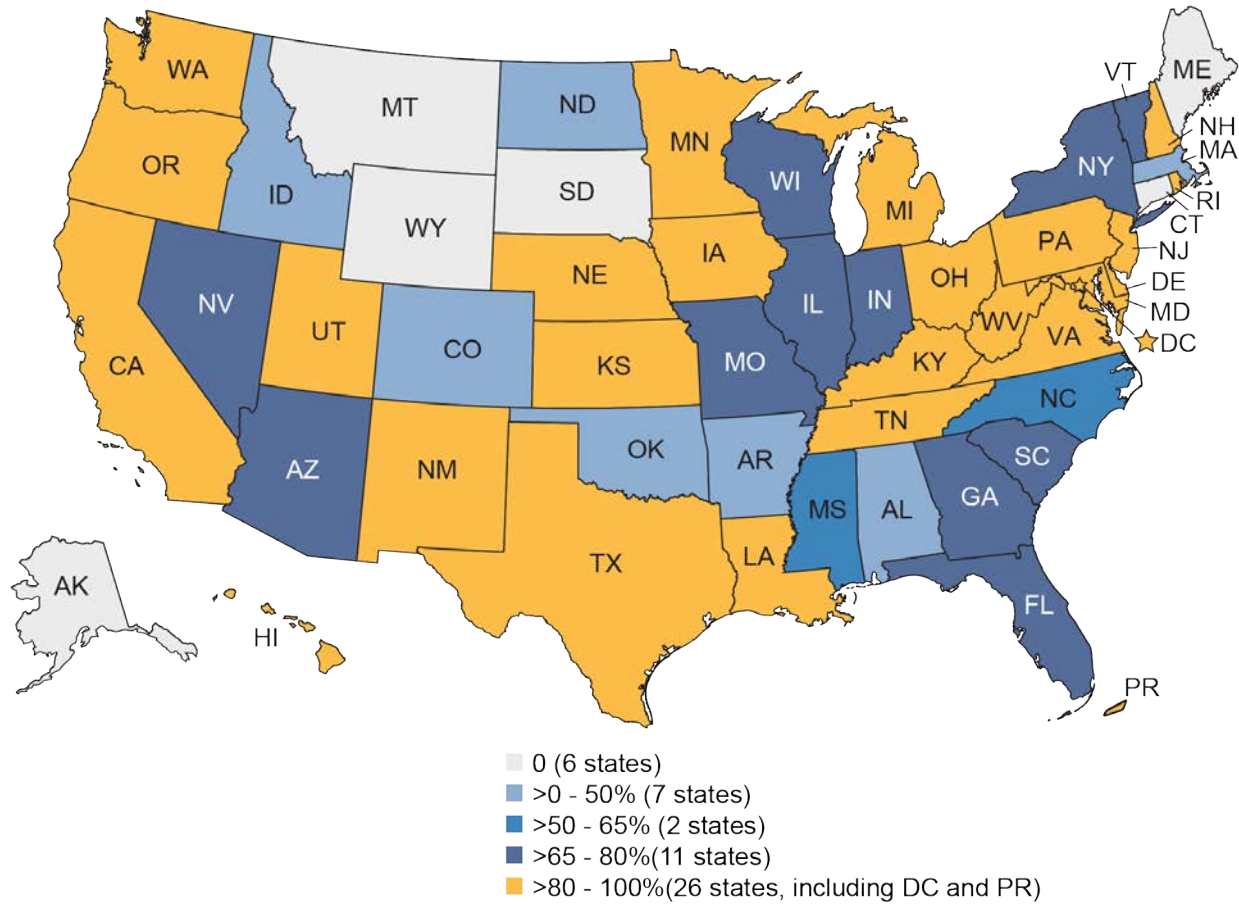
2. Total Medicaid enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit MCOs, PCCMs, and PCCM entities.

3. Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care.

4. Alaska's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.

5. Connecticut's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
 6. Michigan reported a number for total enrollment in comprehensive managed care that was greater than total Medicaid enrollment and total Medicaid enrollment in any managed care, but did not provide an explanation for why this number was greater.
 7. 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.
 8. Oregon Health Plan includes (1) Coordinated Care Organizations (CCOs), (2) Dental Care Organizations (DCOs), and (3) the Mental Health Organization. CCO enrollees receive physical, dental and mental health services and may be enrolled in more than one plan type simultaneously.
 9. Wyoming's Total Medicaid Enrollment as of July 1, 2021 was taken from the July - September 2021 enrollment data collected through the Medicaid Budget and Expenditure System, updated January 2023, and accessed April 2, 2023. See <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/>.
- Note: "n/a" indicates that a state or territory did not report data.

Map of State Comprehensive MCO Penetration as of July 1, 2021



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, 2021

Table 5. Enrollment by Program and Plan, as of 2021¹

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama	Alabama Coordinated Health Network (ACHN) (Primary Care Case Management Entity (PCCM Entity))	Alabama Coordinated Health Network	Blue Cross Blue Shield (dba Alahealth), Huntsville Hospital System, VIVA Health Plan	Statewide	928,513	0	928,513
Alabama	Integrated Care Network (ICN) (Primary Care Case Management Entity (PCCM Entity))	Alabama Select Network	Senior Select Partners	Statewide	4,223	18,277	22,500
Alabama	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Trinity Health	Mobile and Baldwin counties	9	152	161
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Gila, Maricopa, Pima, and Pinal counties	396,011	35,603	431,614
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st	WellCare/Centene Corporation	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties	176,446	14,131	190,577
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DCS/CHP	Government Agency/Non-Profit Entity	Statewide	13,741	0	13,741

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	Blue Cross Blue Shield of Arizona	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties	204,235	16,111	220,346
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Arizona Complete Health-Complete Care Plan	Centene Corporation	Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma counties	227,734	19,738	247,472
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care	Dignity Health and Carondelet Health Network	Gila, Maricopa, and Pinal counties	354,464	20,720	375,184
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Molina Complete Care of Arizona	Molina Complete Care of Arizona	Gila, Maricopa, and Pinal counties	42,648	1,807	44,455
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Banner University Family Care	Banner Health	Cochise, Gila, Graham, Greenlee, LaPaz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma counties	251,788	20,281	272,069
Arizona	Arizona Health Care Cost Containment System (MLTSS) (MLTSS only (PIHP and/or PAHP))	DES/Division of Developmental Disabilities (MLTSS)	Government Agency/Non-Profit Entity	Statewide	28,888	8,016	36,904
Arizona	Arizona Health Care Cost Containment System (MLTSS) (MLTSS only (PIHP and/or PAHP))	United Healthcare (MLTSS)	United Healthcare	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties	1,211	7,384	8,595

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (MLTSS) (MLTSS only (PIHP and/or PAHP))	Mercy Care (MLTSS)	Dignity Health and Carondelet Health Network	Gila, Maricopa, Pima, and Pinal counties	2,334	8,792	11,126
Arizona	Arizona Health Care Cost Containment System (MLTSS) (MLTSS only (PIHP and/or PAHP))	Banner University Family Care (MLTSS)	Banner Health	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma counties	998	5,315	6,313
Arizona	Arizona Health Care Cost Containment System (SMI) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mercy Care RBHA (SMI)	Dignity Health and Carondelet Health Network	Maricopa county	26,554	7,939	34,493
Arizona	Arizona Health Care Cost Containment System (SMI) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Arizona Complete Health- Complete Care Plan RBHA (SMI)	Centene Corporation	Cochise, Graham, Greenlee, LaPaz, Pima, Pinal, Santa Cruz, and Yuma counties	14,277	4,648	18,925
Arizona	Arizona Health Care Cost Containment System (SMI) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Health Choice Arizona RBHA (SMI)	Blue Cross Blue Shield of Arizona	Apache, Coconino, Gila, Mohave, Navajo, and Yavapai counties	6,247	2,229	8,476
Arkansas	Arkansas Total Care (Comprehensive MCO + MLTSS)	Arkansas Total Care	Centene	Statewide	12,158	1,449	13,607

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas	Summit Community Care (Comprehensive MCO + MLTSS)	Summit Community Care	Anthem	Statewide	13,538	2,929	16,467
Arkansas	Empower Healthcare Solutions (Comprehensive MCO + MLTSS)	Empower Healthcare Solutions	Beacon	Statewide	17,950	1,815	19,765
Arkansas	PCCM (Primary Care Case Management (PCCM))	Primary Care Case Management	AR State	Statewide	453,131	0	453,131
Arkansas	Delta Dental Plan Arkansas (Dental only (PAHP))	Delta Dental Smiles	Delta Dental of Arkansas	Statewide	340,976	32,218	373,194
Arkansas	MCNA Insurance Company (Dental only (PAHP))	MCNA Dental	MCNA Dental	Statewide	319,672	30,146	349,818
Arkansas	Central Arkansas Development (Non-Emergency Medical Transportation)	Central Arkansas Development	Central Arkansas Development	Statewide	155,349	11,391	166,740
Arkansas	Area Agency on Aging of Southeast (Non-Emergency Medical Transportation)	Area Agency on Aging of Southeast	Area Agency on Aging of Southeast	Statewide	86,070	7,731	93,801
Arkansas	Southeastrans, Inc (Non-Emergency Medical Transportation)	Southeastrans, Inc	Southeastrans, Inc	Statewide	668,446	44,906	713,352
Arkansas	Arkansas Health & Wellness Solutions (Other Prepaid Health Plan (PHP) (limited benefits))	Arkansas Health & Wellness Solutions	Celtic Insurance Company	Statewide	57,970	0	57,970

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arkansas	Arkansas Blue Cross Blue Shield (Other Prepaid Health Plan (PHP) (limited benefits))	Arkansas Blue Cross Blue Shield	Blue Cross Blue Shield	Statewide	123,997	0	123,997
Arkansas	QCA Health Plan, Inc (Other Prepaid Health Plan (PHP) (limited benefits))	QCA Health Plan, Inc	Qualchoice	Statewide	41,101	0	41,101
Arkansas	Qualchoice Life & Health Insurance (Other Prepaid Health Plan (PHP) (limited benefits))	Qualchoice Life & Health Insurance	Qualchoice	Statewide	41,267	0	41,267
Arkansas	HMO Partners, Inc (Other Prepaid Health Plan (PHP) (limited benefits))	HMO Partners, Inc	Health Advantage	Statewide	23,569	0	23,569
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	N/A	Craighead, Lawrence, Mississippi, Greene, Poinsett, Randolph, Faulkner, Lonoke, Saline, Pulaski, Benton, Madison, and Washington counties	17	413	430
California	Positive Healthcare/Los Angeles (Comprehensive MCO)	Positive Healthcare/Los Angeles	AIDS Healthcare Foundation (AHF)	Los Angeles county	421	291	712
California	Rady Children's Hospital San Diego (RCHSD) (Comprehensive MCO)	Rady Children's Hospital San Diego (RCHSD)	Rady Children's Hospital San Diego (RCHSD)	San Diego, Imperial, and Riverside county	384	0	384
California	Regional Model (Comprehensive MCO)	Molina Healthcare of CA-Imperial	Molina Healthcare	Imperial county	14,604	1,016	15,620
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/San Benito	Anthem Insurance Companies, Inc.	San Benito county	9,404	154	9,558

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Imperial	Centene Corporation	Imperial county	64,312	3,460	67,772
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Region 1	Centene Corporation	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties	81,391	3,918	85,309
California	Regional Model (Comprehensive MCO)	California Health & Wellness Plan/Region 2	Centene Corporation	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties	62,653	3,116	65,769
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Region 1	Anthem Insurance Companies, Inc.	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties	64,651	2,685	67,336
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Region 2	Anthem Insurance Companies, Inc.	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties	99,069	3,827	102,896
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC-Placer	KP Cal, LLC	Placer county	10,283	329	10,612
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC-El Dorado	Kaiser-KP North	El Dorado county	2,661	87	2,748
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC-Amador	Kaiser-KP North	Amador	184	3	187
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/Sacramento	Aetna Medicaid	Sacramento county	15,048	315	15,363

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Blue Shield of California Promise/San Diego	Blue Shield of California	San Diego county	93,879	14,858	108,737
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	Centene Corporation	San Diego county	56,867	11,216	68,083
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/San Diego	Kaiser Permanente	San Diego county	52,420	6,842	59,262
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/San Diego	Molina Healthcare	San Diego county	212,578	12,821	225,399
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Aetna Better Health of CA/San Diego	Aetna Medicaid	San Diego county	20,593	349	20,942
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan/San Diego	UnitedHealthcare	San Diego county	23,591	542	24,133
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Anthem Insurance Companies, Inc.	Sacramento county	188,571	7,704	196,275
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Centene Corporation	Sacramento county	115,701	4,638	120,339

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	KP Cal LLC/Sacramento	Kaiser Permanente	Sacramento county	94,782	8,486	103,268
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Sacramento	Molina Healthcare	Sacramento county	50,630	2,541	53,171
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group-San Diego	Community Health Group Foundation	San Diego	274,645	19,324	293,969
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles	SCAN Health Plan	Los Angeles county	0	10,013	10,013
California	Senior Care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan Riverside/San Bernardino	SCAN Health Plan	Riverside and San Bernardino counties	0	4,293	4,293
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/San Luis Obispo	CenCal Health	San Luis Obispo county	53,886	6,763	60,649
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/Santa Barbara	CenCal Health	Santa Barbara county	130,636	12,685	143,321
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	Health Plan of San Mateo	San Mateo county	111,140	8,608	119,748

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northeast	Partnership HealthPlan of California	Lassen, Modoc, Shasta, Siskiyou, and Trinity counties	86,779	14,755	101,534
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Northwest	Partnership HealthPlan of California	Del Norte and Humboldt counties	61,345	8,031	69,376
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan/Southeast	Partnership HealthPlan of California	Napa, Solano, and Yolo counties	185,211	24,344	209,555
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan/Southwest	Partnership HealthPlan of California	Lake, Marin, Mendocino, and Sonoma counties	203,571	28,514	232,085
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Central California Alliance for Health	Merced county	124,137	11,795	135,932
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Monterey Santa Cruz	Central California Alliance for Health	Monterey and Santa Cruz counties	220,889	21,732	242,621
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CalOptima/Orange	CalOptima	Orange county	741,378	87,979	829,357

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan/Ventura	Gold Coast Health Plan	Ventura county	199,501	23,658	223,159
California	Two-Plan Model (Comprehensive MCO + MLTSS)	L.A. Care Health Plan/Los Angeles	L.A. Care	Los Angeles county	2,040,723	232,169	2,272,892
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa Health Plan	Contra Costa county	196,381	11,683	208,064
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda Alliance for Health	Alameda county	263,537	20,944	284,481
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Inland Empire Health Plan	Riverside county	667,886	34,446	702,332
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	Inland Empire Health Plan	San Bernardino county	649,289	33,255	682,544
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/Riverside	Molina Healthcare	Riverside county	85,611	8,131	93,742
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare of CA Partner Plan/San Bernardino	Molina Healthcare	San Bernardino county	70,398	6,625	77,023
California	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco Health Plan	San Francisco county	135,166	14,790	149,956
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	Health Plan of San Joaquin	San Joaquin county	224,765	9,363	234,128

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanislaus	Health Plan of San Joaquin	Stanislaus county	140,782	4,948	145,730
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara Family Health Plan	Santa Clara county	246,825	27,043	273,868
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Centene Corporation	Kern county	68,927	3,242	72,169
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Los Angeles	Centene Corporation	Los Angeles county	865,070	125,832	990,902
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	Centene Corporation	San Joaquin county	21,495	654	22,149
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Centene Corporation	Stanislaus county	60,578	2,338	62,916
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Centene Corporation	Tulare county	112,311	4,412	116,723
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Fresno	CalViva Health	Fresno county	301,149	10,992	312,141
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Kings	CalViva Health	Kings county	31,462	1,156	32,618
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Madera	CalViva Health	Madera county	40,255	1,347	41,602
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Anthem Insurance Companies, Inc.	Fresno county	120,658	3,977	124,635

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Anthem Insurance Companies, Inc.	Kings county	20,804	656	21,460
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Anthem Insurance Companies, Inc.	Madera county	22,801	656	23,457
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Anthem Insurance Companies, Inc.	Alameda county	65,075	2,610	67,685
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Anthem Insurance Companies, Inc.	Contra Costa county	31,606	856	32,462
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	Anthem Insurance Companies, Inc.	San Francisco county	18,441	1,916	20,357
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Anthem Insurance Companies, Inc.	Santa Clara county	62,095	11,941	74,036
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Anthem Insurance Companies, Inc.	Tulare county	104,283	3,816	108,099
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Family Health Care	Kern Health Systems	Kern county	292,965	9,895	302,860
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Health Net Dental Plan/Los Angeles	Health Net	Los Angeles county	182,841	16,616	199,457
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Access Dental Plan/Los Angeles	Access Dental	Los Angeles	121,010	13,143	134,153
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	LIBERTY Dental Plan/Los Angeles	LIBERTY Dental Plan	Los Angeles county	64,698	6,318	71,016

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Health Net Dental Plan/Sacramento	Health Net	Sacramento county	146,627	8,516	155,143
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Access Dental Plan/Sacramento	Access Dental	Sacramento county	134,097	7,419	141,516
California	Dental Managed Care/Sacramento (Dental only (PAHP))	LIBERTY Dental Plan/Sacramento	LIBERTY Dental Plan	Sacramento county	175,410	9,746	185,156
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Bakersfield PACE (Tulare)	Innovative Integrated Health Inc.	Tulare	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE Sacramento (San Joaquin)	InnovAge California PACE-Sacramento	San Joaquin	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE- Sacramento (Sutter)	InnovAge California PACE- Sacramento	Sutter	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE- Sacramento (Yuba)	InnovAge California PACE- Sacramento	Yuba	0	1	1
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE (Riverside)	Neighborhood Healthcare PACE	Riverside	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE (San Bernardino)	Neighborhood Healthcare PACE	San Bernardino	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast Pace/Humboldt	Humboldt Senior Resource Center	Humboldt county	26	193	219
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	San Diego PACE	San Diego PACE	San Diego county	712	878	1,590
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	Community Eldercare of San Diego	San Diego county	281	830	1,111
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare PACE/Sacramento	Sutter Health	Sacramento county	117	346	463
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	AltaMed Senior Buenacare/Los Angeles	AltaMed Health Services Corporation	Los Angeles county	1,028	2,205	3,233
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Brandman Centers for Senior Care/Los Angeles	Brandman Centers for Senior Care	Los Angeles county	54	197	251

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOptima PACE/Orange	CalOptima	Orange county	211	193	404
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Center for Elders Independence	Alameda county	152	616	768
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Center for Elders Independence	Contra Costa county	36	91	127
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fresno PACE	Innovative Integrated Health Inc	Fresno county	639	339	978
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/Riverside	InnovAge	Riverside county	64	255	319
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/San Bernardino County	InnovAge	San Bernardino county	182	568	750
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Alameda	On Lok Lifeways	Alameda county	130	172	302

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Santa Clara	On Lok Lifeways	Santa Clara county	116	231	347
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/San Francisco	On Lok Lifeways	San Francisco county	133	881	1,014
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Family Health Centers of San Diego	Family Health Centers of San Diego	San Diego county	68	82	150
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Gary and Mary West PACE of Northern San Diego	West Health	San Diego county	40	111	151
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Pacific PACE/Los Angeles	Welbe Health	Los Angeles county	83	125	208
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Stockton PACE/San Joaquin	Welbe Health	San Joaquin county	90	184	274
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Stockton PACE/Stanislaus	Welbe Health	Stanislaus county	23	25	48

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	AltaMed Senior Buenacare/Orange	AltaMed Health Services Corporation	Orange county	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Bakersfield PACE (Kern)	Innovative Integrated Health Inc.	Kern county	110	77	187
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Central Valley PACE (Stanislaus)	Golden Valley Health Centers	Stanislaus county	44	49	93
California ²	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Central Valley PACE (San Joaquin)	Golden Valley Health Centers	San Joaquin county	0	0	0
California ²	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE- Sacramento (El Dorado)	InnovAge California PACE- Sacramento	El Dorado county	0	0	0
California ²	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE- Sacramento (Placer)	InnovAge California PACE- Placer	Placer county	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge California PACE- Sacramento-Sac	InnovAge California PACE- Sacramento	Sacramento county	46	100	146

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Coastline PACE	Welbe Health	Los Angeles county	60	77	137
California ²	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	North East Medical Services	North East Medical Services	San Francisco county	0	24	24
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sequoia PACE (Fresno)	Welbe Health	Fresno county	0	0	0
California ²	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sequoia PACE (Kings)	Welbe Health	Kings county	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sequoia PACE (Tulare)	Welbe Health	Tulare county	0	0	0
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sequoia PACE(Madera)	Welbe Health	Madera county	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 1: Rocky Mountain Health Plans	United Healthcare, Inc.	Moffat, Routt, Jackson, Grand, Summit, Eagle, Garfield, Mesa, Delta, Pitkin, Gunnison, Montrose, Ouray, San Miguel, Hinsdale, Dolores, San Juan, Montezuma, La Plata, Archuleta, and Larimer counties	167,699	8,796	176,495
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 2: Northeast Health Partners	Northeast Health Partners	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma counties	89,590	6,331	95,921
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 3: Colorado Access	Colorado Access	Adams, Arapahoe, Douglas, Elbert and counties	314,152	17,498	331,650
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 4: Health Colorado, Inc.	Health Colorado, Inc.	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache and counties	127,486	13,182	140,668
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 5: Colorado Access	Colorado Access	Denver county	124,417	11,191	135,608

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Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 6: Colorado Community Health Alliance	Colorado Community Health Alliance	Boulder, Clear Creek, Gilpin, Broomfield, and Jefferson counties	166,715	12,456	179,171
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	RAE 7: Colorado Community Health Alliance	Colorado Community Health Alliance	El Paso, Park, and Teller counties	193,262	11,730	204,992
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	Denver Health Medicaid Choice (DMHC)	Denver Health Medical Plan	Denver, Arapahoe, Adams, and Jefferson counties	102,095	5,546	107,641
Colorado	Accountable Care Collaborative (ACC) (Primary Care Case Management Entity (PCCM Entity))	Rocky Mountain Health Plans Prime	Rocky Mountain Health Plans	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties	39,925	5,856	45,781
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Loveland (PACE)	Total Community Options, Inc.	Larimer county	0	450	450
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	VOANS (PACE)	Volunteers of America (VOANS) PACE DBA Senior Community Care	Delta and Montrose counties	0	297	297
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	TRU Community Care (PACE)	TRU Community Care	Boulder and Weld counties	0	226	226

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Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Thornton (PACE)	Total Community Options, Inc.	Adams and Weld counties	0	274	274
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care	Total Community Options, Inc.	Adams, Arapahoe, Broomfield, Denver, Jefferson, Larimer, and Weld counties	0	461	461
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services (PACE)	Rocky Mountain Health Care Services	El Paso county	64	782	846
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Pueblo (PACE)	Total Community Options, Inc.	Pueblo county	40	395	435
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Aurora (PACE)	Total Community Options, Inc.	Aurora	79	1,061	1,140
Colorado ³	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge - Lakewood (PACE)	Total Community Options, Inc.	Lakewood	0	689	689
Delaware	Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS)	Highmark Health Options of Delaware	Highmark	Statewide	137,831	8,368	146,199

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Delaware	Diamond State Health Plan & Diamond State Health Plan Plus (Comprehensive MCO + MLTSS)	AmeriHealth Caritas of Delaware	AmeriHealth	Statewide	87,802	6,659	94,461
Delaware	ModivCare Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	ModivCare Non-Emergency Medical Transportation	ModivCare	Statewide	228,037	16,785	244,822
Delaware	PACE (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	Saint Francis Healthcare	New Castle county	20	233	253
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth Caritas District of Columbia	AmeriHealth	Statewide	105,539	848	106,387
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	CareFirst Community Health Plan District of Columbia	CareFirst, Inc.	Statewide	60,132	478	60,610
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	MedStar Family Choice-DC	MedStar Health	Statewide	59,043	437	59,480
District of Columbia	Child and Adolescent Supplemental Security Income Program (Comprehensive MCO)	Health Services for Children with Special Needs	Children's National	Statewide	4,754	92	4,846
District of Columbia	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management, Inc.	Statewide	12,136	24,786	36,922
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Aetna Better Health	CVS Health	Regions 6, 7, and 11	144,747	3,945	148,692

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Florida Community Care	Independent Living Systems, LLC	Statewide	11,982	12	11,994
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Humana, Inc.	Statewide	605,542	20,070	625,612
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida	Molina Healthcare, Inc.	Regions 8 and 11	113,428	3,764	117,192
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	AmeriHealth Caritas	Regions 9 and 11	103,746	2,359	106,105
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Community Care Plan	South Broward Hospital District (d/b/a Memorial Healthcare System) and North Broward Hospital District (d/b/a Broward Health)	Region 10	51,084	1,461	52,545
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Anthem, Inc.	Regions 5, 6, 7, 10, and 11	602,330	16,451	618,781
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Staywell Health Plan of Florida	WellCare Management Group, Inc.	Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11	889,209	16,933	906,142
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine Sate Health Plan, Inc.	Centene Corporation	Statewide	586,912	12,260	599,172
Florida	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida, Inc.	UnitedHealth Group	Regions 3, 4, 6, and 11	299,093	9,409	308,502

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Florida	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Magellan Health Services, Inc.	Regions 4, 5, and 7	22,796	2,304	25,100
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Clear Health Alliance	SIMPLY	Statewide	9,455	2,686	12,141
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Staywell Serious Mental Illness	WELLCARE OF FLORIDA DBA STAYWELL-SMI	Statewide	123,647	11,995	135,642
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan - Child Welfare	Centene Corporation	Statewide	38,591	0	38,591
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services Network	Florida Department of Health	Statewide	81,636	155	81,791
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Vivida Health	Lee Memorial Health System	Region 8	20,425	504	20,929
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	CVS Health	Regions 6, 7, and 11	347	4,115	4,462
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Florida Community Care	Independent Living Systems, LLC	Statewide	824	15,277	16,101
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Humana Medical Plan, Inc.	Humana, Inc.	Statewide	2,337	26,623	28,960
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	Regions 8 and 11	374	3,097	3,471
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine State Health Plan, Inc.	Centene Corporation	Statewide	2,612	29,321	31,933

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of Florida, Inc.	UnitedHealth Group	Regions 3, 4, 6, and 11	806	10,964	11,770
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Staywell	WELLCARE OF FLORIDA	Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11	2,014	9,851	11,865
Florida	Long-Term Care Program (MLTSS only (PIHP and/or PAHP))	Simply Healthcare Plans, Inc.	Anthem, Inc.	Regions 5, 6, 7, 10, and 11	1,458	11,301	12,759
Florida	Dental (Dental only (PAHP))	DentaQuest	Catalyst Institute	Statewide	1,644,581	103,270	1,747,851
Florida	Dental (Dental only (PAHP))	Liberty	Catalyst Institute	Statewide	1,273,970	66,402	1,340,372
Florida	Dental (Dental only (PAHP))	MCNA Dental	MCNA Health Care Holdings, LLC	Statewide	905,811	55,689	961,500
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida Pace Center	Miami Jewish Health Systems	Miami- Dade and Broward counties	134	998	1,132
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Hope Select Care	Hope Hospice and Community Services, Inc.	Collier, Charlotte, and Lee counties	10	624	634
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Morselife Home Care, Inc.	Morse Life Home Care, Inc.	Palm Beach county	15	835	850

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Empath Health Inc.	Pinellas county	11	360	371
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	NE PACE Partners	Community Hospice of Northeast Florida, Inc.	Duval and Clay counties	12	112	124
Georgia	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide	492,077	0	492,077
Georgia	Georgia Families (Comprehensive MCO)	CareSource Georgia	CareSource	Statewide	367,762	0	367,762
Georgia	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Centene	Statewide	940,576	0	940,576
Georgia	Georgia Families 360 (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide	29,485	0	29,485
Georgia ⁴	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	NEMT	ModivCare (formerly LogistiCare)	Central, East, and Southwest regions	1,039,283	0	1,039,283
Georgia ⁴	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	NEMT	Southeastrans	Atlanta and North regions	951,244	0	951,244
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	CareSource Georgia	CareSource	Statewide	15,838	0	15,838

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Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Centene	Statewide	28,546	0	28,546
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup Community Care	Anthem	Statewide	18,302	0	18,302
Hawaii ⁵	Med-QUEST (Comprehensive MCO + MLTSS)	AlohaCare Integration (QI)	AlohaCare	Statewide	72,210	4,421	76,631
Hawaii ⁵	Med-QUEST (Comprehensive MCO + MLTSS)	Hawaii Medical Service Association (HMSA) (QI)	An Independent Licensee of the Blue Cross and Blue Shield Association	Statewide	192,564	8,500	201,064
Hawaii ⁵	Med-QUEST (Comprehensive MCO + MLTSS)	Kaiser Foundation Health Plan (QI)	Based on a relationship between the Kaiser Foundation Health Plan and the Hawaii Permanente Medical Group of physicians and specialists	Islands of Oahu and Maui	43,579	2,099	45,678
Hawaii ⁵	Med-QUEST (Comprehensive MCO + MLTSS)	'Ohana Health Plan (QI)	Centene Corporation	Statewide	28,999	9,337	38,336
Hawaii ⁵	Med-QUEST (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan (QI)	UnitedHealthcare Insurance Company	Statewide	42,019	16,305	58,324

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Idaho	Medicare/Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Blue Cross of Idaho	Blue Cross of Idaho	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls counties	0	6,989	6,989
Idaho	Medicare/Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Molina of Idaho	Molina of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties	0	4,033	4,033
Idaho	Idaho Medicaid Plus (Comprehensive MCO + MLTSS)	Blue Cross of Idaho	Blue Cross of Idaho	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls counties	0	6,935	6,935
Idaho	Idaho Medicaid Plus (Comprehensive MCO + MLTSS)	Molina of Idaho	Molina of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties	0	5,646	5,646
Idaho	Healthy Connections (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Providers	Statewide	335,851	4,755	340,606
Idaho	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	United Healthcare/Optum Idaho	United Healthcare/Optum Idaho	Statewide	361,447	6,116	367,563

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Idaho	Idaho Smiles (Dental only (PAHP))	MCNA (Managed Care of North America, Inc.)	MCNA (Managed Care of North America, Inc.)	Statewide	361,363	29,853	391,216
Idaho	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	MTM (Medical Transportation Management)	MTM (Medical Transportation Management)	Statewide	361,363	29,853	391,216
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Aetna Better Health	CVS Health Corporation	Statewide	399,437	0	399,437
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Blue Cross Community Health Plans	HealthCare Service Corporation	Statewide	624,759	0	624,759
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	CountyCare Health Plan	Cook County Health and Hospital Systems	Cook county	396,701	0	396,701
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Meridian Health	Centene Corporation	Statewide	866,294	0	866,294
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	Molina HealthCare	Molina HealthCare Inc	Statewide	308,735	0	308,735
Illinois	HealthChoice Illinois (Comprehensive MCO + MLTSS)	YouthCare	Centene Corporation	Statewide	20,148	0	20,148
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	CVS Health Corporation	Statewide	0	14,139	14,139

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Blue Cross Community Health Plans	HealthCare Services Corporation	Statewide	0	20,999	20,999
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	CountyCare Health Plan	Cook County Health and Hospital Systems	Cook county	0	8,026	8,026
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Meridian Health	Centene Corporation	Statewide	0	15,696	15,696
Illinois	HealthChoice Illinois - Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Molina HealthCare	Molina HealthCare Inc	Statewide	0	5,939	5,939
Indiana	Healthy Indiana Plan (Comprehensive MCO)	Anthem	Anthem, Inc	Statewide	307,988	4,522	312,510
Indiana	Healthy Indiana Plan (Comprehensive MCO)	Caresource Indiana, Inc	Caresource Management Group	Statewide	63,987	900	64,887
Indiana	Healthy Indiana Plan (Comprehensive MCO)	Managed Health Services	Centene	Statewide	117,788	1,583	119,371
Indiana	Healthy Indiana Plan (Comprehensive MCO)	MDWise	McLaren Health Care	Statewide	154,343	1,877	156,220
Indiana	Hoosier Care Connect (Comprehensive MCO)	Anthem	Anthem, Inc	Statewide	61,119	219	61,338
Indiana	Hoosier Care Connect (Comprehensive MCO)	United Healthcare Community Plan	United Healthcare	Statewide	917	7	924

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Indiana	Hoosier Care Connect (Comprehensive MCO)	Managed Health Services	Centene	Statewide	36,128	97	36,225
Indiana	Hoosier Healthwise (Comprehensive MCO)	Anthem	Anthem, Inc	Statewide	278,226	1	278,227
Indiana	Hoosier Healthwise (Comprehensive MCO)	Caresource Indiana, Inc	Caresource Management Group	Statewide	64,826	1	64,827
Indiana	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services	Centene	Statewide	165,896	1	165,897
Indiana	Hoosier Healthwise (Comprehensive MCO)	MDWise	McLaren Health Care	Statewide	213,199	1	213,200
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Franciscan Senior Health and Wellness-DYER	Franciscan Alliance	Serving seniors who reside in Lake county	8	102	110
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Franciscan Senior Health and Wellness-Indy	Franciscan Alliance	Serving seniors who reside in Johnson county and the following zip codes in Marion county: 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259	4	121	125
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Reid Health Pace Center	Reid Health	Serving Seniors who reside in Fayette, Franklin, Henry, Randolph, Union and Wayne counties	1	11	12

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Indiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	Saint Joseph Pace	Trinity Health	Serving seniors who reside in the following counties: Elkhart, Marshall, and St. Joseph, and zip codes: 46506, 46514, 46516, 46517, 46526, 46530, 46536, 46544, 46545, 46552, 46554, 46556, 46561, 46574, 46601, 46613, 46614, 46615, 46616, 46617, 46619, 46628, 46635, 46637, 46563, 46573	13	168	181
Iowa	Iowa Health Link (Comprehensive MCO + MLTSS)	Amerigroup of Iowa, Inc.	Elevance Health	Statewide	360,351	41,611	401,962
Iowa	Iowa Health Link (Comprehensive MCO + MLTSS)	Iowa Total Care	Centene Corporation	Statewide	272,905	28,581	301,486
Iowa	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Delta Dental of Iowa	Statewide	384,777	47,231	432,008
Iowa	Dental Wellness Plan (Dental only (PAHP))	MCNA Dental Plans, Inc.	Managed Care of North America, Inc.	Statewide	255,923	23,284	279,207
Iowa	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	Boone, Cherokee, Dallas, Harrison, Jasper, Madison, Marion, Marshall, Mills, Monona, Plymouth, Polk, Pottawattamie, Story, Warren, and Woodbury counties	31	568	599
Kansas	KanCare (Comprehensive MCO + MLTSS)	Aetna Better Health of Kansas	CVS Health Corporation	Statewide	99,978	11,591	111,569

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Kansas	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Centene Corporation	Statewide	128,603	14,496	143,099
Kansas	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	United Healthcare Services, Inc.	Statewide	135,497	15,728	151,225
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	Ascension	Sedgwick county	274	0	274
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Midland Care	Midland Care	Douglas, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Nemaha, Osage, Pottawatomie, Shawnee, Wabaunsee, and Wyandotte counties	377	0	377
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bluestem PACE, Inc.	Bluestem PACE, Inc.	Dickinson, Ellsworth, Harvey, Lincoln, Marion, McPherson, Ottawa, Reno, Rice, and Saline counties	90	0	90
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	Aetna	Statewide	230,320	15,329	245,649
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Anthem BCBS	Anthem	Statewide	155,645	7,043	162,688
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Humana	Humana	Statewide	159,907	8,004	167,911
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Passport by Molina	Molina	Statewide	313,362	13,471	326,833

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Kentucky	Kentucky Managed Care (Comprehensive MCO)	United Healthcare	United Healthcare	Statewide	35,442	1,589	37,031
Kentucky	Kentucky Managed Care (Comprehensive MCO)	Wellcare of Kentucky	Wellcare	Statewide	449,200	26,877	476,077
Kentucky	Kentucky Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	NEMT Human Services Transportation Delivery	State Non-Emergency Transportation	Statewide	1,480,306	102,045	1,582,351
Louisiana	Healthy Louisiana (Comprehensive MCO)	Aetna Better Health of Louisiana	Aetna	Statewide	126,666	143	126,809
Louisiana	Healthy Louisiana (Comprehensive MCO)	AmeriHealth Caritas Louisiana	AmeriHealth Caritas Health Plan	Statewide	203,459	123	203,582
Louisiana	Healthy Louisiana (Comprehensive MCO)	Healthy Blue	Anthem	Statewide	319,107	244	319,351
Louisiana	Healthy Louisiana (Comprehensive MCO)	Louisiana Healthcare Connections	Centene Corporation	Statewide	496,373	252	496,625
Louisiana	Healthy Louisiana (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	470,011	284	470,295
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Aetna Better Health of Louisiana	Aetna	Statewide	1,461	20,874	22,335
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	AmeriHealth Caritas Louisiana	AmeriHealth Caritas Health Plan	Statewide	1,523	20,784	22,307

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Healthy Blue	Anthem	Statewide	2,122	24,467	26,589
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Louisiana Healthcare Connections	Centene Corporation	Statewide	2,470	29,096	31,566
Louisiana	Healthy Louisiana (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	2,679	30,362	33,041
Louisiana	Coordinated System of Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan	Magellan Health, Inc.	Statewide	2,270	3	2,273
Louisiana	Dental Benefit Management Program (Dental only (PAHP))	DentaQuest	SunLife US	Statewide	817,667	64,898	882,565
Louisiana	Dental Benefit Management Program (Dental only (PAHP))	MCNA of Louisiana	MCNA	Statewide	810,093	66,230	876,323

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Baton Rouge	PACE - Baton Rouge	70704, 70710, 70714, 70719, 70720, 70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879, 70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898	2	181	183
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Greater New Orleans	PACE - Greater New Orleans	70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121	11	136	147
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Lafayette	PACE - Lafayette	70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	5	86	91

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maine	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	MaineCare	Statewide	228,386	0	228,386
Maine	NET (Non-Emergency Medical Transportation)	Modivcare	MaineCareNET	Regions 1, 2, 6, 7 and 8	160,813	32,755	193,568
Maine	NET (Non-Emergency Medical Transportation)	Penquis CAP	MaineCareNET	Regions 3 and 4	77,752	16,917	94,669
Maine	NET (Non-Emergency Medical Transportation)	MidCoast Connector	MaineCareNET	Region 5	33,165	5,209	38,374
Maryland	HealthChoice (Comprehensive MCO)	Aetna Better Health of Maryland	CVS Health	Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	57,942	0	57,942
Maryland	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Elevance Health	Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	332,870	0	332,870

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	HealthChoice (Comprehensive MCO)	CareFirst BCBS Community Health Plan Maryland	CareFirst Community Partners, Inc.	Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	80,162	0	80,162
Maryland	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Jai Medical Systems	Anne Arundel, Baltimore City, Baltimore County, Harford, and Howard counties	30,636	0	30,636
Maryland	HealthChoice (Comprehensive MCO)	Kaiser Permanente of the Mid-Atlantic States	Kaiser Permanente	Anne Arundel, Baltimore City, Baltimore County, Calvert, Charles, Harford, Howard, Montgomery, Prince George's, and St. Mary's counties	119,068	0	119,068
Maryland	HealthChoice (Comprehensive MCO)	Maryland Physicians Care	Maryland Care, Inc.	Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	253,832	0	253,832

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	HealthChoice (Comprehensive MCO)	MedStar Family Choice	MedStar Health, Inc.	Anne Arundel, Baltimore City, Baltimore County, Calvert, Charles, Harford, Montgomery, Prince George's, and St Mary's counties	111,394	0	111,394
Maryland	HealthChoice (Comprehensive MCO)	Priority Partners	Johns Hopkins HealthCare, Inc.	Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	359,186	0	359,186
Maryland	HealthChoice (Comprehensive MCO)	UnitedHealthcare of the Mid-Atlantic	UnitedHealth Group	Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties	175,402	0	175,402
Maryland	PACE (Program of All-inclusive Care for the Elderly (PACE))	Hopkins ElderPlus	Johns Hopkins HealthCare, Inc.	Zip codes: 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237, and 21052	24	83	107

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Managed Care Organization (Comprehensive MCO)	Tufts Health Together	Tufts Health Public Plans, Inc.	Berkshire, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, and Worcester counties	67,296	0	67,296
Massachusetts	Managed Care Organization (Comprehensive MCO)	BMC HealthNet Plan	Boston Medical Center Health Plan Inc.	Statewide	43,532	0	43,532
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP)	Tufts Health Public Plans, Inc.	Boston, Lynn, Malden, Revere, Somerville, Waltham, Woburn	34,014	0	34,014
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Atrius Health in partnership with Tufts Health Public Plans (THPP)	Tufts Health Public Plans, Inc.	Attleboro, Beverly, Boston, Brockton, Falmouth, Framingham, Gardner, Fitchburg, Lawrence, Lowell, Lynn, Malden, Plymouth, Quincy, Revere, Salem, Somerville, Waltham, Wareham, Woburn	40,028	0	40,028
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Public Plans (THPP)	Tufts Health Public Plans, Inc.	Attleboro, Barnstable, Beverly, Boston, Brockton, Falmouth, Framingham, Haverhill, Lowell, Lynn, Malden, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Waltham,	43,142	0	43,142

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP)	Tufts Health Public Plans, Inc.	Adams, Attleboro, Barnstable, Beverly, Boston, Brockton, Fall River, Falmouth, Framingham, Gardner-Fitchburg, Haverhill, Holyoke, Lawrence, Lowell, Lynn, Malden, New Bedford, Northampton, Orleans, Plymouth, Quincy, Revere, Salem, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn, Worcester	121,848	0	121,848
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Merrimack Valley ACO in partnership with AllWays Health Partners (My Care Family)	AllWays Health Partners, Inc.	Haverhill, Lawrence, Lowell	40,416	0	40,416
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Baystate Health Care Alliance in partnership with Health New England (Be Healthy Partnership)	Health New England, Inc.	Holyoke, Northampton, Springfield, Westfield	44,111	0	44,111
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Boston Accountable Care Organization in partnership with BMC HealthNet Plan	Boston Medical Center Health Plan, Inc.	Attleboro, Boston, Brockton, Fall River, Falmouth, Greenfield Holyoke, Lynn Malden, New Bedford, Northampton, Plymouth, Quincy, Revere, Somerville, Southbridge, Springfield, Taunton, Waltham, Wareham, Westfield, Woburn	141,104	0	141,104

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Mercy Medical Center in partnership with BMC HealthNet Plan	Boston Medical Center Health Plan, Inc.	Holyoke, Northampton, Springfield, Westfield	32,117	0	32,117
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Signature Healthcare in partnership with BMC HealthNet Plan	Boston Medical Center Health Plan, Inc.	Attleboro, Brockton, Plymouth, Quincy, Taunton	22,432	0	22,432
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Southcoast Health in partnership with BMC HealthNet Plan	Boston Medical Center Health Plan, Inc.	Attleboro, Fall River, Falmouth, New Bedford, Plymouth, Taunton, Wareham	20,043	0	20,043
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Health Collaborative of the Berkshires in partnership with Fallon Health	Fallon Community Health Plan, Inc.	Adams, Pittsfield	19,616	0	19,616
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Reliant Medical Group in partnership with Fallon Health	Fallon Community Health Plan, Inc.	Gardner-Fitchburg, Framingham, Southbridge, Worcester	40,248	0	40,248
Massachusetts	Accountable Care Partnership Plans (Comprehensive MCO)	Wellforce in partnership with Fallon Health	Fallon Community Health Plan, Inc.	Attleboro, Barnstable, Beverly, Boston, Falmouth, Framingham, Haverhill, Lawrence, Lowell, Lynn, Malden, Orleans, Quincy, Revere, Salem, Somerville, Waltham, Wareham, Woburn	60,632	0	60,632
Massachusetts	Primary Care Accountable Care Organization (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Mass General Brigham ACO	Partners HealthCare Choice	Statewide	142,897	0	142,897

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Primary Care Accountable Care Organization (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Community Care Cooperative, Inc.	Community Care Health Plan (WI)	Statewide	158,327	0	158,327
Massachusetts	Primary Care Accountable Care Organization (Primary Care ACO) (Primary Care Case Management Entity (PCCM Entity))	Steward Health Choice	Steward Medicaid Care Network, Inc.	Statewide	147,897	0	147,897
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Boston Medical Center Healthnet Plan	Boston Medical Health Plan	Suffolk	252	1,686	1,938

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01354, 01301, 01302, 01039, 01346, 01347, 01054, 01349, 01350, 01351, 01360, 01367, 01369, 01370, 01072, 01373, 01375, 01376, 01379, 01380, 01093, 02322, 02157, 02457, 02184, 02185, 02146, 02445, 02446, 02147, 02447, 02021, 02467, 02025, 02026, 02027, 02030, 02032, 02035, 02343, 02052, 02053, 02054, 02186, 02187, 02192, 02194, 02492, 02494, 02056, 02171, 02062, 02762, 02169, 02170, 02171, 02269, 02368, 02067, 02070, 02071, 02072, 02081, 02181, 02481, 02482, 02090, 02188, 02189, 02190	771	12,849	13,620
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Navicare HMO	Fallon Health Plan	Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties	788	8,924	9,712
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Magellan Health	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties	1,229	12,270	13,499

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Tufts Health Plan	Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties	1,591	8,359	9,950
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties	2,082	21,544	23,626
Massachusetts	Primary Care Clinician Program (Primary Care Case Management (PCCM))	Multiple primary care providers	Multiple Primary Care Clinicians (PCCM)	Statewide	112,733	0	112,733
Massachusetts	MassHealth BH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Beacon	Statewide	624,711	0	624,711
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care Inc	Element Care Inc	02176, 02180, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01845, 01801, 01803, 01830, 01833, 01834, 01860, 01864, 01867, 01880, 01887, 01890, 01901, 01906, 01907, 01908, 01913, 01915, 01921, 01923, 01929, 01930, 01936, 01938, 01940, 01944, 01945, 01949, 01950, 01951, 01952, 01960, 01966, 01969, 01970, 01983, 01984, 01985	45	931	976

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	Serenity Care PACE Program	01002, 01027, 01350, 01001, 01002, 01007, 01008, 01010, 01011, 01012, 01013, 01026, 01027, 01028, 01032, 01033, 01034, 01035, 01036, 01038, 01040, 01050, 01056, 01057, 01060, 01069, 01070, 01071, 01073, 01075, 01077, 01081, 01082, 01085, 01089, 01095, 01096, 01098, 01101, 01106, 01151, 01243, 01521, 01009, 01030, 01039, 01053, 01054, 01059, 01062, 01066, 01072, 01079, 01080, 01084, 01088, 01093, 01097, 01301, 01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01346, 01351, 01354, 01355, 01360, 01364, 01367, 01370, 01375, 01378, 01379	33	463	496

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life Inc	Mercy Life Inc	01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01151, 01002, 01027, 01350, 01002, 01007, 01012, 01026, 01032, 01035, 01038, 01050, 01060, 01070, 01082, 01096, 01098, 01243, 01034	10	234	244
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE	Neighborhood PACE	Middlesex and Suffolk counties	82	689	771
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Cambridge Health Alliance	Elder Service Plan	Middlesex and Suffolk counties	41	550	591
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Service Plan	Elder Service Plan	02108, 02445	29	236	265

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health	Elder Service Plan	02108, 02445, 02021, 02026, 02048, 02062, 02067, 02072, 02169, 02184, 02186, 02188, 02301, 02322, 02324, 02333, 02334, 02338, 02339, 02341, 02343, 02351, 02359, 02367, 02368, 02370, 02379, 02382, 02458, 02766, 02767, 02780	23	539	562
Massachusetts	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit Eldercare	Fallon Health Plan	01001, 01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01034, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01005, 01037, 01068, 01083, 01331, 01331, 01366, 01368, 01420, 01430, 01431,	29	1,146	1,175

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts continued	Plan All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit Eldercare	Fallon Health Plan	01432, 01440, 01441, 01450, 01451, 01452, 01453, 01460, 01462, 01463, 01464, 01468, 01469, 01475, 01501, 01503, 01504, 01505, 01506, 01507, 01510, 01515, 01516, 01519, 01520, 01523, 01524, 01527, 01529, 01531, 01532, 01534, 01535, 01540, 01541, 01543, 01545, 01550, 01562, 01564, 01566, 01568, 01569, 01570, 01571, 01581, 01583, 01585, 01590, 01601, 01612, 01719, 01720, 01730, 01740, 01741, 01742, 01747, 01749, 01752, 01756, 01757, 01772, 01151, 01845	29	1,146	1,175
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna Better Health of Michigan	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne	20,644	0	20,644

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	136,936	0	136,936
Michigan	Healthy Michigan Plan (Comprehensive MCO)	HAP Empowered	Health Alliance Plan	Genesee, Huron, Lapeer, Macomb, Oakland, St. Clair, Sanilac, Shiawassee, Tuscola, Wayne	14,257	0	14,257

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	95,187	0	95,187

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian Health Plan of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	180,604	0	180,604

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	115,170	0	115,170
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice	Priority Health Choice	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren	53,778	0	53,778
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	24,370	0	24,370

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	93,798	0	93,798
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Entire Upper Peninsula	19,888	0	19,888
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna Better Health of Michigan	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne	51,216	208	51,424

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	310,608	4,339	314,947
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	HAP Empowered	Health Alliance Plan	Genesee, Huron, Lapeer, Macomb, Oakland, St. Clair, Sanilac, Shiawassee, Tuscola, Wayne	25,825	420	26,245

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	245,967	5,635	251,602

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	544,522	13,961	558,483

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	368,930	10,169	379,099
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Priority Health Choice	Priority Health Choice	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren	162,387	5,916	168,303
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	63,076	208	63,284

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	UnitedHealthcare Community Plan	United Healthcare	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	284,825	6,709	291,534
Michigan	Comprehensive Health Care Program (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	The entire upper peninsula	51,066	9	51,075
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	A & D Home Health Care, Inc.	Area Agencies on Aging Association of Michigan	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	87	878	965
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Area Agencies on Aging Association of Michigan	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	56	902	958

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of Northwest Michigan	Area Agencies on Aging Association of Michigan	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	22	350	372
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of Western Michigan	Area Agencies on Aging Association of Michigan	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	56	922	978
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Area Agencies on Aging Association of Michigan	Detroit, Hamtramck, Highland Park, Grosse Pointe, Grosse Pointe Park, Grosse Pointe Shores, Grosse Pointe Woods, Grosse Pointe Farms, Harper Woods	66	1,295	1,361
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Macomb-Oakland Regional Center Home Care, Inc. (MORC)	Macomb-Oakland Regional Center Home Care, Inc.	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	8	227	235
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Northern Healthcare Management	Northern Lakes Community Mental Health Authority	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	36	286	322
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Area Agencies on Aging Association of Michigan	Jackson, Hillsdale, Lenawee	33	550	583
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 3B Area Agency on Aging	Area Agencies on Aging Association of Michigan	Barry, Branch, Calhoun, Kalamazoo, St. Joseph	36	448	484
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 4 Area Agency on Aging	Area Agencies on Aging Association of Michigan	Berrien, Cass, Van Buren	37	533	570

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 7 Area Agency on Aging	Area Agencies on Aging Association of Michigan	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	56	825	881
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 9 Area Agency on Aging	Area Agencies on Aging Association of Michigan	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	28	416	444
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Reliance Community Care Partners	Reliance Community Care Partners	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	92	756	848
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West Michigan	Area Agencies on Aging Association of Michigan	Muskegon, Oceana, Ottawa	19	613	632
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Milestone Senior Services, Inc.	Milestone Senior Services, Inc.	Barry, Branch, Calhoun, Kalamazoo, St. Joseph	24	230	254
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center	The Information Center	Wayne county except the following cities: Detroit, Hamtramck, Highland Park, Grosse Pointe, Grosse Pointe Park, Grosse Pointe Shores, Grosse Pointe Woods, Grosse Pointe Farms, Harper Woods	6	271	277
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri County Office on Aging	Area Agencies on Aging Association of Michigan	Clinton, Eaton, Ingham	103	720	823

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Area Agencies on Aging Association of Michigan	Wayne county except the following cities: Detroit, Hamtramck, Highland Park, Grosse Pointe, Grosse Pointe Park, Grosse Pointe Shores, Grosse Pointe Woods, Grosse Pointe Farms, Harper Woods	20	497	517
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	UPCAP	Area Agencies on Aging Association of Michigan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	38	386	424
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Area Agencies on Aging Association of Michigan	Genesee, Lapeer, Shiawassee	30	330	360
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw	136,586	0	136,586
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Detroit Wayne Mental Health Authority	Wayne	736,204	0	736,204
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	301,835	0	301,835

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb County CMH Services	Macomb	225,573	0	225,573
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Mid-State Health Network	Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Oceola, Saginaw, Shiawassee, Tuscola	431,605	0	431,605
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northcare Network	Northcare Network	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keewanaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	72,768	0	72,768
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northern Michigan Regional Entity	Northern Michigan Regional Entity	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Oscoda, Otsego, Ogemaw, Presque Isle, Roscommon, Wexford	136,180	0	136,180
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland County CMH Authority	Oakland	206,040	0	206,040

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Region 10 PIHP	Genesee, Lapeer, Sanilac, St. Clair	222,039	0	222,039
Michigan	Specialty Prepaid Inpatient Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest MI Behavioral Health	Southwest MI Behavioral Health	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	231,212	0	231,212
Michigan	Healthy Kids Dental (Dental only (PAHP))	Blue Cross Blue Shield of Michigan	Blue Cross Blue Shield	The entire state of Michigan (both upper and lower peninsulas)	32,323	0	32,323
Michigan	Healthy Kids Dental (Dental only (PAHP))	Delta Dental of Michigan	Delta Dental	The entire state of Michigan (both upper and lower peninsulas)	782,376	0	782,376
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Care Partners	Senior Care Partners	Calhoun, Kalamazoo and parts of Allegan, Barry, and VanBuren counties	31	582	613
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care	Senior Community Care is a separately incorporated partnership of Volunteers of America, Ingham County Medical Care Facility, and United Methodist Retirement Communities (UMRC).	Eaton, Clinton, Ingham, and parts of Barry, Ionia, Livingston, and Shiawassee	4	161	165

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Thome PACE	80% by United Methodist Retirement Communities (UMRC) and 20% by Region 2 Area Agency on Aging.	Hillsdale, Jackson, and Lenawee	14	186	200
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Ascension Living PACE	Ascension Health	Genesee, parts of Lapeer, Livingston, Oakland, Shiawassee, and Tuscola counties	10	167	177
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	Each partner has 20% ownership: Grand Rapids Dominicans, Holland Home, Metro Health, Pine Rest Christian Mental Health Services, and Reliance Community Care Partners	Kent and parts of Allegan, Barry, Ionia, and Ottawa counties	10	247	257
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Community PACE	The Home Care Group	Lake, Mason, Mecosta, Oceana, Osceola, Newaygo, and parts of Montcalm county	1	81	82
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	A & D Charitable Foundation	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, and Tuscola	15	160	175

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	Huron Valley is a separately incorporated partnership of United Methodist Retirement Communities (UMRC).	Washtenaw, and parts of Livingston, Monroe, Oakland, and Wayne	7	229	236
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Porter Hills, Trinity Health, and Senior Resources	Muskegon and parts of Allegan and Ottawa counties	11	341	352
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE Central Michigan	Michigan Masonic Home and Presbyterian	Clare, Gladwin, Isabella, Roscommon, and parts of Gratiot, Midland, and Montcalm counties	17	95	112
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE North	Grand Traverse Pavilions is partner but does not have ownership	Benzie, Grand Traverse, Leelanau, and parts of Antrim, Kalkaska, Manistee, and Wexford counties	8	83	91
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	Henry Ford Health and Presbyterian	Macomb and parts of Oakland and Wayne counties	63	1,249	1,312
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	Independent corporation with a board comprised with equal representation Region 4 Area Agency on Aging, Lakeland Healthcare, and Hospice at Home.	Berrien and parts of Cass and VanBuren counties	15	214	229

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield MN	Statewide	377,608	0	377,608
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners	Statewide	176,951	0	176,951
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health	Hennepin	30,106	0	30,106
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical	Itasca Medical	Itasca county	8,373	0	8,373
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Prime West Health	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County	40,917	0	40,917
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca county	23,351	0	23,351

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	UCare	UCare	Statewide	305,133	0	305,133
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield MN	Statewide	598	3,937	4,535
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners	Statewide	593	1,563	2,156
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca county	2	305	307
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	Medica	Statewide	685	3,701	4,386
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Prime West Health	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse county	27	1,081	1,108
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Alliance	South country Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca county	55	814	869

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	UCare	UCare	Statewide	2,276	5,141	7,417
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross Blue Shield of Minnesota	Statewide	8,349	0	8,349
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners	Statewide	4,827	0	4,827
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical care	Itasca Medical Care	Itasca county	386	0	386
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	Medica	Statewide	10,474	0	10,474
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Prime West Health	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse county	1,821	0	1,821
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca county	1,467	0	1,467
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	UCare	UCare	Statewide	14,214	0	14,214

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Health Partners	Health Partners	Statewide	4,019	4,302	8,321
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin Health	Hennepin county	846	1,304	2,150
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	Medica	Statewide	7,242	4,782	12,024
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Prime West	Prime West	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse county	1,047	1,477	2,524
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	South Country Health Alliance	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca county	1,275	1,104	2,379
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	UCare	UCare	Statewide	22,288	12,274	34,562
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	Magnolia Health	Centene Corporation	Statewide	193,121	0	193,121
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealth Group Incorporated	Statewide	182,511	0	182,511

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Mississippi	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	Molina Healthcare of Mississippi	Molina Healthcare	Statewide	99,536	0	99,536
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Eastern	Centene Corporation	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington counties, and St. Louis City	101,588	0	101,588
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Healthy Blue Eastern	Anthem	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington counties, and St. Louis City	76,331	0	76,331
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	UnitedHealthcare Eastern	Optum	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington counties, and St. Louis City	69,201	0	69,201
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Healthy Blue Western	Anthem	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties	71,228	0	71,228
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Western	Centene Corporation	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties	51,333	0	51,333

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	UnitedHealthcare Western	Optum	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties	52,392	0	52,392
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Healthy Blue Central	Anthem	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	93,531	0	93,531

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Central	Centene Corporation	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	56,053	0	56,053

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	UnitedHealthcare Central	Optum	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	58,393	0	58,393
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Healthy Blue Southwestern	Anthem	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties	55,543	0	55,543

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	Home State Health Southwestern	Centene Corporation	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties	52,209	0	52,209
Missouri	MO HealthNet Managed Care/1915b (Comprehensive MCO)	UnitedHealthcare Southwestern	Optum	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster and Wright counties	39,371	0	39,371
Missouri	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Providence Service Corporation	Statewide	98,723	168,429	267,152
Montana	Passport to Health (Primary Care Case Management (PCCM))	Passport to Health	Passport to Health	Statewide	126,559	0	126,559
Montana	Passport to Health (Primary Care Case Management (PCCM))	Team Care	Passport to Health	Statewide	120	0	120
Montana	Comprehensive Primary Care Plus (CPC)+ (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Comprehensive Primary Care Plus	Statewide	74,966	0	74,966

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Montana	Patient Centered Medical Home (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Patient Centered Medical Home	Statewide	43,745	0	43,745
Nebraska	Heritage Health (Comprehensive MCO)	UnitedHealthcare Community Plan of Nebraska	United Healthcare	Statewide	99,935	13,302	113,237
Nebraska	Heritage Health (Comprehensive MCO)	Healthy Blue	Elevance Health	Statewide	99,188	8,783	107,971
Nebraska	Heritage Health (Comprehensive MCO)	Nebraska Total Care	Centene	Statewide	99,362	14,148	113,510
Nebraska	Dental Benefit Manager (Dental only (PAHP))	MCNA Nebraska	MCNA Health Care Holdings, Inc.	Statewide	260,108	36,019	296,127
Nebraska	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	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	20	193	213

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Anthem Blue Cross Blue Shield of Nevada	Anthem Blue Cross Blue Shield	88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150,	262,674	0	262,674

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada continued	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Anthem Blue Cross Blue Shield of Nevada	Anthem Blue Cross Blue Shield	89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599	262,674	0	262,674

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Health Plan of Nevada	United Health	88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156,	301,149	0	301,149

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada continued	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	Health Plan of Nevada	United Health	89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599	301,149	0	301,149
Nevada	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	SilverSummit Health Plan	Centene	88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126,	77,277	0	77,277

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada continued	Mandatory Health Maintenance Program (MCO) (Comprehensive MCO)	SilverSummit Health Plan	Centene	89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599	77,277	0	77,277
Nevada	Dental Benefits Administrator (DBA) (Dental only (PAHP))	Liberty Dental Plan of Nevada	Liberty Dental Plan Corporation	88901, 88905, 89002, 89004, 89005, 89006, 89009, 89011, 89012, 89014, 89015, 89016, 89030, 89031, 89032, 89033, 89036, 89044, 89052, 89053, 89054,	653,494	0	653,494

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada continued	Dental Benefits Administrator (DBA) (Dental only (PAHP))	Liberty Dental Plan of Nevada	Liberty Dental Plan Corporation	89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195, 89199, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89441, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599	653,494	0	653,494

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada	Non-Emergency Medical Transportation (NEMT) (Non-Emergency Medical Transportation)	Medical Transportation Management (MTM)	Medical Transportation Management (MTM)	Statewide	770,538	0	770,538
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Centene	Statewide	73,871	8,243	82,114
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense Health Plan	Boston Medical Center Health Plan	Statewide	84,047	7,981	92,028
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	AmeriHealth Caritas of New Hampshire	AmeriHealth Caritas	Statewide	41,130	3,332	44,462
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Amerivantage Dual Coordination (HMO D-SNP) Amerivantage Dual Secure (HMO POS)	Amerigroup New Jersey, Inc. (Anthem)	Atlantic, Bergen, Burlington, Camden, Cumberland, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, and Union counties	0	12,335	12,335
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Aetna Assure Premier Plus (HMO SNP)	Aetna Better Health, Inc.	Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic and Union counties	0	900	900

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Wellcare Liberty (HMO D-SNP)	WellCare Health Plans, Inc.	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Hudson, Gloucester, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, and Union counties	0	6,329	6,329
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	UnitedHealthcare Community Plan	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren counties	0	28,007	28,007
New Jersey	FIDE SNP (Comprehensive MCO + MLTSS)	Horizon NJ TotalCare (HMO D-SNP)	Horizon Healthcare of New Jersey, Inc.	Statewide	0	16,093	16,093
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	CVS Health	Statewide	100,864	9,853	110,717
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey Inc	Anthem	Statewide	203,229	14,810	218,039
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Horizon Blue Cross Blue Shield of New Jersey	Statewide	929,232	68,971	998,203
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	308,083	27,136	335,219
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	WellCare Health Plans, Inc.	All counties except Hunterdon	79,065	14,988	94,053

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	ModivCare	The Providence Service Corp.	Statewide	1,620,585	199,598	1,820,183
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	AtlantiCare Life	AtlantiCare, a member of Geisinger Commonwealth School of Medicine	Atlantic and Cape May counties	11	81	92
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Beacon of LIFE	AcuteCare Health System	Monmouth county	32	149	181
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE	Inspira Health Network LIFE, Inc.	Portions of Cumberland, Gloucester and Salem counties, specifically, residents of zip codes: 08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362	29	245	274
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Francis	St. Francis Medical Center, Member of Trinity Health	All of Mercer county and those who reside in Burlington county with one of the following zip codes: 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554	29	257	286

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior Life	Lutheran Social Ministries of NJ	Most of Hudson county, including residents of zip codes: 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	10	114	124
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Trinity Health LIFE NJ	Virtua Health System	Most of Camden county, some of Burlington county. Zip codes: 08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08052, 08059, 08065, 08076, 08077, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	15	166	181
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Health Care Service Corporation	Statewide	266,417	15,469	281,886
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Presbyterian Health Plan	Statewide	387,556	27,977	415,533
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Western Sky Community Care, Inc.	Centene Corporation	Statewide	79,263	4,129	83,392

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Mexico	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge New Mexico PACE dba Total Community Care	InnovAge New Mexico PACE dba Total Community Care	Bernalillo, Sandoval, and Valencia counties	65	944	1,009
New York	Health and Recovery Plans (Comprehensive MCO)	Affinity Health Plan	Affinity Health Plan	New York City; Nassau, Orange, Rockland, Suffolk, & Westchester counties	6,179	0	6,179
New York	Health and Recovery Plans (Comprehensive MCO)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, & Washington counties	4,549	0	4,549
New York	Health and Recovery Plans (Comprehensive MCO)	Excellus Health Plan	Excellus Health Plan	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties	11,350	0	11,350
New York	Health and Recovery Plans (Comprehensive MCO)	Fidelis Care	Centene Corporation	New York City & 57 Rest of State counties	52,097	0	52,097
New York	Health and Recovery Plans (Comprehensive MCO)	HealthFirst	HealthFirst	New York City; Nassau, Orange, Rockland, Suffolk, Sullivan, & Westchester counties	31,977	0	31,977
New York	Health and Recovery Plans (Comprehensive MCO)	HealthPlus	Anthem	New York City; Nassau & Putnam counties	7,729	0	7,729
New York	Health and Recovery Plans (Comprehensive MCO)	HIP GNY	HIP GNY	New York City; Nassau, Suffolk, & Westchester counties	5,511	0	5,511

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	Independent Health Association	Independent Health Association	Erie county	2,804	0	2,804
New York	Health and Recovery Plans (Comprehensive MCO)	MetroPlus	MetroPlus	New York City	13,663	0	13,663
New York	Health and Recovery Plans (Comprehensive MCO)	Molina HealthCare of New York	Molina HealthCare, Inc.	Allegany, Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Genesee, Livingston, Monroe, Onondaga, Ontario, Seneca, Tioga, Tompkins, Wayne, & Wyoming counties	4,003	0	4,003
New York	Health and Recovery Plans (Comprehensive MCO)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, & Westchester counties	7,672	0	7,672
New York	Health and Recovery Plans (Comprehensive MCO)	United HealthCare	United Health Group, Inc.	New York City & 42 Rest of State counties	10,893	0	10,893
New York	Medicaid Advantage (Comprehensive MCO)	Fidelis Legacy Plan	Fidelis Legacy Plan	NYC & 38 counties	0	1,022	1,022
New York	Medicaid Advantage (Comprehensive MCO)	United HealthCare	United HealthCare	New York City & Nassau county	1	1,171	1,172

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage (Comprehensive MCO)	WellCare	WellCare	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, & Ulster counties	0	897	897
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	AgeWell New York	AgeWell New York	New York City; Nassau & Westchester counties	0	53	53
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Centers Plan	Centers Plan	New York City; Nassau & Rockland	0	589	589
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderPlan	ElderPlan	New York City; Dutchess, Nassau, Orange, Putnam, Westchester counties	0	2,767	2,767
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderServe	ElderServe	New York City; Nassau & Westchester counties	0	69	69
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Fidelis Legacy Plan	Fidelis Legacy Plan	New York City; Albany, Montgomery, Rensselaer, & Schenectady counties	0	105	105
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Hamaspik , Inc	Hamaspik, Inc	New York City; Dutchess, Nassau, Orange, Rockland, Sullivan, Ulster, & Westchester counties	0	36	36
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthFirst Health Plan	HealthFirst Health Plan	New York City; Nassau, Orange, Rockland, Sullivan, & Westchester counties	4	19,006	19,010
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthPlus Advantage Plus	HealthPlus Advantage Plus	New York City; Nassau county	0	89	89

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	Senior Whole Health	New York City	0	117	117
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Village Care	Village Care	New York City	0	3,022	3,022
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice Plus	VNS Choice Plus	New York City; Nassau, Suffolk, Westchester counties	0	3,109	3,109
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Affinity Health Plan	Affinity Health Plan	New York City; Nassau, Orange, Rockland, Suffolk, & Westchester counties	243,082	0	243,082
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	AmidaCare Special Needs	AmidaCare Special Needs	New York City	7,977	0	7,977
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, & Washington counties	104,068	0	104,068
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Excellus	Excellus	Broome, Erie, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Orleans, Otsego, Seneca, Wayne, & Yates counties	217,146	0	217,146
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Fidelis Care	Centene Corporation	New York City & 57 counties	1,660,362	0	1,660,362

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Health First	Health First	New York City; Nassau, Orange, Rockland, Suffolk, Sullivan, & Westchester counties	1,172,385	0	1,172,385
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Health Now	Health Now	New York City; Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Nassau, Orange, Rockland, Suffolk, Westchester counties	49,561	0	49,561
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthPlus	Anthem	New York City; Nassau & Putnam counties	371,417	0	371,417
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HIP Combined	HIP Combined	New York City; Nassau, Suffolk, & Westchester counties	156,421	0	156,421
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Independent Health/Hudson Valley&WNY	Independent Health/Hudson Valley&WNY	Erie county	66,226	0	66,226
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan	MetroPlus Health Plan	New York City	453,634	0	453,634
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan Special Needs	MetroPlus Health Plan Special Needs	New York City	4,593	0	4,593
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Molina HealthCare of New York, Inc.	Molina HealthCare, Inc.	Allegany, Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Genesee, Livingston, Monroe, Onondaga, Ontario, Seneca, Tioga, Tompkins, Wayne, & Wyoming counties	69,637	0	69,637

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, & Westchester counties	198,712	0	198,712
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	United HealthCare	United Health Group, Inc.	New York City & Rest of State 42 counties	403,099	0	403,099
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	VNS Choice Special Needs	VNS Choice Special Needs	New York City; Nassau & Westchester counties	2,935	0	2,935
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	VNS Choice	New York City & 28 Rest of State counties	2,614	19,109	21,723
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Aetna Better Health	New York City; Nassau & Suffolk counties	248	5,737	5,985
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	AgeWell New York	New York City; Nassau, Suffolk, & Westchester counties	196	12,616	12,812
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	ArchCare Community Life	New York City; Putnam & Westchester counties	466	4,096	4,562
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living	Centers Plan for Healthy Living	New York City; Erie, Nassau, Niagara, Rockland, Suffolk, & Westchester counties	7,179	37,511	44,690

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderPlan	ElderPlan	New York City; Dutchess, Nassau, Orange, Putnam, Rockland, Sullivan, Ulster, & Westchester counties	704	13,092	13,796
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderServe	ElderServe	New York City; Nassau, Suffolk, & Westchester counties	928	14,322	15,250
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderWood	ElderWood	Erie, Genesee, Monroe, Niagara, Orleans, & Wyoming counties	41	966	1,007
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	Extended MLTC	New York City; Nassau & Suffolk counties	461	5,542	6,003
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fallon Health Weinberg	Fallon Health Weinberg	Erie & Niagara counties	43	817	860
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care	Fidelis Care	New York City & 57 counties	828	18,668	19,496
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspik Choice MLTC	Hamaspik Choice MLTC	Dutchess, Orange, Putnam, Rockland, Sullivan, & Ulster counties	80	1,969	2,049
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Health Advantage/Elant Choice	Dutchess, Orange, & Rockland counties	35	982	1,017
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HealthPlus	HealthPlus	New York City	330	4,909	5,239
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Icircle Care MLTC	Icircle Care MLTC	Thirty Rest of State counties	157	3,560	3,717

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra MLTC	Integra MLTC	New York City; Nassau, Suffolk, & Westchester counties	8,105	31,316	39,421
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Kalos Health Plan	Kalos Health Plan	Chautauqua, Erie, Genesee, Monroe, Niagara, & Orleans,	14	675	689
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus	MetroPlus	New York City	314	1,129	1,443
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO MLTC	Montefiore HMO MLTC	New York City & Westchester county	90	1,435	1,525
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Prime Health Choice	Albany, Dutchess, Orange, Putnam, Rockland, Warren, & Washington counties	37	575	612
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	Senior Health Partners	New York City, Nassau & Westchester counties	2,724	8,197	10,921
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Senior Network Health	Herkimer & Oneida counties	5	391	396
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	Senior Whole Health	New York City & Westchester county	2,072	11,566	13,638
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	Village Care	New York City	2,115	11,009	13,124
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options	VNA HomeCare Options	Forty eight Rest of State counties	91	3,266	3,357

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	ArchCare Senior Life	New York City & Westchester county	77	679	756
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Catholic Health - Life	Erie county	3	253	256
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	CenterLight (CCM)	CenterLight (CCM)	New York City; Nassau, Suffolk, & Westchester counties	385	1,995	2,380
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Complete Senior Care	Niagara county	6	118	124
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Eddy Senior Care	Albany, Rensselaer, & Schenectady counties	8	287	295
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Weinberg	Fallon Health Weinberg	Erie county	18	114	132
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Independent Living for Seniors	Monroe, Ontario, & Wayne counties	23	707	730
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	PACE CNY	Onondaga county	4	567	571
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Total Senior Care	Allegany, Cattaraugus, & Chautauqua counties	8	136	144
North Carolina	Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity))	North Carolina Community Care	North Carolina Community Care	Statewide	348,398	167,263	515,661

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	EBCI Tribal Option (Primary Care Case Management Entity (PCCM Entity))	EBCI Tribal Option	EBCI Tribal Option	Primary service areas: Cherokee, Graham, Haywood, Jackson and Swain counties; Beneficiaries can opt-in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania counties	3,646	221	3,867
North Carolina	Standard Plan (Comprehensive MCO + MLTSS)	Healthy Blue of North Carolina	Blue Cross and Blue Shield of North Carolina	Statewide	386,104	77	386,181
North Carolina	Standard Plan (Comprehensive MCO + MLTSS)	UnitedHealthcare	UnitedHealthcare of North Carolina, Inc.	Statewide	342,629	96	342,725
North Carolina	Standard Plan (Comprehensive MCO + MLTSS)	Carolina Complete Health	Carolina Complete Health, Inc.	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union, Alamance, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Nash, Orange, Person, Vance, Wake, Warren, Wilson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, and Scotland counties	203,842	34	203,876
North Carolina	Standard Plan (Comprehensive MCO + MLTSS)	Wellcare	WellCare of North Carolina, Inc.	Statewide	324,042	72	324,114

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Standard Plan (Comprehensive MCO + MLTSS)	Amerihealth Caritas	AmeriHealth Caritas of North Carolina	Statewide	290,921	68	290,989
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Alliance Behavioral Healthcare	Cumberland, Durham, Johnston, and Wake counties	48,578	22,612	71,190
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Cardinal Innovations Healthcare Solutions	Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance and Warren counties	84,231	47,229	131,460
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe Human Services	Eastpointe Human Services	Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, and Wilson counties	29,999	20,081	50,080
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Management	Partners Behavioral Health Management	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, and Yadkin counties	35,190	19,539	54,729
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center for MH DD SA	Sandhills Center for MH DD SA	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond counties	35,244	20,295	55,539

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Trillium Health Resources	Brunswick, Carteret, Columbus, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, and Washington counties	47,416	29,439	76,855
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Vaya Health	Vaya Health	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, and Yancey counties	38,332	21,944	60,276
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina Seniorcare	Carolina Seniorcare	Rowan, Davidson, Davie and Iredell counties	11	170	181
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	CarePartners PACE	CarePartners PACE	Buncombe and Henderson counties	4	207	211
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus, Inc	Elderhaus, Inc	New Hanover and Brunswick counties	7	116	123

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North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Life of St. Joseph of the Pines, Inc.	Life of St. Joseph of the Pines, Inc.	Cumberland county, and portions of Harnett, Robeson, Moore and Hoke counties	15	235	250
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE at Home Inc.	PACE	Catawba county, and portions of Lincoln, Burke, Caldwell and Alexander counties	2	125	127
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	PACE	Mecklenburg, Cabarrus and Union counties, and portions of Stanley county	4	180	184
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Triad	PACE	Guilford and Rockingham counties	15	205	220
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Services, Inc.	Piedmont Health Services, Inc.	Alamance, Caswell, Chatham, Lee and Orange counties, and a portion of Durham county	13	290	303
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care, Inc.	Senior Total Life Care, Inc.	Gaston county, and portions of Cleveland and Lincoln counties	13	225	238
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Staywell	Staywell Senior Care	Montgomery, Moore and Randolph counties	6	71	77
North Carolina	Program of All Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Voans Senior Community Care of North Carolina	Voans Senior Community Care of North Carolina	Durham and Wake counties, and a portion of Granville county	8	168	176

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Dakota	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion MCO	ND Medicaid	Statewide	16,334	17,305	33,639
North Dakota	Multiple Primary Care Providers (Primary Care Case Management (PCCM))	Primary Care Case Management (PCCM)	North Dakota Medicaid	Statewide	52,339	0	52,339
North Dakota	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Program of All-inclusive Care for the Elderly	Program of All-inclusive Care for the Elderly	Burleigh- 58501, 58502, 58503, 58504, 58558 Cass- 58047, 58078, 58102, 58103, 58104, 58105 Stark- 58601, 58602, 58630, 58652, 58655, 58656 Morton- 58554 Ward- 58701, 58702, 58703, 58722, 58785	9	158	167
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Buckeye Health Plan	Centene Corporation	Statewide	420,418	0	420,418
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	CareSource	CareSource	Statewide	1,381,417	0	1,381,417
Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	Statewide	325,478	0	325,478
Ohio ⁶	Ohio Medicaid Managed Care Program (Comprehensive MCO)	Paramount Advantage	Promedica	Statewide	247,411	0	247,411

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Ohio	Ohio Medicaid Managed Care Program (Comprehensive MCO)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare, Inc.	Statewide	350,060	0	350,060
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	CareSource	CareSource	Northeast, Northeast Central, and East Central regions	0	11,601	11,601
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	Southwest, Central, and West Central regions	0	9,906	9,906
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare	Northeast, Northeast Central, and East Central regions	0	14,322	14,322
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Aetna Better Health of Ohio	Aetna, Inc.	Northwest, Southwest, and Central regions	0	10,882	10,882
Ohio	MyCare Ohio Opt-Out Program (Comprehensive MCO + MLTSS)	Buckeye Health Plan	Centene Corporation	Northeast, Northwest, and West Central regions	0	10,739	10,739
Ohio	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	McGregor PACE	Cuyahoga county	114	543	657
Oklahoma ⁷	SoonerCare Choice (Primary Care Case Management (PCCM))	SoonerCare Choice	Oklahoma Health Care Authority	Statewide	622,382	0	622,382
Oklahoma ⁷	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Oklahoma Health Care Authority	Statewide	940,265	99,411	1,039,676

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Oklahoma ⁷	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life PACE	Life PACE	74011, 74012, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74116, 74119, 74126, 74127, 74128, 74129, 74130, 74133, 74134, 74135, 74136, 74145, 74146, 74169, 74021, 74066, 74063, 74055, 74070, 74033	22	188	210
Oklahoma ⁷	PACE (Program of All-inclusive Care for the Elderly (PACE))	Valir PACE	Valir PACE	73008, 73012, 73013, 73034, 73066, 73071, 73072, 73084, 73099, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73113, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73132, 73134, 73135, 73136, 73139, 73140, 73141, 73142, 73149, 73159, 73160, 73162, 73170, 73099, 73064, 73065, 73020, 73051, 73068, 73004, 73072, 73069, 73071, 73026, 74857, 73049, 73007, 73045, 73010, 73093, 73080, 73093, 73089, 73036, 73090, 73078	40	235	275

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oklahoma ⁷	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care (CEC)	Cherokee Elder Care (CEC)	74347, 74352, 74364, 74365, 74401, 74402, 74403, 74423, 74427, 74434, 74441, 74451, 74452, 74457, 74464, 74465, 74471, 74960, 74964, 74965, 74359, 74931, 74435, 74962, 74945, 74955, 74467	86	600	686
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Advantage Dental Services	Advantage Dental Services	Statewide except Tillamook county	21,961	549	22,510
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Capitol Dental Care, Inc.	HealthShare of Oregon	Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, and Yamhill counties	16,011	438	16,449
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Family Dental Care	HealthShare of Oregon	Clackamas, Multnomah, and Washington counties	3,637	108	3,745
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	AllCare Health Plan	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, and Josephine counties	49,973	5,165	55,138
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Cascade Health Alliance	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739, 97425 excluded) county	21,002	1,766	22,768
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Columbia Pacific	Columbia Pacific	Clatsop, Columbia, and Tillamook counties	28,819	2,641	31,460

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Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Managed Dental Care of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington counties	3,559	98	3,657
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	ODS Community Health Inc.	MODA Health	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes (97733, 97735 excluded), Hood River, Jackson, Jefferson, Josephine, Lane, Linn (97759 excluded), Malheur, Marion, Multnomah, Polk (97370 excluded), Tillamook, Wallowa (97828, 97846 only), Wasco, Washington, and Yamhill counties	14,372	337	14,709
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Eastern Oregon CCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler counties	58,010	4,840	62,850
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	HealthShare of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington counties	356,434	30,345	386,779
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	InterCommunity Health Network	InterCommunity Health Network	Benton, Lincoln, and Linn counties	64,493	5,591	70,084
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Jackson Care Connect	Jackson Care Connect	Jackson county	53,878	3,189	57,067
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only)	59,682	4,001	63,683

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Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco counties	13,819	1,023	14,842
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Trillium Community Health Plan	Trillium Community Health Plan	Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane, and Linn (97446 only) counties	30,738	4,396	35,134
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Umpqua Health Alliance	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) county	29,942	2,748	32,690
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Advanced Health	Advanced Health	Coos and Curry counties	22,281	2,499	24,780
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Yamhill Community Care	Yamhill Community Care	Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Washington (97119, 97123, 97132, 97140 only), and Yamhill counties	28,915	2,417	31,332
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Lane (CCO)	PacificSource Community Solutions - Lane (CCO)	Lane county	70,167	5,552	75,719
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Marion Polk (CCO)	PacificSource Community Solutions - Marion Polk (CCO)	Marion and Polk counties	113,563	8,450	122,013
Oregon	OHP - Oregon Health Plan (Comprehensive MCO)	Trillium Community Health Plan - Tri-County	Trillium Community Health Plan - Tri-County	Multnomah, Washington and Clackamas counties	14,876	1,163	16,039

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Oregon	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Providence	Multnomah county, Washington county (97113, 97116, 97140, 97062, 97078, 97003, 97123, 97124, 97005, 97006, 97007, 97008, 97223, 97224, 97225, 97229 only), Clackamas county (97015, 97027, 97086, 97036, 97045, 97062, 97068, 97034, 97035, 97206, 97219, 97222, 97267, 97268, 97269 only), Clatsop county, Tillamook county (97130, 97131, 97147 only), Jackson county (97501, 97502, 97504, 97525, 97535, 97537 only), Josephine county (97526, 97527, 97543 only)	83	1,468	1,551
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	Aetna Better Health	Aetna	Southeast zone, Southwest zone, Lehigh/Capital zone, Northwest zone, Northeast zone	263,664	625	264,289
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	Gateway Health	Gateway Health	Southwest zone, Lehigh/Capital zone, Northwest zone	312,312	849	313,161
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	Health Partners Plan	Health Partners Plan	Southeast zone	262,286	606	262,892
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	United Healthcare Community Plan, Inc	United Healthcare	Southeast zone, Southwest zone, Lehigh/Capital zone	269,704	709	270,413

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Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	UPMC for You	UPMC Health Plan	Southwest zone, Lehigh/Capital zone, Northwest zone	512,886	1,318	514,204
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	Geisinger Health Plan	Geisinger Health Plan	Northeast	216,692	496	217,188
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	AmeriHealth Caritas/AmeriHealth Caritas Northeast	Vista	Lehigh/Capital, Northwest, Northeast	343,621	837	344,458
Pennsylvania	Physical Health HealthChoices (Comprehensive MCO)	Keystone First	Vista	Southeast	495,730	1,279	497,009
Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	UPMC Community HealthChoices	UPMC	Southwest PA: Allegheny county, Armstrong county, Beaver county, Bedford county, Blair county, Butler county, Cambria county, Fayette county, Greene county, Indiana county, Lawrence county, Somerset county, Washington county and Westmoreland county Southeast PA: Bucks county, Chester county, Delaware county, Montgomery county, Philadelphia county	126,979	8,856	135,835

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Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Pennsylvania Health & Wellness	Centene Corporation	Southwest PA: Allegheny county, Armstrong county, Beaver county, Bedford county, Blair county, Butler county, Cambria county, Fayette county, Greene county, Indiana county, Lawrence county, Somerset county, Washington county and Westmoreland county Southeast PA: Bucks county, Chester county, Delaware county, Montgomery county, Philadelphia county Lehigh/Capital Zone: Adams, Berks, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties Northeast Zone: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming	83,885	4,312	88,197

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Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	AmeriHealth Caritas	Vista	Southwest PA: Allegheny county, Armstrong county, Beaver county, Bedford county, Blair county, Butler county, Cambria county, Fayette county, Greene county, Indiana county, Lawrence county, Somerset county, Washington county and Westmoreland county Lehigh/Capital Zone: Adams, Berks, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties Northeast Zone: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming Northwest Zone: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, and Warren counties	76,725	5,250	81,975

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Pennsylvania	Community HealthChoices (Comprehensive MCO + MLTSS)	Keystone First	Vista	Southeast PA: Bucks county, Chester county, Delaware county, Montgomery county, Philadelphia county	76,381	17,195	93,576
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices	Community Care Behavioral Health	Allegheny county	222,739	34,525	257,264
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices	Beacon Health Options	Beaver county	32,364	5,302	37,666
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Somerset and Bedford counties	Community Care Behavioral Health	Bedford and Somerset counties	23,454	3,985	27,439
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices	Community Care Behavioral Health	Berks county	95,805	11,816	107,621
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices	Community Care Behavioral Health	Blair county	29,036	4,561	33,597

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Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices	Magellan Behavioral Health	Bucks county	81,587	11,277	92,864
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices	Magellan Behavioral Health	Cambria county	30,242	4,859	35,101
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Carbon-Monroe-Pike Joinder Board	Community Care Behavioral Health	Carbon-Monroe-Pike	62,915	6,709	69,624
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices	Community Care Behavioral Health	Chester county	57,167	6,489	63,656
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Capital Area Behavioral Health Collaborative	PerformCare	Cumberland, Dauphin, Lancaster, Lebanon and Perry counties	237,485	28,643	266,128
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices	Magellan Behavioral Health	Delaware county	119,274	12,523	131,797

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Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices	Community Care Behavioral Health	Erie county	69,793	10,196	79,989
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices	Beacon Health Options	Fayette county	36,941	6,128	43,069
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth)	Beacon Health Options	Greene county	8,497	1,385	9,882
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices	Magellan Behavioral Health	Lehigh county	89,945	11,695	101,640
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board	Community Care Behavioral Health	Lycoming-Clinton	32,970	4,900	37,870
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices	Magellan Behavioral Health	Montgomery county	106,661	14,707	121,368

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Care Behavioral Health Organization	Community Care Behavioral Health	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren and Wayne counties	207,307	34,243	241,550
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices	Magellan Behavioral Health	Northampton county	53,298	7,195	60,493
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Health Care Consortium	Community Care Behavioral Health	Lackawanna, Luzerne, Susquehanna and Wyoming counties	154,846	21,084	175,930
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership	Beacon Health Options	Crawford, Mercer and Venango counties	53,405	9,405	62,810
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices	Community Behavioral Health	Philadelphia county	615,664	86,993	702,657

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health Management	Beacon Health Options	Armstrong, Butler, Indiana, Lawrence, Washington and Westmoreland counties	173,635	27,919	201,554
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance	PerformCare	Franklin and Fulton counties	31,044	3,677	34,721
Pennsylvania	Behavioral Health Health Choices (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York/Adams HealthChoices Joinder Governing Board	Community Care Behavioral Health	York/Adams	103,185	11,003	114,188
Pennsylvania	Medical Assistance Transportation Program (Non-Emergency Medical Transportation)	Modivcare	Modivcare	Philadelphia	620,739	84,424	705,163
Pennsylvania	Adult Community Autism Program (Other Prepaid Health Plan (PHP) (limited benefits))	Adult Community Autism Program	Keystone Autism Services	Dauphin, Cumberland, Lancaster and Chester counties	91	92	183
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Senior LIFE	Westmoreland county	19	213	232
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Senior LIFE	Cambria county and Somerset county (partial)	32	201	233

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altoona H-5902	Senior LIFE	Blair, Cambria, and Indiana counties	52	441	493
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	Senior LIFE	York county and Dauphin county	28	265	293
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Senior LIFE	Lehigh, Berks, and Northampton counties	37	433	470
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington H-2992	Senior LIFE	Washington, Fayette, and Greene counties	97	525	622
Pennsylvania ⁸	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	SpiriTrust LIFE H-2537	Franklin, Cumberland, and Perry counties	0	83	83
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	LIFE NWPA H-4999	Erie, Mercer, Crawford, and Warren counties	44	488	532
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Geisinger Health Plan	Luzerne, Lackawanna, Columbia, Montour, Northumberland, and Schuylkill counties	21	329	350
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Mercy LIFE H- 3919	Philadelphia and Delaware counties	34	783	817

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE West Philadelphia H-3908	Mercy LIFE West Philadelphia H-3908	Philadelphia county	34	334	368
Pennsylvania ⁸	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	LIFE St. Mary H-6551	Bucks county	0	243	243
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Innovage LIFE H-9830	Innovage LIFE H-9830	Philadelphia county	62	625	687
Pennsylvania ⁸	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Albright LIFE H-9068	Lancaster, Lebanon, Lycoming, Clinton, Union, and Chester counties	0	174	174
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	Community LIFE H-3917	Allegheny, Westmoreland, and Washington counties	44	708	752
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE Pittsburgh H-3918	LIFE Pittsburgh H-3918	Allegheny county	38	499	537
Pennsylvania ⁸	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	VieCare Butler H-3060	Butler county	0	168	168
Pennsylvania	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H- 7660	VieCare Beaver H-7660	Beaver and Lawrence counties	22	422	444

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Pennsylvania ⁸	PA Living Independent for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VieCare Armstrong H-6118	VieCare Armstrong H-6118	Armstrong county	0	88	88
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan First Medical	Government Health Plan First Medical	Statewide	295,485	15,504	310,989
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan MMM Multi Health	Government Health Plan MMM Multi Health	Statewide	291,031	19,460	310,491
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan de Salud Menonita	Government Health Plan de Salud Menonita	Statewide	154,402	8,644	163,046
Puerto Rico	Comprehensive MCO (Comprehensive MCO)	Government Health Plan Triple S	Government Health Plan Triple S	Statewide	419,447	20,295	439,742
Puerto Rico	Comprehensive MAO - Medicare Platino (Comprehensive MCO)	Medicare Platino - MMM Healthcare	Medicare Platino - MMM Healthcare	Statewide	0	130,950	130,950
Puerto Rico	Comprehensive MAO - Medicare Platino (Comprehensive MCO)	Medicare Platino - MSC Advantage	Medicare Platino - MSC Advantage	Statewide	0	87,360	87,360
Puerto Rico	Comprehensive MAO - Medicare Platino (Comprehensive MCO)	Medicare Platino - HUMANA	Medicare Platino - HUMANA	Statewide	0	15,494	15,494
Puerto Rico	Comprehensive MAO - Medicare Platino (Comprehensive MCO)	Medicare Platino - Triple S Advantage	Medicare Platino - Triple S Advantage	Statewide	0	43,788	43,788
Rhode Island	Rlte Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	N/A	Statewide	171,430	1,818	173,248

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Rhode Island	Rlte Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	United HealthCare of Rhode Island Community Plan	UnitedHealthCare, Inc.	Statewide	95,037	1,612	96,649
Rhode Island	Rlte Care, Rhody Health Partners and Medicaid Expansion (Comprehensive MCO)	Tufts Health Public Plans	Point32Health	Statewide	16,548	263	16,811
Rhode Island	Rlte Smiles Dental Program (Dental only (PAHP))	UnitedHealthcare Dental of Rhode Island	UnitedHealthcare	Statewide	127,825	52	127,877
Rhode Island	Rhode Island Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management	Statewide	295,961	39,335	335,296
Rhode Island	RI Medicaid PACE Program (Program of All-inclusive Care for the Elderly (PACE))	PACE Organization of Rhode Island	PACE Organizations	Statewide	28	316	344
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Select Health of South Carolina	AmeriHealth Caritas Pennsylvania	Statewide	393,063	0	393,063
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care, Inc.	Centene Corporation	Statewide	230,361	0	230,361
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina Healthcare of South Carolina	Molina Healthcare	Statewide	166,458	0	166,458

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South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice Healthplan Medicaid	Blue Cross Blue Shield of South Carolina	Statewide	172,052	0	172,052
South Carolina	South Carolina Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Community Health Solutions America	Statewide	890	0	890
South Carolina	South Carolina Non Emergency Medical Transportation (Non-Emergency Medical Transportation)	Modivcare formerly Logisticare	Modivcare	Statewide	1,275,465	170,605	1,446,070
South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Prisma Health SeniorCare PACE - Midlands	PRISMA Healthcare System	Richland and Lexington counties	39	235	274
South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Orangeburg Senior Helping Center	N/A	Orangeburg, Bamberg, and Calhoun counties	7	76	83
South Carolina	South Carolina Program for All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Prisma Health SeniorCare PACE - Upstate	PRISMA Healthcare System	Greenville, Pickens, and Anderson counties	8	78	86
South Dakota	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	83,890	0	83,890

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	Amerigroup	Amerigroup	Statewide	426,169	50,372	476,541
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	DentaQuest USA Insurance Company	Statewide	928,957	420	929,377
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	OptumRx	OptumRx Holdings, LLC	Statewide	1,438,179	420	1,438,599
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	425,863	51,153	477,016
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Blue Cross Blue Shield Association	Statewide	537,282	53,640	590,922
Tennessee	TennCare III (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Blue Cross Blue Shield Association	Statewide	48,862	2,870	51,732
Tennessee	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Alexian Brothers Community Services	Hamilton county	16	255	271
Texas	STAR (Comprehensive MCO)	Amerigroup Texas, Inc.	Amerigroup, Inc.	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, and Tarrant SDA	601,312	0	601,312

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

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Texas	STAR (Comprehensive MCO)	Cook Children's Health Plan	Cook Children's Health System	Tarrant SDA	117,446	0	117,446
Texas	STAR (Comprehensive MCO)	Community Health Choice Texas, Inc.	Harris County Hospital District (dba Harris Health System)	Harris SDA and Jefferson SDA	281,867	0	281,867
Texas	STAR (Comprehensive MCO)	Health Care Service Corp. (dba Blue Cross Blue Shield)	Health Care Service Corporation	Travis SDA	37,868	0	37,868
Texas	STAR (Comprehensive MCO)	SHA.LLC, dba FirstCare Health Plans	Scott & White Health Plan	Lubbock SDA and MRSA West	80,985	0	80,985
Texas	STAR (Comprehensive MCO)	Scott & White Health Plan	Baylor Scott & White Holdings	MRSA Central	47,533	0	47,533
Texas	STAR HEALTH (Comprehensive MCO + MLTSS)	Superior Health Plan	Centene Corporation	Statewide	44,902	0	44,902
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Amerigroup Insurance Company	Amerigroup Corporation (owned by ATH Holding Company, LLC)	Dallas SDA, El Paso SDA, Harris SDA, MRSA West, and Lubbock SDA	28,664	141	28,805
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc.	Centene Corporation	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA West SDA, Travis SDA, and Nueces SDA	30,304	191	30,495
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Aetna Better Health of Texas, Inc.	Aetna	Tarrant SDA	12,527	53	12,580
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Community First Health Plans, Inc.	Bexar County Hospital District, dba University Health System	Bexar SDA	7,758	32	7,790

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Texas	STAR Kids (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare	United Healthcare	Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA, and Nueces SDA	29,326	136	29,462
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Texas Children's Health Plan, Inc.	Texas Children's	Harris SDA, Jefferson SDA, and MRSA Northeast SDA	29,851	125	29,976
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Driscoll Children's Health Plan	Driscoll Children's Hospital	Hidalgo SDA and Nueces SDA	10,510	30	10,540
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Cook Children's Health Plan	Cook Children's Health Care System	Tarrant SDA	9,774	55	9,829
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX)	Health Care Service Corporation, a Mutual Legal Reserve Company	MRSA Central SDA and Travis SDA	8,650	67	8,717
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup Texas, Inc.	Amerigroup Corporation (owned by ATH Holding Company, LLC)	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, and Travis SDA	58,785	72,064	130,849
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior HealthPlan, Inc.	Centene Corporation	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, and MRSA West	67,790	74,847	142,637
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	UnitedHealthcare Insurance Company, dba United Healthcare Community Plan	UnitedHealthcare	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, and MRSA Northeast	63,861	70,131	133,992

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Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina Healthcare of Texas, Inc.	Molina Healthcare	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, and Jefferson SDA	35,309	50,288	85,597
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	HealthSpring Life & Health Insurance Co., Inc.	Cigna	Hidalgo SDA, MRSA Northeast, and Tarrant SDA	19,251	28,419	47,670
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA Insurance Company	Managed Care of North America (MCNA), Inc.	Statewide	1,392,593	0	1,392,593
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest USA Insurance Company, Inc.	DentaQuest, LLC (owned by DentaQuest Group, Inc.)	Statewide	2,040,154	0	2,040,154
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services (El Paso)	PACE	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79927, 79930, 79935, 79936	39	767	806
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network (Lubbock)	PACE	79401, 79402, 79403, 79404, 79405, 79406, 79407, 79408, 79409, 79410, 79411, 79412, 79413, 79414, 79415, 79416, 79423, 79424, 79430, 79452, 79453, 79454, 79464, 79490, 79491, 79493, 79499	12	154	166
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	The Basic at Jan Werner (Amarillo)	PACE	79015, 79101, 79102, 79103, 79104, 79105, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	1	111	112

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Utah	Utah Medicaid Integrated Care (Comprehensive MCO)	Healthy U Integrated	University of Utah Health Plans	Salt Lake, Utah, Weber and Davis counties	14,724	8	14,732
Utah	Utah Medicaid Integrated Care (Comprehensive MCO)	Molina Integrated	Molina Healthcare	Salt Lake, Utah, Davis, Weber and Washington counties	12,760	9	12,769
Utah	Utah Medicaid Integrated Care (Comprehensive MCO)	Health Choice Integrated	Health Choice Utah	Salt Lake, Utah, Davis, Weber and Washington counties	9,960	1	9,961
Utah	Utah Medicaid Integrated Care (Comprehensive MCO)	SelectHealth Integrated	SelectHealth Inc	Salt Lake, Utah, Davis, Weber and Washington counties	25,392	9	25,401
Utah	UNI HOME (Comprehensive MCO)	HOME	University of Utah Health Plans	Salt Lake, Utah, Weber, Davis, Tooele, Summit and Wasatch counties	855	462	1,317
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	University of Utah Health Plans	Statewide	57,786	6,623	64,409
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Molina Healthcare	Statewide	66,781	5,635	72,416
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Health Choice Utah	Statewide	25,015	1,843	26,858
Utah	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	SelectHealth Inc	Statewide	114,837	9,218	124,055
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Bear River Mental Health	Box Elder, Cache and Rich counties	22,026	1,429	23,455

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Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Counseling Center	Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier and Wayne counties	12,444	978	13,422
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis Behavioral Health	Davis county	23,989	2,140	26,129
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Four Corners Community Behavioral Health	Grand, Emery and Carbon counties	7,180	772	7,952
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Healthy U Behavioral Health	University of Utah Health Plans	Summit county	2,036	91	2,127
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling Center	Northeastern Counseling Center	Duchesne, Uintah, Daggett, and San Juan counties	16,548	1,077	17,625
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Salt Lake County Division of Behavioral Health Services	Salt Lake County Division of Behavioral Health Services	Salt Lake county	103,552	11,972	115,524
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health Center	Southwest Behavioral Health Center	Beaver, Garfield, Kane, Iron and Washington counties	31,287	2,542	33,829

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Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Behavioral Health	Wasatch Behavioral Health	Utah county	51,941	3,655	55,596
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Human Services	Weber Human Services	Weber and Morgan counties	27,218	3,213	30,431
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	United Behavioral Health	United Healthcare	Tooele county	8,892	602	9,494
Utah	Dental (Dental only (PAHP))	Premier Access	Avesis Incorporated	Statewide	150,999	12	151,011
Utah	Dental (Dental only (PAHP))	MCNA Dental	MCNA Dental	Statewide	66,095	6	66,101
Utah	Transportation (Non-Emergency Medical Transportation)	Modivcare	ModivCare Inc.	Statewide	315,578	26,432	342,010
Vermont ⁹	Global Commitment to Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	Agency of Human Services	Statewide	130,333	669	131,002
Virginia	Medallion 4.0 (Comprehensive MCO)	Molina Healthcare of Virginia	Molina Healthcare, Inc.	Statewide	91,678	0	91,678
Virginia	Medallion 4.0 (Comprehensive MCO)	Optima Family Care	Sentara Healthcare	Statewide	277,979	0	277,979
Virginia	Medallion 4.0 (Comprehensive MCO)	United Healthcare of the Mid-Atlantic	United Healthcare	Statewide	143,947	0	143,947

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Virginia	Medallion 4.0 (Comprehensive MCO)	Virginia Premier Health Plan	Sentara Healthcare and VCU Health Systems	Statewide	282,087	0	282,087
Virginia	Medallion 4.0 (Comprehensive MCO)	Anthem Healthkeepers Plus	Anthem Insurance Companies, Inc	Statewide	430,793	0	430,793
Virginia	Medallion 4.0 (Comprehensive MCO)	Aetna Better Health of Virginia	Aetna, Inc.	Statewide	186,924	0	186,924
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	Aetna Better Health of Virginia	Aetna, Inc.	Statewide	22,667	20,097	42,764
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	Anthem Healthkeepers Plus	Anthem Blue Cross and Blue Shield	Statewide	42,440	36,297	78,737
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	Molina Healthcare of Virginia	Molina Healthcare	Statewide	14,127	12,666	26,793
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	Optima Health Community Care	Sentara Healthcare	Statewide	28,790	16,650	45,440
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Statewide	14,902	19,423	34,325

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	Commonwealth Coordinated Care (CCC) Plus (Comprehensive MCO + MLTSS)	Virginia Premier Elite Plus	Sentara Healthcare	Statewide	27,807	21,274	49,081
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	AllCare for Seniors	Appalachian Agency for Senior Citizens	Buchanan county, Dickenson county, Russell county, and Tazewell county	10	104	114
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Farmville	Central Health	Amelia county, Appomattox county, Buckingham county, Charlotte county, Cumberland county, Lunenburg county, Nottoway county, and Prince Edward county	12	79	91
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Gretna	Centra Health	Campbell county, Danville city, Franklin county, Henry county, Martinsville city, Patrick county, and Pittsylvania county	4	56	60
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Lynchburg	Centra Health	Amherst county, Appomattox county, Bedford county, Campbell county, and Lynchburg city	11	114	125
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Virginia PACE Roanoke Valley, LLC	InnovAge	Bedford county, Botetourt county, Campbell county, Covington city, Craig county, Floyd county, Franklin county, Lexington city, Montgomery county, Roanoke county, Roanoke city, Rockbridge county, and Salem city	12	193	205

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Virginia PACE Charlottesville, LLC	InnovAge	Albemarle county, Charlottesville city, Fluvanna county, Greene county, Louisa county, and Nelson county	20	226	246
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Virginia PACE Peninsula	InnovAge	Hampton city, Newport News city, Poquoson city, and York county	14	211	225
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Virginia PACE Richmond	InnovAge	Caroline county, Charles City county, Chesterfield county, Colonial Heights city, Dinwiddie county, Emporia city, Goochland county, Hanover county, Henrico county, King William county, New Kent county, Petersburg city, Powhatan county, Prince George county, Richmond city, and Sussex county	17	230	247
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire PACE	Mountain Empire Older Citizens, Inc.	Lee county, Norton city, Scott county, and Wise county	3	81	84
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Senior Community Care - Norfolk	Sentara Healthcare	Chesapeake city, Norfolk city, Suffolk city, and Virginia Beach city	16	115	131
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Senior Community Care - Portsmouth	Sentara Healthcare	Chesapeake city, Portsmouth city, and Suffolk city	5	75	80

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹⁰	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties	212,459	0	212,459
Washington ¹⁰	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Island, King, Kittitas, Okanogan, Pierce, San Juan, Skagit, Snohomish, Walla Walla, Whatcom, Whitman, and Yakima counties	189,779	0	189,779
Washington ¹⁰	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Community Health Plan	Community Health Plan	Adams, Asotin, Benton, Clark, Columbia, Ferry, Franklin, Garfield, Island, King, Kittitas, Klickitat, Lincoln, Pend Oreille, San Juan, Skagit, Snohomish, Skamania, Spokane, Stevens, Walla Walla, Whatcom, Whitman, and Yakima counties	223,061	0	223,061

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹⁰	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Molina Health Care of Washington	Molina Health Care of Washington	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties	920,107	0	920,107
Washington ¹⁰	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	United Health Care	United Health Care	Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, and Whatcom counties	226,270	0	226,270
Washington ¹⁰	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima counties	3,054	0	3,054
Washington ¹⁰	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Amerigroup	Amerigroup	Statewide	36,434	0	36,434

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹⁰	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Health Plan of Washington	Community Health Plan of Washington	Statewide	29,353	0	29,353
Washington ¹⁰	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Coordinated Care of Washington	Coordinated Care of Washington	Statewide	24,545	0	24,545
Washington ¹⁰	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Molina Health Care	Molina Health Care	Statewide	48,817	0	48,817
Washington ¹⁰	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	United Health Care	United Health Care	Statewide	27,316	0	27,316
Washington ¹⁰	NEMT (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Multiple Transportation Brokers	Statewide	2,008,655	0	2,008,655

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington ¹⁰	Apple Health/Healthy Options Health Home Program (Other Prepaid Health Plan (PHP) (limited benefits))	Multiple Sites	Multiple Sites	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties	12,950	0	12,950
Washington ¹⁰	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	Statewide	1,110	0	1,110
West Virginia	Mountain Health Trust (Comprehensive MCO)	Aetna Better Health of WV	CVS/Caremark	Statewide	164,655	0	164,655
West Virginia	Mountain Health Trust (Comprehensive MCO)	The Health Plan of WV	The Health Plan of WV	Statewide	115,228	0	115,228
West Virginia	Mountain Health Trust (Comprehensive MCO)	Unicare of WV	Elevance	Statewide	182,632	0	182,632
West Virginia	Mountain Health Promise (Comprehensive MCO)	Aetna Better Health of WV	CVS/Caremark	Statewide	25,533	0	25,533
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Elevance	Statewide	135,771	63	135,834

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Childrens Community Health plan	Chorus Community Health Plan	Brown, Calumet, Door, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marinette, Milwaukee, Oconto, Oneida, Outagamie, Ozuakee, Racine, Rock, Shawano, Sheboygan, Vilas, Washington, Waukesha, Waupaca, Waushara, and Winnebago counties	146,643	33	146,676
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan, Inc.	Dean Health Plan	Columbia, Dane, Dodge, Iowa, Jefferson, Rock, and Sauk counties	46,341	19	46,360
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of Eau Claire	Group Health Cooperative of Eau Claire	Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, St. Croix, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood counties	53,857	32	53,889
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of South Central Wisconsin	Group Health Cooperative of South Central Wisconsin	Dane county	7,599	7	7,606

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Independent Care (ICARE) Health Plan	Humana	Adams, Brown, Calumet, Columbia, Crawford, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Richland, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, and Winnebago counties	28,866	18	28,884
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	MercyCare Health Plans	Rock and Walworth counties	15,425	10	15,435
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MHS Health Wisconsin	Centene	Statewide	52,263	9	52,272
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Molina Healthcare of Wisconsin	Molina Healthcare, Inc	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago counties	67,275	12	67,287

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	My Choice Wisconsin Health Plan Inc.	My Choice Wisconsin Health Plan Inc.	Brown, Calumet, Dodge, Florence, Forest, Green Lake, Kenosha, Kewaunee, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago counties	21,657	8	21,665
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Froedtert, Ascension	Statewide	53,691	21	53,712
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Quartz	Aurora Health Care, Inc., Gundersen Lutheran Health System, Inc., Iowa Health System and University Health Care, Inc.	Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Jackson, Jefferson, Kenosha, La Crosse, Monroe, Rock, Sauk, Taylor, and Trempealeau counties	49,693	24	49,717

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Security Health Plan of Wisconsin	Security Health Plan	Adams, Ashland, Barron, Bayfield, Buffalo, Burnette, Chippewa, Clark, Crawford, Dodge, Douglas, Dunn, Eau Claire, Forest, Green Lake, Iron, Jackson, Juneau, La Crosse, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Outagamie, Pepin, Pierce, Polk, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Waupaca, Waushara, and Winnebago counties	70,820	26	70,846
Wisconsin	BadgerCare Plus (Comprehensive MCO)	United Healthcare Community Plan	Care Improvement Plus Wisconsin Insurance Company	Statewide	212,001	104	212,105
Wisconsin	SSI Managed Care (Comprehensive MCO)	Managed Health Services Insurance Corporation	Managed Health Services Insurance Corporation	Statewide	4,930	1,808	6,738

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	My Choice Wisconsin Health Plan Inc.	My Choice Wisconsin Health Plan Inc.	Adams, Brown, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Manitowoc, Marquette, Monroe, Oconto, Outagamie, Ozaukee, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Waukesha, Waupaca, Waushara, and Winnebago counties	2,604	811	3,415
Wisconsin	SSI Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Elevance	Statewide	5,929	1,820	7,749
Wisconsin	SSI Managed Care (Comprehensive MCO)	Molina Healthcare of Wisconsin	Molina Healthcare, Inc	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago counties	2,600	809	3,409
Wisconsin	SSI Managed Care (Comprehensive MCO)	United Healthcare Community Plan	Care Improvement Plus Wisconsin Insurance Company	Statewide	12,814	7,059	19,873

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative of Eau Claire	Group Health Cooperative of Eau Claire	Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, St. Croix, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, and Wood counties	2,521	976	3,497
Wisconsin	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Froedtert, Ascension	Statewide	3,413	1,175	4,588
Wisconsin	SSI Managed Care (Comprehensive MCO)	Independent Care (ICARE) Health Plan	Humana	Adams, Brown, Calumet, Columbia, Crawford, Dane, Dodge, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozuakee, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, and Winnebago counties	6,235	4,416	10,651

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Independent Care (ICARE) Health Plan	Humana	Dane, Kenosha, Racine, and Sauk counties	494	826	1,320
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	My Choice Wisconsin Health Plan Inc.	My Choice Wisconsin Health Plan Inc.	Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Washington, and Waukesha counties	275	1,440	1,715
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Community Health Care Plan	Community Health Care Plan	Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, and Waupaca counties	220	505	725
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care Inc.	Community Care Inc.	Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood counties	2,668	9,557	12,225

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care Inc.	Lakeland Care Inc.	Adams, Brown, Calumet, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Oconto, Oneida, Outagamie, Portage, Shawano, Vilas, Waupaca, Waushara, Winnebago, and Wood counties	1,470	6,240	7,710
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Wisconsin	My Choice Wisconsin	Dane, Fond du Lac, Kenosha, Manitowoc, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, and Winnebago counties	3,074	12,799	15,873

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Inclusa Inc.	Inclusa Inc.	Ashland, Adams, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood counties	2,678	12,824	15,502
Wisconsin	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	WrapAround Milwaukee	Milwaukee county	922	0	922

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Children Come First	Dane county	85	0	85
Wisconsin	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Hospital of Wisconsin	Children's Hospital of Wisconsin	Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington counties	2,849	0	2,849
Wisconsin	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Community Care, Inc.	Milwaukee and Waukesha counties	26	487	513

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. California plans with fewer than 11 beneficiaries are shown with 0 enrollment. As a result, PACE program level enrollment may be slightly undercounted.
3. Colorado did not provide enrollment counts for plans with fewer than 30 beneficiaries. As a result, PACE program-level enrollment may be lower than actual enrollment.
4. Georgia is unable to provide separate counts of Medicaid-only and dually eligible beneficiaries for their NEMT program. As a result, Medicaid-only and total enrollment counts presented in this table include both Medicaid-only and dually eligible individuals.
5. Beneficiaries can concurrently enroll in Ohana Community Care Service and another medical or dental service arrangement under the Quest program. The deduplicated comprehensive MCO enrollment is 420,033.
6. Ohio Medicaid divides Ohio's 88 counties into three regions for administrative purposes and requires MCOs participating in this program to provide services to individuals on a statewide basis (i.e., in all three regions). However, on July 1, 2021, Paramount Advantage was only providing services in two of Ohio Medicaid's three administrative regions (the Northeast Region and the West Region). Ohio Medicaid allowed this plan to terminate service delivery in the Central/Southeast region effective July 1, 2020.
7. Oklahoma's total Medicaid enrollment increased due to expanding Medicaid coverage to childless adults effective July 1, 2021.
8. Pennsylvania did not provide Medicaid-only enrollment counts for plans with fewer than 11 beneficiaries. As a result, PACE program level enrollment may be slightly undercounted.
9. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity via a managed care-like model that operates like a non-risk pre-paid inpatient health plan (PIHP). Vermont pays for Medicaid services for dually eligible individuals on an FFS basis. Dually eligible enrollees reported in the Global Commitment to Health Demonstration are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program.

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

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2021^{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	77,211,654	1,557,636	2.0%	377,475	0.49%
Alabama	951,174	--	--	--	--
Alaska	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,920,290	557	0.0%	62,938	3.3%
Arkansas	963,945	653,199	67.8%	--	--
California	11,674,619	344,970	3.0%	--	--
Colorado	1,422,844	--	--	--	--
Connecticut	--	--	--	--	--
Delaware	244,822	15,774	6.4%	--	--
District of Columbia	268,245	--	--	--	--
Florida ⁴	4,099,027	--	--	121,321	3.0%
Georgia	2,229,243	--	--	--	--
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	420,033	8,408	2.0%	--	--
Idaho ⁴	391,216	23,603	6.0%	--	--
Illinois ^{4,5}	2,680,873	41,131	1.5%	64,799	2.4%
Indiana	1,474,054	--	--	--	--
Iowa	711,427	38,649	5.4%	--	--
Kansas ⁴	407,229	30,015	7.4%	--	--

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Kentucky	1,582,351	--	--	--	--
Louisiana	1,759,372	--	--	--	--
Maine	326,611	--	--	--	--
Maryland	1,520,599	--	--	--	--
Massachusetts	1,387,657	69,129	5.0%	--	--
Michigan	2,692,435	--	--	19,895	0.7%
Minnesota	1,150,333	52,375	4.6%	--	--
Mississippi	475,168	--	--	--	--
Missouri	810,775	--	--	--	--
Montana	245,390	--	--	--	--
Nebraska	334,939	--	--	--	--
Nevada	792,428	--	--	--	--
New Hampshire	218,604	--	--	--	--
New Jersey	1,821,033	57,525	3.2%	--	--
New Mexico	781,820	33,267	4.3%	--	--
New York	5,620,459	28,966	0.5%	243,332	4.3%
North Carolina	2,054,350	--	--	--	--
North Dakota	86,164	--	--	--	--
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio ⁶	2,782,891	24,200	0.9%	--	--
Oklahoma	1,049,630	--	--	--	--
Oregon	1,164,999	--	--	--	--
Pennsylvania ⁴	3,155,790	387,429	12.3%	--	--

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS ² : Number of Enrollees Using LTSS ^{3,4}	Comprehensive Managed Care Including LTSS ² : Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS ^{3,4}	Managed LTSS (MLTSS) Only: Percent of Total
Puerto Rico	1,501,860	--	--	--	--
Rhode Island	336,240	2,436	0.7%	--	--
South Carolina	1,446,070	--	--	--	--
South Dakota	83,890	--	--	--	--
Tennessee	1,596,482	24,699	1.5%	--	--
Texas	4,770,549	123,820	2.6%	--	--
Utah	402,216	--	--	--	--
Vermont	131,002	1,195	0.9%	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a
Virginia	1,692,156	74,707	4.4%	--	--
Washington	2,008,655	--	--	--	--
West Virginia	488,048	--	--	--	--
Wisconsin	1,081,647	3,760	0.3%	51,310	4.7%
Wyoming	--	--	--	--	--

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

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

3. Some comprehensive managed care programs enroll beneficiaries who may be at risk of needing LTSS but do not receive any LTSS. The counts of LTSS users only include individuals that receive LTSS. States differ in their ability to report individuals who use MLTSS versus those who are enrolled (and may or may not be using LTSS). This table reports MLTSS users unless otherwise noted.

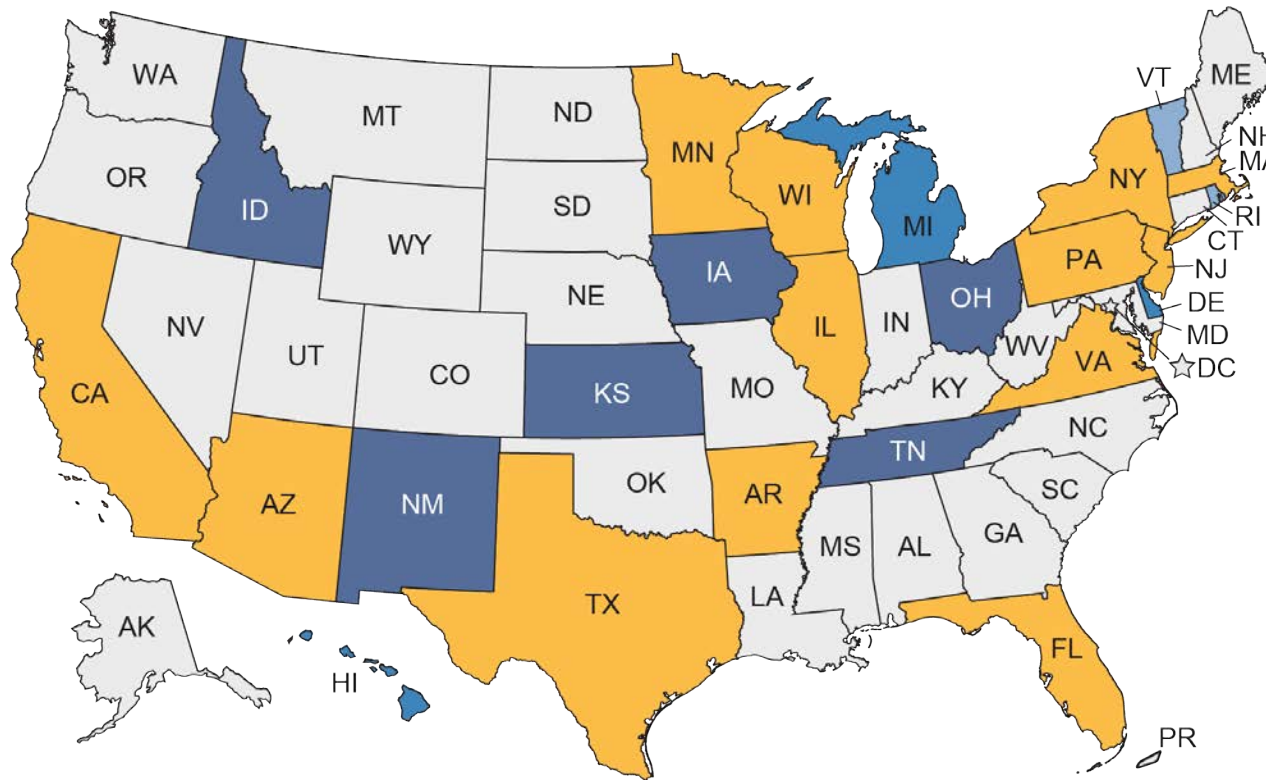
4. Florida, Idaho, Illinois, Kansas, and Pennsylvania report the number of enrollees in their MLTSS programs, some of whom may not be using MLTSS. The totals in this column do not include those five states because it is a count of users, not enrollees.

5. In Illinois, the total number of MLTSS enrollees increased substantially in 2021 due to the statewide expansion of the Medicare-Medicaid Alignment Initiative (MMAI) Program with initial enrollment effective dates of July 1, 2021. MLTSS members disenrolling from the MMAI program enrolled in the MLTSS program, with initial enrollment effective dates of July 1, 2021.

6. Ohio provides MLTSS through three managed care programs (i.e., MyCare Ohio Opt-Out, MyCare Ohio Opt-In, and PACE). The MLTSS number above (24,200) is the total number of MyCare Ohio Opt-Out beneficiaries using MLTSS on July 1, 2021. Per CMS direction PACE and the MyCare Ohio Opt-In program (a Financial Alignment Initiative demonstration) are excluded from the MLTSS counts in this table.

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

Map of State Counts of Users* of Managed Long-Term Services and Supports, as of July 1, 2021



U.S. Total (including FL, ID, IL, KS, and PA data)* = 2,603,409
U.S. Total (excluding FL, ID, IL, KS, and PA data) = 1,935,111

- No MLTSS program as of July 2021 (28 states, including DC and PR)
- 1-5,000 (2 states)
- 5,001-20,000 (3 states)
- 20,001-50,000 (6 states*)
- 50,000+ (13 states*)

*This map represents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligible). Five states (Florida, Idaho, Illinois, Kansas, and Pennsylvania) were not able to report data on MLTSS users and instead report enrollment counts. Based on the number of MLTSS users each reported in 2016, and the overall increase in enrollment in comprehensive managed care reported since 2017, we have assumed the number of MLTSS users in 2021 is between 20,001 – 50,000 for Idaho and Kansas and greater than 50,000 for Florida, Illinois, and Pennsylvania. 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, 2021.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2021

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

1. In some cases, the sum of programs enrolling certain populations on a mandatory or voluntary basis for any given program type is greater than the total number of programs of that type. That is because a state may have different enrollment policies for subsets within specific populations. 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 2021

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

State Tables

Alabama Managed Care Program Features, as of 2021

Features	Integrated Care Network	PACE	Alabama Coordinated Health Networks
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Mobile and Baldwin Counties	Statewide
Federal operating authority	1915(b),1915(b)/1915(c)		1915(b)
Program start date	10/01/2018	01/01/2012	10/01/2019
Waiver expiration date (if applicable)	09/30/2023		09/30/2021
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			Mandatory

Features	Integrated Care Network	PACE	Alabama Coordinated Health Networks
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Open enrollment that begins the first of every month; disenrollment is effective the last day of the month chosen.	
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			

Features	Integrated Care Network	PACE	Alabama Coordinated Health Networks
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Anything else that is determined medically necessary by the interdisciplinary care team.	
Quality assurance and improvement: HEDIS data required?	No	No	Yes

Features	Integrated Care Network	PACE	Alabama Coordinated Health Networks
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			I PRO
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Alabama Select Network	Mercy Life of Alabama	Alabama Coordinated Health Networks
Notes: Program notes	Only includes nursing home level of care for SNF recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers. The State contracts with an Operating Agency, Alabama Department of Senior Services, who provides HCBS Waiver services while the ICN provides the medical case management services. CMS approved the ICN though in a b/c combo authority.		There are 7 networks; one per region.

Arizona Managed Care Program Features, as of 2021

Features	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (MLTSS)	Arizona Health Care Cost Containment System (SMI)
Program type	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/13/1982	07/13/1982	07/13/1982
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

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

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

Features	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (MLTSS)	Arizona Health Care Cost Containment System (SMI)
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	Starting in Calendar Year 2020, HEDIS performance measures are being calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.	Starting in Calendar Year 2020, HEDIS performance measures are being calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.	Starting in Calendar Year 2020, HEDIS performance measures are being calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	United Healthcare; Care 1st; DCS/CHP; Health Choice Arizona; Arizona Complete Health-Complete Care Plan; Mercy Care; Molina Complete Care of Arizona; Banner University Family Care	DES/Division of Developmental Disabilities (MLTSS); United Healthcare (MLTSS); Mercy Care (MLTSS); Banner University Family Care (MLTSS)	Mercy Care RBHA (SMI); Arizona Complete Health- Complete Care Plan RBHA (SMI); Health Choice Arizona RBHA (SMI)

Features	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (MLTSS)	Arizona Health Care Cost Containment System (SMI)
Notes: Program notes	*Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native members of these populations are voluntarily enrolled.	*Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native members of these populations are voluntarily enrolled.	*Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native members of these populations are voluntarily enrolled.

Arkansas Managed Care Program Features, as of 2021 (1 of 5)

Features	Arkansas Total Care	Summit Community Care	Empower Healthcare Solutions
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c),1915(b)/1915(i)	1915(b)/1915(c),1915(b)/1915(i)	1915(b)/1915(c)
Program start date	10/01/2017	10/01/2017	10/01/2017
Waiver expiration date (if applicable)	03/31/2027	03/31/2027	03/31/2027
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	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)	Voluntary	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Voluntary	Voluntary
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	Arkansas Total Care	Summit Community Care	Empower Healthcare Solutions
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)		Qsource	Qsource
Populations enrolled: Notes on enrollment choice period	90 days	90 days	90 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

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

Features	Arkansas Total Care	Summit Community Care	Empower Healthcare Solutions
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)	Qsource	Qsource	Qsource
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	X	X
Participating plans: Plans in Program	Arkansas Total Care	Summit Community Care	Empower Healthcare Solutions

Features	Arkansas Total Care	Summit Community Care	Empower Healthcare Solutions
Notes: Program notes	<p>This MCO is currently under three different Waiver types and each has their own expiration date as follows: C-Waiver 02/28/2027; B-Waiver 03/31/2027 and I-State Plan Amendment 03/01/2024. Members are enrolled into a managed care organization when an independent assessment shows that they meet tier 2 or tier 3 level of need, due to functional deficits.</p>	<p>This MCO is currently under three different Waiver types and each has their own expiration date as follows: C-Waiver 02/28/2027; B-Waiver 03/31/2027 and I-State Plan Amendment 03/01/2024. Members are enrolled into a managed care organization when an independent assessment shows that they meet tier 2 or tier 3 level of need, due to functional deficits.</p>	<p>This MCO is currently under three different Waiver types and each has their own expiration date as follows: C-Waiver 02/28/2027; B-Waiver 03/31/2027 and I-State Plan Amendment 03/01/2024. Members are enrolled into a managed care organization when an independent assessment shows that they meet tier 2 or tier 3 level of need, due to functional deficits.</p>

Arkansas Managed Care Program Features, as of 2021 (2 of 5)

Features	Delta Dental Plan Arkansas	MCNA Insurance Company	Central Arkansas Development
Program type	Dental only (PAHP)	Dental only (PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)	1915(b),1902(a)(70) NEMT
Program start date	01/01/2018	01/01/2018	01/01/2019
Waiver expiration date (if applicable)	12/31/2022	12/31/2022	12/31/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	Mandatory
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	Delta Dental Plan Arkansas	MCNA Insurance Company	Central Arkansas Development
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management			
Benefits covered: SSA Section 1945-authorized Health Home			

Features	Delta Dental Plan Arkansas	MCNA Insurance Company	Central Arkansas Development
Benefits covered: Home health services (services in home)			
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)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No

Features	Delta Dental Plan Arkansas	MCNA Insurance Company	Central Arkansas Development
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Delta Dental Smiles	MCNA Dental	Central Arkansas Development
Notes: Program notes			

Arkansas Managed Care Program Features, as of 2021 (3 of 5)

Features	Area Agency on Aging of Southeast	Southeastrans, Inc	PCCM
Program type	Non-Emergency Medical Transportation	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b),1902(a)(70) NEMT	1915(b),1902(a)(70) NEMT	1932(a)
Program start date	01/01/2019	01/01/2019	01/01/2014
Waiver expiration date (if applicable)	12/31/2022	12/31/2022	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
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	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Exempt

Features	Area Agency on Aging of Southeast	Southeastrans, Inc	PCCM
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)			AFMC
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized Health Home			

Features	Area Agency on Aging of Southeast	Southeastrans, Inc	PCCM
Benefits covered: Home health services (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services			
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.)			
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes

Features	Area Agency on Aging of Southeast	Southeastrans, Inc	PCCM
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
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	Area Agency on Aging of Southeast	Southeastrans, Inc	Primary Care Case Management
Notes: Program notes			

Arkansas Managed Care Program Features, as of 2021 (4 of 5)

Features	PACE	Arkansas Health & Wellness Solutions	Arkansas Blue Cross Blue Shield
Program type	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	05/27/2008	01/01/2014	01/01/2014
Waiver expiration date (if applicable)		12/31/2026	12/31/2026
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Varies	Varies
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			
Populations enrolled: Children with Special Health Care Needs			

Features	PACE	Arkansas Health & Wellness Solutions	Arkansas Blue Cross Blue Shield
Populations enrolled: American Indian/Alaska Native	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		42 days	42 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health	X	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	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT		X	X

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

Features	PACE	Arkansas Health & Wellness Solutions	Arkansas Blue Cross Blue Shield
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		X	X
Participating plans: Plans in Program	PACE	Arkansas Health & Wellness Solutions	Arkansas Blue Cross Blue Shield
Notes: Program notes	PACE is incorporated into the AR Medicaid State Plan and is not under waiver authority.	ARWorks Waiver ended 12/31/21 and ARHOME begin 1/1/22. Low-income adults not covered under ACA Section VIII are mandatorily enrolled, but can choose to disenroll from the program.	ARWorks Waiver ended 12/31/21 and ARHOME begin 1/1/22. Low-income adults not covered under ACA Section VIII are mandatorily enrolled, but can choose to disenroll from the program.

Arkansas Managed Care Program Features, as of 2021 (5 of 5)

Features	QCA Health Plan, Inc	Qualchoice Life & Health Insurance	HMO Partners, Inc
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Other Prepaid Health Plan (PHP) (limited benefits)	Other Prepaid Health Plan (PHP) (limited benefits)
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	01/01/2014	01/01/2015	01/01/2021
Waiver expiration date (if applicable)	12/31/2026	12/31/2026	12/31/2026
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	Varies	Varies
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs			

Features	QCA Health Plan, Inc	Qualchoice Life & Health Insurance	HMO Partners, Inc
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	42 days	42 days	42 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management			

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

Features	QCA Health Plan, Inc	Qualchoice Life & Health Insurance	HMO Partners, Inc
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	X	X	X
Participating plans: Plans in Program	QCA Health Plan, Inc	Qualchoice Life & Health Insurance	HMO Partners, Inc
Notes: Program notes	ARWorks Waiver ended 12/31/21 and ARHOME begin 1/1/22. Low-income adults not covered under ACA Section VIII are mandatorily enrolled, but can choose to disenroll from the program.	ARWorks Waiver ended 12/31/21 and ARHOME begin 1/1/22. Low-income adults not covered under ACA Section VIII are mandatorily enrolled, but can choose to disenroll from the program.	ARWorks Waiver ended 12/31/21 and ARHOME begin 1/1/22. Low-income adults not covered under ACA Section VIII are mandatorily enrolled, but can choose to disenroll from the program.

California Managed Care Program Features, as of 2021 (1 of 4)

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba	Sacramento, San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/1995	10/02/2013	06/01/1991
Waiver expiration date (if applicable)	12/31/2021	12/31/2021	12/31/2021
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Voluntary	Varies

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Health Care Options/MAXIMUS	Health Care Options (Maximus)
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X

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

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	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	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Participating plans: Plans in Program	CenCal Health/San Luis Obispo; CenCal Health/Santa Barbara; Health Plan of San Mateo; Partnership HealthPlan of CA/Northeast; Partnership HealthPlan of CA/Northwest; Partnership HealthPlan/Southeast; Partnership HealthPlan/Southwest; Central California Alliance for Health/Merced; Central California Alliance for Health/Monterey Santa Cruz; CalOptima/Orange; Gold Coast Health Plan/Ventura	Molina Healthcare of CA-Imperial; Anthem Blue Cross Partnership Plan/San Benito; California Health & Wellness Plan/Imperial; California Health & Wellness Plan/Region 1; California Health & Wellness Plan/Region 2; Anthem Blue Cross Partnership Plan/Region 1; Anthem Blue Cross Partnership Plan/Region 2	KP Cal LLC-Placer; KP Cal LLC-EI Dorado; KP Cal LLC-Amador; Aetna Better Health of CA/Sacramento; Blue Shield of California Promise/San Diego; Health Net/San Diego; KP Cal LLC/San Diego; Molina Healthcare of CA Partner Plan/San Diego; Aetna Better Health of CA/San Diego; UnitedHealthcare Community Plan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net/Sacramento; KP Cal LLC/Sacramento; Molina Healthcare of CA Partner Plan/Sacramento; Community Health Group-San Diego

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model
Notes: Program notes	<p>Full duals have the option to enroll in Cal Medi-Connect in CCI counties, otherwise, they are mandatory for enrollment. Children with Special Health Care Needs (CSHCN) are mandatory in all COHS counties except Ventura. CSHCN is voluntary in Ventura. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>	<p>San Benito is voluntary due to only one commercial plan in the county. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</p>	<p>Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento). For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>

California Managed Care Program Features, as of 2021 (2 of 4)

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Kings, Tulare, Madera, San Joaquin, Stanislaus, Kern, Placer, El Dorado, Sutter, Yuba	Los Angeles
Federal operating authority	1915(a)	PACE	1115(a) (Medicaid demonstration waivers),1915(a)
Program start date	01/01/1996	01/01/1998	04/01/1998
Waiver expiration date (if applicable)	12/31/2021		12/31/2021
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period		N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)			Health Care Operations (Maximus)
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	

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

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, speech therapy, and provisional post-partum care extension (PPCE)	PACE is responsible for covering all Medicaid services, all Medicare services, and any other service determined necessary by the PACE Interdisciplinary Team to maintain a participant in their home or community.	
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	Private credentialing organizations approved by DHCS		Private credentialing organizations approved by DHCS
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	SCAN Health Plan/Los Angeles; SCAN Health Plan Riverside/San Bernardino	Bakersfield PACE (Tulare); InnovAge California PACE Sacramento (San Joaquin); InnovAge California PACE-Sacramento (Sutter); InnovAge	Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles

Features	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/Los Angeles
		<p>California PACE- Sacramento (Yuba); Neighborhood PACE (Riverside); Neighborhood PACE (San Bernardino); Redwood Coast Pace/Humboldt; San Diego PACE; St. Paul's PACE/San Diego; Sutter SeniorCare PACE/Sacramento; AltaMed Senior Buenacare/Los Angeles; Brandman Centers for Senior Care/Los Angeles; CalOptima PACE/Orange; Center for Elders Independence/Alameda; Center for Elders Independence/Contra Costa; Fresno PACE; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco; Family Health Centers of San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus; AltaMed Senior Buenacare/Orange; Bakersfield PACE (Kern); Central Valley PACE (Stanislaus); Central Valley PACE (San Joaquin); InnovAge California PACE- Sacramento (El Dorado); InnovAge California PACE- Sacramento (Placer); InnovAge California PACE- Sacramento-Sac; Coastline PACE; North East Medical Services; Sequoia PACE (Fresno); Sequoia PACE (Kings); Sequoia PACE (Tulare); Sequoia PACE(Madera)</p>	
Notes: Program notes			

California Managed Care Program Features, as of 2021 (3 of 4)

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Sacramento	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)
Program start date	01/01/1995	01/01/1996	04/01/2002
Waiver expiration date (if applicable)	12/31/2021	12/31/2021	12/31/2021
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Varies	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	60 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Health Care Operations (Maximus)	Health Care Options/MAXIMUS	
Populations enrolled: Notes on enrollment choice period		Approximately 45 days	
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD		X	X
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No
Quality assurance and improvement: Accrediting organization	Private credentialing organizations approved by DHCS		
Quality assurance and improvement: EQRO contractor name (if applicable)	Liberty and Health Net: Attest Health Care Advisors and for Access: Crowe LLP	Health Services Advisory Group	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Participating plans: Plans in Program	Health Net Dental Plan/Sacramento; Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento	L.A. Care Health Plan/Los Angeles; Contra Costa Health Plan; Alameda Alliance for Health; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; Molina Healthcare of CA Partner Plan/Riverside; Molina Healthcare of CA Partner Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Health Plan of San Joaquin/Stanislaus; Santa Clara Family Health Plan; Health Net/Kern; Health Net/Los Angeles; Health Net/San Joaquin; Health Net/Stanislaus; Health Net/Tulare; CalViva Health/Fresno; CalViva Health/Kings; CalViva Health/Madera; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Santa Clara; Anthem Blue Cross Partnership Plan/Tulare; Kern Family Health Care	Positive Healthcare/Los Angeles

Features	Dental Managed Care/Sacramento	Two-Plan Model	Positive Healthcare/Los Angeles
Notes: Program notes		<p>Full duals are mandatory for managed care enrollment in CCI Counties (Los Angeles, Riverside, San Bernardino, and Santa Clara) and voluntary for all other counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus, and Tulare). For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Behavioral Health Integration which we implemented via the 5% incentive pool Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. Additionally, Two-Plan Model Plans operating in Los Angeles, Riverside, San Bernardino, and Santa Clara Counties cover some nursing facility benefits as part of Skilled Nursing Facility and Subacute Care Services past the limited period of time.</p>	<p>AHF was formerly a Primary Care Case Management (PCCM) model and became a full-risk plan effective July 2019, however, their enrollment remains limited to specific populations. For CY 2021 rating period we had the following in place: Prop 56 Value Based Purchasing – Medi-Cal managed care health plans (MCPs) that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p>

California Managed Care Program Features, as of 2021 (4 of 4)

Features	Rady Children's Hospital San Diego (RCHSD)
Program type	Comprehensive MCO
Statewide or region-specific?	San Diego
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	08/01/2018
Waiver expiration date (if applicable)	12/31/2021
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
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: Children with Special Health Care Needs	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary

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

Features	Rady Children's Hospital San Diego (RCHSD)
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and provisional post-partum care extension (PPCE).
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	No

Features	Rady Children's Hospital San Diego (RCHSD)
Quality assurance and improvement: Accreditation required?	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	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Rady Children's Hospital San Diego (RCHSD)
Notes: Program notes	RCH was a pilot program which began in August 2018 serving special needs children and this contract will be terminating December 2021. The five eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes.

Colorado Managed Care Program Features, as of 2021

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, Montrose
Federal operating authority	1915(b)	PACE
Program start date	07/01/2018	10/01/1991
Waiver expiration date (if applicable)	06/30/2023	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	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: Children with Special Health Care Needs	Mandatory	

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Populations enrolled: American Indian/Alaska Native	Mandatory	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 Health Services, Inc.	Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	Beneficiaries are passively enrolled and can choose their primary care provider at any time.	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled on the first of the month.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	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	

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Note that all members enrolled in ACC are eligible for all 1932(a) state plan benefits (most of these benefits are state plan benefits and are paid FFS). They also get benefits covered under the 1915(b) waiver. All plans are responsible for providing behavioral health benefits under the 1915(b) waiver.	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, and transportation.
Quality assurance and improvement: HEDIS data required?	Yes	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, 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	X	

Features	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Participating plans: Plans in Program	RAE 1: Rocky Mountain Health Plans; RAE 2: Northeast Health Partners; RAE 3: Colorado Access; RAE 4: Health Colorado, Inc.; RAE 5: Colorado Access; RAE 6: Colorado Community Health Alliance; RAE 7: Colorado Community Health Alliance; Denver Health Medicaid Choice (DMHC); Rocky Mountain Health Plans Prime	InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care; Rocky Mountain Health Care Services (PACE); InnovAge - Pueblo (PACE); InnovAge - Aurora (PACE); InnovAge - Lakewood (PACE)
Notes: Program notes	The Accountable Care Collaborative (ACC) program has seven regional plans called Regional Accountable Entities (RAEs). The RAEs operate as both PCCM Entity and PIHP program types. The state pays the RAEs a full-risk capitation payment for behavioral health services under the PIHP authority. The RAEs also get an administrative (not risk-based) per member per month payment for functions performed as a PCCM Entity. Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Prime (RMHP Prime) both operate under MCO authority and receive a physical health capitation.	

Delaware Managed Care Program Features, as of 2021

Features	PACE	Diamond State Health Plan & Diamond State Health Plan Plus	ModivCare Non-Emergency Medical Transportation
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT
Program start date	02/01/2013	01/01/1996	07/01/2002
Waiver expiration date (if applicable)		12/31/2023	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	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: Children with Special Health Care Needs		Mandatory	Mandatory

Features	PACE	Diamond State Health Plan & Diamond State Health Plan Plus	ModivCare Non-Emergency Medical Transportation
Populations enrolled: American Indian/Alaska Native	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)		Automated Health Systems	ModivCare
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT		X	

Features	PACE	Diamond State Health Plan & Diamond State Health Plan Plus	ModivCare Non-Emergency Medical Transportation
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers, home-delivered meals, emergency response system, home modifications, day habilitation	

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

District of Columbia Managed Care Program Features, as of 2021

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(a)	1902(a)(70) NEMT
Program start date	04/01/1994	01/01/1996	10/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Exempt

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	

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

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	Qlarant	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	AmeriHealth Caritas District of Columbia; CareFirst Community Health Plan District of Columbia; MedStar Family Choice-DC	Health Services for Children with Special Needs	Medical Transportation Management, Inc.

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Notes: Program notes	<p>Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household. Nursing facilities are covered by MCO for the first 30 consecutive days. The managed care P4P program is funded through a pre-determined withhold (generally the established profit margin for each MCO that is factored into the base per member per month payment rate) of each MCO's actuarially sound capitation payments during the applicable period of performance. MCOs must meet the minimum threshold for improvement for all three performance measures in order to earn any portion of the withhold. The P4P program is suspended due to managed care solicitations that have limited successive contract periods and MCOs for effective administration. DHCF plans to reinstitute quality incentive requirements in future years and continues to monitor MCOs' performance, absent any monetary withholds. Effective October 1, 2020 (FY 2021), the District requires managed care enrollment of aged, blind, and disabled adults (age 21+) who are not dually eligible for Medicare. As a result, comprehensive managed care enrollment increased as of this date.</p>	<p>Aged, Blind, or Disabled children and adults are eligible up to the age of 26. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, intermediate care facilities for individuals with intellectual disabilities, and residential treatment services.</p>	<p>The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members. For managed care members, non-emergency medical transportation is paid by the District's Medicaid managed care organizations for low-income adults and children. Effective October 1, 2020 (FY 2021), the District requires managed care enrollment of aged, blind, and disabled adults (age 21+) who are not dually eligible for Medicare. As a result, NEMT enrollment (which is limited to fee-for-service beneficiaries) decreased.</p>

Florida Managed Care Program Features, as of 2021 (1 of 2)

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	08/01/2014	08/01/2013	12/01/2018
Waiver expiration date (if applicable)	06/30/2030	12/27/2021	06/30/2030
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <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
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

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

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

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, birth center, podiatry, and targeted case management. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded outpatient hospital visits, physician home visits, and many other expanded benefits. The following link contains a listing of the expanded benefits http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/EB_by_Plan_March_2021.pdf .	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package and 1915©. 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.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, Nationally recognized accrediting organizations
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X	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

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Aetna Better Health; Florida Community Care; Humana Medical Plan; Molina Healthcare of Florida; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine Sate Health Plan, Inc.; United Healthcare of Florida, Inc.; Magellan Complete Care, LLC; Clear Health Alliance; Staywell Serious Mental Illness; Sunshine State Health Plan - Child Welfare; Children's Medical Services Network; Vivida Health	Aetna Better Health; Florida Community Care; Humana Medical Plan, Inc.; Molina Healthcare of Florida, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; Staywell; Simply Healthcare Plans, Inc.	DentaQuest; Liberty; MCNA Dental
Notes: Program notes	Individuals fully eligible for Medicare and Medicaid are required to enroll in an MMA plan for covered Medicaid services. These individuals will continue to have their choice of Medicare providers as this program will not impact individual's Medicare benefits. Medicare-Medicaid beneficiaries will be afforded the opportunity to choose an MMA plan. However, to facilitate enrollment, if the individual does not elect an MMA plan, then the individual will be assigned to an MMA plan by the state using the auto-assignment criteria.	A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration. Recipients enrolled with a plan have 120 days to change plans.	Dental services are available to recipients in the Medically Needy program. Recipients are enrolled in the same plan each month that the recipient meets the share of cost requirement.

Florida Managed Care Program Features, as of 2021 (2 of 2)

Features	Program of All- Inclusive Care for the Elderly
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide
Federal operating authority	PACE
Program start date	01/01/2003
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Voluntary

Features	Program of All- Inclusive Care for the Elderly
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Continuous while slots are available.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	

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

Features	Program of All- Inclusive Care for the Elderly
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Florida Pace Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.; NE PACE Partners
Notes: Program notes	At the time of the enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.

Georgia Managed Care Program Features, as of 2021 (1 of 2)

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011
Waiver expiration date (if applicable)			12/31/2029
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt	Exempt

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period			Women who are enrolled in the P4HB program are granted a 30 day period to select a CMO of their choice. Furthermore, effective January 1, 2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is auto assigned to a CMO, in order to receive P4HB services , based on DCH's auto assignment algorithm.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)			
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X	X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies
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	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC	NCQA, JCAHO	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup Community Care; CareSource Georgia; Peach State Health Plan	Amerigroup Community Care	CareSource Georgia; Peach State Health Plan; Amerigroup Community Care

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies
Notes: Program notes	<p>Georgia Families is a program that delivers health care services to members of Medicaid and Peach Care for Kids. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs.</p>	<p>Georgia Families 360 enrolls children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system.</p>	

Georgia Managed Care Program Features, as of 2021 (2 of 2)

Features	Non-Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	10/07/1997
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: American Indian/Alaska Native	Exempt

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

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

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

Features	Non-Emergency Medical Transportation
Notes: Program notes	<p>The Georgia Department of Community Health's (DCH) Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment. NEMT is a ride-share program and multiple members may be riding in the same vehicle. To provide the necessary non-emergency medical transportation, DCH utilizes a brokerage system and it is these two Brokers, ModivCare (formerly LogistiCare) and Southeastrans, who coordinate and provide NEMT services for the state's five regions (North, Atlanta, Central, East and Southwest). NEMT brokers are paid a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Transportation services are provided at no cost.</p>

Hawaii Managed Care Program Features, as of 2021

Features	Med-QUEST
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1902(a)(70) NEMT
Program start date	08/01/2019
Waiver expiration date (if applicable)	07/31/2024
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory

Features	Med-QUEST
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	Applicants are allowed to pre-select a health plan upon completing the Medicaid application to avoid auto-assignment. Staff will process the pre-enrollment, which pends up to 90 days to receive eligibility. If the client does not select a health plan upon submitting the Medicaid application, Med-QUEST assigns a health plan. The client will have 90 days to choose a different health plan. Enrollment in the new plan begins on the first day of the following month. Once the 90-day period ends, the client can select a different plan during the annual plan change period from October 1-31, and enrollment is effective January 1.
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

Features	Med-QUEST
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	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	

Features	Med-QUEST
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Smoking Cessation Services, Urgent Care Services, Vaccinations, Vision and Hearing Services, Podiatry Services
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
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: Plans in Program	AlohaCare Integration (QI); Hawaii Medical Service Association (HMSA) (QI); Kaiser Foundation Health Plan (QI); 'Ohana Health Plan (QI); UnitedHealthcare Community Plan (QI)
Notes: Program notes	

Idaho Managed Care Program Features, as of 2021 (1 of 2)

Features	Healthy Connections	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1915(b)/1915(i)
Program start date	10/01/2006	09/01/2010	09/01/2013
Waiver expiration date (if applicable)			03/21/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		
Populations enrolled: Full Duals	Voluntary		Voluntary
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Mandatory	Mandatory

Features	Healthy Connections	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A		
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			X
Benefits covered: Case management	X		X

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

Features	Healthy Connections	Non-Emergency Medical Transportation	Idaho Behavioral Health Plan
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	Multiple Primary Care Providers	MTM (Medical Transportation Management)	United Healthcare/Optum Idaho
Notes: Program notes	NCQA is the accrediting organization for tier 3 of the Healthy Connections program.		

Idaho Managed Care Program Features, as of 2021 (2 of 2)

Features	Idaho Smiles	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus
Program type	Dental only (PAHP)	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls counties	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls counties
Federal operating authority	1915(b)	1915(a)/1915(c)	1915(b)/1915(c)
Program start date	08/01/2008	07/01/2014	11/01/2018
Waiver expiration date (if applicable)	06/30/2022	09/30/2022	09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory

Features	Idaho Smiles	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period			Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			90 days - Enrollment open for ninety days
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X

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

Features	Idaho Smiles	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Telligen	Telligen
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	MCNA (Managed Care of North America, Inc.)	Blue Cross of Idaho; Molina of Idaho	Blue Cross of Idaho; Molina of Idaho
Notes: Program notes			

Illinois Managed Care Program Features, as of 2021

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Program type	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b),1932(a)/1915(c)	1915(b)/1915(c)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	06/30/2024	09/30/2023
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Telehealth, ambulatory, surgical treatment center, assisted living, assistive/augmentative communication devices, audiology, behavioral, blood and blood components, chiropractic, diabetes prevention, durable medical equipment, environmental accessibility, immunization, physical/occupational and speech therapy, podiatry, renal, specialized medical equipment and supplies, and vision	non-medical behavioral health, telehealth
Quality assurance and improvement: HEDIS data required?	Yes	Yes

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare; YouthCare	Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Notes: Program notes	<p>HealthChoice Illinois is a statewide program that was implemented on January 1, 2018 and is comprised of populations that were previously included in the Integrated Care Program, the Family Health Plan/Affordable Care Act Program and the Managed Long Term Services and Supports Program. Low income pregnant women are mandatorily enrolled into the Program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Senior or Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were again returned to the health plans during this reporting period for COVID Community Reinvestment Efforts. Pre-assigned (0 day choice) enrollment was implemented and applied during this reporting period as a result of the COVID Public Health Emergency in an effort to move prospective enrollees into managed care/care coordination as soon as possible. In June 2022, the Department reinstated the 30 day enrollment choice period. The HealthChoice Illinois Program includes enrollees from the same 1915(c) waivers as the HealthChoice Illinois - Managed Long Term Services and Supports program</p>	<p>The Program includes enrollees of multiple 1915(c) waivers, which have different end dates as follows: The current Persons with Disabilities 1915(c) waiver will expire on 06/30/2026; the current Elderly 1915(c) waiver will expire on 09/30/2026; the current Traumatic Brain Injury 1915(c) waiver will expire on 06/30/2027; the current Supportive Living Facility 1915(c) waiver will expire on 09/30/2027; and the current HIV/AIDS 1915(c) waiver will expire on 09/30/2023. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors and Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one (1) year, the MCO is eligible for accreditation and shall receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were given back to the health plans during this reporting period for COVID Community Reinvestment Efforts. Pre-assigned (0 day choice) enrollment was implemented and applied during this reporting period as a result of the COVID Public Health Emergency in an effort to move prospective enrollees into managed care/care coordination as soon as possible. In June 2022, the Department reinstated the 30 day enrollment choice period.</p>

Indiana Managed Care Program Features, as of 2021 (1 of 2)

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1932(a)
Program start date	02/01/2015	04/01/2015	01/01/2000
Waiver expiration date (if applicable)	12/31/2030	03/31/2023	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	60 days	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 60 day window to make a health plan change. Members cannot change plans after having made a POWER account contribution.		Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90 day window to make a health plan change.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
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
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Chiropractic, Vision	Podiatry, Chiropractic, Vision	Podiatry, Chiropractic, Vision
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes

Features	Healthy Indiana Plan	Hoosier Care Connect	Hoosier Healthwise
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)	Qsource	Qsource	Qsource
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	X	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
Participating plans: Plans in Program	Anthem; Caresource Indiana, Inc; Managed Health Services; MDWise	Anthem; United Healthcare Community Plan; Managed Health Services	Anthem; Caresource Indiana, Inc; Managed Health Services; MDWise
Notes: Program notes	Home health and nursing facility care is covered for a short period of time, no more than 100 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver.	Home health and nursing facility care is covered for a short period of time, no more than 30 days. IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver.	IMD stays are primarily covered under Indiana's SMI (serious mental illness) waiver, Nursing facility and home health care is limited to short term needs.

Indiana Managed Care Program Features, as of 2021 (2 of 2)

Features	PACE
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Regions covered include Lake, Johnson, Allen, Fayette, Franklin, Henry, Randolph, Union, Wayne, the following Marion County zip codes, 46107, 46201, 46202, 46203, 46204, 46217, 46218, 46219, 46221, 46222, 46225, 46227, 46229, 46237, 46239, 46241, 46259, and the following Elkhart, Marshall, and St. Joseph County zip codes: 46506, 46514, 46516, 46517, 46526, 46530, 46536, 46544, 46545, 46552, 46554, 46556, 46561, 46574, 46601, 46613, 46614, 46615, 46616, 46617, 46619, 46628, 46635, 46637, 46563, 46573
Federal operating authority	PACE
Program start date	10/01/2012
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	

Features	PACE
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X

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

Features	PACE
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Franciscan Senior Health and Wellness-DYER; Franciscan Senior Health and Wellness- Indy; Reid Health Pace Center; Saint Joseph Pace
Notes: Program notes	The PACE state plan amendment was approved with an effective date of 10/1/2012. But, Indiana's first PACE program agreement was not effective until 1/1/2015. In 2021 we saw an expansion to our PACE programs with current plans expanding and new plans being added.

Iowa Managed Care Program Features, as of 2021

Features	Iowa Health Link	PACE	Dental Wellness Plan
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b),1915(b)/1915(c),1937 Alt Benefit Plan,1945 Health Homes	PACE	1115(a) (Medicaid demonstration waivers),1937 Alt Benefit Plan
Program start date	04/01/2016	08/01/2018	05/01/2014
Waiver expiration date (if applicable)	03/31/2026		12/31/2024
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Exempt	Voluntary

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

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

Features	Iowa Health Link	PACE	Dental Wellness Plan
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)		Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Amerigroup of Iowa, Inc.; Iowa Total Care	PACE	Delta Dental of Iowa; MCNA Dental Plans, Inc.

Features	Iowa Health Link	PACE	Dental Wellness Plan
Notes: Program notes	<p>EPSDT is not covered under Hawki (State CHIP Plan); Private duty nursing and personal care services are covered as a benefit under EPSDT as provided through a home health agency for up to 16 hours per day; ICF/ID Must meet level of care; nursing facility - must meet level of care; Hospice --use utilization management guidelines; IMD <15 days: When the member is served in an IMD for 15 days or less in a calendar month, the MCO reimburses the IMD for the IMD member days using the current weighted average inpatient and hospitalization rate; IMD > 15 days: When the member's stays that exceed the 15 member days permitted the MCI Contractor will not reimburse the IMD for any of the IMD member days in that month; Vision: Routine eye examinations are covered once in a 12-month period; NEMT is available to all IA Health links members except for the Iowa Health and Wellness Plan (IHAWP) Non-Medically Exempt population. Members that have Medically Exempt status are eligible for NEMT services.</p>		Delta Dental covers all of our Hawki (State CHIP) members

Kansas Managed Care Program Features, as of 2021

Features	KanCare	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Leavenworth, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Pottawatomie, Reno, Rice, Saline, Sedgwick, Shawnee, Wabaunsee, and Wyandotte counties
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(a), 1905(t), 1937 Alt Benefit Plan, 1945 Health Homes	PACE
Program start date	01/01/2013	08/01/2002
Waiver expiration date (if applicable)	12/31/2023	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary

Features	KanCare	PACE
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Gainwell Technologies	Gainwell Technologies
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	

Features	KanCare	PACE
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized Health Home	X	
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Adult day care, recreational therapy, meals, social services, social work counseling, etc.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

Features	KanCare	PACE
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of Kansas; Sunflower State Health Plan; United HealthCare Community Plan of Kansas	Via Christi; Midland Care; Bluestem PACE, Inc.
Notes: Program notes	Kansas operates KanCare Medicaid Managed Care Program under the 1115(a) demonstration waiver concurrently with seven 1915(c) waivers.	

Kentucky Managed Care Program Features, as of 2021

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	01/01/2021	12/01/1998
Waiver expiration date (if applicable)	12/25/2025	12/31/2021
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	90	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	

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

Features	Kentucky Managed Care	Kentucky Non-Emergency Medical Transportation
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of Kentucky; Anthem BCBS; Humana; Passport by Molina; United Healthcare; Wellcare of Kentucky	NEMT Human Services Transportation Delivery
Notes: Program notes		

Louisiana Managed Care Program Features, as of 2021 (1 of 2)

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)	1915(b)/1915(c)
Program start date	12/12/2015	07/01/2014	03/01/2012
Waiver expiration date (if applicable)	06/30/2027	06/30/2026	06/30/2027
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Varies	Mandatory	Voluntary
Populations enrolled: American Indian/Alaska Native	Exempt	Mandatory	Exempt

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period		Other	
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 DBPM at Medicaid application. If no plan is chosen the enrollee is pre-assigned.	
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X		X

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Mental health rehabilitation services including: Psychosocial rehabilitation, Crisis Intervention, Crisis stabilization, Youth Support and Training (YST), Parent Support and Training (PST), Short-term Respite, and Independent Living/Skills Building (ILSB)

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO, Myers & Stauffer LC	Myers & Stauffer LC	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Aetna Better Health of Louisiana; AmeriHealth Caritas Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	DentaQuest; MCNA of Louisiana	Magellan

Features	Healthy Louisiana	Dental Benefit Management Program	Coordinated System of Care
Notes: Program notes	<p>Children enrolled in the Coordinated System of Care (CSC) PIHP program receive specific behavioral services through that program and physical health and other health care coverage through the Healthy LA MCO program. Medicaid members who are considered “BH only” receive those specific BH services through the Healthy LA BHO program. The Healthy LA BHO program is a limited benefit MCO program. Only behavioral health services and NEMT are covered. These enrollees are individuals who receive fee-for-service Medicaid for most of their health services, including physical health services and prescription benefits. The limited benefit MCO program covers behavioral health services for residents in long term care facilities as well as those outside of long term care facilities. Personal care is provided through the 1915(b) authority.</p>	<p>EPSDT dental benefits are provided by the DBPM for members ages 0-20. Adult Denture benefits are provided to members age 21+. Effective 1/1/2021 LDH contracted with a second dental plan, DentaQuest, to provide a second plan to all eligible members and expanded enrollment in the DBPMs to include beneficiaries in ICF/DD facilities.</p>	<p>Children enrolled in the Coordinated System of Care (CSC) PIHP program receive specific behavioral services through that program and physical health and other health care coverage through the Healthy LA MCO program. Medicaid members who are considered “BH only” receive those specific BH services through the Healthy LA BHO program.</p>

Louisiana Managed Care Program Features, as of 2021 (2 of 2)

Features	PACE	Healthy Louisiana
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Baton Rouge, Greater New Orleans, Lafayette: 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121, 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592, 70704, 70710, 70714, 70719, 70720, 70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879, 70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898	Statewide
Federal operating authority	PACE	1915(b), 1932(a)
Program start date	09/01/2007	02/01/2012
Waiver expiration date (if applicable)		06/30/2027
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory

Features	PACE	Healthy Louisiana
Populations enrolled: Aged, Blind or Disabled Children or Adults		Varies
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Varies
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory
Populations enrolled: Enrollment choice period	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus Health Services
Populations enrolled: Notes on enrollment choice period		Enrollee has the opportunity to choose an MCO at Medicaid application. If no plan is chosen, the enrollee is pre-assigned.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		
Benefits covered: Physician	X	X

Features	PACE	Healthy Louisiana
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs		X
Benefits covered: Prosthetic devices		X
Benefits covered: EPSDT		X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X

Features	PACE	Healthy Louisiana
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All specialized services authorized by IDT, including podiatry.	Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are covered, but limited to a list of payable procedures.
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		IPRO, Myers & Stauffer LC
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X

Features	PACE	Healthy Louisiana
Participating plans: Plans in Program	PACE - Baton Rouge; PACE - Greater New Orleans; PACE - Lafayette	Aetna Better Health of Louisiana; AmeriHealth Caritas Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan
Notes: Program notes		Personal care (state plan option) services are available to enrollees aged 0 - 20. Mandatory vs. Voluntary Enrollment for Aged, Blind, or Disabled Children and Adults: Some of our disabled children can voluntarily opt out.

Maine Managed Care Program Features, as of 2021

Features	MaineCare	NET
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)
Program start date	05/01/1999	08/01/2011
Waiver expiration date (if applicable)		03/31/2022
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory

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

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

Features	MaineCare	NET
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Multiple Primary Care Providers	Modivcare; Penquis CAP; MidCoast Connector
Notes: Program notes		Maine has received an extension on the 1915(b) waiver and is working towards renewing the waiver.

Maryland Managed Care Program Features, as of 2021

Features	HealthChoice	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237, 21052
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/1997	11/01/2002
Waiver expiration date (if applicable)	12/31/2026	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Mandatory	Exempt

Features	HealthChoice	PACE
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)	Maryland Health Benefit Exchange	
Populations enrolled: Notes on enrollment choice period	Individuals may apply for Medicaid and HealthChoice 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
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		

Features	HealthChoice	PACE
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
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	
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwives, freestanding birthing centers, podiatry (routine footcare for <21 and diabetics), diabetes prevention and telehealth.	Multidisciplinary assessment and treatment planning; Social work services; Nutritional counseling; Recreational therapy; Certain meals; Medical specialty services; prosthetics, orthotics, corrective vision devices, such as eyeglasses and lenses, hearing aids, dentures, and repair and maintenance of these items; Assisted living; and other services determined necessary by the multidisciplinary team to improve and maintain the participant's overall health status.

Features	HealthChoice	PACE
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)	Qlarant Quality Solutions, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of Maryland; Amerigroup Community Care; CareFirst BCBS Community Health Plan Maryland; Jai Medical Systems; Kaiser Permanente of the Mid-Atlantic States; Maryland Physicians Care; MedStar Family Choice; Priority Partners; UnitedHealthcare of the Mid-Atlantic	Hopkins ElderPlus
Notes: Program notes	The nursing facility services provided by HealthChoice is only for the first 90 days in the facility. Individuals requiring services beyond 90 days are then disenrolled into the fee-for-service program.	

Massachusetts Managed Care Program Features, as of 2021 (1 of 3)

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Program type	Primary Care Case Management Entity (PCCM Entity)	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	03/01/2018	01/01/1995	07/07/1998
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus until 12/2/21, Automated Health Systems (12/3/2021 - present)	Maximus until 12/2/2022, Automated Health Systems 12/3/2022 - present	Maximus until 12/2/2021, Automated Health Systems 12/3/2021 - present
Populations enrolled: Notes on enrollment choice period	14 days with 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees.		14 days with a 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees.
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X

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

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Acupuncture, audiology, breast pump, chiropractic, diabetes self-management, training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, NF (provided at a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, and home health (nursing and therapies). LTSS are covered through FFS (Note: this list is not fully inclusive).
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Innovative Resource Group, LLC D/B/A Kepro	Innovative Resource Group, LLC D/B/A Kepro	Innovative Resource Group, LLC D/B/A Kepro
Performance incentives: Payment bonuses/differentials to reward plans	X		X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Mass General Brigham ACO; Community Care Cooperative, Inc.; Steward Health Choice	Multiple primary care providers	Tufts Health Together; BMC HealthNet Plan
Notes: Program notes	Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality assurance and improvement, MassHealth does not require PCACOs calculate HEDIS measures but rather calculates select HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCACOs.	Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality assurance and improvement, MassHealth calculates HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCC Plan.	Private duty nursing is covered under capitation for SKSC population only.

Massachusetts Managed Care Program Features, as of 2021 (2 of 3)

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Counties of Barnstable, Berkshire, 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	03/01/2018	07/01/1997	07/01/2004
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	12/31/2023
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	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: Children with Special Health Care Needs	Mandatory	Mandatory	

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Populations enrolled: American Indian/Alaska Native	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 until 12/2/2021, Automated Health Systems 12/3/2021 - present	Maximus until 12/2/2021, Automated Health Systems 12/3/2021 - present	Maximus until 12/2/2021, Automated Health systems 12/3/2021
Populations enrolled: Notes on enrollment choice period	14 days with a 90-day selection period for new enrollees. Annual 90-day selection period for existing employees.	Daily	Medicaid members are eligible to enroll all year, with enrollment effective the first day of the month following the month in which the member decided to enroll. Dual eligible members are eligible to enroll in accordance with the Medicare Advantage enrollment period, with enrollment effective the first day of the month following the month in which the member decided to enroll, to the extent that they have a quarterly Special Election Period or other Special Election Period available.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X		X
Benefits covered: Family planning	X		X
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			X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Benefits covered: 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.)	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, NF (provided at either a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, and Home Health (nursing and therapies). LTSS are covered through FFS. (Note: this list is not fully inclusive).	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	All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	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)	Innovative Resource Group, LLC D/B/A Kepro	Innovative Resource Group, D/B/A Kepro	Innovative Resource Group, D/B/A Kepro
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP); Atrius Health in partnership with Tufts Health Public Plans (THPP); Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Public Plans (THPP); Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP); Merrimack Valley ACO in partnership with AllWays Health Partners (My Care Family); Baystate Health Care Alliance in partnership with Health New England (Be Healthy Partnership); Boston Accountable Care Organization in partnership with BMC HealthNet Plan; Mercy Medical Center in partnership with BMC HealthNet Plan; Signature Healthcare in partnership with BMC HealthNet Plan; Southcoast Health in partnership with BMC HealthNet Plan; Health Collaborative of the Berkshires in partnership with Fallon Health; Reliant Medical Group in partnership with Fallon Health; Wellforce in partnership with Fallon Health	Massachusetts Behavioral Health Partnership	Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare
Notes: Program notes	N/A	Full duals are only enrolled mandatorily if less than 21 years of age.	

Massachusetts Managed Care Program Features, as of 2021 (3 of 3)

Features	Plan All-Inclusive Care for the Elderly (PACE)
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Counties of Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, and Berkshire
Federal operating authority	PACE
Program start date	07/10/1990
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	

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

Features	Plan All-Inclusive Care for the Elderly (PACE)
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
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.)	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.
Quality assurance and improvement: HEDIS data required?	No

Features	Plan All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Element Care Inc; Serenity Care PACE Program; Mercy Life Inc; Neighborhood PACE; Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of Harbor Health; Fallon Health Summit Eldercare
Notes: Program notes	The Enrollment numbers do not include private pay enrollees, if any.

Michigan Managed Care Program Features, as of 2021 (1 of 2)

Features	MI Choice	PACE	Healthy Kids Dental
Program type	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	PACE	1915(b)
Program start date	10/01/2003	11/01/2003	04/01/2009
Waiver expiration date (if applicable)	09/30/2023		12/31/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Voluntary	Exempt	Voluntary

Features	MI Choice	PACE	Healthy Kids Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.		90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
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		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices		X	
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	

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

Features	MI Choice	PACE	Healthy Kids Dental
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Health, Chore, Community Health Workers, Community Living Support, Community Transition, Counseling, Environmental Accessibility Adaptions, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Nursing Services, Personal Emergency Response Systems (PERS), Private Duty Nursing/Respiratory Care, Respite Services, Specialized Medical Equipment and Supplies, and Training in a variety of independent living skills.	Transportation	
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			X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	MI Choice	PACE	Healthy Kids Dental
Participating plans: Plans in Program	A & D Home Health Care, Inc.; Area Agency on Aging 1-B; Area Agency on Aging of Northwest Michigan; Area Agency on Aging of Western Michigan; Detroit Area Agency on Aging; Macomb-Oakland Regional Center Home Care, Inc. (MORC); Northern Healthcare Management; Region 2 Area Agency on Aging; Region 3B Area Agency on Aging; Region 4 Area Agency on Aging; Region 7 Area Agency on Aging; Region 9 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West Michigan; Milestone Senior Services, Inc.; The Information Center; Tri County Office on Aging; The Senior Alliance; UPCAP; Valley Area Agency on Aging	Senior Care Partners; Senior Community Care; Thome PACE; Ascension Living PACE; Care Resources; Community PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE Central Michigan; PACE North; PACE of Southeast MI; PACE of Southwest MI	Blue Cross Blue Shield of Michigan; Delta Dental of Michigan

Features	MI Choice	PACE	Healthy Kids Dental
Notes: Program notes	Cover HCBS only. Must be elderly or a disabled adult (at least 18 years of age), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. *Attestation is not required, but some plans do this voluntarily.	Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in all 83 counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractors mimic the dental services provided through the Fee-For-Service Medicaid program. Medicaid beneficiaries have access to dentists through the contractors participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.

Michigan Managed Care Program Features, as of 2021 (2 of 2)

Features	Healthy Michigan Plan	Comprehensive Health Care Program	Specialty Prepaid Inpatient Health Plans
Program type	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(b)/1915(c)
Program start date	04/01/2014	07/01/1997	10/01/1998
Waiver expiration date (if applicable)	12/31/2023	12/31/2023	09/30/2024
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	Mandatory
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	Healthy Michigan Plan	Comprehensive Health Care Program	Specialty Prepaid Inpatient Health Plans
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Michigan Enrolls	Michigan Enrolls	
Populations enrolled: Notes on enrollment choice period	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individual's case number.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individuals case number.	No lock-in period.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	

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

Features	Healthy Michigan Plan	Comprehensive Health Care Program	Specialty Prepaid Inpatient Health Plans
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical, and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, and 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, and vision services.	Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential Enhanced Pharmacy, Environmental Modifications.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	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	

Features	Healthy Michigan Plan	Comprehensive Health Care Program	Specialty Prepaid Inpatient Health Plans
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority; Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10 PIHP; Southwest MI Behavioral Health
Notes: Program notes	Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both Fee-For-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.	Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both Fee-For-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.	7,607 beneficiaries received HCBS services as of 07/01/2021.

Minnesota Managed Care Program Features, as of 2021 (1 of 2)

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b),1932(a),1945 Health Homes	1915(b)/1915(c),1945 Health Homes	1915(a)/1915(c),1945 Health Homes
Program start date	07/01/1985	06/01/2005	03/01/1997
Waiver expiration date (if applicable)	12/31/2022	06/30/2026	06/30/2026
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

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

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: SSA Section 1945-authorized Health Home	X	X	X
Benefits covered: Home health services (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, EDBI, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Residential Mental Health Services (ITRS, Children's Crisis), Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment	ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment	ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X

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

Minnesota Managed Care Program Features, as of 2021 (2 of 2)

Features	Special Needs Basic Care (SNBC)
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1915(a), 1945 Health Homes
Program start date	01/01/2008
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary

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

Features	Special Needs Basic Care (SNBC)
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	ambulatory surgery, outpatient therapy, Durable Medical Equipment, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No

Features	Special Needs Basic Care (SNBC)
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Health Partners; Hennepin Health; Medica; Prime West; South Country Health Alliance; UCare
Notes: Program notes	

Mississippi Managed Care Program Features, as of 2021

Features	Mississippi Coordinated Access Network (MississippiCAN)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	01/01/2011
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	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	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary

Features	Mississippi Coordinated Access Network (MississippiCAN)
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Conduent Healthcare Solutions
Populations enrolled: Notes on enrollment choice period	Enrollment choice period open for 90 days
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X

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

Features	Mississippi Coordinated Access Network (MississippiCAN)
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence (CCME)
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Magnolia Health; UnitedHealthcare Community Plan; Molina Healthcare of Mississippi
Notes: Program notes	Mississippi has a separate CHIP program. Personal care services are part of EPSDT services. The MississippiCAN program does not include Medicaid beneficiaries enrolled in Home and Community Based Waivers or residents of residential facilities, except Psychiatric Residential Treatment Facilities. Personal care services are defined as medically necessary personal care services for EPSDT-eligible beneficiaries who require assistance in order to safely perform the activities of daily living due to a diagnosed condition, disability, or injury. The delivery and receipt of these services must be medically necessary for the treatment of the beneficiary's condition, disability, or injury and exceed the level of care available through the home health benefit.

Missouri Managed Care Program Features, as of 2021

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1915(b)	1902(a)(70) NEMT
Program start date	09/01/1995	10/01/2006
Waiver expiration date (if applicable)	06/30/2024	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	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	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)	WIPRO Infocrossing	Medicaid State Plan
Populations enrolled: Notes on enrollment choice period	Pregnant women have 7 days. 15 days for the rest of the population, however children in the care and custody of the State of Missouri are enrolled the same day.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	

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

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory Surgical Care, Asthma Education and In-Home Environmental Assessments, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Obesity, Prenatal Case Management, Podiatry, Vision	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Primaris Holdings, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Participating plans: Plans in Program	Home State Health Eastern; Healthy Blue Eastern; UnitedHealthcare Eastern; Healthy Blue Western; Home State Health Western; UnitedHealthcare Western; Healthy Blue Central; Home State Health Central; UnitedHealthcare Central; Healthy Blue Southwestern; Home State Health Southwestern; UnitedHealthcare Southwestern	Logisticare Solutions
Notes: Program notes	HCBS services within Missouri are limited and are therefore not covered under the 1915(c) waiver. Home health services provided through managed care are limited to 100 visits per year and are intended to be covered for a short term. Long-term home health services are provided outside of managed care.	

Montana Managed Care Program Features, as of 2021

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1932(a)
Program start date	01/01/1993	01/01/2018	01/01/2016
Waiver expiration date (if applicable)	06/30/2024		
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: American Indian/Alaska Native	Mandatory	Exempt	Mandatory

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Conduent	Conduent	Conduent
Populations enrolled: Notes on enrollment choice period	45 days		45 days
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

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

Features	Passport to Health	Comprehensive Primary Care Plus (CPC)+	Patient Centered Medical Home
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No, but accreditation considered in plan selection criteria	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Passport to Health; Team Care	Multiple Primary Care Providers	Multiple Primary Care Providers
Notes: Program notes	A member can only be enrolled in one PCCM at one time, they must choose either a Passport, CPC+ or Patient Centered Medical Home provider. The program-level counts of Passport to Health include people who also participate in the Tribal Health Improvement Plan.	CPC+ is a subset of Passport to Health. The 1915(b) waiver authority for Passport to Health requires a large percentage of the Medicaid population to mandatorily choose a PCCM primary care provider. However, members have a choice of providers, including the option of choosing between a CPC+ provider or a Patient Centered Medical Home provider, and members can change providers on a monthly basis.	The Patient Centered Medical Home program is a subset of Passport to Health. The 1915(b) waiver authority for Passport to Health requires a large percentage of the Medicaid population to mandatorily choose a PCCM primary care provider. However, members have a choice of providers, including the option of choosing between a CPC+ provider or a Patient Centered Medical Home provider, and members can change providers on a monthly basis.

Nebraska Managed Care Program Features, as of 2021

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Statewide	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	Statewide
Federal operating authority	1915(b)	PACE	1915(b)
Program start date	01/01/2017	05/01/2013	10/01/2017
Waiver expiration date (if applicable)	09/30/2022		09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		Mandatory
Populations enrolled: Full Duals	Mandatory		Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems (AHS)		
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	

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

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Hearing, Immunization, Speech Therapy, Physical Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding birth center		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	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	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)	Dental Benefit Manager
Participating plans: Plans in Program	UnitedHealthcare Community Plan of Nebraska; Healthy Blue; Nebraska Total Care	Immanuel Pathways	MCNA Nebraska
Notes: Program notes			

Nevada Managed Care Program Features, as of 2021

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

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Medical Transportation (NEMT)
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults			Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals			Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-assigned	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Gainwell Technologies (GWT)	Gainwell Technologies (GWT)	

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Medical Transportation (NEMT)
Populations enrolled: Notes on enrollment choice period	MCO selection is made by recipient at time of application. If no selection is made, recipient is auto-assigned based on the auto-assignment algorithm outlined in the State Plan. New recipients have a 90-day switch period in which to make a different MCO selection before being locked-in until the next open enrollment period.		
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X		
Benefits covered: SSA Section 1945-authorized Health Home			

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

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Medical Transportation (NEMT)
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	Any Nationally Recognized Accrediting Organization	Any Nationally Recognized Accrediting Organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield of Nevada; Health Plan of Nevada; SilverSummit Health Plan	Liberty Dental Plan of Nevada	Medical Transportation Management (MTM)
Notes: Program notes	Nursing Facility Services are covered by the MCO the first 180 days. Performance Incentives: For the year 2021, the State cancelled the Performance Incentives due to the COVID-19 pandemic.	Enrollment: Recipients in Managed Care are automatically assigned to LIBERTY Dental as there is only one vendor.	NV Check-Up is not eligible for NEMT. Enrollment: Recipients in Managed Care are automatically assigned to MTM as there is only one vendor. Performance Incentives ended June 30, 2021.

New Hampshire Managed Care Program Features, as of 2021

Features	New Hampshire Medicaid Care Management
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b),1932(a)
Program start date	12/01/2013
Waiver expiration date (if applicable)	03/31/2022
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

Features	New Hampshire Medicaid Care Management
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X

Features	New Hampshire Medicaid Care Management
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full substance use disorder treatment
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	New Hampshire Medicaid Care Management
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	New Hampshire Healthy Families; Well Sense Health Plan; AmeriHealth Caritas of New Hampshire
Notes: Program notes	The 1915(b) authority is only applicable to those members that cannot be mandated to participate in managed care.

New Jersey Managed Care Program Features, as of 2021 (1 of 2)

Features	Non-Emergency Medical Transportation	PACE	FIDE SNP
Program type	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	County or zip code specific, varies by plan. See individual plans.	Varies by MCO
Federal operating authority	1902(a)(70) NEMT	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	07/01/2009	04/09/2009	01/01/2012
Waiver expiration date (if applicable)			06/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		
Populations enrolled: Children with Special Health Care Needs			

Features	Non-Emergency Medical Transportation	PACE	FIDE SNP
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children			
Populations enrolled: Enrollment choice period		N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT			X

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

Features	Non-Emergency Medical Transportation	PACE	FIDE SNP
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Assistive technology, audiology, chiropractic, durable medical equipment, hearing aid, immunization, medical day care, medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehabilitation/specialized hospital, outpatient rehabilitation, non-routine podiatrist, post-acute care, preventive health, specialized 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)			
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			

Features	Non-Emergency Medical Transportation	PACE	FIDE SNP
Participating plans: Plans in Program	ModivCare	AtlantiCare Life; Beacon of LIFE; Inspira LIFE; LIFE St. Francis; Lutheran Senior Life; Trinity Health LIFE NJ	Amerivantage Dual Coordination (HMO D-SNP) Amerivantage Dual Secure (HMO POS); Aetna Assure Premier Plus (HMO SNP); Wellcare Liberty (HMO D-SNP); UnitedHealthcare Dual Complete ONE (HMO D-SNP); Horizon NJ TotalCare (HMO D-SNP)
Notes: Program notes			All fully dual eligible beneficiaries at the level that qualifies them to enroll in FIDE SNP in New Jersey—which would be QMB+ or otherwise FBDE (Full Benefit Dual Eligible) level—qualify for a year-round SEP. They can elect to change their enrollment (enroll, disenroll, or switch plans) for any reason whatsoever once every quarter for the first three quarters of the year. At the end/last quarter of the year, the normal AEP (Annual Enrollment Period) standards apply to their enrollment choices.

New Jersey Managed Care Program Features, as of 2021 (2 of 2)

Features	NJ FamilyCare
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	09/01/1995
Waiver expiration date (if applicable)	06/30/2022
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	

Features	NJ FamilyCare
Populations enrolled: Enrollment choice period	10 days
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X

Features	NJ FamilyCare
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive technology, audiology, chiropractic, durable medical equipment, hearing aid, immunization, medical day care, medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehabilitation/specialized hospital, outpatient rehabilitation, non-routine podiatrist, post-acute care, preventive health, specialized hospital, vision
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	NJ FamilyCare
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Aetna Better Health NJ; Amerigroup New Jersey Inc; Horizon NJ Health; UnitedHealthcare Community Plan; WellCare of New Jersey
Notes: Program notes	

New Mexico Managed Care Program Features, as of 2021

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, Sandoval, and Valencia counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2019	07/01/2004
Waiver expiration date (if applicable)	12/31/2023	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Exempt

Features	Centennial Care	Program of All-inclusive Care for the Elderly (PACE)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Members have 90 days to switch MCO's when initially enrolled and during recertification.	Disenrollment permitted every 30 days.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X

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

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

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

New York Managed Care Program Features, as of 2021 (1 of 2)

Features	Medicaid Managed Care	PACE	Health and Recovery Plans
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes	PACE	1115(a) (Medicaid demonstration waivers), 1945 Health Homes
Program start date	10/01/1997	01/01/2001	10/01/2015
Waiver expiration date (if applicable)	03/31/2027		03/31/2027
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt	Exempt

Features	Medicaid Managed Care	PACE	Health and Recovery Plans
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days	N/A	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
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	X		X

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

Features	Medicaid Managed Care	PACE	Health and Recovery Plans
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	X		X
Participating plans: Plans in Program	Affinity Health Plan; AmidaCare Special Needs; Capital District Physician's Health Plan; Excellus; Fidelis Care; Health First; Health Now; HealthPlus; HIP Combined; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina HealthCare of New York, Inc.; MVP Health Plan; United HealthCare; VNS Choice Special Needs	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	Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina HealthCare of New York; MVP Health Plan; United HealthCare

Features	Medicaid Managed Care	PACE	Health and Recovery Plans
Notes: Program notes	Effective July 1, 2019, Partial Hospitalization is applicable to eligible children under age 21 as well as adults aged 21 and over. Fidelis Care covers emergency and non - emergency transportation in Rockland County only. MMC includes children's HCBS authorized under the State's 1915c Children's waiver and 1115 MRT Waiver.	Waiver Expiration Date not applicable, PACE is a joint state/federal program. Enrollment includes both full and partial dually eligibles, as well as qualified and specified low income (QMB/SLMB) Medicare Support programs, must be 55 years of age or older. PACE has a comprehensive mandate to cover all services deemed necessary by IDT. Covered Benefits include non-hospice palliative care. OG/GYN is mandated with a minimum age of 55 years. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds.	The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. CMS has approved HCBS within the HARP program under 1115(a) authority.

New York Managed Care Program Features, as of 2021 (2 of 2)

Features	Medicaid Advantage Plus	Medicaid Advantage	Managed Long Term Care
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2007	10/01/2006	01/01/1998
Waiver expiration date (if applicable)	03/31/2027	03/31/2027	03/31/2027
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
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	Mandatory
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt	Exempt

Features	Medicaid Advantage Plus	Medicaid Advantage	Managed Long Term Care
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			

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

Features	Medicaid Advantage Plus	Medicaid Advantage	Managed Long Term Care
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	AgeWell New York; Centers Plan; ElderPlan; ElderServe; Fidelis Legacy Plan; Hamaspik , Inc; HealthFirst Health Plan; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus	Fidelis Legacy Plan; United HealthCare; WellCare	VNS Choice; Aetna Better Health; AgeWell New York; ArchCare Community Life; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; Hamaspik Choice MLTC; Health Advantage/Elant Choice; HealthPlus; Icircle Care MLTC; Integra MLTC; Kalos Health Plan; MetroPlus; Montefiore HMO MLTC; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; Village Care; VNA HomeCare Options

Features	Medicaid Advantage Plus	Medicaid Advantage	Managed Long Term Care
Notes: Program notes	Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance, and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds.		MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance, and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds.

North Carolina Managed Care Program Features, as of 2021 (1 of 2)

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Buncombe, Henderson, Montgomery, Moore, Randolph, Gaston, Cleveland, Lincoln, Durham Wake, Granville, Mecklenburg, Cabarrus, Union, Stanley, Rowan, Davidson, Davie, Iredell, Catawba, Lincoln, Burke, Caldwell, Alexander, Guilford, Rockingham, Cumberland, Harnett, Robeson, Moore, Hoke, Alamance, Caswell, Chatham, Lee, Orange, Durham, New Hanover, Brunswick
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1932(a)	PACE
Program start date	07/01/2021	04/01/1991	02/01/2008
Waiver expiration date (if applicable)	10/31/2024		
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		90 days	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X

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

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive 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.)			
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)	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			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly
Participating plans: Plans in Program	Healthy Blue of North Carolina; UnitedHealthcare; Carolina Complete Health; Wellcare; Amerihealth Caritas	North Carolina Community Care	Carolina Seniorcare; CarePartners PACE; Elderhaus, Inc; Life of St. Joseph of the Pines, Inc.; PACE at Home Inc.; PACE of the Southern Piedmont; PACE of the Triad; Piedmont Health Services, Inc.; Senior Total Life Care, Inc.; Staywell; Voans Senior Community Care of North Carolina
Notes: Program notes		Plan consists of independently contracted medical home/primary care providers that receive a PMPM management fee for coordinating care at the medical home provider office.	

North Carolina Managed Care Program Features, as of 2021 (2 of 2)

Features	1915(b)(c) Medicaid Waiver for MH/DD/SA Services	EBCI Tribal Option
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1932(a)
Program start date	01/01/2012	07/01/2021
Waiver expiration date (if applicable)	06/30/2024	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	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	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Mandatory

Features	1915(b)(c) Medicaid Waiver for MH/DD/SA Services	EBCI Tribal Option
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned
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)	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		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		

Features	1915(b)(c) Medicaid Waiver for MH/DD/SA Services	EBCI Tribal Option
Benefits covered: Home health services (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No

Features	1915(b)(c) Medicaid Waiver for MH/DD/SA Services	EBCI Tribal Option
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, CARF	
Quality assurance and improvement: EQRO contractor name (if applicable)	Carolina Center for Medical Excellence	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	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	EBCI Tribal Option
Notes: Program notes	All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of seven plans is based on the enrollee's administrative county. Waiver expiration date (if applicable): (b) waiver was renewed – 7/1/19 through 6/30/24. Innovations was renewed – 5/1/20 through 4/30/25. TBI (not Statewide) is in the process of being renewed – 5/1/18.	

North Dakota Managed Care Program Features, as of 2021

Features	North Dakota Medicaid Expansion	Multiple Primary Care Providers	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Burleigh- 58501, 58502, 58503, 58504, 58558 Cass- 58047, 58078, 58102, 58103, 58104, 58105 Stark- 58601, 58602, 58630, 58652, 58655, 58656 Morton- 58554 Ward- 58701, 58702, 58703, 58722, 58785
Federal operating authority	1915(b),1937 Alt Benefit Plan	1932(a)	PACE
Program start date	01/01/2014	01/10/1994	08/01/2008
Waiver expiration date (if applicable)	12/31/2021		
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals			Voluntary

Features	North Dakota Medicaid Expansion	Multiple Primary Care Providers	Program of All-Inclusive Care for the Elderly
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			Participants voluntarily enroll in the PACE program; enrollment is on the first day of each month.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X

Features	North Dakota Medicaid Expansion	Multiple Primary Care Providers	Program of All-Inclusive Care for the Elderly
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	North Dakota Medicaid Expansion	Multiple Primary Care Providers	Program of All-Inclusive Care for the Elderly
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Up to 30 days SNF (within a 12 month period) and Vision Services		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		North Dakota	
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	ND Medicaid Expansion MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly
Notes: Program notes			

Ohio Managed Care Program Features, as of 2021

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central	Cuyahoga county
Federal operating authority	1915(b),1932(a)	1915(b)/1915(c)	PACE
Program start date	07/21/2006	05/01/2014	11/01/2002
Waiver expiration date (if applicable)	06/30/2027	12/31/2023	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory		

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.	Automated Health Systems, Inc.	
Populations enrolled: Notes on enrollment choice period	Medicaid enrollees are pre-assigned to a plan with 90 days to change plans.	MyCare Ohio Opt-Out enrollees are pre-assigned to a plan with 90 days to change plans.	Ohio PACE operates under an open enrollment model.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	

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

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Immunizations, nurse midwife services, freestanding birth centers, certified family nurse practitioner, certified pediatric nurse practitioner, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, podiatry, vision, durable medical equipment (DME) and medical supplies, ambulance, ambulette, care management, telemedicine, respite services for eligible children receiving SSI, services for members with a primary diagnosis of Autism Spectrum Disorder, screening and counseling for obesity.	Immunizations, nurse midwife services, freestanding birth centers, care management, DME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, podiatry, telemedicine, services for members with a primary diagnosis of autism spectrum disorder, screening and counseling for obesity.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio PACE
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; Paramount Advantage; UnitedHealthcare Community Plan of Ohio, Inc.	CareSource; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; Aetna Better Health of Ohio; Buckeye Health Plan	McGregor PACE
Notes: Program notes		Regarding mandatory enrollment, the individuals that must enroll in this program are full duals who are age 18 and older. This includes children in foster care and children receiving adoption assistance who are full duals and age 18 and older.	Regarding the coverage of HCBS services, Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915© waiver to better ensure the assessed needs of individuals with an intermediate level of care are met, and better promote the health and welfare of PACE participants.

Oklahoma Managed Care Program Features, as of 2021

Features	SoonerRide	SoonerCare Choice	PACE
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	73004, 73007, 73008, 73010, 73012, 73013, 73020, 73026, 73034, 73036, 73045, 73049, 73051, 73064, 73065, 73066, 73068, 73069, 73071, 73072, 73078, 73080, 73084, 73089, 73090, 73093, 73099, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73113, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73132, 73134, 73135, 73136, 73139, 73140, 73141, 73142, 73149, 73159, 73160, 73162, 73170, 74011, 74012, 74021, 74033, 74055, 74063, 74066, 74070, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74116, 74119, 74126, 74127, 74128, 74129, 74130, 74133, 74134, 74135, 74136, 74145, 74146, 74169, 74347, 74352, 74359, 74364, 74365, 74401, 74402, 74403, 74423, 74427, 74434, 74435, 74441, 74451, 74452, 74457, 74464, 74465, 74467, 74471, 74857, 74931, 74945, 74955, 74960, 74962, 74964, and 74965
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/01/2006	01/01/1996	08/01/2008
Waiver expiration date (if applicable)		12/23/2023	
If the program ended in 2020, indicate the end date			

Features	SoonerRide	SoonerCare Choice	PACE
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt
Populations enrolled: Enrollment choice period		N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Logisticare	Maximus	
Populations enrolled: Notes on enrollment choice period		Members are enrolled within 72 hours of application.	Enrollment process takes approximately 4-6 weeks. Members are enrolled throughout the entire month to be effective the first day of the following month. Members go through the PACE Organizations for the entire enrollment process.

Features	SoonerRide	SoonerCare Choice	PACE
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)			X
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X

Features	SoonerRide	SoonerCare Choice	PACE
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	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, and medication assisted treatment
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)		Telligen	

Features	SoonerRide	SoonerCare Choice	PACE
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	SoonerRide	SoonerCare Choice	Life PACE; Valir PACE; Cherokee Elder Care (CEC)
Notes: Program notes			PACE members are not eligible for SoonerRide.

Oregon Managed Care Program Features, as of 2021

Features	OHP - Oregon Health Plan	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Multnomah county, Washington county (97113, 97116, 97140, 97062, 97078, 97003, 97123, 97124, 97005, 97006, 97007, 97008, 97223, 97224, 97225, 97229 only), Clackamas county (97015, 97027, 97086, 97036, 97045, 97062, 97068, 97034, 97035, 97206, 97219, 97222, 97267, 97268, 97269 only), Clatsop county, Tillamook county (97130, 97131, 97147 only), Jackson county (97501, 97502, 97504, 97525, 97535, 97537 only), Josephine county (97526, 97527, 97543 only)
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	02/01/1994	01/01/1986
Waiver expiration date (if applicable)	09/30/2022	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	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	

Features	OHP - Oregon Health Plan	PACE
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X

Features	OHP - Oregon Health Plan	PACE
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
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		

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, durable medical equipment, 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)	HSAG (Health Services Advisory Group)	
Performance incentives: Payment bonuses/differentials to reward plans	X	X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		

Features	OHP - Oregon Health Plan	PACE
Participating plans: Plans in Program	<p>Advantage Dental Services; Capitol Dental Care, Inc.; Family Dental Care; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Managed Dental Care of Oregon; ODS Community Health Inc.; Eastern Oregon CCO; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; Trillium Community Health Plan; Umpqua Health Alliance; Advanced Health; Yamhill Community Care; PacificSource Community Solutions - Lane (CCO); PacificSource Community Solutions - Marion Polk (CCO); Trillium Community Health Plan - Tri-County</p>	Providence Elder Place
Notes: Program notes	<p>As of 2011, Medicaid (known as Oregon Health Program (OHP) Plus), mandatorily enrolled most benefit groups, except childless adults, into fully-capitated MCOs, or offered primary care case managers in some counties where managed care was not available. The program covered acute, primary and specialty care; dental and behavioral health services were covered through separate prepaid health plans, many of which are operated by counties. Under this system, beneficiaries requiring physical, behavioral, dental, and transportation services could receive them from as many as four separate entities. On the Oregon Health Plan/Medicaid program, a person can be enrolled simultaneously in two or three plans. Note: Care Oregon Dental (DCO), Greater Oregon Behavioral Health, Inc. (MHO), PrimaryHealth of Josephine County (CCO), Willamette Dental Group (DCO), Willamette Valley Community Health (CCO), all had closed to enrollment prior to June 2020.</p>	

Pennsylvania Managed Care Program Features, as of 2021 (1 of 2)

Features	Medical Assistance Transportation Program	Adult Community Autism Program	Behavioral Health Health Choices
Program type	Non-Emergency Medical Transportation	Other Prepaid Health Plan (PHP) (limited benefits)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Philadelphia	Dauphin, Cumberland, Lancaster, and Chester counties	Statewide
Federal operating authority	1902(a)(70) NEMT	1915(a)	1115(a) (Medicaid demonstration waivers), 1915(b)
Program start date	11/01/2005	08/01/2009	01/01/1997
Waiver expiration date (if applicable)			09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	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		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary		Mandatory

Features	Medical Assistance Transportation Program	Adult Community Autism Program	Behavioral Health Health Choices
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period			Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Modivcare (formerly LogistiCare)		
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			X

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

Features	Medical Assistance Transportation Program	Adult Community Autism Program	Behavioral Health Health Choices
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, and supported employment	Psychiatric rehabilitation, peer support services, family based MH services, mobile MH treatment, MH crisis intervention services, SUD residential services, and SUD withdrawal management
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, JCAHO, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		Island Peer Review Organization (IPRO)	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	Medical Assistance Transportation Program	Adult Community Autism Program	Behavioral Health Health Choices
Participating plans: Plans in Program	Modivcare	Adult Community Autism Program	Allegheny County HealthChoices; Beaver County HealthChoices; Behavioral Health Services of Somerset and Bedford Counties; Berks County HealthChoices; Blair County HealthChoices; Bucks County HealthChoices; Cambria County HealthChoices; Carbon-Monroe-Pike Joinder Board; Chester County HealthChoices; Capital Area Behavioral Health Collaborative; Delaware County HealthChoices; Erie County HealthChoices; Fayette County HealthChoices; Greene County (Commonwealth); Lehigh County HealthChoices; Lycoming-Clinton Joinder Board; Montgomery County HealthChoices; Community Care Behavioral Health Organization; Northampton County HealthChoices; Northeast Behavioral Health Care Consortium; Northwest Behavioral Health Partnership; Philadelphia County HealthChoices; Southwest Behavioral Health Management; Tuscarora Managed Care Alliance; York/Adams HealthChoices Joinder Governing Board
Notes: Program notes		ACAP is a PIHP with MLTSS.	Only methadone is covered by BH-HC. All other drugs are covered under PH-HC. Behavioral Health Health Choices program is authorized by 1115(a) 9/30/2022 and 1915(b) 12/31/2026.

Pennsylvania Managed Care Program Features, as of 2021 (2 of 2)

Features	Physical Health HealthChoices	PA Living Independent for the Elderly	Community HealthChoices
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Chester, Clarion, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Union, Venango, Warren, Washington, Westmoreland, and York counties.	Statewide
Federal operating authority	1915(b)	PACE	1915(b)/1915(c)
Program start date	02/01/1997	07/24/1998	01/01/2018
Waiver expiration date (if applicable)	12/31/2022		12/31/2024
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
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

Features	Physical Health HealthChoices	PA Living Independent for the Elderly	Community HealthChoices
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	15 days	N/A	15 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		open enrollment all year	
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

Features	Physical Health HealthChoices	PA Living Independent for the Elderly	Community HealthChoices
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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	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	X
Benefits covered: Hospice care	X	X	X

Features	Physical Health HealthChoices	PA Living Independent for the Elderly	Community HealthChoices
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis centers, ambulatory surgical centers, medical supplies & equipment, and home health (visiting nurses)	PACE programs cover specialists of all disciplines as needed.	Chiropractic services, maternity services, and podiatrist services.
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA	PACE Quality Assurance and Performance Improvement (QAPI)	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization		Island Peer Review Organization (IPRO)
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		

Features	Physical Health HealthChoices	PA Living Independent for the Elderly	Community HealthChoices
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Aetna Better Health; Gateway Health; Health Partners Plan; United Healthcare Community Plan, Inc; UPMC for You; Geisinger Health Plan; AmeriHealth Caritas/AmeriHealth Caritas Northeast; Keystone First	Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H- 5902; Senior LIFE York H- 0819; Senior LIFE Lehigh H- 5978; Senior LIFE Washington H-2992; SpiriTrust LIFE H-2537; LIFE NWPA H- 4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H- 6551; Innovage LIFE H-9830; Albright LIFE H-9068; Community LIFE H- 3917; LIFE Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H- 7660; VieCare Armstrong H- 6118	UPMC Community HealthChoices; Pennsylvania Health & Wellness; AmeriHealth Caritas; Keystone First
Notes: Program notes	<p>Enrollment - Full duals under 21 years of age are mandatory. Full Duals over age 21 were transitioned to Community HealthChoices (CHC) on January 1, 2018 and in the Southeast on January 1, 2019 and the rest of the state on January 1, 2020. Partial duals under 21 years of age are mandatory. Partial Duals 21 years of age and older are excluded from PH HealthChoices.</p> <p>Enrollment choice - Consumers have the right to change MCOs at any time.</p> <p>Program Incentives - PA HealthChoices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.</p> <p>Private Duty Nursing is only covered for children under 21 years old. While the majority of Full Duals are in CHC, a small population remains in PH-HC until they acquire Medicare Part D.</p>	<p>Maximus is the statewide enrollment broker. It educates all eligible individuals on the LIFE program as a voluntary enrollment option. The number of Medicaid-only enrollees in several plans is less than 11. Those values were therefore suppressed to avoid the potential to reverse engineer the data and identify an enrollee by name. See individual plan data.</p>	<p>Pop enrolled - Participants go through choice counseling at initial enrollment and can change their plan at any time. Dating rules affect when the member will be enrolled.</p>

Puerto Rico Managed Care Program Features, as of 2021

Features	Comprehensive MCO	Comprehensive MAO - Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a), 1937 Alt Benefit Plan	
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)		
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	

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

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

Features	Comprehensive MCO	Comprehensive MAO - Medicare Platino
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	Government Health Plan First Medical; Government Health Plan MMM Multi Health; Government Health Plan de Salud Menonita; Government Health Plan Triple S	Medicare Platino - MMM Healthcare; Medicare Platino - MSC Advantage; Medicare Platino - HUMANA; Medicare Platino - Triple S Advantage
Notes: Program notes		The Medicare Platino program operates under Enhanced Allotment Plan (EAP) authority in Puerto Rico.

Rhode Island Managed Care Program Features, as of 2021 (1 of 2)

Features	Rlte Smiles Dental Program	RI Medicaid PACE Program	Rlte Care, Rhody Health Partners and Medicaid Expansion
Program type	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	05/01/2006	11/01/2005	08/01/1994
Waiver expiration date (if applicable)	12/31/2023		12/23/2023
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Mandatory

Features	Rlte Smiles Dental Program	RI Medicaid PACE Program	Rlte Care, Rhody Health Partners and Medicaid Expansion
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			Gainwell Technologies
Populations enrolled: Notes on enrollment choice period		90 days	90 Days
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT			X
Benefits covered: Case management			X

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

Features	Rlte Smiles Dental Program	RI Medicaid PACE Program	Rlte Care, Rhody Health Partners and Medicaid Expansion
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	URAC		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			I PRO
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	UnitedHealthcare Dental of Rhode Island	PACE Organization of Rhode Island	Neighborhood Health Plan of Rhode Island; United HealthCare of Rhode Island Community Plan; Tufts Health Public Plans
Notes: Program notes			

Rhode Island Managed Care Program Features, as of 2021 (2 of 2)

Features	Rhode Island Non-Emergency Medical Transportation Program
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	05/01/2014
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: American Indian/Alaska Native	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	

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

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

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

South Carolina Managed Care Program Features, as of 2021 (1 of 2)

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Lexington County, Richland County, Orangeburg County, Greenville County, Anderson County, Pickens County, Bamberg County, Calhoun County
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	09/01/1996	08/01/2007	01/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period	90 days	90 days	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X		X
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, birth centers, chiropractic services, therapy services (speech, hearing, language, etc.), and vision.		

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Quality assurance and improvement: 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)	Carolina Center for Medical Excellence	Carolina Center for Medical Excellence	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Select Health of South Carolina; Absolute Total Care, Inc.; Molina Healthcare of South Carolina; BlueChoice Healthplan Medicaid	South Carolina Solutions	Prisma Health SeniorCare PACE - Midlands; Orangeburg Senior Helping Center; Prisma Health SeniorCare PACE - Upstate

Features	South Carolina Managed Care Organizations	South Carolina Medical Homes Network	South Carolina Program for All Inclusive Care for the Elderly
Notes: Program notes	<p>The States MCO withhold program was temporarily suspended for CY 2020 due to the COVID pandemic. The State has since reinstated the withhold for CY2021. The State currently does operate a financial alignment demonstration model. As indicated in the instructions we have only included these members in the total Medicaid enrollment for the entire state and this model is not reflected in any other program on this report. Wellcare members were transitioned to Absolute Total Care effective April 1, 2021, following the January 23, 2020 acquisition of Wellcare Health Plans, Inc. by Centene Corporation on January 23, 2020.</p>		There is no parent organization.

South Carolina Managed Care Program Features, as of 2021 (2 of 2)

Features	South Carolina Non Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	05/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: American Indian/Alaska Native	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

Features	South Carolina Non Emergency Medical Transportation
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	Recipient chooses to use transportation services based on identifying the need to access service providers.
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized Health Home	

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

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

South Dakota Managed Care Program Features, as of 2021

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/02/2002
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt

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

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

Features	PRIME
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	Blind and disabled children not mandatory

Tennessee Managed Care Program Features, as of 2021

Features	TennCare III	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	Hamilton county
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1945 Health Homes	PACE
Program start date	01/08/2021	04/07/1999
Waiver expiration date (if applicable)	12/31/2030	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Exempt	Exempt

Features	TennCare III	Program of All-Inclusive Care for the Elderly
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs	X	X
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home	X	

Features	TennCare III	Program of All-Inclusive Care for the Elderly
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	TennCare covers freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified).	Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies are additional services covered by Tennessee's PACE program.
Quality assurance and improvement: HEDIS data required?	Yes	No

Features	TennCare III	Program of All-Inclusive Care for the Elderly
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Amerigroup; DentaQuest USA Insurance Company; OptumRx; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)	Alexian Brothers Community Services

Features	TennCare III	Program of All-Inclusive Care for the Elderly
Notes: Program notes	<p>On 1/8/21, a new iteration of Tennessee's Medicaid program referred to as "TennCare III" began. The preceding iteration of the program (referred to as "TennCare II") had been in place since 2002. While Tennessee intended to extend TennCare II, the state chose to restructure the TennCare demonstration, ending TennCare II on 1/7/21 instead of on 6/30/21 as originally intended.</p>	<p>A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare III Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare III has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria.</p>

Texas Managed Care Program Features, as of 2021 (1 of 2)

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a),1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers),1915(b)/1915(c),1945 Health Homes	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2008	11/01/2016	12/11/2011
Waiver expiration date (if applicable)	08/31/2027	09/30/2030	09/30/2030
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Populations enrolled: Enrollment choice period	Other	15 days	15 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period	Members are auto-enrolled by the enrollment broker		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Benefits covered: SSA Section 1945-authorized Health Home		X	
Benefits covered: Home health services (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services	X	X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			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

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services, emergency and non-emergency ambulance, audiology and hearing aids, behavioral health services, prenatal care, birthing services, cancer screening, diagnostic and treatment, chiropractic services, dialysis, durable medical equipment, early childhood intervention, emergency services, laboratory, mastectomy, breast reconstruction, and related, radiology, therapies, organ transplant, telemedicine, community-based long term services and supports including habilitation, emergency response services (ERC) and support management
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans		X	X

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Superior Health Plan	Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan; Cook Children's Health Plan; Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX)	Amerigroup Texas, Inc.; Superior HealthPlan, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Molina Healthcare of Texas, Inc.; HealthSpring Life & Health Insurance Co., Inc.

Features	STAR HEALTH	STAR Kids	STAR+PLUS
Notes: Program notes	<p>Enrollment in the STAR Health Program is voluntary for the following population categories: 1) Children and young adults in DFPS conservatorship; 2) Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement; 3) Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program. 4) An infant born to a mother who is enrolled in STAR Health; 5) Children through age 17 and young adults aged 18 through the month of their 21st birthday who are receiving Supplemental Security Income (SSI) or who were receiving Supplemental Income before becoming eligible for AA or PCA; and Children through age 17 and young adults aged 18 through the month of their 21st who are enrolled in a 1915(c) Medicaid Waiver and AA or PCA. Additional Notes: STAR Health members may receive HCBS through state plan HCBS such as Community First Choice and Personal Care Services; they also can receive Medically Dependent Children's Program services under the MDCP 1915 (c) waiver delivered through the STAR Health managed care program. STAR Health is operated under the state plan by contract with a managed care organization. Children and youth in Foster Care Medicaid are mandatorily enrolled in this program; this is allowed by the fact that the Texas Department of Family and Protective Services serves as the conservator for these members and chooses enrollment.</p>	<p>Foster Care and Adoption Assistance choose between STAR Kids and STAR Health</p>	

Texas Managed Care Program Features, as of 2021 (2 of 2)

Features	PACE	Children's Medicaid Dental Services	STAR
Program type	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2001	12/11/2011	12/11/2011
Waiver expiration date (if applicable)		09/30/2022	09/30/2022
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	PACE	Children's Medicaid Dental Services	STAR
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	15 days	15 days
Populations enrolled: Enrollment broker name (if applicable)		MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized Health Home			

Features	PACE	Children's Medicaid Dental Services	STAR
Benefits covered: Home health services (services in home)	X		X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
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		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X

Features	PACE	Children's Medicaid Dental Services	STAR
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult day care/adult foster care, nursing, physical therapy, occupational therapy, recreational therapy, meals and nutrition counseling, social work/social services, medical supplies/adaptive aids and minor home modifications, transportation to and from medical appointments, audiology, dentistry, optometry, podiatry, speech therapy, respite care, medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant		Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization		URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		Institute for Child Health Policy	Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans		X	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			

Features	PACE	Children's Medicaid Dental Services	STAR
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basic at Jan Werner (Amarillo)	MCNA Insurance Company; DentaQuest USA Insurance Company, Inc.	Amerigroup Texas, Inc.; Superior Health Plan, Inc.; El Paso Health Plans, Inc., dba El Paso Health; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; Seton Health Plan, Inc. dba Dell Children's Health Plan; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan; Parkland Community Health Plan, inc.; Cook Children's Health Plan; Community Health Choice Texas, Inc.; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA.LLC, dba FirstCare Health Plans; Scott & White Health Plan
Notes: Program notes			

Utah Managed Care Program Features, as of 2021 (1 of 2)

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Salt Lake, Utah, Davis, Weber and Washington counties.	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(a)	1902(a)(70) NEMT
Program start date	01/01/2020	07/01/2011	07/12/2001
Waiver expiration date (if applicable)	06/30/2027	06/30/2025	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Mandatory

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. In addition, the Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period.	No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	

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

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Service Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Healthy U Integrated; Molina Integrated; Health Choice Integrated; SelectHealth Integrated	HOME	Modivcare

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation
Notes: Program notes	<p>Medicaid integration pilot program set up for Medicaid Expansion Adults in Salt Lake, Utah, Davis, Weber and Washington counties. Enrollment is mandatory for eligible individuals. Enrollees will be provided with both physical and behavioral health services. They will not enroll in a separate Prepaid Mental Health Plan. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Utah Medicaid Integrated Care, they may not also be enrolled in Choice of Health Care Delivery program, and vice-versa.</p>	<p>Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa.</p>	<p>AI/AN members enrolled in the Traditional Medicaid program are enrolled in Transportation, with the exception of those who are enrolled in a Nursing Home specific Medicaid program. Specific American Indian/Alaska Native populations are exempted from enrollment with the contracted Transportation provider by race, and zip code and/or county code. However, they are provided transportation through other means. Pregnant women are also provided transportation services. The enrollment tab did not have a category that included pregnant women.</p>

Utah Managed Care Program Features, as of 2021 (2 of 2)

Features	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Based on State counties and some multi-county partnerships.	Statewide
Federal operating authority	1915(b)	1915(b)	1915(b)
Program start date	03/23/1983	07/01/1991	09/01/2013
Waiver expiration date (if applicable)	06/30/2027	06/30/2027	12/31/2023
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Varies	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Varies	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Varies	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Varies	Mandatory	
Populations enrolled: Full Duals	Varies	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Varies	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

Features	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. In addition, the Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period.		15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. In addition, the Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period.
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		

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

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

Features	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Participating plans: Plans in Program	Healthy U; Molina; Health Choice; SelectHealth	Bear River Mental Health; Central Utah Counseling Center; Davis Behavioral Health; Four Corners Community Behavioral Health; Healthy U Behavioral Health; Northeastern Counseling Center; Salt Lake County Division of Behavioral Health Services; Southwest Behavioral Health Center; Wasatch Behavioral Health; Weber Human Services; United Behavioral Health	Premier Access; MCNA Dental
Notes: Program notes	Each of the enrollment subgroups can be voluntarily or mandatorily enrolled, depending on the county where they reside. 13 counties have mandatory enrollment, and 16 have voluntary enrollment. Mandatory enrollment is required in the following 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber. All other counties are voluntary enrollment in the plans. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa.		Pregnant women are an enrollment group covered by Dental. Only Foster Care children are exempt from Dental PAHP enrollment. Those qualifying for subsidized adoption are mandatorily enrolled in a Dental PAHP.

Vermont Managed Care Program Features, as of 2021

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes
Program start date	10/01/2015
Waiver expiration date (if applicable)	12/31/2027
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Mandatory

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

Features	Global Commitment to Health Demonstration
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwives, chiropractic, PT/OT/SP, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, and behavioral health services.
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	No

Features	Global Commitment to Health Demonstration
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Department of Vermont Health Access
Notes: Program notes	Health homes provide coordinated, systemic, whole person care to Vermont Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.

Virginia Managed Care Program Features, as of 2021

Features	Medallion 4.0	Commonwealth Coordinated Care (CCC) Plus	PACE
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Big Stone Gap, Cedar Bluff, Charlottesville, Farmville, Gretna, Lynchburg, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, Salem
Federal operating authority	1915(b)	1915(b)/1915(c)	PACE
Program start date	08/01/2018	08/01/2017	02/05/2009
Waiver expiration date (if applicable)	06/30/2023	09/30/2022	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Mandatory	Voluntary

Features	Medallion 4.0	Commonwealth Coordinated Care (CCC) Plus	PACE
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X

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

Features	Medallion 4.0	Commonwealth Coordinated Care (CCC) Plus	PACE
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	X	
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	

Features	Medallion 4.0	Commonwealth Coordinated Care (CCC) Plus	PACE
Participating plans: Plans in Program	Molina Healthcare of Virginia; Optima Family Care; United Healthcare of the Mid-Atlantic; Virginia Premier Health Plan; Anthem Healthkeepers Plus; Aetna Better Health of Virginia	Aetna Better Health of Virginia; Anthem Healthkeepers Plus; Molina Healthcare of Virginia; Optima Health Community Care; United Healthcare; Virginia Premier Elite Plus	AllCare for Seniors; Centra PACE - Farmville; Centra PACE - Gretna; Centra PACE - Lynchburg; InnovAge Virginia PACE Roanoke Valley, LLC; InnovAge Virginia PACE Charlottesville, LLC; InnovAge Virginia PACE Peninsula; InnovAge Virginia PACE Richmond; Mountain Empire PACE; Sentara Senior Community Care - Norfolk; Sentara Senior Community Care - Portsmouth
Notes: Program notes			

Washington Managed Care Program Features, as of 2021 (1 of 2)

Features	Behavioral Health Services Only (BHSO)	PCCM	Fully Integrated Managed Care (FIMC)
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Statewide	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima counties	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima counties
Federal operating authority	1915(b)	1932(a)	1932(a), 1945 Health Homes
Program start date	04/01/2016	07/01/1995	04/01/2016
Waiver expiration date (if applicable)	09/30/2022		
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory

Features	Behavioral Health Services Only (BHSO)	PCCM	Fully Integrated Managed Care (FIMC)
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment open continuously	Enrollment open continuously	Enrollment open continuously
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

Features	Behavioral Health Services Only (BHSO)	PCCM	Fully Integrated Managed Care (FIMC)
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs			X
Benefits covered: Prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			X
Benefits covered: Home health services (services in home)			X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			

Features	Behavioral Health Services Only (BHSO)	PCCM	Fully Integrated Managed Care (FIMC)
Benefits covered: 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?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Comagine Health		Comagine Health
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	Behavioral Health Services Only (BHSO)	PCCM	Fully Integrated Managed Care (FIMC)
Participating plans: Plans in Program	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care; United Health Care	Multiple Primary Care Providers	Amerigroup; Coordinated Care of Washington; Community Health Plan; Molina Health Care of Washington; United Health Care
Notes: Program notes	Clients with factors that disqualify them for Integrated Health Care and need Behavioral Health Services will fall under this service.	WA State HCA pays a capitated rate of \$3 per member per month to Primary Care Case Management (PCCM) entities to provide PCCM services to American Indian and Alaska Native Medicaid beneficiaries who opt out of the managed care program and who enroll in the PCCM program with a contracted PCCM entity. Only the Indian Health Service (IHS), tribes, and urban Indian health programs may contract with HCA to serve as PCCM entities. All other Medicaid covered services are available to the Medicaid beneficiaries through the Medicaid fee-for-service program. IHS administers this program in three Service Units: Colvill Service Unit, Wellpinit Service Unit, and Yakama Service Unit. Two FQHCs participate in this program: Seattle Indian Health Board and NATIVE Project of Spokane. Seven tribes participate in this program: Confederated Tribes of the Colville Indian Reservation (through the Lake Roosevelt Community Health Centers for the half of the reservation that is outside of the IHS Colville Service Unit service area), Lower Elwha Klallam Tribe, Lummi Nation, Nooksack Tribe, Puyallap Tribe, Quinault Indian Nation, and Shoalwater Bay Tribe.	Nursing home care under managed care coverage is for rehabilitation care only; custodial care is covered under FFS and not a benefit under managed care coverage.

Washington Managed Care Program Features, as of 2021 (2 of 2)

Features	PACE	NEMT	Apple Health/Healthy Options Health Home Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1902(a)(70) NEMT	1945 Health Homes
Program start date	01/01/1997	10/01/2008	07/01/2013
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Mandatory	Voluntary

Features	PACE	NEMT	Apple Health/Healthy Options Health Home Program
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	N/A		Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Regional brokers based on county of residents	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		

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

Features	PACE	NEMT	Apple Health/Healthy Options Health Home Program
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		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	PACE	Multiple Transportation Brokers	Multiple Sites
Notes: Program notes	The enrollment data does not include services received under a PACE program. There are two PACE providers: Providence Elder Place (located in King and Spokane County) and International Community Health Services (located in King County).	NEMT is provided for anyone with Medicaid coverage that meet the requirement of having no other transportation resources available to them.	Washington delivers optional Health Home Medicaid/Medical Benefit both via the Fee-For -Service system and through MCOs. For individuals in Comprehensive MCOs, the MCOs are at risk for health home services plus a broad array of benefits. For individuals in PCCMs, the MCOs administer health home services separately from the PCCM program.

West Virginia Managed Care Program Features, as of 2021

Features	Mountain Health Trust	Mountain Health Promise
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	01/01/1996	03/01/2021
Waiver expiration date (if applicable)	06/30/2023	06/30/2023
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Mandatory	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary

Features	Mountain Health Trust	Mountain Health Promise
Populations enrolled: Enrollment choice period	60 days	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus US	
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning	X	X

Features	Mountain Health Trust	Mountain Health Promise
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		
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	Qlarant

Features	Mountain Health Trust	Mountain Health Promise
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Aetna Better Health of WV; The Health Plan of WV; Unicare of WV	Aetna Better Health of WV
Notes: Program notes		

Wisconsin Managed Care Program Features, as of 2021 (1 of 3)

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee
Program type	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Milwaukee County
Federal operating authority	1932(a)	1932(a)	1915(a)
Program start date	02/01/2008	04/01/2005	03/01/1997
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary	Voluntary

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	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	90 days open enrollment period	90 days open enrollment period	Voluntary enrollment can occur at any time
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			

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

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar	MetaStar, Inc.	MetaStar, 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	X	
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Childrens Community Health plan; Dean Health Plan, Inc.; Group Health Cooperative of Eau Claire; Group Health Cooperative of South Central Wisconsin; Independent Care (ICARE) Health Plan; MercyCare Insurance Company; MHS Health Wisconsin; Molina Healthcare of Wisconsin; My Choice Wisconsin Health Plan Inc.; Network Health Plan; Quartz; Security Health Plan of Wisconsin; United Healthcare Community Plan	Managed Health Services Insurance Corporation; My Choice Wisconsin Health Plan Inc.; Anthem Blue Cross Blue Shield; Molina Healthcare of Wisconsin; United Healthcare Community Plan; Group Health Cooperative of Eau Claire; Network Health Plan; Independent Care (ICARE) Health Plan	WrapAround Milwaukee

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee
Notes: Program notes	BadgerCare Plus does not serve dually eligible individuals but there may be a limited number of months where a BadgerCare Plus member with Medicare remains enrolled in managed care. In addition, PHE polices throughout 2021 kept BadgerCare Plus members with Medicare enrolled in managed care when they would have otherwise been disenrolled.		

Wisconsin Managed Care Program Features, as of 2021 (2 of 3)

Features	Children Come First (CCF)	Program of All-inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Dane County	Milwaukee, Waukesha, Kenosha, and Racine Counties	Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca Counties
Federal operating authority	1915(a)	PACE	1932(a)/1915(c)
Program start date	04/01/1993	11/01/1990	12/01/1995
Waiver expiration date (if applicable)			12/31/2024
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary

Features	Children Come First (CCF)	Program of All-inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: American Indian/Alaska Native	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 may occur at any time	Open enrollment	Open enrollment
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X

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

Features	Children Come First (CCF)	Program of All-inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; podiatry; respiratory care for ventilator dependent persons; speech & language pathology; vision care.	Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; nurse-midwife; occupational therapy; physical therapy; podiatry; prenatal care coordination; respiratory care for ventilator dependent persons; school-based services; speech & language pathology; vision care.
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, 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			
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Children Come First	Community Care, Inc.	Independent Care (ICARE) Health Plan; My Choice Wisconsin Health Plan Inc.; Community Health Care Plan

Features	Children Come First (CCF)	Program of All-inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Notes: Program notes			

Wisconsin Managed Care Program Features, as of 2021 (3 of 3)

Features	Family Care	Care4Kids
Program type	MLTSS only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties	Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties
Federal operating authority	1915(b)/1915(c)	1937 Alt Benefit Plan
Program start date	02/01/2000	01/01/2014
Waiver expiration date (if applicable)	12/31/2024	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
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	

Features	Family Care	Care4Kids
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: American Indian/Alaska Native	Mandatory	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)		MAXIMUS
Populations enrolled: Notes on enrollment choice period	Open enrollment	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X

Features	Family Care	Care4Kids
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation	X	

Features	Family Care	Care4Kids
Benefits covered: 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.)	Community mental health services; durable medical equipment and medical supplies; occupational therapy; physical therapy; respiratory care for ventilator dependent persons; speech & language pathology.	Prosthetic devices, nurse midwife services, and podiatry
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
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	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Community Care Inc.; Lakeland Care Inc.; My Choice Wisconsin; Inclusa Inc.	Children's Hospital of Wisconsin
Notes: Program notes		

