## Kentucky Managed Care Program Features, as of 2014

<table>
<thead>
<tr>
<th>Features</th>
<th>Kentucky Medicaid Managed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program type</td>
<td>Comprehensive MCO</td>
</tr>
<tr>
<td>Statewide or region-specific?</td>
<td>Statewide</td>
</tr>
<tr>
<td>Federal operating authority</td>
<td>1915(b)</td>
</tr>
<tr>
<td>Program start date</td>
<td>11/1/2011</td>
</tr>
<tr>
<td>Waiver expiration date (if applicable)</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>Populations enrolled</td>
<td></td>
</tr>
<tr>
<td>Low-income Adults not eligible under ACA Section VIII</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Aged, Blind or Disabled Children or Adults</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Non-Disabled Children (excluding children in foster care or receiving adoption assistance)</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Individuals receiving Limited Benefits</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Low-income adults eligible under ACA Section VIII</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Full Duals</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Partial Duals</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Children with Special Health Care Needs</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Native American/Alaskan Natives</td>
<td>Exempt</td>
</tr>
<tr>
<td>Foster Care and Adoption Assistance Children</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Enrollment choice period</td>
<td>Pre-assigned</td>
</tr>
<tr>
<td>Notes on enrollment choice period</td>
<td></td>
</tr>
<tr>
<td>Benefits covered</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital physical health</td>
<td>X</td>
</tr>
<tr>
<td>Inpatient hospital behavioral health (MH and/or SUD)</td>
<td>X</td>
</tr>
<tr>
<td>Outpatient hospital physical health</td>
<td>X</td>
</tr>
<tr>
<td>Outpatient hospital behavioral health (MH and/or SUD)</td>
<td>X</td>
</tr>
<tr>
<td>Partial hospitalization</td>
<td>X</td>
</tr>
<tr>
<td>Physician</td>
<td>X</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>X</td>
</tr>
<tr>
<td>Rural health clinics and FQHCs</td>
<td>X</td>
</tr>
<tr>
<td>Clinic services</td>
<td>X</td>
</tr>
<tr>
<td>Lab and x-ray</td>
<td>X</td>
</tr>
<tr>
<td>Prescription drugs and prosthetic devices</td>
<td>X</td>
</tr>
<tr>
<td>EPSDT</td>
<td>X</td>
</tr>
<tr>
<td>Case management</td>
<td>X</td>
</tr>
<tr>
<td>Health home (SSA 1945)</td>
<td>X</td>
</tr>
<tr>
<td>Family planning</td>
<td>X</td>
</tr>
<tr>
<td>Dental services (medical/surgical)</td>
<td>X</td>
</tr>
<tr>
<td>Dental (preventative or corrective)</td>
<td>X</td>
</tr>
<tr>
<td>Home health agency services</td>
<td>X</td>
</tr>
<tr>
<td>Personal care (state plan option)</td>
<td>X</td>
</tr>
<tr>
<td>HCBS waiver services</td>
<td>X</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>X</td>
</tr>
<tr>
<td>ICF-IDD</td>
<td>X</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>Nursing facility services</td>
<td>X</td>
</tr>
<tr>
<td>Hospice care</td>
<td>X</td>
</tr>
<tr>
<td>Non-Emergency Medical Transportation</td>
<td>X</td>
</tr>
<tr>
<td>Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

### Quality assurance and improvement

| HEDIS data required?       | Yes                           |
| CAHPS data required?       | Yes                           |
| Accreditation required?    | Yes                           |
| Accrediting organization   | NCQA                          |
| EQRO contractor name (if applicable)                                   | Island Peer Review             |

### Performance incentives?

| Payment bonuses/differentials to reward plans                          |                               |
| Preferential auto-enrollment to reward plans                            |                               |
| Public reports comparing MCO performance on key metrics                 |                               |
| Withholds tied to performance metrics                                   |                               |
| MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods |                               |

### Provider Value-Based Purchasing

| State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods |                               |

### Participating plans and regions served

| Plans in Program | Coventry Cares; Well Care of Kentucky; Pass Port Health Plan; Anthem Medicaid of Kentucky; Humana Care Source |

### Notes

| Program notes |                               |