

Arizona Managed Care Program Features, as of 2014

Features	Arizona Health Care Cost Containment System
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	7/13/1982
Waiver expiration date (if applicable)	9/30/2016
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Varies
Aged, Blind or Disabled Children or Adults	Varies
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Varies
Individuals receiving Limited Benefits	Voluntary
Low-income adults eligible under ACA Section VIII	Varies
Full Duals	Varies
Partial Duals	Varies
Children with Special Health Care Needs	Varies
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Other
Enrollment broker name (if applicable)	
Notes on enrollment choice period	If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 30 days to choose a different plan. Native Americans/Alaskan Natives who do not choose are assigned to a FFS plan and can choose to enroll in an MCO at any time.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X

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Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	X
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No
Accrediting organization	Please note that HEDIS and CAHPS are run by the EQRO not the MCO's
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	X
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Mercy Maricopa Integrated Care; Care 1st; Health Choice Arizona; Health Net Access; Maricopa Health Plan; Mercy Care Plan; Phoenix Health Plan; UnitedHealthcare Plan; University Family Care; Comprehensive Medical and Dental Program; Division of Developmental Disabilities MLTSS; Bridgeway Health Solutions MLTSS; United Healthcare MLTSS; Mercy Care MLTSS
Notes	
Program notes	