



Medicaid Managed Care Enrollment and Program Characteristics 2024



Winter 2026

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Medicaid Managed Care Enrollment State Tables

Alabama: Managed Care Program Features as of 2024

Features	Integrated Care Network (ICN)	Program of All-Inclusive for the Elderly (PACE)	Alabama Coordinated Health Network (ACHN)
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	Region-Specific	Statewide
Federal operating authority	1915(b)/1915(c)	PACE	1915(b)
Program start date	10/01/2018	01/01/2012	10/01/2019
Waiver expiration date (if applicable)	12/31/2028	–	09/30/2029
If the program ended in 2024, 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
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other	Pre-Assigned – Medicaid enrollees are 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.	–

Features	Integrated Care Network (ICN)	Program of All-Inclusive for the Elderly (PACE)	Alabama Coordinated Health Network (ACHN)
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	–	–	–
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 (IMD) 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)	–	Anything else that is determined to be medically necessary by the interdisciplinary team.	–

Features	Integrated Care Network (ICN)	Program of All-Inclusive for the Elderly (PACE)	Alabama Coordinated Health Network (ACHN)
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, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	–	–	IPRO
Performance incentives: Payment bonuses/differentials to reward plans	X	–	X
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	–	–	X
Performance incentives: Withholds tied to performance metrics	–	–	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–	–	–
Participating plans in Program	Alabama Select Network	Mercy Life of Alabama	Alabama Coordinated Health Network
Program notes	Only includes nursing home level of care for Skilled Nursing Facility (SNF) recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers.	–	There are 7 network entities, each entity serves one region of the state.

Arizona: Managed Care Program Features as of 2024

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)	09/30/2027	09/30/2027	09/30/2027
If the program ended in 2024, 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	–
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: Native American/Alaskan Natives	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	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

Features	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (MLTSS)	Arizona Health Care Cost Containment System (SMI)
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
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	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: IMD 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)	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

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: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X	X	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	X	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans in Program	Banner University Family Care, Molina Complete Care of Arizona, Mercy Care, Arizona Complete Health - Complete Care Plan, Health Choice Arizona, DCS/CHP, Care 1st, UnitedHealthcare	Banner University Family Care (MLTSS), Mercy Care (MLTSS), UnitedHealthcare (MLTSS), DES/Division of Developmental Disabilities (MLTSS)	Care 1st Health Plan RBHA (SMI), Arizona Complete Health - Complete Care Plan RBHA (SMI), Mercy Care RBHA (SMI)
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 (AI/AN) 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 AI/AN 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 AI/AN members of these populations are voluntarily enrolled.

Arkansas: Managed Care Program Features as of 2024

Features	PASSE	AR Healthy Smiles	Non-Emergency Transportation	PCCM	PACE
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Non-Emergency Medical Transportation	Primary Care Case Manager (PCCM)	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c), 1915(b)/1915(i)	1915(b)	1915(b), 1902(a)(70)	1932(a)	PACE
Program start date	10/01/2017	01/01/2018	08/26/1998	01/01/2014	04/01/2006
Waiver expiration date (if applicable)	12/31/2026	03/31/2028	03/31/2028	–	–
If the program ended in 2024, 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	–	Voluntary
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	Voluntary	–
Populations enrolled: Native American/Alaskan Natives	–	Voluntary	Voluntary	Exempt	–
Populations enrolled: Foster Care and Adoption Assistance Children	–	–	–	Voluntary	–
Populations enrolled: Enrollment choice period	Other	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned	30 days – Enrollment open for thirty days	N/A

Features	PASSE	AR Healthy Smiles	Non-Emergency Transportation	PCCM	PACE
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	AFMC	–
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	–	–	–	–
Benefits covered: Outpatient hospital physical health	X	–	–	–	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	–	–	–	–
Benefits covered: Partial hospitalization	X	–	–	–	–
Benefits covered: Physician	X	–	–	–	–
Benefits covered: Nurse practitioner	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	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	–	–	X

Features	PASSE	AR Healthy Smiles	Non-Emergency Transportation	PCCM	PACE
Benefits covered: Personal care (state plan option)	X	–	–	–	X
Benefits covered: HCBS waiver services	X	–	–	–	X
Benefits covered: Private duty nursing	X	–	–	–	–
Benefits covered: ICF-IDD	X	–	–	–	–
Benefits covered: Nursing facility services	X	–	–	–	X
Benefits covered: Hospice care	X	–	–	–	X
Benefits covered: Non-Emergency Medical Transportation	X	–	X	–	X
Benefits covered: IMD 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)	–	–	–	–	–
Quality assurance and improvement: HEDIS data required?	Yes	No	No	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No	Yes	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	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	X	X	–	–	–

Features	PASSE	AR Healthy Smiles	Non-Emergency Transportation	PCCM	PACE
Performance incentives: Withholds tied to performance metrics	–	–	–	–	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	–	–	–	–
Participating plans in Program	Empower Healthcare Solutions, Summit Community Care, CareSource, Arkansas Total Care	MCNA Dental, Delta Dental Smiles	Southeast Trans, Inc., Area Agency on Aging of Southeast Arkansas, Central Arkansas Development	Primary Care Case Management	PACE
Program notes	This program is currently under two waiver types and one state plan amendment. Each has its own expiration date as follows: C-Waiver 02/28/2027; B-Waiver 12/31/2026 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.	The state terminated this program on 11/01/24 and returned dental services to a Fee-for-Service (FFS) delivery model.	–	–	PACE is incorporated into the Medicaid state plan and is not under waiver authority.

California: Managed Care Program Features as of 2024

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)	Dental only (PAHP)	Dental only (PAHP)	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific
Federal operating authority	1915(b)	1915(b)	1915(b)	1915(a)	PACE	1915(b)	1915(b)	1915(b)	1915(a)	1115(a) (Medicaid demonstration waivers), 1915(b)
Program start date	10/01/1995	10/02/2013	06/01/1991	01/01/1996	01/01/1998	04/01/1998	12/01/1998	01/01/1996	04/01/2002	01/01/2024
Waiver expiration date (if applicable)	12/31/2026	12/31/2026	12/31/2026	12/31/2026	—	12/31/2026	12/31/2026	12/31/2026	12/31/2026	12/31/2026
If the program ended in 2024, 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	—	—	Voluntary	Voluntary	Mandatory	Voluntary	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory	—	—	Voluntary	Voluntary	Mandatory	Voluntary	Mandatory

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory	–	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory	–	–	Voluntary	Voluntary	Mandatory	–	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	–	–	–	–	Voluntary	Voluntary	–	–	–
Populations enrolled: Full Duals	Mandatory	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory	–	–	Voluntary	Voluntary	Mandatory	–	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary	Exempt	Exempt	Voluntary	Voluntary	Voluntary	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other	Other	N/A	N/A	60 days – Enrollment open for sixty days	60 days – Enrollment open for sixty days	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	–	Health Care Options (Maximus)	Health Care Options (Maximus)	–	–	Health Care Options (Maximus)	Health Care Options (Maximus)	Health Care Options (Maximus)	–	Health Care Options (Maximus)

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Populations enrolled: Notes on enrollment choice period	–	Approximately 45 days	Approximately 45 days	–	–	–	–	Approximately 45 days	–	Approximately 45 days
Benefits covered: Inpatient hospital physical health	X	X	X	X	X	–	–	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	–	–	–	–	X	–	–	–	–	–
Benefits covered: Outpatient hospital physical health	X	X	X	X	X	–	–	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	–	–	X	X	X
Benefits covered: Partial hospitalization	–	–	–	X	X	–	–	–	–	–
Benefits covered: Physician	X	X	X	X	X	–	–	X	X	X
Benefits covered: Nurse practitioner	X	X	X	X	X	–	–	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	X	X	X	X	X	X	X
Benefits covered: Clinic services	X	X	X	X	X	–	–	X	X	X
Benefits covered: Lab and x-ray	X	X	X	X	X	X	X	X	X	X
Benefits covered: Prescription drugs	X	X	X	X	X	–	–	X	X	X
Benefits covered: Prosthetic devices	X	X	X	X	X	–	–	X	X	X
Benefits covered: EPSDT	X	X	X	–	–	X	X	X	X	X
Benefits covered: Case management	X	X	X	X	X	X	X	X	X	X

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Benefits covered: SSA Section 1945-authorized Health Home	-	-	-	-	-	-	-	-	-	-
Benefits covered: Home health services (services in home)	X	X	X	X	X	-	-	X	X	X
Benefits covered: Family planning	X	X	X	-	X	-	-	X	X	X
Benefits covered: Dental services (medical/ surgical)	-	-	-	X	X	X	X	-	-	-
Benefits covered: Dental (preventative or corrective)	-	-	-	X	X	X	X	-	-	-
Benefits covered: Personal care (state plan option)	-	-	-	X	X	-	-	-	-	-
Benefits covered: HCBS waiver services	-	-	-	-	X	-	-	-	-	-
Benefits covered: Private duty nursing	X	X	X	-	X	-	-	X	X	X
Benefits covered: ICF-IDD	X	X	X	-	-	-	-	X	X	X
Benefits covered: Nursing facility services	X	X	X	X	X	-	-	X	X	X
Benefits covered: Hospice care	X	X	X	X	X	-	-	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X	X	X	X	X	X	X

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Benefits covered: IMD 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)	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	Optional benefits: podiatry, chiropractic services, acupuncture, audiology	Optional benefits: podiatry, chiropractic services, acupuncture, audiology	PACE is responsible for covering all Medicaid services, all Medicare services, and any other service determined necessary by the interdisciplinary team to maintain the member in their home and community.	–	–	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	Yes	No	Yes	Yes	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, but accreditation considered in plan selection criteria	No, accreditation not required	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	–	–	–	National Committee for Quality Assurance (NCQA), URAC	NCQA, URAC	–	–	–

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	Health Care Options (Maximus)	HSAG	–	HSAG	HSAG	HSAG	HSAG	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X	–	–	–	–	X	–	X
Performance incentives: Preferential auto-enrollment to reward plans	–	X	X	–	–	–	–	X	–	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X	–	–	X	X	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	X	–	–	X	X	X	X	X

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
Participating plans in Program	CenCal/ Santa Barbara, Partnership HealthPlan of CA/ Northwest, Health Plan of San Mateo, Partnership HealthPlan of CA/ Northeast, CenCal/ San Luis Obispo, Central California Alliance for Health/ San Benito, Central California Alliance for Health/ Mariposa, Kaiser Permanente/ Marin, Kaiser Permanente/ Mariposa, Kaiser Permanente/ Napa, Kaiser Permanente/ Orange, Kaiser Permanente/ San Mateo, Kaiser Permanente/ Santa Cruz, Kaiser Permanente/ Solano, Kaiser Permanente/ Sonoma, Kaiser Permanente/ Sutter, Kaiser Permanente/ Ventura, Kaiser Permanente/ Yolo, Kaiser Permanente / Yuba, Kaiser Permanente / Placer, Central California Alliance for Health/Santa	Kaiser Permanente/ Amador, Anthem Blue Cross Partnership Plan/Region 2, Health Net Community Solutions, Inc.	Blue Shield of California Promise/ San Diego, Anthem Blue Cross Partnership/ Sacramento, Kaiser Foundation/ Sacramento, Molina Healthcare of CA Partner Plan/ San Diego, Molina Healthcare of CA Partner Plan/ Sacramento, Kaiser/ San Diego, Community Health Group/ San Diego, Health Net/ Sacramento	SCAN Health Plan/ San Bernardino, SCAN Health Plan/ Los Angeles, SCAN Health Plan/ San Diego	Providence PACE/ Napa, Central Valley PACE/ Merced, St. Paul's PACE, On Lok Lifeways/ Alameda, On Lok Lifeways/ Santa Clara, On Lok Lifeways/ San Francisco, Innovative Integrated Health, Inc./Fresno, Family Health Centers/ San Diego, Humboldt Senior Resource Center, Inc./ Humboldt, Pacific PACE/ Los Angeles, Sequioa PACE/ Madera, Stockton PACE/ San Joaquin, Gary and Mary West PACE of Northern San Diego, San Diego PACE/ San Diego, AltaMed Senior Buena Care/ Orange, North East Medical Services PACE, Neighborhood Healthcare PACE/ Riverside, Sequioa PACE/ Tulare, Sequioa PACE/ Kings, Sequioa PACE/ Fresno, Central Valley PACE/ Stanislaus, Central Valley PACE/ San Joaquin, AltaMed Senior	Health Net Dental Plan/ Los Angeles, Access Dental Plan /Los Angeles, Liberty Dental Plan/ Los Angeles	Health Net Dental Plan/ Sacramento, Liberty Dental Plan/ Sacramento	Santa Clara Family Health Plan, Kern Family Health Care, L.A. Care Health Plan/ Los Angeles, Anthem Blue Cross/ Santa Clara, Health Net Community Solutions/ Los Angeles, 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, Anthem Blue Cross Partnership Plan/ Tulare, Health Plan of San Joaquin/ San Joaquin, Kaiser Permanente/ Los Angeles, Kaiser Permanente/ Fresno, Kaiser Permanente/ Kern, Kaiser Permanente/ Kings, Kaiser Permanente/ Los Angeles, Kaiser Permanente/ Madera, Kaiser Permanente/ Riverside, Kaiser	–	Alameda Alliance for Health/ Alameda, Contra Costa Health Plan/ Contra Costa, Community Health Plan of Imperial Valley, Kaiser Permanente/ Alameda, Kaiser Permanente/ Contra Costa, Kaiser Permanente/ Imperial

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
	Cruz and Monterey, CalOptima/ Orange, Partnership HealthPlan of CA/ Southwest, Central California Alliance for Health Merced, Gold Coast Health Plan Ventura, Partnership HealthPlan of CA/ Southeast, Partnership HealthPlan of CA				Buenacare/ LA, Neighborhood Healthcare PACE/ San Bernardino, InnovAge California PACE/ Yuba, Stockton PACE/ Stanislaus, ConcertoHealth PACE of Los Angeles, Innovative Integrated Health PACE/ Orange, InnovAge PACE/ San Bernardino County, InnovAge PACE/ Riverside, InnovAge California PACE/ El Dorado, InnovAge California PACE/ Placer, InnovAge California PACE/ San Joaquin, InnovAge California PACE/ Sutter, MyPlace Health PACE/ Los Angeles, LA Coast Coastline PACE/ LA, WelbeHealth Bay Area PACE/ Santa Clara, Innovative Integrated Health, Inc./ Kern, Center for Elders Independence/ Contra Costa, Brandman Centers for Senior Care/ Los Angeles, Center for Elders Independence/			Permanente/ San Bernardino, Kaiser Permanente/ San Francisco, Kaiser Permanente/ San Joaquin, Kaiser Permanente/ Stanislaus, Kaiser Permanente/ Tulare, Kaiser Permanente/ Santa Clara, Kaiser Permanente/ El Dorado, Health Plan of San Joaquin/ Stanislaus, Anthem Blue Cross Partnership Plan/ El Dorado, Anthem Blue Cross Partnership Plan/ Kern, Anthem Blue Cross Partnership Plan/ Alpine, Molina Healthcare of CA Partner Plan/ San Bernardino, Anthem Blue Cross Partnership Plan/ Santa Clara, Anthem Blue Cross Partnership Plan/ San Francisco, Anthem Blue Cross Partnership		

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
					Alameda, Sutter SeniorCare PACE/ Sacramento, Innovative Integrated Health, Inc./ Tulare, CalOptima PACE/ Orange, InnovAge California PACE/ Sacramento, Loma Linda University Health PACE/ Riverside, Loma Linda University Health PACE/ San Bernardino, AgeWell PACE Marin, AgeWell PACE Sonoma, Providence PACE Solano			Plan/ Madera, Anthem Blue Cross Partnership Plan/ Kings, Anthem Blue Cross Partnership Plan/ Fresno, Mountain Valley Health Plan/ El Dorado, Mountain Valley Health Plan/ Alpine, CalViva Health/ Madera, CalViva Health/ Kings, CalViva Health/ Fresno, Health Net/ Tulare, Health Net/ San Joaquin, Health Net/ Stanislaus		
Program notes	All previous COHS contracts expired on 12/31/2023, and new contracts for the counties listed in Row 6 of the MMCDSCS template were executed and effective 01/01/2024. These contracts included all covered services and requirements for plans in the previous contracts. Not all COHS plans included MLTSS for this time period. CY 2024 withholds are in	All previous Regional Model contracts expired on 12/31/2023, and new contracts for the counties listed in Row 6 of the MMCDSCS template were executed and effective 01/01/2024. These contracts were inclusive of all covered services and requirements that were in place for plans in the previous contracts. Of the previous 20 counties which were part of the Regional Model, only five counties remain. The other	All previous GMC contracts expired on 12/31/2023, and new contracts were executed and effective 01/01/2024. These contracts were inclusive of all covered services and requirements which were in place for plans in the previous contracts. CY 2024 withholds are in place for all mainstream MCP models.					All previous Two-Plan contracts expired on 12/31/2023, and new contracts for the counties listed in Row 6 of the MMCDSCS template were executed and effective 01/01/2024. These contracts were inclusive of all covered services and requirements that were in place for plans in the previous contracts.	The previous AHF contract expired on 12/31/2023, and a new contract was executed and effective 01/01/2024. This contract is inclusive of all covered services and requirements that were in place for AHF in the previous contract.	In 2024, two Two-Plan Counties (Alameda and Contra Costa), and one Regional County (Imperial) changed plan models to the Single Plan Model. This means that there is no Commercial Plan receiving equal enrollment like in Two-Plan, and Medicaid enrollment in these counties is mandatory like in COHS. Unlike the

Features	County Organized Health Systems (COHS) Model	Regional Model	Geographic Managed Care (GMC) Model	Senior Care Action Network (SCAN)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Managed Care/ Los Angeles	Dental Managed Care/ Sacramento	Two-Plan Model	Positive Healthcare/ Los Angeles	Single-Plan Model
	place for all mainstream MCP models. Butte, Colusa, Glenn, Imperial, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, and Yuba Counties should be split between Partnership's Northeast and Northwest categories.	15 counties joined COHS plans or changed plan models to Two-Plan or Single Plan counties. CY 2024 withholds are in place for all mainstream MCP models.								COHS plans, all Single Plan Model plans must be Knox-Keene licensed. The previous contracts for these counties expired on 12/31/2023, and a new contract with the Single Plan Model plans was executed and effective 01/01/2024. In alignment with all other plan models, the Single Plan Model uses the same contract boilerplate as all other plans and covers the same required Medicaid managed care benefits.

Colorado: Managed Care Program Features as of 2024

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	Region-Specific
Federal operating authority	1915(b)	PACE
Program start date	07/01/2018	10/01/1991
Waiver expiration date (if applicable)	09/30/2028	–
If the program ended in 2024, 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	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other
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

Features	Accountable Care Collaborative (ACC)	Program of All-Inclusive Care for the Elderly (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	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: IMD 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)	Note that all members enrolled in the 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, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	–
Performance incentives: Payment bonuses/differentials to reward plans	X	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	–

Features	Accountable Care Collaborative (ACC)	Program of All-Inclusive Care for the Elderly (PACE)
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 in Program	Regional Accountable Entity (RAE) 6: Colorado Community Health Alliance; RAE 5: Colorado Access; RAE 4: Health Colorado, Inc.; RAE 3: Colorado Access; RAE 2: Northeast Health Partners; RAE 1: Rocky Mountain Health Plans; Rocky Mountain Health Plans (RMHP) PRIME; RAE 7: Colorado Community Health Alliance; Denver Health Medicaid Choice (DHMC)	InnovAge - Aurora (PACE); InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care; InnovAge - Pueblo (PACE); InnovAge - Lakewood (PACE); Rocky Mountain Health Care Services (PACE)
Program notes	The Accountable Care Collaborative (ACC) program has seven regional plans called 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. DHMC and RMHP PRIME both operate under MCO authority and receive a physical health capitation.	–

Delaware: Managed Care Program Features as of 2024

Features	Diamond State Health Plan & Diamond State Health Plan Plus	PACE	Modivcare Non-Emergency Medical Transportation
Program type	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Region-Specific	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1902(a)(70)
Program start date	01/01/1996	02/01/2013	07/01/2002
Waiver expiration date (if applicable)	12/31/2028	–	–
If the program ended in 2024, 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: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	–	–	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	–

Features	Diamond State Health Plan & Diamond State Health Plan Plus	PACE	Modivcare Non-Emergency Medical Transportation
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	–	–	–
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: IMD 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)	Freestanding birth centers, home-delivered meals, emergency response system, home modifications, day habilitation	–	–
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No

Features	Diamond State Health Plan & Diamond State Health Plan Plus	PACE	Modivcare Non-Emergency Medical Transportation
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), National Core Indicators – Aging and Disabilities (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 in Program	Highmark Health Options of Delaware, AmeriHealth Caritas of Delaware, Delaware First Health	PACE Your Life, Saint Francis Life	Modivcare Non-Emergency Medical Transportation
Program notes	–	–	–

District of Columbia: Managed Care Program Features as of 2024

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	District Dual Choice	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Region-Specific
Federal operating authority	1932(a), 1945 Health Homes	1915(a)	1915(a)/1915(c)	1902(a)(70)	PACE
Program start date	04/01/1994	01/01/1996	02/01/2022	10/01/2007	03/01/2023
Waiver expiration date (if applicable)	–	–	12/31/2024	–	–
If the program ended in 2024, 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	Voluntary	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	Voluntary	Voluntary	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	–	Voluntary	–	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days – Enrollment open for thirty days	Other	Other	N/A	–

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	District Dual Choice	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Enrollment broker name (if applicable)	Maximus	–	–	–	–
Populations enrolled: Notes on enrollment choice period	–	Enrollment is voluntary; otherwise, the beneficiary stays in FFS.	Enrollment is voluntary. Full-benefit dually eligible individuals may make a once-per-month election into the plan using the integrated care Special Enrollment Period (SEP). Partial-benefit dually eligible individuals may enroll during the Medicare Initial Enrollment Period (IEP), Medicare Open Enrollment Period (OEP), Medicare Advantage OEP, and other SEPs that apply.	–	–
Benefits covered: Inpatient hospital physical health	X	X	X	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	–	X
Benefits covered: Outpatient hospital physical health	X	X	X	–	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	–	X
Benefits covered: Partial hospitalization	X	X	X	–	X
Benefits covered: Physician	X	X	X	–	X
Benefits covered: Nurse practitioner	X	X	X	–	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	–	X
Benefits covered: Clinic services	X	X	X	–	X
Benefits covered: Lab and x-ray	X	X	X	–	X
Benefits covered: Prescription drugs	X	X	X	–	X
Benefits covered: Prosthetic devices	X	X	X	–	X
Benefits covered: EPSDT	X	X	–	–	–
Benefits covered: Case management	X	X	X	–	X

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	District Dual Choice	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: SSA Section 1945-authorized Health Home	X	–	–	–	–
Benefits covered: Home health services (services in home)	X	X	X	–	X
Benefits covered: Family planning	X	X	X	–	X
Benefits covered: Dental services (medical/surgical)	X	X	X	–	X
Benefits covered: Dental (preventative or corrective)	X	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	–	X	–	–	–
Benefits covered: Nursing facility services	–	X	X	–	X
Benefits covered: Hospice care	X	X	X	–	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X	X
Benefits covered: IMD 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)	Freestanding birth centers, post-stabilization services, tobacco cessation, podiatry, physical therapy, occupational therapy, durable medical equipment (DME), eyeglasses, emergency services, hearing services, speech therapy, tuberculosis-related services	Freestanding birth centers, post-stabilization services, tobacco cessation, podiatry, physical therapy, occupational therapy, DME, eyeglasses, emergency services, hearing services, speech therapy, tuberculosis-related services	Emergency services, post-stabilization services, adult wellness services, occupational therapy, physical therapy, screenings, tobacco cessation counseling	–	Meals, nutritional counseling, occupational therapy, physical therapy
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes	No	No

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	District Dual Choice	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, but accreditation considered in plan selection criteria	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	NCQA	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	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	–	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 in Program	AmeriHealth Caritas District of Columbia, Amerigroup District of Columbia, MedStar Family Choice-DC	Health Services for Children with Special Needs	UnitedHealthcare Community Plan of District of Columbia	Medical Transportation Management, Inc.	Edenbridge PACE

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.</p> <p>The managed care Pay for Performance (P4P) program is funded through a pre-determined withhold of each MCO's actuarially sound capitation payments during the applicable period of performance. The withhold is generally the established profit margin for each MCO that is factored into the base per member per month payment rate. Actual P4P results are based on MCO experience during a performance year compared to the baseline. The baseline period used to set targets for each performance metric is determined upon implementation of the P4P program. MCOs must meet the minimum threshold for improvement for all three performance measures to earn any portion of the withhold.</p> <p>The P4P program is suspended due to managed care solicitations that have limited successive contract periods and MCOs for effective administration. The Department of Health Care Finance (DHCF) plans to reinstitute quality incentive requirements in future years and continues to monitor MCOs' performance, absent any monetary withholds.</p>	<p>Aged, blind, or disabled children and adults are eligible up to the age of 26.</p> <p>The DHCF CASSIP contract is a comprehensive managed care program under 1915(a) authority. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and residential treatment services. Primarily, services are furnished through the EPSDT benefit, as described in 42 USC 1905(a)(4)(B) and 1905(r), 42 CFR 440.40(b) and Subpart B of 42 CFR Part 441, unless otherwise excluded.</p>	<p>The District Dual Choice program is exclusively for dually eligible beneficiaries and aims to better coordinate their Medicare and Medicaid benefits. On 02/01/2022, the District expanded its existing Dual Choice program into a more comprehensive program that integrates Medicare and Medicaid benefits into a single program. The District Dual Choice program is a voluntary program and anyone who is a resident of the District of Columbia, is 21 years of age or older, and has both Medicare and Medicaid coverage may enroll. The District Dual Choice program is renewed each calendar year.</p>	<p>DHCF pays for NEMT only for its FFS members; NEMT for managed care members is paid by the District's Medicaid MCO for low-income adults and children.</p> <p>Effective 10/01/2020 (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 and NEMT enrollment (which is limited to FFS) decreased.</p>	<p>The District's first PACE program was launched in March of 2023. PACE covers all Medicare- and Medicaid-covered care and services and other services that the PACE team decides are necessary to improve and maintain a beneficiary's health. Individuals can join PACE if they are 55 and older, eligible for nursing home level of care, live in the service area of the PACE organization, and are able to live safely in the community.</p>
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Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	District Dual Choice	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
	Effective 10/01/2020 (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 and NEMT enrollment (which is limited to FFS beneficiaries) decreased.				

Florida: Managed Care Program Features as of 2024

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Dental only (PAHP)	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	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE	1915(b), 1902(a)(70)	–
Program start date	06/01/2014	06/01/2014	12/01/2018	01/01/2002	02/01/2015	01/01/2015
Waiver expiration date (if applicable)	06/30/2030	06/30/2030	06/30/2030	–	06/30/2025	–
If the program ended in 2024, 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	Mandatory	Mandatory	–	–	–
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory	–	–	–

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory	–	–	–
Populations enrolled: Native American/Alaskan Natives	–	–	–	–	–	–
Populations enrolled: Foster Care and Adoption Assistance Children	–	–	–	–	–	–
Populations enrolled: Enrollment choice period	Other	Other	Other	N/A	N/A	–
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems	–	Modivcare Solutions, LLC. (for FFS Medicaid Recipients Only) and Medical Transportation Management, Inc. (for FFS Medicaid recipients only)	–
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to choose another plan if they wish to do so.	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to choose another plan if they wish to do so.	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to choose another plan if they wish to do so.	–	–	–
Benefits covered: Inpatient hospital physical health	X	X	–	X	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	–	X	–	X
Benefits covered: Outpatient hospital physical health	X	X	–	X	–	X

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	–	X	–	X
Benefits covered: Partial hospitalization	X	X	–	X	–	X
Benefits covered: Physician	X	X	–	X	–	X
Benefits covered: Nurse practitioner	X	X	–	X	–	X
Benefits covered: Rural health clinics and FQHCs	X	X	–	X	–	X
Benefits covered: Clinic services	X	X	–	X	–	X
Benefits covered: Lab and x-ray	X	X	X	X	–	X
Benefits covered: Prescription drugs	X	X	–	X	–	X
Benefits covered: Prosthetic devices	X	X	–	X	–	X
Benefits covered: EPSDT	X	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	–	X
Benefits covered: Family planning	X	X	–	–	–	X
Benefits covered: Dental services (medical/surgical)	–	–	X	X	–	X
Benefits covered: Dental (preventative or corrective)	–	–	X	X	–	X
Benefits covered: Personal care (state plan option)	X	X	–	X	–	X

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Benefits covered: HCBS waiver services	X	–	–	X	–	X
Benefits covered: Private duty nursing	X	X	–	X	–	X
Benefits covered: ICF-IDD	X	–	–	–	–	X
Benefits covered: Nursing facility services	X	–	–	X	–	X
Benefits covered: Hospice care	X	X	–	X	–	X
Benefits covered: Non-Emergency Medical Transportation	X	–	–	X	X	X
Benefits covered: IMD 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)	Allergy services; ambulatory surgical center services; anesthesia services; assistive care services; behavior analysis services; behavioral health (BH) assessment services; BH community support services; BH intervention services; BH medication management services; BH overlay services; BH therapy services; cardiovascular services; child health services targeted case management (TCM); chiropractic services; community BH services; Consumer-Directed Care Plus Program; county health department clinic; developmental disabilities individual budgeting waiver services; developmental disabilities individual budgeting waiver services provider rate table; dialysis services; disenrollment from managed care plans; DME and medical supplies, DME and medical supply services: specialized; DME and medical supply services: orthotic and prosthetic; DME and medical supply services: respiratory; DME and medical supply services: wheelchairs, hospital beds, and ambulatory aids; DME and medical supply services: continence, ostomy, and wound care; DME and medical supply services: enteral and parenteral nutrition; early intervention services; emergency transportation services; evaluation and management services; Florida assertive community treatment services; gastrointestinal	Allergy services; ambulatory surgical center services; anesthesia services; assistive care services; behavior analysis services; BH assessment services; BH community support services; BH intervention services; BH medication management services; BH overlay services; BH therapy services; cardiovascular services; child health services TCM; chiropractic services; community BH services; Consumer-Directed Care Plus Program; county health department clinic; developmental disabilities individual budgeting waiver services; developmental disabilities individual budgeting waiver services provider rate table; dialysis services; disenrollment from managed care plans; DME and medical supplies; DME and medical supply services: specialized; DME and medical supply services: orthotic and prosthetic; DME and medical supply services: respiratory; DME and medical supply services: wheelchairs, hospital beds, and ambulatory aids; DME and medical supply services: continence, ostomy, and wound care; DME and medical supply services: enteral and parenteral nutrition; early intervention services; emergency transportation services, evaluation and management services; Florida assertive community treatment services; gastrointestinal services; genitourinary services; hearing services; HCBS settings; home health services; home health electronic visit verification program; hospice services; inpatient hospital services; integumentary services; intermediate care facility for individuals with intellectual disabilities services; intermediate	—	—	—	Allergy services; ambulatory surgical center services; anesthesia services; assistive care services; BH health overlay services; cardiovascular services; child health services TCM; chiropractic services; community BH services; county health department services; dialysis services; early intervention services; emergency transportation services; evaluation and management services; Federally Qualified Health Center service; gastrointestinal services; genitourinary services; hearing services; home health services; integumentary services; medical foster care services; mental health TCM; neurology services; nursing facility services; occupational therapy services; oral and maxillofacial surgery services; orthopedic services; outpatient hospital services; pain management services; personal care services; physical therapy services; podiatry services; private duty nursing services; radiology and nuclear medicine services; regional perinatal intensive care center services; reproductive services; respiratory system services; respiratory therapy services; rural health clinic services; specialized therapeutic
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	<p>services; genitourinary services; hearing services; home and community-based services (HCBS); home health services; home health electronic visit verification program; hospice services; inpatient hospital services; integumentary services; intermediate care facility for individuals with intellectual disabilities services; intermediate care services; laboratory services; Medicaid certified school match program; Medicaid county health department certified match program; medical foster care; mental health TCM; neurology services; non-emergency transportation services; nursing facility services; occupational therapy services; oral and maxillofacial services; orthopedic services; outpatient hospital services; pain management services; personal care services; physical therapy services; podiatry services; prescription drug coverage denials; prescribed drug services; prescribed pediatric extended care services; private duty nursing services; qualified evaluator network; radiology and nuclear medicine services; regional perinatal intensive care center services; reproductive services; respiratory therapy services; respiratory system services; rural health clinic; skilled services; speech-language pathology services; state mental health; statewide inpatient psychiatric program; statewide</p>	<p>care services; laboratory services; Medicaid certified school match program; Medicaid county health department certified match program; medical foster care; mental health TCM; neurology services; non-emergency transportation services; nursing facility services; occupational therapy services; oral and maxillofacial services; orthopedic services; outpatient hospital services; pain management services; personal care services; physical therapy services; podiatry services; prescription drug coverage denials; prescribed drug services; prescribed pediatric extended care services; private duty nursing services; qualified evaluator network; radiology and nuclear medicine services; regional perinatal intensive care center services; reproductive services; respiratory therapy services; respiratory system services; rural health clinic; skilled services; speech-language pathology services; state mental health; statewide inpatient psychiatric program; statewide Medicaid managed care LTC; statewide Medicaid managed care LTC waiver program prioritization and enrollment; TCM for children at risk of abuse and neglect; therapeutic group care services; specialized therapeutic services; transplant services; visual aid services; visual care services</p>				<p>services; speech-language pathology services; statewide inpatient psychiatric program; transplant services; visual aid services; visual care services</p>
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Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
	Medicaid managed care long-term care (LTC) program; statewide Medicaid managed care LTC waiver program prioritization and enrollment; TCM for children at risk of abuse and neglect; therapeutic group care services; specialized therapeutic services; transplant services; visual aid services; visual care services					
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes	No	No	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Healthcare (AAAHC), URAC	NCQA, AAAHC, URAC	NCQA, AAAHC, URAC	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	HSAG	–	–	–
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	–	–	–

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
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	–	–	–

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Participating plans in Program	Sunshine State Health Plan, Inc.; Simply Healthcare Plans, Inc.; Molina Healthcare of Florida; Humana Medical Plan; Florida Community Care; Aetna Better Health; UnitedHealthcare of Florida	Simply dba Clear Health Alliance - Specialty Plan; Children's Medical Services Network; Community Care Plan; Sunshine State Health Plan - SMI (Specialty Plan); Molina Healthcare of Florida - Specialty Plan; AmeriHealth	Liberty Dental Plan of Florida, Inc.; Managed Care of North America, Inc.; DentaQuest of Florida, Inc.	Empath Life, LLC; InnovAge Florida PACE, LLC; InnovAge Florida PACE II, LLC; Mount Sinai Eldercare, Inc.; Trinity Health PACE of Pensacola Inc.; Morselife; Suncoast; Hope Select Care; Florida PACE; The PACE Place	Medical Transportation Management, Inc.; Modivcare Solutions, LLC	Careplus Health Plans, Inc.; Healthspring of FL, Inc.; Aetna Health, Inc.; Care Improvement Plus South Central Insurance Company; Molina Healthcare of Florida, Inc.; Wellcare Health Insurance of Arizona, Inc.; UnitedHealthcare Dual Complete LP; Ultimate Health Plans, Inc.; Sunshine State Health Plan, Inc.; Solis Health Plans, Inc.; Simply Healthcare Plan, Inc.; Preferred Care Partners, Inc.; Florida Blue Medicare, Inc.; Optimum Health Care, Inc.; Centene Venture Company Florida; MMM Of Florida, Inc.; Humana Medical Plan, Inc.; Humana Health Insurance Company Of Florida, Inc.; Healthsun Health Plans, Inc.; Freedom Health, Inc.; Doctors Healthcare Plans, Inc.; Devoted Health Plan Of Florida, Inc.; Preferred Care Network, Inc.; Leon Health Plans, Inc.; Prominence Healthfirst of Florida, Inc.; AmeriHealth; Alignment, HPMP of Florida, Inc. dba Florida Complete Care; Humana Insurance Company

Features	Statewide Medicaid Managed Care - MMA + LTSS	Statewide Medical Managed Care - MMA Only	Statewide Medical Managed Care - Dental	Program of All-Inclusive Care for the Elderly	Capitated Non-Emergency Transportation (CNET)	Dual Eligible Special Needs Plan (DSNP)
Program notes	1915(b)/1915(c) waiver authority expires: 03/31/2027	—	—	PACE is an all-inclusive program that provides HCBS and nursing facility services if necessary. For PACE, individuals must be 55 years of age or older, at risk for institutionalization, live in a designated PACE service area, and be able to live safely in the community. Enrollment is voluntary.	The CNET program provides non-emergency transportation services to Medicaid enrollees who receive Medicaid state plan services.	<p>The current D-SNP contracts operate under various federal authorities including 42 CFR Part 422, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.</p> <p>The Agency does not handle D-SNP enrollment. All enrollment functions are handled by D-SNP plans and providers, not the Agency.</p>

Georgia: Managed Care Program Features as of 2024

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)	Non-Emergency Medical Transportation	Georgia Pathways to Coverage
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1932(a)	1115(a) (Medicaid demonstration waivers)	1902(a)(70)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011	10/07/1997	07/01/2023
Waiver expiration date (if applicable)	–	–	12/31/2029	–	09/30/2025
If the program ended in 2024, 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	–	–	–	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)	–	–	Voluntary	Voluntary	–
Populations enrolled: Full Duals	–	–	–	Voluntary	–
Populations enrolled: Children with Special Health Care Needs	–	–	–	Voluntary	–
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt	Exempt	–
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt	Mandatory	–
Populations enrolled: Enrollment choice period	30 days – Enrollment open for thirty days	30 days – Enrollment open for thirty days	Other	N/A	Other

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)	Non-Emergency Medical Transportation	Georgia Pathways to Coverage
Populations enrolled: Enrollment broker name (if applicable)	Gainwell Technologies	Gainwell Technologies	–	–	Gainwell Technologies
Populations enrolled: Notes on enrollment choice period	–	–	Women who are enrolled in the P4HB program are granted a 30-day period to select a Care Management Organization (CMO) of their choice. Effective 01/01/2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If a woman does not select a CMO within the 30-day choice period, she is auto-assigned to a CMO to receive P4HB services, based on the Department of Community Health (DCH) auto-assignment algorithm.	–	Members who are enrolled in Georgia Pathways to Coverage are automatically assigned to a CMO on the 1st of the following month after Pathways eligibility is received, based on DCH's auto-assignment algorithm. After the initial assignment, the member has 90 days to change to another CMO.
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

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)	Non-Emergency Medical Transportation	Georgia Pathways to Coverage
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)	X	X	–	–	X
Benefits covered: Dental (preventative or corrective)	X	X	–	–	X
Benefits covered: Personal care (state plan option)	–	X	–	–	–
Benefits covered: HCBS waiver services	–	–	–	–	–
Benefits covered: Private duty nursing	–	–	–	–	–
Benefits covered: ICF-IDD	X	X	–	–	X
Benefits covered: Nursing facility services	–	X	–	–	–
Benefits covered: Hospice care	–	–	–	–	–
Benefits covered: Non-Emergency Medical Transportation	–	–	–	X	–
Benefits covered: IMD 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)	–	Podiatry, nurse midwife	–	–	–
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No	No	No

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)	Non-Emergency Medical Transportation	Georgia Pathways to Coverage
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	NCQA, JCAHO	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	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 in Program	Peach State Health Plan, CareSource Georgia, Amerigroup Community Care	Amerigroup Community Care	Peach State Health Plan, CareSource Georgia, Amerigroup Community Care	NEMT	Peach State Health Plan, CareSource Georgia, Amerigroup Community Care

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)	Non-Emergency Medical Transportation	Georgia Pathways to Coverage
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 DCH and private CMOs.</p> <p>Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs.</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>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>	<p>Georgia Pathways was implemented on 07/01/2023. DCH submitted executed copies of contract Amendment #8 (Pathways) to CMS on 11/26/24. It is now pending CMS review and approval. The Georgia Pathways to Coverage program is a Medicaid expansion program with the following requirements:</p> <ul style="list-style-type: none"> - Be a Georgia resident - Be a U.S. citizen or legally residing non-citizen - Be between 19 and 64 years of age - Have a household income of up to 100% of the Federal Poverty Level (FPL) - Complete at least 80 hours of qualifying activities per month - Not qualify for any other type of Medicaid - Not be incarcerated

Hawaii: Managed Care Program Features as of 2024

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)
Program start date	08/01/2019
Waiver expiration date (if applicable)	07/31/2024
If the program ended in 2020, indicate the end date	07/31/2024
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: Native American/Alaskan Natives	Mandatory
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	<p>Applicant may select a plan at the time of application and will apply if deemed eligible to enroll in a QUEST Integration plan. In the absence of the member pre-selecting a health plan, during application, the member is auto-assigned to a QUEST Integration plan and has 60 days to select a health plan. Plan selection applies the first day of the next month.</p> <p>Annual Enrollment: Annual plan change occurs once a year. All members enrolled in a QUEST Integration plan may choose to continue enrollment in the same plan or select a different plan serving the geographic area. Plan selection applies the first day of the new benefit year.</p>
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

Features	Med-QUEST
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)	–
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	–
Benefits covered: ICF-IDD	–
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: IMD 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)	–
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	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 in Program	UnitedHealthcare Community Plan QUEST Integration, Ohana Health Plan QUEST Integration, Kaiser Foundation Health Plan QUEST Integration, Hawaii Medical Service Association (HMSA) QUEST Integration, AlohaCare QUEST Integration
Program notes	–

Idaho: Managed Care Program Features as of 2024

Features	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus	Idaho Smiles	Idaho Behavioral Health Plan	Non-Emergency Medical Transportation	Healthy Connections
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Non-Emergency Medical Transportation	Primary Care Case Manager (PCCM)
Statewide or region-specific?	Region-Specific	Region-Specific	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(a)/1915(c)	1915(b)/1915(c)	1915(b)	1915(b)/1915(i)	1902(a)(70)	1932(a)
Program start date	07/01/2014	11/01/2018	08/01/2008	09/01/2013	09/01/2010	10/01/2006
Waiver expiration date (if applicable)	03/21/2028	03/31/2028	12/31/2027	12/31/2027	–	–
If the program ended in 2024, 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	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	–	–	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	–	–	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	–	–	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	–	–	Voluntary
Populations enrolled: Full Duals	Voluntary	Mandatory	Mandatory	Voluntary	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	–	–	Mandatory	–	Mandatory	–

Features	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus	Idaho Smiles	Idaho Behavioral Health Plan	Non-Emergency Medical Transportation	Healthy Connections
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	N/A	Other	N/A	N/A	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	–	–	–
Populations enrolled: Notes on enrollment choice period	–	90 days	–	–	–	After 30 days of eligibility, the state starts mandatory selection.
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	–	–	–	–
Benefits covered: Physician	X	X	–	X	–	–
Benefits covered: Nurse practitioner	X	X	–	X	–	–
Benefits covered: Rural health clinics and FQHCs	X	X	–	X	–	–
Benefits covered: Clinic services	X	X	–	–	–	–
Benefits covered: Lab and x-ray	X	X	–	–	–	–
Benefits covered: Prescription drugs	X	X	–	–	–	–
Benefits covered: Prosthetic devices	X	X	–	–	–	–
Benefits covered: EPSDT	–	–	–	X	–	–

Features	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus	Idaho Smiles	Idaho Behavioral Health Plan	Non-Emergency Medical Transportation	Healthy Connections
Benefits covered: Case management	X	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	–	–	–
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	–
Benefits covered: IMD 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)	Medicaid primary services not covered by Medicare	Medicaid primary services not covered by Medicare	–	Peer support, family support	–	–
Quality assurance and improvement: HEDIS data required?	No	No	No	Yes	No	No
Quality assurance and improvement: CAHPS data required?	No	No	Yes	Yes	No	No

Features	Medicare/Medicaid Coordinated Plan	Idaho Medicaid Plus	Idaho Smiles	Idaho Behavioral Health Plan	Non-Emergency Medical Transportation	Healthy Connections
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	NCQA, Accreditation Association for Ambulatory Health Care (AAAHC)	NCQA. URAC	–	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Telligen	Telligen	–	–	–	–
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–	–	–	X
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	X	–	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 in Program	Molina of Idaho, Blue Cross of Idaho	Molina of Idaho, Blue Cross of Idaho	MCNA (Managed Care of North America, Inc.)	Magellan of Idaho	MTM (Medical Transportation Management)	Multiple Primary Care Providers
Program notes	–	Some counties have voluntary enrollment and some have mandatory.	–	Switched from Optum to Magellan on 07/01/2024 and added inpatient mental health as part of their coverage.	–	NCQA is the accrediting organization for tier 3 of the Healthy Connections program.

Illinois: Managed Care Program Features as of 2024

Features	HealthChoice Illinois (HCI)	HealthChoice Illinois - Managed Long Term Services and Supports
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)/1915(c), 1932(a)/1915(c), 1915(a)/1915(i)	1915(b)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	—	—
If the program ended in 2024, indicate the end date	—	12/31/2029
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)	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: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days – Enrollment open for thirty days	30 days – Enrollment open for thirty 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	—
Benefits covered: Outpatient hospital physical health	X	—
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	—
Benefits covered: Partial hospitalization	X	—
Benefits covered: Physician	X	X

Features	HealthChoice Illinois (HCI)	HealthChoice Illinois - Managed Long Term Services and Supports
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	–
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: IMD 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)	Telehealth, ambulatory, surgical treatment center, assistive/augmentative communication devices, audiology, social work service, psychologist service, other behavioral services, blood and blood components, chiropractic, diabetes prevention, DME, immunization, physical/occupational and speech therapy, podiatry, renal dialysis and access services, specialized medical equipment and supplies, vision, peer recovery support services, screening brief intervention and referral to treatment (SBIRT) coverage ages 6 to 64, 1915(i) waiver services for children	Non-medical behavioral health, social work service, psychologist service, telehealth, methadone medication assistance
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, accreditation required	Yes, accreditation required

Features	HealthChoice Illinois (HCI)	HealthChoice Illinois - Managed Long Term Services and Supports
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X	X
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans in Program	YouthCare, Molina Healthcare, Meridian Health, CountyCare Health Plan, Blue Cross Community Health Plans, Aetna Better Health	Blue Cross Community Health Plans, Aetna Better Health, Molina Healthcare, Meridian Health, CountyCare Health Plan
Program notes	<p>HealthChoice Illinois (HCI) is a statewide program that was implemented on 01/01/2018. The managed care plans serve the HCI population, including families and children, adults eligible for Medicaid under the ACA; seniors and adults with disabilities who are not eligible for Medicare; enrollees under 1915(c) waivers and receiving MLTSS; and special needs children, former youth in care and youth in care. Low-income pregnant women are mandatorily enrolled into the program. Pursuant to 305 ILCS 5/5-30(a) and (h), if an MCO is serving at least 5,000 Seniors and Persons with Disabilities (SPDs) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full risk capitation for at least one year, the MCO is considered eligible for accreditation and shall receive accreditation by the NCQA within two years after the date the MCO became eligible for the accreditation. Pay for Performance (P4P) and Reinvestment (P4R) measures incentivize spending on care that produces positive quality of life outcomes and align with the Department's quality strategies. P4P/P4R measures are ensured by withholding a percentage amount (withhold) from the MCO's capitation rate. The MCOs can earn back the withhold by meeting or exceeding the goals set by the P4P/P4R measures. During this reporting period, the MCOs applied annual Social Determinants of Health workplans identifying targeted interventions and goals based on MCOs analytics. All investment activities include a focus on equity and quality strategies.</p> <p>The HCI managed care program is authorized through 1932(a) of the SSA. The SNC 1915b waiver is authorized through section 1915b of the SSA. The SNC 1915b is on a temporary extension that ends 06/30/2025.</p> <p>Full duals and individuals receiving limited benefits are excluded from HCI enrollment. Regarding low-income adults not covered under ACA Section VIII, Illinois is an expansion state that extends coverage to all adults with incomes below 138% of the FPL, so the coverage gap would not exist in Illinois. All ACA adults in Illinois are eligible for managed care enrollment</p>	<p>The MLTSS population includes Medicare-Medicaid eligible adults receiving certain long-term services and supports (LTSS). MLTSS customers receive a combination of LTSS, care coordination, and some mental health and transportation services. 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 09/30/2028. Pursuant to 305 ILCS 5/5-30 (a) and (h), if an MCO is serving at least 5,000 SPDs or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one year, the MCO is eligible for accreditation and shall receive accreditation by the NCQA within two years after the date the MCO became eligible for the accreditation. P4P and P4R measures incentivize spending on care that produces positive quality of life outcomes and aligns with the Department's quality strategies. P4P/P4R measures are ensured by withholding a percentage amount (withhold) from the MCO's capitation rate. The MCOs can earn back the withhold by meeting or exceeding the goals set by the P4P/P4R measures. All investment activities include a focus on equity and quality strategies.</p>

Features	HealthChoice Illinois (HCI)	HealthChoice Illinois - Managed Long Term Services and Supports
	<p>unless excluded for some other exclusion reason. Low-income adults, either covered or not covered under ACA section VIII, are excluded from managed care enrollment. Illinois requires enrollment in the Medicaid Aid to the Aged, Blind and Disabled (AABD) to be eligible for MLTSS, so ACA adults are excluded. Regarding non-disabled children and children with special healthcare needs, Illinois requires that customers be age 21 or older at the time of MLTSS enrollment, so children are excluded. Individuals receiving limited benefits are excluded from MLTSS enrollment.</p>	<p>Full duals and individuals receiving limited benefits are excluded from HCI enrollment. Regarding low-income adults not covered under ACA Section VIII, Illinois is an expansion state that extends coverage to all adults with incomes below 138% of the FPL, so the coverage gap would not exist in Illinois. All ACA adults in Illinois are eligible for managed care enrollment unless excluded for some other exclusion reason. Low-income adults either covered or not covered under ACA section VIII, are excluded from managed care enrollment. Illinois requires enrollment in the Medicaid AABD to be eligible for MLTSS, so ACA adults are excluded. Regarding non-disabled children and children with special healthcare needs, Illinois requires that customers be age 21 or older at the time of MLTSS enrollment, so children are excluded. Individuals receiving limited benefits are excluded from MLTSS enrollment.</p>

Indiana: Managed Care Program Features as of 2024

Features	Healthy Indiana Plan (HIP)	Hoosier Care Connect	Hoosier Healthwise	The Program of All-Inclusive Care for the Elderly, PACE	PathWays for Aging
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide	Region-Specific	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1932(a)	PACE	1915(b)/1915(c)
Program start date	02/01/2015	04/01/2015	01/01/2000	10/01/2012	07/01/2024
Waiver expiration date (if applicable)	12/31/2030	03/31/2025	–	–	06/30/2029
If the program ended in 2024, 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)	–	–	–	–	–
Populations enrolled: Full Duals	–	–	–	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	–	–	–	–	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt	Exempt	Exempt

Features	Healthy Indiana Plan (HIP)	Hoosier Care Connect	Hoosier Healthwise	The Program of All-Inclusive Care for the Elderly, PACE	PathWays for Aging
Populations enrolled: Enrollment choice period	Other	60 days – Enrollment open for sixty days	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	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.	–	Members who do not choose a Managed Care Entity (MCE) will be assigned to one, with the option to change. Members may change their Indiana PathWays for Aging health plan before the effective enrollment date, within 90 days of enrolling, or annually after that.
Benefits covered: Inpatient hospital physical health	X	X	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Benefits covered: Partial hospitalization	X	X	X	X	X
Benefits covered: Physician	X	X	X	X	X
Benefits covered: Nurse practitioner	X	X	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	X	X
Benefits covered: Clinic services	X	X	X	X	X
Benefits covered: Lab and x-ray	X	X	X	X	X
Benefits covered: Prescription drugs	X	X	X	X	X
Benefits covered: Prosthetic devices	X	X	X	X	X
Benefits covered: EPSDT	X	X	X	–	–
Benefits covered: Case management	X	X	X	X	X

Features	Healthy Indiana Plan (HIP)	Hoosier Care Connect	Hoosier Healthwise	The Program of All-Inclusive Care for the Elderly, PACE	PathWays for Aging
Benefits covered: SSA Section 1945-authorized Health Home	–	–	–	–	–
Benefits covered: Home health services (services in home)	X	X	X	–	X
Benefits covered: Family planning	X	X	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X	–	X
Benefits covered: Dental (preventative or corrective)	X	X	X	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	X	X	X	X
Benefits covered: Hospice care	X	X	–	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X	X
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an ‘in lieu of benefit	X	X	X	–	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Podiatry, chiropractic, vision	Podiatry, chiropractic, vision	Podiatry, chiropractic, vision	–	Podiatry, chiropractic, vision
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	Yes, accreditation required

Features	Healthy Indiana Plan (HIP)	Hoosier Care Connect	Hoosier Healthwise	The Program of All-Inclusive Care for the Elderly, PACE	PathWays for Aging
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	NCQA	–	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	Qsource	Qsource	–	Qsource
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X	–	X
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X	–	X
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X	–	X
Performance incentives: Withholds tied to performance metrics	X	X	X	–	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X	–	X
Participating plans in Program	CareSource Indiana, Managed Health Services, MDwise, Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield, UnitedHealthcare Community Plan, Managed Health Services	MDwise, Anthem Blue Cross and Blue Shield, CareSource Indiana, Managed Health Services	Franciscan Senior Health and Wellness - Dyer, Franciscan Senior Health and Wellness - Indianapolis, Franciscan Senior Health and Wellness - Michigan City, Franciscan Senior Health & Wellness Lafayette, PACE of Northeast Indiana, Reid Health PACE Center, Ascension Living St. Vincent PACE, Heartland Pace, Saint Joseph PACE	Humana Healthy Horizons of Indiana, Anthem Blue Cross and Blue Shield, UnitedHealthcare Community Plan

Features	Healthy Indiana Plan (HIP)	Hoosier Care Connect	Hoosier Healthwise	The Program of All-Inclusive Care for the Elderly, PACE	PathWays for Aging
Program notes	Home health and nursing facility care is covered for a short period of time, no more than 100 days under HIP Basic and HIP Plus plan. State plan beneficiaries do not have home health or nursing facility limitations. IMD stays are primarily covered under Indiana's Serious Mental Illness (SMI) waiver. NEMT is covered only for HIP State Plan and HIP Maternity. Chiropractic service is limited to 6 spinal manipulations per year under HIP Plus Plan and 50 units per year under HIP State Plan and HIP Maternity.	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 waiver.	IMD stays are primarily covered under Indiana's SMI waiver. Nursing facility and home health care are limited to short term needs, up to 60 days from the date of admission for Hoosier Healthwise.	The PACE SPA was approved with an effective date of 10/01/2012, but Indiana's first PACE program agreement was not effective until 01/01/2015. In 2024, the PACE program expanded, adding one new plan.	Pathways for Aging launched on 07/01/2024.

Iowa: Managed Care Program Features as of 2024

Features	IA Health Link	Program of All-Inclusive Care for the Elderly (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	1115(a) (Medicaid demonstration waivers), 1915(b), 1915(b)/1915(c), 1937 Alt Benefit Plan, 1945 Health Homes	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2016	08/01/2018	05/01/2014
Waiver expiration date (if applicable)	03/31/2026	–	06/30/2025
If the program ended in 2024, 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	–
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	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	–	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	N/A	Pre-Assigned – Medicaid enrollees are pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus	–	–
Populations enrolled: Notes on enrollment choice period	–	–	–
Benefits covered: Inpatient hospital physical health	X	X	–

Features	IA Health Link	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
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	–	–
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: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	X	–	–

Features	IA Health Link	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	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
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	–	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	–	–
Performance incentives: Withholds tied to performance metrics	X	–	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	–	–
Participating plans in Program	Iowa Total Care; Wellpoint of Iowa, Inc. (formerly Amerigroup of Iowa, Inc.); Molina Healthcare, Inc.	PACE	MCNA Dental Plans, Inc.; Delta Dental of Iowa

Features	IA Health Link	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan
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 uses utilization management guidelines.</p> <p>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 stay exceeds the 15 member days permitted the MCI Contractor will not reimburse the IMD for any of the IMD member days in that month.</p> <p>Vision: Routine eye examinations are covered once in a 12-month period.</p> <p>NEMT is available to all IA Health Link 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>	—	—

Kansas: Managed Care Program Features as of 2024

Features	KanCare	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	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1945 Health Homes	PACE
Program start date	01/01/2024	08/01/2002
Waiver expiration date (if applicable)	12/31/2028	–
If the program ended in 2024, indicate the end date	–	–
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	–	–
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	–
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days – Enrollment open for sixty 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

Features	KanCare	Program of All-Inclusive Care for the Elderly (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	–
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: IMD 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)	–	Adult day care, recreational therapy, meals, social services, social work counseling, etc.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (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	–

Features	KanCare	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 in Program	UnitedHealthcare Community Plan of Kansas, Sunflower State Health Plan, Aetna Better Health of Kansas	Bluestem PACE, Inc.; Midland Care; Via Christi
Program notes	Kansas operates the Kancare Medicaid managed care program primarily as 1915(b) authority, but has a few programs under the 1115(a) authority. Under the 1915(b) demonstration waiver concurrently with seven 1915(c) waivers.	–

Kentucky: Managed Care Program Features as of 2024

Features	Kentucky Managed Care Organization Program	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), 1902(a)(70)
Program start date	11/01/2011	10/21/2010
Waiver expiration date (if applicable)	12/31/2025	03/21/2025
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	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	Mandatory
Populations enrolled: Children with Special Health Care Needs	–	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	–	–
Populations enrolled: Notes on enrollment choice period	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	–

Features	Kentucky Managed Care Organization Program	Non-Emergency Medical Transportation
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)	–	–
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	X	–
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: IMD 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)	–	–
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, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	–
Performance incentives: Payment bonuses/differentials to reward plans	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–
Performance incentives: Public reports comparing plan performance on key metrics	–	–
Performance incentives: Withholds tied to performance metrics	–	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–	–

Features	Kentucky Managed Care Organization Program	Non-Emergency Medical Transportation
Participating plans in Program	Humana - Managed Care Organization; Aetna - Managed Care Organization; Wellcare - Managed Care Organization; UnitedHealthcare - Managed Care Organization; Anthem - Managed Care Organization; Molina - Managed Care Organization	NEMT - Transportation Cabinet
Program notes	—	—

Louisiana: Managed Care Program Features as of 2024

Features	Healthy Louisiana	Healthy Louisiana	Coordinated System of Care	Dental Benefit Management Program (DBMP)	PACE
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Region-Specific
Federal operating authority	1915(b)	1915(b), 1932(a)	1915(b)/1915(c)	1915(b)	PACE
Program start date	12/01/2015	02/01/2012	03/01/2012	07/01/2014	09/01/2007
Waiver expiration date (if applicable)	06/30/2027	06/30/2027	06/30/2027	06/30/2026	–
If the program ended in 2024, 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	–	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	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	–	Voluntary	–	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	–	Mandatory	–
Populations enrolled: Enrollment choice period	N/A	Other	N/A	Other	N/A

Features	Healthy Louisiana	Healthy Louisiana	Coordinated System of Care	Dental Benefit Management Program (DBMP)	PACE
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services	Maximus Health Services	–	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.	–	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	–	X	–	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	–	X
Benefits covered: Outpatient hospital physical health	–	X	–	–	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	–	X
Benefits covered: Partial hospitalization	X	–	X	–	–
Benefits covered: Physician	X	X	X	–	X
Benefits covered: Nurse practitioner	X	X	X	–	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	X	X
Benefits covered: Clinic services	X	X	X	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	X	–
Benefits covered: Case management	X	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	–	–	–

Features	Healthy Louisiana	Healthy Louisiana	Coordinated System of Care	Dental Benefit Management Program (DBMP)	PACE
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
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: IMD 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)	–	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.	Mental health rehabilitation services including psychosocial rehabilitation, crisis intervention, and crisis stabilization.	–	All specialized services authorized by IDT, including podiatry.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	NCQA	–	–

Features	Healthy Louisiana	Healthy Louisiana	Coordinated System of Care	Dental Benefit Management Program (DBMP)	PACE
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	–	HSAG	–
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	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	X	–	–
Participating plans in Program	Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare Community Plan	Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare Community Plan	Magellan	DentaQuest, MCNA of Louisiana	PACE - Trinity Health - Alexandria, PACE - Baton Rouge, PACE - Greater New Orleans, PACE - Lafayette
Program notes	<p>This is a limited benefit MCO program. Only behavioral health services and NEMT are covered. These enrollees are individuals who receive FFS Medicaid for most of their health services, including physical health services and prescription benefits.</p> <p>The limited benefit MCO program covers BH services for residents in LTC facilities as well as those outside of LTC facilities.</p>	<p>Personal care (State Plan option) services are available to enrollees aged 0–20.</p> <p>Mandatory vs. voluntary enrollment for Aged, Blind, or Disabled Children and Adults: Some disabled children can voluntarily opt out.</p>	The PIHP is required to report on a single HEDIS measure pertaining to follow-up care after hospitalization for mental illness since program inception.	Adult Intermediate Care Facilities and Intellectual or Developmental Disabilities (ICF/IDD) – program effective 05/01/2023, provides comprehensive dental coverage to Medicaid beneficiaries 21 years of age and older who reside in an ICF/IDD.	Benefits covered -- according to 42 CFR 460.92, the PACE benefit package must include for all participants regardless of source of payment: 1) all Medicare-covered services; 2) all Medicaid covered services (as approved in the state's Medicaid plan); and 3) and other services determined necessary by the participants interdisciplinary team.

Maine: Managed Care Program Features as of 2024

Features	NET
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	08/01/2011
Waiver expiration date (if applicable)	03/31/2028
If the program ended in 2024, 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)	–
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are 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	–
Benefits covered: Home health services (services in home)	–
Benefits covered: Family planning	–
Benefits covered: Dental services (medical/surgical)	–
Benefits covered: Dental (preventative or corrective)	–

Features	NET
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: IMD 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)	–
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required
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 in Program	MidCoast Connector, Penquis CAP, Modivcare
Program notes	–

Maryland: Managed Care Program Features as of 2024

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Region-Specific
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 2024, 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: Native American/Alaskan Natives	Mandatory	–
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	–
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; however, if a plan is not selected at the time of enrollment, auto-assignment takes place. Limited windows to change MCOs, and once per year right to change once enrolled.	–
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

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
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	–	–
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)	–	X
Benefits covered: HCBS waiver services	–	–
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD	–	–
Benefits covered: Nursing facility services	X	–
Benefits covered: Hospice care	X	–
Benefits covered: Non-Emergency Medical Transportation	X	–
Benefits covered: IMD 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)	Nurse midwives, freestanding birthing centers, podiatry (routine footcare for <21 and diabetics), diabetes prevention, telehealth	Multidisciplinary assessment and treatment planning, social work services, nutritional counseling, recreational therapy, certain meals, medical specialty services, corrective vision devices, orthotics, hearing aids, dentures, assisted living, and other services determined necessary by the multidisciplinary team to improve and maintain the participant's overall health status
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, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant Quality Solutions, Inc.	–
Performance incentives: Payment bonuses/differentials to reward plans	X	–

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
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 in Program	Aetna Better Health of Maryland, CareFirst BlueCross BlueShield Community Health Plan Maryland, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, UnitedHealthcare Community Plan, Wellpoint Maryland	Hopkins ElderPlus
Program notes	–	PACE is limited to individuals who live in the PACE catchment area, are ages 55 or older, are determined to meet a nursing facility level of care for more than four months, and are able to be safely maintained in the community at the time of enrollment with PACE services.

Massachusetts: Managed Care Program Features as of 2024

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Program type	Primary Care Case Management Entity (PCCM Entity)	Primary Care Case Manager (PCCM)	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Region-Specific	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)/1915(c)	PACE
Program start date	04/01/2023	03/01/2018	04/01/2023	04/01/2023	01/01/2023	07/01/2004	07/10/1990
Waiver expiration date (if applicable)	12/31/2027	12/31/2027	12/31/2027	12/31/2027	12/31/2027	12/31/2025	—
If the program ended in 2024, 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	Mandatory	Mandatory	—	—
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	—	—
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	–	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	–	–	–	–
Populations enrolled: Full Duals	–	–	–	–	Mandatory	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	–	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	–	–
Populations enrolled: Enrollment choice period	Other	N/A	Other	Other	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems	Automated Health Systems	Automated Health Systems	SHINE (the state's State Health Insurance Assistance Program) and 1-800-Medicare are available to provide information about SCO plans to prospective SCO enrollees. SCO plans are responsible for the enrollment process.	–

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
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.	14 days with a 90-day selection period for new enrollees. Annual 90-day plan selection period for existing enrollees.	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 SEP or other SEP available.	—
Benefits covered: Inpatient hospital physical health	—	—	X	X	—	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	—	—	X	X	X	—	X
Benefits covered: Outpatient hospital physical health	X	X	X	X	—	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	—	—	X	X	X	X	X
Benefits covered: Partial hospitalization	—	—	X	X	X	X	X

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Benefits covered: Physician	X	X	X	X	X	X	X
Benefits covered: Nurse practitioner	X	X	X	X	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	X	–	X	X
Benefits covered: Clinic services	X	X	X	X	X	X	X
Benefits covered: Lab and x-ray	–	–	X	X	–	X	X
Benefits covered: Prescription drugs	–	–	X	X	X	X	X
Benefits covered: Prosthetic devices	–	–	X	X	–	X	X
Benefits covered: EPSDT	X	X	X	X	–	–	–
Benefits covered: Case management	X	X	X	X	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	–	–	–	–	–	–	–
Benefits covered: Home health services (services in home)	–	–	X	X	–	X	X
Benefits covered: Family planning	X	X	X	X	–	X	X
Benefits covered: Dental services (medical/surgical)	–	–	X	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	–
Benefits covered: Private duty nursing	–	–	X	–	–	X	X
Benefits covered: ICF-IDD	–	–	–	–	–	X	X

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Benefits covered: Nursing facility services	–	–	X	X	–	X	X
Benefits covered: Hospice care	–	–	X	X	–	X	X
Benefits covered: Non-Emergency Medical Transportation	–	–	X	X	–	X	X
Benefits covered: IMD 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)	Certain primary care services as approved by CMS per MA's 1115 waiver. Refer to the "Program Notes" section for additional details.	–	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management, training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, 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.)	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, 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.	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: HEDIS data required?	No	No	Yes	Yes	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	No	No	Yes	Yes	No	Yes	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	Yes, accreditation required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	National Committee for Quality Assurance (NCQA)	NCQA	NCQA	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	IPRO	IPRO	IPRO	IPRO	IPRO	–
Performance incentives: Payment bonuses/differentials to reward plans	X	–	X	X	X	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	–	X	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	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
Participating plans in Program	Community Care Cooperative, Inc.; Steward Health Choice	Multiple Primary Care Clinicians	Tufts Health Together, WellSense Essential MCO	Mass General Brigham Health Plan with Mass General Brigham ACO, Tufts Health Together with Cambridge Health Alliance (CHA), Tufts Health Together with UMass Memorial Health, East Boston Neighborhood Health WellSense Alliance, WellSense Beth Israel Lahey Health (BILH) Performance Network ACO, WellSense Boston Children's ACO, WellSense Care Alliance, WellSense Community Alliance, WellSense Mercy Alliance, WellSense Signature Alliance, WellSense Southcoast Alliance, Fallon Health-Atrius Health Care Collaborative, Berkshire Fallon Health Collaborative, Fallon 365 Care, BeHealthy Partnership Plan	Massachusetts Behavioral Health Partnership	Navicare HMO, UnitedHealthcare, Senior Whole Health, Commonwealth Care Alliance, WellSense Health Plan, Tufts Health Plan	Element Care Inc.; Fallon Health Summit Eldercare; Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of Harbor Health; Neighborhood PACE; Mercy Life, Inc.; Serenity Care PACE Program
Program notes	Services, other than behavioral health and certain primary care services, provided to PCACO Plan enrollees are paid for by MassHealth through FFS directly to providers and not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership.	Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers and not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality	Private duty nursing is covered under capitation for SKSC population only.	N/A	Full duals are only enrolled mandatorily if under 21 years of age.	—	The enrollment numbers do not include private pay enrollees, if any.

Features	Primary Care Accountable Care Organization (PCACO)	Primary Care Clinician (PCC) Program	Managed Care Organization (MCO)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options (SCO)	Plan All-Inclusive Care for the Elderly (PACE)
	Certain primary care services are paid for by the PCACOs as approved by CMS per MA's 1115 waiver. Regarding quality assurance and improvement, MassHealth does not require PCACOs to 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.	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.					

Michigan: Managed Care Program Features as of 2024

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Program type	Comprehensive MCO	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1115(a) (Medicaid demonstration waivers)	PACE	1915(b)/1915(c)	1915(b)	1915(b)/1915(c)
Program start date	07/01/1997	04/01/2014	11/01/2003	10/01/1998	04/01/2009	10/01/2003
Waiver expiration date (if applicable)	12/31/2029	12/31/2029	–	09/30/2029	12/31/2022	09/30/2028
If the program ended in 2024, 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	–	–	–	–
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	–	Voluntary	Mandatory	Mandatory	Voluntary
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	Voluntary	–	Voluntary	Voluntary	–	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	–	–	–	–	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt	Voluntary	Voluntary	Voluntary

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	N/A	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 individuals 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 individual's case number.	–	Enrollment choice period varies or is open for another amount of time, meaning that there is no lock-in period for this population.	90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year.	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet Nursing Facility Level of Care (NFLOC) to qualify.
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	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	X	–	–	–
Benefits covered: Prescription drugs	X	X	X	–	–	–
Benefits covered: Prosthetic devices	X	X	X	–	–	–
Benefits covered: EPSDT	X	X	–	–	–	–

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Benefits covered: Case management	X	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	–	X	–
Benefits covered: Personal care (state plan option)	–	–	X	–	–	–
Benefits covered: HCBS waiver services	–	–	X	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	X	–	–	X
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	X	–	–	–	–	X

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical, and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical, and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services	Transportation	Assertive community treatment, assessments, assistive technology, behavior management review, child therapy, clubhouse, community living supports, crisis interventions, crisis residential enhanced pharmacy, environmental modifications	–	Adult day health, chore, community health workers, community living support, community transition, counseling, environmental accessibility adaptations, 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, training in a variety of independent living skills
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No	No	No	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	–	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	–	–	–	–

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Performance incentives: Payment bonuses/differentials to reward plans	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	–	–	–	–
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	–

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Participating 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, UnitedHealthcare Community Plan, Upper Peninsula Health Plan	Aetna Better Health of Michigan, Blue Cross Complete of Michigan, HAP CareSource, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, UnitedHealthcare Community Plan, Upper Peninsula Health Plan	Ascension Living PACE, Care Resources, Community PACE, Great Lakes PACE, Huron Valley PACE, Life Circles, PACE Central Michigan, PACE North, PACE Southeast MI, PACE Southwest MI, Senior Care Partners, Senior Community Care, Sunrise PACE, Thome PACE	CMH Partnership of Southeast Michigan, Detroit Wayne Mental Health Authority, Lakeshore Regional Entity, Macomb County CMH Services, Mid-State Health Network, Northcare Network, Northern Michigan Regional Entity, Oakland County CMH Authority, Region 10 PIHP, Southwest Michigan Behavioral Health	Blue Cross Blue Shield of Michigan, Delta Dental of Michigan	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.; 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.; Tri County Office on Aging; The Information Center; The Senior Alliance; UPCAP Area Agency on Aging; Valley Area Agency on Aging

Features	Comprehensive Health Care Program	Healthy Michigan Plan	Program of All-Inclusive Care for the Elderly (PACE)	Specialty Prepaid Inpatient Health Plan	Healthy Kids Dental	MI Choice
Program notes	Due to a policy change, Medicare eligibles are excluded from the Healthy Michigan Plan. To provide greater access and support coordination of care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both FFS and Medicaid health plan beneficiaries effective for dates of service on or after 10/01/2017.	Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. To provide greater access and to support coordination of care of behavioral health services, MDHHS has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both FFS and Medicaid health plan beneficiaries effective for dates of service on or after 10/01/2017.	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.	7,592 beneficiaries received HCBS as of 07/01/2024. Enrollment choice period varies or is open for another amount of time, means that there is no lock-in period for this population.	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. Dental services provided through the contractors mimic the dental services provided through the FFS 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.	Covers 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.

Minnesota: Managed Care Program Features as of 2024

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a), 1945 Health Homes	1915(b)/1915(c)	1915(a)/1915(c), 1945 Health Homes	1915(a), 1945 Health Homes
Program start date	07/01/1985	06/01/2005	03/01/1997	01/01/2008
Waiver expiration date (if applicable)	12/31/2028	01/01/2026	–	–
If the program ended in 2024, 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	Voluntary	–	–	–
Populations enrolled: Native American/Alaskan Natives	–	–	–	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	–	–	–	Voluntary
Populations enrolled: Enrollment choice period	30 days – Enrollment open for thirty days	30 days – Enrollment open for thirty days	30 days – Enrollment open for thirty days	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	–
Populations enrolled: Notes on enrollment choice period	–	–	–	30 days – Enrollment open for thirty days

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)
Benefits covered: Inpatient hospital physical health	X	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Benefits covered: Partial hospitalization	X	X	X	X
Benefits covered: Physician	X	X	X	X
Benefits covered: Nurse practitioner	X	X	X	X
Benefits covered: Rural health clinics and FQHCs	–	–	X	X
Benefits covered: Clinic services	X	X	X	X
Benefits covered: Lab and x-ray	X	X	X	X
Benefits covered: Prescription drugs	–	X	X	X
Benefits covered: Prosthetic devices	X	X	X	X
Benefits covered: EPSDT	X	–	–	–
Benefits covered: Case management	X	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	X	–	X	X
Benefits covered: Home health services (services in home)	X	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	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	–	–	–	–

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)
Benefits covered: Nursing facility services	X	X	X	X
Benefits covered: Hospice care	X	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X
Benefits covered: IMD 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)	Yes	Yes	Yes	Yes
Quality assurance and improvement: HEDIS data required?	No	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No	No
Quality assurance and improvement: Accreditation required?	No	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	X
Performance incentives: Public reports comparing plan performance on key metrics	–	–	–	–
Performance incentives: Withholds tied to performance metrics	X	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X	X

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)
Participating plans in Program	Blue Plus, UnitedHealthcare of MN, Health Partners, Hennepin Health, Itasca Medical, Prime West Health, Medica, South Country Health Alliance, UCare	Blue Plus, Health Partners, Itasca Medical Care, Medica, Prime West Health, South Country Health Alliance, UCare	Blue Plus, Health Partners, Itasca Medical care, Medica, Prime West Health, South Country Health Alliance, UCare, UnitedHealthcare	Health Partners, Hennepin Health, Medica, Prime West, South Country Health Alliance, UCare, UnitedHealthcare
Program notes	—	—	—	—

Mississippi: Managed Care Program Features as of 2024

Features	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 2024, 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	–
Populations enrolled: Children with Special Health Care Needs	–
Populations enrolled: Native American/Alaskan Natives	–
Populations enrolled: Foster Care and Adoption Assistance Children	–
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Gainwell Technologies
Populations enrolled: Notes on enrollment choice period	30 days – Enrollment open for thirty 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
Benefits covered: Family planning	–
Benefits covered: Dental services (medical/surgical)	–
Benefits covered: Dental (preventative or corrective)	–

Features	MississippiCAN
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	–
Benefits covered: Non-Emergency Medical Transportation	–
Benefits covered: IMD 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)	–
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)
Quality assurance and improvement: EQRO contractor name (if applicable)	Constellation Quality Health
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 in Program	Magnolia Health Plan, UnitedHealthcare Community Plan, Molina Healthcare
Program notes	–

Missouri: Managed Care Program Features as of 2024

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a)	1902(a)(70)	PACE
Program start date	09/01/1995	10/01/2006	05/01/2022
Waiver expiration date (if applicable)	06/30/2024	–	–
If the program ended in 2024, 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	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	–	–
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	–
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	–
Populations enrolled: Enrollment choice period	Other	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.	Medicaid State Plan	–
Populations enrolled: Notes on enrollment choice period	Managed care program eligibles are automatically assigned to a health plan on the date the state agency determines such individuals eligible for the managed care program. Once a member is assigned to a health plan, the member will have 90 calendar days from the initial enrollment effective date to change health plans without cause.	–	–

Features	MO HealthNet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Inpatient hospital physical health	X	–	X
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	–	–	–
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
Benefits covered: Hospice care	X	–	–
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: IMD 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)	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Ambulatory surgical care, asthma education and in-home environmental assessments, comprehensive day rehabilitation, DME, emergency, hearing, immunization, inpatient substance use disorders, outpatient substance use disorders, obesity, prenatal case management, podiatry, vision	–	Any other services deemed necessary by the PACE Interdisciplinary Team.
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, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Comagine Health	–	–
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 in Program	Show Me Healthy Kids, UnitedHealthcare, Healthy Blue, Home State Health	MTM Transit	New Horizons PACE St. Louis, PACE KC, Jordan Valley Senior Care
Program notes	1915(c) waivers are HCBS waivers and provide HCBS. 1915(c) waiver services are not covered under the managed care plans. All 1915(c) waiver services are carved out. Home health services provided through managed care are limited to 100 visits per year and are intended to be covered for a short term.	Missouri's NEMT broker, MTM, only covers NEMT services for FFS participants and carves out mental health services. For Missouri managed care participants, the three general plans (Home State Health, United Healthcare, and Healthy Blue) and the Show Me Healthy Kids Specialty Plan (Home State Health) provide NEMT services that are covered under their own contracts with MTM.	PACE is an all-inclusive program; therefore, the only services not included in the "benefits covered" section are those that CMS has specific definitions for that require authority outside of PACE.

Montana: Managed Care Program Features as of 2024

Features	Passport	Comprehensive Primary Care Plus (CPC+)	Patient Centered Medical Home (PCMH)	Tribal Health Improvement Program (T-HIP)
Program type	Primary Care Case Manager (PCCM)	Primary Care Case Manager (PCCM)	Primary Care Case Manager (PCCM)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide	Region-Specific
Federal operating authority	1915(b)	1932(a)	1932(a)	1932(a)
Program start date	01/01/1993	01/01/2018	01/01/2016	07/01/2024
Waiver expiration date (if applicable)	06/30/2026	–	–	–
If the program ended in 2024, 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	Voluntary	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	–
Populations enrolled: Full Duals	–	–	–	–
Populations enrolled: Children with Special Health Care Needs	–	–	–	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	Conduent	Conduent	Conduent	–
Populations enrolled: Notes on enrollment choice period	45 days	45 days	45 days	–
Benefits covered: Inpatient hospital physical health	–	–	–	–

Features	Passport	Comprehensive Primary Care Plus (CPC+)	Patient Centered Medical Home (PCMH)	Tribal Health Improvement Program (T-HIP)
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	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)	–	–	–	–
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	–	–	–	–

Features	Passport	Comprehensive Primary Care Plus (CPC+)	Patient Centered Medical Home (PCMH)	Tribal Health Improvement Program (T-HIP)
Benefits covered: IMD 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)	–	–	–	–
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), URAC	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 in Program	Team Care, Passport to Health	Multiple Primary Care Providers	Multiple Primary Care Providers	Tribal Health Improvement Program
Program notes	Medicare dual eligible individuals are excluded from the PCCM programs.	Medicare dual eligible individuals are excluded from the PCCM programs.	Medicare dual eligible individuals are excluded from the PCCM programs.	Prior to 07/01/2024, T-HIP was under the Passport authority and was reported as such.

Nebraska: Managed Care Program Features as of 2024

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Region-Specific
Federal operating authority	1915(b)	PACE
Program start date	01/01/2017	05/01/2013
Waiver expiration date (if applicable)	09/30/2027	–
If the program ended in 2024, 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	–
Populations enrolled: Children with Special Health Care Needs	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are 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
Benefits covered: Clinic services	X	X

Features	Heritage Health	Program of All-Inclusive Care for the Elderly (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	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
Benefits covered: IMD 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)	Podiatry, hearing, immunization, speech therapy, physical therapy, vision, chiropractic, DME, occupational therapy, freestanding birth centers	–
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, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (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	X	–

Features	Heritage Health	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 in Program	Nebraska Total Care, Molina Healthcare of Nebraska, UnitedHealthcare Community Plan of Nebraska	Immanuel Pathways
Program notes	–	–

Nevada: Managed Care Program Features as of 2024

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?	Region-Specific	Region-Specific	Statewide
Federal operating authority	1932(a)	1915(b)	1902(a)(70)
Program start date	10/31/1988	01/01/2018	10/01/2003
Waiver expiration date (if applicable)	–	03/30/2024	–
If the program ended in 2024, 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
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: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Gainwell Technologies	Gainwell Technologies	Gainwell Technologies
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 annual open enrollment period. Open enrollment for the current contract is the month of October with an effective date of January 1.	–	–

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Medical Transportation (NEMT)
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	–	–	–
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	–	–	–
Benefits covered: Non-Emergency Medical Transportation	–	–	X
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	X	–	–

Features	Mandatory Health Maintenance Program (MCO)	Dental Benefits Administrator (DBA)	Non-Emergency Medical Transportation (NEMT)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Freestanding birth centers	–	–
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, accreditation required	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	Any nationally recognized accrediting organization	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	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 in Program	Molina Healthcare of Nevada, SilverSummit Health Plan, UnitedHealthcare Health Plan of Nevada, Anthem Blue Cross and Blue Shield Healthcare Solutions	Liberty Dental Plan of Nevada	Medical Transportation Management (MTM)
Program notes	Nursing facility services are covered by the MCO for the first 180 days.	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.

New Hampshire: Managed Care Program Features as of 2024

Features	New Hampshire Medicaid Care Management	New Hampshire Medicaid Care Management Dental Services
Program type	Comprehensive MCO	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a), 1915(j)	1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a), 1915(b)/1915(c)
Program start date	12/01/2013	04/01/2023
Waiver expiration date (if applicable)	09/30/2024	03/31/2025
If the program ended in 2024, indicate the end date	–	–
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	–
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are 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	–

Features	New Hampshire Medicaid Care Management	New Hampshire Medicaid Care Management Dental Services
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	–	–
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: IMD 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)	IMD inpatient treatment (covered under 1115 waiver), nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full SUD treatment, reimbursement to family caregivers for personal care attendant services (covered under 1915(j))	Denture services for nursing facility residents only (covered under 1115 waiver) and members included in 1915(c) Developmental Disability (DD), Acquired Brain Disorder (ABD), and Choices for Independence (CFI) waivers
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X	–
Performance incentives: Preferential auto-enrollment to reward plans	X	–

Features	New Hampshire Medicaid Care Management	New Hampshire Medicaid Care Management Dental Services
Performance incentives: Public reports comparing plan performance on key metrics	X	X
Performance incentives: Withholds tied to performance metrics	X	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans in Program	AmeriHealth Caritas of New Hampshire, WellSense Health Plan, New Hampshire Healthy Families	NH Smiles Adult Dental Program
Program notes	The 1915(b) authority is only applicable to those members that cannot be mandated to participate in managed care.	The 1915(b) authority is only applicable to adults age 21+. Under enrollment, in row 62 of the MMCDCS template, despite the description stating, "Children and Adults," only adults are enrolled in this program.

New Jersey: Managed Care Program Features as of 2024

Features	FIDE SNP	Non-Emergency Medical Transportation	New Jersey Family Care	PACE
Program type	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1902(a)(70)	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2012	07/01/2009	09/01/1995	04/09/2009
Waiver expiration date (if applicable)	06/30/2028	–	06/30/2028	–
If the program ended in 2024, 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	Voluntary	–	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	–	–	Voluntary	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	–	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	–	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	–
Populations enrolled: Notes on enrollment choice period	Enrollment changes can be made once per quarter	–	Other	–
Benefits covered: Inpatient hospital physical health	X	–	X	X

Features	FIDE SNP	Non-Emergency Medical Transportation	New Jersey Family Care	PACE
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	–	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)	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	–
Benefits covered: ICF-IDD	X	–	X	–
Benefits covered: Nursing facility services	X	–	X	X
Benefits covered: Hospice care	X	–	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X

Features	FIDE SNP	Non-Emergency Medical Transportation	New Jersey Family Care	PACE
Benefits covered: IMD 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)	Assistive tech, audiology, chiropractic, DME, hearing aids, immunizations, MDC, med supplies, optical appliances, optometrist, organ transplant, orthotics, rehab/sp hospital, nonroutine podiatrist, post-acute care, preventive health, spec hospital, vision	–	Assistive tech, audiology, chiropractic, DME, hearing aids, immunizations, MDC, med supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hospital, outpatient rehab, non-routine podiatrist, post-acute care, preventive health, spec hospital, vision	–
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–	NCQA	–
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	–	IPRO	–
Performance incentives: Payment bonuses/differentials to reward plans	X	–	X	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	–	X	–
Performance incentives: Withholds tied to performance metrics	–	–	–	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–	–	X	–

Features	FIDE SNP	Non-Emergency Medical Transportation	New Jersey Family Care	PACE
Participating plans in Program	UnitedHealthcare Dual Complete NJ-Y001, Wellpoint Full Dual Advantage, Horizon NJ TotalCare, Wellcare Dual Liberty, Aetna Assure Premier Plus	Modivcare	Amerigroup New Jersey, Inc.; UnitedHealthcare Community Plan; Horizon NJ Health; Wellcare of New Jersey; Aetna Better Health NJ	Trinity Health LIFE New Jersey, Lutheran Senior LIFE at Jersey City, Inspira LIFE - Vineland, Beacon of LIFE, Atlanticare LIFE Connection, Capital Health LIFE, Inspira LIFE - Williamstown
Program notes	–	Enrollment does not apply to NEMT. It is a service that is automatically available to all participants if needed. Modivcare is the vendor.	<p>Row 45 of the MMCDCS template: NJ offers Behavioral Health Homes (BHH) under Section 1937 of the SSA, not 1945.</p> <p>Row 69 of the MMCDCS template: If referring to auto-assignment, that is more than 20 days since it happens the last Thursday of the month for the subsequent month. Example: 01/30/2025 process will assign for 03/01/2025 MCO enrollment. Beneficiary has from 1/30 to 2/20 to change their mind if they do not like the plan selected for them.</p>	–

New Mexico: Managed Care Program Features as of 2024

Features	Turquoise 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	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2024	07/01/2004
Waiver expiration date (if applicable)	06/30/2024	–
If the program ended in 2024, 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: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	–
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–
Populations enrolled: Notes on enrollment choice period	Members have 90 days to switch MCOs 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

Features	Turquoise Care	Program of All-Inclusive Care for the Elderly (PACE)
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	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: IMD 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)	Ambulatory, surgical, anesthesia, diagnostic imaging, imaging and therapeutic radiology services, dialysis, DME and medical supplies, hearing and audiology, immunization, medical service providers, midwife, nutritional, occupational therapy, physical therapy, podiatry, prosthetics and orthotics, rehabilitation, reproductive health, school based, speech therapy, telehealth, transplant, transportation, vision, pediatricians, respite care	Yes
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, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–
Quality assurance and improvement: EQRO contractor name (if applicable)	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	–

Features	Turquoise Care	Program of All-Inclusive Care for the Elderly (PACE)
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 in Program	Molina Healthcare, Presbyterian Health Plan, Inc.; Blue Cross Blue Shield of NM; UnitedHealthcare Insurance Company	Total Community Care dba as InnovAge Greater NM PACE
Program notes	–	Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organizations provide pre-paid, capitated, comprehensive health care services to frail elders. To be eligible to enroll, individuals must be 55 years of age or older, be determined by the state administering agency to need a nursing facility level of care and reside in the service of a PACE organization. At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the state administering agency. The Medicaid capitation must be less than the amount that would have been paid under the state plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid covered services, as specified in the state's approved Medicaid plan, all Medicare covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.

New York: Managed Care Program Features as of 2024

Features	Medicaid Managed Care (MMC)	PACE	Health and Recovery Plans (HARPs)	Medicaid Advantage Plus (MAP)	Managed Long Term Care (MLTC)	FIDA-IDD
Program type	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes	1115(a) (Medicaid demonstration waivers), PACE	1115(a) (Medicaid demonstration waivers), 1945 Health Homes	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers), 1915(a)/1915(c)
Program start date	10/01/1997	01/01/2001	10/01/2015	01/01/2007	01/01/1998	04/01/2016
Waiver expiration date (if applicable)	03/31/2027	–	03/31/2027	03/31/2027	03/31/2027	12/31/2025
If the program ended in 2024, 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	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	–	–	–	–	–
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Exempt	Voluntary	Voluntary	Voluntary

Features	Medicaid Managed Care (MMC)	PACE	Health and Recovery Plans (HARPs)	Medicaid Advantage Plus (MAP)	Managed Long Term Care (MLTC)	FIDA-IDD
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	30 days – Enrollment open for thirty days	N/A	30 days – Enrollment open for thirty days	N/A	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period	–	–	–	–	Other - Enrollment open for ninety days	–
Benefits covered: Inpatient hospital physical health	X	X	X	X	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	–	X
Benefits covered: Outpatient hospital physical health	X	X	X	X	–	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	–	X
Benefits covered: Partial hospitalization	X	X	X	X	–	X
Benefits covered: Physician	X	X	X	X	–	X
Benefits covered: Nurse practitioner	X	X	X	X	–	X
Benefits covered: Rural health clinics and FQHCs	X	–	X	–	–	X
Benefits covered: Clinic services	X	X	X	X	–	X
Benefits covered: Lab and x-ray	X	X	X	X	–	X
Benefits covered: Prescription drugs	–	X	–	X	–	X
Benefits covered: Prosthetic devices	X	X	X	X	X	X
Benefits covered: EPSDT	X	–	–	–	–	–
Benefits covered: Case management	X	X	X	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	X	–	X	–	–	–
Benefits covered: Home health services (services in home)	X	X	X	X	X	X

Features	Medicaid Managed Care (MMC)	PACE	Health and Recovery Plans (HARPs)	Medicaid Advantage Plus (MAP)	Managed Long Term Care (MLTC)	FIDA-IDD
Benefits covered: Family planning	X	–	X	–	–	X
Benefits covered: Dental services (medical/surgical)	X	X	X	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X	X	X	X
Benefits covered: HCBS waiver services	X	X	X	X	X	X
Benefits covered: Private duty nursing	X	X	X	X	X	X
Benefits covered: ICF-IDD	X	–	–	–	–	X
Benefits covered: Nursing facility services	X	X	X	X	X	X
Benefits covered: Hospice care	X	–	X	–	–	–
Benefits covered: Non-Emergency Medical Transportation	–	X	–	–	–	X
Benefits covered: IMD 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)	Nurse midwife services, audiology, vision care, foot care services, occupational therapy, physical therapy, speech therapy	Podiatry, physical therapy, speech therapy, occupational therapy, etc.	Nurse midwife services, audiology, vision care, foot care services, occupational therapy, physical therapy, speech therapy	Podiatry, approved additional behavioral health services such as opioid treatment programs, etc.	Podiatry, physical therapy, speech therapy, occupational therapy, optometry/eyeglasses, etc.	Podiatry, physical therapy, speech therapy, occupational therapy, optometry/eyeglasses, approved additional behavioral health services such as opioid treatment programs, approved additional services for IDD population, etc.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required

Features	Medicaid Managed Care (MMC)	PACE	Health and Recovery Plans (HARPs)	Medicaid Advantage Plus (MAP)	Managed Long Term Care (MLTC)	FIDA-IDD
Quality assurance and improvement: Accrediting organization	–	–	–	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	IPRO	IPRO	IPRO	IPRO	–
Performance incentives: Payment bonuses/differentials to reward plans	X	X	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	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	X	X	–
Participating plans in Program	Independent Health/ Hudson Valley & WNY; Health First; Fidelis Care; Excellus; Capital District Physician's Health Plan; AmidaCare Special Needs; MetroPlus Health Plan Special Needs; VNS Choice Special Needs; UnitedHealthcare; MVP Health Plan; Molina Healthcare of New York, Inc.; MetroPlus Health Plan; HIP Combined; HealthPlus; Highmark Western & Northeastern NY	CenterLight (CCM), Total Senior Care, PACE CNY (Loretto HMO), ElderOne (Independent Living for Seniors), Fallon Health Weinberg, Catholic Health - Life, ArchCare Senior Life, Complete Senior Care, Eddy Senior Care	Fidelis Care, UnitedHealthcare, MVP Health Plan, Molina Healthcare of New York, MetroPlus, Independent Health Association, HIP GNY, HealthFirst, Excellus Health Plan, Capital District Physician's Health Plan, HealthPlus, Highmark Western & Northeastern NY	ElderPlan; VillageCareMAX Total Advantage; Centers Plan for Medicaid Advantage Plus; VNS Health Total; Senior Whole Health; Anthem HealthPlus Full Dual Advantage LTSS; HealthFirst Health Plan; Hamaspik MAP, Inc.; Wellcare Fidelis Dual Plus; Riverspring MAP; UnitedHealthcare Dual Complete; Metroplus Health Plan MAP	Kalos Health Plan; MetroPlus; Senior Health Partners; Senior Whole Health; VillageCareMAX; VNS Choice; Riverspring at Home; Nascentia Health (VNA HomeCare Options); iCircle Care MLTC; Anthem Blue Cross and Blue Shield HP; Hamaspik Choice MLTC; Fidelis Care at Home; ElderPlan, Inc. (Homefirst); Centers Plan for Healthy Living; Aetna Better Health	Partners Health Plan FIDA IDD

Features	Medicaid Managed Care (MMC)	PACE	Health and Recovery Plans (HARPs)	Medicaid Advantage Plus (MAP)	Managed Long Term Care (MLTC)	FIDA-IDD
Program notes	Effective 07/01/2019, 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 1915(c) Children's waiver and 1115 MRT waiver.	Waiver Expiration Date not applicable; PACE is a joint state/federal program. In regard to waiver authority, the state uses the 1115 waiver authority to enhance the PACE program, but it is not a demonstration. 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. 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. Nursing Home stays are for short term stays only. Long-term stays are excluded from HARPs.	In regard to waiver authority, the state uses 1115 waiver authority to enhance the MAP program, but it is not a demonstration. 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. Also, non-emergency medical transportation was carved out of MAP effective 03/01/2024 except for policy stipulations associated to Social Adult Day Care (SADC).	NEMT was carved out of MLTC effective 03/01/2024 except for policy stipulations associated to SADC. Some, but not all, HCBS waiver services are covered by MLTC plans. In regard to waiver authority, the state uses the 1115 waiver authority to enhance the MLTC program, but it is not a demonstration. 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 2024

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly	EBCI Tribal Option	Medicaid Direct Prepaid Inpatient Health Plan	BH I/DD Tailored Plan
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management Entity (PCCM Entity)	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Region-Specific	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1932(a)	PACE	1932(a)	1915(b), 1915(b)/1915(i), 1945 Health Homes	1115(a) (Medicaid demonstration waivers), 1945 Health Homes
Program start date	07/01/2021	04/01/1991	02/01/2008	07/01/2021	04/01/2023	07/01/2024
Waiver expiration date (if applicable)	10/31/2024	–	–	–	06/30/2029	10/31/2024
If the program ended in 2024, 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	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	–	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	–	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	–	–	–

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly	EBCI Tribal Option	Medicaid Direct Prepaid Inpatient Health Plan	BH I/DD Tailored Plan
Populations enrolled: Full Duals	–	Voluntary	Voluntary	Mandatory	Mandatory	–
Populations enrolled: Children with Special Health Care Needs	–	Voluntary	–	Voluntary	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other	N/A	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus	–	–	Maximus	–	Maximus
Populations enrolled: Notes on enrollment choice period	–	90 Days	–	–	–	–
Benefits covered: Inpatient hospital physical health	X	–	X	–	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	–	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	X
Benefits covered: Partial hospitalization	X	–	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	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly	EBCI Tribal Option	Medicaid Direct Prepaid Inpatient Health Plan	BH I/DD Tailored Plan
Benefits covered: Case management	X	X	X	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	–	–	–	–	X	X
Benefits covered: Home health services (services in home)	X	–	X	–	X	X
Benefits covered: Family planning	X	–	–	–	–	X
Benefits covered: Dental services (medical/surgical)	–	–	X	–	–	–
Benefits covered: Dental (preventative or corrective)	–	–	X	–	–	–
Benefits covered: Personal care (state plan option)	X	–	–	–	–	X
Benefits covered: HCBS waiver services	–	–	–	–	X	X
Benefits covered: Private duty nursing	X	–	–	–	X	X
Benefits covered: ICF-IDD	–	–	X	–	X	X
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: IMD 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)	–	–	–	–	–	–
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	Yes, accreditation required

Features	Standard Plan	Community Care of North Carolina	Program of All Inclusive for the Elderly	EBCI Tribal Option	Medicaid Direct Prepaid Inpatient Health Plan	BH I/DD Tailored Plan
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–	–	–	–	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	–	–	–	HSAG	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–	–	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	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 in Program	UnitedHealthcare, Carolina Complete Health, Wellcare, AmeriHealth Caritas, Healthy Blue of North Carolina	North Carolina Community Care	Elderhaus, Inc.; LIFE St. Joseph of the Pines, Inc.; PACE of the Southern Piedmont; Piedmont Health Services, Inc.; Senior Total Life Care, Inc.; Staywell; VOANS Senior Community Care of North Carolina; PACE at Home, Inc.; PACE of the Triad; Carolina SeniorCare; CarePartners PACE	EBCI Tribal Option	Alliance Behavioral Healthcare, Partners Behavioral Health Management, Trillium Health Resources, Vaya Health	Alliance Behavioral Healthcare, Partners Behavioral Health Management, Trillium Health Resources, Vaya Health
Program notes	–	–	–	–	–	–

North Dakota: Managed Care Program Features as of 2024

Features	North Dakota Medicaid Expansion	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Region-Specific
Federal operating authority	1915(b), 1937 Alt Benefit Plan	PACE
Program start date	01/01/2014	08/01/2008
Waiver expiration date (if applicable)	12/31/2025	–
If the program ended in 2024, 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	–	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: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–
Populations enrolled: Notes on enrollment choice period	–	Enrollment begins on the first day of the month following the determination that they are eligible
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

Features	North Dakota Medicaid Expansion	Program of All-Inclusive Care for the Elderly
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
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: IMD 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)	Up to 30 days SNF within a 12-month period	–
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, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), URAC	–
Quality assurance and improvement: EQRO contractor name (if applicable)	–	–
Performance incentives: Payment bonuses/differentials to reward plans	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–
Performance incentives: Public reports comparing plan performance on key metrics	–	–
Performance incentives: Withholds tied to performance metrics	X	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	–

Features	North Dakota Medicaid Expansion	Program of All-Inclusive Care for the Elderly
Participating plans in Program	ND Medicaid Expansion	Program of All-Inclusive Care for the Elderly
Program notes	<p>For the state to provide Medicaid Expansion MCO through private carriers including mandatory enrollment, an initial 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. The 1915(b) waiver renewal was submitted to CMS for 2016-2017 and 2018-2019 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance as related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the state. CMS extended this 1115 waiver authority until such time that the Final Medicaid Managed Care rules were published on 05/06/2016 - with the changes noted at 42 CFR 438.52(b)(1) and (b)(3) the 1115 waiver was no longer needed thus it was allowed to expire. Per the Medicare Advantage Health Service Delivery (HSD) Reference file for the applicable calendar year, ND no longer has any counties designated as being urban; therefore, the state may limit rural area residents to a single MCO.</p>	–

Ohio: Managed Care Program Features as of 2024

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE)
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Region-Specific	Region-Specific
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 2024, 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	–	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	–
Populations enrolled: Enrollment choice period	Other	Other	Other
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	–

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE)
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	–
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: IMD 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 Program of All-Inclusive Care for the Elderly (Ohio PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	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, 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, accreditation required	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	–
Quality assurance and improvement: EQRO contractor name (if applicable)	IPro	IPro	–
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–
Performance incentives: Preferential auto-enrollment to reward plans	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 in Program	AmeriHealth; Anthem; Buckeye Community Health Plan; CareSource; Humana; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.	CareSource; Buckeye Community Health Plan; Aetna; UnitedHealthcare Community Plan of Ohio, Inc.; Molina Healthcare of Ohio, Inc.	McGregor PACE

Features	Ohio Medicaid Managed Care Program	MyCare Ohio Opt-Out Program	Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE)
Program notes	Ohio Medicaid divides Ohio's 88 counties into three regions for administrative purposes and requires participating managed care plans to provide services to individuals on a statewide basis (e.g., in all three regions). However, on 07/01/2021, Paramount Advantage was only providing services in two regions (Northeast & West). Ohio Medicaid allowed Paramount Advantage to terminate service delivery in the Central/Southeast region effective 07/01/2020.	Regarding mandatory enrollment, the individuals that must enroll are full duals who are age 18 or older and this includes children in foster care and children receiving adoption assistance who are duals and age 18 and older.	Regarding coverage of HCBS, Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915(c) 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 2024

Features	SoonerRide	SoonerCare Choice	SoonerSelect Dental Plan	PACE	SoonerSelect Health Plan
Program type	Non-Emergency Medical Transportation	Primary Care Case Manager (PCCM)	Dental only (PAHP)	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Region-Specific	Statewide
Federal operating authority	1902(a)(70)	1115(a) (Medicaid demonstration waivers)	1915(b)	PACE	1915(b)
Program start date	06/01/2006	01/01/1996	02/01/2024	08/01/2008	04/01/2024
Waiver expiration date (if applicable)	12/31/2025	12/31/2025	01/31/2026	12/31/2025	01/31/2026
If the program ended in 2024, 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	–	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	Voluntary	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	Voluntary	–	Voluntary
Populations enrolled: Full Duals	Mandatory	–	–	Voluntary	–
Populations enrolled: Children with Special Health Care Needs	–	–	–	–	–
Populations enrolled: Native American/Alaskan Natives	–	Voluntary	Voluntary	Voluntary	Voluntary

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

Features	SoonerRide	SoonerCare Choice	SoonerSelect Dental Plan	PACE	SoonerSelect Health Plan
Benefits covered: Family planning	–	X	X	–	X
Benefits covered: Dental services (medical/surgical)	–	X	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	–	–	X	–	–
Benefits covered: Nursing facility services	–	–	–	X	–
Benefits covered: Hospice care	X	X	X	–	X
Benefits covered: Non-Emergency Medical Transportation	X	X	–	–	X
Benefits covered: IMD 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)	–	Yes	Yes	Yes	Yes
Quality assurance and improvement: HEDIS data required?	No	No	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	–	–	National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAAHC), URAC	–	NCQA, AAAHC, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Logisticare	–	KFMC	–	KFMC

Features	SoonerRide	SoonerCare Choice	SoonerSelect Dental Plan	PACE	SoonerSelect Health Plan
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 in Program	SoonerRide	SoonerCare Choice	DentaQuest, Liberty Dental	Life PACE, Valir PACE, Cherokee Elder Care (CEC)	Oklahoma Complete Health, Aetna Better Health of Oklahoma, Humana Healthy Horizons of Oklahoma
Program notes	–	–	The dental health plan started 02/01/2024 and health plan started 04/01/2024.	PACE members are not eligible for SoonerRide.	The dental health plan started 02/01/2024 and the health plan started 04/01/2024.

Oregon: Managed Care Program Features as of 2024

Features	Oregon Health Plan (OHP)	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Region-Specific
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1932(a), 1915(b)/1915(c), 1937 Alt Benefit Plan, 1932(a)/1915(i), 1915(j), 1915(k)	PACE
Program start date	02/01/1994	01/01/1986
Waiver expiration date (if applicable)	09/30/2027	–
If the program ended in 2024, indicate the end date	–	–
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	–
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	–
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	–
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	–
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	–
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	–
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other
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	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	–

Features	Oregon Health Plan (OHP)	PACE
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	–	–
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	X
Benefits covered: Private duty nursing	X	–
Benefits covered: ICF-IDD	–	–
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: IMD 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)	Hearing, immunization, vision, birth centers, podiatry. PT, OT, speech, DMEPOS	Medications (OTC and RX), mental health care, DME, speech/physical/occupational/recreational therapeutic services, audiology/optical/podiatry specialty medical care, occupational and physical therapy and social services
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), URAC	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	–
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	–

Features	Oregon Health Plan (OHP)	PACE
Performance incentives: Withholds tied to performance metrics	X	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–	–
Participating plans in Program	InterCommunity Health Network; PacificSource Community Solutions - Lane (CCO); PacificSource Community Solutions - Marion Polk (CCO); Trillium Community Health Plan - Tri-County; Trillium Community Health Plan; Umpqua Health Alliance; Advanced Health; Eastern Oregon CCO; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; HealthShare of Oregon; Yamhill Community Care; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge	Providence Elder Place, AllCare PACE
Program notes	<p>Oregon transitioned from using Fully Capitated Health Plans to CCOs in 2013. As authorized under an 1115 waiver demonstration Oregon's delivery system has transitioned from using Managed Care Entities (MCEs) known as Fully Capitated Health Plans, Dental Care Organizations (DCOs), and Mental Health Organizations to CCOs beginning in August 2012. Initially, CCOs were required to provide both medical and behavioral health services (formerly provided under different MCEs). As of 2014 CCOs have a formal contractual relationship with any DCO in its service area.</p> <p>CCOs are located throughout the state. Most eligibility groups are mandatorily enrolled, including the ACA newly eligible adult population. The AI/AN population must opt in to be enrolled in a CCO. OHA also transitioned NEMT from the 1915(b) waiver authority to the 1115 Demonstration for both coordinated care and FFS OHP beneficiaries.</p>	<p>The PACE coordinator is: Cindy Susee, APD PACE Coordinator, 971-345-1168 or you can contact the following:</p> <p>Department of Human Services Aging and People with Disabilities PACE Coordinator 1-844-224-7223.</p>

Pennsylvania: Managed Care Program Features as of 2024

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Region-Specific	Region-Specific	Statewide	Region-Specific	Statewide	Statewide
Federal operating authority	1915(a)	1902(a)(70)	1115(a) (Medicaid demonstration waivers), 1915(b)	PACE	1915(b)/1915(c)	1915(b)
Program start date	08/01/2009	11/01/2005	01/01/1997	07/24/1998	01/01/2018	02/01/1997
Waiver expiration date (if applicable)	–	–	12/31/2026	–	12/31/2027	12/31/2026
If the program ended in 2024, 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	–	–	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	–	Voluntary	Mandatory	–	–	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	–	Voluntary	Mandatory	–	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	–	Voluntary	Mandatory	–	–	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	Voluntary	Mandatory	–	–	Mandatory

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory	Voluntary	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	–	Voluntary	Mandatory	–	–	Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Mandatory	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-Assigned – Medicaid enrollees are pre-assigned	Other	15 days – Enrollment open for fifteen days	15 days – Enrollment open for fifteen days
Populations enrolled: Enrollment broker name (if applicable)	–	Modivcare	–	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	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	X	X	X
Benefits covered: Nurse practitioner	X	–	X	X	X	X
Benefits covered: Rural health clinics and FQHCs	–	–	X	–	X	X

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
Benefits covered: Clinic services	–	–	X	X	X	X
Benefits covered: Lab and x-ray	–	–	X	X	X	X
Benefits covered: Prescription drugs	–	–	X	X	X	X
Benefits covered: Prosthetic devices	–	–	–	X	X	X
Benefits covered: EPSDT	–	–	X	–	–	X
Benefits covered: Case management	–	–	X	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	X
Benefits covered: Dental services (medical/surgical)	X	–	–	X	X	X
Benefits covered: Dental (preventative or corrective)	X	–	–	X	X	X
Benefits covered: Personal care (state plan option)	–	–	–	X	–	X
Benefits covered: HCBS waiver services	X	–	–	X	X	–
Benefits covered: Private duty nursing	–	–	–	X	–	X
Benefits covered: ICF-IDD	–	–	–	–	X	–
Benefits covered: Nursing facility services	X	–	–	X	X	X
Benefits covered: Hospice care	–	–	–	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X	X	X	X

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
Benefits covered: IMD 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)	Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, supported employment	–	Psychiatric rehabilitation, peer support services, family-based mental health services, mobile mental health treatment, mental health crisis intervention services, SUD residential services, SUD withdrawal management	PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver. There is no limitation to scope or duration.	Chiropractic, maternity, podiatrist services	Nurse midwife services; freestanding birth centers; podiatry; chiropractic services; optometrists; renal dialysis centers; ambulatory surgical centers; medical supplies and equipment; home health (visiting nurses); pharmacist services; doula services included in the managed care delivery system effective 02/01/2024
Quality assurance and improvement: HEDIS data required?	No	No	Yes	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	Yes, accreditation required	No, accreditation not required	Yes, accreditation required	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	–	–	National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), URAC	PACE Quality Improvement Program	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO	–	IPRO	–	IPRO	IPRO
Performance incentives: Payment bonuses/differentials to reward plans	–	–	X	–	–	X

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
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	X
Participating plans in Program	Adult Community Autism Program	Modivcare	Northampton County HealthChoices, Montgomery County HealthChoices, Lycoming-Clinton Joinder Board, Lehigh County HealthChoices, Erie County HealthChoices, Capital Area Behavioral Health Collaborative, Chester County HealthChoices, Carbon-Monroe-Pike Joinder Board, Cambria County HealthChoices, Bucks County HealthChoices, Blair County HealthChoices, Berks County HealthChoices, Behavioral Health Services of Somerset and Bedford Counties, Behavioral Health Alliance of Rural Pennsylvania, Beaver County HealthChoices, Allegheny County HealthChoices, Fayette County HealthChoices, Delaware County HealthChoices, York/Adams HealthChoices Joinder Governing Board, Tuscarora Managed Care Alliance, Southwest Behavioral Health Management, Philadelphia County HealthChoices, Northwest Behavioral Health Partnership, Northeast Behavioral Health Care Consortium	Senior LIFE York H-0819, Senior LIFE Greensburg H-2937, LIFE Pittsburgh H-3918, VieCare Armstrong H- 6118, Senior LIFE Johnstown H-3925, VieCare Butler H-3060, Senior LIFE Altoona H- 5902, Community LIFE H-3917, Albright LIFE H-9068, InnovAge LIFE H-9830, LIFE St. Mary H-6551, Mercy LIFE H-3919, LIFE Geisinger H-2064, LIFE NWPA H-4999, Senior LIFE Washington H-2992, Senior LIFE Lehigh H-5978, VieCare Beaver H- 7660, Mercy LIFE West Philadelphia H-3908	Pennsylvania Health & Wellness, AmeriHealth Caritas, UPMC Community HealthChoices, Keystone First	Keystone First; Highmark Wholecare, Health Partners Plan; UnitedHealthcare Community Plan, Inc; UPMC for You; Geisinger Health Plan; AmeriHealth Caritas/AmeriHealth Caritas Northeast

Features	Adult Community Autism Program (ACAP)	Medical Assistance Transportation Program (MATP)	Behavioral Health HealthChoices	Living Independence for the Elderly (LIFE)	Community HealthChoices (CHC)	Physical Health HealthChoices
Program notes	ACAP is a PIHP with MLTSS.	–	1115(a) authority is for Residential Drug and Alcohol services. 09/30/2027 is the waiver expiration date for 1115(a). Prescription drug coverage is Methadone only.	PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver. There is no limitation to scope or duration for services.	Populations enrolled - participants go through choice counseling at initial enrollment and can change their plan at any time.	<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.</p> <p>While the majority of full duals are in CHC, a small population remains in PH-HC until they acquire Medicare Part D. Individuals are counted in the MCO that they were enrolled in on 07/01/2024.</p>

Puerto Rico: Managed Care Program Features as of 2024

Features	Comprehensive MCO	Comprehensive MCO - Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a), 1937 Alternate Benefit Plan	–
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)	–	–
If the program ended in 2024, 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: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	–
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Truenorth Corporation	–
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

Features	Comprehensive MCO	Comprehensive MCO - Medicare Platino
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	–
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: IMD 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)	–	–
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, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Mercer, LLC	Mercer, LLC
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 in Program	Government Health Plan Triple S Salud, Government Health Plan de Salud Menonita, Government Health Plan MMM Multi Health, Government Health Plan First Medical	Medicare Platino-Triple S Advantage, Medicare Platino-Humana, Medicare Platino-MCS Advantage, Medicare Platino-MMM Healthcare, Medicare Platino-Preferred Medicare Choice
Program notes	–	–

Rhode Island: Managed Care Program Features as of 2024

Features	Rhode Island Non-Emergency Medical Transportation Program	RI Medicaid PACE Program	Rite Smiles Dental Program	Rite Care, Rhody Health Partners, and Medicaid Expansion
Program type	Non-Emergency Medical Transportation	Program of All-Inclusive Care for the Elderly (PACE)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70)	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2019	01/01/2019	01/01/2019	01/01/2019
Waiver expiration date (if applicable)	–	–	12/31/2024	12/31/2024
If the program ended in 2024, 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	Voluntary	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	Voluntary	–	–
Populations enrolled: Children with Special Health Care Needs	Mandatory	–	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-Assigned – Medicaid enrollees are pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	–
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

Features	Rhode Island Non-Emergency Medical Transportation Program	RI Medicaid PACE Program	Rite Smiles Dental Program	Rite Care, Rhody Health Partners, and Medicaid Expansion
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
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	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	X	–	–
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	–	–	–	X

Features	Rhode Island Non-Emergency Medical Transportation Program	RI Medicaid PACE Program	Rite Smiles Dental Program	Rite Care, Rhody Health Partners, and Medicaid Expansion
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	–	–	–	Doulas, value add services
Quality assurance and improvement: HEDIS data required?	No	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	Yes, accreditation required	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	URAC	–	URAC	National Committee for Quality Assurance (NCQA)
Quality assurance and improvement: EQRO contractor name (if applicable)	–	–	IPRO	IPRO
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	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	X
Participating plans in Program	Medical Transportation Management, Inc.	PACE Organization of Rhode Island	UnitedHealthcare Dental of Rhode Island	Tufts Health Public Plans, UnitedHealthcare of Rhode Island Community Plan, Neighborhood Health Plan of Rhode Island
Program notes	–	–	–	–

South Carolina: Managed Care Program Features as of 2024

Features	South Carolina Managed Care Organizations (MCO)	Program For All-Inclusive Care Of The Elderly (PACE)	South Carolina Medical Homes Network (MHN)
Program type	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Region-Specific	Statewide
Federal operating authority	1932(a)	PACE	1932(a)
Program start date	09/01/1996	01/01/2003	08/01/2007
Waiver expiration date (if applicable)	–	–	–
If the program ended in 2024, 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	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	–	–	–
Populations enrolled: Children with Special Health Care Needs	Voluntary	–	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	–	–
Populations enrolled: Notes on enrollment choice period	Members have 90 days to elect to a plan of their choice or become auto-assigned. During the annual enrollment period, members have 60 days to change plans or remain in current plan.	Aged 55+ members who meet nursing home level of care are eligible to enroll in PACE at any time, and are applicable to Medicare-only, Medicaid-only, or Dual-eligible, but not Prime members.	90 days
Benefits covered: Inpatient hospital physical health	X	X	–
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	–

Features	South Carolina Managed Care Organizations (MCO)	Program For All-Inclusive Care Of The Elderly (PACE)	South Carolina Medical Homes Network (MHN)
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	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	X	X	–
Benefits covered: IMD 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)	Nurse midwife, birth centers, chiropractic services, therapy services (speech, hearing, language, etc.), and vision	–	–
Quality assurance and improvement: HEDIS data required?	Yes	No	No

Features	South Carolina Managed Care Organizations (MCO)	Program For All-Inclusive Care Of The Elderly (PACE)	South Carolina Medical Homes Network (MHN)
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Constellation Quality Health	–	–
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 in Program	Molina Healthcare of South Carolina; First Choice by Select Health; Humana Healthy Horizons; Healthy Blue by Blue Choice; Absolute Total Care, Inc.	Orangeburg Senior Helping Center; Prisma Health Senior Care – Midlands; Prisma Health Senior Care - Upstate	SC Solutions
Program notes	Mandatory enrollment in MCOs for aged, blind, and disabled (ABD) is for ages 19 and above. For members under the age of 19, enrollment into an MCO is voluntary.	–	Voluntary enrollment is only for ABD children under the age of 19, not adults 19 and above. This plan is only for the Medically Complex Children's waiver.

South Dakota: Managed Care Program Features as of 2024

Features	PRIME
Program type	Primary Care Case Manager (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932a
Program start date	10/02/2002
Waiver expiration date (if applicable)	–
If the program ended in 2024, 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: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Not Applicable
Populations enrolled: Notes on enrollment choice period	Not Applicable
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	–
Benefits covered: Dental services (medical/surgical)	–
Benefits covered: Dental (preventative or corrective)	–

Features	PRIME
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: IMD 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)	–
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	N/A
Quality assurance and improvement: EQRO contractor name (if applicable)	N/A
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 in Program	Multiple Primary Care Providers
Program notes	Disabled Children under age 19 are exempt from the PCCM program.

Tennessee: Managed Care Program Features as of 2024

Features	Program of All-Inclusive Care for the Elderly	TennCare III
Program type	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Region-Specific	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers), 1945 Health Homes
Program start date	04/07/1999	01/08/2021
Waiver expiration date (if applicable)	–	12/31/2030
If the program ended in 2024, 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	–	Mandatory
Populations enrolled: Native American/Alaskan Natives	–	–
Populations enrolled: Foster Care and Adoption Assistance Children	–	Voluntary
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	–	–
Populations enrolled: Notes on enrollment choice period	–	–
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
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

Features	Program of All-Inclusive Care for the Elderly	TennCare III
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
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	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: IMD 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)	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.	TennCare covers freestanding birth centers, podiatrist services, and other services as indicated in Tennessee's approved Medicaid state plan (where limitations imposed on each service are identified).
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, accreditation not required	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	–	National Committee for Quality Assurance (NCQA)
Quality assurance and improvement: EQRO contractor name (if applicable)	–	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans	–	X
Performance incentives: Preferential auto-enrollment to reward plans	–	–
Performance incentives: Public reports comparing plan performance on key metrics	–	X

Features	Program of All-Inclusive Care for the Elderly	TennCare III
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 in Program	Alexian Brothers Community Services	Wellpoint, Volunteer State Health Plan (TennCare Select), Volunteer State Health Plan (BlueCare), UnitedHealthcare Community Plan, OptumRx, DentaQuest USA Insurance Company
Program notes	<p>CLARIFICATION CONCERNING "FEDERAL OPERATING AUTHORITY" SECTION: 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 06/30/2012, 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> <p>ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB:</p> <ul style="list-style-type: none"> Individuals enroll in the PACE program voluntarily, but once enrolled, are required to participate in managed care. There is no "FFS" option for PACE services. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO. The category of "Aged, Blind, or Disabled Children and Adults" has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted that children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. <p>ADDITIONAL INFORMATION FOR "QUALITY ASSURANCE" TAB: Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR Part 460 Subpart H).</p> <p>ADDITIONAL INFORMATION FOR "PERFORMANCE INCENTIVES" TAB: The contract between TennCare and Alexian Brothers Community Services does provide for liquidated damages to be assessed on Alexian Brothers if provisions of the contract are not fulfilled.</p>	<p>ADDITIONAL INFORMATION FOR "BENEFITS COVERED" TAB:</p> <ul style="list-style-type: none"> TennCare covers services only when they are determined to be medically necessary. TennCare MCOs are required to contract with at least one rural health clinic and one FQHC in each service area. TennCare's SSA Section 1945-authorized health home program (named "Tennessee Health Link") became effective on 01/01/2017. Tennessee Health Link provides health home services to adults and children with severe and persistent mental illness and/or emotional disturbances through TennCare's MCOs. Prior to 01/01/2023, dental services (preventive, diagnostic, and treatment) were available to TennCare enrollees under age 21, and to pregnant and postpartum women age 21 and older. Other enrollees age 21 and older were not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presented to an Emergency Department with a dental problem. This policy changed on 01/01/2023, when TennCare began covering dental services for all adult enrollees. HCBS waiver services are available to members of TennCare CHOICES (TennCare's program of LTSS for individuals who are elderly or who have physical disabilities), and to members of TennCare Employment and Community First CHOICES (TennCare's program of long-term services and supports for individuals who have intellectual or developmental disabilities). Both programs were approved by CMS as part of TennCare's 1115 Medicaid demonstration waiver to ensure that LTSS are fully integrated with the physical health services and behavioral health services delivered to enrollees by TennCare's MCOs. Nursing facility services are available to members of TennCare CHOICES. On 01/01/2022, TennCare began covering chiropractic services as medically necessary for adult enrollees (prior to that date, chiropractic services had been covered as medically necessary only for children

Features	Program of All-Inclusive Care for the Elderly	TennCare III
		<p>under age 21.)</p> <ul style="list-style-type: none"> • Effective 04/01/2022, TennCare began providing 12 months of postpartum coverage, whereas previously TennCare had provided approximately 60 days of postpartum coverage. • Effective 06/01/2023, TennCare began covering lactation support services as medically necessary for TennCare enrollees. • The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare III demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits). <p>ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB:</p> <ul style="list-style-type: none"> • TennCare does not cover any populations that could be characterized as "individuals receiving limited benefits," since all enrollees are provided a comprehensive package of health care benefits. Individuals eligible for coverage solely by virtue of the TennCare III demonstration are not entitled to certain state plan services but still receive a wide range of physical health services, behavioral health services, and LTSS. Members of the Medicaid Diversion group receive limited benefits, but they are not considered TennCare enrollees. • Both partial duals and members of the Medicaid Diversion group do not qualify for TennCare and, therefore, are not enrolled in a TennCare MCO. <p>ADDITIONAL INFORMATION FOR "ENROLLMENT - SP. POPS & OTHER OPTIONS" TAB:</p> <ul style="list-style-type: none"> • Regarding "Native American/Alaskan Native" enrollment, Tennessee does not have any federally recognized Indian tribes and, therefore, does not have a separate enrollment process for Native Americans or Alaskan Natives. • In reference to the "Enrollment Choice Period", individuals newly approved for TennCare are pre-assigned to an MCO but have a 90-day period in which they may transfer to a different MCO without cause. (Prior to 07/01/2019, this transfer period was only 45 days long.) <p>ADDITIONAL INFORMATION FOR "PLANS" TAB: As of 07/01/2024, most TennCare members were enrolled in more than one of the six plans identified, i.e., one MCE for physical health services, behavioral health services, and long-term services and supports; a second MCE for pharmacy benefits; and a third MCE for dental benefits.</p>

Texas: Managed Care Program Features as of 2024

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
Program type	Comprehensive MCO + MLTSS	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c)	PACE	1915(a), 1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	11/01/2016	06/01/2001	04/01/2008	12/11/2011	12/11/2011	12/11/2011
Waiver expiration date (if applicable)	09/30/2030	–	08/31/2027	09/30/2030	09/30/2030	09/30/2030
If the program ended in 2024, 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	–	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	–	–	–	–	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	–	–	–
Populations enrolled: Full Duals	Mandatory	Voluntary	Voluntary	Mandatory	–	–
Populations enrolled: Children with Special Health Care Needs	Mandatory	–	–	–	–	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary

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

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
Benefits covered: Home health services (services in home)	X	X	X	X	–	X
Benefits covered: Family planning	X	–	X	X	–	X
Benefits covered: Dental services (medical/surgical)	X	X	X	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X	–	X	X
Benefits covered: Personal care (state plan option)	X	X	X	X	–	–
Benefits covered: HCBS waiver services	X	X	X	X	–	–
Benefits covered: Private duty nursing	X	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	X	–	–
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	–	–	X	X	–	X

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Audiology services, including hearing aids, behavioral health services, cancer screening, diagnostic, and treatment services, chiropractic services, diagnostic services, dialysis, DME, Early Childhood Intervention (ECI) services, EPSDT, mastectomy, breast reconstruction, and related follow-up procedures, medical supplies, non-prescription drugs, nurse midwife services, optometry, vision services (and eyeglasses, if medically necessary), pediatric or family nurse practitioner services, podiatrist services, prenatal care and birthing services, Prescribed Pediatric Extended Care Center (PPECC) services, preventive services, radiology, imaging, and X-rays, specialty physician services, telehealth, therapies – physical, occupational, and speech, and transplantation of organs and tissues	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, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, 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, DME, 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, and support management	–	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eyeglasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes	Yes	Yes	Yes

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes	Yes	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), URAC	–	NCQA, URAC	NCQA, URAC	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	Institute for Child Health Policy	Institute for Child Health Policy
Performance incentives: Payment bonuses/differentials to reward plans	X	–	–	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans	X	–	X	X	–	X
Performance incentives: Public reports comparing plan performance on key metrics	X	–	X	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	X	X

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
Participating plans in Program	Wellpoint, 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)	Bienvivir Senior Health Services (El Paso), Silver Star Health Network (Lubbock), The Basic at Jan Werner (Amarillo)	Superior Health Plan	Wellpoint, Superior HealthPlan, Inc.; UnitedHealthcare Insurance Company, dba UnitedHealthcare Community Plan; Molina Healthcare of Texas, Inc.	MCNA Insurance Company; DentaQuest USA Insurance Company, Inc.; UnitedHealthcare Insurance Company	Wellpoint; 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 UnitedHealthcare 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
Program notes	Foster Care and Adoption Assistance choose between STAR Kids and STAR Health. 1115(a) Medicaid demonstration waivers) Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.	–	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 SSI or who were receiving Supplemental Income before becoming eligible for AA or PCA; and	1115(a) Medicaid demonstration waivers) Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.	1115(a) Medicaid demonstration waivers) Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.	1115(a) Medicaid demonstration waivers) Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.

Features	STAR Kids	PACE	STAR HEALTH	STAR+PLUS	Children's Medicaid Dental Services	STAR
			<p>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.</p> <p>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 (MDCP) 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 an MCO. 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>			

Utah: Managed Care Program Features as of 2024

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Region-Specific	Statewide	Statewide	Statewide	Region-Specific	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(a)	1902(a)(70)	1915(b)	1915(b)	1915(b)
Program start date	01/01/2020	07/01/2011	07/12/2001	03/23/1983	07/01/1991	09/01/2013
Waiver expiration date (if applicable)	06/30/2027	06/30/2025	–	06/30/2027	06/30/2027	10/1/2028
If the program ended in 2024, 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	–
Populations enrolled: Aged, Blind or Disabled Children or Adults	–	Voluntary	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	–	–	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–	Mandatory	Mandatory	–
Populations enrolled: Full Duals	–	Voluntary	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	–	Voluntary	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory	Mandatory	Mandatory	Mandatory

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Populations enrolled: Enrollment choice period	Other	Other	Pre-Assigned – Medicaid enrollees are pre-assigned	Other	Pre-Assigned – Medicaid enrollees are 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.	No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.	–	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	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	X	–
Benefits covered: Physician	X	X	–	X	X	–
Benefits covered: Nurse practitioner	X	X	–	X	X	–
Benefits covered: Rural health clinics and FQHCs	X	X	–	X	–	–
Benefits covered: Clinic services	X	X	–	X	X	–
Benefits covered: Lab and x-ray	X	X	–	X	X	–
Benefits covered: Prescription drugs	X	X	–	X	–	–
Benefits covered: Prosthetic devices	X	X	–	X	–	–

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Benefits covered: EPSDT	X	X	–	X	X	–
Benefits covered: Case management	X	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
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	–	X	–	–
Benefits covered: ICF-IDD	–	–	–	–	–	–
Benefits covered: Nursing facility services	–	–	–	–	–	–
Benefits covered: Hospice care	X	X	–	X	–	–
Benefits covered: Non-Emergency Medical Transportation	–	–	X	–	–	–
Benefits covered: IMD 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)	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers	–	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers	Comprehensive continuum of outpatient behavioral health services	–
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No	Yes	Yes	Yes

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation	Choice of Health Care Delivery	Prepaid Mental Health	Dental
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	–	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	–	HSAG	HSAG	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	–	–	–	–	–	–
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	–	–	–	–	–	–
Performance incentives: Withholds tied to performance metrics	–	–	–	X	–	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–	–	–	–	–	–
Participating plans in Program	Molina Integrated, Health Choice Integrated, Select Health Integrated, Healthy U Integrated	HOME	Modivcare	Healthy U, Molina, Health Choice, Select Health	Davis Behavioral Health, Central Utah Counseling Center, 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, United Behavioral Health, Weber Human Services, Bear River Mental Health	MCNA Dental, Premier Access

Features	Utah Medicaid Integrated Care	UNI HOME	Transportation	Choice of Health Care Delivery	Prepaid Mental Health	Dental
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.</p> <p>Enrollees are provided with both physical and behavioral health services. They will not enroll in a separate Prepaid Mental Health Plan.</p> <p>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>1915(a) is the operating authority.</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>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 have voluntary enrollment in the plans.</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 or an Integrated Plan, and vice-versa.</p>	—	<p>Pregnant women are an enrollment group covered by Dental. The only other options available to select (Low Income Adults) exclude pregnant women. Only Foster Care children are exempt from Dental PAHP enrollment. Those qualifying for subsidized adoption are mandatorily enrolled in a Dental PAHP.</p>

Vermont: Managed Care Program Features as of 2024

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2005
Waiver expiration date (if applicable)	12/31/2027
If the program ended in 2024, 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: Native American/Alaskan Natives	–
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-Assigned – Medicaid enrollees are 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
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

Features	Global Commitment to Health Demonstration
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: IMD 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)	Nurse midwives, chiropractic, PT/OT/SP, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, behavioral health services
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	–
Performance incentives: Public reports comparing plan performance on key metrics	–
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	–
Participating plans in Program	Department of Vermont Health Access
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 2024

Features	Commonwealth Coordinated Care Plus (CCC Plus)	Medallion 4.0	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Program of All-Inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Region-Specific
Federal operating authority	1915(b)/1915(c)	1915(b)	PACE
Program start date	08/01/2017	08/01/2018	02/05/2009
Waiver expiration date (if applicable)	09/30/2023	09/30/2023	-
If the program ended in 2024, 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
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	-
Populations enrolled: Native American/Alaskan Natives	-	-	-
Populations enrolled: Foster Care and Adoption Assistance Children	-	Mandatory	-
Populations enrolled: Enrollment choice period	-	-	-
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

Features	Commonwealth Coordinated Care Plus (CCC Plus)	Medallion 4.0	Program of All-Inclusive Care for the Elderly (PACE)
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	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: IMD 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)	Doula services	Doula services	–
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No

Features	Commonwealth Coordinated Care Plus (CCC Plus)	Medallion 4.0	Program of All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	HSAG	–
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 in Program	Aetna Better Health of Virginia; Anthem Healthkeepers; Molina Healthcare of Virginia, LLC; Sentara Health Plans (was Optima Health in 2022); UnitedHealthcare	UnitedHealthcare of the Mid-Atlantic; Aetna Better Health of Virginia; Anthem Healthkeepers Plus; Molina Healthcare of Virginia; Sentara Health Plans (was Optima Health in 2022)	All Care for Seniors; Centra PACE Farmville; Centra PACE Gretna; Centra PACE Lynchburg; Cherry Blossom PACE; InnovAge Blue Ridge; InnovAge Virginia PACE – Peninsula; InnovAge PACE Richmond; InnovAge Roanoke Valley; Mt. Rogers PACE; Mountain Empire PACE; Sentara PACE Churchland; Sentara PACE - Norfolk
Program notes	–	–	–

Washington: Managed Care Program Features as of 2024

Features	Program of All-Inclusive Care for the Elderly (PACE)	Apple Health/Healthy Options Health Homes Program	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	PCCM
Program type	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Region-Specific	Statewide	Region-Specific
Federal operating authority	PACE	1945 Health Homes	1932(a), 1945 Health Homes	1915(b)	1932(a)
Program start date	01/01/1997	04/17/2017	04/01/2016	04/01/2016	07/01/1995
Waiver expiration date (if applicable)	–	–	–	06/30/2028	–
If the program ended in 2024, 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	Mandatory	Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	–	Voluntary	Mandatory	Mandatory	–
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	Voluntary	–	–	–
Populations enrolled: Full Duals	Voluntary	Voluntary	–	Mandatory	–
Populations enrolled: Children with Special Health Care Needs	–	Voluntary	Voluntary	–	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary	Voluntary	–

Features	Program of All-Inclusive Care for the Elderly (PACE)	Apple Health/Healthy Options Health Homes Program	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	PCCM
Populations enrolled: Enrollment choice period	Other	Other	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	–	–	–	–	–
Populations enrolled: Notes on enrollment choice period	Pre-Assigned Medicaid enrollees	Not Applicable	Enrollment open continuously	Enrollment open continuously	Enrollment open continuously
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	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	X
Benefits covered: SSA Section 1945-authorized Health Home	–	X	X	–	–
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	–	–	–	–

Features	Program of All-Inclusive Care for the Elderly (PACE)	Apple Health/Healthy Options Health Homes Program	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	PCCM
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	–	–	–	–
Benefits covered: IMD 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)	Comfort care and podiatry	–	–	–	–
Quality assurance and improvement: HEDIS data required?	No	No	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No	No	No
Quality assurance and improvement: Accreditation required?	No, accreditation not required	No, accreditation not required	Yes, accreditation required	Yes, accreditation required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	–	–	National Committee for Quality Assurance (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	–	–

Features	Program of All-Inclusive Care for the Elderly (PACE)	Apple Health/Healthy Options Health Homes Program	Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)	PCCM
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 in Program	PACE	Multiple Sites	Amerigroup, Coordinated Care of Washington, Community Health Plan, Molina Healthcare of Washington, UnitedHealthcare	Community Health Plan of Washington, Coordinated Care of Washington, Molina Healthcare, UnitedHealthcare, Amerigroup	Multiple Primary Care Providers
Program notes	<p>State-level MLTSS enrollment data is restricted to users of those services, not total enrollees in the program that cover LTSS, and does not include services received under a PACE Program.</p> <p>There are three PACE providers - Providence Elderplace located in King, Spokane and Snohomish counties; International Community Health Services, only located in King County; and Pacific Northwest PACE Partners, located in Pierce and King counties.</p>	<p>Washington delivers the optimal Health Home Medicaid/Medical Benefit both in the FFS system and through MCOs. For individuals in Comprehensive MCOs, the MCOs are at risk for health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc.</p> <p>For individuals in PCCMs, MCOs administer health home services separate from the PCCM program.</p>	Please note, nursing home care under managed care coverage would be for rehabilitation care only; custodial care is covered under FFS and not a benefit under managed care.	Clients who have factors that disqualify them for Integrated Health Care and need behavioral health services will fall under this service.	Indian Health Services administers this program through three service units. Colville Service Unit, Wellpinit Service Unit and Yakama Service Unit. Two FQHC's 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 Indian Health Service Colville Service Unit Service Area), lower Elwha Clallam Tribe, Lummi Nation, Nooksack Tribe, Puyallup Tribe, Quinault Indian Nation, and Shoalwater Bay Tribe.

West Virginia: Managed Care Program Features as of 2024

Features	Mountain Health Trust	Mountain Health Promise	Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)	1902(a)(70)
Program start date	01/01/1996	03/01/2021	10/01/2013
Waiver expiration date (if applicable)	09/30/2025	06/30/2026	–
If the program ended in 2024, indicate the end date	–	–	–
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	–	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	–	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	–	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	–	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	–	–	–
Populations enrolled: Full Duals	–	–	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	–	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Exempt	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	–	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	60 days – Enrollment open for sixty days	Pre-Assigned – Medicaid enrollees are pre-assigned	Pre-Assigned – Medicaid enrollees are pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	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	–

Features	Mountain Health Trust	Mountain Health Promise	Non-Emergency Medical Transportation
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	–	–
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	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	–	–	X
Benefits covered: IMD 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)	–	–	–
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, accreditation required	Yes, accreditation required	No, accreditation not required

Features	Mountain Health Trust	Mountain Health Promise	Non-Emergency Medical Transportation
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	–
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	Qlarant	–
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 in Program	Wellpoint West Virginia, The Health Plan of WV, Aetna Better Health of WV	Aetna Better Health of WV	Modivcare
Program notes	–	A note about HCBS: This waiver will run concurrent with the Children with Serious Emotional Disturbances 1915(c) waiver (expiration date 01/31/2028), to allow BMS to provide HCBS, and the Section 1115 Substance Use Disorder (SUD) (waiver extension expiration date 12/21/2024) to allow enrollment into one specialized MCO.	–

Wisconsin: Managed Care Program Features as of 2024

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care	Care4Kids
Program type	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Region-Specific	Region-Specific	Region-Specific	Region-Specific	Region-Specific
Federal operating authority	1932(a)	1932(a)	1915(a)	PACE	1932(a), 1915(c)	1915(b)/1915(c)	1937 Alternate Benefit Plan
Program start date	02/01/2008	04/01/2005	03/01/1997	11/01/1990	12/01/1995	02/01/2000	01/01/2014
Waiver expiration date (if applicable)	–	–	–	–	12/31/2029	12/31/2029	–
If the program ended in 2024, 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	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	–	Voluntary	Voluntary	Mandatory	–
Populations enrolled: Children with Special Health Care Needs	–	–	Voluntary	–	–	–	Voluntary

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care	Care4Kids
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary	Exempt	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other	Other	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	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	Open enrollment	Open enrollment	Open enrollment	Open enrollment period as long as child remains in out-of-home care and resides in an eligible placement setting/county
Benefits covered: Inpatient hospital physical health	X	X	–	X	X	–	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	–	X
Benefits covered: Outpatient hospital physical health	X	X	–	X	X	–	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X	X
Benefits covered: Partial hospitalization	X	X	X	X	X	X	X
Benefits covered: Physician	X	X	–	X	X	–	X
Benefits covered: Nurse practitioner	X	X	–	X	X	–	X
Benefits covered: Rural health clinics and FQHCs	X	X	X	X	X	–	X
Benefits covered: Clinic services	X	X	X	X	X	–	X
Benefits covered: Lab and x-ray	X	X	–	X	X	–	X

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care	Care4Kids
Benefits covered: Prescription drugs	–	–	–	X	X	–	–
Benefits covered: Prosthetic devices	X	–	–	X	X	–	X
Benefits covered: EPSDT	X	X	–	–	X	–	X
Benefits covered: Case management	X	X	X	X	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home	–	–	–	–	–	–	–
Benefits covered: Home health services (services in home)	X	X	–	X	X	X	X
Benefits covered: Family planning	X	X	–	X	X	–	X
Benefits covered: Dental services (medical/surgical)	X	X	–	X	X	–	X
Benefits covered: Dental (preventative or corrective)	X	X	–	X	X	–	X
Benefits covered: Personal care (state plan option)	X	X	–	X	X	X	X
Benefits covered: HCBS waiver services	–	–	–	X	X	X	–
Benefits covered: Private duty nursing	X	X	–	X	X	X	X
Benefits covered: ICF-IDD	–	–	–	X	X	X	–
Benefits covered: Nursing facility services	X	X	–	X	X	X	X
Benefits covered: Hospice care	X	X	–	–	X	–	X
Benefits covered: Non-Emergency Medical Transportation	–	–	–	X	X	X	–
Benefits covered: IMD inpatient treatment for people ages 21–64 defined by 42 CFR 438.6(e) as an 'in lieu of' benefit	X	X	X	–	X	–	–

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care	Care4Kids
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry)	Chiropractic (varies by plan), dental (varies by geographic region), prosthetic devices, nurse midwife services, podiatry	Prosthetic devices, nurse midwife services, podiatry, chiropractic (varies by plan), dental (varies by geographic region)	–	Ambulatory surgical center, audiology, chiropractic, community mental health services, dialysis services, disposable medical supplies, DME and medical supplies, Medicare deductible and coinsurance amounts, occupational therapy, physical therapy, podiatry, respiratory care for ventilator dependent persons, speech and language pathology, tuberculosis-related services, vision care	Ambulatory surgical center, audiology, chiropractic, community mental health services, dialysis services, disposable medical supplies, DME and medical supplies, Medicare deductible and coinsurance amounts, nurse-midwife, occupational therapy, physical therapy, podiatry, prenatal care coordination, respiratory care for ventilator dependent persons, school-based services, speech and language pathology, vision care	Community mental health services, disposable medical supplies, DME and medical supplies, Medicare deductible and coinsurance amounts, occupational therapy, physical therapy, respiratory care for ventilator dependent persons, speech and language pathology	Nurse midwife services, podiatry
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No	No	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No	No	No	No	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required	Yes, accreditation required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required	No, accreditation not required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA)	NCQA	–	–	–	–	–
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X	X	–	–	X	X	–

Features	BadgerCare Plus	SSI Managed Care	WrapAround Milwaukee	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Family Care	Care4Kids
Performance incentives: Preferential auto-enrollment to reward plans	–	–	–	–	–	–	–
Performance incentives: Public reports comparing plan performance on key metrics	X	X	–	–	X	X	–
Performance incentives: Withholds tied to performance metrics	X	X	–	–	X	X	–
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	–	–	–	–	–
Participating plans in Program	MercyCare Health Plans; Anthem Blue Cross Blue Shield; MHS Health Wisconsin; UnitedHealthcare Community Plan; Security Health Plan of Wisconsin; Network Health Plan; Molina Healthcare of Wisconsin, Inc.; Independent Care Health Plan; Group Health Cooperative of South Central WI; Group Health Cooperative of Eau Claire; Dean Health Plan, Inc.; Chorus Community Health Plans; Quartz	UnitedHealthcare Community Plan; Anthem Blue Cross Blue Shield; MHS Health Wisconsin; Group Health Cooperative of Eau Claire; Network Health Plan; Independent Care Health Plan; Quartz; Security Health Plan of Wisconsin; Molina Healthcare of Wisconsin, Inc.	WrapAround Milwaukee	Community Care, Inc.	Community Care Health Plan; Independent Care Health Plan – iCare; My Choice Wisconsin	Community Care, Inc.; Lakeland Care, Inc.; My Choice Wisconsin; Inclusa, Inc.	Chorus Community Health Plans
Program notes	–	–	–	–	–	–	–

Wyoming: Managed Care Program Features as of 2024

Features	Behavioral Health Care Management Entity
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)/1915(c)
Program start date	09/01/2015
Waiver expiration date (if applicable)	06/30/2029
If the program ended in 2024, 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	–
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	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	–

Features	Behavioral Health Care Management Entity
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	–
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: IMD 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)	Targeted case management state plan authority including family care coordinators, youth peer support partners, family support partners. Individuals receive respite.
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	Yes, accreditation required
Quality assurance and improvement: Accrediting organization	National Committee for Quality Assurance (NCQA), JCAHO, URAC, Council on Accreditation (COA)
Quality assurance and improvement: EQRO contractor name (if applicable)	Guidehouse
Performance incentives: Payment bonuses/differentials to reward plans	–

Features	Behavioral Health Care Management Entity
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 in Program	CME Statewide
Program notes	The Children's Mental Health Waiver operates under a 1915(c) waiver. The CME operates under a 1915(b); the state has been operating the programs as a 1915(b)/(c) combo, but they are discrete functions. Not all children on the 1915(b) (CME) are receiving HCBS-like services but instead are receiving enhanced wraparound mental health care services. The CME operates as a PAHP, and although it is labeled in this report as a BHO, it does not provide any patient-direct behavioral health services.