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Medicaid Managed Care Enrollment and Program Characteristics, 2017

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Policy Research

CONTENTS

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Overview

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

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

- National tables provide summary data on Medicaid managed care: (1) enrollment at the state and plan level, as of July 1, 2017, and (2) program features, including type of enrollment (mandatory or voluntary) by population group enrolled, quality assurance requirements, and use of performance incentives by managed care program type (see Glossary for definitions of each type).

- State tables summarize the characteristics of each managed care program operating in each state as of July 2017, including program type, geographic reach, federal operating authority, start and end dates, beneficiary groups enrolled, services covered, quality assurance and improvement provisions, and the names of participating plans or providers.

Data Limitations

Mathematica conducted quality assurance review and data validation on the enrollment data and program features provided by state officials. While efforts were made to resolve apparent errors, users of this report should be aware of some limitations. First, states may differ in how they describe similar types of managed care programs; for example, some states listed the benefits covered through primary care case management (PCCM) programs as all services that are coordinated by primary care providers, while other states listed only case management. In addition, states sometimes use different data systems to track the number of enrollees in each type of managed care program or plan, and the number of unduplicated enrollees in any type of managed care program, which may yield inconsistent results. In some cases, states reported program or plan names that differ from those used in publicly available sources, including the 2016 edition of this report series. Questions regarding state-specific information in this report should be directed to state/territorial Medicaid officials; contact information can be found on state Medicaid agency websites in each state's profile at this link: http://medicaiddirectors.org/about/medicaid-directors/

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

Acknowledgements

Errors and Corrections to the 2016 Report

In the course of collecting data for the 2017 version of this report, Mathematica uncovered several errors in the data contained in the 2016 Medicaid Managed Care Enrollment Report, released in Winter 2018. That report was reissued and its errors are listed below.

State/Domain	Changes
Table 1: State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2016	
Arkansas	1. Total Medicaid enrollment was previously reported as 799,488. The corrected figure is 1,026,621. 2. Total Medicaid enrollment in any type of managed care was previously reported as 554,108. The corrected figure is 512,041.
California	Medicaid enrollment in comprehensive MCOs under ACA Section VIII expansion was previously reported as 3,699,069. The corrected figure is 3,022,256.
Georgia	1. Total Medicaid enrollment was previously reported as 1,973,586. The corrected figure is 1,857,292. 2. Total Medicaid enrollment in any type of managed care was previously reported as 1,352,087. The corrected figure is 1,228,700. 3. Medicaid enrollment in comprehensive managed care was previously reported as 1,341,597. The corrected figure is 1,218,210.
Illinois	Total Medicaid enrollment in any type of managed care was previously reported as 1,967,569. The corrected figure is 1,967,783.
Ohio	Total Medicaid enrollment in any type of managed care was previously reported as 2,413,500. The corrected figure is 2,455,224.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 532,213. The corrected figure is 643,789.
Rhode Island	1. Total Medicaid enrollment was previously reported as 325,177. The corrected figure is 293,676. 2. Total Medicaid enrollment in any type of managed care was previously reported as 237,863. The corrected figure is 278,087. 3. Medicaid enrollment in comprehensive managed care was previously reported as 230,439. The corrected figure is 251,714. 4. Medicaid enrollment in comprehensive MCOs under ACA Section VIII enrollment was previously listed as 64,065. The corrected figure is 66,909.
Washington	Medicaid enrollment in comprehensive managed care was previously reported as 1,535,441. The corrected figure is 1,557,421.
All states	As a result of these changes: 1. Total Medicaid enrollment was previously reported as 80,184,501. The corrected figure is 80,263,839. 2. Total Medicaid enrollment in any type of managed care was previously reported as 65,005,748. The corrected figure is 65,034,032. 3. Medicaid enrollment in comprehensive managed care was previously reported as 54,627,180. The corrected figure is 54,547,048. 4. Medicaid enrollment in comprehensive MCOs under ACA Section VIII enrollment was previously listed as 12,572,147. The corrected figure is 11,898,178.
Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2016	
Arkansas	1. Total Medicaid enrollment was previously reported as 799,488. The corrected figure is 1,026,621. 2. Managed care enrollment in transportation programs was previously reported as 523,453. The corrected figure is 512,041.

State/Domain	Changes
Georgia	1. Total Medicaid enrollment was previously reported as 1,973,586. The corrected figure is 1,857,292. 2. Managed care enrollment in comprehensive MCO programs (with or without MLTSS) was previously reported as 1,341,597. The corrected figure is 1,218,210.
Illinois	Managed care enrollment in MLTSS only programs was previously reported as 0. The corrected figure is 214.
New Jersey	Managed care enrollment in transportation programs was previously reported as 1,679,572. The corrected figure is 1,556,150.
Ohio	Managed care enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 2,413,112. The corrected figure is 2,454,836.
Oklahoma	Managed care enrollment in transportation programs was previously reported as 531,903. The corrected figure is 643,789.
Rhode Island	1. Total Medicaid enrollment was previously reported as 325,177. The corrected figure is 293,676. 2. Managed care enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 230,162. The corrected figure is 251,437. 3. Managed care enrollment in transportation programs was previously reported as 0. The corrected figure is 277,378. 4. Managed care enrollment in dental programs was previously reported as 94,328. The corrected figure is 94,318.
Washington	1. Managed care enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 1,535,441. The corrected figure is 1,556,853. 2. Managed care enrollment in PACE programs was previously reported as 0. The corrected figure is 568.
All states	As a result of these changes: 1. Total Medicaid enrollment was previously reported as 80,184,501. The corrected figure is 80,263,839. 2. Total Medicaid enrollment in comprehensive MCOs (with or without MLTSS) was previously reported as 54,588,095. The corrected figure is 54,549,119. 3. Managed care enrollment in MLTSS only programs was previously reported as 304,534. The corrected figure is 304,748. 4. Managed care enrollment in dental programs was previously reported as 6,686,552. The corrected figure is 6,686,542. 5. Managed care enrollment in transportation programs was previously reported as 13,392,943. The corrected figure is 13,647,373. 6. Managed care enrollment in PACE programs was previously reported as 39,085. The corrected figure is 39,653.
Table 3: Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2016	
Arkansas	1. Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 93,364. The corrected figure is 148,603. 2. Medicare-Medicaid eligibles (duals) enrollment in transportation programs was previously reported as 93,364. The corrected figure is 57,213.
Hawaii	Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 28,361. The corrected figure is 44,311.
Illinois	Medicare-Medicaid eligibles (duals) enrollment in MLTSS only programs was previously reported as 0. The corrected figure is 214.
New Jersey	1. Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 241,139. The corrected figure is 214,625. 2. Medicare-Medicaid eligibles (duals) enrollment in transportation programs was previously reported as 241,139. The corrected figure is 166,086.
Ohio	Medicare-Medicaid eligibles (duals) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 0. The corrected figure is 41,724.

State/Domain	Changes
Oklahoma	Medicare-Medicaid eligibles (duals) enrollment in transportation programs was previously reported as 0. The corrected figure is 111,886.
Rhode Island	1. Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 42,767. The corrected figure is 42,672. 2. Medicare-Medicaid eligibles (duals) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 0. The corrected figure is 21,399. 3. Medicare-Medicaid eligibles (duals) enrollment in transportation programs was previously reported as 0. The corrected figure is 34,191.
Vermont	1. Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 363. The corrected figure is 35,189. 2. A footnote for Vermont has been added that reads: "Vermont pays for Medicaid services for dually eligible enrollees on a FFS basis. Dually eligible enrollees reported in the Global Commitment to Health are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program."
Virginia	Total Medicare-Medicaid dually eligible beneficiaries was previously reported as 27,555. The corrected figure is 61,966.
Washington	A footnote for Washington has been added that reads: "Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH, and PACE programs. Enrollment counts presented in Table 2 include both Medicaid-only and Medicare-Medicaid dually eligible beneficiaries."
All states	As a result of these changes: 1. Total Medicare-Medicaid dually eligible enrollment was previously reported as 9,889,315. The corrected figure is 10,003,132. 2. Medicare-Medicaid eligibles (duals) enrollment in comprehensive MCO (with or without MLTSS) programs was previously reported as 2,398,207. The corrected figure is 2,461,330. 3. Medicare-Medicaid eligibles (duals) enrollment MLTSS only programs was previously reported as 273,577. The corrected figure is 273,791. 4. Medicare-Medicaid eligibles (duals) enrollment transportation programs was previously reported as 1,187,967. The corrected figure is 1,222,840.
Table 4: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2016	
Arkansas	1. Total Medicaid enrollment was previously reported as 799,488. The corrected figure is 1,026,621. 2. Total Medicaid enrollment in any type of managed care was previously reported as 554,108. The corrected figure is 512,041. 3. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 69.3%. The corrected figure is 49.9%.
Georgia	1. Total Medicaid enrollment was previously reported as 1,973,586. The corrected figure is 1,857,292. 2. Total Medicaid enrollment in any type of managed care was previously reported as 1,352,087. The corrected figure is 1,228,700. 3. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 68.5%. The corrected figure is 66.2%. 4. Medicaid enrollment in comprehensive managed care was previously reported as 1,341,597. The corrected figure is 1,218,210. 5. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 68.0%. The corrected figure is 65.6%.
Illinois	Total Medicaid enrollment in any type of managed care was previously reported as 1,967,569. The corrected figure is 1,967,783.
Ohio	1. Total Medicaid enrollment in any type of managed care was previously reported as 2,413,500. The corrected figure is 2,455,224. 2. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 79.9%. The corrected figure is 81.2%.

State/Domain	Changes
Oklahoma	1. Total Medicaid enrollment in any type of managed care was previously reported as 532,213. The corrected figure is 643,789. 2. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 67.2%. The corrected figure is 81.2%.
Rhode Island	1. Total Medicaid enrollment was previously reported as 325,177. The corrected figure is 293,676. 2. Total Medicaid enrollment in any type of managed care was previously reported as 237,863. The corrected figure is 278,087. 3. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 73.1%. The corrected figure is 94.7%. 4. Medicaid enrollment in comprehensive managed care was previously reported as 230,439. The corrected figure is 251,714. 5. The percent of all Medicaid enrollees enrolled in comprehensive managed care was previously reported as 70.9%. The corrected figure is 85.7%.
Washington	1. Medicaid enrollment in comprehensive managed care was previously reported as 1,535,441. The corrected figure is 1,557,421. 2. The percent of all Medicaid enrollees enrolled in comprehensive managed care was previously reported as 84.4%. The corrected figure is 85.5%.
All states	As a result of these changes: 1. Total Medicaid enrollment was previously reported as 80,184,501. The corrected figure is 80,263,839. 2. The number of individuals enrolled in any type of managed care was previously reported as 65,005,748. The corrected figure is 65,034,032. 3. The percent of all Medicaid enrollees enrolled in any type of managed care was previously reported as 81.1%. The corrected figure is 81.0%. 4. The number of individuals enrolled in comprehensive managed care was previously reported as 54,627,180. The corrected figure is 54,547,048. 5. The percent of all Medicaid enrollees enrolled in comprehensive managed care was previously reported as 68.1%. The corrected figure is 68.0%.
Table 5: Enrollment by Program and Plan, as of July 1, 2016	
Arkansas	Medicaid-only, dually eligible, and total enrollment for the Non-Emergency Transportation program were previously reported as 430,089; 93,364; and 523,453, respectively. The corrected figures are 454,828; 57,213; and 512,041, respectively.
Georgia	1. Medicaid-only, dually eligible, and total enrollment for the Georgia Families Amerigroup Community Care plan were previously reported as 345,796; 0; and 345,796, respectively. The corrected figures are 314,406; 0; and 314,406, respectively. 2. Medicaid-only, dually eligible, and total enrollment for the Georgia Families Peach State Health Plan plan were previously reported as 401,543; 0; and 401,543, respectively. The corrected figures are 365,744; 0; and 365,744, respectively. 3. Medicaid-only, dually eligible, and total enrollment for the Georgia Families WellCare of Georgia plan were previously reported as 568,832; 0; and 568,832, respectively. The corrected figures are 512,634; 0; and 512,634, respectively.
Illinois	The Managed Long Term Services and Supports program and its associated plans were previously omitted from the 2016 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 214, and a total enrollment of 214.
New Jersey	Medicaid-only, dually eligible, and total enrollment for the Non-Emergency Medical Transportation program were previously reported as 1,438,433; 241,139; and 1,679,572, respectively. The corrected figures are 1,390,064; 166,086; and 1,556,150, respectively.
Ohio	The MyCare Ohio Opt-Out program and its associated plans were previously omitted from the 2016 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 0, a dual enrollment of 41,724, and a total enrollment of 41,724.
Oklahoma	Medicaid-only, dually eligible, and total enrollment for the SoonerRide program were previously reported as 531,903; 0; and 531,903, respectively. The corrected figures are 531,903; 111,886; and 643,789, respectively.

State/Domain	Changes
Rhode Island	1. The Transportation Broker program and its associated plans were previously omitted from the 2016 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 243,187, a dual enrollment of 34,191, and a total enrollment of 277,378. 2. Medicaid-only, dually eligible, and total enrollment for the Rhody Health Partners United Healthcare plan were previously reported as 7,706; 0; and 7,706, respectively. The corrected figures are 7,705; 0; and 7,705, respectively. 3. Medicaid-only, dually eligible, and total enrollment for the Rite Care Neighborhood Health Plan of RI plan were previously reported as 102,785; 0; and 102,785, respectively. The corrected figures are 102,700; 0; and 102,700, respectively. 4. Medicaid-only, dually eligible, and total enrollment for the Rite Care United Healthcare plan were previously reported as 47,618; 0; and 47,618, respectively. The corrected figures are 47,584; 0; and 47,584, respectively. 5. Medicaid-only, dually eligible, and total enrollment for the Rhody Health Partners Expansion Neighborhood Health Plan plan were previously reported as 35,621; 0; and 35,621, respectively. The corrected figures are 35,612; 0; and 35,612, respectively. 6. Medicaid-only, dually eligible, and total enrollment for the Rhody Health Partners Expansion United Healthcare plan were previously reported as 28,643; 0; and 28,643, respectively. The corrected figures are 28,639; 0; and 28,639, respectively. 7. Medicaid-only, dually eligible, and total enrollment for the Rhody Health Options Neighborhood Health Plan plan were previously reported as 557; 0; and 557, respectively. The corrected figures are 566; 21,399; and 21,965, respectively. 8. Medicaid-only, dually eligible, and total enrollment for the Rite Smiles United Healthcare Dental plan were previously reported as 94,328; 0; and 94,328, respectively. The corrected figures are 94,318; 0; and 94,318, respectively.
Vermont	A footnote for Vermont has been added that reads: "Vermont pays for Medicaid services for dually eligible enrollees on a FFS basis. Dually eligible enrollees reported in the Global Commitment to Health are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program."
Washington	1. Medicaid-only, dually eligible, and total enrollment for the PACE program was previously reported as 0; 0; and 0. The corrected figures are 568; 0; and 568, respectively. 2. The Behavioral Health Services Only (BHSO) program and its associated plans were previously omitted from the 2016 reports. The program and its associated plans are now shown in the corrected reports with a Medicaid-only enrollment of 14,778, a dual enrollment of 0, and a total enrollment of 14,778. 3. A footnote for Washington has been added that reads: "Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH, and PACE programs. As a result, total enrollment counts presented in this table include both Medicaid-only and Medicare-Medicaid dually eligible beneficiaries."
Table 6: Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2016	
Arkansas	Total Medicaid enrollment in any type of managed care was previously reported as 554,108. The corrected figure is 512,041.
Georgia	Total Medicaid enrollment in any type of managed care was previously reported as 1,352,087. The corrected figure is 1,228,700.
Illinois	1. Total Medicaid enrollment in any type of managed care was previously reported as 1,967,569. The corrected figure is 1,967,783. 2. The number of enrollees using Managed LTSS (MLTSS) only was previously reported as 0. The corrected figure is 214.

State/Domain	Changes
Ohio	1. A footnote for Ohio has been added that reads: "Since 2014, Ohio has operated an MLTSS program for dually eligible beneficiaries who chose not to participate in (i.e., opt out of) the MyCare Financial Alignment. Ohio began reporting the MyCare Opt-Out as an MLTSS program in 2016." 2. Total Medicaid enrollment in any type of managed care was previously reported as 2,413,500. The corrected figure is 2,455,224. 3. The number of enrollees using Managed LTSS (MLTSS) only was previously reported as 0. The corrected figure is 40,709. 4. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.0%. The corrected figure is 1.7%.
Oklahoma	Total Medicaid enrollment in any type of managed care was previously reported as 532,213. The corrected figure is 643,789.
Rhode Island	1. Total Medicaid enrollment in any type of managed care was previously reported as 237,863. The corrected figure is 278,087. 2. The number of enrollees using LTSS was previously reported as 577. The corrected figure is 5,139. 3. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.2%. The corrected figure is 1.8%.
All states	As a result of these changes: 1. Total Medicaid enrollment in any type of managed care was previously reported as 65,005,748. The corrected figure is 65,034,032. 2. The number of enrollees using managed LTSS (MLTSS) only was previously reported as 219,927. The corrected figure is 352,986. 3. The total number of enrollees using comprehensive managed care including LTSS was previously reported as 840,680. The corrected figure is 683,209. 4. The percent of total managed care enrollees using Managed LTSS (MLTSS) only was previously reported as 0.3%. The corrected figure is 0.5%.
Table 7: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2016	
The changes for Table 7 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 77 to 78. 2. The number of low-income adults not otherwise eligible and not covered prior to 2014 under a waiver or other authority enrolled mandatorily has been changed from 35 to 36. 3. The number of full duals enrolled mandatorily has been changed from 21 to 22. 4. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 46 to 47. 5. The number of foster care and adoption assistance children enrolled mandatorily has been changed from 24 to 25.
MLTSS Only	1. The total number of MLTSS only programs has been changed from 4 to 5. 2. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 1 to 2. 3. The number of full duals enrolled mandatorily has been changed from 2 to 3. 4. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 2 to 3. 5. The number of foster care and adoption assistance children exempt from enrollment has been changed from 3 to 4.

State/Domain	Changes
BHO (PIHP and/or PAHP)	1. The total number of BHO (PIHP and/or PAHP) programs has been changed from 16 to 17. 2. The number of low-income adults newly eligible enrolled mandatorily has been changed from 11 to 12. 3. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 12 to 13. 4. The number of non-disabled children (excluding children in foster care or receiving adoption assistance) enrolled mandatorily has been changed from 9 to 10. 5. The number of full duals enrolled mandatorily has been changed from 10 to 11. 6. The number of children with special health care needs enrolled mandatorily has been changed from 9 to 10. 7. The number of Native American/Alaskan Natives enrolled voluntarily has been changed from 4 to 5. 8. The number of foster care and adoption assistance children exempt from enrollment has been changed from 1 to 2.
Transportation	1. The total number of transportation programs has been changed from 15 to 16. 2. The number of low-income adults newly eligible enrolled mandatorily has been changed from 10 to 11. 3. The number of aged blind or disabled children or adults enrolled mandatorily has been changed from 14 to 15. 4. The number of non-disabled children (excluding children in foster care or receiving adoption assistance) enrolled mandatorily has been changed from 12 to 13. 5. The number of low-income adults not otherwise eligible and not covered prior to 2014 under a waiver or other authority enrolled mandatorily has been changed from 7 to 8. 6. The number of full duals enrolled mandatorily has been changed from 11 to 12. 7. The number of partial duals enrolled mandatorily has been changed from 4 to 5. 8. The number of children with special health care needs enrolled voluntarily has been changed from 12 to 13. 9. The number of foster care and adoption assistance children enrolled mandatorily has been changed from 11 to 12.
Table 8: Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2016	
The changes for Table 8 stem from the errors and corrections described in Tables 1-6.	
Comprehensive MCO with or without MLTSS	1. The total number of comprehensive MCO programs with or without MLTSS has been changed from 77 to 78. 2. The number of programs requiring HEDIS data has been changed from 69 to 70. 3. The number of programs requiring CAHPS data has been changed from 65 to 66. 4. The number of programs requiring accreditation has been changed from 38 to 39. 5. The number of programs using an EQRO contractor has been changed from 72 to 73. 6. The number of programs using public reports comparing MCO performance on key metrics has been changed from 36 to 37. 7. The number of programs using withholds tied to performance metrics has been changed from 28 to 29. 8. The number of programs requiring or encouraging MCOs/PHPs to pay providers for value/quality outcomes using shared-risk or shared-savings methods has been changed from 25 to 26.
MLTSS Only	1. The total number of MLTSS only programs has been changed from 4 to 5. 2. The number of programs requiring CAHPS data has been changed from 0 to 1. 3. The number of programs requiring accreditation has been changed from 1 to 2. 4. The number of programs requiring accreditation has been changed from 38 to 39. 5. The number of programs using payment bonuses/differentials to reward MCOs has been changed from 2 to 3. 6. The number of programs using withholds tied to performance metrics has been changed from 1 to 2. 7. The number of programs requiring or encouraging MCOs/PHPs to pay providers for value/quality outcomes using shared-risk or shared-savings methods has been changed from 0 to 1.

State/Domain	Changes
BHO (PIHP and/or PAHP)	1. The total number of BHO (PIHP and/or PAHP) programs has been changed from 16 to 17. 2. The number of programs requiring HEDIS data has been changed from 11 to 12. 3. The number of programs requiring accreditation has been changed from 9 to 10. 4. The number of programs using an EQRO contractor has been changed from 12 to 13.
Transportation	The total number of transportation programs has been changed from 15 to 16.
State Tables	
Alabama	The Program for All-Inclusive Care for the Elderly previously listed a waiver expiration date of 12/31/2299. The corrected table shows that there is no waiver expiration date for the program.
Arizona	The Arizona Health Care Cost Containment System program did not previously indicate whether the program was statewide or region-specific. The corrected table shows that the program is statewide.
Hawaii	The Quest Integration program was previously classified as a comprehensive MCO program in the 2016 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report.
Illinois	1. The Managed Long Term Services and Supports program was previously omitted from the 2016 reports. The program is now shown in the corrected report. 2. The Family Health Plan/Affordable Care Act (FHP/ACA) program did not previously report low-income adults not covered under ACA Section VII (excludes pregnant women and people with disabilities) as enrolled. The corrected table shows enrollment as mandatory. The program also includes a program note that reads: "Low-income pregnant women are enrolled mandatorily in this program."
Indiana	The Healthy Indiana Plan 2.0 program previously listed personal care (state plan option) as a benefit covered under the program. The corrected table shows that this benefit is not covered under the program.
Montana	The Passport to Health program previously listed case management as a benefit covered under the program. The corrected table shows that this benefit is not covered under the program.
New York	The Medicaid Managed Care program was previously classified as a comprehensive MCO program in the 2016 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report.
Ohio	The MyCare Ohio Opt-Out program was previously omitted from the 2016 reports. The program is now shown in the corrected report.
Rhode Island	The Transportation Broker program was previously omitted from the 2016 reports. The program is now shown in the corrected report.
Texas	The STAR Kids program was previously classified as a comprehensive MCO program in the 2016 reports. The program is now classified as a comprehensive MCO + MLTSS program in the corrected report.
Washington	1. The Behavioral Health Services Only (BHSO) program was previously omitted from the 2016 reports. The program is now shown in the corrected report. 2. The Fully Integrated Managed Care program did not previously indicate whether the program was statewide or region-specific. The corrected table shows that the program is region-specific to Clark and Skamania Counties.

Highlights

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2016 and 2017 show the following trends:

- **Medicaid enrollment in comprehensive MCOs increased by just 1.9 percent – from 54.5 million in 2016 to 55.6 million in 2017 – representing the third straight year of slowed growth.** Comprehensive MCOs cover a broad range of Medicaid benefits, including acute, primary and specialty care, and in some states, behavioral health and long-term services and supports (LTSS) as well.

- **States continue to expand their use of comprehensive MCOs to deliver Medicaid.** Nationally, over two thirds (69.3 percent) of all Medicaid beneficiaries were enrolled in comprehensive MCOs in 2017, up from 68.0 percent in 2016. In 38 states at least 50 percent of all Medicaid beneficiaries were enrolled in comprehensive MCOs, up from 37 states in 2016.

- **Use of Behavioral Health Organization (BHO) and Primary Care Case Management (PCCM) programs continued to decline, while use of Dental and MLTSS only programs continued to increase.** 2017 marked the fourth straight year of declined use in BHO and PCCM programs. In 2017, about 13.4 percent of all Medicaid beneficiaries were enrolled in BHO programs and 3.6 percent were enrolled in PCCM programs, down from 2013 enrollment of 17.0 percent and 12.5 percent, respectively. In contrast, enrollment in Dental and MLTSS only programs saw increased enrollment similar to previous years. In 2017, about 8.7 percent of all Medicaid beneficiaries were enrolled in Dental programs and .5 percent enrolled in MLTSS only programs, up from 7.7 percent and .3 percent in 2014, respectively.

- **The percentage of Medicaid beneficiaries enrolled in comprehensive managed care plans as a result of the ACA Medicaid expansion increased for the third straight year.** About 13.6 million low income adults eligible for Medicaid under Section VIII of the ACA in 2017 were enrolled in comprehensive MCOs, compared to 11.9 million in 2016 (a 14.1 percent increase). Enrollment in comprehensive MCOs covered under Section VIII has more than tripled since 2014, when just 4.8 million beneficiaries enrolled in such plans.

- **Managed long-term services and supports (MLTSS) programs experienced growth.** Twenty two states[1] had managed LTSS (MLTSS) programs in operation as of July 1, 2017, up from 21 states in 2016. As of July 1, 2017, there were over 1.2 million (1,218,063) LTSS users, excluding a subset of 82,020 enrollees in Delaware, Idaho, Illinois, and Rhode Island, some of whom may not be LTSS users (these states cannot report just LTSS users). Twelve of the 21 states reporting LTSS users in both years reported an increase in the number of LTSS users from 2016 to 2017.

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

Glossary

Federal authorities (Waivers and State Plan Amendments)

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

Key Terms, Acronyms and Definitions

Term	Acronym	Definition
Affordable Care Act	ACA	The Patient Protection and Affordable Care Act, is the federal law that took full effect in 2014. Among other provisions, it authorized states to expand Medicaid coverage to non-pregnant, childless, low-income adults with household income up to 138 percent of the federal poverty level, without a waiver or other special authority.
Behavioral Health Organization	BHO	A managed care entity specializing in behavioral health (mental health and/or substance use disorder) services. Services are covered on a prepaid basis.
Centers for Medicare & Medicaid Services	CMS	The federal agency that administers the Medicare and Medicaid programs.
Comprehensive Managed Care Organization	Compre-hensive MCO	Comprehensive MCOs provide all acute, primary and specialty medical services; some also cover behavioral health and long term services and supports. Entities that qualify as MCOs include Health Maintenance Organizations (HMOs) and Health Insuring Organizations (HIOs) in California.
Consumer Assessment of Healthcare Providers and Systems	CAHPS	Surveys that ask consumers and patients about their experiences with health care services and health plans. Some state Medicaid agencies require health plans to submit data or results from CAHPS surveys of managed care enrollees.
Dental Prepaid Ambulatory Health Plan		A limited-benefit plan that only provides dental services.
Dual Eligibles (also referred to as "Duals", or Medicare-Medicaid Eligibles)		Individuals who are eligible for Medicare and either (1) eligible to receive all state Medicaid benefits ("full duals") or (2) the Medicaid agency only pays for Medicare premiums and/or cost sharing ("partial duals").
Early and Periodic Screening, Diagnostic and Treatment	EPSDT	States are required to cover the following services for all Medicaid-eligible children under age 21: periodic screenings to identify physical and mental conditions as well as vision, hearing, and dental needs; and follow-up diagnostic and treatment services to correct conditions identified during a screening.
External Quality Review Organization	EQRO	An organization that meets competence and independence requirements and performs an external quality review of managed care programs and plans.
Federally Qualified Health Center	FQHC	Federally Qualified Health Centers provide comprehensive health services in underserved communities and must offer a sliding fee scale. FQHCs receive grants under Section 330 of the Public Health Service Act.
Fee-For-Service	FFS	A payment system in which the state reimburses providers directly for each individual service rendered.
Healthcare Effectiveness Data and Information Set	HEDIS	A collection of performance measures and measurement specifications which certain Medicaid managed care programs are required to use and submit to the state. HEDIS measures and definitions are produced by the National Committee for Quality Assurance (NCQA).
Home and Community-based Services	HCBS	Long-term services and supports provided in homes or community settings to Medicaid beneficiaries who are frail seniors, or with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities in.
Intellectual / Developmental Disabilities	IDD	An individual with an intellectual or developmental disability has an intellectual functioning level (IQ) below 70-75, limitations in adaptive skills, and must have had the condition start before the age of nineteen.

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

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

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

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2017

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]	Medicaid Enrollment in Comprehensive Managed Care[3]	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion[4]
TOTALS	**80,242,585**	**65,796,616**	**55,601,033**	**13,570,511**
Alabama	1,037,814	636,919	172	0
Alaska[5]	155,865	0	0	0
American Samoa	n/a	n/a	n/a	n/a
Arizona	1,917,183	1,617,558	1,617,558	398,993
Arkansas	993,792	522,252	209	0
California	13,515,168	10,805,936	10,805,232	3,156,055
Colorado[6]	1,381,208	1,327,452	140,886	52,630
Connecticut[7]	860,758	0	0	0
Delaware	222,859	208,221	208,221	55,786
District of Columbia	265,547	196,704	196,704	65,641
Florida	3,916,490	3,280,341	3,182,703	0
Georgia	1,813,016	1,256,809	1,247,705	0
Guam	n/a	n/a	n/a	n/a
Hawaii	365,087	360,905	360,905	95,601
Idaho	299,253	292,732	2,290	0
Illinois	3,192,569	1,912,602	1,884,379	419,341
Indiana	1,475,463	1,138,236	1,138,236	337,415
Iowa	623,501	556,741	556,741	157,186
Kansas	416,645	398,556	398,556	0
Kentucky	1,403,257	1,308,047	1,251,070	457,720
Louisiana	1,626,037	1,493,106	1,378,125	431,971
Maine	273,451	238,937	0	0
Maryland	1,326,080	1,161,315	1,161,315	288,234
Massachusetts	1,874,779	1,247,614	851,372	275,432
Michigan	4,668,815	4,655,013	2,413,094	553,352

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]	Medicaid Enrollment in Comprehensive Managed Care[3]	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion[4]
Minnesota	1,107,499	846,115	846,115	179,196
Mississippi	708,992	487,201	487,201	0
Missouri	983,835	975,297	733,120	0
Montana	230,296	175,012	0	0
Nebraska	247,894	246,633	246,633	0
Nevada	653,968	578,683	448,513	190,510
New Hampshire	204,458	133,811	133,811	7,005
New Jersey	1,678,888	1,560,395	1,560,395	521,538
New Mexico	898,965	695,772	695,772	232,260
New York	6,105,120	4,710,609	4,526,311	3,133,832
North Carolina	2,110,914	1,607,806	1,943	0
North Dakota	92,595	49,733	20,672	20,515
Northern Mariana Islands	n/a	n/a	n/a	n/a
Ohio	3,083,411	2,551,378	2,551,378	636,997
Oklahoma	808,267	653,362	410	0
Oregon	1,067,322	859,634	859,634	388,131
Pennsylvania	2,835,800	2,562,466	2,265,668	700,899
Puerto Rico[8]	1,401,921	1,401,921	1,401,921	0
Rhode Island	337,809	309,037	270,550	76,676
South Carolina	1,217,302	1,217,302	772,513	0
South Dakota	124,676	93,369	0	0
Tennessee	1,522,658	1,409,555	1,409,555	0
Texas	4,038,159	3,903,380	3,731,461	0
Utah	284,316	282,603	235,408	0
Vermont	183,918	96,823	96,823	40,682
Virgin Islands	n/a	n/a	n/a	n/a
Virginia	1,083,750	723,896	723,896	0
Washington	1,824,730	1,824,730	1,612,402	535,481

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]	Medicaid Enrollment in Comprehensive Managed Care[3]	Medicaid Enrollment in Comprehensive MCOs Under ACA Section VIII Expansion[4]
West Virginia	521,186	424,662	424,662	161,432
Wisconsin	1,197,770	799,040	748,664	0
Wyoming	61,529	395	129	0

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

2. Total Medicaid Enrollment in Any Type of Managed Care represents an unduplicated count of beneficiaries enrolled in any Medicaid managed care program, including comprehensive MCOs, limited benefit plans such as prepaid inpatient and ambulatory health plans, primary care case management (PCCM) programs, and PCCM entities.

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

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

5. Alaska did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

6. Colorado reported plan level enrollment as 30 for plans that had less than 30 beneficiaries. As a result, Medicaid Enrollment in Comprehensive Managed Care may be slightly inflated.

7. Connecticut did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

8. Puerto Rico expanded Medicaid to 372,142 low-income, childless adults under an authority other than ACA Section VIII.

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

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2017[1]

State or Territory	Total Medicaid Enrollees[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
TOTALS	**80,242,585**	**55,558,073**	**2,914,483**	**2,548,286**	**367,600**	**10,727,803**	**6,974,762**	**12,847,769**	**42,960**	**28,343**
Alabama[4]	1,037,814	--	396,912	--	--	--	--	--	172	14,848
Alaska[5]	155,865	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,917,183	1,617,558	--	--	--	--	--	--	--	--
Arkansas	993,792	--	469,634	--	--	--	--	522,252	209	--
California	13,515,168	10,798,374	--	--	--	23	903,991	--	6,858	681
Colorado[6]	1,381,208	137,240	--	1,037,331	--	1,322,757	--	--	3,646	--
Connecticut[7]	860,758	--	--	--	--	--	--	--	--	--
Delaware	222,859	207,997	--	--	--	--	--	--	224	--
District of Columbia	265,547	196,704	--	--	--	--	--	74,396	--	--
Florida	3,916,490	3,181,088	--	--	97,638	--	--	--	1,615	--
Georgia	1,813,016	1,247,705		--		--	--	--	--	9,104
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii[8]	365,087	360,905	--	--	--	--	--	--	--	--
Idaho	299,253	2,290	276,411	--	--	290,463	290,463	292,732	--	--
Illinois	3,192,569	1,884,379	320,335	--	28,223	--	--	--	--	--
Indiana	1,475,463	1,138,236	--	--	--	--	--	--	--	--
Iowa	623,501	556,389	--	--	--	--	153,985	11,814	352	--
Kansas	416,645	398,013	--	--	--	--	--	--	543	--
Kentucky	1,403,257	1,251,070	--	--	--	--	--	1,251,301	--	--
Louisiana	1,626,037	1,377,682	--	--	--	114,982	1,489,131	--	443	--
Maine	273,451	--	147,296	--	--	--	--	238,193	--	--
Maryland	1,326,080	1,161,213	--	--	--	--	--	--	102	--
Massachusetts	1,874,779	847,708	393,076	--	--	453,630	--	--	3,664	--

State or Territory	Total Medicaid Enrollees[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Michigan[9]	4,668,815	2,411,048			11,428	2,286,950	965,789		2,046	--
Minnesota	1,107,499	846,115	--	--	--	--	--	--	--	--
Mississippi	708,992	487,201	--	--	--	--	--	--	--	--
Missouri	983,835	733,120	--	--	--	--	--	242,177	--	--
Montana	230,296	--	175,012	--	--	--	--	--	--	--
Nebraska	247,894	246,472	--	--	--	--	0	--	161	--
Nevada	653,968	448,513	38,543	--	--	--	--	578,683	--	--
New Hampshire	204,458	133,811	--	--	--	--	--	--	--	--
New Jersey	1,678,888	1,559,423	--	--	--	--	--	1,555,703	972	--
New Mexico	898,965	695,017	--	--	--	--	--	--	755	--
New York	6,105,120	4,520,640	--	--	184,298	--	--	--	5,671	--
North Carolina	2,110,914	--	--	1,510,955	--	1,600,547	--	--	1,943	--
North Dakota	92,595	20,515	49,399	--	--	--	--	--	157	177
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	3,083,411	2,550,962	--	--	--	--	--	--	416	--
Oklahoma	808,267	--	538,738	--	--	--	--	652,952	410	--
Oregon[10]	1,067,322	858,382	--	--	--	--	--	--	1,252	--
Pennsylvania	2,835,800	2,259,379	--	--	--	2,552,587	--	622,053	6,289	149
Puerto Rico	1,401,921	1,401,921	--	--	--	--	--	--	--	--
Rhode Island	337,809	270,257	--	--	--	--	104,666	309,034	293	--
South Carolina	1,217,302	772,074	456	--	--	--	--	1,217,302	439	--
South Dakota	124,676	--	93,369	--	--	--	--	--	--	--
Tennessee[11]	1,522,658	1,409,266	--	--	--	--	--	--	289	--
Texas	4,038,159	3,730,231	8,573	--	--	--	2,933,650	3,214,869	1,230	--
Utah	284,316	235,408	--	--	--	279,889	133,087	239,578	--	--
Vermont	183,918	96,823	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

State or Territory	Total Medicaid Enrollees[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Virginia	1,083,750	722,399	--	--	--	--	--	--	1,497	--
Washington[12]	1,824,730	1,611,793	6,729	--	--	1,824,730	--	1,824,730	609	--
West Virginia	521,186	424,662	--	--	--	--	--	--	--	--
Wisconsin	1,197,770	748,090	--	--	46,013	1,245	--	--	574	3,118
Wyoming	61,529	--	--	--	--	--	--	--	129	266

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

2. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

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

4. Beneficiaries can simultaneously enroll in Alabama's Patient 1st and Health Homes plans. The de-duplicated Patient 1st plan enrollment is 396,912.

5. Alaska did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

6. Colorado reported plan level enrollment as 30 for plans that had less than 30 beneficiaries. As a result, Medicaid Enrollment in Comprehensive Managed Care may be slightly inflated.

7. Connecticut did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

8. Hawaii's enrollment in comprehensive MCOs includes 4,918 beneficiaries who enrolled in an MCO plus Ohana Community Care Service for behavioral health services.

9. Michigan has two programs that provide HCBS waiver services under capitation: MI Choice and the Specialty Prepaid Inpatient Health Plan (SPIHP). In this table, MI Choice is reported as an MLTSS program and SPIHP is reported as a BHO. In Table 6, both programs are considered in the count of LTSS users.

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

11. Tennessee's enrollment in comprehensive MCOs includes 1,262,221 beneficiaries who enrolled in an MCO plus Magellan Health Services for pharmacy benefits and 821,212 beneficiaries who enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.

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

Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2017, but it ended before July 1 or began after that date.

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2017[1]

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
TOTALS	**10,132,041**	**2,577,209**	**20,638**	**209,235**	**333,856**	**689,688**	**180,690**	**1,167,035**	**34,809**	**406**
Alabama	214,494	--	0	--	--	--	--	--	153	0
Alaska	n/a	--	--	--	--	--	--	--	--	--
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	212,464	144,971	--	--	--	--	--	--	--	--
Arkansas	144,706		0	--	--	--	--	52,789	0	--
California	1,420,937	943,716	--	--	--	0	53,255	--	5,424	349
Colorado[4]	117,917	7,436	--	57,578	--	78,581	--	--	3,458	--
Connecticut	n/a	--	--	--	--	--	--	--	--	--
Delaware	30,620	5,755	--	--	--	--	--	--	216	--
District of Columbia	21,052	123	--	--	--	--	--	20,929	--	--
Florida	788,226	130,527	--	--	90,458	--	--	--	118	--
Georgia	308,492	0	--	--	--	--	--	--	--	0
Guam	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	42,901	35,175	--	--	--	--	--	--	--	--
Idaho	27,517	2,290	20,638	--	--	24,391	24,472	26,741	--	--
Illinois	373,053	0	0	--	28,223	--	--	--	--	--
Indiana	206,148	4,653	--	--	--	--	--	--	--	--
Iowa	80,426	58,963	--	--	--	--	0	920	328	--
Kansas	80,780	38,798	--	--	--	--	--	--	0	--
Kentucky	151,956	56,746	--	--	--	--	--	0	--	--
Louisiana	223,475	681	--	--	--	102,520	102,899	--	430	--
Maine	92,517	--	0	--	--	--	--	51,543	--	--
Maryland	139,698	0	--	--	--	--	--	--	97	--
Massachusetts	356,336	42,814	0	--	--	331	--	--	3,370	--
Michigan[5]	316,224	37,397	--	--	10,706	0	0	--	1,954	--

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Minnesota	141,361	78,781	--	--	--	--	--	--	--	--
Mississippi	160,687	0	--	--	--	--	--	--	--	--
Missouri	181,092	0	--	--	--	--	--	143,038	--	--
Montana	26,852	--	0	--	--	--	--	--	--	--
Nebraska	34,702	34,237	--	--	--	--	0	--	141	--
Nevada	67,365	0	0	--	--	--	--	0	--	--
New Hampshire	31,799	16,147	--	--	--	--	--	--	--	--
New Jersey	217,365	173,988	--	--	--	--	--	173,270	862	--
New Mexico	41,822	41,121	--	--	--	--	--	--	701	--
New York	908,358	15,892	--	--	165,429	--	--	--	4,974	--
North Carolina	337,847	--	--	151,657	--	184,490	--	--	490	--
North Dakota	14,721	0	0	--	--	--	--	--	152	0
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ohio	108,460	82,652	--	--	--	--	--	--	336	--
Oklahoma	114,624	--	0	--	--	--	--	114,624	377	--
Oregon[6]	74,088	43,012	--	--	--	--	--	--	1,190	--
Pennsylvania	456,314	7,957	--	--	--	274,855	--	75,251	5,850	57
Puerto Rico	337,516	337,516	--	--	--	--	--	--	--	--
Rhode Island	45,845	9,905	--	--	--	--	0	36,877	254	--
South Carolina	168,671	0	0	--	--	--	--	168,671	390	--
South Dakota	12,086	--	0	--	--	--	--	--	--	--
Tennessee[7]	260,747	147,374	--	--	--	--	--	--	270	--
Texas	644,765	38,427	0	--	--	--	0	280,246	1,187	--
Utah	26,282	23,427	--	--	--	24,516	64	22,136	--	--
Vermont[8]	33,907	283	--	--	--	--	--	--	--	--
Virgin Islands	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

State or Territory	Total Medicare-Medicaid dually eligible beneficiaries[2]	Comprehensive MCO (with or without MLTSS)[3]	PCCM[3]	PCCM entity[3]	MLTSS only[3]	BHO (PIHP and/or PAHP)[3]	Dental[3]	Transportation[3]	PACE	Other[3]
Virginia	60,630	0	--	--	--	--	--	--	1,404	--
Washington[9]	125,613	0	0	--	--	0	--	0	0	--
West Virginia	81,596	0	--	--	--	--	--	--	--	--
Wisconsin	56,045	16,445	--	--	39,040	4	--	--	556	0
Wyoming	10,942	--	--	--	--	--	--	--	127	0

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

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

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

4. Colorado reported plan level enrollment as 30 for plans that had less than 30 beneficiaries. As a result, Medicaid Enrollment in Comprehensive Managed Care may be slightly inflated.

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

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

7. Tennessee's enrollment in comprehensive MCOs includes 329 dually eligible beneficiaries who enrolled in an MCO plus Magellan Health Services for pharmacy benefits and 329 dually eligible beneficiaries who enrolled in an MCO plus DentaQuest USA Insurance Company for dental services.

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

9. Washington is unable to provide separate counts of Medicaid-only and dual enrollment for their NEMT, ICMH, and PACE programs. Combined Medicaid-only and Medicare-Medicaid beneficiary enrollment counts are presented in Table 3.

Note: "n/a" indicates that a state or territory was not able to report data. "--" indicates states that do not operate programs of the given type. 0 signifies that a state operated a program of this type in 2017, but it ended before July 1 or began after that date.

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2017

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]: Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care[2]: Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care[3]: Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care[3]: Percent of all Medicaid enrollees
TOTALS	**80,242,585**	**65,796,616**	**82.0%**	**55,601,033**	**69.3%**
Alabama	1,037,814	636,919	61.4%	172	0.0%
Alaska[4]	155,865	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,917,183	1,617,558	84.4%	1,617,558	84.4%
Arkansas	993,792	522,252	52.6%	209	0.0%
California	13,515,168	10,805,936	80.0%	10,805,232	79.9%
Colorado[5]	1,381,208	1,327,452	96.1%	140,886	10.2%
Connecticut[6]	860,758	0	0.0%	0	0.0%
Delaware	222,859	208,221	93.4%	208,221	93.4%
District of Columbia	265,547	196,704	74.1%	196,704	74.1%
Florida	3,916,490	3,280,341	83.8%	3,182,703	81.3%
Georgia	1,813,016	1,256,809	69.3%	1,247,705	68.8%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	365,087	360,905	98.9%	360,905	98.9%
Idaho	299,253	292,732	97.8%	2,290	0.8%
Illinois	3,192,569	1,912,602	59.9%	1,884,379	59.0%
Indiana	1,475,463	1,138,236	77.1%	1,138,236	77.1%
Iowa	623,501	556,741	89.3%	556,741	89.3%
Kansas	416,645	398,556	95.7%	398,556	95.7%
Kentucky	1,403,257	1,308,047	93.2%	1,251,070	89.2%
Louisiana	1,626,037	1,493,106	91.8%	1,378,125	84.8%
Maine	273,451	238,937	87.4%	0	0.0%
Maryland	1,326,080	1,161,315	87.6%	1,161,315	87.6%
Massachusetts	1,874,779	1,247,614	66.5%	851,372	45.4%

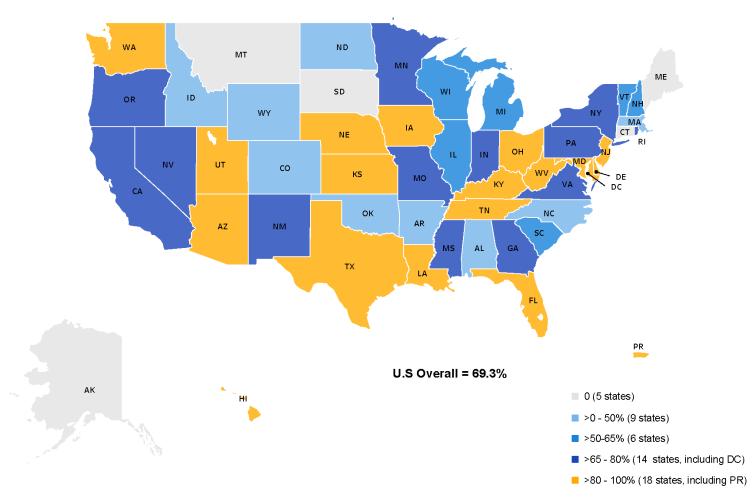| State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]: Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care[2]: Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care[3]: Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care[3]: Percent of all Medicaid enrollees
Michigan	4,668,815	4,655,013	99.7%	2,413,094	51.7%
Minnesota	1,107,499	846,115	76.4%	846,115	76.4%
Mississippi	708,992	487,201	68.7%	487,201	68.7%
Missouri	983,835	975,297	99.1%	733,120	74.5%
Montana	230,296	175,012	76.0%	0	0.0%
Nebraska	247,894	246,633	99.5%	246,633	99.5%
Nevada	653,968	578,683	88.5%	448,513	68.6%
New Hampshire	204,458	133,811	65.4%	133,811	65.4%
New Jersey	1,678,888	1,560,395	92.9%	1,560,395	92.9%
New Mexico	898,965	695,772	77.4%	695,772	77.4%
New York	6,105,120	4,710,609	77.2%	4,526,311	74.1%
North Carolina	2,110,914	1,607,806	76.2%	1,943	0.1%
North Dakota	92,595	49,733	53.7%	20,672	22.3%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio	3,083,411	2,551,378	82.7%	2,551,378	82.7%
Oklahoma	808,267	653,362	80.8%	410	0.1%
Oregon	1,067,322	859,634	80.5%	859,634	80.5%
Pennsylvania	2,835,800	2,562,466	90.4%	2,265,668	79.9%
Puerto Rico	1,401,921	1,401,921	100.0%	1,401,921	100.0%
Rhode Island	337,809	309,037	91.5%	270,550	80.1%
South Carolina	1,217,302	1,217,302	100.0%	772,513	63.5%
South Dakota	124,676	93,369	74.9%	0	0.0%
Tennessee	1,522,658	1,409,555	92.6%	1,409,555	92.6%
Texas	4,038,159	3,903,380	96.7%	3,731,461	92.4%
Utah	284,316	282,603	99.4%	235,408	82.8%
Vermont	183,918	96,823	52.6%	96,823	52.6%
Virgin Islands	n/a	n/a	n/a	n/a	n/a

State or Territory	Total Medicaid Enrollees[1]	Total Medicaid Enrollment in Any Type of Managed Care[2]: Number of Individuals	Total Medicaid Enrollment in Any Type of Managed Care[2]: Percent of all Medicaid enrollees	Medicaid Enrollment in Comprehensive Managed Care[3]: Number of Individuals	Medicaid Enrollment in Comprehensive Managed Care[3]: Percent of all Medicaid enrollees
Virginia	1,083,750	723,896	66.8%	723,896	66.8%
Washington	1,824,730	1,824,730	100.0%	1,612,402	88.4%
West Virginia	521,186	424,662	81.5%	424,662	81.5%
Wisconsin	1,197,770	799,040	66.7%	748,664	62.5%
Wyoming	61,529	395	0.6%	129	0.2%

1. Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees receiving full Medicaid benefits or Medicaid cost sharing.

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

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

4. Alaska did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

5. Colorado reported plan level enrollment as 30 for plans that had less than 30 beneficiaries. As a result, Medicaid Enrollment in Comprehensive Managed Care may be slightly inflated.

6. Connecticut did not provide total Medicaid enrollment as of July 1, 2017. This figure is from the September - December 2016 enrollment data collected through the Medicaid Budget and Expenditure System, updated December 2017, and accessed August 31, 2018. See https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43.

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

Map of State Comprehensive MCO Penetration as of July 1, 2017

U.S Overall = 69.3%

Legend:
- 0 (5 states)
- >0 - 50% (9 states)
- >50-65% (6 states)
- >65 - 80% (14 states, including DC)
- >80 - 100% (18 states, including PR)

Note: Comprehensive managed care includes risk-based managed care organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACE).
Source: Medicaid Managed Care Enrollment and Program Characteristics, 2017.

Table 5. Enrollment by Program and Plan, as of 2017[1]

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama[2]	Patient 1st (Primary Care Case Management (PCCM))	Patient 1st	Alabama Medicaid Agency	Statewide	621,899	0	621,899
Alabama[2]	Patient 1st (Primary Care Case Management (PCCM))	Health Homes	Alabama Medicaid Agency	Statewide	224,987	0	224,987
Alabama	Maternity Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Program	Alabama Medicaid Agency	Statewide minus the following counties: Autuaga, Butler, Bullock, Crenshaw, Elmore, Lowdnes, Montgomery, Pike, Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington	14,848	0	14,848
Alabama	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Trinity Health	Mobile and Baldwin Counties	19	153	172
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan	United Healthcare	Apache, Cochise, Coconino, Graham, Greenlee, LaPaz, Maricopa, Mohave, Navajo, Pima, S Cruz, Yavapai & Yuma Counties	482,899	45,086	527,985
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Bridgeway Health Solution (MLTSS)	Centene Corporation	Cochise, Gila, Graham, Greenlee, Maricopa & Pinal Counties	751	4,302	5,053

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care1st Health Plan	WellCare Health Plan	Maricopa & Pima County	144,994	7,792	152,786
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DCS/CMDP	Government Agency/Non-Profit Entity	Statewide	15,800	0	15,800
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	DES/Division of Developmental Disabilities (MLTSS)	Government Agency/Non-Profit Entity	Statewide	23,897	6,827	30,724
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan (MLTSS)	United Healthcare	Apache, Coconino, LaPaz, Maricopa, Mohave, Navajo, Pima, S Cruz, Yavapai & Yuma Counties	1,424	9,164	10,588
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	IASIS Healthcare LLC/Steward	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima & Pinal Counties	239,338	14,920	254,258
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Net Access	Centene Corporation	Maricopa County	56,525	3,297	59,822

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Maricopa Health Plan	Government Agency/Non-Profit Entity	Maricopa County	0	0	0
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan	Dignity Health and Carondelet Health Network	Maricopa & Pima Counties	353,646	20,173	373,819
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan (MLTSS)	Dignity Health and Carondelet Health Network	Maricopa & Pima Counties	2,132	8,913	11,045
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Phoenix Health Plan	Tenet Healthcare Corporation	Maricopa County	0	0	0
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	University Family Care	Banner Health	Cochise, Gila, Graham, Greenlee, LaPaz, Pima, Pinal, S Cruz, Yavapai & Yuma Counties	125,463	10,151	135,614
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Maricopa Integrated Care	Mercy Care Plan/Maricopa Integrated Health Systems(MIHS)	Maricopa County	13,307	7,739	21,046

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Cenpatico Integrated Care	Centene Corporation/Banner University Family Care	Cochise, Graham, Greenlee, LaPaz, Pima, Pinal, S Cruz, & Yuma Counties	8,829	4,519	13,348
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Integrated Care	Health Choice Arizona/NARBHA	Apache, Coconino, Gila, Mohave, Navajo, & Yavapai Counties	3,582	2,088	5,670
Arkansas	Primary Care Case Management (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	469,634	0	469,634
Arkansas	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Net Transportation	Net Transportation	Statewide	469,463	52,789	522,252
Arkansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	Statewide	209	0	209
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Alpine	Anthem Insurance Companies, Inc.	Alpine County	131	10	141
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Amador	Anthem Insurance Companies, Inc.	Amador County	5,215	188	5,403
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Butte	Anthem Insurance Companies, Inc.	Butte County	29,806	1,061	30,867

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Calaveras	Anthem Insurance Companies, Inc.	Calaveras County	3,602	120	3,722
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Colusa	Anthem Insurance Companies, Inc.	Colusa County	4,598	104	4,702
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/El Dorado	Anthem Insurance Companies, Inc.	El Dorado County	8,705	210	8,915
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Glenn	Anthem Insurance Companies, Inc.	Glenn County	3,904	119	4,023
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Inyo	Anthem Insurance Companies, Inc.	Inyo County	1,895	40	1,935
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mariposa	Anthem Insurance Companies, Inc.	Mariposa county	2,832	99	2,931
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Mono	Anthem Insurance Companies, Inc.	Mono County	1,707	32	1,739
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Nevada	Anthem Insurance Companies, Inc.	Nevada County	12,083	463	12,546
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Placer	Anthem Insurance Companies, Inc.	Placer County	30,274	833	31,107
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Plumas	Anthem Insurance Companies, Inc.	Plumas County	2,565	114	2,679
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/San Benito	Anthem Insurance Companies, Inc.	San Benito County	8,128	79	8,207

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sierra	Anthem Insurance Companies, Inc.	Sierra County	375	24	399
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sutter	Anthem Insurance Companies, Inc.	Sutter County	22,089	607	22,696
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tehama	Anthem Insurance Companies, Inc.	Tehama County	9,238	259	9,497
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tuolumne	Anthem Insurance Companies, Inc.	Tuolumne County	4,968	152	5,120
California	Regional Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Yuba	Anthem Insurance Companies, Inc.	Yuba County	16,436	413	16,849
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Alpine	Centene Corporation	Alpine County	99	2	101
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Amador	Centene Corporation	Amador County	974	26	1,000
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Butte	Centene Corporation	Butte County	34,222	1,212	35,434
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Calaveras	Centene Corporation	Calaveras County	5,534	203	5,737
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Colusa	Centene Corporation	Colusa County	2,502	51	2,553
California	Regional Model (Comprehensive MCO)	California Health & Wellness/El Dorado	Centene Corporation	El Dorado County	19,063	659	19,722

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Glenn	Centene Corporation	Glenn County	5,782	156	5,938
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Imperial	Centene Corporation	Imperial County	59,261	2,004	61,265
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Inyo	Centene Corporation	Inyo County	1,807	65	1,872
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Mariposa	Centene Corporation	Mariposa County	802	29	831
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Mono	Centene Corporation	Mono County	1,005	17	1,022
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Nevada	Centene Corporation	Nevada County	7,660	269	7,929
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Placer	Centene Corporation	Placer County	8,913	306	9,219
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Sierra	Centene Corporation	Sierra County	208	8	216
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Sutter	California Health & Wellness Centene Corporation	Sutter County	10,109	242	10,351
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Tehama	Centene Corporation	Tehama County	10,642	347	10,989
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Tuolumne	Centene Corporation	Tuolumne County	5,645	178	5,823

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Yuba	Centene Corporation	Yuba County	8,665	211	8,876
California	Regional Model (Comprehensive MCO)	Kaiser/Amador	Kaiser Permanente	Amador County	87	2	89
California	Regional Model (Comprehensive MCO)	Kaiser/El Dorado	Kaiser Permanente	El Dorado County	1,834	42	1,876
California	Regional Model (Comprehensive MCO)	Kaiser/Placer	Kaiser Permanente	Placer County	6,442	161	6,603
California	Regional Model (Comprehensive MCO)	Molina Healthcare/Imperial	Molina Healthcare	Imperial County	14,964	658	15,622
California	Regional Model (Comprehensive MCO)	California Health & Wellness/Plumas	Centene Corporation	Plumas County	2,292	101	2,393
California	Health Plan of San Mateo CCS Demo/San Mateo (Comprehensive MCO)	Health Plan of San Mateo CCS Demo	Health Plan of San Mateo	San Mateo County	1,606	4	1,610
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group/San Diego	Community Health Group	San Diego County	266,521	19,178	285,699
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	Centene Corporation	San Diego County	62,201	15,054	77,255

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Diego	Molina Healthcare	San Diego County	216,009	15,038	231,047
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Care 1st Healthplan/San Diego	Blue Shield of California	San Diego County	71,068	14,133	85,201
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/San Diego	Kaiser Permanente	San Diego County	46,438	6,473	52,911
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Sacramento	Molina Healthcare	Sacramento County	56,437	3,925	60,362
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Centene Corporation	Sacramento County	111,026	5,565	116,591
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/Sacramento	Kaiser Permanente	Sacramento County	78,896	5,946	84,842
California	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Sacramento	Anthem Insurance Companies, Inc.	Sacramento County	175,650	7,083	182,733

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/San Luis Obispo	CenCal Health	San Luis Obispo County	48,037	6,529	54,566
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal Health/Santa Barbara	CenCal Health	Santa Barbara County	112,431	12,076	124,507
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	Health Plan of San Mateo	San Mateo	103,055	9,059	112,114
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Solano	Partnership HealthPlan of California	Solano County	97,516	13,333	110,849
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Napa	Partnership HealthPlan of California	Napa County	25,030	3,702	28,732
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Yolo	Partnership HealthPlan of California	Yolo County	47,692	6,091	53,783
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Marin	Partnership HealthPlan of California	Marin County	34,288	5,294	39,582

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Lake	Partnership HealthPlan of California	Lake County	25,989	4,682	30,671
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Mendocino	Partnership HealthPlan of California	Mendocino County	33,528	4,459	37,987
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Sonoma	Partnership HealthPlan of California	Sonoma County	99,430	14,114	113,544
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Humboldt	Partnership HealthPlan of California	Humboldt County	46,221	5,941	52,162
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Lassen	Partnership HealthPlan of California	Lassen County	6,525	955	7,480
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Modoc	Partnership HealthPlan of California	Modoc County	2,596	456	3,052
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Shasta	Partnership HealthPlan of California	Shasta County	50,695	8,944	59,639

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Siskiyou	Partnership HealthPlan of California	Siskiyou County	15,157	2,539	17,696
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Trinity	Partnership HealthPlan of California	Trinity County	3,747	652	4,399
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership HealthPlan of CA/Del Norte	Partnership HealthPlan of California	Del Norte County	9,860	1,568	11,428
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Monterey	Central California Alliance for Health	Monterey County	145,434	12,333	157,767
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Central California Alliance for Health	Merced County	116,792	10,720	127,512
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Santa Cruz	Central California Alliance for Health	Santa Cruz County	61,650	7,818	69,468
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CalOptima/Orange	CalOptima	Orange County	693,223	78,365	771,588

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan/Ventura	Gold Coast Health Plan	Ventura County	182,725	21,569	204,294
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Fresno	CalViva Health	Fresno County	291,765	10,050	301,815
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Kings	CalViva Health	Kings County	26,225	886	27,111
California	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health/Madera	CalViva Health	Madera County	35,396	1,038	36,434
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Fresno	Anthem Insurance Companies, Inc.	Fresno County	108,719	3,778	112,497
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Kings	Anthem Insurance Companies, Inc.	Kings County	19,386	575	19,961
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Madera	Anthem Insurance Companies, Inc.	Madera County	18,782	470	19,252
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Alameda	Anthem Insurance Companies, Inc.	Alameda County	61,805	2,573	64,378
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Contra Costa	Anthem Insurance Companies, Inc.	Contra Costa County	27,623	827	28,450
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/San Francisco	Anthem Insurance Companies, Inc.	San Francisco County	17,898	2,435	20,333
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Santa Clara	Anthem Insurance Companies, Inc.	Santa Clara County	62,042	13,477	75,519

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Los Angeles	Centene Corporation	Los Angeles County	879,689	139,007	1,018,696
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	Centene Corporation	San Joaquin County	22,306	516	22,822
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Centene Corporation	Stanislaus County	73,072	2,437	75,509
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Centene Corporation	Kern County	74,499	2,974	77,473
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Family Health Care	Kern Health Systems	Kern County	242,437	6,776	249,213
California	Two-Plan Model (Comprehensive MCO + MLTSS)	L.A. Care Health Plan	L.A. Care	Los Angeles County	1,825,047	231,201	2,056,248
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa Health Plan	Contra Costa County	173,601	10,273	183,874
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda Alliance for Health	Alameda County	244,930	19,997	264,927
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Riverside	Molina Healthcare	Riverside County	80,498	9,989	90,487
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Bernardino	Molina Healthcare	San Bernardino County	70,069	8,084	78,153
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Inland Empire Health Plan	Riverside County	574,491	32,718	607,209

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California	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	Inland Empire Health Plan	San Bernardino County	600,465	33,593	634,058
California	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco Health Plan	San Francisco County	125,600	11,423	137,023
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	Health Plan of San Joaquin	San Joaquin County	211,812	9,041	220,853
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanislaus	Health Plan of San Joaquin	Stanislaus County	124,490	3,824	128,314
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara Family Health Plan	Santa Clara County	234,039	30,690	264,729
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross Partnership Plan/Tulare	Anthem Insurance Companies, Inc.	Tulare County	92,725	3,118	95,843
California	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Centene Corporation	Tulare County	110,711	3,406	114,117
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles	SCAN Health Plan	Los Angeles County	0	7,274	7,274
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside	SCAN Health Plan	Riverside County	0	1,986	1,986
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino	SCAN Health Plan	San Bernardino County	0	1,331	1,331

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Los Angeles	SCAN Health Plan	Los Angeles County	0	1,589	1,589
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/Riverside	SCAN Health Plan	Riverside County	0	543	543
California	Senior Action Care Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan (Nurs hm cert)/San Bernardino	SCAN Health Plan	San Bernardino County	0	343	343
California	Family Mosaic Program/San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Family Mosaic Project/San Francisco	San Francisco County	San Francisco County	23	0	23
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Health Net Dental Plan/Los Angeles	Health Net	Los Angeles County	189,578	13,950	203,528
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	Access Dental Plan/Los Angeles	Access Dental	Los Angeles County	184,849	14,487	199,336
California	Dental Managed Care/Los Angeles (Dental only (PAHP))	LIBERTY Dental Plan/Los Angeles	LIBERTY Dental Plan	Los Angeles County	62,221	5,175	67,396

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California	Dental Managed Care/Sacramento (Dental only (PAHP))	Access Dental Plan/Sacramento	Access Dental	Sacramento County	135,093	5,917	141,010
California	Dental Managed Care/Sacramento (Dental only (PAHP))	LIBERTY Dental Plan/Sacramento	LIBERTY Dental Plan	Sacramento County	155,297	7,184	162,481
California	Dental Managed Care/Sacramento (Dental only (PAHP))	Health Net Dental Plan/Sacramento	Health Net	Sacramento County	123,698	6,542	130,240
California	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Positive Healthcare/Los Angeles	AIDS Healthcare Foundation	Los Angeles County	332	349	681
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fresno PACE	Central Valley Medical Services Corporation	Fresno County	121	215	336
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Redwood Coast PACE/Humboldt	Humboldt Senior Resource Center	Humboldt County	11	112	123

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare PACE/Sacramento	Sutter Health	Sacramento County	21	253	274
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Center for Elders Independence	Alameda County	78	557	635
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	AltaMed Senior Buenacare/Los Angeles	AltaMed Health Services Corporation	Los Angeles County	623	1,687	2,310
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Center for Elders Independence	Contra Costa County	14	60	74
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/Riverside	InnovAge	Riverside County	36	77	113

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge PACE/San Bernardino	InnovAge	San Bernardino County	87	226	313
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/San Francisco	On Lok Lifeways	San Francisco County	86	900	986
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Alameda	On Lok Lifeways	Alameda County	38	176	214
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	On Lok Lifeways/Santa Clara	On Lok Lifeways	Santa Clara County	30	195	225
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	Community Eldercare of San Diego	San Diego County	125	493	618

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California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOptima PACE/Orange	CalOptima	Orange County	90	124	214
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Brandman Centers for Senior Care/Los Angeles	Brandman Centers for Senior Care	Los Angeles County	21	188	209
California	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	San Diego PACE	San Diego PACE	San Diego County	53	161	214
Colorado	Denver Health Medicaid Choice (Comprehensive MCO)	Denver Health Medicaid Choice (PIHP)	Denver Health and Hospital Authority	Denver, Arapahoe, Adams and Jefferson Counties	94,228	3,499	97,727
Colorado	Accountable Care Collaborative: Access KP (Comprehensive MCO)	Colorado Access Kaiser Permanente	Colorado Access Kaiser Permanente	Adams, Arapahoe, Douglas Counties	0	0	0
Colorado	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (Comprehensive MCO)	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP)	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP)	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco Counties	35,576	3,937	39,513

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 1: Rocky Mountain Health Plans	Rocky Mountain Health Plans	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel and Summit Counties	135,479	6,884	142,363
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 2: Colorado Access	Colorado Access	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	77,160	4,824	81,984
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 3: Colorado Access	Colorado Access	Adams, Arapahoe and Douglas Counties	242,208	11,387	253,595
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 4: Integrated Community Health Partnership	Integrated Community Health Partnership	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande and Saguache Counties	111,055	10,543	121,598
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 5: Colorado Access	Colorado Access	Denver County	110,403	8,347	118,750

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 6: Colorado Community Health Alliance	Colorado Community Health Alliance	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	132,024	7,861	139,885
Colorado	Accountable Care Collaborative (Primary Care Case Management Entity (PCCM Entity))	RCCO 7: Community Health Partnerships	Community Health Partnerships	El Paso, Elbert, Park and Teller Counties	171,424	7,732	179,156
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Colorado Health Partnerships	Colorado Health Partnerships	Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit and Teller Counties	440,253	29,756	470,009
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Healthcare Inc.	Behavioral Healthcare Inc.	Adams, Arapahoe and Douglas Counties	304,430	15,673	320,103

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Foothills Behavioral Health Partners	Foothills Behavioral Health Partners	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	151,312	10,322	161,634
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Denver	Access Behavioral Care - Denver	Denver County	194,277	13,159	207,436
Colorado	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Northeast	Access Behavioral Care - Northeast	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	153,904	9,671	163,575
Colorado	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services (PACE)	Rocky Mountain Health Care Services	El Paso County	32	428	460

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Colorado[3]	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Pueblo DBA Innovage Greater Colorado PACE	Total Community Options, Inc.	Pueblo County	30	315	336
Colorado	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Greater Colorado PACE	Total Community Options, Inc.	Adams, Arapahoe, Broomfield, Denver and Jefferson Counties	112	2,245	2,357
Colorado[3]	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Volunteers of America (VOANS) PACE DBA Senior Community Care	Volunteers of America (VOANS) PACE DBA Senior Community Care	Delta and Montrose Counties	30	284	307
Colorado	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care - Innovage Loveland	Total Community Options, Inc.	Larimer and Weld County	0	156	156
Colorado[3]	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	TRU Community Care	TRU Community Care	Boulder and Weld County	0	30	30

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	Highmark Health Options of Delaware	Highmark	Statewide	115,158	1,996	117,154
Delaware	Diamond State Health Plan (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	87,084	3,759	90,843
Delaware	Saint Francis Life (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	Saint Francis Healthcare	New Castle County	8	216	224
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth District of Columbia	AmeriHealth District of Columbia	Statewide	102,006	9	102,015
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	MedStar Family Choice	MedStar Family Choice	Statewide	55,688	6	55,694
District of Columbia	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Trusted Health Plan	Statewide	33,420	0	33,420
District of Columbia	Health Services for Children with Special Needs (Comprehensive MCO)	Health Services for Children with Special Needs	Health Services for Children with Special Needs	Statewide	5,467	108	5,575

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
District of Columbia	Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management, Inc.	Medical Transportation Management, Inc.	Statewide	53,467	20,929	74,396
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Amerigroup Florida, Inc.	Anthem, Inc.	Regions 5, 6, 7, and 11	321,122	9,570	330,692
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Better Health, Inc.	Anthem, Inc.	Regions 6 and 10	97,563	3,181	100,744
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Coventry Healthcare of FL, Inc.	Aetna	Region 11	54,967	2,221	57,188
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Humana Medical Plan	Regions 1, 6, 9, 10, and 11	307,015	17,228	324,243
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida, Inc.	Molina Healthcare of Florida, Inc.	Regions 1, 4, 6, 7, 8, 9, and 11	334,585	11,611	346,196
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	Prestige Health Choice	Regions 2, 3, 5, 6, 7, 8, 9, and 11	310,695	13,626	324,321

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Community Care Plan	South Florida Community Care Network	Region 10	43,184	1,582	44,766
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Anthem, Inc.	Region 11	72,942	8,342	81,284
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Staywell	Wellcare Health Plan of Florida	Regions 2, 3, 4, 5, 6, 7, 8, and 11	640,745	20,251	660,996
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Centene	Regions 3, 4, 5, 6, 7, 8, 9, 10, and 11	464,564	15,507	480,071
Florida	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida, Inc.	United Healthcare	Regions 3, 4, 7, and 11	255,868	15,018	270,886
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Positive Healthcare, Inc.	AIDS Healthcare Foundation	Regions 10 and 11	1,133	873	2,006
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Freedom Health, Inc.	Freedom Health, Inc.	Regions 3, 5, 6, 7, 8, 9, 10, and 11	33	84	117

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC.	Magellan	Regions 2, 4, 5, 6, 7, 9, 10, and 11	57,008	8,321	65,329
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Clear Health Alliance	Anthem, Inc.	Regions 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	6,402	2,976	9,378
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Centene	Statewide	32,186	0	32,186
Florida	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services Network	Children's Medical Services Network	Statewide	50,549	136	50,685
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Amerigroup Florida, Inc.	Anthem, Inc.	Regions 10 and 11	353	4,571	4,924
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Coventry Healthcare of FL, Inc.	Aetna	Regions 6, 7, 9, and 11	394	4,612	5,006
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Florida, Inc.	Molina	Regions 5, 6, and 11	491	5,751	6,242
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine State Health Plan, Inc.	Centene	Regions 1, 3,4, 5, 6, 7, 8, 9, 10, and 11	3,180	38,309	41,489

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of FL, Inc.	United Healthcare	Regions 2, 3, 4, 5, 6, 7, 8, 9, and 11	1,318	17,763	19,081
Florida	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Humana Medical Plan, Inc.	Humana	Regions 1, 6, 9, 10, and 11	1,444	19,452	20,896
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida PACE Center	Miami Jewish Health	Miami-Dade County	599	84	683
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Hope Select Care	Hope Healthcare	Collier, Charlotte, and Lee counties	313	9	322
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Morselife Home Care, Inc.	Palm Beach PACE	Palm Beach County	311	12	323
Florida	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Empath Health	Pinellas County	274	13	287

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Georgia	Georgia Families (Comprehensive MCO)	Amerigroup Community Plan	Amerigroup (An Anthem Company)	Statewide	263,832	0	263,832
Georgia	Georgia Families (Comprehensive MCO)	CareSource Georgia	CareSource	Statewide	229,523	0	229,523
Georgia	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Centene Corporation	Statewide	301,276	0	301,276
Georgia	Georgia Families (Comprehensive MCO)	WellCare of Georgia	WellCare	Statewide	426,278	0	426,278
Georgia	Georgia Families 360 (Comprehensive MCO)	Amerigroup Community Care	Amerigroup	Statewide	26,796	0	26,796
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup Community Care	Anthem	Statewide	2,376	0	2,376
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	Centene	Statewide	3,464	0	3,464
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	CareSource Georgia	CareSource	Statewide	26	0	26
Georgia	Planning for Healthy Babies (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare of Georgia	WellCare	Statewide	3,238	0	3,238

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare QUEST	AlohaCare	Statewide	65,815	58	65,873
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Hawaii Medical Service Association (HMSA) QUEST	HMSA	Statewide	160,349	121	160,470
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser Permanente QUEST	Kaiser Permanente	Oahu and Maui	29,132	19	29,151
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana Health Plan QUEST	Wellcare Inc.	Statewide	23,754	28	23,782
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan QUEST	UnitedHealthcare Inc.	Statewide	26,094	27	26,121
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	AlohaCare ABD	AlohaCare	Statewide	2,540	2,630	5,170
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	HMSA ABD	HMSA	Statewide	4,149	3,860	8,009
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Kaiser ABD	Kaiser Permanente	Oahu and Maui	679	873	1,552
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana ABD	Wellcare Inc.	Statewide	7,344	12,157	19,501

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	UnitedHealth ABD	UnitedHealth Inc.	Statewide	5,874	15,402	21,276
Hawaii[4]	Hawaii QUEST Integration (Comprehensive MCO + MLTSS)	Ohana Community Care Service (BHS)	Wellcare Inc.	Statewide	4,918	0	4,918
Idaho	Medicare-Medicaid Coordinated Plan (Comprehensive MCO + MLTSS)	Medicare-Medicaid Coordinated Plan	Blue Cross of Idaho Health Service, Inc. and Molina Healthcare of Idaho	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties. Blue Cross of Idaho administers the MMCP in additional Idaho counties, including Boise, Boundary, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power.	0	2,290	2,290
Idaho	Healthy Connections (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Healthy Connections	Statewide	255,773	20,638	276,411
Idaho	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Idaho	United Healthcare	Statewide	266,072	24,391	290,463
Idaho	Idaho Smiles (Dental only (PAHP))	MCNA Dental	MCNA (Managed Care of North America, Inc.)	Statewide	265,991	24,472	290,463

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Idaho	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Non-Emergent Medical Transportation	Veyo	Statewide	265,991	26,741	292,732
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Aetna Better Health	Aetna	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	194,196	0	194,196
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Lake, Cook, DuPage, Kane, Will and Kankakee counties	332,107	0	332,107
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	CountyCare	Cook County Health and Hospitals System	Cook County	135,493	0	135,493
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Family Health Network	Family Health Network	Lake, Cook, DuPage, Kane, Will and Kankakee counties	216,912	0	216,912
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Harmony Health Plan	WellCare	Lake, Cook, DuPage, Kane, Will, Kankakee, Madison, St. Clair, Clinton, Washington, Randolph, Perry, Jackson and Williamson counties	141,966	0	141,966
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Centene Corporation	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island, Mercer and Henry counties	182,108	0	182,108

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Meridian Health Plan	Meridian	Lake, Cook, DuPage, Kane, Will, Kankakee, Stark, Knox, Peoria, Tazewell, McLean, Madison, St. Clair, Clinton, Rock Island, Mercer, Henry, Winnebago, Boone, McHenry, Adams, Brown, DeKalb, Henderson, Lee, Livingston, Pike, Scott, Warren and Woodford counties	363,428	0	363,428
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Molina Healthcare	Cook, Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Madison, St. Clair and Clinton counties	153,444	0	153,444
Illinois	Family Health Plan/Affordable Care Act (Comprehensive MCO + MLTSS)	NextLevel Health Partners	NextLevel Health Partners	Cook County	50,586	0	50,586
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Aetna Better Health	Aetna	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	28,449	0	28,449
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Lake, Cook, DuPage, Kane, Will and Kankakee counties	14,970	0	14,970
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Cigna-HealthSpring	Cigna	Lake, Cook, DuPage, Kane, Will and Kankakee counties	4,565	0	4,565
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Community Care Alliance of Illinois	Family Health Network	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	7,745	0	7,745

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	CountyCare	Cook County Health and Hospitals System	Cook County	5,486	0	5,486
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Humana Health Plan	Humana	Lake, Cook, DuPage, Kane, Will and Kankakee counties	5,112	0	5,112
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Centene Corporation	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Rock Island, Mercer and Henry counties	24,815	0	24,815
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Meridian Health Plan	Meridian	Lake, Cook, DuPage, Kane, Will, Kankakee, Knox, Stark, Peoria, Tazewell, Madison, St. Clair and Clinton counties	13,701	0	13,701
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Molina Healthcare	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Madison, St. Clair and Clinton counties	5,123	0	5,123
Illinois	Integrated Care Program (Comprehensive MCO + MLTSS)	NextLevel Health Partners	NextLevel Health Partners	Cook County	4,173	0	4,173

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	Illinois Health Connect Primary Care Case Management (Primary Care Case Management (PCCM))	Illinois Health Connect	Illinois Health Connect	Jo Daviess, Stephenson, Carroll, Ogle, DeKalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Schuyler, Mason, Cass, Brown, Adams, Pike, Scott, Morgan, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Moultrie, Douglas, Edgar, Coles, Clark, Cumberland, Crawford, Jasper, Effingham, Marion, Clay, Richland, Lawrence, Wabash, Edwards, Wayne, Jefferson, Washington, Monroe, Randolph, Perry, Franklin, Hamilton, White, Gallatin, Saline, Williamson, Jackson, Union, Johnson, Pope, Hardin, Alexander, Pulaski and Massac counties	320,335	0	320,335
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Aetna	Cook, DuPage, Kane, Will and Kankakee counties	0	7,348	7,348
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Blue Cross Blue Shield of Illinois	Health Care Service Corporation	Lake, Kane, DuPage, Cook, Will and Kankakee counties	0	9,610	9,610

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	IlliniCare Health Plan	Centene Corporation	Lake, Kane, DuPage, Cook, Will and Kankakee counties	0	5,563	5,563
Illinois	Managed Long Term Services and Supports (MLTSS only (PIHP and/or PAHP))	Meridian Health Plan	Meridian	Cook, DuPage, Kane and Will counties	0	5,702	5,702
Indiana	Hoosier Care Connect (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	57,299	394	57,693
Indiana	Hoosier Care Connect (Comprehensive MCO)	Managed Health Services of Indiana	Centene Corporation	Statewide	34,321	213	34,534
Indiana	Hoosier Healthwise (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	205,653	4	205,657
Indiana	Hoosier Healthwise (Comprehensive MCO)	Caresource Indiana, Inc.	Caresource Management Group	Statewide	29,774	1	29,775
Indiana	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services of Indiana	Centene Corporation	Statewide	160,088	4	160,092
Indiana	Hoosier Healthwise (Comprehensive MCO)	MDWise	McLaren Health Care	Statewide	234,600	2	234,602

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Anthem	Anthem Insurance Companies	Statewide	179,297	1,813	181,110
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Caresource Indiana, Inc.	Caresource Management Group	Statewide	21,483	158	21,641
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	Managed Health Services of Indiana	Centene Corporation	Statewide	83,286	849	84,135
Indiana	Healthy Indiana Plan (2.0) (Comprehensive MCO)	MDWise	McLaren Health Care	Statewide	127,782	1,215	128,997
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	UnitedHealthcare of the River Valley, Inc.	UnitedHealthcare, Inc.	Statewide	150,464	13,862	164,326
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	Amerigroup of Iowa, Inc.	Anthem, Inc.	Statewide	168,031	16,120	184,151
Iowa	IA Healthlink (Comprehensive MCO + MLTSS)	AmeriHealth Caritas of Iowa, Inc.	Independence Blue Cross	Statewide	178,931	28,981	207,912
Iowa	Dental Wellness Plan (Dental only (PAHP))	Delta Dental of Iowa	Delta Dental Plans Association	Statewide	123,578	0	123,578
Iowa	Dental Wellness Plan (Dental only (PAHP))	MCNA Dental	MCNA Insurance Company and Managed Care of North America, Inc.	Statewide	30,407	0	30,407
Iowa	NEMT (Non-Emergency Medical Transportation)	Access2Care	American Medical Response	Statewide	10,894	920	11,814

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Iowa	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	Available in these counties: Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, Warren.	24	328	352
Kansas	KanCare (Comprehensive MCO + MLTSS)	Amerigroup Kansas, Inc.	Anthem	Statewide	114,841	12,369	127,210
Kansas	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Centene Corporation	Statewide	119,023	14,058	133,081
Kansas	KanCare (Comprehensive MCO + MLTSS)	United Healthcare Community Plan of Kansas	United Healthcare Services, Inc.	Statewide	125,351	12,371	137,722
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Via Christi	Ascension	Sedgwick County	265	0	265
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Midland Care	Midland Care	Douglas, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Nemaha, Osage, Shawnee, Pottawatomie, Wabaunsee and Wyandotte counties	249	0	249
Kansas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bluestem PACE	Bluestem PACE, Inc.	McPherson, Ottawa, Lincoln, Ellsworth, Saline, Dickinson, Rice, Marion, Reno and Harvey counties	29	0	29
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield Medicaid	Anthem Blue Cross Blue Shield	Statewide	118,583	3,080	121,663

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Humana CareSource	Humana	Statewide	138,646	4,114	142,760
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	WellCare of Kentucky	WellCare	Statewide	416,931	22,063	438,994
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Aetna Better Health of Kentucky	Aetna	Statewide	225,530	17,240	242,770
Kentucky	Kentucky Medicaid Managed Care (Comprehensive MCO)	Passport Health Plan	Passport Health Plan	Statewide	294,634	10,249	304,883
Kentucky	Non-Emergency Transportation Program (Non-Emergency Medical Transportation)	NEMT-Human Services Transportation Delivery	Humana CareSource	Statewide	1,251,301	0	1,251,301
Louisiana	Healthy Louisiana (Comprehensive MCO)	Aetna Better Health	Aetna	Statewide	93,412	93	93,505
Louisiana	Healthy Louisiana (Comprehensive MCO)	AmeriHealth Caritas	Amerihealth Caritas	Statewide	194,416	110	194,526
Louisiana	Healthy Louisiana (Comprehensive MCO)	Amerigroup	Amerigroup	Statewide	219,370	118	219,488

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	Healthy Louisiana (Comprehensive MCO)	Louisiana Healthcare Connections	Centene	Statewide	459,279	179	459,458
Louisiana	Healthy Louisiana (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	410,524	181	410,705
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Aetna Better Health	Aetna	Statewide	2,057	19,608	21,665
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	AmeriHealth Caritas	AmeriHealth Caritas	Statewide	2,149	18,804	20,953
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Amerigroup	Amerigroup	Statewide	2,333	19,233	21,566
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Louisiana Healthcare Connections	Centene	Statewide	2,862	22,098	24,960
Louisiana	Healthy Louisiana BHO (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	3,061	22,777	25,838

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Louisiana	Dental Program (Dental only (PAHP))	MCNA	MCNA	Statewide	1,386,232	102,899	1,489,131
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Baton Rouge	PACE - Baton Rouge	70704, 70710, 70714,70719, 70720,70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879,70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898	1	194	195
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Greater New Orleans	PACE - Greater New Orleans	70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121	9	155	164
Louisiana	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Lafayette	PACE - Lafayette	70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	3	81	84
Maine	MaineCare (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	147,296	0	147,296
Maine	NET (Non-Emergency Medical Transportation)	Logisticare	Logisticare	Regions 1,2,6,7 and 8	112,059	30,779	142,838

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maine	NET (Non-Emergency Medical Transportation)	MidCoast Connector	MidCoast Connector	Region 5	20,123	4,948	25,071
Maine	NET (Non-Emergency Medical Transportation)	Penquis CAP	Penquis CAP	Regions 3 and 4	54,468	15,816	70,284
Maryland	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Anthem	Statewide except for Kent, Queen Anne's and Talbot counties	280,384	0	280,384
Maryland	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Jai Medical Systems	Baltimore City, Anne Arundel and Baltimore counties	25,726	0	25,726
Maryland	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Kaser Permante of the Mid Atlantic States	Baltimore City, Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard and Montgomery counties	60,140	0	60,140
Maryland	HealthChoice (Comprehensive MCO)	Maryland Physicians Care	Maryland Care Inc.	Statewide except for Somerset, Wicomico and Worcester counties	217,073	0	217,073
Maryland	HealthChoice (Comprehensive MCO)	MedStar Family Choice	MedStar Health	Baltimore City, Anne Arundel, Baltimore Charles Harford, Montgomery, Prince George's and St. Mary's counties.	86,345	0	86,345
Maryland	HealthChoice (Comprehensive MCO)	Priority Partners	John's Hopkins Health Care	Statewide	291,830	0	291,830
Maryland	HealthChoice (Comprehensive MCO)	United Healthcare Community Plan	United Healthcare	Baltimore City, Anne Arundel, Baltimore, Carroll, Cecil, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's counties	158,969	0	158,969
Maryland	HealthChoice (Comprehensive MCO)	University of Maryland Health Partners	University of Maryland Medical Systems	Statewide except for Allegany, Garrett and Washington counties	40,746	0	40,746

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Maryland	Hopkins Elder Plus (Program of All-inclusive Care for the Elderly (PACE))	Hopkins Elder Plus	John's Hopkins	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	5	97	102
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Health New England	Baystate Health	Berkshire, Franklin, Hampden, Hampshire	62,494	0	62,494
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Neighborhood Health Plan	Partners Healthcare	Statewide	257,898	0	257,898
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Fallon Community Health Plan	Fallon Community Health Plan	Worcester, Middlesex, Franklin, Hampden, Norfolk, Essex, Middlesex	42,526	0	42,526
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Tufts Health Plan	Tufts Health Plan	Statewide (excludes islands).	225,003	0	225,003
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Celticare	Centene Corporation	Statewide (excludes islands).	42,256	0	42,256
Massachusetts	MassHealth Managed Care (Comprehensive MCO)	Boston Medical Center Health Plan	BMC Health System	Statewide	170,750	0	170,750
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Boston Medical HealthNet Plan	Boston Medical HealthNet Plan	Suffolk County	65	263	328
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	United Healthcare	United Healthcare	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties	1,872	16,344	18,216

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Magellan health	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	1,104	12,289	13,393
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Navicare HMO	Navicare HMO	Barnstable, Brisol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	328	5,404	5,732
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Commonwealth Care Alliance	01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01354, 01301, 01302, 01039, 01346, 01347, 01054, 01349, 01350, 01351, 01360, 01367, 01369, 01370, 01072, 01373, 01375, 01376, 01379, 01380, 01093, 02322, 02157, 02457, 02184, 02185, 02146, 02445, 02446, 02147, 02447, 02021, 02467, 02025, 02026, 02027, 02030, 02032, 02035, 02343, 02052, 02053, 02054, 02186, 02187, 02192, 02194, 02492, 02494, 02056, 02171, 02062, 02762, 02169, 02170, 02171, 02269, 02368, 02067, 02070, 02071, 02072, 02081, 02181, 02481, 02482, 02090, 02188, 02189, 02190, 02191, 02170, 02093, 02351, 02020, 02324, 02301, 02302, 02303, 02304, 02305, 02327, 02330, 02332, 02333, 02338, 02339, 02341, 02018, 02043, 02044, 02045, 02364, 02050, 02065, 02346, 02061, 02355, 02059, 02358, 02558, 02359, 02360, 02362, 02367, 02770, 02370, 02040, 02055, 02060, 02066, 02379, 02382	545	8,049	8,594

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Tufts Health Plan	Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	53	465	518
Massachusetts	Primary Care Clinician Plan (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	393,076	0	393,076
Massachusetts	Money Follows the Person - Behavioral Health Supports (MFP-BH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Money Follows the Person - Behavioral Health Supports (BFP-BH)	Money Follows the Person - Behavioral Health Supports (BFP-BH)	Statewide	29	331	360
Massachusetts	MassHealth BH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Beacon Health Options	Statewide	453,270	0	453,270
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Neighborhood PACE	Neighborhood PACE	02151, 02176, 02180, 02148, 02149, 02150, 02153, 02152, 02228	53	465	518

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Upham's Elder Services Plan	Upham's Elder Service Plan	02108, 02445	28	248	276
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Harbor Health	Elder Service Plan of Harbor Health	02108, 02445, 02021, 02026 ,02048 ,02062 ,02067, 02072, 02169, 02184, 02186, 02188, 02301, 02322, 02324, 02333, 02334, 02338, 02339 ,02341 ,02343, 02351, 02359, 02367, 02368, 02370, 02379, 02382, 02458, 02766, 02767, 02780	17	440	457

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Summit Eldercare	Fallon Health Summit Eldercare	01001, 01008, 01010, 01011, 01013, 01027, 01028, 01033, 01034, 01036, 01040, 01056, 01057, 01069, 01071, 01073, 01075, 01077, 01081, 01085, 01089, 01095, 01101, 01106, 01521, 01034, 01810, 01821, 01824, 01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01005, 01037, 01068, 01083, 01331, 01331, 01366, 01368, 01420, 01430, 01431, 01432, 01440, 01441, 01450, 01451, 01452, 01453, 01460, 01462, 01463, 01464, 01468, 01469, 01475, 01501, 01503, 01504, 01505, 01506, 01507, 01510, 01515, 01516, 01519, 01520, 01523, 01524, 01527, 01529, 01531, 01532, 01534, 01535, 01540, 01541, 01543, 01545, 01550, 01562, 01564, 01566, 01568, 01569, 01570, 01571, 01581, 01583, 01585, 01590, 01601, 01612, 01719, 01720, 01730, 01740, 01741, 01742, 01747, 01749, 01752, 01756, 01757, 01772, 01151, 01845	17	440	457
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of Cambridge Health Alliance	Elder Services Plan of Cambridge Health Alliance	02108, 02148, 02149, 02150, 02153, 02129, 02134, 02135, 02138, 02143, 02471, 02474, 02151, 02452, 02478, 02479	35	364	399

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Element Care Inc.	Element Care Inc.	02176, 02180, 01810, 01821, ,01824 ,01826, 01827, 01840, 01844, 01850, 01876, 01879, 01886, 01845, 01801, 01803, 01830, 01833, 01834 ,01860, 01864, 01867 ,01880, 01887, 01890 ,01901, 01906, 01907, 01908,01913 ,01915, 01921, 01923 ,01929, 01930, 01936, 01938 ,01940 ,01944, 01945, 01949 ,01950 ,01951, 01952, 01960, 01966 ,01969, 01970, 01983, 01984, 01985	77	902	979
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	Serenity Care PACE Program	01002, 01027, 01350, 01001, 01002, 01007, 01008, 01010, 01011, 01012, 01013, 01026, 01027, 01028, 01032, 01033, 01034, 01035, 01036, 01038, 01040, 01050, 01056, 01057, 01060, 01069, 01070, 01071, 01073, 01075, 01077, 01081, 01082, 01085, 01089, 01095, 01096, 01098, 01101, 01106, 01151, 01243, 01521, 01009, 01030, 01039, 01053, 01054, 01059, 01062, 01066, 01072, 01079, 01080, 01084, 01088, 01093, 01097, 01301, 01330, 01337, 01338, 01339, 01340, 01341, 01342, 01344, 01346, 01351, 01354, 01355, 01360, 01364, 01367, 01370, 01375, 01378, 01379	58	316	374

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Massachusetts	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life Inc.	Mercy Life Inc.	01008, 01010 ,01011 ,01013, 01027, 01028, 01033, 01034 ,01036, 01040, 01056, 01057 ,01069 ,01071, 01073 ,01075, 01077, 01081, 01085, 01089, 01095 ,01101, 01106, 01521, 01151, 01002, 01027, 01350, 01002, 01007, 01012, 01026, 01032 ,01035, 01038, 01050, 01060, 01070, 01082 ,01096, 01098, 01243, 01034	9	195	204
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna Better Health of Michigan	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne.	13,210	0	13,210
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	81,468	0	81,468
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Harbor Health Plan Inc.	Tenet Healthcare	Macomb, Oakland, Wayne	4,058	0	4,058

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford.	64,327	0	64,327

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian Health Plan of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	158,006	0	158,006
Michigan	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	1,221	0	1,221

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare	Molina Healthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mmecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	94,577	0	94,577
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice	Priority Health Choice	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, VanBuren	36,774	0	36,774
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	16,187	0	16,187

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford	67,535	0	67,535
Michigan	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	15,989	0	15,989
Michigan	Managed Care Plan Division (Comprehensive MCO)	Aetna Better Health of Michigan	Aetna Better Health of Michigan	Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Joseph, VanBuren, Washtenaw, Wayne.	46,530	247	46,777

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Blue Cross Complete of Michigan	Blue Cross Complete of Michigan	Allegan, Barry, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne.	197,853	3,456	201,309
Michigan	Managed Care Plan Division (Comprehensive MCO)	Harbor Health Plan	Tenet Healthcare	Macomb, Oakland, Wayne	8,738	15	8,753
Michigan	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford.	199,752	5,618	205,370

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Meridian Health Plan of Michigan	Meridian Health Plan of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford.	510,633	9,736	520,369
Michigan	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan	Health Alliance Plan	Genesee, Huron, Lapeer, St. Clair, Sanilac, Shiawassee, Tuscola	2,765	27	2,792

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	Molina Healthcare of Michigan	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford.	367,127	10,126	377,253
Michigan	Managed Care Plan Division (Comprehensive MCO)	Priority Health Choice, Inc.	Priority Health Choice, Inc.	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, VanBuren	127,235	4,286	131,521
Michigan	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Total Health Care	Macomb, Oakland, Wayne	54,528	326	54,854

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren, Washtenaw, Wayne, Wexford.	260,002	3,506	263,508
Michigan	Managed Care Plan Division (Comprehensive MCO)	Upper Peninsula Health Plan	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic , Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft.	45,136	54	45,190
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	A & D Home Health Care, Inc.	A & D Home Health Care, Inc.	Bay, Clare, Gladwin, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	89	785	874
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging 1-B	Area Agencies on Aging	Livingston, Macomb, Monroe, Oakland, Washtenaw	37	788	825

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of NW Michigan	Area Agencies on Aging	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	15	318	333
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Area Agency on Aging of West Michigan	Area Agencies on Aging	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	40	809	849
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Detroit Area Agency on Aging	Area Agencies on Aging	Wayne (Detroit)	65	1,247	1,312
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	MORC Home Care Inc.	MORC Home Care Inc.	Livingston, Macomb, Monroe, Oakland, Washtenaw	10	256	266
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 9 Area Agency on Aging	Area Agencies on Aging	Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	27	415	442
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Northern Healthcare Management	Northern Lakes Community Mental Health	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford.	25	326	351
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 2 Area Agency on Aging	Area Agencies on Aging	Hillsdale, Jackson, Lenawee	28	562	590
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 3B Area Agency on Aging	Area Agencies on Aging	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren	37	477	514
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 4 Area Agency on Aging	Area Agencies on Aging	Berrien, Cass, Van Buren	23	410	433

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Region 7 Area Agency on Aging	Area Agencies on Aging	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	58	814	872
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Reliance Community Care Partners	Reliance Community Care Partners	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Osceola, Ottawa	44	592	636
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Resources of West Michigan	Area Agencies on Aging	Muskegon, Oceana, Ottawa	27	635	662
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Senior Services Inc.	Senior Services Inc.	Barry, Branch, Calhoun, Kalamazoo	21	238	259
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Information Center	The Information Center	Wayne	21	293	314
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	The Senior Alliance	Area Agencies on Aging	Wayne	24	483	507
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Tri County Office on Aging	Tri County Office on Aging	Clinton, Eaton, Ingham	68	580	648
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	UPCAP Care Services	Area Agencies on Aging	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	24	334	358

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	MI Choice (MLTSS only (PIHP and/or PAHP))	Valley Area Agency on Aging	Area Agencies on Aging	Genesee, Lapeer, Shiawassee	39	344	383
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Detroit Wayne Mental Health Authority	Wayne	628,011	0	628,011
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	252,262	0	252,262
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb County CMH Services	Macomb	180,285	0	180,285
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Mid-State Health Network	Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, Tuscola	370,233	0	370,233

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northcare Network	Northcare Network	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	63,993	0	63,993
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northern Michigan Regional Entity	Northern Michigan Regional Entity	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford	117,110	0	117,110
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland County CMH Authority	Oakland	175,362	0	175,362
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Region 10 PIHP	Genesee, Lapeer, Sanilac, St. Clair	189,508	0	189,508
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Michigan Behavioral Health	Southwest Michigan Behavioral Health	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	194,658	0	194,658

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan[5]	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast Michigan	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw	115,528	0	115,528
Michigan	Healthy Kids Dental (Dental only (PAHP))	Healthy Kids Dental	Healthy Kids Dental	Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalkaska, Kalamazoo, Kent, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Macomb, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	965,789	0	965,789
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	CentraCare	Comprehensive Senior Care Corporation	Calhoun, Kalamazoo.	14	303	317

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Community PACE	The Home Care Group	Lake, Mason, Mecosta, Montcalm, Newaygo, Oceana, Osceola.	0	0	0
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Genesys PACE	Ascension Health	Genessee	2	48	50
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Great Lakes PACE	A & D Charitable Foundation	Arenac, Bay, Gratiot, Midland, Saginaw, Shiawassee, Tuscola	10	86	96
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	A separately incorporated partnership of United Methodist Retirement Communities and Region 1-B Area Agency on Aging.	Portions of Livingston, Monroe, Oakland, Washtenaw, Wayne.	5	158	163
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Porter Hills, Trinity Health, Senior Resources	Muskegon, parts of Allegan and Ottawa.	2	292	294
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	Henry Ford Health and Presbyterian	Macomb, Oakland, Wayne.	33	598	631
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	Independent corporation with a board comprised with equal representation: Region IV AAA, Lakeland Healthcare, and Hospice at Home.	Berrien, Cass, Van Buren	5	156	161

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Senior Community Care	A separately incorporated partnership of Volunteers of America, Ingham County Medical Care Facility and United Methodist Retirement Communities	Barry, Clinton, Eaton, Ingham, Ionia, Livingston, Shiawassee.	10	140	150
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Thome PACE	80% ownership by United Methodist Retirement Communities; 20% ownership by Region 2 Area Agency of Aging	Hillsdale, Jackson, Lenawee.	3	59	62
Michigan	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	Each partner has 20% ownership: Grand Rapids Dominicans, Holland Home, Metro Health, Pine Rest Christian Mental Health Services, and Reliance Community Care Partners	Kent, parts of Ottawa.	8	114	122
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross and Blue Shield of Minnesota	Statewide	328,643	0	328,643
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	124,847	0	124,847

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin County	Hennepin County	27,666	0	27,666
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	7,342	0	7,342
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County	33,635	0	33,635
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	South Country Health	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County	32,400	0	32,400
Minnesota	Prepaid Medical Assistance Plan Plus (PMAP+) (Comprehensive MCO + MLTSS)	UCare	UCare of Minnesota	Statewide	186,201	0	186,201
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross and Blue Shield of Minnesota	Statewide	421	3,533	3,954
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	281	1,800	2,081
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	2	211	213

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	686	3,312	3,998
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County	19	805	824
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Health	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County	37	873	910
Minnesota	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	UCare	UCare of Minnesota	Statewide	1,349	2,946	4,295
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	Blue Cross and Blue Shield of Minnesota	Statewide	0	7,859	7,859
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	0	3,077	3,077
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca Medical Care	Itasca County	0	466	466
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	0	11,005	11,005

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County	0	1,941	1,941
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County	0	1,719	1,719
Minnesota	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	UCare	UCare of Minnesota	Statewide	0	11,586	11,586
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	HealthPartners	HealthPartners, Inc.	Statewide	1,728	2,303	4,031
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Hennepin Health	Hennepin County	Hennepin County	1,108	947	2,055
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	Medica	Medica Holding Company	Statewide	6,651	7,395	14,046
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	PrimeWest Health	PrimeWest Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse County	742	1,355	2,097

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	South Country Health	South Country Health Alliance	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca County	922	1,862	2,784
Minnesota	Special Needs Basic Care (SNBC) (Comprehensive MCO + MLTSS)	UCare	UCare of Minnesota	Statewide	12,654	13,786	26,440
Mississippi	Mississippi Coordinated Access Network (Comprehensive MCO)	Magnolia Health	Centene	Statewide	250,836	0	250,836
Mississippi	Mississippi Coordinated Access Network (Comprehensive MCO)	UnitedHealthcare of Mississippi	UnitedHealthcare	Statewide	236,365	0	236,365
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Health Eastern	Centene	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	109,524	0	109,524

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Health Central	Centene	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth	66,079	0	66,079
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Health Southwest	Centene	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	45,697	0	45,697
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Health Western	Centene	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	56,180	0	56,180
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Eastern	WellCare Health Plans	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	83,730	0	83,730

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	WellCare Health Plans	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth	84,056	0	84,056
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Southwest	WellCare Health Plans	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	52,152	0	52,152
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Western	WellCare Health Plans	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	75,801	0	75,801
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	United Healthcare Eastern	United Healthcare	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, Ste Genevieve, St Louis Co, Warren, Washington, and St Louis City	46,024	0	46,024

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	United Healthcare Central	United Healthcare	Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pettis, Phelps, Pulaski, Putman, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth	46,036	0	46,036
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	United Healthcare Southwest	United Healthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	35,728	0	35,728
Missouri	MO Healthnet Managed Care/1915b (Comprehensive MCO)	United Healthcare Western	United Healthcare	Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright	32,113	0	32,113

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Missouri	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Providence Service Corporation	Statewide	99,139	143,038	242,177
Montana	Passport to Health (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	175,012	0	175,012
Nebraska	Heritage Health (Comprehensive MCO)	UnitedHealthcare Community Plan of Nebraska	United Healthcare of Midlands	Statewide	68,689	12,645	81,334
Nebraska	Heritage Health (Comprehensive MCO)	WellCare of Nebraska	WellCare Health Plans, Inc.	Statewide	75,917	7,211	83,128
Nebraska	Heritage Health (Comprehensive MCO)	Nebraska Total Care	Nebraska Total Care Inc.	Statewide	67,629	14,381	82,010
Nebraska	Dental Benefit Manager (Dental only (PAHP))	MCNA Nebraska	MCNA Insurance Company	Statewide	0	0	0

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nebraska	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	Immanuel Pathways	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068	20	141	161
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada (HPN)	United Health Care	Urban zip codes in Washoe and Clark Counties.	263,454	0	263,454
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Amerigroup Community Care (AGP)	Anthem	Urban zip codes in Wahsoe and Clark Counties.	182,750	0	182,750
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Aetna Better Health of Nevada	Aetna	Urban zip codes in Washoe and Clark Counties.	1,518	0	1,518
Nevada	Mandatory Health Maintenance Program (Comprehensive MCO)	Silver Summit Health	Centene	Urban zip codes in Washoe and Clark Counties.	791	0	791

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Nevada	Health Care Guidance Program (HCGP) (Primary Care Case Management (PCCM))	Axis Point Health	Falcon Subsidiaries LLC	Statewide	38,543	0	38,543
Nevada	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Medical Transportation Management (MTM Nevada)	MTM Inc.	Statewide	578,683	0	578,683
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Centene	Statewide	50,528	8,258	58,786
New Hampshire	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense	Boston Medical Center Health Plan	Statewide	61,006	7,889	68,895
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	New Hampshire Healthy Families	Centene	Statewide	2,497	0	2,497
New Hampshire	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	Well Sense	Boston Medical Center Health Plan	Statewide	3,633	0	3,633

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ TotalCare	Horizon Healthcare of New Jersey, Inc.	Atlantic, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Monmouth, Morris, Passaic, Salem, Somerset, Sussex, Union, Warren counties	0	3,438	3,438
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare Liberty D-SNP	WellCare	Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Somerset, and Union counties	0	1,359	1,359
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerivantage Dual Coordination	Anthem	Atlantic, Bergen, Burlington, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset and Union Counties	0	8,667	8,667
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Dual Complete ONE	UnitedHealthCare	Atlantic, Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union counties	0	13,101	13,101
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Aetna Better Health NJ	Aetna	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Morris, Passaic, Salem, Somerset, Sussex, Union counties	31,253	3,379	34,632
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerigroup New Jersey	Anthem	Statewide except Salem county	161,810	18,187	179,997
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	Horizon Healthcare of New Jersey, Inc.	Statewide	741,317	76,782	818,099
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthCare	Statewide	402,027	37,695	439,722

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare of New Jersey	WellCare	Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union counties	49,028	11,380	60,408
New Jersey	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Providence Service Corp.	Statewide	1,382,433	173,270	1,555,703
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	AtlantiCare Life Connection	A member of Geisinger	Atlantic and Cape May County	0	0	0
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE	Inspira	08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362	26	219	245
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Francis	Trinity Health	08015, 08016, 08022, 08060, 08068, 08505, 08512, 08515, 08518, 08520, 08525, 08530, 08534, 08540, 08541, 08542, 08543, 08544, 08550, 08554, 08560, 08561, 08601, 08602, 08603, 08604, 08605, 08606, 08607, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08625, 08628, 08629, 08638, 08645, 08646, 08647, 08648, 08650, 08666, 08690, 08691, 08695	40	269	309

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE at Lourdes	Lourdes Health System	08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08059, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	25	193	218
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior LIFE of Jersey City	Lutheran Social Ministers of NJ	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	13	115	128
New Jersey	PACE (Program of All-inclusive Care for the Elderly (PACE))	Beacon of LIFE	Beacon of LIFE	Monmouth County	6	66	72
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Blue Cross Blue Shield	Statewide	135,556	7,810	143,366
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New Mexico Inc.	Molina	Statewide	226,112	8,186	234,298
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Presbyterian Health Plan	Statewide	219,367	7,767	227,134
New Mexico	Centennial Care (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealthcare	Statewide	72,861	17,358	90,219
New Mexico	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	InnovAge Greater New Mexico PACE dba Total Community Care	InnovAge Greater New Mexico PACE dba Total Community Care	Bernalillo County, Sandoval County, Valencia County	54	701	755

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Advantage (Comprehensive MCO)	Affinity	Affinity	New York City	3	223	226
New York	Medicaid Advantage (Comprehensive MCO)	Liberty Health Advantage	Liberty Health Advantage	New York City & Nassau County	117	44	161
New York	Medicaid Advantage (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	NYS Catholic Health Plan/Fidelis	New York City & 34 counties	28	1,457	1,485
New York	Medicaid Advantage (Comprehensive MCO)	United HealthCare	United HealthCare	New York City & Nassau County	37	3,358	3,395
New York	Medicaid Advantage (Comprehensive MCO)	VNS Choice	VNS Choice	New York City & Nassau, Suffolk, Westchester counties	21	644	665
New York	Medicaid Advantage (Comprehensive MCO)	WellCare	WellCare	Albany, Broome, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, Wayne counties	53	2,129	2,182
New York	Health and Recovery Plans (Comprehensive MCO)	Affinity Health Plan	Affinity Health Plan	New York City & Nassau, Orange, Rockland, Suffolk, Westchester counties	3,874	0	3,874
New York	Health and Recovery Plans (Comprehensive MCO)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Washington counties	2,399	0	2,399

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	Excellus Health Plan	Blue Cross Blue Shield	Broome, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, Yates counties	5,886	0	5,886
New York	Health and Recovery Plans (Comprehensive MCO)	HealthFirst	HealthFirst	New York City & Nassau, Suffolk counties	20,193	0	20,193
New York	Health and Recovery Plans (Comprehensive MCO)	HealthPlus	Anthem	New York City & Nassau, Putnam counties	5,478	0	5,478
New York	Health and Recovery Plans (Comprehensive MCO)	HIP GNY	HIP GNY	New York City & Nassau, Suffolk, Westchester counties	4,624	0	4,624
New York	Health and Recovery Plans (Comprehensive MCO)	Independent Health Association	Independent Health Association	Erie County	1,506	0	1,506
New York	Health and Recovery Plans (Comprehensive MCO)	MetroPlus	MetroPlus	New York City	9,724	0	9,724
New York	Health and Recovery Plans (Comprehensive MCO)	Molina HealthCare of New York	Molina HealthCare	Cortland, Onondaga, Tompkins counties	1,364	0	1,364
New York	Health and Recovery Plans (Comprehensive MCO)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, & Westchester counties	3,814	0	3,814

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Health and Recovery Plans (Comprehensive MCO)	NYS Catholic Health Plan	NYS Catholic Health Plan	New York City & 57 counties	22,347	0	22,347
New York	Health and Recovery Plans (Comprehensive MCO)	United HealthCare	United Health Group	New York City & 41 counties	5,345	0	5,345
New York	Health and Recovery Plans (Comprehensive MCO)	YourCare Health Plan	YourCare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, Wyoming counties	1,427	0	1,427
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Affinity Health Plan	Affinity Health Plan	New York City & Nassau, Orange, Rockland, Suffolk, Westchester counties	225,818	0	225,818
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Amida Care Special Needs	Amida Care Special Needs	New York City	6,146	0	6,146
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Capital District Physician's Health Plan	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Washington counties	84,041	0	84,041
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Crystal Run Health Plan	Crystal Run Health Plan	Orange, Sullivan counties	1,253	0	1,253
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Excellus	Blue Cross Blue Shield	Broome, Herkimer, Livingston, Monroe, Oneida, Ontario, Orleans, Otsego, Seneca, Wayne, Yates counties	168,086	0	168,086
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	New York City & Nassau, Suffolk counties	918,790	0	918,790

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthNow	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Orleans, Wyoming counties	26,754	0	26,754
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HealthPlus	Anthem	New York City & Nassau, Putnam counties	355,615	0	355,615
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	HIP Combined	HIP Combined	New York City & Nassau, Suffolk, Westchester counties	154,495	0	154,495
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Independent Health/Hudson Valley & WNY	Independent Health/Hudson Valley & WNY	Erie County	61,122	0	61,122
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan	Metroplus Health Plan	New York City	380,013	0	380,013
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MetroPlus Health Plan Special Needs	MetroPlus Health Plan Special Needs	New York City	4,248	0	4,248
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	Molina HealthCare of New York	Molina HealthCare	Cortland, Onondaga, Tompkins counties	31,194	0	31,194
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	MVP Health Plan	MVP Health Plan	Albany, Columbia, Dutchess, Genesee, Greene, Jefferson, Lewis, Livingston, Monroe, Oneida, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, Westchester counties	164,015	0	164,015

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	NYS Catholic Health Plan/Fidelis	NYS Catholic Health Plan/Fidelis	Statewide	1,212,917	0	1,212,917
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	United HealthCare	United Health Group, Inc.	New York City & 42 counties	474,234	0	474,234
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	VNS Choice Special Needs	VNS Choice Special Needs	New York City	3,358	0	3,358
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	WellCare	WellCare	New York City & Albany, Dutchess, Erie, Nassau, Niagara, Orange, Rennselaer, Rockland, Schenectady, Schuyler, Steuben, Ulster counties	100,997	0	100,997
New York	Medicaid Managed Care (Comprehensive MCO + MLTSS)	YourCare Health Plan	YourCare Health Plan	Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, Wyoming counties	43,370	0	43,370
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	ElderPlan	ElderPlan	New York City & Nassau, Westchester counties	12	1,163	1,175
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	GuildNet	GuildNet	New York City & Nassau, Suffolk counties	6	623	629
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthFirst	HealthFirst	New York City & Nassau County	15	4,559	4,574

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New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	HealthPlus	HealthPlus	New York City	0	2	2
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	NYS Catholic Health Plan/Fidelis	NYS Catholic Health Plan/Fidelis	New York City & Albany, Montgomery, Rensselaer, Schenectady counties	3	108	111
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Senior Whole Health	Senior Whole Health	New York City & Nassau, Westchester counties	1	110	111
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	Village Care	Village Care	New York City	0	0	0
New York	Medicaid Advantage Plus (Comprehensive MCO + MLTSS)	VNS Choice Plus	VNS Choice Plus	New York City & Nassau, Suffolk, Westchester counties	5	1,472	1,477
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	Aetna Better Health	New York City & Nassau, Suffolk counties	274	4,038	4,312
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	AgeWell New York	New York City & Nassau, Suffolk, Westchester counties	338	8,196	8,534
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AlphaCare	AlphaCare	New York City & Westchester County	910	3,214	4,124

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New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	ArchCare Community Life	New York City & Putnam, Westchester counties	259	2,419	2,678
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	CenterLight Select	CenterLight Select	New York City & Nassau, Rockland, Suffolk, Westchester counties	34	1	35
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living	Centers Plan for Healthy Living	New York City & Erie, Nassau, Niagara, Rockland, Suffolk, Westchester counties	2,604	14,915	17,519
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderPlan	ElderPlan	New York City & Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, Westchester counties	917	11,554	12,471
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderServe	ElderServe	New York City & Nassau, Suffolk, Westchester counties	963	10,260	11,223
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderWood	Elderwood	Erie, Genesee, Monroe, Niagara, Wyoming counties	5	130	135
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC	Extended MLTC	New York City & Nassau, Suffolk counties	289	2,382	2,671

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New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fallon Health Weinberg	Fallon Health Weinberg	Erie, Niagara counties	71	502	573
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care at Home	Fidelis Care at Home	Statewide	1,378	17,643	19,021
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	GuildNet	GuildNet	New York City & Nassau, Suffolk, Westchester counties	788	9,842	10,630
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspik Choice	Hamaspik Choice	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster counties	163	1,876	2,039
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Health Advantage/Elant Choice	Dutchess, Orange, Rockland counties	76	782	858
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HealthPlus	HealthPlus	New York City	437	4,097	4,534

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Icircle Care	Icircle Care	Broome, Cayuga, Chemung, Chenango, Cortland, Genesee, Livingston, Madison, Monroe, Onondaga, Ontario, Orleans, Oswego, Otsego, Shuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates counties	96	1,823	1,919
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	Independent Care Systems	New York City	1,111	5,445	6,556
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra	Integra	New York City & Nassau, Suffolk, Westchester counties	809	5,721	6,530
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Kalos Health Plan	Kalos Health Plan	Chautauqua, Erie, Genesee, Niagara, Orleans counties	44	1,098	1,142
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus	MetroPlus	New York City	561	1,040	1,601
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO	Montefiore HMO	New York City & Westchester County	128	1,234	1,362

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New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	North Shore - LIJ Health Plan	North Shore - LIJ Health Plan	New York City & Nassau, Suffolk counties	522	5,125	5,647
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Prime Health Choice	Albany, Dutchess, Orange, Putnam, Rockland, Warren, Washington counties	21	261	282
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	Senior Health Partners	New York City & Nassau, Westchester counties	2,029	11,811	13,840
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Senior Network Health	Herkimer, Oneida counties	23	501	524
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health	Senior Whole Health	New York City	918	7,611	8,529
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United HealthCare	United HealthCare	New York City & Albany, Broome, Erie, Monroe, Oneida, Onondaga counties	148	2,962	3,110
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	Village Care	New York City	1,438	6,940	8,378

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options	VNA HomeCare Options	48 counties	231	4,716	4,947
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	VNS Choice	NYC & 27 counties	959	11,870	12,829
New York	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	WellCare Advocate	WellCare Advocate	New York City & Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, Westchester counties	325	5,420	5,745
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	CenterLight (CCM)	CenterLight (CCM)	New York City & Nassau, Suffolk, Westchester counties	522	2,564	3,086
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Complete Senior Care	Niagara County	10	116	126
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Eddy Senior Care	Albany, Schenectady counties	19	182	201
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Fallon Health Weinberg	Fallon Health Weinberg	Erie County	4	90	94
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Independent Living for Seniors	Monroe, Ontario, Wayne counties	30	649	679

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New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	PACE CNY	Onondaga County	16	524	540
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Total Senior Care	Allegany, Cattaraugus counties	12	99	111
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	ArchCare Senior Life	New York City	73	522	595
New York	PACE (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Catholic Health - Life	Erie County	11	228	239
North Carolina	Community Care of North Carolina (Primary Care Case Management Entity (PCCM Entity))	North Carolina Community Care Carolina Access	North Carolina Community Care Network INC.	Statewide	1,359,298	151,657	1,510,955
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Alliance Behavioral Healthcare	Counties: Cumberland, Durham, Johnston, Wake	212,704	21,842	234,546

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North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Cardinal Innovations Healthcare Solutions	Counties: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance and Warren	415,198	48,395	463,593
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe Human Services	Eastpointe Human Services	Counties: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	154,372	23,573	177,945
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Management	Partners Behavioral Health Management	Counties: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	135,759	18,223	153,982
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center for MH/DD/SA	Sandhills Center for MH/DD/SA	Counties: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	170,034	20,307	190,341

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Trillium Health Resources	Counties: Brunswick, Carteret, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	186,189	27,766	213,955
North Carolina	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Vaya Health	Vaya Health	Counties: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	141,801	24,384	166,185
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina SeniorCare	Carolina SeniorCare	Serving the following zip codes in Davidson, Davie, Iredell and Rowan Counties: 27012, 27107, 27127, 27239, 27262, 27265, 27284, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27013, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689	164	43	207

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Community CarePartners, Inc.	Community CarePartners, Inc.	Serving the following zip codes in Buncombe and Henderson Counties: 28701, 28704, 28709, 28710, 28711, 28715, 28726, 28729, 28730, 28731, 28732, 28735, 28739, 28742, 28748, 28757, 28758, 28759, 28766, 28773, 28778, 28787, 28784, 28790, 28791, 28792, 28801, 28803, 28804, 28805, 28806, 28810	100	23	123
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus Inc.	Elderhaus Inc.	Serving all zip codes in New Hanover County, the following zip codes in Brunswick County: 28422, 28451, 28461, 28479 and the following zip codes in Pender County: 28443	83	28	111
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Joseph of the Pines Inc.	LIFE St. Joseph of the Pines Inc.	Serving the following zip codes in Cumberland, Harnett Hoke, Moore and Robeson Counties:28301, 28302, 28303, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28311, 28312, 28314, 28318, 28342, 28344, 28348, 28356, 28371, 28382, 28390, 28391, 28395, 28315, 28326, 28373, 28376, 28357, 28371, 28377, 28384, 28315, 28357, 28376, 28377, 28386, 28314, 28334, 28339	161	78	239

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE At Home Inc.	PACE At Home Inc.	Serving all zip codes in Catawba County and portions of zip codes in Alexander, Burke, Caldwell and Lincoln Counties: 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690	113	26	139
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	PACE of the Southern Piedmont	Serving the following zip codes in Mecklenburg, Cabarrus, Stanly and Union Counties: 28025, 28027, 28031, 28036, 28071, 28075, 28078, 28079, 28081, 28083, 28097, 28103, 28104, 28105, 28107, 28109, 28110, 28112, 28124, 28129, 28134, 28137, 28138, 28215, 28163, 28173, 28174, 28202, 28203, 28204, 28205, 28206, 28207, 28208, 28209, 28210, 28211, 28212, 28213, 28214, 28216, 28217, 28223, 28226, 28227, 28244, 28226, 28227, 28244, 28246, 28254, 28262, 28269, 28270, 28273, 28274, 28277, 28278, 28280, 28281, 28282, 28284, 28285, 28287	114	31	145

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Triad	PACE of the Triad	Serving the following zip codes in Guilford and Rockingham Counties:27027, 27048, 27288, 27235, 27282, 27301, 27310, 27377, 27401, 27403, 27405, 27406, 27407, 27408, 27409, 27410, 27455, 27495, 27025, 27214, 27233, 27244, 27249, 27260, 27262, 27263, 27265, 27283, 27284, 27298, 27311, 27313, 27320, 27326, 27357, 27358	144	45	189
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Services Inc.	Piedmont Health Services Inc.	Serving the following zip codes in Alamance, Caswell, Orange, Chatham, Lee Counties and the portion of 27278 located in Durham County:27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27330, 27332, 27505, 28326	217	87	304
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care, Inc.	Senior Total Life Care, Inc.	Serving the following zip codes in Cleveland, Gaston and Lincoln Counties:28006, 28012, 28016, 28021, 28032, 28033, 28034, 28052, 28053, 28054, 28055, 28056, 28077, 28080, 28086, 28092, 28098, 28101, 28120, 28164, 28021, 28073, 28086, 28150, 28152, 28006, 28021, 28033, 28080, 28164	141	50	191

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	StayWell Senior Care	StayWell Senior Care	Serving the following zip codes in Montgomery, Moore and Randolph Counties:27203, 27205, 27208, 27233, 27239, 27248, 27260, 27263, 27283, 27292, 27298, 27313, 27316, 27317, 27325, 27341, 27344, 27350, 27355, 27360, 27370, 27371, 28127, 27209, 27229, 27281, 27306, 27341, 27356, 27371, 28127, 27208, 27209, 27242, 27281, 27325, 27330, 27341, 27356, 27376, 28327, 28347, 28350, 28374, 28387, 28394	81	22	103
North Carolina	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VOANS Senior Community Care of North Carolina	VOANS Senior Community Care of North Carolina	Serving the following zip codes in Durham, Wake County : 27503, 27613, 27701, 27703, 27704, 27705, 27706, 27707, 27712, 27713, 27502, 27511, 27513, 27518, 27519, 27523, 27526, 27529, 27539, 27540, 27545, 27560, 27562, 27571, 27587, 27591, 27592, 27597, 27601, 27603, 27604, 27605, 27606, 27607, 27608, 27609, 27610, 27612, 27613, 27614, 27615, 27616, 27617 and Granville County zip codes: 27509, 27522	135	57	192
North Dakota	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion MCO	Sanford Health Plan	Statewide	20,515	0	20,515
North Dakota	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers (PCCM)	Multiple Primary Care Providers (PCCM)	Statewide	49,399	0	49,399

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
North Dakota	Health Management Program (Other Prepaid Health Plan (PHP) (limited benefits))	Health Management	US Care Management	Statewide	177	0	177
North Dakota	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	PACE	58501, 58502, 58503 (Bismarck), 58504 (Lincoln), 58554 (Mandan), 58558 (Menoken), 58601, 58602 (Dickinson), 58652 (Richardton), 58655 (South Heart), 58656 (Taylor), 58701, 58702, 58703, 58722, 58785 (Minot)	5	152	157
Ohio	Medicaid Managed Care (Comprehensive MCO)	Buckeye Health Plan	Centene Corporation	Statewide	298,987	8,395	307,382
Ohio	Medicaid Managed Care (Comprehensive MCO)	CareSource	CareSource	Statewide	1,327,917	10,075	1,337,992
Ohio	Medicaid Managed Care (Comprehensive MCO)	Molina	Molina	Statewide	308,936	8,299	317,235
Ohio	Medicaid Managed Care (Comprehensive MCO)	Paramount Advantage	ProMedica	Statewide	245,275	0	245,275
Ohio	Medicaid Managed Care (Comprehensive MCO)	United Healthcare Community Plan of Ohio	UnitedHealthCare	Statewide	287,195	9,519	296,714

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Aetna	Aetna	Central, Northwest, Southwest Regions	0	10,076	10,076
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Buckeye Health Plan	Centene	Northeast, Northwest, West Central Regions	0	8,395	8,395
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	CareSource	CareSource	East Central, Northeast, Northeast Central Regions	0	10,075	10,075
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	Molina	Molina	Central, Southwest, West Central Regions	0	8,299	8,299
Ohio	MyCare Ohio Opt-out (Comprehensive MCO + MLTSS)	United Healthcare Community Plan of Ohio	United Healthcare Community	East Central, Northeast, Northeast Central Regions	0	9,519	9,519
Ohio	PACE (Program of All-inclusive Care for the Elderly) (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	McGregor PACE	Cuyahoga County	80	336	416
Oklahoma	SoonerCare Choice (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	538,738	0	538,738
Oklahoma	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	SoonerRide	Statewide	538,328	114,624	652,952

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Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Pace	Life Pace	74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108	7	86	93
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Valir PACE	Valir PACE	73008 73140 73105 73121 73141 73155 73179 73106 73124 73142 73156 73184 73132 73179 73143 73157 73185 73165 73160 73108 73026 73003 73170 73109 73127 73146 73162 73190 73147 73163 73194 73013 73120 73112 73129 73025 73066 73113 73131 73149 73167 73196 73134 73150 73169 73198 73083 73102 73117 73084 73110 73103 73118 73137 73152 73173 73119 73139 73154 73178 73122 73012 73123 73153 73144 73116 73148 73034 73136 73120 73115 73107 73159 73111 73164 73101 73151 73130 73145 73125 73189 73128 73195 73114 73172 73104	13	146	159
Oklahoma	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care (CEC)	Cherokee Elder Care (CEC)	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439	13	145	158
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Access Dental Plan, LLC	Access Dental Plan, LLC	Clackamas, Multnomah, and Washington Counties	1,666	82	1,748

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Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Advantage Dental Services	Advantage Dental Services	Statewide except Tillamook County	16,877	4,073	20,950
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Capitol Dental Care, Inc.	HealthShare of Oregon	Benton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, and Yamhill Counties	12,102	986	13,088
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	CareOregon Dental	CareOregon	Clackamas, Multnomah, and Washington Counties	1,707	95	1,802
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Family Dental Care	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,637	70	1,707
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Greater Oregon Behavioral Health, Inc.	Greater Oregon Behavioral Health, Inc.	Baker (97869 excluded), Clatsop, Columbia (97231 excluded), Douglas, Gilliam (97830, 97843 excluded), Grant, Harney, Hood River, Lake (97758 excluded), Malheur (97710 excluded), Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler (97848 excluded) Counties	798	2,984	3,782
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Managed Dental Care of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	1,702	72	1,774

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Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	ODS Community Health Inc.	MODA Health	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes (97733, 97735 excluded), Hood River, Jackson, Jefferson, Josephine, Lane, Linn (97759 excluded), Malheur, Marion, Multnomah, Polk (97370 excluded), Tillamook, Wallowa (97828, 97846 only), Wasco, Washington, and Yamhill Counties	5,416	1,180	6,596
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	AllCare Health Plan	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, and Josephine Counties	45,895	2,208	48,103
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Cascade Health Alliance	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739, 97425 excluded) County	15,678	747	16,425
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Columbia Pacific	Columbia Pacific	Clatsop, Columbia, and Tillamook Counties	22,735	792	23,527
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Eastern Oregon CCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties	46,009	1,597	47,606
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	FamilyCare	FamilyCare	Clackamas, Marion (97002, 97032, 97071, 97362, 97375, 97381 only), Multnomah, and Washington Counties	112,043	2,583	114,626
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	HealthShare of Oregon	HealthShare of Oregon	Clackamas, Multnomah, and Washington Counties	190,202	16,249	206,451

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Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	InterCommunity Health Network	InterCommunity Health Network	Benton, Lincoln, and Linn Counties	49,556	2,514	52,070
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Jackson Care Connect	Jackson Care Connect	Jackson County	27,834	1,136	28,970
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, and Klamath (97731, 97733, 97737, 97739 only)	46,763	2,238	49,001
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco Counties	12,028	333	12,361
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	PrimaryHealth of Josephine County	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson (97497, 97525, 97527, 97530, 97537 only), and Josephine Counties	9,338	517	9,855
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Trillium Community Health Plan	Trillium Community Health Plan	Benton (97448, 97456 only), Douglas (97424, 97493, 97436, 97441, 97467, 97473 only), Lane, and Linn (97446 only) Counties	82,142	4,310	86,452
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Umpqua Health Alliance	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	24,697	1,423	26,120
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Western Oregon Advanced Health	Western Oregon Advanced Health	Coos, Curry, and Douglas (97459 only) Counties	17,951	1,226	19,177

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Willamette Valley Community Health	Willamette Valley Community Health	Benton (97361 only), Clackamas (97002, 97032, 97071, 97362, 97375 only), Linn (97346, 97350, 97352, 97358, 97360, 97383 only), Marion, Polk, and Yamhill (97304 only)	90,042	4,533	94,575
Oregon[6]	Oregon Health Plan (OHP) (Comprehensive MCO)	Yamhill Community Care	Yamhill Community Care	Clackamas (97002, 97071, 97140 only), Marion (97137 only), Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Tillamook (97347 only), Washington (97119, 97123, 97132, 97140 only), and Yamhill Counties	22,457	606	23,063
Oregon	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence ElderPlace	Providence	Multnomah, Washington, Clatsop and Tillamook Counties	62	1,190	1,252
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Aetna Better Health	Aetna Inc.	Southeast, Southwest, Lehigh/Capital, Northwest, Northeast	201,938	679	202,617
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Gateway Health	Gateway Health	Southwest, Lehigh/Capital, Northwest	301,155	1,011	302,166
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Health Partners Plans, Inc.	Health Partners Inc.	Southeast	243,801	912	244,713
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Geisinger Health Plan	Geisinger Health Plan	Northeast	183,309	612	183,921

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	United Healthcare Community Plan of Pennsylvania	UnitedHealth Group, Inc.	Southeast, Southwest, Lehigh/Capital	221,799	761	222,560
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	UPMC for You, Inc.	UPMC, Inc.	Southwest, Lehigh/Capital, Northwest	407,806	1,645	409,451
Pennsylvania	HealthChoices - Physical Health (Comprehensive MCO)	Vista	Vista	Southeast, Lehigh/Capital, Northwest, Northeast	691,614	2,337	693,951
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Healthcare Consortium	Community Care Behavioral Health Organization	Lackawanna, Luzerne, Susquehanna, Wyoming Counties	123,405	16,092	139,497
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership	Value Behavioral Health of PA	Crawford, Mercer, Venango counties	47,345	7,222	54,567
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Perry County HealthChoices	PerformCare	Perry county	6,102	702	6,804
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices	Community Care Behavioral Health Organization	Philadelphia county	542,169	58,640	600,809

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Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health Management	Value Behavioral Health of PA	Armstrong, Butler, Indiana, Lawrence, Washington, Westmoreland counties	147,665	21,156	168,821
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance	PerformCare	Franklin and Fulton counties	25,110	2,860	27,970
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York-Adams Joinder Board	Community Care Behavioral Health Organization	York county	82,293	8,031	90,324
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices	Community Care Behavioral Health Organization	Allegheny county	183,861	26,024	209,885
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices	Value Behavioral Health of PA	Beaver county	27,800	3,917	31,717
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Bedford and Somerset	PerformCare	Bedford and Somerset counties	20,394	3,185	23,579

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Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices	Community Care Behavioral Health Organization	Berks county	77,614	8,576	86,190
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices	Community Care Behavioral Health Organization	Blair county	25,456	3,648	29,104
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices	Magellan Health	Bucks county	62,948	7,318	70,266
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices	Magellan Health	Cambria County	26,447	3,998	30,445
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Carbon-Monroe-Pike Joinder Board	Community Care Behavioral Health Organization	Carbon, Monroe and Pike counties	50,999	4,905	55,904
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices	Community Care Behavioral Health Organization	Chester county	44,283	4,562	48,845

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Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cumberland County HealthChoices	PerformCare	Cumberland county	26,190	2,804	28,994
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Dauphin County HealthChoices	PerformCare	Dauphin county	54,931	5,625	60,556
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices	Magellan Health	Delaware county	97,275	9,560	106,835
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices	Community Care Behavioral Health Organization	Erie county	62,035	7,368	69,403
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices	Value Behavioral Health of PA	Fayette county	33,559	5,188	38,747
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth)	Value Behavioral Health of PA	Greene County	7,967	1,126	9,093

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Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lancaster County HealthChoices	PerformCare	Lancaster County	74,899	8,155	83,054
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lebanon County HealthChoices	PerformCare	Lebanon County	22,572	2,279	24,851
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices	Magellan Health	Lehigh County	69,701	8,333	78,034
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board	Community Care Behavioral Health Organization	Clinton and Lycoming counties	28,287	3,638	31,925
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices	Magellan Health	Montgomery county	85,564	8,983	94,547

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Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	North Central State Option	Community Care Behavioral Health Organization	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, Wayne counties	176,582	25,656	202,238
Pennsylvania	HealthChoices - Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton county HealthChoices	Magellan Health	Northampton county	44,279	5,304	49,583
Pennsylvania	MATP (Medical Assistance Transportation Program) (Non-Emergency Medical Transportation)	Logisticare	N/A	Philadelphia County	546,802	75,251	622,053
Pennsylvania	Adult Community Autism Program (Other Prepaid Health Plan (PHP) (limited benefits))	Adult Community Autism Program	Keystone Autism Services	Dauphin, Cumberland, Lancaster and Chester counties	92	57	149
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg - H-2937	Senior LIFE	Westmoreland county	6	184	190

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown - H-3925	Senior LIFE	Cambria County, Somerset County (partial)	15	181	196
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altoona H-5902	Senor LIFE	Blair, Cambria, Indiana counties	19	241	260
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	Senior LIFE	York and Dauphin counties	5	164	169
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Senior LIFE	Lehigh, Northampton and Berks counties	22	291	313
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	SpiriTrust LIFE H-2537	Lutheran Social Services of South Central PA	Franklin (partial), Cumberland, Perry counties	3	77	80

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	Lutheran Homes for the Aged	Erie, Mercer, Crawford, Warren counties	8	121	129
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Geisinger Community Health Services	Luzerne, Lackawanna, Columbia, Montour, Northumberland, Schuylkill counties	6	206	212
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Trinity Health Corp.	Philadelphia (partial), Delaware counties	86	698	784
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE West Philadelphia H-3908	Trinity Health Corp.	Philadelphia county	21	441	462
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	Trinity Health Corp.	Bucks county (partial)	14	219	233

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Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	New Courtland LIFE H-9830	Presbyterian Foundation for Philadelphia; Innovage as of 8/2018	Philadelphia County (partial)	40	524	564
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Albright Care services	Lancaster, Lebanon, Clinton, Lycoming counties and part of Chester County	12	190	202
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	Pittsburgh Care Partnership	Allegheny, parts of Westmoreland counties	41	551	592
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE - Pittsburgh H-3918	Pittsburgh Mercy Health System and Lutheran SeniorLife	Allegheny county	42	550	592
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	Lutheran SeniorLife	Butler county	8	180	188

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Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	Lutheran SeniorLife	Beaver and Lawrence counties	23	473	496
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Armstrong H-6188	Lutheran SeniorLife	Armstrong County	3	48	51
Pennsylvania	PA Living Independence for the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington H-2992	Senior LIFE	Washington, Fayette, Greene counties	65	511	576
Puerto Rico	Government Health Plan (Comprehensive MCO)	First Medical Plan Inc.	First Medical Plan Inc.	North, San Juan, Children in foster care or receiving adoption assistance (statewide)	237,399	18,896	256,295
Puerto Rico	Government Health Plan (Comprehensive MCO)	Triple S Salud, Inc.	Blue Cross Blue Shield of Puerto Rico	Metro North, West	335,804	23,375	359,179
Puerto Rico	Government Health Plan (Comprehensive MCO)	Molina Health Care PR, Inc.	Molina	East, Southwest	268,167	21,087	289,254
Puerto Rico	Government Health Plan (Comprehensive MCO)	MMM Multihealth, Inc.	MMM Multihealth, Inc.	Northeast	223,035	18,777	241,812

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Puerto Rico	Medicare Platino (Comprehensive MCO)	Triple S Advantage	Blue Cross Blue Shield of Puerto Rico	Statewide	0	45,960	45,960
Puerto Rico	Medicare Platino (Comprehensive MCO)	Humana Health Plan of PR, Inc.	Humana	Statewide	0	23,427	23,427
Puerto Rico	Medicare Platino (Comprehensive MCO)	MCS Advantage, Inc.	MCS Advantage, Inc.	Statewide	0	103,740	103,740
Puerto Rico	Medicare Platino (Comprehensive MCO)	MMM Health Care, Inc.	MMM Health Care, Inc.	statewide	0	70,571	70,571
Puerto Rico	Medicare Platino (Comprehensive MCO)	Constellation Health, LLC	Constellation Health, LLC	Bayamon, Caguas, Canovanas, Carolina, Catano, Ceiba, Culebra, Fajardo, Guaynabo, Loiza, Luquillo, Rio Grande, San Juan, Toa Baja, Trujillo Alto, and Vieques	0	11,683	11,683
Rhode Island	Rhody Health Partners (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	Neighborhood Health Plan of Rhode Island	Statewide	7,281	0	7,281
Rhode Island	Rhody Health Partners (Comprehensive MCO)	UnitedHealthcare Community Health Plan of Rhode Island	UnitedHealthcare	Statewide	7,497	0	7,497
Rhode Island	RIte Care (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	Neighborhood Health Plan of Rhode Island	Statewide	111,807	0	111,807
Rhode Island	RIte Care (Comprehensive MCO)	UnitedHealthcare Community Plan of Rhode Island	UnitedHealthcare	Statewide	56,511	0	56,511

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Rhode Island	Rhody Health Partners Expansion (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	Neighborhood Health Plan of Rhode Island	Statewide	42,771	0	42,771
Rhode Island	Rhody Health Partners Expansion (Comprehensive MCO)	UnitedHealthcare Community Plan of Rhode Island	UnitedHealthcare	Statewide	33,905	0	33,905
Rhode Island	Rhody Health Options (Phase I) (Comprehensive MCO + MLTSS)	Neighborhood Health Plan of Rhode Island	Neighborhood Health Plan of Rhode Island	Statewide	580	9,905	10,485
Rhode Island	RIte Smiles (Dental only (PAHP))	UnitedHealthcare Dental	UnitedHealthcare	Statewide	104,666	0	104,666
Rhode Island	Transportation Broker (Non-Emergency Medical Transportation)	LogistiCare	LogistiCare	Statewide	272,157	36,877	309,034
Rhode Island	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE Organization of Rhode Island	PACE Organization of Rhode Island	Statewide	39	254	293
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	First Choice, by Select Health	Select Health of South Carolina	Statewide	359,040	0	359,040
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Centene	Statewide	118,615	0	118,615

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South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare of South Carolina	WellCare	Statewide	85,244	0	85,244
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina Healthcare of South Carolina	Molina Healthcare	Statewide	110,833	0	110,833
South Carolina	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice HealthPlan Medicaid	Blue Cross Blue Shield	Statewide	98,342	0	98,342
South Carolina	Medical Homes Network (Primary Care Case Management (PCCM))	South Carolina Solutions	Community Health Solutions	Statewide	456	0	456
South Carolina	Non-Emergency Medical Transportation (Non-Emergency Medical Transportation)	LogistiCare	Logisticare Solutions LLC	Statewide	1,048,631	168,671	1,217,302
South Carolina	Program for All-Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Palmetto SeniorCare	Palmetto Health	Richland and Lexington county	33	256	289

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South Carolina	Program for All-Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	The Methodist Oaks	The Methodist Oaks	Orangeburg county	10	99	109
South Carolina	Program for All-Inclusive for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Greenville Health System	Greenville Health System	Greenville, Anderson, Pickens counties	6	35	41
South Dakota	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	93,369	0	93,369
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	AmeriGroup	Amerigroup	Statewide	354,971	40,524	395,495
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest	DentaQuest USA Insurance Company	Statewide	820,883	329	821,212
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Magellan Health Services	Statewide	1,261,892	329	1,262,221
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	UnitedHealth Group	Statewide	388,963	51,897	440,860
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare)	Blue Cross Blue Shield Association	Statewide	454,748	52,412	507,160
Tennessee[7]	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Blue Cross Blue Shield Association	Statewide	63,210	2,541	65,751

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Tennessee[7]	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Alexian Brothers Community Services	Hamilton County	19	270	289
Texas	STAR Health (Comprehensive MCO)	Superior Health Plan	Superior Health Plan	Statewide	32,723	12	32,735
Texas	STAR (Comprehensive MCO)	Aetna	Aetna, Inc.	Bexar SDA, Tarrant SDA	72,673	0	72,673
Texas	STAR (Comprehensive MCO)	BlueCross BlueShield	Health Care Service Corp.	Travis SDA	25,888	0	25,888
Texas	STAR (Comprehensive MCO)	Christus	Christus	Nueces SDA	5,158	0	5,158
Texas	STAR (Comprehensive MCO)	Community First Health Plan	Community First Health Plan	Bexar SDA	104,857	0	104,857
Texas	STAR (Comprehensive MCO)	Amerigroup Texas, Inc.	Amerigroup Texas, Inc.	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Tarrant SDA	561,529	0	561,529
Texas	STAR (Comprehensive MCO)	Superior Health Plan	Superior Health Plan	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Nueces SDA, Travis SDA	719,578	0	719,578
Texas	STAR (Comprehensive MCO)	El Paso First	El Paso First	El Paso SDA	65,988	0	65,988

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Texas	STAR (Comprehensive MCO)	United Healthcare Community Plan	United Healthcare Texas	Harris SDA, Hidalgo SDA, Jefferson SDA	130,759	0	130,759
Texas	STAR (Comprehensive MCO)	Texas Children's Health Plan	Texas Children's Health Plan	Harris SDA, Jefferson SDA	349,045	0	349,045
Texas	STAR (Comprehensive MCO)	Molina Healthcare of Texas	Molina Healthcare of Texas	Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	97,827	0	97,827
Texas	STAR (Comprehensive MCO)	Driscoll Children's Health Plan	Driscoll Children's Hospital	Hidalgo SDA, Nueces SDA	152,300	0	152,300
Texas	STAR (Comprehensive MCO)	Parkland Community Health Plan	Parkland HEALTH First	Dallas SDA	165,669	0	165,669
Texas	STAR (Comprehensive MCO)	Cook Children's Health Plan	Cook Children's Health Plan	Tarrant SDA	104,588	0	104,588
Texas	STAR (Comprehensive MCO)	Community Health Choice	Community Health Choice	Harris SDA, Jefferson SDA	246,893	0	246,893
Texas	STAR (Comprehensive MCO)	Seton Health Plan	Seton Health Plan	Travis SDA	18,016	0	18,016
Texas	STAR (Comprehensive MCO)	Sendero	Sendero	Travis SDA	13,241	0	13,241
Texas	STAR (Comprehensive MCO)	FirstCare	FirstCare	Lubbock SDA, MRSA West	89,948	0	89,948
Texas	STAR (Comprehensive MCO)	Scott & White Health Plan	Baylor Scott & White Holdings	MRSA Central	45,447	0	45,447

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Texas	STAR Kids (Comprehensive MCO + MLTSS)	Amerigroup	Amerigroup Texas, Inc.	Dallas SDA, El Paso SDA, Harris SDA, MRSA West, Lubbock SDA	27,735	0	27,735
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Superior HealthPlan	Superior HealthPlan	Bexar SDA, El Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA West SDA, Travis SDA, Nueces SDA	29,157	0	29,157
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Aetna	Aetna	Tarrant SDA	5,124	0	5,124
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Community First Health Plans	Community First Health Plans	Bexar SDA	7,926	0	7,926
Texas	STAR Kids (Comprehensive MCO + MLTSS)	United Healthcare - Texas	United Healthcare	Harris SDA, Hidalgo SDA, Jefferson SDA, MRSA Central SDA, MRSA Northeast SDA	30,364	0	30,364
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Texas Children's Health Plan	Texas Children's Health Plan	Harris SDA, Jefferson SDA, MRSA Northeast SDA	25,577	0	25,577
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Driscoll Children's Health Plan	Driscoll	Hidalgo SDA, Nueces SDA	10,611	0	10,611
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Cook Children's Health Plan	Cook Children's Health Plan	Hidalgo SDA, Nueces SDA	8,993	0	8,993
Texas	STAR Kids (Comprehensive MCO + MLTSS)	BlueCross BlueShield	BlueCross BlueShield	MRSA Central SDA, Travis SDA	7,772	0	7,772
Texas	STAR Kids (Comprehensive MCO + MLTSS)	Children's Medical Center	Children's Medical Center	Dallas SDA	9,688	0	9,688
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup	Amerigroup Texas, Inc.	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA West, Tarrant SDA, Travis SDA	133,826	13,053	146,879

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Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Cigna - HealthSpring	Cigna - HealthSpring	Hidalgo SDA, MRSA Northeast, Tarrant SDA	50,149	1,275	51,424
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina Healthcare of Texas	Molina Healthcare of Texas	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	87,652	11,677	99,329
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior Health Plan	Superior Health Plan	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA, MRSA Central, MRSA West	139,417	8,166	147,583
Texas	STAR+PLUS (Comprehensive MCO + MLTSS)	United Healthcare - Texas	United Healthcare - Texas	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA, MRSA Central, MRSA Northeast	115,686	4,244	119,930
Texas	Texas Medicaid Wellness Program (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Statewide	8,573	0	8,573
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA Dental	MCNA Dental	Statewide	1,263,928	0	1,263,928
Texas	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest	DentaQuest	Statewide	1,669,722	0	1,669,722

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Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Logisticare	Logisticare	Bascosa, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Comal, Coryell, Dallas, Denton, Ellis, Erath, Falls, Fayette, Freestone, Frio, Gillespie, Grimes, Guadalupe, Hamilton, Hays, Hill, Hood, Hunt, Johnson, Karnes, Kaufman, Kendall, Kerr, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, Mclennan, Medina, Milam, Mills, Navarro, Palo Pinto, Parker, Robertson, Rockwall, San Saba, Somervell, Tarrant, Travis, Washington, Williamson, Wilson	1,441,811	127,834	1,569,645
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management	Medical Transportation Management	Anderson, Angelina, Austin, Bowie, Brazoria, Calhoun, Camp, Cass, Chambers, Cherokee, Colorado, De Witt, Delta, Fort Bend, Franklin, Galveston, Goliad, Gonzales, Gregg, Hardin, Harris, Harrison, Henderson, Hopkins, Houston, Jackson, Jasper, Jefferson, Lamar, Lavaca, Liberty, Marion, Matagorda, Montgomery, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Wharton, Wood	1,192,160	110,237	1,302,397

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	American Medical Response	American Medical Response	Rown, Callahan, Coke, Coleman, Comanche, Concho, Crockett, Dimmit, Eastland, Edwards, Fisher, Haskell, Irion, Jones, Kent, Kimble, Kinney, Knox, La Salle, Maverick, Mcculloch, Menard, Mitchell, Nolan, Reagan, Real, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Uvalde, Val Verde, Zavala	95,837	15,218	111,055
Texas	Medical Transportation Program (Non-Emergency Medical Transportation)	Project Armistad	Project Armistad	Andrews, Borden, Brewster, Crane, Culberson, Dawson, Ector, El Paso, Gaines, Glasscock, Howard, Hudspeth, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward, Winkler	204,815	26,957	231,772
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services (El Paso)	Bienvivir	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	26	898	924
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network (Lubbock)	Silver Star Health Network (Lubbock)	79401, 79402, 79403, 79404, 79405, 79406, 79407, 79408, 79409, 79410, 79411, 79412, 79413, 79414, 79415, 79416, 79423, 79424, 79430, 79452, 79453, 79454, 79464, 79490, 79491, 79493, 79499	14	169	183
Texas	PACE (Program of All-inclusive Care for the Elderly (PACE))	The Basics at Jan Werner (Amarillo)	The Basics at Jan Werner (Amarillo)	9015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	3	120	123

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Utah	UNI HOME (Comprehensive MCO)	HOME	University of Utah Health Plans	Statewide	702	450	1,152
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	University of Utah Health Plans	Statewide	39,557	5,795	45,352
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Molina Healthcare	Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties	67,290	6,912	74,202
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Molina Plus	Molina Healthcare	Duchesne, Uintah, Daggett, Carbon, Emery, Grand, Juab, Millard, Sanpete, Sevier, Piute, Wayne, Beaver, Garfield, San Juan, and Kane counties	1,277	71	1,348
Utah	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice	Steward Health Care System	Beaver, Box Elder, Cache, Davis, Iron, Juab, Miller, Morgan, Rich, Salt Lake, Sanpete, Sevier, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties	16,715	1,362	18,077
Utah	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	SelectHealth Inc.	Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties	86,440	8,837	95,277
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Bear River Mental Health	Box Elder, Cache, and Rich counties	15,965	1,208	17,173
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Central Utah Mental Health	Juab, Millard, Piute, Sanpete, Sevier, and Wayne counties	8,657	829	9,486

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Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis Behavioral Health	Davis county	21,227	1,866	23,093
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Four Corners Community Behavioral Health	Grand, Emery, and Carbon counties	4,675	628	5,303
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling	Northeastern Counseling	Duchesne, Uintah, Daggett, and San Juan counties	9,881	874	10,755
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Optum Health	Salt Lake County	94,961	10,644	105,605
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Behavioral Health	Southwest Behavioral Health	Beaver, Garfield, Kane, Iron, and Washington counties	24,002	2,153	26,155
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Valley Behavioral Health	Valley Behavioral Health	Summit and Tooele counties	7,218	583	7,801

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Wasatch Mental Health	Utah and Wasatch counties	44,599	3,046	47,645
Utah	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber Mental Health	Weber and Morgan counties	24,188	2,685	26,873
Utah	Dental (Dental only (PAHP))	Premier Access	Avesis Incorporated	Salt Lake, Weber, Davis, and Utah counties	69,038	36	69,074
Utah	Dental (Dental only (PAHP))	Delta Dental	Delta Dental Insurance Co.	Davis, Salt Lake, Weber, and Utah counties.	63,985	28	64,013
Utah	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	The Providence Service Corporation	Statewide	217,442	22,136	239,578
Vermont[8]	Global Commitment to Health Demonstration (Comprehensive MCO + MLTSS)	Department of Vermont Health Access	Vermont Agency of Human Services	State-wide	96,540	283	96,823
Virginia	Medallion 3.0 (Comprehensive MCO)	Anthem	Anthem BCBS	Statewide	268,920	0	268,920
Virginia	Medallion 3.0 (Comprehensive MCO)	Aetna Better Health of Virginia	Aetna	State Defined Regions of Central Virginia, Halifax, Lower Southwest, and Far Southwest	39,690	0	39,690
Virginia	Medallion 3.0 (Comprehensive MCO)	InTotal	UnitedHealthCare	State Defined Regions of Northern Virginia, Far Southwest, and Lower Southwest	55,718	0	55,718

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	Medallion 3.0 (Comprehensive MCO)	Kaiser Permanente	Kaiser Permanente	State Defined Regions of Northern Virginia	11,179	0	11,179
Virginia	Medallion 3.0 (Comprehensive MCO)	Optima Family Care	Sentara Health Care	Statewide	166,574	0	166,574
Virginia	Medallion 3.0 (Comprehensive MCO)	Virginia Premier	VCU Health System	Statewide	180,318	0	180,318
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	AllCare PACE	Appalachian Agency for Senior Citizens	24217, 24220, 24224, 24225, 24226, 24228, 24237, 24239, 24256, 24260, 24266, 24269, 24272, 24280, 24377, 24601, 24602, 24603, 24604, 24605, 24606, 24607, 24608, 24609, 24612, 24613, 24614, 24619, 24620, 24622, 24624, 24627, 24628, 24630, 24631, 24634, 24635, 24637, 24639, 24640, 24641, 24646, 24647, 24649, 24651, 24656, 24657, 24658	5	90	95
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire Older Citizens PACE (MEOC)	Mountain Empire Older Citizens	24215, 24216, 24218, 24219, 24221, 24230, 24243, 24244, 24245, 24246, 24248, 24250, 24251, 24258, 24263, 24265, 24271, 24273, 24277, 24279, 24281, 24282, 24283, 24290, 24293	2	96	98
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Kissito PACE - now InnovAge PACE Roanoke Valley, LLC		24011, 24012, 24013, 24014, 24015, 24016, 24017, 24018, 24019, 24020, 24059, 24060, 24064, 24065, 24066, 24067, 24070, 24073, 24077, 24079, 24083, 24087, 24090, 24095, 24101, 24121, 24122, 24138, 24149, 24153, 24162, 24174, 24175, 24179, 24184, 24092, 24151, 24176	3	108	111

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra Pace Farmville	Centra Health	23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599	3	79	82
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra Pace Lynchburg	Centra Health	24501, 24502, 24503, 24504, 24521, 24522, 24536, 24538, 24550, 24551, 24554, 24556, 24572, 24574, 24588, 24593	5	99	104
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra Pace Gretna	Centra Health	24054, 24055, 24069, 24078, 24082, 24089, 24102, 24104, 24112, 24137, 24139, 24146, 24148, 24161, 24165, 24168, 24517, 24527, 24528, 24530, 24531, 24540, 24541, 24549, 24557, 24563, 24565, 24566, 24569, 24571, 24586, 24594, 24133, 24176, 24543, 24576	1	23	24
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Pace Norfolk	Sentara	23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23507, 23508, 23509, 23510, 23511, 23513, 23517, 23518, 23521, 23523, 23529, 23701, 23702, 23703, 23704, 23707, 23709	12	149	161
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara Pace Churchland	Sentara	23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433,23434, 23435, 23436, 23437, 23438, 23451, 23452, 23453, 23454, 23455, 23456	9	86	95

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inova Cares for Seniors	Inova Health	20041, 20120, 20121, 20124, 20151, 20170, 20171, 20190, 20191, 20192, 20194, 22003, 22015, 22027, 22030, 22031, 22032, 22033, 22039, 22041, 22042, 22043, 22044, 22046, 22060, 22066, 22067, 22079, 22101 ,22102, 22124, 22125, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110 ,20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193	10	122	132
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Blue Ridge Pace	Dual consortium with Riverside Health and Jefferson Area Board of Aging	22723, 22901, 22902, 22903, 22904, 22911, 22920, 22922, 22923, 22931, 22932, 22935, 22936, 22937, 22938, 22940, 22942, 22943, 22946, 22947, 22949, 22958, 22959, 22963, 22964, 22967, 22968, 22969, 22971, 22974, 22976 ,23022, 23024, 23055, 23065 ,23084, 23093, 23117, 24464, 24471, 24562, 24590	11	120	131

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE McTavish	Riverside Health Systems	23112, 23113, 23114, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23173, 23181, 23221, 23224, 23225, 23226, 23227, 23228, 23231, 23232, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23249, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23289, 23290, 23291,23293, 23295, 22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23116, 23150, 23162, 23192, 23218, 23219, 23220, 23222, 23223, 23229, 23230, 23233, 23242, 23250, 23255, 23288, 23801, 23803, 23804, 23805, 23806,23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850 ,23860, 23875, 23882, 23885	18	204	222
Virginia	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE Newport News	Riverside Health Systems	23601, 23602, 23603, 23604, 23605, 23606, 23607 23608, 23651, 23662, 23663, 23665, 23666, 23669, 23692 23693, 23696	14	228	242
Washington[9]	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Molina Health Care	Molina	Clark and Skamania Counties	89,731	0	89,731

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington[9]	Fully Integrated Managed Care (FIMC) (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Clark and Skamania Counties	18,340	0	18,340
Washington[9]	Healthy Options - Blind Disabled (Comprehensive MCO)	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	10,479	0	10,479
Washington[9]	Healthy Options - Blind Disabled (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	17,414	0	17,414
Washington[9]	Healthy Options - Blind Disabled (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	12,205	0	12,205

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington[9]	Healthy Options - Blind Disabled (Comprehensive MCO)	Molina Health Care	Molina	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	33,755	0	33,755
Washington[9]	Healthy Options - Blind Disabled (Comprehensive MCO)	United Health Care	United Health Care	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	14,327	0	14,327
Washington[9]	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Multiple Sites	Multiple Sites	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Snohomish, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	20,832	0	20,832

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington[9]	Apple Health (Program includes, AHAC, CHIP,HOFC, HO) (Comprehensive MCO)	Amerigroup	Amerigroup	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	136,546	0	136,546
Washington[9]	Apple Health (Program includes, AHAC, CHIP,HOFC, HO) (Comprehensive MCO)	Community Health Plan of Washington	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	253,393	0	253,393
Washington[9]	Apple Health (Program includes, AHAC, CHIP,HOFC, HO) (Comprehensive MCO)	Coordinated Care of Washington	Coordinated Care of Washington	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	193,164	0	193,164

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington[9]	Apple Health (Program includes, AHAC, CHIP,HOFC, HO) (Comprehensive MCO)	Molina	Molina	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	601,412	0	601,412
Washington[9]	Apple Health (Program includes, AHAC, CHIP,HOFC, HO) (Comprehensive MCO)	United Health Care	United Health Care	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.	210,195	0	210,195
Washington[9]	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Multiple Primary Care Providers	Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton and Yakima.	6,729	0	6,729
Washington[9]	Washington State Integrated Community Mental Health Program (ICMH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	BHO	Behavioral Health Organization of Washington	Statewide	1,814,599	0	1,814,599

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Washington[9]	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Health Plan of Washington	Community Health Plan of Washington	Clark and Skamania	4,809	0	4,809
Washington[9]	Behavioral Health Services Only (BHSO) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Molina Health Care	Molina	Clark and Skamania	5,322	0	5,322
Washington[9]	NEMT (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Multiple Transportation Brokers	Statewide all counties.	1,824,730	0	1,824,730
Washington[9]	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Providence Elder Place	King County	609	0	609
West Virginia	Mountain Health Trust (Comprehensive MCO)	Aetna Better Health of WV (formerly CoventryCares)	Aetna	statewide	127,795	0	127,795
West Virginia	Mountain Health Trust (Comprehensive MCO)	The Health Plan	The Health Plan	statewide	84,064	0	84,064
West Virginia	Mountain Health Trust (Comprehensive MCO)	UniCare	Anthem	statewide	142,892	0	142,892

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
West Virginia	Mountain Health Trust (Comprehensive MCO)	WV Family Health	WV Family Health/Highmark	statewide	69,911	0	69,911
Wisconsin	SSI Managed Care (Comprehensive MCO)	Network Health Plan	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,568	779	2,347
Wisconsin	SSI Managed Care (Comprehensive MCO)	Trilogy Health Insurance	Trilogy Health Insurance	Counties: Brown, Dodge, Green Lake, Kenosha, Marinette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Taylor, Washington, Waukesha, Waupaca, Winnebago, Wood	244	56	300

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	8,821	5,366	14,187
Wisconsin	SSI Managed Care (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,092	371	1,463

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	Care Wisconsin	Care Wisconsin	Counties: Adams, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Outagamie, Ozaukee, Richland, Rock, Trempealeau, Vernon, Waukesha, Waupaca, Waushara, Winnebago	1,495	307	1,802
Wisconsin	SSI Managed Care (Comprehensive MCO)	Compcare	Compcare	Counties: Ashland, Chippewa, Douglas, Eau Claire, Grant, Green, Iowa, Juneau, Lafayette, Lincoln, Marathon, Price, Richland, Vernon, Washburn	246	118	364
Wisconsin	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	Group Health Cooperative Of Eau Claire	Counties: Ashland, Buffalo, Chippewa, Columbia, Crawford, Douglas, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Oneida, Pepin, Polk, Portage, Price, Richland, Shawano, Trempealeau, Vernon, Vilas, Washburn, Wood	1,309	563	1,872
Wisconsin	SSI Managed Care (Comprehensive MCO)	Independent Care (iCare)	Independent Care (iCare)	Counties: Adams, Brown, Dane, Dodge, Door, Fond Du Lac, Grant, Green, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Rock, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	4,315	3,652	7,967

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	SSI Managed Care (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	2,741	1,325	4,066
Wisconsin	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Molina Health Plan	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	1,438	604	2,042

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield	Counties: Brown, Calumet, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	66,330	104	66,434
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Children's Community Health Plan	Children's Community Health Plan	Counties: Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	128,889	73	128,962
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Compcare	Compcare	Counties: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Columbia, Crawford, Douglas, Dunn, Eau Claire, Grant, Green, Iowa, Jackson, Juneau, La Crosse, Lafayette, Lincoln, Marathon, Monroe, Pepin, Pierce, Price, Rusk, St. Croix, Sawyer, Trempealeau, Vernon, Washburn	20,417	25	20,442
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Dean Health Plan	Counties: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, Sauk	40,406	37	40,443

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	Group Health Cooperative Of Eau Claire	Counties: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Douglas, Dunn, Eau Claire, Forest, Grant, Green, Iowa, Iron, Jackson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Rusk, St. Croix, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Wood	39,555	59	39,614
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of South Central WI	Group Health Cooperative Of South Central WI	County: Dane	5,334	8	5,342
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Gundersen Health Plan	Gundersen Health Plan	Counties: Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon	16,360	15	16,375
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Health Tradition Health Plan	Health Tradition Health Plan	Counties: Buffalo, Crawford, Grant, La Crosse, Monroe, Trempealeau, Vernon	8,532	11	8,543
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	Independent Care (iCare)	Counties: Adams, Brown, Door, Fond du Lac, Grant, Green, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Manitowoc, Marinette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Winnebago	13,473	21	13,494

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MHS of Wisconsin	MHS of Wisconsin	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	30,888	33	30,921
Wisconsin	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	MercyCare Insurance Company	Counties: Dane, Green, Jefferson, Rock, Walworth	13,715	15	13,730
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Molina Health Plan	Counties: Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	61,483	34	61,517

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Network Health Plan	Counties: Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Polk, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	32,121	36	32,157
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	Physicians Plus Health Plan	County: Dane	9,743	8	9,751
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	Security Health Plan	Counties: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood	55,596	75	55,671
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Trilogy Health Insurance	Counties: Brown, Dodge, Green Lake, Kenosha, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago	9,233	8	9,241

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan	UnitedHealthcare Community Plan	Counties: Adams, Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Door, Douglas, Eau Claire, Florence, Fond du Lac, Forest, Green, Green Lake, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	139,866	223	140,089
Wisconsin	BadgerCare Plus (Comprehensive MCO)	Unity Health Plan	Unity Health Plan	Counties: Columbia, Dane, Dodge, Fond du Lac, Green, Jefferson, Juneau, Rock, Sauk	15,890	16	15,906
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Care Wisconsin Health Plan, Inc. – Care Wisconsin	Counties: Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Waukesha	186	1,351	1,537
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Community Care Health Plan, Inc. – Community Care, Inc.	Community Care Health Plan, Inc. – Community Care, Inc.	Counties: Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, Waupaca	133	520	653

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Independent Care Health Plan – iCare	Independent Care Health Plan – iCare	Counties: Dane, Kenosha, Milwaukee, Racine	226	632	858
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin (FC)	Care Wisconsin (FC)	Counties: Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara	1,102	5,872	6,974
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc. (FC)	Community Care, Inc. (FC)	Counties: Calumet, Fond du Lac, Kenosha, Milwaukee, Manitowoc, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	1,897	8,370	10,267

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	CommunityLink (became Inclusa in September 2017)	CommunityLink (became Inclusa in September 2017)	Counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Dodge, Douglas, Dunn, Eau Claire, Florence, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, Vilas, Washington, Waukesha, Washburn, Waushara, Wood	2,058	13,435	15,493
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care, Inc.	Lakeland Care, Inc.	Counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Outagamie, Portage, Shawano, Vilas, Waupaca, Winnebago, Wood	710	4,084	4,794
Wisconsin	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Family Care	My Choice Family Care	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington, Waukesha	1,206	7,279	8,485
Wisconsin	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Children Come First	County: Dane	116	0	116

State	Program Name (Type)	Plan Name	Parent Organization	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Wisconsin	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	WrapAround Milwaukee	County: Milwaukee	1,125	4	1,129
Wisconsin	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Hospital of Wisconsin is contracted	Children's Hospital of Wisconsin	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	3,118	0	3,118
Wisconsin	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Community Care, Inc.	Counties: Milwaukee and Waukesha	18	556	574
Wyoming	Care Management Entity for Emotionally Disturbed Children (Other Prepaid Health Plan (PHP) (limited benefits))	CME Statewide	Magellan Healthcare of Wyoming	Statewide	266	0	266
Wyoming	Wyoming PACE at Cheyenne Medical Center (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Cheyenne Regional Medical Center	Laramie County	2	127	129

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

2. Beneficiaries can simultaneously enroll in Alabama's Patient 1st and Health Homes plans. The de-duplicated Patient 1st plan enrollment is 396,912.

3. Colorado reported plan level enrollment as 30 for plans that had less than 30 beneficiaries. As a result, plan level enrollment for the Total Longterm Care - Pueblo DBA Innovage Greater Colorado PACE plan and the Volunteers of America (VOANS) PACE DBA Senior Community Care plan may be slightly inflated.

4. Beneficiaries can simultaneously enroll in Ohana Community Care Service (BHS) and another medical or dental plan under the Quest program. The de-duplicated total enrollment comprehensive MCOs is 360,905.

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

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

7. Beneficiaries can simultaneously enroll in (1) Magellan Health services, (2) DentaQuest USA Insurance Company, and (3) another comprehensive MCO. The de-duplicated total enrollment in comprehensive MCOs is 1,409,266.

8. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity. Vermont pays for Medicaid services for dually eligible enrollees on a FFS basis. Dually eligible enrollees reported in the Global Commitment to Health are Medicaid enrollees who have become newly eligible for Medicare and, as of July 1, have not yet transferred out of the program.

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

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2017[1, 2]

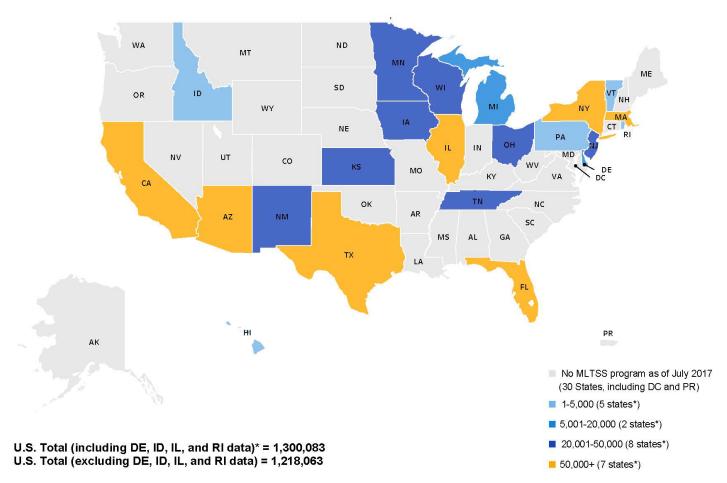| State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS[2]: Number of Enrollees Using LTSS[3,4]	Comprehensive Managed Care Including LTSS[2]: Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS[3,4]	Managed LTSS (MLTSS) Only: Percent of Total
TOTALS	**65,796,616**	**871,052**	**1.4%**	**347,011**	**0.5%**
Alabama	636,919	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%
American Samoa	n/a	n/a	n/a	n/a	n/a
Arizona	1,617,558	58,003	3.6%	0	0.0%
Arkansas	522,252	0	0.0%	0	0.0%
California	10,805,936	325,355	3.0%	0	0.0%
Colorado	1,327,452	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%
Delaware[4]	208,221	12,892	6.2%	0	0.0%
District of Columbia	196,704	0	0.0%	0	0.0%
Florida	3,280,341	0	0.0%	97,638	3.0%
Georgia	1,256,809	0	0.0%	0	0.0%
Guam	n/a	n/a	n/a	n/a	n/a
Hawaii	360,905	4,470	1.2%	0	0.0%
Idaho[4]	292,732	2,289	0.8%	0	0.0%
Illinois[4]	1,912,602	35,141	1.8%	28,223	1.5%
Indiana	1,138,236	0	0.0%	0	0.0%
Iowa	556,741	41,229	7.4%	0	0.0%
Kansas	398,556	29,287	7.3%	0	0.0%
Kentucky	1,308,047	0	0.0%	0	0.0%
Louisiana	1,493,106	0	0.0%	0	0.0%
Maine	238,937	0	0.0%	0	0.0%
Maryland	1,161,315	0	0.0%	0	0.0%
Massachusetts	1,247,614	54,345	4.4%	0	0.0%

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS[2]: Number of Enrollees Using LTSS[3,4]	Comprehensive Managed Care Including LTSS[2]: Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS[3,4]	Managed LTSS (MLTSS) Only: Percent of Total
Michigan[5]	4,655,013	0	0.0%	19,062	0.4%
Minnesota[6]	846,115	32,491	3.8%	0	0.0%
Mississippi	487,201	0	0.0%	0	0.0%
Missouri	975,297	0	0.0%	0	0.0%
Montana	175,012	0	0.0%	0	0.0%
Nebraska	246,633	0	0.0%	0	0.0%
Nevada	578,683	0	0.0%	0	0.0%
New Hampshire	133,811	0	0.0%	0	0.0%
New Jersey	1,560,395	37,209	2.4%	0	0.0%
New Mexico	695,772	30,235	4.3%	0	0.0%
New York	4,710,609	8,079	0.2%	184,298	3.9%
North Carolina	1,607,806	0	0.0%	0	0.0%
North Dakota	49,733	0	0.0%	0	0.0%
Northern Mariana Islands	n/a	n/a	n/a	n/a	n/a
Ohio[7]	2,551,378	45,135	1.8%	0	0.0%
Oklahoma	653,362	0	0.0%	0	0.0%
Oregon	859,634	0	0.0%	0	0.0%
Pennsylvania	2,562,466	149	0.0%	0	0.0%
Puerto Rico	1,401,921	0	0.0%	0	0.0%
Rhode Island[4]	309,037	3,475	1.1%	0	0.0%
South Carolina	1,217,302	0	0.0%	0	0.0%
South Dakota	93,369	0	0.0%	0	0.0%
Tennessee[8]	1,409,555	24,691	1.8%	0	0.0%
Texas	3,903,380	176,432	4.5%	0	0.0%
Utah	282,603	0	0.0%	0	0.0%
Vermont	96,823	894	0.9%	0	0.0%
Virgin Islands	n/a	n/a	n/a	n/a	n/a

State or Territory	Total Medicaid Enrollment in Any Type of Managed Care	Comprehensive Managed Care Including LTSS[2]: Number of Enrollees Using LTSS[3,4]	Comprehensive Managed Care Including LTSS[2]: Percent of Total	Managed LTSS (MLTSS) Only: Number of Enrollees Using LTSS[3,4]	Managed LTSS (MLTSS) Only: Percent of Total
Virginia	723,896	0	0.0%	0	0.0%
Washington	1,824,730	0	0.0%	0	0.0%
West Virginia	424,662	0	0.0%	0	0.0%
Wisconsin	799,040	3,048	0.4%	46,013	5.8%
Wyoming	395	0	0.0%	0	0.0%

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

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

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

4. Delaware, Idaho, Illinois, and Rhode Island report the number of enrollees in their MLTSS programs, some of whom may not be using MLTSS. In previous years, they reported the number of users of LTSS. The totals in this column do not include those four states because it is a count of users, not enrollees.

5. 7,634 of Michigan's MLTSS users are receiving capitated HCBS under the state's Specialty Prepaid Inpatient Health Plan, a BHO. The remainder are receiving MLTSS under MI Choice, an MLTSS Only program.

6. Minnesota's MLTSS user count includes 4,107 dually eligible Medicare-Medicaid beneficiaries who received skilled nursing visits in the home, some of which may be paid for by Medicare rather than Medicaid.

7. Since 2014, Ohio has operated an MLTSS program for dually eligible beneficiaries who chose not to participate in (i.e., opt out of) the MyCare Financial Alignment. Ohio began reporting the MyCare Opt-Out as an MLTSS program in 2016.

8. Across the three plans participating in TennCare, 30,491 individuals were enrolled in MLTSS as of July 1, 2017.

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

Map of State Counts of User of Managed Long-Term Services and Supports, as of July 1, 2017

U.S. Total (including DE, ID, IL, and RI data)* = 1,300,083
U.S. Total (excluding DE, ID, IL, and RI data) = 1,218,063

Legend:
- No MLTSS program as of July 2017 (30 States, including DC and PR)
- 1-5,000 (5 states*)
- 5,001-20,000 (2 states*)
- 20,001-50,000 (8 states*)
- 50,000+ (7 states*)

*This map presents the number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligible). Four states (Delaware, Idaho, Illinois, and Rhode Island) were not able to report data on MLTSS users and instead report enrollment counts. Based on the number of MLTSS users each reported in 2015, and the overall increase in enrollment in comprehensive managed care reported since 2016, we have assumed the number of MLTSS users in 2017 is between 1-5,000 for Idaho and Rhode Island, between 5,001-20,000 for Delaware, and between 20,001-50,000 for Illinois. The map assigns the aforementioned categories to each state and counts them in the assigned categories when totaling the number of states with MLTSS users. This assumption, however, may not be accurate; readers should interpret this map with caution.

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2017.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2017

Features (N = total number of programs) Enrollment (M=Mandatory, V=Voluntary)[1]	Comprehensive MCO with or without MLTSS (77): M	Comprehensive MCO with or without MLTSS (77): V	PCCM (14): M	PCCM (14): V	PCCM Entity (2): M	PCCM Entity (2): V	MLTSS Only (5): M	MLTSS Only (5): V	BHO (PIHP and/or PAHP) (14): M	BHO (PIHP and/or PA HP) (14): V	Dental (10): M	Dental (10): V	Transportation (16): M	Transportation (16): V	Other PHP (7): M	Other PHP (7): V	PACE (30): M	PACE (30): V
Low-income Adults	39	5	6	2	1	1	1	0	9	0	5	1	11	2	0	2	0	0
Aged, Blind or Disabled Children or Adults	41	14	9	4	0	2	2	2	11	0	8	1	14	2	1	1	0	23
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	41	3	10	2	1	1	1	0	9	0	8	1	12	2	1	2	0	0
Individuals receiving Limited Benefits	12	1	3	0	0	1	0	0	3	0	2	1	6	2	1	2	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	35	5	5	1	0	1	0	0	7	0	4	1	8	1	0	1	0	0
Full Duals	22	26	0	2	0	2	3	2	8	2	4	1	12	2	0	1	0	29
Partial Duals	6	5	0	1	0	0	0	1	3	2	2	0	6	2	0	1	0	19
Children with Special Health Care Needs	29	14	4	2	0	2	1	0	8	3	6	1	12	2	1	2	0	0
Native American/Alaskan Natives	20	45	4	7	0	2	1	3	5	7	6	3	7	4	0	5	0	21
Foster Care and Adoption Assistance Children	30	18	2	5	0	2	1	0	8	4	5	2	12	0	1	4	0	1
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children)[2]	NA/AN 12	FC/AA 26	NA/AN 3	FC/AA 5	NA/AN 0	FC/AA 0	NA/AN 1	FC/AA 4	NA/AN 2	FC/AA 2	NA/AN 1	FC/AA 3	NA/AN 5	FC/AA 1	NA/AN 2	FC/AA 2	NA/AN 9	FC/AA 20

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

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

Table 8. Number of Managed Care Program Types, by Quality Assurance Requirements, Performance Incentives, and Provider Value-Based Purchasing Status, at any point in 2017

Features (total number of programs)	Comprehensive MCO with or without MLTSS (77)	PCCM (14)	PCCM Entity (2)	MLTSS Only (5)	BHO (PIHP and/or PAHP) (14)	Dental (10)	Transportation (16)	Other PHP (7)	PACE (30)
Quality Assurance and Data Collection: HEDIS data required	70	4	2	1	9	6	0	3	3
Quality Assurance and Data Collection: CAHPS data required	66	4	2	1	4	7	1	2	1
Quality Assurance and Data Collection: Accreditation required	39	1	0	2	8	1	0	1	1
Quality Assurance and Data Collection: EQRO contractor used	72	3	1	4	9	3	1	3	2
Performance incentives: Payment bonuses/differentials to reward MCOs	32	3	1	3	4	3	2	1	2
Performance incentives: Preferential auto-enrollment to reward MCOs	19	0	0	1	0	0	0	0	0
Performance incentives: Public reports comparing MCO performance on key metrics	42	2	1	1	3	2	1	0	1
Performance incentives: Withholds tied to performance metrics	32	1	1	2	2	5	0	1	0
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	43	0	0	1	1	1	0	0	0

Alabama Managed Care Program Features, as of 2017

Features	Patient 1st	Maternity Program	PACE
Program type	Primary Care Case Management (PCCM)	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Mobile and Baldwin Counties
Federal operating authority	1932(a),1945 Health Homes	1915(b)	PACE
Program start date	10/01/2004	09/01/1988	01/01/2012
Waiver expiration date (if applicable)		08/31/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	

Features	Patient 1st	Maternity Program	PACE
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			Open enrollment begins the first of every month; disenrollment is effective the last day of the month chosen
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services		X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning		X	

Features	Patient 1st	Maternity Program	PACE
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers	Any service deemed medically necessary by the interdisciplinary team (IDT Team)
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			

Features	Patient 1st	Maternity Program	PACE
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Patient 1st; Health Homes	Maternity Program	Mercy Life of Alabama
Notes: Program notes	To be eligible for the Health Home, a recipient must be enrolled in Patient 1st and their assigned primary medical provider (PMP) must also be enrolled with the Health Home.	This is only a maternity care program. It is a PAHP only program. Maternity services are provided FFS, not under 1915(b) authority in the following counties: Autuaga, Butler, Bullock, Crenshaw, Elmore, Lowdnes, Montgomery, Pike, Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington. Recipients residing in District 12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington Counties) were excluded in January 1, 2017.	

Arizona Managed Care Program Features, as of 2017

Features	Arizona Health Care Cost Containment System
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	07/13/1982
Waiver expiration date (if applicable)	09/30/2021
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

Features	Arizona Health Care Cost Containment System
Populations enrolled: Enrollment choice period	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.
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	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X

Features	Arizona Health Care Cost Containment System
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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?	No
Quality assurance and improvement: Accrediting organization	Please note that HEDIS and CAHPS are run by the EQRO not the MCO
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group

Features	Arizona Health Care Cost Containment System
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	United Healthcare Plan; Bridgeway Health Solution (MLTSS); Care1st Health Plan; DCS/CMDP; DES/Division of Developmental Disabilities (MLTSS); United Healthcare Plan (MLTSS); Health Choice Arizona; Health Net Access; Maricopa Health Plan; Mercy Care Plan; Mercy Care Plan (MLTSS); Phoenix Health Plan; University Family Care; Mercy Maricopa Integrated Care; Cenpatico Integrated Care; Health Choice Integrated Care

Features	Arizona Health Care Cost Containment System
Notes: Program notes	Regarding enrollment (voluntary with auto-enrollment): Members have a choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 30 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native members of these populations are voluntarily enrolled. 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.

Arkansas Managed Care Program Features, as of 2017

Features	Primary Care Case Management	Non-Emergency Transportation	PACE
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1915(b),1902(a)(70) NEMT	PACE
Program start date	01/01/2014	10/01/2015	04/01/2016
Waiver expiration date (if applicable)		09/30/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered 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	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	

Features	Primary Care Case Management	Non-Emergency Transportation	PACE
Populations enrolled: Enrollment choice period	N/A		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			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			X

Features	Primary Care Case Management	Non-Emergency Transportation	PACE
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Capitated comprehensive medical and social services in adult health day centers and in-home and referral services according to participants needs.
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			Health Management Plan (CMS)
Quality assurance and improvement: EQRO contractor name (if applicable)			

Features	Primary Care Case Management	Non-Emergency Transportation	PACE
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Multiple Primary Care Providers	Net Transportation	PACE
Notes: Program notes			

California Managed Care Program Features, as of 2017 (1 of 4)

Features	Regional Model	Geographic Managed Care (GMC) Model	County Organized Health Systems (COHS) Model
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba	Sacramento, San Diego	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/02/2013	06/01/1991	10/01/1995
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults covered 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
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Varies	Varies
Populations enrolled: Partial Duals			Mandatory

Features	Regional Model	Geographic Managed Care (GMC) Model	County Organized Health Systems (COHS) Model
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Health Care Options (Maximus)	
Populations enrolled: Notes on enrollment choice period	Approximately 45 days	Approximately 45 days	
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
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	
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X

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

Features	Regional Model	Geographic Managed Care (GMC) Model	County Organized Health Systems (COHS) Model
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

Features	Regional Model	Geographic Managed Care (GMC) Model	County Organized Health Systems (COHS) Model
Participating plans: Plans in Program	Anthem Blue Cross Partnership Plan (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, and Yuba); California Health & Wellness (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Sierra, Sutter, Tehama, Tuolumne, and Yuba); Kaiser (Amador, El Dorado, Placer, Imperial, and Plumas)	Community Health Group (San Diego); Health Net (San Diego, Sacramento); Molina Healthcare (San Diego, Sacramento); Care 1st Healthplan (San Diego); Kaiser (San Diego, Sacramento); ; Anthem Blue Cross Partnership Plan (Sacramento)	CenCal Health (San Luis Obispo, Santa Barbara, San Mateo, Solano, Napa ,Yolo); Partnership HealthPlan of CA (Marin, Lake, Mendocino ,Sonoma, Humboldt, Lassen, Modoc, Shasta, Siskiyou, Trinity, and Del Norte); Central California Alliance for Health (Monterey, Merced, Santa Cruz); CalOptima (Orange); Gold Coast Health Plan (Ventura)
Notes: Program notes		Full duals are mandatory for managed care enrollment in CCI counties (San Diego) and voluntary for all other counties (Sacramento).	Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other counties.

Features	Two-Plan Model	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Dental only (PAHP)
Statewide or region-specific?	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare	Los Angeles	Sacramento
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/1996	04/01/1998	12/01/1998
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	Mandatory
Populations enrolled: Full Duals	Varies	Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary

Features	Two-Plan Model	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)		Health Care Operations (Maximus)	Health Care Operations (Maximus)
Populations enrolled: Notes on enrollment choice period	Approximately 45 days		
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X		

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

Features	Two-Plan Model	Dental Managed Care/Los Angeles	Dental Managed Care/Sacramento
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	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	CalViva Health (Fresno, Kings, Madera); Anthem Blue Cross Partnership Plan (Fresno, Kings, Madera, Alameda, Contra Costa, San Francisco, Santa Clara, Tulare); Health Net (Los Angeles, San Joaquin, Stanislaus, Kern, Tulare); Kern Family Health Care; L.A. Care Health Plan; Contra Costa Health Plan; Alameda Alliance for Health; Molina Healthcare (Riverside, San Bernardino); Inland Empire Health Plan (Riverside, San Bernardino); San Francisco Health Plan; Health Plan of San Joaquin (San Joaquin, Stanislaus); Santa Clara Family Health Plan	Health Net Dental Plan; Access Dental Plan; LIBERTY Dental Plan	Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento; Health Net Dental Plan/Sacramento
Notes: Program notes	Full duals are mandatory for managed care enrollment in CCI Counties (Los Angeles, Riverside, San Bernardino and Santa Clara) and voluntary for all other counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare).		

California Managed Care Program Features, as of 2017 (3 of 4)

Features	Senior Action Care Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Program/San Francisco
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Los Angeles, Riverside, San Bernardino	San Mateo	San Francisco
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)
Program start date	01/01/1996	06/01/2012	12/01/1992
Waiver expiration date (if applicable)	12/31/2020	04/01/2018	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary

Features	Senior Action Care Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Program/San Francisco
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period		Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			

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

Features	Senior Action Care Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo	Family Mosaic Program/San Francisco
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	SCAN Health Plan (Los Angeles, Riverside, San Bernardino); SCAN Health Plan (Nurs hm cert) (Los Angeles, Riverside, San Bernardino)	Health Plan of San Mateo CCS Demo	Family Mosaic Project/San Francisco
Notes: Program notes			

Features	Positive Healthcare/Los Angeles	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Los Angeles	Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara
Federal operating authority	1937 Alt Benefit Plan	PACE
Program start date	04/01/2002	06/01/1991
Waiver expiration date (if applicable)		
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Positive Healthcare/Los Angeles	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt
Populations enrolled: Enrollment choice period		N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X

Features	Positive Healthcare/Los Angeles	Program of All-Inclusive Care for the Elderly (PACE)
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		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		

Features	Positive Healthcare/Los Angeles	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		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Positive Healthcare/Los Angeles	Fresno PACE; Redwood Coast PACE/Humboldt; Sutter SeniorCare PACE/Sacramento; Center for Elders Independence/Alameda; AltaMed Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino; On Lok Lifeways (San Francisco, Alameda, Santa Clara); St. Paul's PACE/San Diego; CalOptima PACE/Orange; Brandman Centers for Senior Care/Los Angeles; San Diego PACE
Notes: Program notes		

Colorado Managed Care Program Features, as of 2017 (1 of 2)

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Denver, Arapahoe, Adams and Jefferson Counties
Federal operating authority	PACE	1915(b)	1915(a)
Program start date	10/01/1991	07/01/1995	01/01/1997
Waiver expiration date (if applicable)		06/30/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.		Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled the first of the month.		Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.
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	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT		X	X
Benefits covered: Case management	X	X	

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Optometry, podiatry, rehabilitative services, adult day health center services, transportation		Durable Medical Equipment
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Rocky Mountain Health Care Services (PACE); Total Longterm Care - Pueblo DBA Innovage Greater Colorado PACE; Total Longterm Care - Innovage Greater Colorado PACE; Volunteers of America (VOANS) PACE DBA Senior Community Care; Total Longterm Care - Innovage Loveland; TRU Community Care	Colorado Health Partnerships; Behavioral Healthcare Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Denver; Access Behavioral Care - Northeast	Denver Health Medicaid Choice (PIHP)
Notes: Program notes		The Colorado Medicaid Community Behavioral Health Services Program contracts with BHOs to arrange for or provide medically necessary mental health services to clients in five service areas. In each area, the program is managed by a different behavioral health organization BHO. Medicaid members are assigned to a BHO based on where they live.	Denver Health & Hospital Authority (DHHA) is a staff-model MCO. In addition to DHHA's main medical campus (e.g., hospital, pharmacy, clinic), it operates eight community health centers and 15 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area.

Colorado Managed Care Program Features, as of 2017 (2 of 2)

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Program type	Comprehensive MCO	Comprehensive MCO	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Adams, Arapahoe, and Douglas Counties	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco Counties	Statewide
Federal operating authority	1932(a)	1932(a)	1932(a)
Program start date	07/01/2016	09/01/2014	05/11/2011
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary		Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.	Maximus Health Services, Inc.	Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	On July 1, 2016, clients who had Kaiser Permanente as their primary care medical provider were passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, those clients are given notice 60 days prior to their birth month that they can disenroll. Eligible clients may select this program at any time.	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT	X	X	

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning	X	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			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Durable Medical Equipment	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)			Health Services Advisory Group, Inc.
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			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Colorado Access Kaiser Permanente	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP)	RCCO 1: Rocky Mountain Health Plans; RCCO 2: Colorado Access; RCCO 3: Colorado Access; RCCO 4: Integrated Community Health Partnership; RCCO 5: Colorado Access; RCCO 6: Colorado Community Health Alliance; RCCO 7: Community Health Partnerships

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Notes: Program notes	Accountable Care Collaborative: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative is a limited benefit, capitated primary care model designed to pilot an alternative to the current fee-for-service payment mechanism. The initiative is a partnership between the State of Colorado Department of Health Care Policy and Financing (HCPF), Colorado Access, and Kaiser Permanente. The Department did a passive enrollment into the program (mandatory); however, for continuing enrollment, clients have to actively select the program (voluntary). The program officially ended on June 30, 2017.	Accountable Care Collaborative: Rocky Mountain Health Plans Prime tests two main payment methodologies designed to prioritize value-based care over volume-based care. First, the Department's payment to RMHP is tied to quality through a medical loss ratio (MLR). RMHP's MLR is adjusted down for every quality target they meet or surpass. Second, RMHP establishes a global budget with both primary care providers and community mental health centers and provides an opportunity for shared savings if quality targets are met. This shared savings structure incentivizes primary care and behavioral health providers to collaborate in new and innovative ways that improve health care delivery. RMHP also offers Health Plan Performance incentives by paying providers for value/quality outcomes using shared-risk or shared-savings method.	Medical services are paid on a fee-for-service basis where two administrative per-member-per-month fee payments are made: 1) the first payment is to the ACO to be accountable for improved health and reduced cost; and 2) the second payment is to the PCMP for providing a medical home level of care. The program has seven ACOs, called Regional Care Collaborative Organizations (RCCOs). RCCOs contract with providers to serve as medical homes for clients and also provide support services that include care coordination, case management, data analytics, practice transformation assistance and community resource referrals.

Delaware Managed Care Program Features, as of 2017

Features	Diamond State Health Plan	Saint Francis Life
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	New Castle County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/1996	02/01/2013
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	

Features	Diamond State Health Plan	Saint Francis Life
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC Technology	DXC Technology
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)		X

Features	Diamond State Health Plan	Saint Francis Life
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		X
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers, home-delivered meals, emergency response system, home modifications	
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Mercer Government Human Services Consulting	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		

Features	Diamond State Health Plan	Saint Francis Life
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Highmark Health Options of Delaware; UnitedHealthcare Community Plan	Saint Francis Life
Notes: Program notes		

District of Columbia Managed Care Program Features, as of 2017

Features	Medicaid Managed Care Program	Health Services for Children with Special Needs	Non-Emergency Medical Transportation Program
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(a)	1902(a)(70) NEMT
Program start date	04/01/1994	01/01/1996	10/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

Features	Medicaid Managed Care Program	Health Services for Children with Special Needs	Non-Emergency Medical Transportation Program
Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home	X		
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	

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

Features	Medicaid Managed Care Program	Health Services for Children with Special Needs	Non-Emergency Medical Transportation Program
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	AmeriHealth District of Columbia; MedStar Family Choice; Trusted Health Plan	Health Services for Children with Special Needs	Medical Transportation Management, Inc.
Notes: Program notes	Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household.		The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members; non-emergency medical transportation for managed care members is paid for by the District's Medicaid managed care organizations for low-income adults and children.

Florida Managed Care Program Features, as of 2017

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	03/01/2014	01/01/2003
Waiver expiration date (if applicable)	06/30/2022	12/27/2021	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	30 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.		Continuous while slots are available
Benefits covered: Inpatient hospital physical health	X		X
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	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry, and Targeted Case Management. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded adult dental services, expanded outpatient hospital visits, physician home visits, and many other expanded benefits that can be viewed through the following link: http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Expanded_Benefits.pdf	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package and 1915(c). These expanded benefits vary by plan and include, but are not limited to, cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of a nursing facility.	All other FL Medicaid covered services and other services as determined by the multidisciplinary team
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Amerigroup Florida, Inc.; Better Health, Inc.; Coventry Healthcare of FL, Inc.; Humana Medical Plan; Molina Healthcare of Florida, Inc.; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; Positive Healthcare, Inc.; Freedom Health, Inc.; Magellan Complete Care, LLC.; Clear Health Alliance; Sunshine State Health Plan, Inc.; Children's Medical Services Network	Amerigroup Florida, Inc.; Coventry Healthcare of FL, Inc.; Molina Healthcare of Florida, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of FL, Inc.; Humana Medical Plan, Inc.	Florida PACE Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Notes: Program notes	Pregnant women who meet all other criteria for Medicaid eligibility are mandatorily enrolled into the MMA program. Presumptively eligible pregnant women are excluded. Full Dual recipients are mandatorily enrolled in the MMA program if they receive fee-for-service Medicare or are enrolled in a Medicare Advantage plan that is NOT fully liable. Full Duals enrolled in a fully liable Medicare Advantage plan or in a Medicare Advantage Special Needs plan are excluded. There are two specialty plans available for recipients with HIV or AIDS: the Clear Health Alliance HIV/AIDS Specialty Plan and the Positive Healthcare of Florida HIV/AIDS Specialty Plan. The Agency identifies recipients for these specialty plans who have HIV/AIDS, or who take medications commonly associated with treatment of HIV or AIDS. Enrollment in the Freedom Health plan is restricted to Dual Eligibles with chronic conditions such as Diabetes, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure or Cardiovascular Disease. The Magellan Complete Care Serious Mental Illness Specialty Plan is for Medicaid recipients ages six and older who are diagnosed with or in treatment for a serious mental illness. The Agency identifies recipients for this specialty plan who are seriously mentally ill. The Sunshine Health Child Welfare Specialty Plan is for Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database. The child welfare specialty plan works with the Community Based Care lead agencies to coordinate medical, dental, and behavioral health care for recipients in the child welfare system. When DCF notifies the Agency that a case is open for child welfare services in the FSFN database, the child becomes eligible for the child welfare specialty plan. A child also becomes eligible for Medicaid at that time, if not already eligible. The Children's Medical Services (CMS) Plan is for Medicaid recipients under the age of 21 who meet the Department of Health's clinical screening criteria for serious, chronic conditions. The parent or guardian who believes their child may be eligible for the CMS Plan can request a screening by contacting their local CMS office or they may be referred for screening by providers. The MMA specialty plans cover the same health care services as the standard MMA plans.	A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll in the Long-term Care program. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration in order to enroll in the Long-term Care program.	

Georgia Managed Care Program Features, as of 2017

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1115(a) (Medicaid demonstration waivers)	1932(a)
Program start date	06/01/2006	01/01/2011	03/03/2014
Waiver expiration date (if applicable)	06/30/2018	12/31/2020	06/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Voluntary	
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Populations enrolled: Enrollment choice period	30 days	Other	30 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus		Maximus
Populations enrolled: Notes on enrollment choice period		Women who are enrolled in the P4HB program are granted a 30 days period to select a care management organization (CMO) of their choice. Furthermore, effective 01/01/2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is autoassigned to a CMO, in order to receive P4HB services, based on the state's auto-assignment algorithm.	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X		X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Podiatry, Nurse Midwife
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC		NCQA, JCAHO, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup Community Plan; CareSource Georgia; Peach State Health Plan; WellCare of Georgia	Amerigroup Community Care; Peach State Health Plan; CareSource Georgia; WellCare of Georgia	Amerigroup Community Care

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Notes: Program notes	Beginning July 1, 2017, the Georgia Families program began providing members a choice of four Care Management Organizations (CMOs): Amerigroup, CareSource, Peach State Health Benefit Plan and WellCare. Georgia Families serves certain Medicaid and PeachCare for Kids (CHIP) members, and Planning for Healthy Babies enrollees.	P4HB consists of family planning, inter-pregnancy care and care management services. Inter-pregnancy care and care management services are limited to women who have given birth to a very low birthweight (VLBW) baby. Women who do not receive Medicaid benefits and have given birth to a VLBW baby are only eligible for care management services. Women ages 18 through 44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State Plan are enrolled into one of the CMOs per the Medicaid state plan. Women ages 18 through 44 who qualify under the Aged, Blind and Disabled classes of assistance under the Georgia Medicaid State Plan and who deliver a VLBW baby will receive care management services through a CMO of their choice.	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.

Hawaii Managed Care Program Features, as of 2017

Features	Hawaii QUEST Integration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	09/01/1994
Waiver expiration date (if applicable)	12/31/2018
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

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

Features	Hawaii QUEST Integration
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X

Features	Hawaii QUEST Integration
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	AlohaCare QUEST; Hawaii Medical Service Association (HMSA) QUEST; Kaiser Permanente QUEST; Ohana Health Plan QUEST; UnitedHealthcare Community Plan QUEST; AlohaCare ABD; HMSA ABD; Kaiser ABD; Ohana ABD; UnitedHealth ABD; Ohana Community Care Service (BHS)
Notes: Program notes	Hawaii QUEST Integration is the same program reported in 2016 as QUEST Integration.

Idaho Managed Care Program Features, as of 2017 (1 of 2)

Features	Medicare-Medicaid Coordinated Plan	Non-Emergency Medical Transportation	Healthy Connections
Program type	Comprehensive MCO + MLTSS	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)/1915(c)	1902(a)(70) NEMT	1932(a)
Program start date	07/01/2014	09/01/2010	10/01/2006
Waiver expiration date (if applicable)	12/31/2018		
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		Voluntary

Features	Medicare-Medicaid Coordinated Plan	Non-Emergency Medical Transportation	Healthy Connections
Populations enrolled: Enrollment choice period			N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			20 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 and prosthetic devices	X		
Benefits covered: EPSDT			
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		

Features	Medicare-Medicaid Coordinated Plan	Non-Emergency Medical Transportation	Healthy Connections
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Primary services not covered by Medicare		
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA	URAC	For those participating at tiers 3 or 4 of our PCMH model, national accreditation is required.

Features	Medicare-Medicaid Coordinated Plan	Non-Emergency Medical Transportation	Healthy Connections
Quality assurance and improvement: EQRO contractor name (if applicable)	Telligen		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Medicare-Medicaid Coordinated Plan	Non-Emergent Medical Transportation	Multiple Primary Care Providers
Notes: Program notes			

Idaho Managed Care Program Features, as of 2017 (2 of 2)

Features	Idaho Smiles	Idaho Behavioral Health Plan
Program type	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b)/1915(i)
Program start date	08/01/2010	09/01/2013
Waiver expiration date (if applicable)	06/30/2022	03/21/2022
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
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	Mandatory
Populations enrolled: Enrollment choice period		

Features	Idaho Smiles	Idaho Behavioral Health Plan
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs and prosthetic devices		
Benefits covered: EPSDT		X
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		

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

Features	Idaho Smiles	Idaho Behavioral Health Plan
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: Plans in Program	MCNA Dental	United Behavioral Health (dba Optum Idaho)
Notes: Program notes		

Illinois Managed Care Program Features, as of 2017 (1 of 2)

Features	Family Health Plan (FHP)/Affordable Care Act (ACA)	Illinois Health Connect (IHC) Primary Care Case Management	Managed Long Term Services and Supports
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, DeKalb, Lee, Livingston, Woodford, Ford, Vermilion, Champaign, Piatt, DeWitt, McLean, Macon, Logan, Christian, Sangamon, Menard, Scott, Pike, Brown, Adams, Warren, Henderson, Tazewell, Peoria, Stark, Knox, Henry, Rock Island, Mercer, Madison, Clinton, St. Clair, Washington, Randolph, Perry, Jackson and Williamson counties	Jo Daviess, Stephenson, Carroll, Ogle, DeKalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Schuyler, Mason, Cass, Brown, Adams, Pike, Scott, Morgan, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Moultrie, Douglas, Edgar, Coles, Clark, Cumberland, Crawford, Jasper, Effingham, Marion, Clay, Richland, Lawrence, Wabash, Edwards, Wayne, Jefferson, Washington, Monroe, Randolph, Perry, Franklin, Hamilton, White, Gallatin, Saline, Williamson, Jackson, Union, Johnson, Pope, Hardin, Alexander, Pulaski and Massac counties	Lake, Kane, DuPage, Cook, Will and Kankakee counties
Federal operating authority	1932(a)/1915(c)	1932(a)	1915(b)
Program start date	07/01/2014	07/01/2006	07/01/2016
Waiver expiration date (if applicable)	09/30/2019		12/31/2019
If the program ended in 2017, indicate the end date	12/31/2017	12/31/2017	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory

Features	Family Health Plan (FHP)/Affordable Care Act (ACA)	Illinois Health Connect (IHC) Primary Care Case Management	Managed Long Term Services and Supports
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X		

Features	Family Health Plan (FHP)/Affordable Care Act (ACA)	Illinois Health Connect (IHC) Primary Care Case Management	Managed Long Term Services and Supports
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	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

Features	Family Health Plan (FHP)/Affordable Care Act (ACA)	Illinois Health Connect (IHC) Primary Care Case Management	Managed Long Term Services and Supports
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory, surgical treatment center, assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, vision, podiatry, physical/occupational and speech therapy, renal, behavioral, assisted living, specialized medical equipment and supplies, environmental accessibility		Non-Medicare behavioral health
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		X

Features	Family Health Plan (FHP)/Affordable Care Act (ACA)	Illinois Health Connect (IHC) Primary Care Case Management	Managed Long Term Services and Supports
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Aetna Better Health; Blue Cross Blue Shield of Illinois; CountyCare; Family Health Network; Harmony Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners	Illinois Health Connect	Aetna Better Health; Blue Cross Blue Shield of Illinois; IlliniCare Health Plan; Meridian Health Plan
Notes: Program notes	Low-income pregnant women are enrolled mandatorily in this program.	Providers that render services to IHC members bill the state in accordance with state fee-for-service reimbursement policies. As such, clients receive the same fee-for-service covered benefits in PCCM as they do in regular fee-for-service with no assigned PCCM primary care practitioner.	Only dual eligibles are allowed to enroll in the MLTSS program.

Illinois Managed Care Program Features, as of 2017 (2 of 2)

Features	Integrated Care Program
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Boone, Champaign, Christian, Clinton, Cook, DeWitt, DuPage, Ford, Henry, Kane, Kankakee, Knox, Lake, Logan, Macon, Madison, McHenry, McLean, Menard, Mercer, Peoria, Piatt, Rock Island, Sangamon, St. Clair, Stark, Tazewell, Vermilion, Will and Winnebago counties
Federal operating authority	1932(a)/1915(c)
Program start date	05/01/2011
Waiver expiration date (if applicable)	09/30/2019
If the program ended in 2017, indicate the end date	12/31/2017
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	

Features	Integrated Care Program
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	60 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	Integrated Care Program
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, chiropractic, durable medical equipment, hearing, immunization, physical therapy, renal dialysis services, speech therapy, vision
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	Integrated Care Program
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Aetna Better Health; Blue Cross Blue Shield of Illinois; Cigna-HealthSpring; Community Care Alliance of Illinois; CountyCare; Humana Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners
Notes: Program notes	Dual eligibles are not allowed to enroll in the ICP program. Cigna-HealthSpring ended service to the program effective 7/31/2017.

Indiana Managed Care Program Features, as of 2017

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2015	01/01/2000	02/01/2015
Waiver expiration date (if applicable)	06/30/2019		01/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members 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 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 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.
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	NCQA

Features	Hoosier Care Connect	Hoosier Healthwise	Healthy Indiana Plan (2.0)
Quality assurance and improvement: EQRO contractor name (if applicable)	Burns and Associates	Burns and Associates	Burns and Associates
Performance incentives: Payment bonuses/differentials to reward plans	X	X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Anthem; Managed Health Services of Indiana	Anthem; Caresource Indiana, Inc.; Managed Health Services of Indiana; MDWise	Anthem; Caresource Indiana, Inc.; Managed Health Services of Indiana; MDWise
Notes: Program notes	When a member becomes dually eligible, they are disenrolled from managed care. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts.	When a member becomes dually eligible, they are disenrolled from managed care. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts.	Once the State becomes aware that the member has Medicare, the person is no longer eligible for HIP. Duals cannot enroll in managed care, however, individuals may become retroactively dual eligible while enrolled in an MCO. Therefore, some dually eligible individuals are shown in enrollment counts. HIP covers nursing facility services for short rehabilitation stays through managed care as a step down from hospital care. If a person requires a longer stay thereby becoming a "resident", this institutional level of care would require a new eligibility determination and typically moves the member to fee-for-service, traditional Medicaid. Indiana does not have MLTSS.

Iowa Managed Care Program Features, as of 2017 (1 of 2)

Features	IA Healthlink	Dental Wellness Plan	PACE
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Harrison, Mills, Pottawattamie, Cherokee, Monona, Plymouth, Woodbury, Boone, Dallas, Jasper, Marshall, Madison, Marion, Polk, Story, and Warren counties
Federal operating authority	1915(b)/1915(c),1937 Alt Benefit Plan,1945 Health Homes	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	04/01/2016	05/01/2014	09/01/2009
Waiver expiration date (if applicable)	03/31/2019	01/01/2020	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered 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
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory		

Features	IA Healthlink	Dental Wellness Plan	PACE
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus (Iowa Medicaid Member Services contractor)	Maximus (Iowa Medicaid Member Services contractor)	
Populations enrolled: Notes on enrollment choice period			Members opt-in
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home	X		

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

Features	IA Healthlink	Dental Wellness Plan	PACE
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	UnitedHealthcare of the River Valley, Inc.; Amerigroup of Iowa, Inc.; AmeriHealth Caritas of Iowa, Inc.	Delta Dental of Iowa; MCNA Dental	PACE
Notes: Program notes			

Iowa Managed Care Program Features, as of 2017 (2 of 2)

Features	NEMT
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	01/01/2009
Waiver expiration date (if applicable)	
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned

Features	NEMT
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 and prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	

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

Features	NEMT
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Access2Care
Notes: Program notes	

Kansas Managed Care Program Features, as of 2017

Features	KanCare	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Leavenworth, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Reno, Rice, Saline, Sedgwick, Shawnee, Pottawatomie, Wabaunsee and Wyandotte counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2013	08/01/2002
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		Voluntary

Features	KanCare	PACE
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC Technology	DXC Technology
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		

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

Features	KanCare	PACE
Quality assurance and improvement: EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Amerigroup Kansas, Inc.; Sunflower State Health Plan; United Healthcare Community Plan of Kansas	Via Christi; Midland Care; Bluestem PACE
Notes: Program notes	Kansas operates Kancare, our Medicaid Managed Care Program, under the 1115(a) demonstration waiver concurrently with seven 1915(c) waivers. Personal Care Benefits are covered through one or more of the 1915(c) waivers.	

Kentucky Managed Care Program Features, as of 2017

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

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Populations enrolled: Enrollment choice period		Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs and prosthetic devices		X
Benefits covered: EPSDT		X
Benefits covered: Case management		
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X

Features	Non-Emergency Transportation Program	Kentucky Medicaid Managed Care
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X
Participating plans: Plans in Program	NEMT-Human Services Transportation Delivery	Anthem Blue Cross Blue Shield Medicaid; Humana CareSource; WellCare of Kentucky; Aetna Better Health of Kentucky; Passport Health Plan
Notes: Program notes		

Louisiana Managed Care Program Features, as of 2017 (1 of 2)

Features	PACE	Healthy Louisiana BHO	Healthy Louisiana
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	70704, 70710, 70714,70719, 70720,70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879,70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898, 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121, 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	Statewide	Statewide
Federal operating authority	PACE	1915(b)/1915(c)	1932(a)
Program start date	09/01/2017	12/01/2015	02/01/2012
Waiver expiration date (if applicable)		08/31/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Varies

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

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

Features	PACE	Healthy Louisiana BHO	Healthy Louisiana
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are covered but limited to a list of payable procedures.
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		IPRO	IPRO
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	PACE - Baton Rouge; PACE - Greater New Orleans; PACE - Lafayette	Aetna Better Health; AmeriHealth Caritas; Amerigroup; Louisiana Healthcare Connections; UnitedHealthcare Community Plan	Aetna Better Health; AmeriHealth Caritas; Amerigroup; Louisiana Healthcare Connections; UnitedHealthcare Community Plan

Features	PACE	Healthy Louisiana BHO	Healthy Louisiana
Notes: Program notes		If the individual is not eligible for or opts out of enrollment in the comprehensive MCO, enrollment in the BHO is mandatory. Native American/Alaskan Native populations are not distinguished from the general population. If the individual is in a mandatory category, they are enrolled on a mandatory basis, if they are in a voluntary category they are enrolled on a voluntary basis.	Native American/Alaskan Native populations are not distinguished from the general population. Adults who are aged, blind or disabled are mandatorily enrolled. Children who are blind or disabled are voluntarily enrolled.

Louisiana Managed Care Program Features, as of 2017 (2 of 2)

Features	Dental Program
Program type	Dental only (PAHP)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	07/01/2014
Waiver expiration date (if applicable)	06/30/2021
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	

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

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

Features	Dental Program
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	MCNA
Notes: Program notes	

Maryland Managed Care Program Features, as of 2017

Features	Hopkins Elder Plus	HealthChoice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	11/01/2002	06/02/1997
Waiver expiration date (if applicable)		12/31/2021
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Mandatory

Features	Hopkins Elder Plus	HealthChoice
Populations enrolled: Native American/Alaskan Natives	Exempt	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maryland Health Connection
Populations enrolled: Notes on enrollment choice period		21 days, 60 days for foster children
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs and prosthetic devices		X
Benefits covered: EPSDT		X
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X

Features	Hopkins Elder Plus	HealthChoice
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All benefits listed under 42 CFR 460.90 - 460.106	Nurse midwife, freestanding birthing centers, podiatry (routine foot care under 21 and diabetics).
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		NCQA

Features	Hopkins Elder Plus	HealthChoice
Quality assurance and improvement: EQRO contractor name (if applicable)		Delmarva
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Hopkins Elder Plus	Amerigroup Community Care; Jai Medical Systems; Kaiser Permanente; Maryland Physicians Care; MedStar Family Choice; Priority Partners; United Healthcare Community Plan; University of Maryland Health Partners
Notes: Program notes		

Maine Managed Care Program Features, as of 2017

Features	MaineCare	NET
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1915(b)
Program start date	05/01/1999	08/01/2011
Waiver expiration date (if applicable)		03/31/2022
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory

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

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

Features	MaineCare	NET
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Multiple Primary Care Providers	Logisticare; MidCoast Connector; Penquis CAP
Notes: Program notes		

Massachusetts Managed Care Program Features, as of 2017 (1 of 2)

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options (SCO)
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Counties of Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)/1915(c)
Program start date	07/01/1997	07/07/1998	07/01/2004
Waiver expiration date (if applicable)	06/30/2022	06/30/2019	12/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options (SCO)
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period	Daily	14 days	Enrollment open all year, effective first day of the month.
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	X
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options (SCO)
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)		X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options (SCO)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Children's Behavioral Health Initiative (CBHI) services, Emergency Services Program, and Diversionary Services: Community Crisis Stabilization, Community-Based Acute Treatment for Children and Adolescents (CBAT), Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III.5), and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment, and Intensive Outpatient Treatment, Transitional Support Services (TSSW) for Substance Use Disorders, Residential Rehabilitation Services for Substance Use Disorder and Enhanced Residential Rehabilitation Services for Dually Diagnosed.	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF up to 100 days per contract year, chronic or rehab, and Home Health (nursing and therapies). LTSS are covered through FFS. (Note: this list is not fully inclusive).	All LTSS and waiver services
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	KEPRO	KEPRO	KEPRO
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			

Features	MassHealth BH/SUD PIHP	MassHealth Managed Care	Senior Care Options (SCO)
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	Massachusetts Behavioral Health Partnership	Health New England; Neighborhood Health Plan; Fallon Community Health Plan; Tufts Health Plan; Celticare; Boston Medical Center Health Plan	Boston Medical HealthNet Plan; United Healthcare; Senior Whole Health; Navicare HMO; Commonwealth Care Alliance; Tufts Health Plan
Notes: Program notes	Full duals are only enrolled mandatorily if less than 21 years of age.	The referenced incentive program is the Disability Access Incentive, a program for Massachusetts' acute hospitals to report and demonstrate improvements in access to medical and diagnostic equipment for members with disabilities. This program began October 2016.	The SCO Program is a voluntary program offered to MassHealth members age 65 and older residing in the service area of a Senior Care Organization. The SCO program is available in 11 of the 14 counties in Massachusetts, excluding the far west and island counties. The SCO program covers all medically necessary Medicaid and Medicare covered services (there are no wrap services) through a robust provider network. Each enrollee much select a primary care practitioner upon enrollment; he/she then receives care coordination and participates and signs off on the development of his/her care plan. Each Senior Care Organization is also a Medicare Advantage Dual Eligible Special Needs Plan.

Massachusetts Managed Care Program Features, as of 2017 (2 of 2)

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person (MFP) - Behavioral Health Supports (MFP-BH)
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Counties of Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk and Worcester	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)
Program start date	07/01/1990	01/01/1995	04/01/2013
Waiver expiration date (if applicable)		06/30/2022	03/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person (MFP) - Behavioral Health Supports (MFP-BH)
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Exempt
Populations enrolled: Enrollment choice period	N/A	N/A	
Populations enrolled: Enrollment broker name (if applicable)		Maximus	
Populations enrolled: Notes on enrollment choice period	Enrollment open all year, effective the first day of the next month following the date on which the member elects to enroll.	14 days	
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person (MFP) - Behavioral Health Supports (MFP-BH)
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person (MFP) - Behavioral Health Supports (MFP-BH)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Emergency Services Program and Diversionary Services, Community Crisis Stabilization, Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III-5) and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Partial Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment and Intensive Outpatient Treatment.
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization		Voluntary participation in EQR performance measure validation	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		KEPRO	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	Money Follows the Person (MFP) - Behavioral Health Supports (MFP-BH)
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Neighborhood PACE; Upham's Elder Services Plan; Elder Service Plan of Harbor Health; Fallon Health Summit Eldercare; Elder Service Plan of Cambridge Health Alliance; Element Care Inc.; Serenity Care PACE Program; Mercy Life Inc.	Multiple Primary Care Providers	Money Follows the Person - Behavioral Health Supports (BFP-BH)
Notes: Program notes	Enrollment numbers do not include private pay enrollees, if any.		MassHealth members enrolled in the two 1915(c) MFP Waivers who are not otherwise eligible for the 1115 demonstration were mandatorily enrolled in this 1915(b) Waiver. The 1915(c) waivers included both the MFP Community Living (MFP-CL, waiver control number MA.1027) and the MFP Residential Supports (MFP-RS, waiver control number MA.1028) Waivers. The MFP-BH Waiver (MFP-BH, waiver control number MA.0002) ran concurrently with these 1915(c) waivers. The 1915(b) waiver provides managed behavioral health benefits for participants enrolled in the MFP-CL and MFP-RS 1915(c) waivers. All other 1915(c) waiver HCBS are provided on a fee-for-service basis. MFP waiver participants must be age 18-64 with disabilities or age 65 or over and must be on MassHealth Standard.

Michigan Managed Care Program Features, as of 2017 (1 of 2)

Features	MI Choice	Healthy Michigan Plan	Healthy Kids Dental
Program type	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)	1915(b)
Program start date	10/01/2003	04/01/2014	04/01/2009
Waiver expiration date (if applicable)	09/30/2018	12/31/2018	09/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
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		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

Features	MI Choice	Healthy Michigan Plan	Healthy Kids Dental
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Michigan Enrolls.	
Populations enrolled: Notes on enrollment choice period	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the beneficiaries ID number.	Does not apply - the State contracts with only one managed care entity.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning		X	

Features	MI Choice	Healthy Michigan Plan	Healthy Kids Dental
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Health, Chore, Community Living Support, Community Transition, Counseling, Home Modifications, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Non-Medical Transportation, Nursing Services, PERS, Private Duty Nursing, Respite, Specialized Medical Equipment and Supplies, Supports Coordination and Trainers, NEMT is being phased in starting 10/1/2016 with Statewide implementation planned for 4/1/2017 (pending CMS approval).	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.	

Features	MI Choice	Healthy Michigan Plan	Healthy Kids Dental
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)		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	

Features	MI Choice	Healthy Michigan Plan	Healthy Kids Dental
Participating plans: Plans in Program	A & D Home Health Care, Inc.; Area Agency on Aging 1-B; Area Agency on Aging of NW Michigan; Area Agency on Aging of West Michigan; Detroit Area Agency on Aging; MORC Home Care Inc.; Region 9 Area Agency on Aging; 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; Reliance Community Care Partners; Senior Resources of West Michigan; Senior Services Inc.; The Information Center; The Senior Alliance; Tri County Office on Aging; UPCAP Care Services; Valley Area Agency on Aging	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; Harbor Health Plan Inc.; McLaren Health Plan; Meridian Health Plan of Michigan; HAP Midwest Health Plan; Molina Healthcare; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Healthy Kids Dental
Notes: Program notes	Covers HCBS only. Must be elderly or disabled adult (at least age 18), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. Accreditation is not required, but some plans do this voluntarily.	Due to a policy change Medicare Eligibles are excluded from the Healthy Michigan Plan. Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental all 83 counties (effective 10/01/16, in Kent, Wayne, and Oakland counties, the program was expanded to Medicaid-eligible individuals ages 13-20 years). The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractor mimic the dental services provided through the FFS Medicaid program. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.

Michigan Managed Care Program Features, as of 2017 (2 of 2)

Features	Specialty Prepaid Inpatient Health Plan	Managed Care Plan Division	PACE
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1915(b)	PACE
Program start date	10/01/1998	07/01/1997	11/01/2003
Waiver expiration date (if applicable)	09/30/2018	12/31/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt

Features	Specialty Prepaid Inpatient Health Plan	Managed Care Plan Division	PACE
Populations enrolled: Enrollment choice period	Other	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		Michigan Enrolls	
Populations enrolled: Notes on enrollment choice period	No lock-in period.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number.	
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	X
Benefits covered: EPSDT		X	
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning		X	

Features	Specialty Prepaid Inpatient Health Plan	Managed Care Plan Division	PACE
Benefits covered: Dental services (medical/surgical)		X	X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services	X		X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications	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

Features	Specialty Prepaid Inpatient Health Plan	Managed Care Plan Division	PACE
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)		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			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	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; CMH Partnership of Southeast Michigan	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; Harbor Health Plan; McLaren Health Plan; Meridian Health Plan of Michigan; HAP Midwest Health Plan; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	CentraCare; Community PACE; Genesys PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI; Senior Community Care; Thome PACE; Care Resources
Notes: Program notes	7,634 beneficiaries received HCBS services as of 7/1/17	Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	

Minnesota Managed Care Program Features, as of 2017 (1 of 2)

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b),1932(a)	1915(b)/1915(c)	1915(a)/1915(c)
Program start date	07/01/1985	06/01/2005	03/01/1997
Waiver expiration date (if applicable)	06/30/2021	06/30/2021	06/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Populations enrolled: Enrollment choice period	30 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X	X	X

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Health home services are authorized under an authority other than Section 1945.	Health home services are authorized under an authority other than Section 1945.	Health home services are authorized under an authority other than Section 1945.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization

Features	Prepaid Medical Assistance Plan Plus (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans	X	X	X
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Blue Plus; HealthPartners; Hennepin Health; Itasca Medical Care; PrimeWest Health; South Country Health; UCare	Blue Plus; HealthPartners; Itasca Medical Care; Medica; PrimeWest Health; South Country Health; UCare	Blue Plus; HealthPartners; Itasca Medical Care; Medica; PrimeWest Health; South Country Health; UCare
Notes: Program notes	Services provided by FQHCs and RHCs are carved-out of PMAP. Services provided in skilled nursing facilities are limited to 180 days.	MSC+ covers HCBS under the Elderly Waiver only. MSC+ coverage for nursing facility services is limited to 180 days. Services provided at FQHCs and RHCs are carved-out of MSC+. Aged, blind, and disabled adults are enrolled in this program; children are not enrolled.	MSHO only covers HCBS under the Elderly Waiver. MSHO coverage of nursing facility services is limited to 180 days. Services provided at FQHCs and RHCs are carved-out of MSHO. Aged, blind, and disabled adults are enrolled in this program; children are not enrolled.

Minnesota Managed Care Program Features, as of 2017 (2 of 2)

Features	Special Needs Basic Care (SNBC)
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1915(a)
Program start date	01/01/2008
Waiver expiration date (if applicable)	
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	30 days

Features	Special Needs Basic Care (SNBC)
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	
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X

Features	Special Needs Basic Care (SNBC)
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Health home services are authorized under an authority other than Section 1945.
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Michigan Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	X

Features	Special Needs Basic Care (SNBC)
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	HealthPartners; Hennepin Health; Medica; PrimeWest Health; South Country Health; UCare
Notes: Program notes	SNBC coverage of home health care services is limited: it covers skilled nursing, but it does not cover home-care nursing. SNBC coverage of nursing facility services is limited to 100 days. Services provided at FQHCs and RHCs are carved-out of managed care for SNBC.

Mississippi Managed Care Program Features, as of 2017

Features	Mississippi Coordinated Access Network
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 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered 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	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary

Features	Mississippi Coordinated Access Network
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Conduent
Populations enrolled: Notes on enrollment choice period	30 days prior to initial assignment and 90 days to change following initial assignment
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	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	

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

Features	Mississippi Coordinated Access Network
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Magnolia Health; UnitedHealthcare of Mississippi
Notes: Program notes	There were no changes to the program in 2017, no new populations or services were added.

Missouri Managed Care Program Features, as of 2017

Features	MO Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	09/01/1995	10/01/2006
Waiver expiration date (if applicable)	06/30/2018	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory

Features	MO Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Populations enrolled: Enrollment choice period	Other	
Populations enrolled: Enrollment broker name (if applicable)	WIPRO Infocrossing	Medicaid State Plan
Populations enrolled: Notes on enrollment choice period	15 days, however children in the care and custody of the State of Missouri have 90 calendar days to choose a MO HealthNet Managed Care health plan.	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	

Features	MO Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory Surgical Care, Asthma Education and In-Home Environmental Assessments, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Obesity, Prenatal Case Management, Podiatry, Vision	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No

Features	MO Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Behavioral Health Concepts, Inc.	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Home State Health Eastern; Home State Health Central; Home State Health Southwest; Home State Health Western; Missouri Care Eastern; Missouri Care Central; Missouri Care Southwest; Missouri Care Western; United Healthcare Eastern; United Healthcare Central; United Healthcare Southwest; United Healthcare Western	Logisticare Solutions
Notes: Program notes		

Montana Managed Care Program Features, as of 2017

Features	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	01/01/1994
Waiver expiration date (if applicable)	03/31/2019
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

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

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

Features	Passport to Health
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	Montana has four programs that operate under the authority of the 1915(b) waiver. The Passport to Health program is the Primary Care Case Management (PCCM) program. Benefits covered include those that are covered by both the monthly PMPM and FFS benefits that could be delivered by a primary provider participating in the Passport to Health Program. The Team Care program is a sub-program of Passport which began in 2004. The Health Improvement program, the EPCCM program, began in 2009 as an enhancement to Passport. The Tribal HIP program was created in April 2007 as a partnership between the Tribal, State and Federal government to address factors that contribute to health disparities in American Indians eligible for Medicaid residing on a reservation. The Nurse First program is the nurse advice line that began in 2004.

Nebraska Managed Care Program Features, as of 2017

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Dental only (PAHP)	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068
Federal operating authority	1915(b)	1915(b)	PACE
Program start date	10/01/2017	01/01/2017	05/01/2013
Waiver expiration date (if applicable)	06/30/2019	06/30/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	Mandatory	

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Full Duals	Mandatory	Mandatory	
Populations enrolled: Partial Duals	Mandatory	Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems (AHS)	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
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs and prosthetic devices		X	X
Benefits covered: EPSDT		X	X

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			X
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: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, Hearing, Immunization, Speech Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding Birth Center	
Quality assurance and improvement: HEDIS data required?	No	Yes	No

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	URAC	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)	
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics	X	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	MCNA Nebraska	UnitedHealthcare Community Plan of Nebraska; WellCare of Nebraska; Nebraska Total Care	Immanuel Pathways
Notes: Program notes			

Nevada Managed Care Program Features, as of 2017

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Urban zip codes in Washoe and Clark Counties.	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	10/31/1988	10/31/1998	07/01/2014
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals		Mandatory	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Exempt

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days		N/A
Populations enrolled: Enrollment broker name (if applicable)	DXC Technology		
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 and prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
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	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	Accreditation is always considered in RFP responses, regardless of accrediting organization.	NCQA

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans	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		
Participating plans: Plans in Program	Health Plan of Nevada (HPN); Amerigroup Community Care (AGP); Aetna Better Health of Nevada; Silver Summit Health	Medical Transportation Management (MTM Nevada)	Axis Point Health
Notes: Program notes			

New Hampshire Managed Care Program Features, as of 2017

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

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Populations enrolled: Enrollment choice period	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	X

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

Features	New Hampshire Medicaid Care Management	New Hampshire Health Protection Program Medicaid Care Management ABP
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	New Hampshire Healthy Families; Well Sense	New Hampshire Healthy Families; Well Sense
Notes: Program notes	Individuals in the New Hampshire Medicaid Care Management program can be enrolled under either a 1915(b) waiver or a 1932(a) federal operating authority.	

New Jersey Managed Care Program Features, as of 2017

Features	NJ FamilyCare	PACE	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	Varies by plan - see Table 5	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1937 Alt Benefit Plan	PACE	1902(a)(70) NEMT
Program start date	09/01/1995	04/09/2009	07/01/2009
Waiver expiration date (if applicable)	06/30/2022		
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered 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: Partial Duals		Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	NJ FamilyCare	PACE	Non-Emergency Medical Transportation
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Populations enrolled: Enrollment choice period	10 days	N/A	
Populations enrolled: Enrollment broker name (if applicable)	Conduent (formerly Xerox)		
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	

Features	NJ FamilyCare	PACE	Non-Emergency Medical Transportation
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services	X	X	
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive tech, audiology, chiropractic, DME, hearing aid, immunization, MDC, medical supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, non-routine podiatrist, post-acute care, preventive health, spec hosp, vision.		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	NJ FamilyCare	PACE	Non-Emergency Medical Transportation
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Horizon NJ TotalCare; WellCare Liberty D-SNP; Amerivantage Dual Coordination; UnitedHealthcare Dual Complete ONE; Aetna Better Health NJ; Amerigroup New Jersey; Horizon NJ Health; UnitedHealthcare Community Plan; WellCare of New Jersey	AtlantiCare Life Connection; Inspira LIFE; LIFE St. Francis; LIFE at Lourdes; Lutheran Senior LIFE of Jersey City; Beacon of LIFE	Logisticare
Notes: Program notes		AtlanticCare LIFE PACE Program began operations in September 2017.	

New Mexico Managed Care Program Features, as of 2017

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Bernalillo County, Sandoval County, Valencia County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	01/01/2014	07/01/2004
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Members have 90 days to switch to MCO's when initially enrolled and during recertification.	Disenrollment permitted every 30 days.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory, Surgical, Anesthesia, Diagnostic Imaging, Imaging and Therapeutic Radiology Services, Dialysis, Durable Medical Equipment and Medical Supplies, Hearing and Audiology, Immunization, Medical Service Providers, Midwife, Nutritional, Occupational Therapy, Physical Therapy, Podiatry, Pregnancy Termination (State Funded), Prosthetics and Orthotics, Rehabilitation, Reproductive Health, School-Based Speech Therapy, Telehealth, Transplant, Transportation, Vision, Pediatricians	Adult Day/Health Center, Optometry, Audiology, Podiatry, Alternative Therapies (Chiropractic, Acupuncture)

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	HealthInsight	
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans	X	
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Blue Cross Blue Shield of NM; Molina Healthcare of New Mexico Inc.; Presbyterian Health Plan; UnitedHealthcare Community Plan	InnovAge Greater New Mexico PACE dba Total Community Care
Notes: Program notes	Native American/Alaskan Native Enrollment would be mandatorily enrolled if receiving LTSS.	

New York Managed Care Program Features, as of 2017 (1 of 2)

Features	Medicaid Advantage	Health and Recovery Plans	Medicaid Managed Care
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/01/2006	10/01/2015	10/01/1997
Waiver expiration date (if applicable)	03/31/2021	03/31/2021	03/31/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults			Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

Features	Medicaid Advantage	Health and Recovery Plans	Medicaid Managed Care
Populations enrolled: Enrollment choice period	60 days	30 days	30 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning		X	X
Benefits covered: Dental services (medical/surgical)	X	X	X

Features	Medicaid Advantage	Health and Recovery Plans	Medicaid Managed Care
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
Benefits covered: Hospice care		X	X
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Outpatient Rehabilitation, Hearing Services, Vision Care Services	Midwife Services, Audiology, Vision, Occupational Therapy	Nurse Midwife Services, Vision Care, Foot Care Services
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X	X

Features	Medicaid Advantage	Health and Recovery Plans	Medicaid Managed Care
Performance incentives: Preferential auto-enrollment to reward plans		X	X
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	Affinity; Liberty Health Advantage; NYS Catholic Health Plan/Fidelis; United HealthCare; VNS Choice; WellCare	Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina HealthCare of New York; MVP Health Plan; NYS Catholic Health Plan; United HealthCare; YourCare Health Plan	Affinity Health Plan; Amida Care Special Needs; Capital District Physician's Health Plan; Crystal Run Health Plan; Excellus; HealthFirst; HealthNow; HealthPlus; HIP Combined; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina HealthCare of New York; MVP Health Plan; NYS Catholic Health Plan/Fidelis; United HealthCare; VNS Choice Special Needs; WellCare; YourCare Health Plan
Notes: Program notes		The covered benefit partial hospitalization only applies to enrollees 21 years of age and older.	The covered benefit partial hospitalization only applies to enrollees 21 years of age and older.

New York Managed Care Program Features, as of 2017 (2 of 2)

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Program type	Program of All-inclusive Care for the Elderly (PACE)	MLTSS only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2001	01/01/1998	01/01/2007
Waiver expiration date (if applicable)		03/31/2021	03/31/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Populations enrolled: Enrollment choice period	N/A	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	NY Medicaid Choice	NY Medicaid Choice/Maximus	NY Medicaid/Maximus
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)	X	X	X

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
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	X
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Physical Therapy, Occupational Therapy		Podiatry
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		X	

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Performance incentives: Preferential auto-enrollment to reward plans		X	
Performance incentives: Public reports comparing plan performance on key metrics		X	
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	CenterLight (CCM); Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care; ArchCare Senior Life; Catholic Health - Life	Aetna Better Health; AgeWell New York; AlphaCare; ArchCare Community Life; CenterLight Select; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care at Home; GuildNet; Hamaspik Choice; Health Advantage/Elant Choice; HealthPlus; Icircle Care; Independent Care Systems; Integra; Kalos Health Plan; MetroPlus; Montefiore HMO; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; United HealthCare; Village Care; VNA HomeCare Options; VNS Choice; WellCare Advocate	ElderPlan; GuildNet; HealthFirst; HealthPlus; NYS Catholic Health Plan/Fidelis; Senior Whole Health; Village Care; VNS Choice Plus

Features	PACE	Managed Long Term Care	Medicaid Advantage Plus
Notes: Program notes	Waiver Expiration Date not applicable, PACE is a joint state/federal program. Enrollment includes 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. OB/GYN is mandated with a minimum age of 55 years. Quality Assurance measures would include PACE home health agency, a federally mandated internal program.	MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans.	

North Carolina Managed Care Program Features, as of 2017

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Alamance, Alexander, Brunswick, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Moore, New Hanover, Orange, Robeson, Rockingham, Rowan, Stanley, Union, and Wake counties	Statewide
Federal operating authority	1932(a)	PACE	1915(b)/1915(c)
Program start date	04/01/1991	02/01/2008	01/01/2012
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals		Voluntary	

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Populations enrolled: Children with Special Health Care Needs	Voluntary		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	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Beneficiaries have 90 days to enroll into the PCCM program		
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Restorative Therapies; Nutrition counseling; Recreational therapies; Meals	Outpatient Behavioral Health Services including services provided by psychiatrists for recipients with a diagnosis in the 290-319 range; Psychiatric Residential Treatment Facilities; Therapeutic Foster Care; Residential Child Care; Hospital Emergency Dept
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)			Carolina Center for Medical Excellence (CCME)
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	North Carolina Community Care Carolina Access	Carolina SeniorCare; Community CarePartners, Inc.; Elderhaus Inc.; LIFE St. Joseph of the Pines Inc.; PACE At Home Inc.; PACE of the Southern Piedmont; PACE of the Triad; Piedmont Health Services Inc.; Senior Total Life Care, Inc.; StayWell Senior Care; VOANS Senior Community Care of North Carolina	Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH/DD/SA; Trillium Health Resources; Vaya Health

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Notes: Program notes	Plan consists of independently contracted medical home/primary care providers who receive a PMPM management fee for coordination of care at the medical home provider office.	IMD: PACE serves individuals 55 and over in pre-approved service areas/zip codes. In regards to inpatient psych placements, a PACE organization can be contracted with a particular hospital or psych clinic in their approved service area and network. Most psychiatric inpatient placements that we've seen so far with PACE have participants placed in a local contracted hospital that may have a psychiatric unit/wing within the facility.	All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of seven plans is based on the enrollee's county of residence.

North Dakota Managed Care Program Features, as of 2017 (1 of 2)

Features	PACE	PCCM	Health Management Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	58501, 58502, 58503 (Bismarck), 58504 (Lincoln), 58554 (Mandan), 58558 (Menoken), 58601, 58602 (Dickinson), 58652 (Richardton), 58655 (South Heart), 58656 (Taylor), 58701, 58702, 58703, 58722, 58785 (Minot)	Statewide	Statewide
Federal operating authority	PACE	1932(a)	1932(a)
Program start date	08/01/2008	11/01/1994	08/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary		Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	Voluntary
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			

Features	PACE	PCCM	Health Management Program
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children			Voluntary
Populations enrolled: Enrollment choice period	N/A	N/A	
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Enrollment begins on the first day of the month following the determination that they are eligible	Once enrolled the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the 60 day annual open enrollment period.	
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

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

Features	PACE	PCCM	Health Management Program
Quality assurance and improvement: Accrediting organization		North Dakota	
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	PACE	Multiple Primary Care Providers	Health Management
Notes: Program notes			

North Dakota Managed Care Program Features, as of 2017 (2 of 2)

Features	North Dakota Medicaid Expansion
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b),1937 Alt Benefit Plan
Program start date	01/01/2014
Waiver expiration date (if applicable)	12/31/2019
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned

Features	North Dakota Medicaid Expansion
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 and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X

Features	North Dakota Medicaid Expansion
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Up to 30 days SNF within a 12 month period
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant Quality Solutions
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	

Features	North Dakota Medicaid Expansion
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	ND Medicaid Expansion MCO
Notes: Program notes	In addition to the 1915(b) waiver, CMS granted initial authority through an 1115 waiver to ensure compliance as related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the State. CMS extended this 1115 waiver authority until such time that the Final Medicaid Managed Care CFR were published (May 6, 2016) - with the changes noted at 42 CFR § 438.52(b)(1) and (b)(3) the 1115 waiver was no longer needed 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 thus the State may limit rural area residents to a single MCO.

Ohio Managed Care Program Features, as of 2017

Features	Medicaid Managed Care	PACE (Program of All-inclusive Care for the Elderly)	MyCare Ohio Opt-out
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Cuyahoga County	Central, Northwest, Southwest, Northeast, West Central, East Central, Northeast Central
Federal operating authority	1915(b),1932(a)	PACE	1915(b)/1915(c)
Program start date	07/01/2005	11/01/2002	05/01/2014
Waiver expiration date (if applicable)	03/31/2020		03/31/2019
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Mandatory		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary

Features	Medicaid Managed Care	PACE (Program of All-inclusive Care for the Elderly)	MyCare Ohio Opt-out
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary		Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems, Inc.		
Populations enrolled: Notes on enrollment choice period	Enrollment letters are sent to individuals at the time of eligibility, which can be any given day. Depending on when the letter is sent, this will determine the length of the enrollment choice period; it can be anywhere between 18 and 60 days.		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management			X

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

Features	Medicaid Managed Care	PACE (Program of All-inclusive Care for the Elderly)	MyCare Ohio Opt-out
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, freestanding birth centers, podiatry, care management, OME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette. Respite services for eligible children receiving Supplemental Security Income (SSI).		
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA		NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	Medicaid Managed Care	PACE (Program of All-inclusive Care for the Elderly)	MyCare Ohio Opt-out
Participating plans: Plans in Program	Buckeye Health Plan; CareSource; Molina; Paramount Advantage; United Healthcare Community Plan of Ohio	McGregor PACE	Aetna; Buckeye Health Plan; CareSource; Molina; United Healthcare Community Plan of Ohio
Notes: Program notes		Low-income adults not covered under ACA Section VIII, low-income adults covered under ACA Section VIII, individuals receiving limited benefits, full duals, and partial duals can all be voluntarily enrolled in PACE if they meet the following requirements: 1) 55 years of age; 2) reside in a PACE service area; 3) have a level of care that would be provided in a nursing facility.	MyCare Opt-out reflects the Medicaid MLTSS service option available for dual eligibles who choose not to participate in the MyCare financial alignment demonstration. Performance Incentive for Mycare Opt-out: on an annual basis ODM will withhold a percentage of the MCOPs Medicaid-only (opt-out population) capitation rate. The percent of Medicaid-only withheld amounts are repaid to the MCOP will be equal to the percent of withhold the MCOP receives for the dual-benefit (opt-in) members.

Oklahoma Managed Care Program Features, as of 2017

Features	SoonerRide	SoonerCare Choice	PACE
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108, 73008, 73106, 73143, 73003, 73147, 73025, 73134, 73084, 73119, 73140, 73124, 73157, 73170, 73163, 73066, 73150, 73110, 73139, 73105, 73142, 73185, 73109, 73194, 73113, 73169, 73103, 73154, 73121, 73156, 73165, 73127, 73013, 73131, 73198, 73118, 73178, 73141, 73184, 73160, 73146, 73120, 73149, 73083, 73137, 73122, 73155, 73132, 73108, 73162, 73112, 73167, 73102, 73152, 73012, 73179, 73135, 73126, 73190, 73129, 73196, 73117, 73173, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104
Federal operating authority	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	06/01/2006	01/01/1996	08/01/2008
Waiver expiration date (if applicable)		12/31/2018	
If the program ended in 2017, indicate the end date			

Features	SoonerRide	SoonerCare Choice	PACE
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Logisticare	Maximus	
Populations enrolled: Notes on enrollment choice period		Members are enrolled within 72 hours of application.	Members are enrolled within 72 hours of application.
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X

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

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

Features	SoonerRide	SoonerCare Choice	PACE
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	SoonerRide	Multiple Primary Care Providers	Life Pace; Valir PACE; Cherokee Elder Care (CEC)
Notes: Program notes			PACE members are not eligible for SoonerRide.

Oregon Managed Care Program Features, as of 2017

Features	Oregon Health Plan (OHP)	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Multnomah, Washington, Clatsop, and Tillamook Counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	02/01/1994	01/01/1986
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	

Features	Oregon Health Plan (OHP)	PACE
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		X
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X

Features	Oregon Health Plan (OHP)	PACE
Benefits covered: Dental (preventative or corrective)	X	X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Hearing, Immunization, Vision	Medications (OTC and RX), Mental Health Care, DME, Speech/Physical/Occupational/Recreational Therapeutic Services, Audiology/Optical/Podiatry Specialty Medical Care, Occupational and Physical Therapy and Social Services
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Insight	
Performance incentives: Payment bonuses/differentials to reward plans	X	X

Features	Oregon Health Plan (OHP)	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	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Access Dental Plan, LLC; Advantage Dental Services; Capitol Dental Care, Inc.; CareOregon Dental; Family Dental Care; Greater Oregon Behavioral Health, Inc.; Managed Dental Care of Oregon; ODS Community Health Inc.; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; FamilyCare; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Western Oregon Advanced Health; Willamette Valley Community Health; Yamhill Community Care	Providence ElderPlace
Notes: Program notes	A person can be enrolled simultaneously in a comprehensive health plan (CCO or PACE) and a dental plan (DCO) and/or mental health plan (CCO). Note: Willamette Dental Group (DCO) had closed to enrollment prior to January 1, 2017.	

Pennsylvania Managed Care Program Features, as of 2017 (1 of 2)

Features	PA Living Independence for the Elderly (LIFE)	Adult Community Autism Program (ACAP)	HealthChoices - Physical Health
Program type	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)	Comprehensive MCO
Statewide or region-specific?	Statewide	Cumberland, Dauphin, Chester and Lancaster Counties	Statewide
Federal operating authority	PACE	1915(a)	1915(b)
Program start date	07/24/1998	08/01/2009	02/01/1997
Waiver expiration date (if applicable)			12/31/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered 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	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Mandatory

Features	PA Living Independence for the Elderly (LIFE)	Adult Community Autism Program (ACAP)	HealthChoices - Physical Health
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Populations enrolled: Enrollment choice period	N/A		Other
Populations enrolled: Enrollment broker name (if applicable)			Maximus
Populations enrolled: Notes on enrollment choice period	Open enrollment - all year		Consumers have the right to change MCOs at any time.
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	X	X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT			X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X

Features	PA Living Independence for the Elderly (LIFE)	Adult Community Autism Program (ACAP)	HealthChoices - Physical Health
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X		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	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, Speech Therapy, Occupational Therapy, Language Therapy, Counseling, Respite, Supported Employment.	Nurse Midwife services, Free Standing Birth Centers, Podiatry, Chiropractic Services, Optometrist, Renal Dialysis Center, Ambulatory Surgical Center, Medical Supplies and Equipment, Home Health (Visiting Nurse).
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes

Features	PA Living Independence for the Elderly (LIFE)	Adult Community Autism Program (ACAP)	HealthChoices - Physical Health
Quality assurance and improvement: Accrediting organization	Quality Assurance and Performance Improvement (QAPI) program		NCQA, Nationally recognized organization
Quality assurance and improvement: EQRO contractor name (if applicable)		Internal Peer Review Organization	Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X
Participating plans: Plans in Program	Senior LIFE Greensburg - H-2937; Senior LIFE Johnstown - H-3925; Senior LIFE Altoona H-5902; Senior LIFE York H-0819; Senior LIFE Lehigh H-5978; SpiriTrust LIFE H-2537; LIFE NWPA H-4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H-6551; New Courtland LIFE H-9830; Albright LIFE H-9068; Community LIFE H-3917; LIFE - Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; VieCare Armstrong H-6188; Senior LIFE Washington H-2992	Adult Community Autism Program	Aetna Better Health; Gateway Health; Health Partners Plans, Inc.; Geisinger Health Plan; United Healthcare Community Plan of Pennsylvania; UPMC for You, Inc.; Vista

Features	PA Living Independence for the Elderly (LIFE)	Adult Community Autism Program (ACAP)	HealthChoices - Physical Health
Notes: Program notes		ACAP is a PAHP with MLTSS.	1) Under "Benefits Covered", Private Duty Nursing is only covered for children under 21 years old. In addition, the first 30 days of nursing facility services are covered under capitation through the managed care plan, however, beyond the initial 30 days it is covered in FFS. The beneficiary is disenrolled from HealthChoices and enrolled in Fee-for-Service. 2) Under "Enrollment", only children under 21 years old, Full Dual and Partial Dual, are enrolled mandatorily in HealthChoices. PA Health Choices Physical and Behavioral Health operate under a single statewide 1915(b) waiver but are administered separately.

Pennsylvania Managed Care Program Features, as of 2017 (2 of 2)

Features	MATP (Medical Assistance Transportation Program)	HealthChoices - Behavioral Health
Program type	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Philadelphia	Statewide
Federal operating authority	1902(a)(70) NEMT	1915(b)
Program start date	11/01/2005	01/01/1999
Waiver expiration date (if applicable)		12/31/2021
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Mandatory
Populations enrolled: Full Duals	Voluntary	Mandatory
Populations enrolled: Partial Duals	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Mandatory

Features	MATP (Medical Assistance Transportation Program)	HealthChoices - Behavioral Health
Populations enrolled: Enrollment choice period		Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization		X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs and prosthetic devices		
Benefits covered: EPSDT		X
Benefits covered: Case management		X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		

Features	MATP (Medical Assistance Transportation Program)	HealthChoices - Behavioral Health
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Psychiatric Rehabilitation, Peer Specialist Services.
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		JCAHO, For inpatient, outpatient
Quality assurance and improvement: EQRO contractor name (if applicable)		Island Peer Review Organization
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		

Features	MATP (Medical Assistance Transportation Program)	HealthChoices - Behavioral Health
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Logisticare	Northeast Behavioral Healthcare Consortium; Northwest Behavioral Health Partnership; Perry County HealthChoices; Philadelphia County HealthChoices; Southwest Behavioral Health Management; Tuscarora Managed Care Alliance; York-Adams Joinder Board; Allegheny County HealthChoices; Beaver County HealthChoices; Behavioral Health Services of Bedford and Somerset; Berks County HealthChoices; Blair County HealthChoices; Bucks County HealthChoices; Cambria County HealthChoices; Carbon-Monroe-Pike Joinder Board; Chester County HealthChoices; Cumberland County HealthChoices; Dauphin County HealthChoices; Delaware County HealthChoices; Erie County HealthChoices; Fayette County HealthChoices; Greene County (Commonwealth); Lancaster County HealthChoices; Lebanon County HealthChoices; Lehigh County HealthChoices; Lycoming-Clinton Joinder Board; Montgomery County HealthChoices; North Central State Option; Northampton county HealthChoices

Features	MATP (Medical Assistance Transportation Program)	HealthChoices - Behavioral Health
Notes: Program notes		Pennsylvania HealthChoices Behavioral Health program operates statewide with some minor variations in benefits covered by county.

Puerto Rico Managed Care Program Features, as of 2017

Features	Government Health Plan	Medicare Platino
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a),1937 Alt Benefit Plan	1915(b)
Program start date	02/01/1994	01/01/2006
Waiver expiration date (if applicable)		
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other

Features	Government Health Plan	Medicare Platino
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		No specific time.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	X

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

Features	Government Health Plan	Medicare Platino
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	First Medical Plan Inc.; Triple S Salud, Inc.; Molina Health Care PR, Inc.; MMM Multihealth, Inc.	Triple S Advantage; Humana Health Plan of PR, Inc.; MCS Advantage, Inc.; MMM Health Care, Inc.; Constellation Health, LLC
Notes: Program notes		

Rhode Island Managed Care Program Features, as of 2017 (1 of 3)

Features	PACE	Rhody Health Partners	RIte Care
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2006	04/01/2008	08/01/1994
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults covered 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: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

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

Features	PACE	Rhody Health Partners	RIte Care
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	X
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, vision, interpreter, skilled nursing up to 30 days (then disenrolled)	Vision, podiatry, interpreter, skilled nursing home service (not LTC)
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization	RI EOHHS and CMS	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		IPRO	IPRO
Performance incentives: Payment bonuses/differentials to reward plans		X	X

Features	PACE	Rhody Health Partners	RIte Care
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	X
Participating plans: Plans in Program	PACE Organization of Rhode Island	Neighborhood Health Plan of Rhode Island; UnitedHealthcare Community Health Plan of Rhode Island	Neighborhood Health Plan of Rhode Island; UnitedHealthcare Community Plan of Rhode Island
Notes: Program notes	PACE is subsumed under the Rhode Island 1115 demonstration program and will remain an option for qualifying demonstration eligibles, that is, those that meet the High and Highest level of long term care determinations.		

Rhode Island Managed Care Program Features, as of 2017 (2 of 3)

Features	Rhody Health Partners Expansion	Rhody Health Options (Phase I)	RIte Smiles
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	01/01/2014	11/01/2013	05/01/2006
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned	Pre-assigned

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Features	Rhody Health Partners Expansion	Rhody Health Options (Phase I)	RIte Smiles
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	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)			X

Features	Rhody Health Partners Expansion	Rhody Health Options (Phase I)	RIte Smiles
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	X	
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Vision, podiatry, interpreter, skilled nursing home service (not LTC)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	IPRO		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		

Features	Rhody Health Partners Expansion	Rhody Health Options (Phase I)	RIte Smiles
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Neighborhood Health Plan of Rhode Island; UnitedHealthcare Community Plan of Rhode Island	Neighborhood Health Plan of Rhode Island	UnitedHealthcare Dental
Notes: Program notes		Rhody Health Options (RHO) represents Phase I of Rhode Island's integrated care initiative. Members began enrolling in RHO Phase II (or the Integrated Care Initiative or CMS Demonstration) on 7/1/2016 so the state is seeing movement of beneficiaries from RHO I to RHO II.	This program covers children born on or after May 1, 2000.

Rhode Island Managed Care Program Features, as of 2017 (3 of 3)

Features	Transportation Broker
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	05/01/2014
Waiver expiration date (if applicable)	12/31/2018
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	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

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

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

Features	Transportation Broker
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	LogistiCare
Notes: Program notes	

South Carolina Managed Care Program Features, as of 2017 (1 of 2)

Features	South Carolina Managed Care Organizations	Medical Homes Network	Program for All-Inclusive for the Elderly
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Richland, Lexington, Orangeburg, Greenville, Anderson, Pickens counties
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	09/01/1996	08/01/2007	01/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	South Carolina Managed Care Organizations	Medical Homes Network	Program for All-Inclusive for the Elderly
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period	90 days	90 days	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X

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

Features	South Carolina Managed Care Organizations	Medical Homes Network	Program for All-Inclusive for the Elderly
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolina Center for Medical Excellence		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	First Choice, by Select Health; Absolute Total Care; WellCare of South Carolina; Molina Healthcare of South Carolina; BlueChoice HealthPlan Medicaid	South Carolina Solutions	Palmetto SeniorCare; The Methodist Oaks; Greenville Health System
Notes: Program notes			

South Carolina Managed Care Program Features, as of 2017 (2 of 2)

Features	Non-Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	05/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

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

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

Features	Non-Emergency Medical Transportation
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	LogistiCare
Notes: Program notes	

South Dakota Managed Care Program Features, as of 2017

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/02/2002
Waiver expiration date (if applicable)	
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt

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

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

Features	PRIME
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	Recipients under the age of 19 who are blind or disabled are not required to be part of the PRIME program.

Tennessee Managed Care Program Features, as of 2017

Features	Program of All-Inclusive Care for the Elderly	TennCare II
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Hamilton County	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers),1945 Health Homes
Program start date	04/07/1999	07/01/2002
Waiver expiration date (if applicable)		06/30/2021
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults covered 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: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		Mandatory
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary

Features	Program of All-Inclusive Care for the Elderly	TennCare II
Populations enrolled: Enrollment choice period	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Individuals newly approved for TennCare are pre-assigned to an MCO but have a 45-day period in which they may transfer to a different MCO without cause.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT		X
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		X
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning		X

Features	Program of All-Inclusive Care for the Elderly	TennCare II
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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.	Birth centers, podiatrists' 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	Yes
Quality assurance and improvement: Accrediting organization		NCQA

Features	Program of All-Inclusive Care for the Elderly	TennCare II
Quality assurance and improvement: EQRO contractor name (if applicable)		Qsource
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X
Participating plans: Plans in Program	Alexian Brothers Community Services	AmeriGroup; DentaQuest; Magellan Health Services; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)

Features	Program of All-Inclusive Care for the Elderly	TennCare II
Notes: Program notes	A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare II Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare II has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO.	1) TennCare covers services only when they are determined to be medically necessary. 2) As of July 1, 2017, TennCare MCOs were required to contract with at least one rural health clinic and one FQHC in each service area. 3) TennCare's SSA Section 1945-authorized health home program (named "Tennessee Health Link") became effective on January 1, 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 managed care organizations. 4) Dental services are available to enrollees under age 21 as part of EPSDT; those age 21 and older are not entitled to dental services except under EMTALA. 5) HCBS waiver services and nursing facility services are available to members of TennCare CHOICES. 6) TennCare does not cover any populations that could be characterized as "individuals receiving limited benefits," including partial duals. 7) Tennessee does not have any federally recognized Native American tribes. 8) Each member is enrolled in one Managed Care Entity (MCE) for physical health services, behavioral health services, and long-term services and supports. Adults (excluding PACE members) and children are also enrolled in a second MCE for pharmacy benefits. Children are enrolled in a third MCE for dental benefits.

Texas Managed Care Program Features, as of 2017 (1 of 3)

Features	STAR Health	STAR	STAR Kids
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers),1945 Health Homes
Program start date	04/01/2008	12/11/2011	11/01/2016
Waiver expiration date (if applicable)		09/30/2022	09/30/2022
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory

Features	STAR Health	STAR	STAR Kids
Populations enrolled: Enrollment choice period	Other	15 days	15 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members are auto-enrolled by the enrollment broker.		
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			X
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X		X

Features	STAR Health	STAR	STAR Kids
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
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic Services, Podiatrist Services, Medical Supplies, Non-Prescription Drugs, Eye Glasses, Preventive Services, Nurse Midwife Services, and Pediatric or Family Nurse Practitioner Services	Diagnostic Services, Podiatrist Services, Medical Supplies, Non-Prescription Drugs, Eye Glasses, Preventive Services, Nurse Midwife Services, and Pediatric or Family Nurse Practitioner Services	Diagnostic Services, Podiatrist Services, Medical Supplies, Non-Prescription Drugs, Eye Glasses, Preventive Services, Nurse Midwife Services, and Pediatric or Family Nurse Practitioner Services
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	Institute for Child Health Policy

Features	STAR Health	STAR	STAR Kids
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			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	X
Participating plans: Plans in Program	Superior Health Plan	Aetna; BlueCross BlueShield; Christus; Community First Health Plan; Amerigroup Texas, Inc.; Superior Health Plan; El Paso First; United Healthcare Community Plan; Texas Children's Health Plan; Molina Healthcare of Texas; Driscoll Children's Health Plan; Parkland Community Health Plan; Cook Children's Health Plan; Community Health Choice; Seton Health Plan; Sendero; FirstCare; Scott & White Health Plan	Amerigroup; Superior HealthPlan; Aetna; Community First Health Plans; United Healthcare - Texas; Texas Children's Health Plan; Driscoll Children's Health Plan; Cook Children's Health Plan; BlueCross BlueShield; Children's Medical Center

Features	STAR Health	STAR	STAR Kids
Notes: Program notes	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) Young adults age 21 through the month of their 23rd birthday who are not eligible for the Former Foster Care Children program, but are enrolled in an institute of higher education Adoption Assistance Children are not enrolled in this program.	STAR population also includes pregnant women. Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.	1115 and 1915 (c) waivers are applied to this program.

Texas Managed Care Program Features, as of 2017 (2 of 3)

Features	STAR+PLUS	Children's Medicaid Dental Services	Texas Medicaid Wellness Program
Program type	Comprehensive MCO + MLTSS	Dental only (PAHP)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(b)
Program start date	12/11/2011	12/12/2011	03/01/2011
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory		Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children		Exempt	

Features	STAR+PLUS	Children's Medicaid Dental Services	Texas Medicaid Wellness Program
Populations enrolled: Enrollment choice period	15 days	15 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT		X	
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		

Features	STAR+PLUS	Children's Medicaid Dental Services	Texas Medicaid Wellness Program
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Diagnostic Services, Podiatrist Services, Medical Supplies, Non-Prescription Drugs, Eye Glasses, Preventive Services, Nurse Midwife Services, and Pediatric or Family Nurse Practitioner Services		
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	Yes
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute for Child Health Policy	

Features	STAR+PLUS	Children's Medicaid Dental Services	Texas Medicaid Wellness Program
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Amerigroup; Cigna - HealthSpring; Molina Healthcare of Texas; Superior Health Plan; United Healthcare - Texas	MCNA Dental; DentaQuest	Multiple Primary Care Providers
Notes: Program notes			There is no enrollment period since the program is voluntary. A member can elect to enroll in the Wellness Program at any time as long as they are eligible for the program.

Texas Managed Care Program Features, as of 2017 (3 of 3)

Features	PACE	Medical Transportation Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1915(b)
Program start date	06/01/2001	09/01/2014
Waiver expiration date (if applicable)		03/31/2022
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	

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

Features	PACE	Medical Transportation Program
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult day care/adult foster care, Nursing, Restorative Therapies: Physical, Occupational, and Recreational Therapies, Meals and Nutrition Counseling, Social work/social services, Medical supplies/adaptive aids and minor home modifications, Transportation to and from medical appointments, Medical specialists, such as 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, Restorative Therapies: Physical, occupational and recreational therapies, Meals and nutritional counseling, Social work/social services.	

Features	PACE	Medical Transportation Program
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basics at Jan Werner (Amarillo)	Logisticare; Medical Transportation Management; American Medical Response; Project Armistad
Notes: Program notes		Based on the client's county of residence, the client is assigned to the single broker in the region.

Utah Managed Care Program Features, as of 2017 (1 of 2)

Features	Prepaid Mental Health	Dental	UNI HOME
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	State counties and some multi-county partnerships.	Salt Lake, Utah, Weber and Davis Counties	Statewide
Federal operating authority	1915(b)	1915(b)	1915(a)
Program start date	07/01/1991	09/01/2013	07/01/2011
Waiver expiration date (if applicable)	06/30/2022	08/31/2018	06/30/2021
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Voluntary

Features	Prepaid Mental Health	Dental	UNI HOME
Populations enrolled: Enrollment choice period	Pre-assigned	15 days	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			No enrollment period. There is a waiting list for the program. Enrollees apply and if there is room, they are enrolled.
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT			X
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning			X

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

Features	Prepaid Mental Health	Dental	UNI HOME
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling; Optum Health; Southwest Behavioral Health; Valley Behavioral Health; Wasatch Mental Health; Weber Mental Health	Premier Access; Delta Dental	HOME
Notes: Program notes			

Utah Managed Care Program Features, as of 2017 (2 of 2)

Features	Choice of Health Care Delivery	Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT
Program start date	03/23/1983	07/12/2001
Waiver expiration date (if applicable)	06/30/2022	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	30 days	Pre-assigned

Features	Choice of Health Care Delivery	Transportation
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	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices		
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		

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

Features	Choice of Health Care Delivery	Transportation
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Healthy U; Molina; Molina Plus; Health Choice; SelectHealth	Logisticare Solutions
Notes: Program notes		Specific Native American populations are exempted by race, and zip code and/or county code.

Vermont Managed Care Program Features, as of 2017

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers),1937 Alt Benefit Plan,1945 Health Homes
Program start date	10/01/2005
Waiver expiration date (if applicable)	12/31/2021
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

Features	Global Commitment to Health Demonstration
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	X
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X

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

Features	Global Commitment to Health Demonstration
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Department of Vermont Health Access
Notes: Program notes	Health homes provide coordinated, systemic, whole-person care to VT Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.

Virginia Managed Care Program Features, as of 2017

Features	Medallion 3.0	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Pittsylvania County, Tazewell County, Wise County, Prince Edward County, Roanoke City, Charlottesville City, Portsmouth City, Newport News City, Norfolk City, Richmond City, Lynchburg City, and Fairfax City.
Federal operating authority	1915(b)	PACE
Program start date	07/01/2017	11/01/2007
Waiver expiration date (if applicable)	06/30/2019	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

Features	Medallion 3.0	PACE
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	
Populations enrolled: Notes on enrollment choice period		Enrollment begins on the first day of the month, each month. For example, if a participant wants to join PACE and is assessed as eligible and signs the enrollment agreement on Feb.5th, they are enrolled, start receiving benefits, and can begin attending the PACE center on March 1st.
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management		X

Features	Medallion 3.0	PACE
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	X
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	

Features	Medallion 3.0	PACE
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG	
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	
Participating plans: Plans in Program	Anthem; Aetna Better Health of Virginia; InTotal; Kaiser Permanente; Optima Family Care; Virginia Premier	AllCare PACE; Mountain Empire Older Citizens PACE (MEOC); Kissito PACE - now InnovAge PACE Roanoke Valley, LLC; Centra Pace Farmville; Centra Pace Lynchburg; Centra Pace Gretna; Sentara Pace Norfolk; Sentara Pace Churchland; Inova Cares for Seniors; Blue Ridge Pace; Riverside PACE McTavish; Riverside PACE Newport News
Notes: Program notes		Kissito Pace was acquired by InnovAge PACE and renamed InnovAge PACE Roanoke Valley, LLC on 04/03/2017. Riverside PACE Hampton closed on January 2017. Sentara PACE Virginia Beach moved locations to Norfolk in 2016.

Washington Managed Care Program Features, as of 2017 (1 of 3)

Features	NEMT	Washington State Integrated Community Mental Health Program (ICMH)	Behavioral Health Services Only (BHSO)
Program type	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Clark and Skamania County
Federal operating authority	1902(a)(70) NEMT	1915(b)	1915(b)
Program start date	10/01/2008	10/01/2014	04/01/2016
Waiver expiration date (if applicable)		12/31/2022	06/30/2022
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Partial Duals		Mandatory	
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary

Features	NEMT	Washington State Integrated Community Mental Health Program (ICMH)	Behavioral Health Services Only (BHSO)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period		Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Regional Brokers based on County of Residence	BHO	
Populations enrolled: Notes on enrollment choice period			Enrollment continuously open
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray			
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT		X	
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			

Features	NEMT	Washington State Integrated Community Mental Health Program (ICMH)	Behavioral Health Services Only (BHSO)
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		RSNs contract with accredited community mental health agencies	NCQA

Features	NEMT	Washington State Integrated Community Mental Health Program (ICMH)	Behavioral Health Services Only (BHSO)
Quality assurance and improvement: EQRO contractor name (if applicable)		Qualis Health	Qualis
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Multiple Transportation Brokers	BHO	Community Health Plan of Washington; Molina Health Care
Notes: Program notes	Brokers are based on county. NEMT is provided for anyone covered by Medicaid that meets the eligibility criteria.	Effective 7/1/17: The AI/AN population was removed from mandatory enrollment in behavioral health managed care. That meant that the majority of AI/AN individuals were transferred to fee-for-service system (not part of the waiver) for behavioral health. Behavioral Health Organizations cover IMD stays if the individual is in an IMD for 15 days or less in a month.	BHSO services are provided to Medicaid clients that receive their medical services through the fee-for-service system.

Features	Fully Integrated Managed Care (FIMC)	Healthy Options - Blind Disabled	PACE
Program type	Comprehensive MCO	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Clark and Skamania County	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1932(a)	PACE
Program start date	04/01/2016	07/01/2012	01/01/1997
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt

Features	Fully Integrated Managed Care (FIMC)	Healthy Options - Blind Disabled	PACE
Populations enrolled: Enrollment choice period		Other	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs		X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)			

Features	Fully Integrated Managed Care (FIMC)	Healthy Options - Blind Disabled	PACE
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization		NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)		Qualis	
Performance incentives: Payment bonuses/differentials to reward plans			

Features	Fully Integrated Managed Care (FIMC)	Healthy Options - Blind Disabled	PACE
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Molina Health Care; Community Health Plan of Washington	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care; United Health Care	Providence Elder Place
Notes: Program notes	Nursing home care is only covered for rehabilitative services. Custodial care is covered by fee-for-service.	Nursing home care is only covered for rehabilitative services. Custodial care is covered by fee-for-service.	State level MLTSS enrollment data is restricted to users of those services, not total enrollees in programs that cover LTSS and does not include services received under a PACE Program.

Washington Managed Care Program Features, as of 2017 (3 of 3)

Features	PCCM	Apple Health/Healthy Options Health Home Program	Apple Health (Program includes, AHAC, CHIP,HOFC, HO)
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1945 Health Homes	1932(a)
Program start date	07/01/1995	07/01/2013	07/01/1994
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary

Features	PCCM	Apple Health/Healthy Options Health Home Program	Apple Health (Program includes, AHAC, CHIP,HOFC, HO)
Populations enrolled: Enrollment choice period		Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			Enrollment continuously open
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray			X
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT			X
Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			X

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

Features	PCCM	Apple Health/Healthy Options Health Home Program	Apple Health (Program includes, AHAC, CHIP,HOFC, HO)
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Multiple Primary Care Providers	Multiple Sites	Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina; United Health Care
Notes: Program notes	IHS administers this program for Yakima, Spokane, and Cofederated Tribes of the Colville Reservation. There are two FQHC's - Seattle Indian Health Board and Native Project. The tribal clinics are as follows: Lower Elwha Klallam, Lummi Nation, Nooksack Tribe, Tulalip Nation, Confederated Tribes of the Colville Reservation (non-HIS managed facility), Puyallup Tribe, Quileute Tribe, Qunault Indian Nation, Port Gamble S'Klallam Tribe.	Washington delivers the optional Health Home Medicaid/medical benefit both in the fee-for-service system and through MCOs. For individuals in Apple Health comprehensive MCOs, the MCOs are at risk for a health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc. For individuals in PCCMs, the MCOs administer health homes services separate from the PCCM program. King and Snohomish counties were added effective 4/1/2017.	Nursing home care is only covered for rehabilitative services. Custodial care is covered by fee-for-service.

West Virginia Managed Care Program Features, as of 2017

Features	Mountain Health Trust
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	09/01/1996
Waiver expiration date (if applicable)	06/30/2019
If the program ended in 2017, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	Other

Features	Mountain Health Trust
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS
Populations enrolled: Notes on enrollment choice period	Enrollment choice period is between 30-45 days depending on the date enrollment packs are mailed, but 30 days in minimum.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X

Features	Mountain Health Trust
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva (now Qlarant)
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	

Features	Mountain Health Trust
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Aetna Better Health of WV (formerly CoventryCares); The Health Plan; UniCare; WV Family Health
Notes: Program notes	

Wisconsin Managed Care Program Features, as of 2017 (1 of 3)

Features	SSI Managed Care	Wisconsin Partnership Program	WrapAround Milwaukee
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Counties: Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee. Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca	County: Milwaukee
Federal operating authority	1932(a)	1932(a)/1915(c)	1915(a)
Program start date	04/01/2005	12/01/1995	03/01/1997
Waiver expiration date (if applicable)		12/31/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	SSI Managed Care	Wisconsin Partnership Program	WrapAround Milwaukee
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)		
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period.	Open enrollment.	Voluntary enrollment can occur at any time.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	

Features	SSI Managed Care	Wisconsin Partnership Program	WrapAround Milwaukee
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	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, podiatry and chiropractic, and dental varies by geographic region.	Ambulatory surgical center; audiology; chiropractic; community mental health services; durable medical equipment and medical supplies; nurse-midwife; occupational therapy; physical therapy; podiatry; prenatal care coordination; respiratory care for ventilator dependent persons; school-based services; speech & language pathology; vision care.	
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	SSI Managed Care	Wisconsin Partnership Program	WrapAround Milwaukee
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Network Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan; Anthem Blue Cross Blue Shield; Care Wisconsin; Compcare; Group Health Cooperative Of Eau Claire; Independent Care (iCare); MHS of Wisconsin; Molina Health Plan	Care Wisconsin Health Plan, Inc. – Care Wisconsin; Community Care Health Plan, Inc. – Community Care, Inc.; Independent Care Health Plan – iCare	WrapAround Milwaukee
Notes: Program notes	Members who are enrolled in a nursing home for longer than 90 days are disenrolled to FFS.		

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington	County: Dane
Federal operating authority	1932(a)	1937 Alt Benefit Plan	1915(a)
Program start date	02/01/2008	01/01/2014	04/01/1993
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs		Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)	Automated Health Services Incorporated (AHSI)	
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period.	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county.	Enrollment may occur at any time.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices			
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services, podiatry and chiropractic vary by region. Dental varies by program region.	Prosthetic devices, nurse midwife services, and podiatry.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.

Features	BadgerCare Plus	Care4Kids	Children Come First (CCF)
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Children's Community Health Plan; Compcare; Dean Health Plan; Group Health Cooperative Of Eau Claire; Group Health Cooperative Of South Central WI; Gundersen Health Plan; Health Tradition Health Plan; Independent Care (iCare); MHS of Wisconsin; MercyCare Insurance Company; Molina Health Plan; Network Health Plan; Physicians Plus Health Plan; Security Health Plan; Trilogy Health Insurance; UnitedHealthcare Community Plan; Unity Health Plan	Children's Hospital of Wisconsin is contracted	Children Come First
Notes: Program notes	Members who are enrolled in a nursing home for longer than 30 days are disenrolled to FFS.		

Wisconsin Managed Care Program Features, as of 2017 (3 of 3)

Features	Family Care	Program of All-inclusive Care for the Elderly (PACE)
Program type	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Counties: Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green Lake, Green, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood	Counties: Milwaukee and Waukesha
Federal operating authority	1915(b)/1915(c)	PACE
Program start date	02/01/2000	11/01/1990
Waiver expiration date (if applicable)	12/31/2019	
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary

Features	Family Care	Program of All-inclusive Care for the Elderly (PACE)
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Open enrollment.	Open enrollment.
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner	X	X

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

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

Features	Family Care	Program of All-inclusive Care for the Elderly (PACE)
Participating plans: Plans in Program	Care Wisconsin (FC); Community Care, Inc. (FC); CommunityLink (became Inclusa in September 2017); Lakeland Care, Inc.; My Choice Family Care	Community Care, Inc.
Notes: Program notes		

Wyoming Managed Care Program Features, as of 2017

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Program type	Program of All-inclusive Care for the Elderly (PACE)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Laramie County	Statewide
Federal operating authority	PACE	1915(b)/1915(c)
Program start date	02/01/2013	09/01/2015
Waiver expiration date (if applicable)		06/30/2020
If the program ended in 2017, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Partial Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Populations enrolled: Enrollment choice period	N/A	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult day services, home delivered meals, recreational therapy, nutritional counseling, social services, non-medical transportation.	Targeted case management State Plan Authority including family care coordinators, youth peer support partners, family support partners. All individuals receive respite.
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		URAC, Council on Accreditation COA
Quality assurance and improvement: EQRO contractor name (if applicable)		Navigant
Performance incentives: Payment bonuses/differentials to reward plans		X

Features	Wyoming PACE at Cheyenne Medical Center	Care Management Entity for Emotionally Disturbed Children
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Cheyenne Regional Medical Center PACE	CME Statewide
Notes: Program notes		