

EQR Table 2. States and Managed Care Plans Included in External Quality Review (EQR) Technical Reports, 2023–2024 Reporting Cycle

Summary: This table shows the number and types of managed care plans (MCP) included in each state’s EQR technical report, as well as the populations the state’s MCPs provide services to (both Medicaid and Children’s Health Insurance Program [CHIP], Medicaid-only, or CHIP-only). During the 2023–2024 reporting cycle, managed care organizations (MCOs) were the most common MCP type included in state EQR technical reports, followed by prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management entities (PCCM-Es).

State	EQRO	Total Number of MCPs	MCP Type					Population		
			MCO ^a	PAHP ^b	PCCM-E ^c	PIHP ^d	Multiple	Both Medicaid and CHIP ^e	Medicaid Only	CHIP Only
N = 44 states		705	504	51	9	134	7	271	395	39
Alabama	IPRO	7	-	-	7	-	-	-	7	-
Arizona	HSAG	16	16	-	-	-	-	11	5	-
Arkansas	Qsource	6	4	2	-	-	-	-	6	-
California ^f	BHC	87	-	-	-	87	-	-	87	-
California ^f	HSAG	30	27	3	-	-	-	28	2	-
Colorado ^g	HSAG	14	6	1	-	-	7	-	9	5
Delaware	Mercer	2	2	-	-	-	-	-	2	-
District of Columbia	Qlarant	6	6	-	-	-	-	4	2	-
Florida	HSAG	18	15	3	-	-	-	-	17	1
Georgia	HSAG	4	4	-	-	-	-	3	1	-
Hawaii	HSAG	6	5	-	-	1	-	5	1	-
Illinois	HSAG	11	11	-	-	-	-	-	11	-
Indiana	Qsource	11	11	-	-	-	-	7	4	-
Iowa	HSAG	4	2	2	-	-	-	4	-	-
Kansas	KFMC	3	3	-	-	-	-	3	-	-
Kentucky	IPRO	6	6	-	-	-	-	6	-	-
Louisiana	HSAG	8	5	2	-	1	-	8	-	-
Maryland	Qlarant	9	9	-	-	-	-	9	-	-
Massachusetts	IPRO	27	24	-	2	1	-	18	9	-

EQR Table 2 (continued)

State	EQRO	Total Number of MCPs	MCP Type					Population		
			MCO ^a	PAHP ^b	PCCM-E ^c	PIHP ^d	Multiple	Both Medicaid and CHIP ^e	Medicaid Only	CHIP Only
Michigan	HSAG	47	9	22	-	16	-	2	45	-
Minnesota	IPro	38	38	-	-	-	-	9	29	-
Mississippi	Constellation	5	5	-	-	-	-	3	-	2
Nebraska	HSAG	4	3	1	-	-	-	4	-	-
Nevada	HSAG	5	4	1	-	-	-	5	-	-
New Hampshire	HSAG	3	3	-	-	-	-	3	-	-
New Jersey	IPro	10	10	-	-	-	-	5	5	-
New Mexico	IPro	3	3	-	-	-	-	-	3	-
New York	IPro	71	71	-	-	-	-	12	59	-
North Carolina	HSAG	11	5	-	-	6	-	5	6	-
North Dakota	IPro	1	1	-	-	-	-	-	1	-
Ohio	IPro	12	10	1	-	1	-	5	7	-
Oregon	HSAG	16	16	-	-	-	-	16	-	-
Pennsylvania	IPro	25	24	-	-	1	-	-	17	8
Puerto Rico	Mercer	10	10	-	-	-	-	-	10	-
Rhode Island	IPro	14	13	1	-	-	-	8	6	-
South Carolina	Constellation	8	8	-	-	-	-	5	3	-
Tennessee	Qsource	6	4	2	-	-	-	6	-	-
Texas	ICHIP	52	46	6	-	-	-	16	17	19
Utah	HSAG	25	11	3	-	11	-	20	2	3
Vermont	HSAG	1	-	-	-	1	-	1	-	-
Virginia	HSAG	12	12	-	-	-	-	12	-	-
Washington	Comagine	11	6	-	-	5	-	10	1	-
West Virginia	Qlarant	4	4	-	-	-	-	3	1	-
Wisconsin	MetaStar	35	32	-	-	3	-	14	20	1
Wyoming	Guidehouse	1	-	1	-	-	-	1	-	-

Acronyms: BHC = Behavioral Health Concepts, Inc.; CHIP = Children's Health Insurance Program; EQR = External Quality Review; EQRO = External Quality Review Organization; FY= Fiscal Year; GU = Guam; HMO = Health Maintenance Organization; HSAG = Health Services Advisory Group; ICHP = Institute for Child Health Policy; MCO = Managed Care Organization; MCP = Managed Care Plan; PACE = Program of All-Inclusive Care for the Elderly; PAHP = Prepaid Ambulatory Health Plan; PCCM-E = Primary Care Case Management Entity; PIHP = Prepaid Inpatient Health Plan; PR = Puerto Rico; RAE = Regional Accountable Entities; USVI = United States Virgin Islands.

Source: EQR technical reports for the 2023–2024 reporting cycle. States must post EQR technical reports on their websites by April 30 of each year. Information about the EQR process is available at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>.

Notes: The following three states posted their EQR technical reports after the April 30 deadline but are included in this analysis: FL, MN, and VT. ID and MO did not post their EQR technical for the 2023-2024 reporting cycle and are not included in this analysis. During the 2023–2024 reporting cycle, the following eight states and territories did not contract with a qualifying MCP subject to EQR: AK, CT, GU, ME, MT, OK, SD, and USVI.

^a MCOs include MCPs that provide comprehensive care to Medicaid or CHIP enrollees, such as HMOs and PACE plans.

^b A PAHP is an entity that provides services to enrollees under contract with the state; is a non-comprehensive prepaid health plan that provides only certain outpatient services, such as dental services or outpatient health care; does not cover any inpatient services; and does not have a comprehensive risk contract (42 C.F.R. § 438.2). PAHPs include prepaid plans that provide more limited or targeted services, including plans that cover a limited set of services (such as behavioral health, dental care, or long-term care), as well as plans that target specific populations (such as plans that provide specialized care to people with disabilities).

^c PCCM-Es are entities that provide specific functions to support the provision of primary care, in addition to primary care case management services, for the state, and whose contracts with the state provide for shared savings, incentive payments, or other financial reward for the PCCM-E for improved quality outcomes as described at 42 C.F.R. § 438.310(c)(2).

^d A PIHP is 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; provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and does not have a comprehensive risk contract (42 C.F.R. § 438.2).

^e If the EQR technical report specified the population served, MCPs were categorized accordingly. If it did not specify and the state operates Medicaid expansion CHIP or has both Medicaid expansion and separate CHIP, MCPs were classified as both Medicaid and CHIP.

^f CA engaged two separate EQROs: BHC for its specialty mental health MCPs and substance use disorder treatment MCPs, and HSAG for its physical health MCPs. CA posted one of its MCP EQR technical reports after the April 30 deadline, but this analysis includes data from all MCPs.

^g CO launched its Accountable Care Collaborative program in 2011 as the primary vehicle for delivering health care to the state's Medicaid members. In July 2018, CO's seven RAEs established medical homes that serve as the central point of members' care, coordinate care, and provide comprehensive community-based mental health and substance use disorder services. The RAEs operate under a 1915(b) waiver as a PCCM-E and PIHP. The PIHP is limited to providing behavioral health services. RAEs are in the fifth year of contracting with the state (FY 2022-2023). The RAEs in regions 1 and 5 additionally have a Limited Managed Care Capitation Initiative, which operate under federal authority as MCOs (Rocky Mountain Health Plan PRIME and Denver Health Medical Plan).