



Medicaid Managed Care Enrollment and Program Characteristics, 2014

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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, 2014 (sub-state level enrollment data are not collected), 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 2014, 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 2013 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: [Medicaid.gov](http://www.Medicaid.gov).

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

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Errors and Corrections to the 2013 Report

In the course of collecting data for the 2014 version of this report, Mathematica uncovered several errors in the 2013 data, contained in the 2013 Medicaid Managed Care Enrollment Report, released in Fall 2015. That report was reissued and its errors are listed below.

State/Domain	Changes
Table 1: State Managed Care Enrollment, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2013	
Maine	Total Medicaid enrollment was previously reported as 262,334. The corrected figure is 280,876.
Michigan	Total Medicaid enrollment was previously reported as 1,815,866. The corrected figure is 3,480,613.
Nebraska	BHO enrollment was previously reported as 414,842. The corrected figure is 0 because the program did not begin enrolling on a capitated basis until September 2013.
Oklahoma	PCCM enrollment was previously reported as 735,552. The corrected figure is 540,164.
Oregon	MCO enrollment was previously reported as 1,173,062. The corrected figure is 546,347.
Pennsylvania	Total Medicaid enrollment was previously reported as 3,446,654. The corrected figure is 2,118,287.
Tennessee	MCO enrollment was previously reported as 3,030,664. The corrected figure is 1,215,336.
Utah	Total Medicaid and BHO enrollment were previously reported as 265,929 and 506,158, respectively. The corrected figures are 266,841 and 260,575, respectively. Utah also was not reported to have a dental program in 2013; however, its Dental PAHP began in September 2013. The table has been corrected to show 0 enrollment in the program as of July 1.
All states	As a result of these changes: <ul style="list-style-type: none"> • Total Medicaid Enrollment changed from 62,151,218 to 62,507,052. • Total Comprehensive MCO enrollment changed from 37,411,965 to 34,969,949, with virtually all of the decrease due to corrections for Oregon and Tennessee. • PCCM enrollment changed from 7,985,819 to 7,790,431. • BHO enrollment changed from 11,312,493 to 10,652,068.
Table 2: Medicare-Medicaid Eligibles ("Duals") Enrolled in Managed Care, as of July 1, 2013	
Oklahoma	Medicare-Medicaid enrollment in PACE was previously reported as 0. The corrected figure is 110.
Oregon	Oregon's Medicare-Medicaid enrollment in MCOs was previously reported as 103,724. The corrected figure is 36,557.
Tennessee	Tennessee's Medicare-Medicaid enrollment in MCOs was previously reported as 137,939. The corrected figure is 137,548.

State/Domain	Changes
Utah	Utah's Medicare-Medicaid enrollment in BHOs was previously reported as 47,422. The corrected figure is 24,297. Utah also was not reported to have a dental program in 2013. However, their Dental PAHP began in September 2013. Therefore the table has been corrected to show 0 enrollment as of July 1.
All states	<p>As a result of these changes:</p> <ul style="list-style-type: none"> • MCO enrollment among dual beneficiaries changed from 1,918,725 to 1,851,167. • BHO enrollment among dual beneficiaries changed from 937,130 to 914,005. • PACE enrollment among dual beneficiaries changed from 26,726 to 26,836.
Table 3: Share of Medicaid Enrollees in Any Managed Care and in Comprehensive MCOs, as of July 1, 2013	
Maine	Total Medicaid enrollment was previously reported as 262,334, but the corrected figure is 280,876. Maine's total Medicaid managed care enrollment was previously reported as 161,367. The corrected figure is 178,321.
Michigan	Total Medicaid enrollment was previously reported as 1,815,866. The corrected figure is 3,480,613. Total Medicaid managed care enrollment was previously reported as 1,291,680. The corrected figure is 2,893,843.
Mississippi	Total Medicaid managed care enrollment was previously reported as 534,029. The corrected figure is 155,124.
Oklahoma	Total Medicaid managed care enrollment was previously reported as 540,164. The corrected figure is 689,574.
Oregon	Comprehensive MCO enrollment was previously reported as 547,315. The corrected figure is 547,342.
Pennsylvania	Total Medicaid enrollment was previously reported as 3,446,654. The corrected figure is 2,118,287.
Utah	Total Medicaid enrollment was previously reported as 265,929. The corrected figure is 266,841. In addition, Utah's total Medicaid managed care enrollment was previously reported as 261,847. The corrected figure is 261,855.
All states	<p>As a result of these changes:</p> <ul style="list-style-type: none"> • Total Medicaid enrollment changed from 62,151,216 to 62,507,052. • Total Medicaid managed care enrollment changed from 44,533,642 (71.7 percent of all Medicaid enrollees) to 45,923,272 (73.5 percent of all Medicaid enrollees). • Comprehensive managed care, which includes comprehensive MCO as well as PACE programs, enrollment changed from 35,000,260 (56.3 percent of all Medicaid enrollees) to 35,000,287 (56.0 percent of all Medicaid enrollees).

State/Domain	Changes
Table 4: Enrollment by Program and Plan, as of July 1, 2013	
Nebraska	The Magellan Behavioral Health program was previously reported as a standalone BHO. The corrected table shows Behavioral Health Managed Care as Nebraska's only BHO. Magellan Behavioral Health is a plan under the Behavioral Health Managed Care program. In addition, Nebraska's Medicaid-only, dually eligible, and total Behavioral Health Managed care enrollment were previously reported as 185,083; 27,247; and 212,330, respectively. The corrected enrollment for each population is 0 because the program did not begin enrolling on a capitated basis until September 2013.
Oklahoma	Medicaid-only, dually eligible, and total SoonerCare Choice enrollment were previously reported as 540,164; 195,388; and 735,552, respectively. The corrected figures are 431,592; 108,572; and 540,164, respectively. In addition, Oklahoma's Medicaid-only and Medicare-Medicaid enrollment in Cherokee Elder Care PACE was previously reported as 124 and 0, respectively. The corrected figures are 14 and 110, respectively.
Utah	The Substance Use Disorder program was previously reported as a standalone BHO. The corrected table shows Prepaid Mental Health as Utah's only BHO. Treatment for substance use disorder is a benefit offered under Prepaid Mental Health, not a separate managed care program. Utah was also not reported to have a dental program in 2013; however, their Dental PAHP began in September 2013. Therefore, the table has been corrected to show 0 enrollment as of July 1.
Table 5: State Enrollment in Managed Care Programs Covering Long Term Services and Supports (LTSS), as of July 1, 2013	
Kansas	Enrollment in comprehensive managed care including LTSS was previously reported as 6,855 LTSS users. The corrected figure is 21,362.
Maine	Total managed care enrollment was previously reported as 161,367. The corrected figure is 178,321.
Michigan	Total managed care enrollment was previously reported as 1,249,015. The corrected figure is 2,893,843.
Minnesota	Enrollment in comprehensive managed care including LTSS was previously reported as 48,676 LTSS users. The corrected figure is 32,523.
Mississippi	Total managed care enrollment was previously reported as 534,029. The corrected figure is 155,124.
New Jersey	Total managed care enrollment was previously reported as 1,055,246. The corrected figure is 1,055,093.

State/Domain	Changes
New Mexico	Total managed care enrollment was previously reported as 375,775. The corrected figure is 413,111. A footnote was added to clarify that New Mexico's 2013 data reflects the number of individuals enrolled in its MLTSS program, regardless of whether they used LTSS. In 2014, New Mexico will report only the number of LTSS users enrolled in the MLTSS program. Comparisons of enrollment across years should take note of this difference.
Oklahoma	Total managed care enrollment was previously reported as 540,164. The corrected figure is 689,574.
Utah	Total Medicaid managed care enrollment was previously reported as 261,847. The corrected figure is 261,855.
West Virginia	Total Medicaid managed care enrollment was previously reported as 170,377. The corrected figure is 174,377.
All states	<p>As a result of these changes:</p> <ul style="list-style-type: none"> • Total Medicaid managed care enrollment changed from 44,448,934 to 45,923,272. • Enrollment in comprehensive managed care including LTSS changed from 758,177 to 756,491 (1.6 percent of all managed care enrollees).

Table 6: Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2013

MLTSS-only	The total number of MLTSS-only programs was previously listed as 24 due to a typographical error. The correct number of MLTSS-only programs is 4. The number of MLTSS programs that mandatorily enroll Native Americans/Alaskan Natives has been changed from 0 to 1.
BHO	The total number of BHO programs was previously reported as 21; the corrected number is 19. The number of BHO programs that mandatorily enrolled low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority has been changed from 6 to 5. The number of BHO programs that mandatorily enroll partial duals has been changed from 7 to 5. In addition, the number of BHO programs that exempt Native Americans/Alaskan Natives and foster care and adoption assistance children have changed from 4 and 6, respectively, to 3 and 5.
Dental	The total number of dental programs has been changed from 7 to 8. The number of dental programs that mandatorily enroll partial duals has been change from 1 to 2. The number of dental programs that exempt foster care and adoption assistance children from enrollment has been changed from 1 to 2.

State/Domain	Changes
Table 7: Number of Managed Care Program Types, by Quality Assurance Requirements and Performance Incentives, at any point in 2013	
MLTSS-only (managed care programs that only cover LTSS benefits)	The total number of MLTSS-only programs has been changed from 3 to 4. The number of MLTSS-only programs requiring HEDIS data and accreditation was changed from 0 to 1. The number of MLTSS-only programs providing payment bonuses/differentials to reward MCOs, preferential auto-enrollment to reward MCOs, and public reports comparing MCO performance on key metrics is 2, 2, and 2, respectively; these numbers were previously reported as 1, 1, and 1.
BHO	The total number of BHO programs has been changed from 21 to 19. The number of BHO programs requiring HEDIS data was changed from 10 to 9.
Dental	The total number of dental programs has been changed from 7 to 8. The number of dental programs requiring HEDIS data and CAHPS data was changed from 4 to 5.
State Tables	
Florida	The Long-Term Care program was previously omitted from the 2013 reports. Because the program began enrollment in limited regions in August 2013 it has been added to the corrected report.
Nebraska	The Magellan Behavioral Health program was previously reported as a standalone BHO. The corrected table shows Behavioral Health Managed Care as Nebraska's only BHO. Magellan Behavioral Health is a plan under the Behavioral Health Managed Care program.
Utah	The Substance Use Disorder program was previously reported as a standalone BHO. The corrected table shows Prepaid Mental Health as Utah's only BHO. Treatment for substance use disorder is a benefit offered under Prepaid Mental Health, not a separate managed care program. In addition, Utah was not reported to have a dental program in 2013; however, their Dental PAHP began in September 2013. This program has been added to Utah's state table.

Highlights of the 2014 Report

Data from the Medicaid Managed Care Data Collection System (MMCDCS) in 2013 and 2014 show the following trends:

- **Medicaid enrollment in comprehensive MCOs increased by 24 percent -- from almost 35 million in 2013 to 43.3 million in 2014.** 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.
- **In 18 states, at least 75 percent of Medicaid beneficiaries enrolled in any type of managed care program were in comprehensive MCOs.** The number of states in which the majority (more than 75 percent) of managed care enrollees are in comprehensive MCOs increased from 12 in 2013 to 18 in 2014, or one third of all states. This shift is primarily due to a decrease in primary care case management (PCCM) programs.
- **States enrolled new population groups into comprehensive MCOs.** States enrolled additional population groups to comprehensive MCO programs in 2014, including: Aged, Blind or Disabled Children or Adults (8 more state programs than in 2013); Non-Disabled Children (excluding children in foster care or receiving adoption assistance – 7 more state programs than in 2013); and non-disabled, Low-Income Adults (2 more state programs than in 2014).
- **Nearly 5 million low-income adults covered by the ACA Medicaid expansion were enrolled in comprehensive managed care plans.** More than 4.8 million newly eligible low income adults eligible for Medicaid under Section VIII of the ACA in 2014 were enrolled in comprehensive MCO plans.
- **Managed LTSS enrollment grew by 175 percent from 2013 to 2014.** The number of Medicaid beneficiaries using, or at risk of needing, LTSS who were enrolled in managed care programs covering LTSS¹ grew from about 916,000 in 2013 to more than 1.6 million in 2014. The number of states with managed LTSS programs rose from 15 states in 2013 to 17 states in 2014. Several state MLTSS programs that began in the second half of 2014 are not included in this total.

¹ States differ in their ability to report individuals who use MLTSS versus those who are enrolled (and may or may not be using LTSS). Though the totals from 2013 and 2014 include a mix of enrollees and users, most states report either enrollees or users in the same way for both years.

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) waiver to enroll special populations into mandatory 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.

<i>1932(a)</i>	State can use Section 1932(a) statutory authority to enroll Medicaid beneficiaries in managed care entities on a mandatory basis without section 1915(b) or 1115 waiver authority. However, certain groups are exempted 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.
<i>1937 Alternative Benefit Plan</i>	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).
<i>1945 Health Homes</i>	States can use Section 1945 statutory authority to coordinate care for Medicaid beneficiaries who have chronic conditions. 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.

ACRONYMS AND DEFINITIONS

<i>Affordable Care Act</i>	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.
<i>Behavioral Health Organization</i>	BHO	A managed care entity specializing in behavioral health (mental health and/or substance use disorder) services. Services are covered on a prepaid basis.
<i>Centers for Medicare & Medicaid Services</i>	CMS	The federal agency that administers the Medicare and Medicaid programs.

<i>Comprehensive Managed Care Organization</i>	Comprehensive MCO	Comprehensive MCOs provide all acute and primary medical services; some also cover behavioral health and long term care. Entities that qualify as MCOs include Health Maintenance Organizations (HMOs) and Health Insuring Organizations (HIOs) in California.
<i>Consumer Assessment of Healthcare Providers and Systems</i>	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 from CAHPS surveys of managed care enrollees.
<i>Dental Prepaid Ambulatory Health Plan</i>		A limited-benefit plan that only provides dental services.
<i>Dual Eligibles (also referred to as “Duals”, or Medicare-Medicaid Eligibles)</i>		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”).
<i>Early and Periodic Screening, Diagnostic and Treatment</i>	EPSDT	States are required to cover these 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.
<i>External Quality Review Organization</i>	EQRO	An organization that meets competence and independence requirements and performs an external quality review of managed care programs and plans.
<i>Federally Qualified Health Center</i>	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.
<i>Fee-For-Service</i>	FFS	A payment system in which the state reimburses providers directly for each individual service rendered.

<i>Healthcare Effectiveness Data and Information Set</i>	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).
<i>Home and Community-based Services</i>	HCBS	Long-term services and supports provided to Medicaid beneficiaries with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities in their own home or a community setting.
<i>Intellectual/Developmental Disabilities</i>	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.
<i>Intermediate Care Facilities for individuals with Intellectual or Developmental Disabilities</i>	ICF-IDD	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
<i>Long-term Services and Supports</i>	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.
<i>Managed Long Term Services and Supports</i>	MLTSS	The delivery of long term services and supports (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.

<i>Medicaid</i>	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.
<i>Medicaid Managed Care</i>	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.
<i>Medicaid State Plan</i>	An agreement between a state and the federal government describing how that state administers its Medicaid program, including groups of individuals covered, services provided, reimbursement methodologies, and administrative activities.
<i>Medicaid State Plan Amendment</i>	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.
<i>Medicaid Waivers</i>	Statutory authorities under which the Secretary of Health and Human Services may, upon the request of a state, 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.
<i>Medicare</i>	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.
<i>Mental Health</i>	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.

<i>Non-Emergency Medical Transportation</i>	NEMT	A program that covers transportation to and from medically necessary health care services.
<i>Other Prepaid Health Plans</i>	PHPs	Prepaid ambulatory or inpatient health plans that cover a limited set of benefits, such as behavioral health, long term care, dental, or transportation benefits.
<i>Prepaid Ambulatory Health Plan</i>	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.
<i>Prepaid Inpatient Health Plan</i>	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.
<i>Presumptive Eligibility</i>		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.
<i>Primary Care Case Management</i>	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.

<i>Program for All-inclusive Care for the Elderly</i>	PACE	A program that provides prepaid, capitated comprehensive medical and social services in an adult day health center, supplemented by 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.
<i>Section VIII</i>		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.
<i>Substance Use Disorder</i>	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.
<i>Transportation Prepaid Ambulatory Health Plan</i>		A prepaid ambulatory health plan covering transportation services only.

ACRONYMS

<i>ACA</i>	Affordable Care Act (short for Patient Protection and Affordable Care Act)
<i>BHO</i>	Behavioral Health Organization
<i>CAHPS</i>	Consumer Assessment of Healthcare Providers and Systems
<i>EPSDT</i>	Early and Periodic Screening, Diagnostic and Treatment
<i>EQRO</i>	External Quality Review Organization
<i>FFS</i>	Fee-For-Service
<i>FQHC</i>	Federally Qualified Health Center
<i>HCBS</i>	Home and Community-Based Services
<i>HEDIS</i>	Healthcare Effectiveness Data and Information Set
<i>ICF-IDD</i>	Intermediate Care Facilities for individuals with Intellectual or Developmental Disabilities
<i>IDD</i>	Intellectual/developmental disabilities
<i>LTSS</i>	Long-term services and supports
<i>MCO</i>	Managed Care Organization
<i>MH</i>	Mental Health
<i>MLTSS</i>	Managed Long-Term Services and Supports
<i>NEMT</i>	Non-Emergency Medical Transportation
<i>PACE</i>	Program of All-inclusive Care for the Elderly
<i>PAHP</i>	Prepaid Ambulatory Health Plan
<i>PCCM</i>	Primary Care Case Management
<i>PIHP</i>	Prepaid Inpatient Health Plan
<i>SPA</i>	State Plan Amendment
<i>SUD</i>	Substance Use Disorder

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2014

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 Newly Eligible Adults Enrolled in Comprehensive MCOs ⁴
TOTALS	71,705,460	55,208,432	43,386,273	4,810,182
Alabama	1,054,941	641,217	161	0
Alaska	132,556	0	0	0
American Samoa ⁵	n/a	n/a	n/a	n/a
Arizona	1,548,325	1,317,463	1,317,463	24,560
Arkansas	595,807	515,111	157	0
California	11,522,853	7,840,879	7,816,026	1,376,450
Colorado	1,079,699	1,029,950	66,010	3,794
Connecticut	724,741	0	0	0
Delaware	227,554	196,065	196,065	6,349
District of Columbia	257,450	185,937	172,308	51,172
Florida ⁶	3,531,945	2,684,181	2,659,044	0
Georgia	1,961,085	1,352,544	1,345,813	0
Guam ⁵	n/a	n/a	n/a	n/a
Hawaii	321,027	318,200	316,354	47,281
Idaho	266,172	266,172	697	0
Illinois	3,249,835	2,163,351	439,899	729
Indiana	1,176,447	773,757	737,122	0
Iowa	593,572	533,403	58,520	20
Kansas	399,299	356,630	356,630	0
Kentucky	1,209,552	1,081,673	1,081,673	329,860
Louisiana	1,305,671	1,044,899	418,500	0
Maine	262,334	161,367	0	0
Maryland	1,309,260	1,084,437	1,084,552	218,864
Massachusetts	1,878,120	1,110,277	803,049	0
Michigan	3,871,806	3,774,727	1,832,240	232,286
Minnesota	1,112,174	791,004	791,004	134,607
Mississippi	699,153	155,124	155,124	0
Missouri	825,974	797,512	389,051	0
Montana	131,923	91,071	0	0
Nebraska	242,578	229,661	183,561	0
Nevada	533,734	464,054	360,195	97,442
New Hampshire	142,315	121,161	121,161	0
New Jersey	1,542,022	1,418,074	1,315,014	479,207
New Mexico	727,214	580,224	580,224	143,894
New York	5,845,589	4,412,837	4,290,973	631,690
North Carolina	1,717,658	1,717,658	1,017	0
North Dakota	79,031	46,154	11,806	11,713
Northern Mariana Islands ⁵	n/a	0	0	0
Ohio	2,796,017	2,028,249	2,028,249	241,252
Oklahoma	826,434	736,785	126	0

Table 1. State Medicaid Managed Care Enrollment Data Summary, as of July 1, 2014

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 Newly Eligible Adults Enrolled in Comprehensive MCOs ⁴
Oregon	1,051,645	971,104	828,989	345,765
Pennsylvania	2,152,846	1,978,894	1,671,750	0
Puerto Rico ⁷	1,459,263	1,459,263	1,459,263	0
Rhode Island	263,574	223,749	217,824	51,912
South Carolina	1,089,973	720,925	720,736	0
South Dakota	122,352	91,289	0	0
Tennessee	1,288,631	1,288,631	1,288,631	0
Texas	4,137,121	3,232,307	3,232,307	0
Utah	287,754	282,844	201,356	0
Vermont ⁸	188,337	79,735	79,735	0
Virgin Islands ⁵	n/a	n/a	n/a	n/a
Virginia	961,843	707,926	645,985	0
Washington	1,245,322	1,245,322	1,245,278	381,335
West Virginia	486,839	203,288	203,288	0
Wisconsin	1,199,773	701,290	661,286	0
Wyoming	68,320	57	57	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.

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, and PCCMs.

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. Medicaid Newly Eligible Adults Enrolled in Comprehensive MCOs represents individuals who are enrolled in comprehensive MCOs and are low-income adults, with or without dependent children, newly eligible for Medicaid under ACA Section VIII, and not covered under a waiver or other authority prior to 2014.

5. The indicated territory was not able to supply data for this report. The Northern Mariana Islands reported that they have no Medicaid managed care enrollment, but they did not report total Medicaid enrollees.

6. Florida reports enrollment as of August 1, 2014.

7. Puerto Rico expanded Medicaid to 418,838 individuals under an authority other than Section VIII, so their Medicaid newly eligible adult total is reported here as 0.

8. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity.

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2014¹

State or Territory	Total Medicaid Enrollees	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
TOTALS	71,705,460	43,354,363	7,252,258	243,131	12,113,286	5,545,422	7,955,501	31,910	61,481
Alabama	1,054,941	--	620,697	--	--	--	--	161	20,419
Alaska	132,556	--	--	--	--	--	--	--	--
American Samoa ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	1,548,325	1,317,463	--	--	--	--	--	--	--
Arkansas	595,807	--	486,970	--	--	--	514,453	157	--
California	11,522,853	7,811,712	--	--	38	802,632	--	4,314	858
Colorado	1,079,699	63,473	655,028	--	1,026,291	--	--	2,537	26,458
Connecticut	724,741	--	--	--	--	--	--	--	--
Delaware	227,554	195,974	--	--	--	--	--	91	--
District of Columbia	257,450	172,308	--	--	--	--	52,493	--	--
Florida ⁴	3,531,945	2,658,159	0	83,289	0	0	--	885	0
Georgia	1,961,085	1,345,813	--	--	--	--	--	--	12,535
Guam ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	321,027	316,354	--	--	--	--	--	--	--
Idaho	266,172	697	243,436	--	255,551	265,292	262,397	--	--
Illinois	3,249,835	439,899	1,725,869	--	--	--	--	--	--
Indiana	1,176,447	737,122	36,635	--	--	--	--	--	--
Iowa	593,572	58,285	309,166	--	531,791	--	422,253	235	--
Kansas	399,299	356,271	--	--	--	--	--	359	--
Kentucky	1,209,552	1,081,673	--	--	--	--	--	--	--
Louisiana	1,305,671	418,174	483,747	--	1,027,261	1,034,596	--	326	--
Maine	262,334	--	161,367	--	--	--	--	--	--
Maryland	1,309,260	1,084,437	--	--	--	--	--	115	--
Massachusetts	1,878,120	799,768	306,415	--	306,415	--	--	3,281	--
Michigan	3,871,806	1,831,208	--	--	1,942,487	513,521	--	1,032	--
Minnesota	1,112,174	791,004	--	--	--	--	--	--	--
Mississippi	699,153	155,124	--	--	--	--	--	--	--
Missouri	825,974	388,857	--	--	--	--	408,655	194	--
Montana	131,923	--	91,071	--	--	--	--	--	--
Nebraska	242,578	183,497	--	--	229,661	--	--	64	--
Nevada	533,734	360,195	37,984	--	--	--	464,054	--	--
New Hampshire	142,315	121,161	--	--	--	--	--	--	--
New Jersey	1,542,022	1,314,180	--	--	--	--	1,418,074	834	--
New Mexico	727,214	579,530	--	--	--	--	--	694	--
New York	5,845,589	4,285,165	--	121,864	--	--	--	5,808	--
North Carolina	1,717,658	--	1,401,383	--	1,633,027	--	--	1,017	--
North Dakota	79,031	11,713	45,154	--	--	--	--	93	269
Northern Mariana Islands ³	n/a	--	--	--	--	--	--	--	--
Ohio	2,796,017	2,027,590	--	--	--	--	--	659	--
Oklahoma	826,434	--	531,147	--	--	--	736,785	126	--

Table 2. State Managed Care Enrollment by Program Type, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2014¹

State or Territory	Total Medicaid Enrollees	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
Oregon	1,051,645	827,939	--	--	--	--	--	1,050	--
Pennsylvania	2,152,846	1,668,071	--	--	1,971,862	--	476,243	3,679	--
Puerto Rico	1,459,263	1,459,263	--	--	1,218,534	--	--	--	--
Rhode Island	263,574	217,540	9,832	--	--	76,530	--	284	--
South Carolina	1,089,973	720,327	189	--	--	--	--	409	--
South Dakota	122,352	--	91,289	--	--	--	--	--	--
Tennessee	1,288,631	1,288,348	--	--	--	--	--	283	--
Texas	4,137,121	3,231,250	11,679	--	441,813	2,719,609	1,720,197	1,057	--
Utah	287,754	201,356	--	--	282,149	133,242	234,575	--	--
Vermont ⁵	188,337	79,735	--	--	--	--	--	--	--
Virgin Islands ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	961,843	644,720	--	--	--	--	--	1,265	--
Washington	1,245,322	1,245,278	--	--	1,245,322	--	1,245,322	--	--
West Virginia	486,839	203,288	3,200	--	--	--	--	--	--
Wisconsin	1,199,773	660,442	--	37,978	1,084	--	--	844	942
Wyoming	68,320	--	--	--	--	--	--	57	--

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. 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, MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.

3. The indicated state or territory was not able to supply data for this report.

4. Florida reports enrollment as of August 1, 2014.

5. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity.

"--" indicates states that do not operate programs of a given type. 0 signifies that a state operated a program of this type in 2014, but it ended before July 1, 2014, or began after that date.

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2014¹

State or Territory	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
TOTALS	1,898,202	324,879	218,467	708,350	120,989	728,104	27,941	2,494
Alabama	--	0	--	--	--	--	150	0
Alaska	--	--	--	--	--	--	--	--
American Samoa ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arizona	124,614	--	--	--	--	--	--	--
Arkansas	--	0	--	--	--	38,425	101	--
California	406,908	--	--	0	0	--	3,429	355
Colorado	2,488	9,110	--	67,227	--	--	2,371	2,139
Connecticut	--	--	--	--	--	--	--	--
Delaware	11,074	--	--	--	--	--	84	--
District of Columbia	208	--	--	--	--	14,565	--	--
Florida ⁴	131,877	0	77,482	0	0	--	775	0
Georgia	0	--	--	--	--	--	--	0
Guam ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	4	--	--	--	--	--	--	--
Idaho	697	19,560	--	22,898	23,759	23,844	--	--
Illinois	0	0	--	--	--	--	--	--
Indiana	553	343	--	--	--	--	--	--
Iowa	37	15,064	--	65,276	--	63,182	210	--
Kansas	41,969	--	--	--	--	--	266	--
Kentucky	67,831	--	--	--	--	--	--	--
Louisiana	0	0	--	97,349	97,163	--	310	--
Maine	--	0	--	--	--	--	--	--
Maryland	0	--	--	--	--	--	110	--
Massachusetts	1,049	0	--	0	--	--	3,065	--
Michigan	51,982	--	--	n/a ⁵	0	--	992	--
Minnesota	69,746	--	--	--	--	--	--	--
Mississippi	0	--	--	--	--	--	--	--
Missouri	0	--	--	--	--	0	158	--
Montana	--	0	--	--	--	--	--	--
Nebraska	104	--	--	34,326	--	--	57	--
Nevada	0	0	--	--	--	0	--	--
New Hampshire	7,447	--	--	--	--	--	--	--
New Jersey	146,327	--	--	--	--	249,026	744	--
New Mexico	39,636	--	--	--	--	--	637	--
New York	16,075	--	109,554	--	--	--	4,793	--
North Carolina	--	168,744	--	26,530	--	--	968	--
North Dakota	0	0	--	--	--	--	91	0
Northern Mariana Islands ³	--	--	--	--	--	--	--	--

Table 3. Medicare-Medicaid Eligibles (Duals) Enrolled in Managed Care by Program Type, as of July 1, 2014¹

State or Territory	Comprehensive MCO (with or without MLTSS) ²	PCCM ²	MLTSS only ²	BHO (PIHP and/or PAHP) ²	Dental ²	Transportation ²	PACE	Other ²
Ohio	71	--	--	--	--	--	562	--
Oklahoma	--	110,255	--	--	--	110,255	110	--
Oregon	39,445	--	--	--	--	--	1,003	--
Pennsylvania	16,676	--	--	261,820	--	65,725	3,093	--
Puerto Rico	317,173	--	--	76,444	--	--	--	--
Rhode Island	438	1,803	--	--	0	--	240	--
South Carolina	0	0	--	--	--	--	362	--
South Dakota	--	0	--	--	--	--	--	--
Tennessee	137,976	--	--	--	--	--	274	--
Texas	230,052	0	--	30,478	0	138,781	998	--
Utah	17,706	--	--	26,000	67	24,301	--	--
Vermont	397	--	--	--	--	--	--	--
Virgin Islands ³	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	0	--	--	--	--	--	1,167	--
Washington	4,233	--	--	0	--	0	--	--
West Virginia	0	0	--	--	--	--	--	--
Wisconsin	13,409	--	31,431	2	--	--	766	0
Wyoming	--	--	--	--	--	--	55	--

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. 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 MLTSS only, BHO, Dental, Transportation, and Other cover a narrower set of services.

3. The indicated territory was not able to supply data for this report. The Northern Mariana Islands reported that they have no Medicaid managed care enrollment, but they did not report total Medicaid enrollees.

4. Florida reports enrollment as of August 1, 2014.

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

"--" indicates states that do not operate programs of a given type. 0 signifies that a state operated a program of this type in 2014, but it ended before July 1, 2014, or began after that date.

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2014

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
TOTALS	71,705,460	55,208,432	77.0%	43,386,273	60.5%
Alabama	1,054,941	641,217	60.8%	161	0.0%
Alaska	132,556	0	0.0%	0	0.0%
American Samoa ⁴	n/a	n/a	n/a	n/a	n/a
Arizona	1,548,325	1,317,463	85.1%	1,317,463	85.1%
Arkansas	595,807	515,111	86.5%	157	<0.1%
California	11,522,853	7,840,879	68.0%	7,816,026	67.8%
Colorado	1,079,699	1,029,950	95.4%	66,010	6.1%
Connecticut	724,741	0	0.0%	0	0.0%
Delaware	227,554	196,065	86.2%	196,065	86.2%
District of Columbia	257,450	185,937	72.2%	172,308	66.9%
Florida ⁵	3,531,945	2,684,181	76.0%	2,659,044	75.3%
Georgia	1,961,085	1,352,544	69.0%	1,345,813	68.6%
Guam ⁴	n/a	n/a	n/a	n/a	n/a
Hawaii	321,027	318,200	99.1%	316,354	98.5%
Idaho	266,172	266,172	100.0%	697	0.3%
Illinois	3,249,835	2,163,351	66.6%	439,899	13.5%
Indiana	1,176,447	773,757	65.8%	737,122	62.7%
Iowa	593,572	533,403	89.9%	58,520	9.9%
Kansas	399,299	356,630	89.3%	356,630	89.3%
Kentucky	1,209,552	1,081,673	89.4%	1,081,673	89.4%
Louisiana	1,305,671	1,044,899	80.0%	418,500	32.1%
Maine	262,334	161,367	61.5%	0	0.0%
Maryland	1,309,260	1,084,437	82.8%	1,084,552	82.8%
Massachusetts	1,878,120	1,110,277	59.1%	803,049	42.8%
Michigan	3,871,806	3,774,727	97.5%	1,832,240	47.3%
Minnesota	1,112,174	791,004	71.1%	791,004	71.1%
Mississippi	699,153	155,124	22.2%	155,124	22.2%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2014

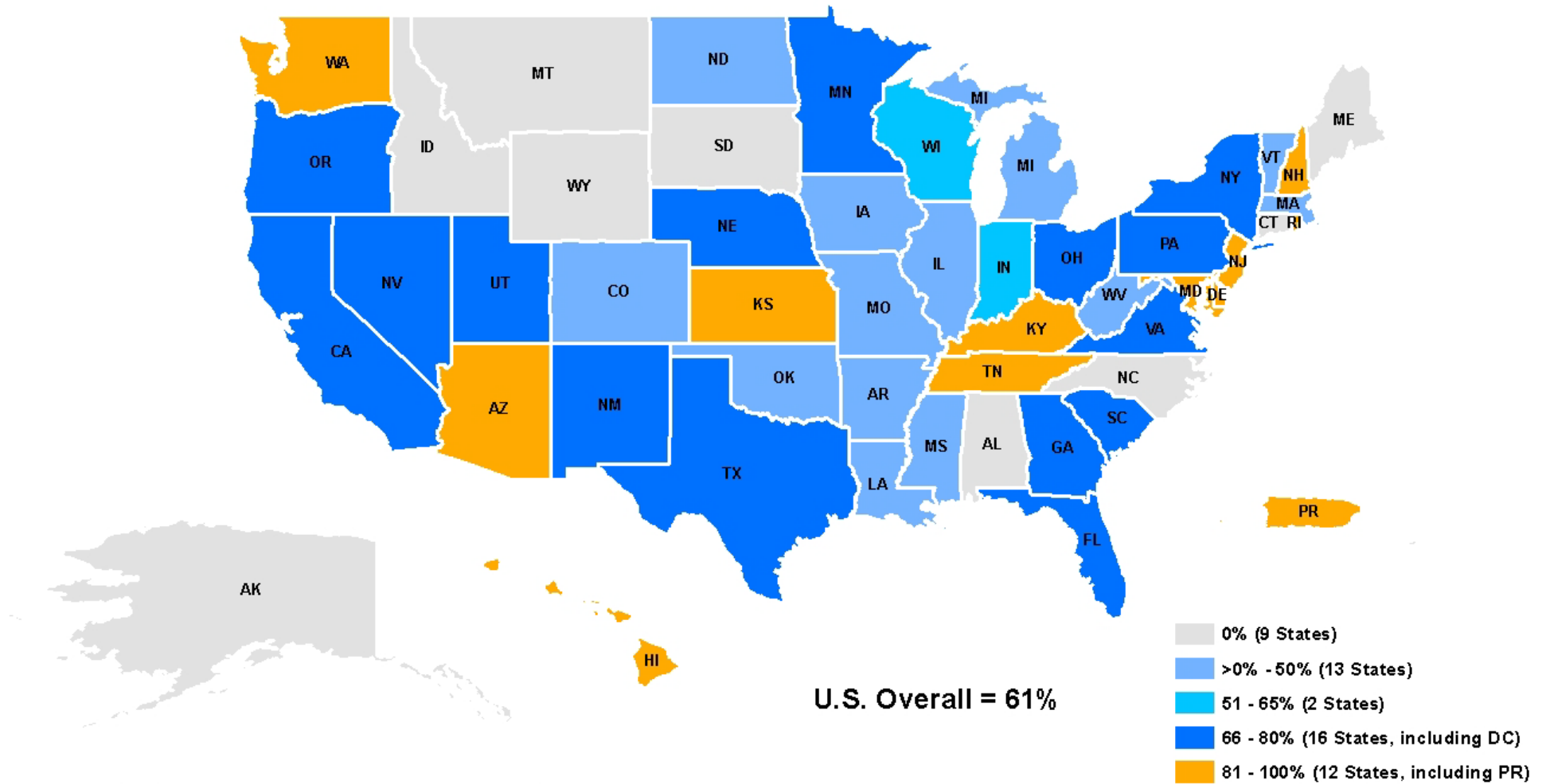
State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Missouri	825,974	797,512	96.6%	389,051	47.1%
Montana	131,923	91,071	69.0%	0	0.0%
Nebraska	242,578	229,661	94.7%	183,561	75.7%
Nevada	533,734	464,054	86.9%	360,195	67.5%
New Hampshire	142,315	121,161	85.1%	121,161	85.1%
New Jersey	1,542,022	1,418,074	92.0%	1,315,014	85.3%
New Mexico	727,214	580,224	79.8%	580,224	79.8%
New York	5,845,589	4,412,837	75.5%	4,290,973	73.4%
North Carolina	1,717,658	1,717,658	100.0%	1,017	0.1%
North Dakota	79,031	46,154	58.4%	11,806	14.9%
Northern Mariana Islands ⁴	n/a	0	0.0%	0	0.0%
Ohio	2,796,017	2,028,249	72.5%	2,028,249	72.5%
Oklahoma	826,434	736,785	89.2%	126	<0.1%
Oregon	1,051,645	971,104	92.3%	828,989	78.8%
Pennsylvania	2,152,846	1,978,894	91.9%	1,671,750	77.7%
Puerto Rico	1,459,263	1,459,263	100.0%	1,459,263	100.0%
Rhode Island	263,574	223,749	84.9%	217,824	82.6%
South Carolina	1,089,973	720,925	66.1%	720,736	66.1%
South Dakota	122,352	91,289	74.6%	0	0.0%
Tennessee	1,288,631	1,288,631	100.0%	1,288,631	100.0%
Texas	4,137,121	3,232,307	78.1%	3,232,307	78.1%
Utah	287,754	282,844	98.3%	201,356	70.0%
Vermont ⁶	188,337	79,735	42.3%	79,735	42.3%
Virgin Islands ⁴	n/a	n/a	n/a	n/a	n/a
Virginia	961,843	707,926	73.6%	645,985	67.2%
Washington	1,245,322	1,245,322	100.0%	1,245,278	100.0%
West Virginia	486,839	203,288	41.8%	203,288	41.8%

Table 4. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive Managed Care, as of July 1, 2014

State or Territory	Total Medicaid Enrollees ¹	Total Medicaid Enrollment in Any Type of Managed Care ²		Medicaid Enrollment in Comprehensive Managed Care ³	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Wisconsin	1,199,773	701,290	58.5%	661,286	55.1%
Wyoming	68,320	57	0.1%	57	0.1%

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.
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, and PCCMs.
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 comprehensive managed care.
4. The indicated territory was not able to supply data for this report. The Northern Mariana Islands reported that they have no Medicaid managed care enrollment, but they did not report total Medicaid enrollees.
5. Florida reports enrollment as of August 1, 2014.
6. The Department of Vermont Health Access, a state agency, acts as Vermont's single MCO entity.

State Comprehensive Managed Care Penetration, as of July 1, 2014



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, 2014

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
AL	Patient Care Networks of Alabama (PCNA) (Primary Care Case Management (PCCM))	Multiple primary care providers	4 networks covering 21 of 67 counties including: Limestone, Madison, Morgan, Cullman, Lamar, Fayette, Pickens, Tuscaloosa, Bibb, Hale, Greene, Sumter, Coosa, Tallapoosa, Chambers, Lee, Macon, Russell, Bullock, Washington, and Mobile	203,521	0	203,521
AL	Patient 1st (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	417,176	0	417,176
AL	Maternity (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Program	Statewide	20,419	0	20,419
AL	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama (MLOA)	Mobile and Baldwin Counties	11	150	161
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Maricopa Integrated Care	Maricopa	9,671	7,167	16,838
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st	Maricopa, Pima	90,868	4,848	95,716
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Choice Arizona	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, Pinal	178,430	12,951	191,381
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Health Net Access	Maricopa	42,412	2,203	44,615
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Maricopa Health Plan	Maricopa	71,830	3,928	75,758
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care Plan	Maricopa, Pima	266,181	18,419	284,600
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Phoenix Health Plan	Maricopa	72,570	4,230	76,800
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	UnitedHealthcare Plan	Apache, Cochise, Coconino, Graham, Greenlee, LaPaz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	301,198	33,245	334,443
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	University Family Care	Cochise, Gila, Graham, Greenlee, LaPaz, Pima, Pinal, Santa Cruz, Yavapai, Yuma	119,468	9,767	129,235
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Comprehensive Medical and Dental Program	Apache, Cochise, Coconino, Gila, Graham, Greenlee, LaPaz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma (all)	15,141	0	15,141

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Division of Developmental Disabilities MLTSS	Apache, Cochise, Coconino, Gila, Graham, Greenlee, LaPaz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma (all)	20,848	5,983	26,831
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Bridgeway Health Solutions MLTSS	Cochise, Gila, Graham, Greenlee, Maricopa, Pinal	798	4,865	5,663
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare MLTSS	Apache, Coconino, LaPaz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	1,237	7,428	8,665
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Mercy Care MLTSS	Maricopa, Pima	2,197	9,580	11,777
AR	Safety Net (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	486,970	0	486,970
AR	NET Transportation (Non-Emergency Medical Transportation)	Arkansas Medicaid Non-Emergency Transportation	Statewide	476,028	38,425	514,453
AR	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Statewide	56	101	157
CA	Health Plan of San Mateo CCS Demo/San Mateo (Comprehensive MCO)	Health Plan of San Mateo CCS Demo/San Mateo	Health Plan of San Mateo CCS Demo/San Mateo	1,470	2	1,472
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Alpine	Alpine	124	2	126
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Amador	Amador	3,622	31	3,653
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Butte	Butte	19,747	135	19,882
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Calaveras	Calaveras	2,486	14	2,500
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Colusa	Colusa	3,055	4	3,059
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/El Dorado	El Dorado	6,959	29	6,988
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Glenn	Glenn	3,062	7	3,069
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Inyo	Inyo	1,483	10	1,493
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Mariposa	Mariposa	1,928	12	1,940
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Mono	Mono	984	6	990

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Nevada	Nevada	7,807	61	7,868
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Placer	Placer	20,720	135	20,855
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Plumas	Plumas	1,499	10	1,509
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Sierra	Sierra	270	0	270
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Sutter	Sutter	13,786	64	13,850
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Tehama	Tehama	6,900	34	6,934
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Tuolumne	Tuolumne	3,442	7	3,449
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/Yuba	Yuba	9,487	44	9,531
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Alpine	Alpine	106	2	108
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Amador	Amador	1,141	12	1,153
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Butte	Butte	24,396	210	24,606
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Calaveras	Calaveras	4,329	30	4,359
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Colusa	Colusa	1,832	7	1,839
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/El Dorado	El Dorado	12,382	99	12,481
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Glenn	Glenn	3,793	17	3,810
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Inyo	Inyo	1,688	32	1,720
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Mariposa	Mariposa	964	3	967
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Mono	Mono	718	7	725
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Nevada	Nevada	4,986	39	5,025
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Placer	Placer	8,055	74	8,129

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Plumas	Plumas	1,352	17	1,369
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Sierra	Sierra	183	2	185
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Sutter	Sutter	9,444	31	9,475
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Tehama	Tehama	7,975	40	8,015
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Tuolumne	Tuolumne	4,918	25	4,943
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Yuba	Yuba	7,401	27	7,428
CA	Regional Model (Comprehensive MCO)	Kaiser/Amador	Amador	27	1	28
CA	Regional Model (Comprehensive MCO)	Kaiser/El Dorado	El Dorado	623	5	628
CA	Regional Model (Comprehensive MCO)	Kaiser/Placer	Placer	2,303	13	2,316
CA	Regional Model (Comprehensive MCO)	Anthem Blue Cross/San Benito	San Benito	6,387	21	6,408
CA	Regional Model (Comprehensive MCO)	California Health & Wellness/Imperial	Imperial	39,838	156	39,994
CA	Regional Model (Comprehensive MCO)	Molina Health Care/Imperial	Imperial	11,766	35	11,801
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles (plan code 200)	Los Angeles	0	3,793	3,793
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Los Angeles (plan code 201)	Los Angeles	0	1,595	1,595
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside (plan code 204)	Riverside	0	1,224	1,224
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/Riverside (plan code 205)	Riverside	0	518	518
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino (plan code 206)	San Bernardino	0	812	812
CA	Senior care Action Network (SCAN) (Comprehensive MCO + MLTSS)	SCAN Health Plan/San Bernardino (plan code 207)	San Bernardino	0	315	315
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Alameda Alliance for Health	Alameda	192,972	12,146	205,118
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Contra Costa Health Plan	Contra Costa	121,827	5,123	126,950

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Kern Health Systems	Kern	162,609	3,524	166,133
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	LA Care	Los Angeles	1,353,372	40,180	1,393,552
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/Riverside	Riverside	386,302	9,944	396,246
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Inland Empire Health Plan/San Bernardino	San Bernardino	425,939	10,577	436,516
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	San Francisco Health Plan	San Francisco	94,590	5,099	99,689
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/San Joaquin	San Joaquin	166,282	4,666	170,948
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Santa Clara Family Health Plan	Santa Clara	187,563	8,094	195,657
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Tulare	Tulare	81,729	2,216	83,945
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Plan of San Joaquin/Stanislaus	Stanislaus	78,324	1,123	79,447
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Fresno	Fresno	218,781	4,420	223,201
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Kings	Kings	19,622	430	20,052
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	CalViva Health Madera	Madera	27,188	522	27,710
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Alameda	Alameda	49,900	1,367	51,267
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/San Francisco	San Francisco	17,507	1,625	19,132
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Contra Costa	Contra Costa	19,576	474	20,050
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Santa Clara	Santa Clara	49,836	1,852	51,688
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net / LA	Los Angeles	707,943	23,257	731,200
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Tulare	Tulare	81,745	1,628	83,373
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/San Joaquin	San Joaquin	15,433	209	15,642
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/Riverside	Riverside	57,059	1,817	58,876

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Molina Healthcare/San Bernardino	San Bernardino	72,338	1,928	74,266
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Kern	Kern	64,197	1,780	65,977
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Health Net/Stanislaus	Stanislaus	66,064	1,342	67,406
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Fresno	Fresno	86,389	2,353	88,742
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Kings	Kings	15,603	366	15,969
CA	Two-Plan Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Madera	Madera	15,880	271	16,151
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal/San Luis Obispo	San Luis Obispo	39,703	5,848	45,551
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CenCal/Santa Barbara	Santa Barbara	82,253	9,897	92,150
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Health Plan of San Mateo	San Mateo	84,972	13,647	98,619
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Solano	Solano	79,256	11,510	90,766
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Santa Cruz	Santa Cruz	46,704	6,669	53,373
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	CalOPTIMA/Orange	Orange	546,018	80,494	626,512
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Napa	Napa	20,106	3,259	23,365
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Monterey	Monterey	107,139	10,681	117,820
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Yolo	Yolo	35,146	5,419	40,565

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Marin	Marin	25,254	4,617	29,871
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Lake	Lake	18,915	3,988	22,903
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Mendocino	Mendocino	26,230	3,822	30,052
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Sonoma	Sonoma	76,965	12,659	89,624
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Central California Alliance for Health/Merced	Merced	93,500	9,655	103,155
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Gold Coast Health Plan/Ventura	Ventura	143,059	18,800	161,859
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Humboldt	Humboldt	34,061	5,270	39,331
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Lassen	Lassen	5,298	830	6,128
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Modoc	Modoc	1,993	491	2,484
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Shasta	Shasta	44,499	8,326	52,825
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Siskiyou	Siskiyou	11,527	2,212	13,739
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Trinity	Trinity	3,134	626	3,760
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + MLTSS)	Partnership Health Plan of CA/Del Norte	Del Norte	8,499	1,396	9,895

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Community Health Group/San Diego	San Diego	188,027	4,753	192,780
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/San Diego	San Diego	48,104	3,729	51,833
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Health Care/San Diego	San Diego	129,923	3,255	133,178
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Care 1st Healthplan/San Diego	San Diego	46,422	3,594	50,016
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/San Diego	San Diego	34,036	1,718	35,754
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Molina Health Care/Sacramento	Sacramento	45,614	2,253	47,867
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Health Net/Sacramento	Sacramento	98,590	3,214	101,804
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Kaiser/Sacramento	Sacramento	55,038	2,820	57,858
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO + MLTSS)	Anthem Blue Cross/Sacramento	Sacramento	122,811	3,354	126,165
CA	Family Mosaic Project/San Francisco (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Family Mosaic Project/San Francisco	San Francisco	38	0	38
CA	Dental managed Care-Sacramento (Dental only (PAHP))	Access Dental Plan-Sacramento (Plan 421)	Sacramento	105,621	0	105,621
CA	Dental managed Care-Sacramento (Dental only (PAHP))	Liberty Dental Plan of CA/Sacramento (Plan 425)	Sacramento	122,588	0	122,588
CA	Dental managed Care-Sacramento (Dental only (PAHP))	Health Net of CA-Dental-Sacramento (Plan 427)	Sacramento	90,826	0	90,826
CA	Dental managed Care-LA (Dental only (PAHP))	Health Net of CA-Dental-LA (Plan 405)	Los Angeles	200,057	0	200,057
CA	Dental managed Care-LA (Dental only (PAHP))	Access Dental Plan-LA (Plan 409)	Los Angeles	177,919	0	177,919

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Dental managed Care-LA (Dental only (PAHP))	Liberty Dental Plan of CA-LA (Plan 416)	Los Angeles	105,621	0	105,621
CA	Positive Healthcare/Los Angeles (Other Prepaid Health Plan (PHP) (limited benefits))	Positive Healthcare/Los Angeles	Los Angeles	503	355	858
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Sutter SeniorCare/Sacramento	Sacramento	44	216	260
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Alameda	Alameda	91	457	548
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Alta Med Health Senior Buenacare/Los Angeles	Los Angeles	503	1,115	1,618
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Center for Elders Independence/Contra Costa	Contra Costa	12	39	51
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage/Riverside	Riverside	2	3	5
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Innovage/San Bernardino	San Bernardino	6	20	26
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK LifeWays/San Francisco	San Francisco	60	867	927
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK LifeWays/Alameda	Alameda	28	139	167
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	St. Paul's PACE/San Diego	San Diego	81	315	396

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	ONLOK Lifeways/Santa Clara	Santa Clara	32	139	171
CA	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	CalOPTIMA PACE/Orange	Orange	11	32	43
CA	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	Los Angeles	15	87	102
CO	Managed Care Program (Comprehensive MCO)	Denver Health Medicaid Choice	Adams, Arapahoe, Denver, and Jefferson Counties	60,985	2,488	63,473
CO	Managed Care Program (Comprehensive MCO)	Accountable Care Collaborative: Rocky Mountain Health Plan Prime (ACC: RMHP Prime)	Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco Counties	0	0	0
CO	Primary Care Physician Program (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	273	2,897	3,170
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 1: 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	89,310	682	89,992
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 2: Colorado Access	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	53,995	482	54,477
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 3: Colorado Access	Adams, Arapahoe and Douglas Counties	180,483	1,543	182,026
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 4: Integrated Community Health Partners	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande and Saguache Counties	78,812	1,016	79,828
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 5: Colorado Access	Denver County	52,853	660	53,513
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 6: Colorado Community Health Alliance	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	88,034	953	88,987

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CO	Accountable Care Collaborative (Primary Care Case Management (PCCM))	RCCO 7: Community Care	El Paso, Elbert, Park and Teller Counties	102,158	877	103,035
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 1: 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	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 2: Colorado Access	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 3: Colorado Access	Adams, Arapahoe and Douglas Counties	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 4: Integrated Community Health Partners	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande and Saguache Counties	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 5: Colorado Access	Denver County	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 6: Colorado Community Health Alliance	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	0	0	0
CO	Accountable Care Collaborative: Medicare-Medicaid Program (Primary Care Case Management (PCCM))	RCCO 7: Community Care of Central Colorado	El Paso, Elbert, Park and Teller Counties	0	0	0
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	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	327,877	24,888	352,765
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Healthcare Inc.	Adams, Arapahoe and Douglas Counties	238,510	12,983	251,493

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Foothills Behavioral Health Partners	Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties	117,169	9,008	126,177
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Northeast	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma Counties	120,082	8,485	128,567
CO	Colorado Medicaid Community Behavioral Health Services Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Access Behavioral Care - Denver	Denver County	155,426	11,863	167,289
CO	Rocky Mountain Health Plan PIHP (Other Prepaid Health Plan (PHP) (limited benefits))	Rocky Mountain Health Plan	Delta, Mesa, Moffat, Montrose, Ouray, Rio Blanco and San Miguel Counties	24,319	2,139	26,458
CO	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Rocky Mountain Health Care Services PACE	El Paso County	11	191	202
CO	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	Delta and Montrose Counties	12	240	252
CO	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	Pueblo County	24	168	192
CO	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Total Longterm Care DBA InnovAge Greater Colorado PACE	Adams, Arapahoe, Broomfield, Denver and Jefferson Counties	119	1,772	1,891
DE	Diamond State Health Plan (DSHP) (Comprehensive MCO + MLTSS)	Diamond State Partners (DSP)	Statewide	1,372	34	1,406
DE	Diamond State Health Plan (DSHP) (Comprehensive MCO + MLTSS)	Delaware Physicians Care	Statewide	132,080	6,489	138,569
DE	Diamond State Health Plan (DSHP) (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	51,448	4,551	55,999
DE	Saint Francis Life (Program of All-inclusive Care for the Elderly (PACE))	Saint Francis Life	New Castle County	7	84	91
DC	Health Services for Children with Special Needs (Comprehensive MCO)	Health Services for Children with Special Needs	Statewide	5,770	31	5,801
DC	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth District of Columbia	Statewide	97,992	117	98,109

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
DC	Medicaid Managed Care Program (Comprehensive MCO)	Medstar Family Choice	Statewide	35,951	39	35,990
DC	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Statewide	26,283	21	26,304
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	AmeriHealth District of Columbia	Statewide	2,864	0	2,864
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	Medstar Family Choice	Statewide	1,977	0	1,977
DC	Childless Adult 1115 Demonstration Waiver (Comprehensive MCO)	Trusted Health Plan	Statewide	1,263	0	1,263
DC	Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	Medical Transportation Management Inc.	Statewide	37,928	14,565	52,493
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Amerigroup	Hillsborough, Orange, Polk, Pinellas, Dade, Pasco, Osceola, Manatee, Seminole, Sarasota, Brevard, Volusia, Lake, Hernando, and Palm Beach counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Buena Vista	Broward, Martin, Liberty, St. Lucie, Jefferson, Madison, Wakulla, Palm Beach, Hendry, Hillsborough, Gadsden, Dade, and Leon counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	CareFlorida	Dade county	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Clear Health Alliance	Polk, Osceola, Pasco, Pinellas, Orange, Hillsborough, and Dade counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Florida Healthcare Plus	Dade county	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Florida True Health	Orange and Volusia counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Freedom	Hernando, Pasco, Dade, Marion, Polk, Manatee, Palm Beach, and Hillsborough counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Healthease	Broward, Duval, Liberty, Jefferson, Calhoun, Wakulla, Madison, Sarasota, Seminole, Pasco, Highlands, Gadsden, Manatee, Pinellas, Putnam, Martin, Polk, Osceola, Santa Rosa, Lake, Citrus, Leon, Palm Beach, Brevard, Dade, Bay, Hillsborough, Marion, Volusia, Orange, and Escambia counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Healthy Palm Beaches	Palm Beach county	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Humana	Pasco, Broward, Pinellas, Hillsborough, Palm Beach, and Dade counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Medica	Dade county	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Molina Healthcare	Seminole, Osceola, Pasco, Polk, Pinellas, Hillsborough, Dade, and Palm Beach counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Positive	Dade county	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Preferred Medical Plan	Monroe and Dade counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Simply Healthcare Plan	Hernando, Pasco, Seminole, Polk, Pinellas, Osceola, Hillsborough, and Dade counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Staywell	Broward, Union, Glades, Lafayette, Okeechobee, Gulf, Bradford, Franklin, Hamilton, Dixie, Hendry, Gilchrist, Holmes, Washington, Columbia, Taylor, Jackson, Collier, Levy, Desoto, Walton, Hardee, Suwannee, Alachua, Monroe, Flagler, Sumter, St. Lucie, Indian River, St. Johns, Charlotte, Seminole, Sarasota, Okaloosa, Pasco, Hernando, Pinellas, Manatee, Osceola, Brevard, Palm Beach, Lee, Dade, Polk, Hillsborough, and Orange counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Sunshine	Hernando, Flagler, Martin, Volusia, Lake, Pasco, Seminole, Polk, Palm Beach, Pinellas, Dade, Osceola, St. Lucie, Hillsborough, and Orange counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	United Healthcare Plan	Broward, Putnam, Osceola, Leon, Flagler, Seminole, Okeechobee, Manatee, Citrus, Highlands, Hernando, Marion, Palm Beach, Polk, Pasco, Brevard, Lake, Pinellas, Hillsborough, Volusia, and Dade counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Vista Healthplan of South Florida	Dade county	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	Prestige	Liberty, Madison, Gulf, Franklin, Jefferson, Lafayette, Holmes, Hernando, Washington, Union, Hardee, Glades, Calhoun, Dixie, Citrus, Gilchrist, Jackson, Walton, Wakulla, Sumter, Santa Rosa, Bradford, Gadsden, Hamilton, Desoto, Polk, Levy, Highlands, Bay, Martin, Suwannee, Indian River, Okaloosa, Escambia, Charlotte, Palm Beach, Lake, Collier, Putnam, Pasco, Leon, Hendry, Columbia, Marion, St. Lucie, Okeechobee, Seminole, Sarasota, Alachua, Osceola, Pinellas, Brevard, Dade, Orange, Hillsborough, and Lee counties	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	First Coast Advantage, LLC.	Citrus, Gilchrist, Levy, Flagler, Hamilton, Suwannee, Lake, Putnam, St. Johns, Volusia, Union, Marion, Columbia, Bradford, and Alachua	0	0	0
FL ²	1915 (b) Medicaid Managed Care (Comprehensive MCO)	South Florida Community Care Network	Dade county	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Amerigroup Florida, Inc.	Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Miami-Dade, and Monroe counties	285,489	11,166	296,655
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Better Health	Hardee, Highlands, Hillsborough, Manatee, Polk, and Broward counties	82,114	3,341	85,455
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Coventry Health Care	Miami-Dade and Monroe counties	39,263	2,815	42,078
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	First Coast Advantage, LLC	Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties	63,408	1,538	64,946
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Humana Medical Plan	Escambia, Okaloosa, Santa Rosa, Walton, Hardee, Highlands, Hillsborough, Manatee, Polk, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties	230,409	16,563	246,972
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Integral Quality Care	Escambia, Okaloosa, Santa Rosa, Walton, Hardee, Highlands, Hillsborough, Manatee, Polk, Charlotte, Collier, Desoto, Glades, Hendry, Lee, and Sarasota counties	84,084	3,768	87,852
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Molina Healthcare of Florida	Brevard, Orange, Osceola, Seminole, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Miami-Dade, and Monroe counties	85,543	4,749	90,292
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Preferred Medical Plan	Miami-Dade and Monroe counties	26,039	3,043	29,082
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Prestige Health Choice	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Miami-Dade, and Monroe counties	263,152	14,509	277,661
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	South Florida Community Care Network (SFCCN)	Broward county	40,399	1,638	42,037
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Simply Healthcare Plans, Inc.	Miami-Dade and Monroe counties	63,729	9,275	73,004

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Staywell Health Plan of Florida	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Miami-Dade, and Monroe counties	580,283	21,798	602,081
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine State Health Plan, Inc.	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties	355,689	16,009	371,698
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	United Healthcare of Florida	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Brevard, Orange, Osceola, Seminole, Miami-Dade, and Monroe counties	213,057	17,993	231,050
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	AHF / Positive Healthcare	Broward, Miami-Dade, and Monroe counties	1,306	588	1,894
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Magellan Complete Care, LLC	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties	26,318	144	26,462

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Simply DBA Clear Health Alliance	Escambia, Okaloosa, Santa Rosa, Walton, Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties	6,085	2,940	9,025
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Sunshine Health Plan Child Welfare	Statewide	21,748	0	21,748
FL ²	Managed Medical Assistance Program (Comprehensive MCO)	Children's Medical Services Network (CMSN)	Statewide	58,167	0	58,167
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Positive	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Florida MHS, Inc. DBA MAGELLAN	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Freedom	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Humana	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Medica	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Molina Healthcare	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	CareFlorida	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Clear Health Alliance	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Staywell	Baker, Broward, Clay, Duval, and Nassau counties	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Sunshine	Broward, Clay, and Duval counties	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Better Health, LLC	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	South Florida Community Care Network	Broward County	0	0	0
FL ²	Medicaid Reform Waiver (Comprehensive MCO)	Children's Medical Services	Duval and Broward counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Medipass (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	American Eldercare	Palm Beach, Orange, Osceola, Seminole, Hillsborough, Pinellas, Brevard, Broward, Miami-Dade, Duval, Pasco, Manatee, Sarasota, Volusia, Lee, Charlotte, Indian River, Lake, Polk, St. Johns, St. Lucie, Martin, Flagler, Alachua, Clay, Highlands, Marion, Citrus, Hernando, Nassau, Okaloosa, Sumter, Walton, Escambia, Santa Rosa, Bay, Washington, Leon, Baker, Bradford, Calhoun, Collier, Columbia, Desoto, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Holmes, Jackson, Jefferson, Levy, Liberty, Madison, Monroe, Putnam, Suwannee, Taylor, Union, Wakulla	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Amerigroup	Palm Beach, Martin, Broward, Miami-Dade, Pinellas, Hillsborough, Pasco, Polk, Manatee, Lee, Orange, St. Lucie, Osceola, Brevard, Seminole, Indian River, Citrus, Lake, Hernando, Marion, Collier, Charlotte, Sarasota, Duval, St. Johns, Volusia, Highlands, Hendry, Monroe, Okeechobee, Sumter, Hardee, Glades, Flagler, Desoto, Alachua, Baker, Clay, Nassau, Okaloosa, Walton, Santa Rosa, Putnam, Levy, Escambia, Bradford, Bay, Columbia, Gilchrist, Union, Washington, Calhoun, Gadsden, Gulf, Hamilton, Holmes, Jackson, Leon, Liberty, Suwannee, Wakulla, Taylor, Madison, and Jefferson counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Yourcare Brevard/Brevard Alzheimer's Foundation Inc.	Brevard County	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Buena Vista	Broward, Miami-Dade, and Palm Beach counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Project Independence at Home	Broward and Miami-Dade counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Hope Choices	Lee, Charlotte, Collier, Hendry, and DeSoto counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Humana	Broward, Miami-Dade, Palm Beach, Duval, Flagler, Nassau, St. Johns, Volusia, Pinellas, Pasco, Hillsborough, Polk, Manatee, Orange, Osceola, Seminole, Sarasota, Baker, Collier, Hardee, Charlotte, Desoto, Hendry, Clay, Glades, Highlands, Lee, Monroe, Indian River, Brevard, Okeechobee, St. Lucie, and Martin counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Little Havana Activities and Nutrition Centers of Miami	Broward, Miami-Dade, and Palm Beach counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Neighborly Care Network	Pinellas, Manatee, Pasco, Broward, Miami-Dade, Indian River, Martin, Palm Beach, St. Lucie, Hillsborough, Sarasota, Orange, Brevard, Hernando, Polk, Citrus, Osceola, Seminole, Hardee, Highlands, Monroe, and Okeechobee counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Simply Healthcare Plan	Miami-Dade, Seminole, Polk, Pinellas, Pasco, Hillsborough, Monroe, and Osceola counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Sunshine	Broward, Hillsborough, Pasco, Volusia, Duval, Pinellas, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Sarasota, Palm Beach, Miami-Dade, Marion, Alachua, Citrus, Hernando, Lake, Hardee, Highlands, Martin, Monroe, Okaloosa, St. Lucie, Escambia, Indian River, Santa Rosa, and Walton counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	United Healthcare Plan	Orange, Osceola, Seminole, Brevard, Hillsborough, Pasco, Pinellas, Volusia, Broward, Dade, Palm Beach, Polk, Manatee, Lake, Duval, Sarasota, Lee, Charlotte, St. Johns, Citrus, Marion, Hernando, Collier, Clay, Escambia, Alachua, Flagler, Martin, Indian River, Nassau, Okaloosa, St. Lucie, Santa Rosa, Walton, Sumter, Levy, Baker, Bay, Bradford, Calhoun, Columbia, Desoto, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Leon, Liberty, Madison, Monroe, Putnam, Suwannee, Taylor, Union, Wakulla, and Washington counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	United Home Care Service	Miami-Dade County	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Universal Healthcare Plan	Manatee, Hernando, Sarasota, Pasco, Pinellas, Polk, Hillsborough, Brevard, Charlotte, Seminole, Orange, Broward, Dade, Palm Beach, Osceola, Putnam, Lee, Collier, Lake, Clay, Citrus, Marion, Sumter, Okeechobee, Alachua, Duval, St. Lucie, Volusia, Baker, Desoto, Flagler, Glades, Hardee, Hendry, Highlands, Indian River, Martin, Monroe, Nassau, and St. Johns counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Urban Jacksonville	Duval, St. Johns, Clay, Baker, and Nassau counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Worldnet Services	Escambia, Okaloosa, Santa Rosa, and Walton counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Community Living	Miami-Dade and Monroe counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Chapters Health Nursing Home Diversion Plan	Hardee, Highlands, Hillsborough, and Polk counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare	Hillsborough and Pinellas counties	0	0	0
FL ²	Nursing Home Diversion Program (MLTSS only (PIHP and/or PAHP))	Healthease	Escambia, Santa Rosa, Bay, Calhoun, Columbia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Taylor, Wakulla, Walton, and Washington counties	0	0	0
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	American Eldercare, Inc.	Statewide	743	12,690	13,433
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Amerigroup Florida, Inc.	Broward, Miami-Dade, and Monroe counties	316	4,343	4,659
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Coventry Healthcare of Florida, Inc.	Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Miami-Dade, and Monroe counties	299	4,161	4,460
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Humana Medical Plan, Inc.	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Broward, Miami-Dade, and Monroe counties	345	3,930	4,275
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Molina Healthcare of Florida, Inc.	Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Miami-Dade, and Monroe counties	347	4,984	5,331
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	Sunshine Health Plan, Inc.	Escambia, Okaloosa, Santa Rosa, Walton, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties	2,400	28,574	30,974
FL ²	Long-term Care Program (MLTSS only (PIHP and/or PAHP))	United Healthcare of Florida, Inc.	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Miami-Dade, and Monroe counties	1,357	18,800	20,157
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeview Center, Inc.	Escambia, Okaloosa, Santa Rosa, and Walton counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Behavioral Health of Florida	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Palm Beach, Martin, St. Lucie, Okeechobee, Indian River, Dade, and Monroe counties	0	0	0
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Public Health Trust of Dade County	Miami-Dade and Monroe counties	0	0	0
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	N FL Behavioral Health Par	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union counties	0	0	0
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Community Based Care Partnership	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington, Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pasco, Pinellas, Brevard, Orange, Osceola, Seminole, Sarasota, Desoto, Charlotte, Lee, Hendry, Glades, Collier, Palm Beach, Martin, St. Lucie, Okeechobee, Indian River, Miami-Dade and Monroe counties	0	0	0
FL ²	Prepaid Mental Health Plans (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Florida Health Partners, Inc.	Pasco, Pinellas, Hillsborough, Highlands, Hardee, Polk, Manatee, Brevard, Orange, Osceola, Seminole, Sarasota, Desoto, Charlotte, Lee, Hendry, Glades, and Collier counties	0	0	0
FL ²	Prepaid Dental Health Plans (Dental only (PAHP))	DentaQuest	Statewide	0	0	0
FL ²	Prepaid Dental Health Plans (Dental only (PAHP))	Managed Care of North America	Statewide	0	0	0
FL ²	Disease Management (Other Prepaid Health Plan (PHP) (limited benefits))	AIDS Healthcare Foundation	Statewide	0	0	0
FL ²	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Suncoast Neighborly Care, Inc.	Pinellas county	11	154	165
FL ²	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Palm Beach PACE	Palm Beach county	2	89	91
FL ²	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Florida PACE Center	Miami-Dade county	86	334	420

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
FL ²	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Hope Select Care	Collier, Charlotte, and Lee counties	11	198	209
GA	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	State-wide	331,885	0	331,885
GA	Georgia Families (Comprehensive MCO)	Peach State Health Plan	State-wide	373,470	0	373,470
GA	Georgia Families (Comprehensive MCO)	WellCare	State-wide	617,631	0	617,631
GA	Georgia Families 360° (Comprehensive MCO)	Amerigroup Community Care	State-wide	22,827	0	22,827
GA	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Amerigroup Community Care	State-wide	3,714	0	3,714
GA	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	Peach State Health Plan	State-wide	3,227	0	3,227
GA	Planning for Healthy Babies (P4HB) (Other Prepaid Health Plan (PHP) (limited benefits))	WellCare	State-wide	5,594	0	5,594
HI	Hawaii QUEST (Comprehensive MCO)	AlohaCare QUEST	statewide	66,784	0	66,784
HI	Hawaii QUEST (Comprehensive MCO)	Hawaii Medical Service Association (HMSA) QUEST	statewide	146,220	0	146,220
HI	Hawaii QUEST (Comprehensive MCO)	Kaiser Permanente QUEST	Oahu and Maui	25,190	0	25,190
HI	Hawaii QUEST (Comprehensive MCO)	Ohana Health Plan QUEST	statewide	15,421	0	15,421
HI	Hawaii QUEST (Comprehensive MCO)	UnitedHealthcare Community Plan QUEST	statewide	14,038	0	14,038
HI	Hawaii QUEST Expanded Access (QExA) (Comprehensive MCO + MLTSS)	Ohana Health Plan QExA	statewide	25,733	2	25,735
HI	Hawaii QUEST Expanded Access (QExA) (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan QExA	statewide	22,964	2	22,966

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
ID	Medicare-Medicaid Coordinated Plan (Comprehensive MCO)	Medicare-Medicaid Coordinated Plan	COUNTIES OF: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington	0	697	697
ID	Health Homes (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	statewide	7,992	1,486	9,478
ID	Healthy Connections (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide except for Clark County	215,884	18,074	233,958
ID	Idaho Behavioral Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Idaho Behavioral Health Plan	statewide	232,653	22,898	255,551
ID	Idaho Smiles (Dental only (PAHP))	Idaho Smiles	statewide	241,533	23,759	265,292
ID	Idaho NEMT (Non-Emergency Medical Transportation)	Idaho Non-Emergency Medical Transportation- American Medical Response	Statewide	238,553	23,844	262,397
IL	Voluntary Managed Care (VMC) (Comprehensive MCO)	Harmony Health Plan	Cook, Clinton, DuPage, Jackson, Kane, Kankakee, Lake, Madison, Perry, Randolph, St. Clair, Washington, Will and Williamson counties	0	0	0
IL	Voluntary Managed Care (VMC) (Comprehensive MCO)	Meridian Health Plan	Adams, Boone, Brown, Cook, Clinton, DeKalb, DuPage, Henderson, Henry, Kane, Kankakee, Knox, Lake, Lee, Livingston, Madison, McHenry, McLean, Mercer, Peoria, Pike, Rock Island, Scott, St. Clair, Stark, Tazewell, Warren, Will, Winnebago and Woodford counties	0	0	0
IL	Voluntary Managed Care (VMC) (Comprehensive MCO)	Family Health Network	Boone, Cook, DuPage, Kane, Kankakee, Lake, McHenry, Will and Winnebago counties	0	0	0
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Aetna Better Health	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	0	0	0
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Lake, Cook, DuPage, Kane, Will and Kankakee counties	0	0	0
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	CountyCare	Cook County	101,704	0	101,704
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Family Health Network	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will and Kankakee counties	89,674	0	89,674

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Harmony Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Madison, St. Clair, Clinton, Jackson, Perry, Randolph, Washington and Williamson counties	124,924	0	124,924
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Vermilion, Ford, Champaign, McLean, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Tazewell, Peoria, Stark and Knox counties	0	0	0
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Henry, Mercer and Rock Island counties	1	0	1
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Meridian Health Plan	Lake, Cook, DuPage, Kane, Will, Kankakee, Winnebago, Boone, McHenry, Henry, Mercer, Rock Island, Madison, St. Clair, Clinton, Knox, Stark, Peoria, Tazewell, Adams, Brown, DeKalb, Henderson, Lee, Livingston, McLean, Pike, Scott, Warren and Woodford counties	31,231	0	31,231
IL	Family Health Plan/Affordable Care Act (FHP/ACA) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Knox, Stark, Peoria, Tazewell, McLean, Ford, Vermilion, Champaign, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Madison, St. Clair and Clinton counties	0	0	0
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Aetna Better Health	Suburban Cook, DuPage, Kane, Kankakee, Lake, Will, McHenry, Boone and Winnebago counties	28,386	0	28,386
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	IlliniCare Health Plan	Suburban Cook, DuPage, Kane, Kankakee, Lake, Will, McHenry, Boone, Winnebago, McHenry, Mercer and Rock Island counties	29,301	0	29,301
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Community Care Alliance of Illinois	Boone, DuPage, Kane, Kankakee, Lake, McHenry, Will and Winnebago counties	7,658	0	7,658
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Health Alliance Connect	Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell and Vermilion counties	5,299	0	5,299
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Meridian Health Plan	Clinton, DuPage, Kane, Kankakee, Knox, Lake, Madison, Peoria, St. Clair, Stark, Tazewell and Will counties	8,888	0	8,888
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Molina Healthcare of Illinois	Champaign, Christian, Clinton, DeWitt, Ford, Knox, Logan, Macon, Madison, McLean, Menard, Peoria, Platt, Sangamon, St. Clair, Stark, Tazewell, and Vermilion counties	5,209	0	5,209
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of Illinois	Cook, DuPage, Kane, Kankakee, Lake and Will counties	3,766	0	3,766
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	HealthSpring of Tennessee	Cook, DuPage, Kane, Kankakee, Lake and Will counties	1,630	0	1,630
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	Humana Health Plan	Cook, DuPage, Kane, Kankakee, Lake and Will counties	1,426	0	1,426

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Integrated Care Program (ICP) (Comprehensive MCO + MLTSS)	CountyCare	Cook County	802	0	802
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	My Health Care Coordination (Macon County)	DeWitt, Logan, Macon, Piatt, Moultrie and Shelby counties	1,082	0	1,082
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Together4Health CCE	Cook County	1,669	0	1,669
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Precedence CCE	Bureau, Carroll, LaSalle, Lee, Mercer, Ogle, Putnam, Rock Island and Whiteside counties	793	0	793
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Be Well Partners in Health	Cook County ZIP codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60614, 60616, 60618, 60622, 60623, 60624, 60625, 60626, 60630, 60631, 60634, 60639, 60640, 60641, 60644, 60645, 60646, 60647, 60651, 60654, 60656, 60657, 60659, 60660, 60661 and 60707	1,611	0	1,611
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Healthcare Consortium of Illinois DBA EntireCare Coordination	Cook County ZIP codes: 60615, 60617, 60619, 60620, 60621, 60627, 60628, 60633, 60636, 60637, 60643, 60649 and 60653	1,714	0	1,714
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	NextLevel Health Partners	Cook County ZIP codes: 60607, 60608, 60612, 60622, 60623, 60624, 60629, 60632, 60638, 60644 and 60651	0	0	0
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	La Rabida Children's Hospital	Cook County	0	0	0
IL	Care Coordination Entities (CCEs) (Primary Care Case Management (PCCM))	Lurie Children's Hospital of Chicago	Cook, DuPage, Kane, Lake, McHenry, Will and Kendall counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Illinois Health Connect Primary Care Case Management (PCCM) (Primary Care Case Management (PCCM))	Illinois Health Connect	Jo Daviess, Stephenson, Carroll, Ogle, DeKalb, Lee, Whiteside, Bureau, Putnam, LaSalle, Kendall, Grundy, Livingston, Marshall, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Mason, Schuyler, Adams, Brown, Cass, Morgan, Scott, Pike, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Effingham, Jasper, Cumberland Coles, Douglas, Moultrie, Edgar, Clark, Crawford, Lawrence, Richland, Clay, Marion, Washington, Jefferson, Wayne, Edwards, Wabash, White, Hamilton, Franklin, Perry, Randolph, Monroe, Jackson, Williamson, Saline, Gallatin, Hardin, Pope, Johnson, Union, Alexander, Pulaski and Massac counties	1,719,000	0	1,719,000
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Advocate Accountable Care	Cook, DuPage, Kane, Lake, McLean, McHenry, Will and Woodford counties	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Better Health Network, LLC	Cook County ZIP codes: 60104, 60153, 60155, 60130, 60160, 60161, 60164, 60301, 60302, 60303, 60304, 60409, 60419, 60472, 60609, 60612, 60615, 60616, 60617, 60619, 60620, 60621, 60623, 60624, 60628, 60629, 60633, 60636, 60639, 60643, 60644, 60649, 60651, 60652, 60653, 60607 and 60827	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Community Care Partners, LLC	Cook and Lake County ZIP codes: 60002, 60004, 60005, 60015, 60016, 60022, 60025, 60026, 60029, 60030, 60031, 60035, 60037, 60040, 60043, 60044, 60045, 60047, 60048, 60053, 60056, 60060, 60061, 60062, 60064, 60065, 60069, 60070, 60073, 60076, 60077, 60082, 60085, 60087, 60089, 60090, 60091, 60093, 60201, 60202, 60203, 60208, 60625, 60626, 60631, 60640, 60641, 60645, 60646, 60659, 60660, 60712, 60714, 60046 and 60099	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	HealthCura, Inc.	Cook and DuPage counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Illinois Partnership for Health, Inc.	Knox, Stark, Peoria, Tazewell, McLean, Ford, Logan, DeWitt, Piatt, Champaign, Vermilion, Menard, Sangamon, Christian, Macon, Winnebago, Boone, McHenry, Rock Island, Mercer, Henry, Adams, Brown, Cass, Clark, Coles, Cass, Crawford, Cumberland, DeKalb, Douglas, DuPage, Edgar, Effingham, Fulton, Grundy, Hancock, Henderson, Iroquois, Jasper, Kane, Kankakee, Kendall, Lake, Lee, LaSalle, Livingston, Macoupin, Marshall, Mason, McDonough, Montgomery, Morgan, Moultrie, Ogle, Pike, Putnam, Richland, Schuyler, Scott, Shelby, Stephenson, Warren, Whiteside, Will and Woodford counties	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	Loyola Physician Partners, LLC (Loyola Family Care)	Cook, DuPage and Will County ZIP codes: 60101, 60104, 60105, 60106, 60114, 60126, 60130, 60131, 60141, 60143, 60148, 60153, 60154, 60155, 60157, 60160, 60161, 60162, 60163, 60164, 60165, 60171, 60176, 60181, 60191, 60197, 60198, 60199, 60301, 60302, 60303, 60304, 60305, 60398, 60399, 60402, 60455, 60458, 60439, 60452, 60457, 60462, 60463, 60464, 60465, 60467, 60477, 60480, 60482, 60487, 60491, 60499, 60501, 60513, 60514, 60515, 60516, 60521, 60522, 60523, 60525, 60526, 60527, 60534, 60546, 60558, 60559, 60561, 60570, 60623, 60624, 60629, 60630, 60631, 60632, 60634, 60635, 60638, 60639, 60641, 60644, 60646, 60651, 60656, 60666, 60683, 60688, 60706, 60707, 60712 and 60804	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	MyCare Chicago	Cook County ZIP codes: 60053, 60076, 60077, 60201, 60202, 60203, 60604, 60605, 60606, 60607, 60608, 60609, 60610, 60611, 60612, 60613, 60614, 60615, 60616, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60634, 60635, 60636, 60637, 60639, 60640, 60641, 60643, 60644, 60645, 60646, 60649, 60647, 60651, 60653, 60656, 60657, 60659, 60660, 60661, 60706, 60712, 60714 and 60804	0	0	0
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	SmartPlan Choice	Champaign, Cook, Ford, Iroquois, Kane, Kankakee, Vermilion and Will counties	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
IL	Accountable Care Entities (ACEs) (Primary Care Case Management (PCCM))	UI Health Plus	Cook County ZIP codes: 60601, 60602, 60605, 60606, 60607, 60608, 60609, 60610, 60611, 60612, 60613, 60614, 60615, 60616, 60617, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60633, 60634, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60649, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60659, 60660, 60661, 60706, 60707, 60804, 60827, 60603, 60604, 60402, 60301, 60302, 60304 and 60804	0	0	0
IN	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services	statewide	190,226	52	190,278
IN	Hoosier Healthwise (Comprehensive MCO)	MDWise	statewide	278,979	94	279,073
IN	Hoosier Healthwise (Comprehensive MCO)	Anthem	statewide	220,118	80	220,198
IN	Healthy Indiana Plan (1.0) (Comprehensive MCO)	MDWise	statewide	12,675	82	12,757
IN	Healthy Indiana Plan (1.0) (Comprehensive MCO)	Managed Health Services	statewide	9,694	64	9,758
IN	Healthy Indiana Plan (1.0) (Comprehensive MCO)	Anthem	statewide	24,877	181	25,058
IN	Care Select (Primary Care Case Management (PCCM))	MDWise	statewide	19,849	183	20,032
IN	Care Select (Primary Care Case Management (PCCM))	Advantage Health Solutions	statewide	16,443	160	16,603
IA	Health Maintenance Organization (Comprehensive MCO)	Meridian Health Plan of Iowa	Woodbury, Kossuth, Hancock, Cerro Gordo, Mitchell, Floyd, Butler, Bremer, Fayette, Black Hawk, Buchanan, Webster, Greene, Boone, Story, Marshall, Tama, Benton, Linn, Clinton, Scott, Muscatine, Cedar, Johnson, Iowa, Jasper, Polk, Dallas, Warren, Marion, Keokuk, Wapello, Lucas, Wayne, Appanoose	58,248	37	58,285
IA	MediPASS (Primary Care Case Management (PCCM))	Multiple primary care providers	All counties EXCEPT: Dubuque, Poweshiek, Ringgold, Washington, Louisa, and Des Moines	294,102	15,064	309,166
IA	Iowa Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Behavioral Health of Iowa	Statewide	466,515	65,276	531,791
IA	NEMT (Non-Emergency Medical Transportation)	TMS	Statewide	359,071	63,182	422,253
IA	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Cherokee, Monona, Plymouth, Woodbury, Harrison, Mills and Pottawattamie counties	25	210	235

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
KS	KanCare (Comprehensive MCO + MLTSS)	Amerigroup Kansas, Inc.	Statewide	100,954	14,082	115,036
KS	KanCare (Comprehensive MCO + MLTSS)	Sunflower State Health Plan	Statewide	112,600	15,311	127,911
KS	KanCare (Comprehensive MCO + MLTSS)	United HealthCare Community Plan of Kansas	Statewide	100,748	12,576	113,324
KS	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE-Via Christi	Sedgwick	29	176	205
KS	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE-Midland	Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee	64	90	154
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Coventry Cares	Statewide	300,264	27,117	327,381
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Well Care of Kentucky	Statewide	388,976	28,138	417,114
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Pass Port Health Plan	Statewide	202,218	9,845	212,063
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Anthem Medicaid of Kentucky	Statewide except Region 3 - Jefferson, Spencer, Bullitt, Oldham, Trimble, Henry, Carroll, Washington, Marion, Larue, Hardin, Grayson, Breckinridge, Nelson, and Meade Counties	43,706	433	44,139
KY	Kentucky Medicaid Managed Care (Comprehensive MCO)	Humana Care Source	Statewide	78,678	2,298	80,976
LA	Bayou Health Prepaid (Comprehensive MCO)	Amerigroup Louisiana	Statewide	127,501	0	127,501
LA	Bayou Health Prepaid (Comprehensive MCO)	AmeriHealth Caritas Louisiana (formerly LaCare)	Statewide	141,963	0	141,963
LA	Bayou Health Prepaid (Comprehensive MCO)	Louisiana Healthcare Connections	Statewide	148,710	0	148,710
LA	Bayou Health Shared Savings (Primary Care Case Management (PCCM))	Community Health Solutions	Statewide	209,508	0	209,508
LA	Bayou Health Shared Savings (Primary Care Case Management (PCCM))	UnitedHealthcare Community Plan	Statewide	274,239	0	274,239
LA	Louisiana Behavioral Health Partnership (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	LBHP	Statewide	929,912	97,349	1,027,261
LA	Dental Benefit Plan (Dental only (PAHP))	MCNA	Statewide	937,433	97,163	1,034,596

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	15	149	164
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE - Lafayette	70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592	0	0	0
LA	PACE (Program of All-inclusive Care for the Elderly (PACE))	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	161	162
ME	MaineCare (Primary Care Case Management (PCCM))	Multiple primary care providers	Statewide	161,367	0	161,367
MD	HealthChoice (Comprehensive MCO)	Amerigroup Community Plan	Statewide except for Talbot County	280,171	0	280,171
MD	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Baltimore City, Baltimore County	27,700	0	27,700
MD	HealthChoice (Comprehensive MCO)	Kaiser Permanente	Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard, Montgomery, Prince George's and St. Mary's Counties	1,293	0	1,293
MD	HealthChoice (Comprehensive MCO)	Maryland Physicians Care	Baltimore City, Allegany, Anne Arundel, Baltimore, Carroll, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, St. Mary's, Washington, Wicomico, Worcester counties	199,153	0	199,153
MD	HealthChoice (Comprehensive MCO)	MedStar Family Choice	Baltimore City, Anne Arundel, Baltimore, Charles, Harford, Montgomery, Prince George's, St Mary's Counties	65,324	0	65,324
MD	HealthChoice (Comprehensive MCO)	Priority Partners	Baltimore City, Anne Arundel, Baltimore, Caroline, Dorchester, Harford, Howard, Montgomery, Prince George's, Talbot, Wicomico, Worcester Counties	247,548	0	247,548
MD	HealthChoice (Comprehensive MCO)	Riverside Health of Maryland	Baltimore City, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Wicomico, Worcester Counties.	23,389	0	23,389
MD	HealthChoice (Comprehensive MCO)	UnitedHealthCare	Statewide	239,859	0	239,859
MD	Program of All-Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Hopkins Elder Plus	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237	5	110	115

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MA	MassHealth Managed Care (Comprehensive MCO)	Boston Medial Center Healthnet Plan	Statewide	264,238	0	264,238
MA	MassHealth Managed Care (Comprehensive MCO)	Health New England	Franklin, Western Worcester, Hampshire, Hampden, and Berkshire	17,776	0	17,776
MA	MassHealth Managed Care (Comprehensive MCO)	Neighborhood Health Plan	Statewide	229,355	0	229,355
MA	MassHealth Managed Care (Comprehensive MCO)	Fallon Community Health Plan	Statewide	27,851	0	27,851
MA	MassHealth Managed Care (Comprehensive MCO)	Network Health	Statewide	198,536	0	198,536
MA	MassHealth Managed Care (Comprehensive MCO)	Celticare	Statewide with the exception of the islands of Martha's Vineyard and Nantucket	28,832	0	28,832
MA	Senior Care Options (Comprehensive MCO + MLTSS)	United HealthCare	Counties of: Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	11,886	409	12,295
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Senior Whole Health	Counties of: Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	9,766	278	10,044
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Commonwealth Care Alliance	Counties of: Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	5,944	276	6,220
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Fallon Community Health Plan	Counties of: Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	4,015	67	4,082
MA	Senior Care Options (Comprehensive MCO + MLTSS)	Tufts Health Plan	Counties of: Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester	520	19	539
MA	Primary Care Clinician Plan (Primary Care Case Management (PCCM))	Primary Care Clinician (PCC) Plan	Statewide	306,415	0	306,415
MA	MassHealth MH/SUD PIHP (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Massachusetts Behavioral Health Partnership	Statewide	306,415	0	306,415
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan East Boston Neighborhood Health Plan	Counties of: Middlesex and Suffolk	37	378	415
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	UPHAMS's Elder Service Plan	Suffolk County	22	231	253
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Harbor Community Health Center	Counties of: Norfolk and Suffolk	7	421	428
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan at Fallon	Counties of: Hampden, Hampshire, Middlesex and Worcester	33	892	925

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elder Service Plan of the Cambridge Hospital	Counties of Middlesex and Suffolk	26	261	287
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Element Care, Inc.	Counties of: Essex and Middlesex	81	845	926
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Serenity Care PACE Program	Counties of: Hampden and Hampshire	9	4	13
MA	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life, Inc.	Counties of: Hampden and Hampshire	1	33	34
MI	Managed Care Plan Division (Comprehensive MCO)	Blue Cross Complete of Michigan	Livingston, Washtenaw, Wayne	68,343	1,678	70,021
MI	Managed Care Plan Division (Comprehensive MCO)	CoventryCares of Michigan	Cass, Kalamazoo, Oakland, St. Joseph, Wayne.	43,969	1,007	44,976
MI	Managed Care Plan Division (Comprehensive MCO)	HAP Midwest Health Plan	Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne.	91,648	2,736	94,384
MI	Managed Care Plan Division (Comprehensive MCO)	HealthPlus Partners, Inc.	Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	84,953	2,337	87,290
MI	Managed Care Plan Division (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kent, Lapeer, Leelanau, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Ogemaw, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren	161,313	4,224	165,537

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	Managed Care Plan Division (Comprehensive MCO)	Meridian Health Plan of Michigan, Inc.	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, 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	376,390	9,188	385,578
MI	Managed Care Plan Division (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Berrien, Clare, Crawford, Genesee, Gladwin, Grand Traverse, Gratiot, Huron, Ingham, Ionia, Iosco, Isabella, Kalkaska, Kent, Lake, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Additional Counties Include: Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Washtenaw, Wayne, Wexford	230,579	12,797	243,376
MI	Managed Care Plan Division (Comprehensive MCO)	PHP of Mid-Michigan FamilyCare	Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee.	19,423	438	19,861
MI	Managed Care Plan Division (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Grand Traverse, Hillsdale, Jackson, Kent, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, VanBuren	95,272	2,756	98,028
MI	Managed Care Plan Division (Comprehensive MCO)	Total Health Care	Genesee, Macomb, Oakland, Wayne.	67,401	1,743	69,144
MI	Managed Care Plan Division (Comprehensive MCO)	Harbor Health Plan	Wayne	5,852	95	5,947
MI	Managed Care Plan Division (Comprehensive MCO)	UnitedHealthcare Community Plan, Inc.	Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Huron, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Muskegon, Oakland, Oceana, Ottawa, Saginaw, St. Clair, St. Joseph, Sanilac, Tuscola, Van Buren, Wayne	264,377	11,238	275,615
MI	Managed Care Plan Division (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	39,244	1,198	40,442
MI	Healthy Michigan Plan (Comprehensive MCO)	Blue Cross Complete	Livingston, Washtenaw, Wayne	18,885	70	18,955

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	Healthy Michigan Plan (Comprehensive MCO)	CoventryCares of Michigan	Cass, Kalamazoo, Oakland, St. Joseph, Wayne	5,438	14	5,452
MI	Healthy Michigan Plan (Comprehensive MCO)	HAP Midwest Health Plan	Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne	13,575	38	13,613
MI	Healthy Michigan Plan (Comprehensive MCO)	Harbor Health Plan	Wayne	2,528	7	2,535
MI	Healthy Michigan Plan (Comprehensive MCO)	HealthPlus Partners Inc.	Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	14,710	20	14,730
MI	Healthy Michigan Plan (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Kalamazoo, Kent, Lapeer, Leelanau, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Ogemaw, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, VanBuren	28,581	48	28,629
MI	Healthy Michigan Plan (Comprehensive MCO)	Meridian 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, 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	57,168	123	57,291
MI	Healthy Michigan Plan (Comprehensive MCO)	Molina Healthcare of Michigan	Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Berrien, Clare, Crawford, Genesee, Gladwin, Grand Traverse, Gratiot, Huron, Ingham, Ionia, Iosco, Isabella, Kalkaska, Kent, Lake, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Washtenaw, Wayne, Wexford	26,204	75	26,279
MI	Healthy Michigan Plan (Comprehensive MCO)	PHP of Mid-Michigan FamilyCare	Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee	2,010	8	2,018

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI	Healthy Michigan Plan (Comprehensive MCO)	Priority Health Choice, Inc.	Allegan, Barry, Grand Traverse, Hillsdale, Jackson, Kent, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, VanBuren	15,910	22	15,932
MI	Healthy Michigan Plan (Comprehensive MCO)	Total Health Care	Genesee, Macomb, Oakland, Wayne	8,746	28	8,774
MI	Healthy Michigan Plan (Comprehensive MCO)	UnitedHealthcare Community Plan	Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Huron, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Monroe, Muskegon, Oakland, Oceana, Ottawa, Saginaw, St. Clair, St. Joseph, Sanilac, Tuscola, Van Buren, Wayne	29,063	81	29,144
MI	Healthy Michigan Plan (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	7,644	13	7,657
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	CMH Partnership of Southeast MI	Lenawee, Livingston, Monroe, Washtenaw	95,601	0	95,601
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Detroit Wayne Mental Health Authority	Wayne	526,693	0	526,693
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lakeshore Regional Entity	Allegan, Kent, Lake, Mason, Muskegon, Oceana, Ottawa	224,215	0	224,215
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Macomb County CMH Services	Macomb	142,182	0	142,182
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Mid-State Health Network	Arenac, Bay, Clinton, Clare, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, Tuscola	317,284	0	317,284
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	NorthCare Network	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	53,795	0	53,795
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	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	100,608	0	100,608
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland	144,060	0	144,060

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Region 10 PIHP	Genesee, Lapeer, Sanilac, St. Clair	167,152	0	167,152
MI ³	Specialty Prepaid Inpatient Health Plan (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Michigan Behavioral Health	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	170,897	0	170,897
MI	Healthy Kids Dental (Dental only (PAHP))	Healthy Kids Dental	Keweenaw, Houghton, Ontonagon, Gogebic, Iron, Baraga, Marquette, Dickinson, Menominee, Delta, Alger, Schoolcraft, Luce, Mackinac, Chippewa, Emmet, Cheboygan, Presque Isle, Charlevoix, Leelanau, Antrim, Otsego, Montmorency, Alpena, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, Alcona, Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco, Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella, Midland, Bay, Huron, Muskegon, Montcalm, Gratiot, Saginaw, Tuscola, Sanilac, Ottawa, Ionia, Clinton, Shiawassee, Genesee, Lapeer, St. Clair, Allegan, Barry, Eaton, Ingham, Livingston, Van Buren, Calhoun, Jackson, Washtenaw, Berrien, Cass, St. Joseph, Branch, Hillsdale, Lenawee, Monroe, Macomb, and Kalamazoo	513,521	0	513,521
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Care Resources	Kent, Ottawa	3	180	183
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	CentraCare	Calhoun, Kalamazoo	7	193	200
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Huron Valley PACE	Livingston, Monroe, Oakland, Washtenaw, Wayne	2	22	24
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	Life Circles	Muskegon, Ottawa	6	210	216
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southeast MI	Macomb, Oakland, Wayne	16	299	315
MI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE of Southwest MI	Berrien, Cass, Van Buren	6	88	94
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Blue Plus	statewide	84,446	0	84,446
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Health Partners	statewide	107,697	0	107,697
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Hennepin Health	Hennepin County	8,774	0	8,774
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Itasca Medical Care	Itasca County	7,151	0	7,151

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Medica	statewide	135,249	0	135,249
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	28,546	0	28,546
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	28,119	0	28,119
MN	Prepaid Medical Assistance Plan (PMAP+) (Comprehensive MCO)	U Care	statewide	296,802	0	296,802
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Medica	statewide	9,106	11,386	20,492
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Metropolitan Health	Hennepin County	1,685	1,423	3,108
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	679	1,292	1,971
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca counties	661	1,580	2,241
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	U Care	statewide	10,247	10,299	20,546
MN	Preferred Integrated Network (PIN) (Comprehensive MCO)	Medica	Dakota County	473	0	473
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Blue Plus	statewide	159	3,209	3,368
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Health Partners	statewide	271	1,036	1,307
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	3	162	165
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Metropolitan Health	Hennepin County	80	440	520
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	10	743	753
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	17	791	808
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + MLTSS)	U Care	statewide	1,083	2,091	3,174
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Blue Plus	statewide	0	8,338	8,338

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Health Partners	statewide	0	3,031	3,031
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Itasca Medical Care	Itasca County	0	472	472
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Medica	statewide	0	9,558	9,558
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Metropolitan Health	Hennepin County	0	580	580
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	Prime West Health	Beltrami, Bigstone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties	0	2,042	2,042
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	South Country Health	Brown, Dodge, Freeborn, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca counties	0	1,618	1,618
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + MLTSS)	U Care	statewide	0	9,655	9,655
MS	MississippiCAN (Comprehensive MCO)	Magnolia Health	Statewide	84,754	0	84,754
MS	MississippiCAN (Comprehensive MCO)	UnitedHealthcare Community Plan of Mississippi	Statewide	70,370	0	70,370
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	HealthCare USA Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, St Genevieve, St Louis Co, Warren, Washington, and St Louis City	123,676	0	123,676
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	HealthCare USA Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, and Shelby	38,272	0	38,272
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	HealthCare USA Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	74,710	0	74,710
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, St Genevieve, St Louis Co, Warren, Washington, and St Louis City	35,408	0	35,408

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, and Shelby	29,558	0	29,558
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Missouri Care Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	29,393	0	29,393
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St Charles, St Francois, St Genevieve, St Louis Co, Warren, Washington, and St Louis City	31,056	0	31,056
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Central	Audrain, Benton, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Laclede, Linn, Macon, Maries, Marion Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Ralls, Randolph, Saline, and Shelby	7,120	0	7,120
MO	Mo Healthnet Managed Care/1915b (Comprehensive MCO)	Home State Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, and Vernon	19,664	0	19,664
MO	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	408,655	0	408,655
MO	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	St. Louis City, St. Louis County	36	158	194
MN	Passport to Health (Primary Care Case Management (PCCM))	Passport to Health-Multiple Primary Care Providers	Statewide	91,071	0	91,071
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	Amerihealth Caritas (D.B.A. Arbor Health Plan)	Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Gall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, York counties (Service Area 2)	22,463	13	22,476

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	Coventry Health Care of Nebraska (D.B.A. Aetna)	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington counties (Service Area 1) and Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Gall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, York counties (Service Area 2)	103,557	52	103,609
NE	Nebraska Physical Health Managed Care (Comprehensive MCO)	United Health Care of Nebraska	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington counties (Service Area 1)	57,373	39	57,412
NE	Nebraska Behavioral Health Managed Care (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Magellan Health	Statewide	195,335	34,326	229,661
NE	Program of All-inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Immanuel Pathways	Nebraska Zip Codes: 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	7	57	64
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada	Urban centers of Clark and Washoe counties	203,830	0	203,830
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Amerigroup Community Care	Urban centers of Clark and Washoe counties	156,365	0	156,365
NV	Health Care Guidance Program (HCGP) (Primary Care Case Management (PCCM))	Axis Point Health	Statewide	37,984	0	37,984
NV	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Logisticare	Statewide	464,054	0	464,054

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NH	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	0	0	0
NH	New Hampshire Health Protection Program Medicaid Care Management ABP (Comprehensive MCO)	Well Sense	Statewide	0	0	0
NH	New Hampshire Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	42,235	2,820	45,055
NH	New Hampshire Medicaid Care Management (Comprehensive MCO)	Well Sense	Statewide	52,060	3,227	55,287
NH	New Hampshire Medicaid Care Management (Comprehensive MCO)	Meridian	Statewide	19,419	1,400	20,819
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon NJ Health	statewide	587,529	56,421	643,950
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerigroup	statewide except Salem County	165,600	17,165	182,765
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	statewide	373,603	41,364	414,967
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Amerivantage Specialty + RX	Bergen, Burlington, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic, Somerset, Union counties	0	3,978	3,978
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Healthfirst NJ Maximum Plan	Bergen, Essex, Hudson, Middlesex, Passaic, Somerset, Union counties	0	5,635	5,635
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	Horizon Medicare Blue Totalcare	statewide	0	13,020	13,020
NJ	NJ FamilyCare (Comprehensive MCO + MLTSS)	WellCare Health Plans of NJ, Inc.	Bergen, Mercer, Morris, Somerset, Sussex, Essex, Hudson, Middlesex, Passaic, Union counties	41,121	8,744	49,865
NJ	LogistiCare (Non-Emergency Medical Transportation)	LogistiCare	statewide	1,169,048	249,026	1,418,074
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	Lutheran Senior LIFE Jersey City	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	16	161	177
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE (Living Independently for Elders) St. Francis	08501, 08505, 08512, 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	255	295

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	Inspira LIFE (formerly South Jersey Healthcare LIFE)	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	15	156	171
NJ	PACE (Program of All-inclusive Care for the Elderly (PACE))	LIFE at Lourdes	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	19	172	191
NJ	Centennial Care (Comprehensive MCO + MLTSS)	Blue Cross Blue Shield of NM	Statewide	100,097	6,621	106,718
NJ	Centennial Care (Comprehensive MCO + MLTSS)	Presbyterian Health Plan	Statewide	188,230	6,045	194,275
NM	Centennial Care (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan	Statewide	51,988	20,729	72,717
NM	Centennial Care (Comprehensive MCO + MLTSS)	Molina Healthcare of New Mexico Inc	Statewide	199,579	6,241	205,820
NM	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	Bernalillo County, Sandoval County, Valencia County	57	637	694
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	NYC & Nassau, Orange, Rockland, Suffolk, Westchester counties.	249,114	0	249,114
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	AmeriGroup	NYC & Nassau, Putnam counties	389,246	0	389,246
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	AmidaCare Special Needs	New York City	6,009	0	6,009
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, & Washington counties.	90,037	0	90,037
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Excellus	Broome, Cayuga, Chemung, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, St Lawrence, Schuyler, Seneca, Steuben, Tompkins, Wayne, & Yates counties.	158,893	0	158,893
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthFirst	NYC & Nassau, Suffolk counties.	792,606	0	792,606
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Orleans, & Wyoming counties.	46,206	0	46,206
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HIP Combined	NYC & Nassau, Suffolk, Westchester counties.	230,169	0	230,169

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HIP UFT	New York City	0	0	0
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, & Westchester counties.	131,988	0	131,988
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie & Niagara counties.	55,804	0	55,804
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan	New York City	384,810	0	384,810
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan Special Needs	New York City	5,244	0	5,244
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, & Ulster counties.	21,979	0	21,979
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	NYC & 57 counties.	922,680	0	922,680
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	SCHC Total Care	Cortland, Onondaga, & Tompkins counties.	0	0	0
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Today's Options	Cortland, Onondaga, & Tompkins counties.	37,606	0	37,606
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	United HealthCare	NYC & 33 counties	395,856	0	395,856
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Univera Community Health	Albany, Cattaraugus, Chautauqua, & Erie counties.	43,411	0	43,411
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	4,658	0	4,658
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	WellCare	NYC & Albany, Dutchess, Erie, Orange, Rensselaer, Rockland, Ulster counties	91,053	0	91,053
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	AmidaCare Special Needs	New York City	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan Special Needs	New York City	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	NYC & Nassau, Orange, Rockland, Suffolk, Westchester counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	AmeriGroup	NYC & Nassau, Putnam counties	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, & Washington counties.	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Excellus	Broome, Cayuga, Chemung, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, St Lawrence, Schuyler, Seneca, Steuben, Tompkins, Wayne, & Yates counties	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HealthFirst	NYC & Nassau, Suffolk counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HealthNow	Albany, Cattaraugus, Chautauqua, Erie, Orleans, & Wyoming counties	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HIP Combined	NYC & Nassau, Suffolk, Westchester counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HIP UFT	New York City	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, & Westchester counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Independent Health/HudsonValley & WNY	Erie & Niagara counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan	New York City	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, & Ulster counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	NYC & 57 counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	SCHC Total Care	Cortland, Onondaga, & Tompkins counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Today's Options	Cortland, Onondaga, & Tompkins counties.	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	United HealthCare	NYC & 33 counties	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Univera Community Health	Allegany, Cattaraugus, Chautauqua, & Erie counties	0	0	0
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	WellCare	NYC & Albany, Dutchess, Erie, Orange, Rensselaer, Rockland, Ulster counties	0	0	0
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Affinity Health Plan	NYC & Nassau, Orange, Rockland, Suffolk, Westchester counties.	13,859	0	13,859
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	AmeriGroup	NYC & Nassau county	21,729	0	21,729
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Capital District Physician's Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, & Washington counties.	4,125	0	4,125

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Excellus	Broome, Cayuga, Chemung, Clinton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, St Lawrence, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates counties	8,613	0	8,613
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HealthFirst	NYC & Nassau, Suffolk counties.	35,270	0	35,270
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Orleans, & Wyoming counties.	2,002	0	2,002
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HIP Combined	NYC & Nassau, Suffolk, Westchester counties.	11,541	0	11,541
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, & Westchester counties.	8,415	0	8,415
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie County	1,684	0	1,684
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	MetroPlus Health Plan	New York City	15,625	0	15,625
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, & Ulster counties.	765	0	765
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	NYC & 54 counties	54,623	0	54,623
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	SCHC Total Care	Cortland & Onondaga counties.	0	0	0
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Todays Option	Cortland, Onondaga, & Tompkins counties.	1,521	0	1,521
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	United HealthCare	NYC & 30 counties.	24,422	0	24,422
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Univera Community Health	Allegany, Cattaraugus, Chautauqua, & Erie counties.	2,521	0	2,521
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	WellCare	NYC & Albany, Dutchess, Erie, Orange, Rensselaer, Rockland, Ulster counties.	4,349	0	4,349
NY	Medicaid Advantage Program (Comprehensive MCO)	Affinity/Medicaid Advantage	New York City	7	365	372
NY	Medicaid Advantage Program (Comprehensive MCO)	ElderPlan/Medicaid Advantage	New York City	0	1	1
NY	Medicaid Advantage Program (Comprehensive MCO)	HIP of Greater NY	NYC & Nassau, Suffolk, Westchester counties.	19	965	984
NY	Medicaid Advantage Program (Comprehensive MCO)	Liberty Healyh Advantage/Medicaid Advantage	New York City & Nassau county.	177	324	501

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Medicaid Advantage Program (Comprehensive MCO)	Managed Health Inc./Medicaid Advantage	NYC & Nassau, Westchester counties.	4	194	198
NY	Medicaid Advantage Program (Comprehensive MCO)	MetroPlus/Medicaid Advantage	New York City	11	533	544
NY	Medicaid Advantage Program (Comprehensive MCO)	NYS Catholic Health Plan/Medicaid Advantage	NYC & Albany, Broome, Columbia, Dutchess, Greene, Herkimer, Montgomery, Niagara, Oneida, Onondaga, Oswego, Putnam, Rensselaer, Schenectady, Ulster counties.	42	1,829	1,871
NY	Medicaid Advantage Program (Comprehensive MCO)	Touchstone/Prestige/Medicaid Advantage	NYC & Orange, Westchester counties.	166	1,826	1,992
NY	Medicaid Advantage Program (Comprehensive MCO)	United HealthCare/Medicaid Advantage	New York City & Nassau county.	22	1,139	1,161
NY	Medicaid Advantage Program (Comprehensive MCO)	VNS Choice/Medicaid Advantage	NYC & Nassau, Suffolk Westchester counties.	14	428	442
NY	Medicaid Advantage Program (Comprehensive MCO)	WellCare/Medicaid Advantage	NYC & Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, Wayne counties.	78	2,979	3,057
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	AmeriGroup Advantage Plus/Medicaid Advantage Plus	New York City	1	6	7
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	ElderPlan/Medicaid Advantage Plus	NYC & Nassau, Westchester counties.	50	785	835
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	GuildNet/Medicaid Advantage Plus	NYC & Nassau, Suffolk counties.	18	690	708
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	HealthFirst/Medicaid Advantage Plus	New York City & Nassau county.	37	2,936	2,973
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	HHH Choices/Medicaid Advantage Plus	New York City	0	0	0
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	HIP of Greater NY	NYC & Nassau, Suffolk, Westchester counties.	6	635	641
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	NYS Catholic Health Plan/Medicaid Advantage Plus	NYC & Albany, Montgomery, Rensselaer, Schenectady counties.	3	186	189
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	Senior Whole Health/Medicaid Advantage Plus	New York City	0	33	33
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	VNS Choice Plus/Medicaid Advantage Plus	New York City	2	221	223
NY	Medicaid Advantage Plus Program (Comprehensive MCO + MLTSS)	WellCare/Medicaid Advantage Plus	New York City	0	0	0

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Aetna Better Health	NYC & Nassau, Suffolk counties.	186	2,413	2,599
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AgeWell New York	NYC & Nassau, Suffolk, Westchester counties.	138	3,198	3,336
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AlphaCare/Managed Long Term Care	NYC & Westchester county.	201	462	663
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	AmeriGroup Community Connections	New York City	321	2,541	2,862
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ArchCare Community Life	NYC & Putnam, Westchester counties.	196	1,684	1,880
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	CenterLight Select	NYC & Nassau, Rockland, Suffolk, Westchester counties.	1,075	7,926	9,001
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Centers Plan for Healthy Living/Managed Long Term Care	NYC & Erie, Niagara, Rockland counties.	463	1,519	1,982
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ElderPlan/Managed Long Term Care	NYC & Albany, Erie, Monroe, Nassau, Niagara, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Westchester counties.	1,082	9,727	10,809
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Elderserve	NYC & Nassau, Suffolk, Westchester counties.	1,081	9,333	10,414
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	ErieNiagara/Managed Long Term Care	Erie & Niagara counties.	6	104	110
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Extended MLTC/Managed Long Term Care	NYC & Nassau, Suffolk counties.	30	256	286
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Fidelis Care at Home	NYC & 41 Counties.	557	8,326	8,883
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	GuildNet	NYC & Nassau, Suffolk, Westchester counties.	1,321	13,206	14,527
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Hamaspiik Choice/Managed Long Term Care	Orange, Rockland, Sullivan, & Ulster counties.	31	336	367
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Health Advantage/Elant Choice	Dutchess, Orange, & Rockland counties.	73	574	647
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HHH Choices	NYC & Westchester county.	402	1,884	2,286
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	HIP/Managed Long Term Care	NYC & Nassau, Suffolk, Westchester counties.	46	1,277	1,323
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Independent Care Systems	New York City	1,064	4,032	5,096
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Integra/Managed Long Term Care	NYC & Nassau, Suffolk, Westchester counties.	104	1,370	1,474

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	MetroPlus/Managed Long Term Care	New York City	166	439	605
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Montefiore HMO/Managed Long Term Care	New York City & Westchester county.	30	350	380
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	North Shore - LIJ Health Plan/Managed Long Term Care	NYC & Nassau, Suffolk counties.	57	767	824
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Prime Health Choice	Dutchess County	0	0	0
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Health Partners	NYC & Nassau, Westchester counties.	979	10,475	11,454
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Network Health	Herkimer & Oneida counties.	41	440	481
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Senior Whole Health/Managed Long Term Care	New York City	105	928	1,033
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Total Aging in Place	Erie county.	7	132	139
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	United HealthCare/Managed Long Term Care	NYC & Albany, Broome, Erie, Monroe, Oneida, Onondaga, Orange, Rockland counties.	40	782	822
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	Village Care	New York City	326	2,720	3,046
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNA HomeCare Options/Managed Long Term Care	Albany, Cayuga, Jefferson, Madison, Onondaga, Oswego, Rensselaer, Saratoga, & Schenectady Counties.	36	332	368
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	VNS Choice	NYC & 23 counties.	1,563	16,099	17,662
NY	Managed Long Term Care (MLTSS only (PIHP and/or PAHP))	WellCare Advocate	NYC & Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, Westchester counties.	583	5,922	6,505
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	ArchCare Senior Life	New York City	39	298	337
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	Catholic Health - Life	Erie County	12	163	175
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	CenterLight (CCM)	NYC & Nassau, Rockland, Suffolk, Westchester counties.	863	3,000	3,863
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	Complete Senior Care	Niagara county.	10	108	118

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	Eddy Senior Care	Albany & Schenectady counties.	18	131	149
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	Independent Living for Seniors	Monroe county.	45	544	589
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	PACE CNY	Onondaga county.	15	458	473
NY	PACE Program (Program of All-inclusive Care for the Elderly (PACE))	Total Senior Care	Allegany & Cattaraugus counties.	13	91	104
NC	Carolina ACCESS/ Community Care of North Carolina (Primary Care Case Management (PCCM))	CCNC/CA Carolina ACCESS	Statewide	1,232,639	168,744	1,401,383
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Alliance Behavioral Healthcare	Cumberland, Durham, Johnson and Wake counties	229,804	4,090	233,894
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Center Point Human Services	Davie, Forsyth, Rockingham and Stokes counties	90,832	1,094	91,926
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rowan, Stanly, Union, Vance and Warren counties	380,185	7,925	388,110
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Eastpointe	Columbus, Duplin, Edgecombe, Green, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne and Wilson counties	200,139	2,149	202,288
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Partners Behavioral Health Management	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin counties	158,684	2,311	160,995
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Sandhills Center	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond counties	187,753	1,868	189,621

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Smoky Mountain Center	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey	167,471	3,717	171,188
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Trillium Health Resources	Brunswick, Carteret, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, North Hampton, Pamlico and Pasquotank counties	191,629	3,376	195,005
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Elderhaus	Counties Covered: New Hanover, Brunswick. All Zip Codes Covered: 28401, 28402, 28403, 28404, 28405, 28406, 28407, 28408, 28409, 28410, 28411, 28412, 28428, 28429, 28449, 28480, 28422, 28451, 28461.	6	123	129
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Piedmont Health Senior Care	Counties Covered: Alamance, Caswell, Orange, Lee, Chatham. All Zip Codes Covered: 27201, 27202, 27215, 27216, 27217, 27244, 27253, 27258, 27302, 27340, 27349, 27359, 27212, 27217, 27244, 27249, 27291, 27302, 27305, 27311, 27314, 27315, 27320, 27326, 27343, 27379, 27231, 27349, 27517, 27599, 27605, 27243, 27253, 27529, 28384, 23229, 27278, 27541, 28387, 27107, 27302, 27572, 27312, 27703, 27705, 27704, 27707, 27583, 27510, 27713, 27330, 27712, 28618, 27514, 27516, 27515	2	159	161
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Life St. Joseph of the Pine	Counties Covered: Cumberland County and portions of Harnett, Robeson, Moore and Hoke. Zip Codes Covered: 28314, 28311, 28348, 28303, 28307, 28301, 28305, 28391, 28310, 28395, 28308, 28342, 28302, 28309, 28331, 28315, 28326, 28373, 28376, 28314, 28334, 28339, 28357, 28371, 28377, 28384, 28315, 28357, 28376, 28377, 28383	16	190	206

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the TRIAD	Counties Covered: Guilford and Rockingham. Zip Codes Covered: 27214, 27215, 27233, 27235, 27244, 27249, 27260, 27261, 27262, 27263, 27264, 27265, 27268, 27282, 27283, 27284, 27298, 27301, 27310, 27313, 27317, 27320, 27342, 27357, 27358, 27377, 27401, 27402, 27403, 27404, 27405, 27406, 27407, 27408, 27409, 27410, 27411, 27412, 27413, 27415, 27416, 27417, 27419, 27420, 27425, 27427, 27429, 27435, 27438, 27455, 27495, 27497, 27498, 27499, 27025, 27027, 27048, 27249, 27288, 27289, 27311, 27320, 27323, 27326, 27357, 27358, 27375	10	130	140
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE @ HOME	Counties Covered: Catawba County portions of Lincoln, Burke, Caldwell and Alexander Counties. Zip Codes Covered: 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690	3	82	85
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Carolina Senior CARE	Counties Covered: Rowan, Davie, Iredell, Davidson. Zip codes covered: 27013, 27054, 28023, 28039, 28041, 28071, 28072, 28081, 28083, 28088, 28115, 28125, 28137, 28138, 28144, 28145, 28146, 28147, 28159, 28010, 28115, 28117, 28123, 28166, 28625, 28634, 28660, 28677, 28687, 28688, 28689, 28699, 27006, 27014, 27028, 27239, 27292, 27293, 27294, 27295, 27299, 27351, 27360, 27361, 27373, 27374	8	108	116
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	PACE of the Southern Piedmont	Counties Covered: Mecklenburg, Cabarrus, Union and portions of Stanley Counties. Zip Codes Covered: 28025, 28027, 28031, 28079, 28097, 28103, 28104, 28105, 28107, 28109, 28110, 28112, 28124, 28129, 28134, 28163, 28173, 28174, 28202, 28203, 28204, 28205, 28206, 28207, 28208, 28209, 28210, 28211, 28212, 28213, 28214, 28216, 28217, 28223, 28226, 28227, 28244, 28246, 28254, 28262, 28269, 28270, 28273, 28274, 28277, 28278, 28280, 28281, 28282, 28284, 28285, 28287, 28036, 28071, 28075, 28078, 28081, 28083, 28104, 28107, 28137, 28138, 28215	2	62	64

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	VOANX Senior Community Care of North Carolina	Counties Covered: Durham and Wake Counties and a portion of Granville County. Zip Codes Covered: 27502, 27503, 27509, 27511, 27513, 27518, 27519, 27522, 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, 27701, 27703, 27704, 27705, 27706, 27707, 27712, 27713	2	65	67
NC	Program of All Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Senior Total Life Care	Counties Covered: Gaston County and portions of Lincoln and Cleveland Counties. Zip Codes Covered: 28077, 28080, 28079, 28206, 28086, 29053, 28092, 28098, 28216, 28101, 28650, 29710, 28006, 28012, 28016, 28021, 28120, 28033, 28032, 28034, 28036, 27587, 28052, 28054, 28056, 26209, 28164, 00961, 28626, 28073; 28006, 28021, 28033, 28080, 28164; 28021, 28073, 28086, 28150	0	49	49
NC	PCCM (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	45,154	0	45,154
NC	Health Management Program (Other Prepaid Health Plan (PHP) (limited benefits))	Health Management	Statewide	269	0	269
NC	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	Zip codes: 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)	2	91	93
ND	North Dakota Medicaid Expansion (Comprehensive MCO)	ND Medicaid Expansion - Sanford Health Plan	Statewide	11,713	0	11,713
OH	Medicaid Managed Care (Comprehensive MCO)	Buckeye Health Plan	Statewide	224,405	0	224,405
OH	Medicaid Managed Care (Comprehensive MCO)	CareSource	Statewide	1,082,993	0	1,082,993
OH	Medicaid Managed Care (Comprehensive MCO)	Molina Healthcare of Ohio	Statewide	303,056	0	303,056
OH	Medicaid Managed Care (Comprehensive MCO)	Paramount Advantage	Statewide	191,105	71	191,176
OH	Medicaid Managed Care (Comprehensive MCO)	United Healthcare Community Plan of Ohio	Statewide	225,960	0	225,960

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
OH	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	TriHealth Senior Link	Butler: 45014, 45015, 45069, 45241; Clermont: 45140, 45150, 45244, 45245, 45255; Hamilton: 45001, 45205, 45214, 45224, 45232, 45243, 45002, 45206, 45215, 45225, 45233, 45244, 45030, 45207, 45216, 45226, 45236, 45246, 45052, 45208, 45217, 45227, 45237, 45247, 45111, 45209, 45218, 45228, 45238, 45248, 45174, 45210, 45219, 45229, 45239, 45249, 45202, 45211, 45220, 45230, 45240, 45251, 45203, 45212, 45221, 45231, 45241, 45252, 45204, 45213, 45223, 45232, 45242, 45255; Warren: 45039, 45040, 45140	49	284	333
OH	Ohio PACE (Program of All-inclusive Care for the Elderly (PACE))	McGregor PACE	Cuyahoga County	48	278	326
OK	SoonerCare Choice (Primary Care Case Management (PCCM))	SoonerCare Choice	Statewide	420,892	110,255	531,147
OK	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Statewide	626,530	110,255	736,785
OK	PACE (Program of All-inclusive Care for the Elderly (PACE))	Cherokee Elder Care	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439	16	110	126
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Access Dental Plan, LLC	Clackamas, Multnomah & Washington Counties	1,477	52	1,529
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Advantage Dental Services	Statewide except Tillamook County	155,006	10,873	165,879
OR	OHP - Oregon Health Plan (Comprehensive MCO)	AllCare Health Plan	Curry, Douglas (97410, 97442 only), Jackson, & Josephine Counties	44,134	2,003	46,137
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Capitol Dental Care Inc.	Benton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, & Yamhill Counties	34,006	2,543	36,549
OR	OHP - Oregon Health Plan (Comprehensive MCO)	CareOregon	Marion & Polk Counties	3,025	208	3,233
OR	OHP - Oregon Health Plan (Comprehensive MCO)	CareOregon Dental	Clackamas, Multnomah, & Washington Counties	1,588	61	1,649
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Cascade Health Alliance	Klamath (97731, 97733, 97737, 97739 excluded) County	9,717	696	10,413
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Columbia Pacific	Clatsop, Columbia, Coos (97449 only), Douglas (97436, 97441, 97467, 97473 only), & Tillamook Counties	23,635	726	24,361
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, & Wheeler Counties	42,671	1,495	44,166

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Family Dental Care	Clackamas, Multnomah, & Washington Counties	1,474	51	1,525
OR	OHP - Oregon Health Plan (Comprehensive MCO)	FamilyCare	Clackamas, Marion (97002, 97032, 97071, 97362, 97375, 97381 only), Multnomah, & Washington Counties	102,047	1,671	103,718
OR	OHP - Oregon Health Plan (Comprehensive MCO)	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, & Wheeler (97848 excluded) Counties	1,786	2,681	4,467
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Health Share of Oregon	Clackamas, Multnomah, & Washington Counties	203,019	15,460	218,479
OR	OHP - Oregon Health Plan (Comprehensive MCO)	InterCommunity Health Network	Benton, Lincoln, & Linn Counties	49,160	2,348	51,508
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Jackson Care Connect	Jackson County	26,201	1,009	27,210
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Kaiser Permanente Oregon Plus	Marion (97342, 97346, 97350, 97358, 97360, 97373 excluded), & Polk (97101, 97321, 97370, 97378 excluded) Counties	1,616	196	1,812
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Managed Dental Care of Oregon	Clackamas, Multnomah, & Washington Counties	1,637	73	1,710
OR	OHP - Oregon Health Plan (Comprehensive MCO)	ODS Community Health Inc.	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, & Yamhill Counties	17,873	1,508	19,381
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, & Klamath (97731, 97733, 97737, 97739 only)	47,882	1,944	49,826
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PacificSource Community Solutions - Columbia Gorge	Hood River & Wasco Counties	11,527	325	11,852
OR	OHP - Oregon Health Plan (Comprehensive MCO)	PrimaryHealth of Josephine County	Douglas (97410, 97442 only), Jackson (97497, 97525, 97526, 97527, 97530, 97537 only), & Josephine Counties	9,616	462	10,078
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Trillium Community Health Plan	Benton (97448, 97456 only), Douglas (97424, 97493 only), Lane, & Linn (97446 only) Counties	70,352	3,885	74,237
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Umpqua Health Alliance	Douglas (97441, 97467, 97473 excluded) County	23,357	1,470	24,827
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Western Oregon Advanced Health	Coos, Curry, & Douglas (97459 only) Counties	18,068	1,235	19,303

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Willamette Dental Group	Benton, Clackamas, Clatsop, Columbia, Deschutes, Douglas, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, & Yamhill Counties	8,879	652	9,531
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Willamette Valley Community Health	Benton (97361 only), Clackamas (97002, 97032, 97071, 97362, 97375 only), Linn (97346, 97350, 97352, 97358, 97360, 97383 only), Marion, Polk, & Yamhill (97304 only)	87,355	4,303	91,658
OR	OHP - Oregon Health Plan (Comprehensive MCO)	Yamhill Community Care	Clackamas (97002, 97071, 97140 only), Marion (97002, 97026, 97071, 97137 only), Polk (97101, 97304, 97347, 97371, 97378, 97396 only), Tillamook (97347 only), Washington (97119, 97123, 97132, 97140 only), & Yamhill Counties	19,753	413	20,166
OR	PACE (Program of All-inclusive Care for the Elderly (PACE))	Providence Elder Place	Multnomah, Washington, & Clackamas Counties	47	1,003	1,050
PA	HealthChoices/Physical Health (Comprehensive MCO)	UPMC for You, Inc.	Lehigh Capital, Southwest and New West Zones	261,134	2,637	263,771
PA	HealthChoices/Physical Health (Comprehensive MCO)	AETNA Better Health	Lehigh Capital and Southeast Zones	77,816	786	78,602
PA	HealthChoices/Physical Health (Comprehensive MCO)	Coventry Cares Health Plan	Southwest, Southeast, New West, New East zones	93,755	947	94,702
PA	HealthChoices/Physical Health (Comprehensive MCO)	Gateway Health Plan	New West, Lehigh Capital and Southwest zones	262,097	2,647	264,744
PA	HealthChoices/Physical Health (Comprehensive MCO)	United Healthcare Community Plan of Pennsylvania	Southeast, Southwest, Lehigh Capital zones	166,095	1,677	167,772
PA	HealthChoices/Physical Health (Comprehensive MCO)	Health Partners of Philadelphia, Inc.	Southeast zone	175,535	1,773	177,308
PA	HealthChoices/Physical Health (Comprehensive MCO)	Geisinger Health Plan	New East zone	126,976	1,282	128,258
PA	HealthChoices/Physical Health (Comprehensive MCO)	Keystone First	Southeast zone	301,318	3,043	304,361
PA	HealthChoices/Physical Health (Comprehensive MCO)	AmeriHealth Northeast	New East zone	56,784	573	57,357
PA	HealthChoices/Physical Health (Comprehensive MCO)	AmeriHealth Caritas	Lehigh Capital and New West zones	129,885	1,311	131,196
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Allegheny County HealthChoices - Community Care Behavioral Health Organization	Allegheny	143,648	25,788	169,436

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Beaver County HealthChoices-Value Behavioral Health of Pennsylvania	Beaver	21,857	3,898	25,755
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Armstrong-Indiana Counties HealthChoices-Value Behavioral Health of Pennsylvania	Armstrong and Indiana	19,117	3,837	22,954
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Behavioral Health Services of Somerset-Bedford-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Bedford and Somerset	15,064	3,065	18,129
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adams County HealthChoices-Community Care Behavioral Health Organization	Adams	9,168	1,120	10,288
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Berks County HealthChoices-Community Care Behavioral Health Organization	Berks	59,927	7,729	67,656
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Blair County HealthChoices-Community Care Behavioral Health Organization	Blair	19,499	3,523	23,022
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	North Central State Option (CCBHO)-Community Care Behavioral Health Organization	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potters, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne	132,622	25,115	157,737
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bucks County HealthChoices-Magellan Behavioral Health of Pennsylvania	Bucks	44,405	7,151	51,556
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Butler County HealthChoices-Value Behavioral Health of Pennsylvania	Butler	15,391	2,754	18,145
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cambria County HealthChoices-Value Behavioral Health of Pennsylvania	Cambria	19,680	3,867	23,547
PA	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	36,280	4,482	40,762

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Chester County HealthChoices-Community Care Behavioral Health Organization	Chester	32,022	4,138	36,160
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lycoming-Clinton Joinder Board-Community Care Behavioral Health Organization	Clinton and Lycoming	20,847	3,496	24,343
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Montgomery County HealthChoices-Magellan Behavioral Health of Pennsylvania	Montgomery	59,644	8,210	67,854
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Erie County HealthChoices-Community Care Behavioral Health Organization	Erie	48,178	6,983	55,161
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Fayette County HealthChoices-Value Behavioral Health of Pennsylvania	Fayette	26,154	5,113	31,267
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Tuscarora Managed Care Alliance-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Franklin and Fulton	18,042	2,700	20,742
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Greene County (Commonwealth)-Psychiatric Rehavilitation, Peer Specialist Services	Greene	5,782	1,111	6,893
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeast Behavioral Health Care Consortium-Community Care Behavioral Health Organization	Lackawanna, Luzerne, Susquehanna and Wyoming	86,626	15,300	101,926
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lancaster County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Lancaster	58,952	7,898	66,850
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lawrence County HealthChoices-Value Behavioral Health of Pennsylvania	Lawrence	13,111	2,439	15,550

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lebanon County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Lebanon	16,563	2,165	18,728
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northwest Behavioral Health Partnership-Value Behavioral Health of Pennsylvania	Crawford, Mercer and Venango	37,336	7,102	44,438
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Cumberland County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Cumberland	17,903	2,560	20,463
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Dauphin County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Dauphin	39,238	5,143	44,381
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Delaware County HealthChoices-Magellan Behavioral Health of Pennsylvania	Delaware	68,916	8,720	77,636
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northampton County HealthChoices-Magellan Behavioral Health of Pennsylvania	Northampton	31,393	4,901	36,294
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Perry County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania)	Perry	4,523	652	5,175
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Philadelphia County HealthChoices-Community Behavioral Health	Philadelphia	424,153	55,313	479,466
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Washington County HealthChoices-Value Behavioral Health of Pennsylvania	Washington	22,088	3,934	26,022

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Westmoreland County HealthChoices-Value Behavioral Health of Pennsylvania	Westmoreland	39,583	7,561	47,144
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	York County HealthChoices-Community Care Behavioral Health Organization	York	52,116	6,445	58,561
PA	HealthChoices/Behavioral Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Lehigh County HealthChoices-Magellan Behavioral Health of Pennsylvania	Lehigh	50,209	7,603	57,812
PA	Adult Community Autism Program (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Adult Community Autism Program	Cumberland, Dauphin, Chester and Lancaster	5	4	9
PA	MATP (Medical Assistance Transportation Program) (Non-Emergency Medical Transportation)	LogistiCare, Inc.	Philadelphia	410,518	65,725	476,243
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Albright LIFE H-9068	Lancaster, Lebanon, Lycoming, Clinton (partial), and Chester	111	222	333
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Community LIFE H-3917	1/2 Allegheny and 1/2 Western Westmoreland	111	11	122
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE-Pittsburgh H-3918	1/2 Allegheny	111	11	122
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Butler H-3060	Butler	16	88	104
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	VieCare Beaver H-7660	Beaver and Lawrence	30	347	377
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Washington	Washington, Greene, and Fayette	48	344	392

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Greensburg H-2937	Westmoreland (majority)	2	90	92
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Johnstown H-3925	Cambria (partial) and Somerset (partial)	8	167	175
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Altoona H-5902	Blair, Cambria (partial), and Indiana	13	132	145
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE York H-0819	York	2	93	95
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Senior LIFE Lehigh H-5978	Lehigh and Northampton	7	102	109
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	SpiriTTrust LIFE H-2537	Franklin and Cumberland	3	70	73
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE NWPA H-4999	Erie	5	62	67
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE Geisinger H-2064	Luzerne (partial), Lackawanna, Columbia (partial), Montour (partial), Northumberland (partial), and Schuylkill (partial)	2	158	160
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	Mercy LIFE H-3919	Philadelphia (partial) and Delaware	52	378	430
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE U-Penn H-3908	Philadelphia (partial) and Delaware (partial)	18	343	361

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	LIFE St. Mary H-6551	Bucks (partial)	14	186	200
PA	PA Living Independence For the Elderly (LIFE) (Program of All-inclusive Care for the Elderly (PACE))	New Courtland LIFE H-9830	Philadelphia (partial)	33	289	322
PR	Mi Salud (Comprehensive MCO)	Triple S	Statewide	1,142,090	76,444	1,218,534
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino American Health Medicare	Statewide	0	28,266	28,266
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino First Medical/First Plus	Statewide	0	1,951	1,951
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino Humana Puerto Rico	Statewide	0	30,162	30,162
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino MCS Advantage	Statewide	0	72,583	72,583
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino MMM Healthcare Inc.	Statewide	0	77,855	77,855
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino PMC Medicare Choice	Statewide	0	22,988	22,988
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino Constellation	Statewide	0	1,031	1,031
PR	Medicare Platino (Comprehensive MCO)	Medicare Platino Triple S	Statewide	0	5,893	5,893
PR	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	APS	Statewide	1,142,090	76,444	1,218,534
RI	Rhody Health Partners- Expansion (Comprehensive MCO)	UnitedHealthcare	statewide	21,920	0	21,920
RI	Rhody Health Partners- Expansion (Comprehensive MCO)	Neighborhood Health Plan of RI	statewide	26,288	0	26,288
RI	Rhody Health Partners (Comprehensive MCO)	Neighborhood Health Plan of RI	statewide	6,548	0	6,548
RI	Rhody Health Partners (Comprehensive MCO)	UnitedHealthcare	statewide	7,375	0	7,375
RI	Rite Care (Comprehensive MCO)	Neighborhood Health Plan of RI	statewide	95,301	0	95,301
RI	Rite Care (Comprehensive MCO)	UnitedHealthcare	statewide	46,189	0	46,189

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
RI	Rhody Health Options (Comprehensive MCO + MLTSS)	Neighborhood Health Plan of Rhode Island	statewide	13,481	438	13,919
RI	Connect Care Choice Community Partners (Primary Care Case Management (PCCM))	CareLink	statewide	4,354	733	5,087
RI	Connect Care Choice (Primary Care Case Management (PCCM))	Multiple primary care providers	statewide	3,675	1,070	4,745
RI	Rite Smiles (Dental only (PAHP))	UnitedHealthcare Dental	statewide	76,530	0	76,530
RI	PACE (Program of All-inclusive Care for the Elderly (PACE))	PACE	statewide	44	240	284
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Absolute Total Care	Statewide	101,565	0	101,565
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Advicare	Statewide	27,734	0	27,734
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	BlueChoice Healthplan Medicaid	Statewide	75,443	0	75,443
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Molina HealthCare of South Carolina	Statewide	118,417	0	118,417
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	Select Health of South Carolina	Statewide	328,547	0	328,547
SC	South Carolina Managed Care Organizations (Comprehensive MCO)	WellCare of South Carolina	Statewide	68,621	0	68,621
SC	Medical Homes Networks (Primary Care Case Management (PCCM))	South Carolina Solutions	Statewide	189	0	189
SC	Program for All-inclusive Care of the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Palmetto Senior Care	Richland County	36	254	290
SC	Program for All-inclusive Care of the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	The Oaks	Orangeburg	11	108	119
SD	PRIME (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	91,289	0	91,289
TN	TennCare II (Comprehensive MCO + MLTSS)	Amerigroup	Middle Tennessee	193,872	21,411	215,283

Table 5. Enrollment by Program and Plan, as of 2014¹

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TN	TennCare II (Comprehensive MCO + MLTSS)	DentaQuest USA Insurance Company	Statewide	767,562	381	767,943
TN	TennCare II (Comprehensive MCO + MLTSS)	Magellan Health Services	Statewide	1,150,372	0	1,150,372
TN	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan - East TN	East Tennessee	185,336	27,516	212,852
TN	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan - Middle TN	Middle Tennessee	193,579	21,226	214,805
TN	TennCare II (Comprehensive MCO + MLTSS)	UnitedHealthcare Community Plan - West TN	West Tennessee	166,361	18,285	184,646
TN	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare) - East TN	East Tennessee	195,554	28,855	224,409
TN	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (BlueCare) - West TN	West Tennessee	168,030	18,433	186,463
TN	TennCare II (Comprehensive MCO + MLTSS)	Volunteer State Health Plan (TennCare Select)	Statewide	47,640	2,250	49,890
TN	Program of All-Inclusive Care for the Elderly (Program of All-inclusive Care for the Elderly (PACE))	Alexian Brothers Community Services	Hamilton County	9	274	283
TX	STAR Health (Comprehensive MCO)	Superior HealthPlan	Statewide	31,251	0	31,251
TX	STAR (Comprehensive MCO)	Aetna	Bexar SDA, Tarrant SDA	69,097	0	69,097
TX	STAR (Comprehensive MCO)	Amerigroup Texas	Bexar SDA, Dallas SDA, Harris SDA, Jefferson SDA, Lubbock SDA, MRSA Central, MRSA Northeast, MRSA West, Tarrant SDA	550,279	0	550,279
TX	STAR (Comprehensive MCO)	Blue Cross Blue Shield	Travis SDA	20,144	0	20,144
TX	STAR (Comprehensive MCO)	Christus	Nueces SDA	7,183	0	7,183
TX	STAR (Comprehensive MCO)	Community First	Bexar SDA	101,156	0	101,156
TX	STAR (Comprehensive MCO)	Community Health Choice	Harris SDA, Jefferson SDA	220,753	0	220,753
TX	STAR (Comprehensive MCO)	Cook Children's	Tarrant SDA	91,597	0	91,597
TX	STAR (Comprehensive MCO)	Driscoll Children's	Hidalgo SDA, Nueces SDA	120,031	0	120,031
TX	STAR (Comprehensive MCO)	EL Paso First	EI Paso SDA	60,275	0	60,275
TX	STAR (Comprehensive MCO)	First Care	Lubbock SDA, MRSA West	94,884	0	94,884
TX	STAR (Comprehensive MCO)	Molina Healthcare	Dallas SDA, EI Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	100,437	0	100,437
TX	STAR (Comprehensive MCO)	Parkland Health First	Dallas SDA	175,624	0	175,624
TX	STAR (Comprehensive MCO)	Scott and White	MRSA Central	41,446	0	41,446
TX	STAR (Comprehensive MCO)	Sendero	Travis SDA	11,239	0	11,239
TX	STAR (Comprehensive MCO)	Seton	Travis SDA	14,563	0	14,563
TX	STAR (Comprehensive MCO)	Superior HealthPlan	Bexar SDA, EI Paso SDA, Hidalgo SDA, Lubbock SDA, MRSA Central, MRSA EAST, MRSA West, Nueces SDA, Travis SDA	693,510	0	693,510
TX	STAR (Comprehensive MCO)	Texas Children Health Plan	Harris SDA, Jefferson SDA	302,774	0	302,774

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TX	STAR (Comprehensive MCO)	United Healthcare	Harris SDA, Hidalgo SDA, Jefferson SDA	111,593	0	111,593
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Amerigroup	Bexar SDA, El Paso SDA, Harris SDA, Jefferson SDA, Lubbock SDA, Tarrant SDA, Travis SDA	55,819	63,208	119,027
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Cigna-Health Spring	Hidalgo SDA, Tarrant SDA	8,876	16,325	25,201
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Molina	Bexar SDA, Dallas SDA, El Paso SDA, Harris SDA, Hidalgo SDA, Jefferson SDA	35,574	55,667	91,241
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	Superior HealthPlan	Bexar SDA, Dallas SDA, Hidalgo SDA, Lubbock SDA, Nueces SDA	51,910	59,375	111,285
TX	STAR+PLUS (Comprehensive MCO + MLTSS)	United Healthcare	Harris SDA, Jefferson SDA, Nueces SDA, Travis SDA	31,183	35,477	66,660
TX	Texas Medicaid Wellness Program (Primary Care Case Management (PCCM))	Multiple Primary Care Providers	Statewide	11,679	0	11,679
TX	NorthSTAR (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	ValueOptions	Collin County, Dallas County, Ellis County, Hunt County, Kaufman County, Navarro County, Rockwall County	411,335	30,478	441,813
TX	Children's Medicaid Dental Services (Dental only (PAHP))	MCNA	Statewide	1,213,135	0	1,213,135
TX	Children's Medicaid Dental Services (Dental only (PAHP))	DentaQuest	Statewide	1,506,474	0	1,506,474
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	MTM	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton	829,374	76,038	905,412
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	Logisticare	Collin, Dallas, Denton, Earth, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somerville, Tarrant, Wise	752,042	62,743	814,785
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	Bienvivir Senior Health Services	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	40	793	833
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	Silver Star Health Network	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	80	94
TX	PACE (Program of All-inclusive Care for the Elderly (PACE))	The Basics at Jan Werner	79015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	5	125	130
UT	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	(Counties) Utah, Salt Lake, Weber, Davis, Tooele, Summit, Box Elder	37,850	4,854	42,704
UT	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice Utah	(Counties) Utah, Salt Lake, Weber, Davis, Cache, Tooele	3,968	185	4,153

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State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
UT	Choice of Health Care Delivery (Comprehensive MCO)	Molina Plus	(Counties) Beaver, Box Elder, Garfield, Grand, Kane, Washington, Rich, Tooele, Iron, Juab, Sevier, San Juan, Summit, Millard, Daggett, Duchesne, Uintah, Carbon, Emery, Piute, Sanpete, Wayne	12,092	554	12,646
UT	Choice of Health Care Delivery (Comprehensive MCO)	Molina	(Counties) Davis, Morgan, Weber, Salt Lake, Utah	51,153	4,660	55,813
UT	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	(Counties) Davis, Weber, Salt Lake, Utah	78,043	7,109	85,152
UT	UNI Home (Comprehensive MCO)	UNI Home	Davis, Salt Lake, Weber, Utah	544	344	888
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Bear River Mental Health	Box Elder, Cache, Rich counties	15,489	1,260	16,749
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Central Utah Mental Health	Millard, Juab, Piute, Sevier, Wayne, Sanpete counties	8,103	933	9,036
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Davis Behavioral Health	Davis County	21,356	1,984	23,340
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Carbon, Emery and Grand Counties	4,683	688	5,371
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Northeastern Counseling Center	Daggett, Duchesne, Uintah, San Juan counties	7,508	966	8,474
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Optum Health	Salt Lake County	97,900	11,191	109,091
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Salt Lake Valley Mental Health	Summit and Tooele counties	7,129	570	7,699
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Southwest Center	Beaver, Garfield, Iron, Kane and Washington counties	24,345	2,183	26,528
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Wasatch Mental Health	Utah County	45,067	3,245	48,312
UT	Prepaid Mental Health (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Weber Mental Health	Weber and Morgan counties	24,569	2,980	27,549
UT	Dental (Dental only (PAHP))	Premier Access	Salt Lake, Weber, Davis and Utah counties	81,398	39	81,437
UT	Dental (Dental only (PAHP))	Delta Dental	Salt Lake, Weber, Utah and Davis counties	51,777	28	51,805

Table 5. Enrollment by Program and Plan, as of 2014¹

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UT	Transportation (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	210,274	24,301	234,575
VT	Global Commitment to Health Demonstration (Comprehensive MCO)	Department of Vermont Health Access	Statewide	79,338	397	79,735
VA	Medallion 3.0 (Comprehensive MCO)	Healthkeepers, Inc. (Anthem Healthkeepers Plus)	State Wide Plan: 133 cities/counties State Defined Regions: Tidewater, Central VA, Halifax, Winchester, Northern VA, Charlottesville, Roanoke/Alleghany, Far Southwest, and Culpeper Regions	231,382	0	231,382
VA	Medallion 3.0 (Comprehensive MCO)	Coventry Cares of Virginia	72 cities/counties Statewide Regions: Tidewater, Central VA, Lynchburg, Roanoke/Alleghany, and Far Southwestern Regions	35,597	0	35,597
VA	Medallion 3.0 (Comprehensive MCO)	INTotal Health	57 cities/counties State defined regions: Northern VA, Roanoke/Alleghany, and Far Southwestern VA Regions	50,040	0	50,040
VA	Medallion 3.0 (Comprehensive MCO)	Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA)	9 cities/counties State defined regions: Northern Virginia	2,668	0	2,668
VA	Medallion 3.0 (Comprehensive MCO)	Optima Family Care	113 cities/counties State-Defined Regions: Tidewater, Central VA, Charlottesville, Halifax, Winchester, Lynchburg and Far Southwestern VA Regions	152,764	0	152,764
VA	Medallion 3.0 (Comprehensive MCO)	Carilion Clinic Medicare Resources, LLC (d/b/a MajestaCare)	53 cities/counties State-defined regions: Roanoke/Alleghany, Central VA, Charlottesville, and Far Southwestern VA Regions	10,463	0	10,463
VA	Medallion 3.0 (Comprehensive MCO)	Virginia Premier Health Plan	104 cities/counties (below in notes) State-Defined Regions: Tidewater, Central VA, Charlottesville, Roanoke, Winchester, Lynchburg and Far Southwestern VA Regions	161,806	0	161,806
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	AllCare for Seniors	See notes.	4	65	69
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mountain Empire for Older Citizens PACE	See Notes.	7	95	102
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara PACE - Virginia Beach	See notes.	15	154	169
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Sentara PACE - Churchland	See notes.	11	83	94
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	INOVA Cares for Seniors PACE	See notes.	7	44	51
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Kissito PACE	See notes.	4	48	52
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Blue Ridge PACE	See notes.	1	23	24

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Hampton	See notes	13	153	166
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Farmville	See notes.	1	47	48
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Centra PACE - Lynchburg	See notes.	2	96	98
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Manchester	See notes.	15	137	152
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - McTavish	See notes.	7	79	86
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Petersburg	See notes.	6	56	62
VA	PACE (Program of All-inclusive Care for the Elderly (PACE))	Riverside PACE - Newport News	See Notes.	5	87	92
WA	Healthy Options/Apple Health (Comprehensive MCO)	Community Health Plan of WA	Serves the following counties: Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Yakima.	295,274	0	295,274
WA	Healthy Options/Apple Health (Comprehensive MCO)	Amerigroup Washington Inc	Serves the following counties: Asotin, Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, and Yakima.	107,804	0	107,804
WA	Healthy Options/Apple Health (Comprehensive MCO)	Coordinated Care	Serves the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, and Yakima.	159,865	0	159,865
WA	Healthy Options/Apple Health (Comprehensive MCO)	United Health Care	Serves the following counties: Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pierce, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, and Yakima.	150,535	0	150,535
WA	Healthy Options/Apple Health (Comprehensive MCO)	Molina Health Care	Serves the following counties: Adams, Asotin, Benton, Chelan, Clark, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.	426,935	0	426,935

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Community Health Plan of WA	Serves the following counties: Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima.	21,212	0	21,212
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Amerigroup	Serves the following counties: Asotin, Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, and Yakima.	8,631	0	8,631
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Coordinated Care	Serves the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, and Yakima.	13,187	0	13,187
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	United Health Care	Serves the following counties: Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pierce, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, and Yakima.	12,697	0	12,697
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Molina Health Care	Serves the following counties: Adams, Asotin, Benton, Chelan, Clark, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, PendOreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.	29,110	0	29,110
WA	PCCM (Comprehensive MCO)	Multiple Primary Care Providers	statewide	11,818	0	11,818
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Community Choice	Statewide with the exception of King and Snohomish counties.	745	688	1,433
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Community Health Plan of Washington	Statewide with the exception of King and Snohomish counties.	50	25	75
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Northwest Regional Council	Statewide with the exception of King and Snohomish counties.	566	632	1,198
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Optumhealth	Statewide with the exception of King and Snohomish counties.	1,403	1,177	2,580

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	SE WA Aging and Long Term Care	Statewide with the exception of King and Snohomish counties.	1,066	1,174	2,240
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	United Health Care Community Plan	Statewide with the exception of King and Snohomish counties.	147	56	203
WA	WMIP (Comprehensive MCO)	Molina Health Care	Snohomish County	0	0	0
WA	PACE (Comprehensive MCO)	Providence Elder Place	King County	0	481	481
WA	Washington State Integrated Community Mental Health Program (ICMH) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Multiple regional support networks	Statewide	1,245,322	0	1,245,322
WA	NEMT Program (Non-Emergency Medical Transportation)	Multiple Transportation Brokers	Statewide (all 39 counties)	1,245,322	0	1,245,322
WV	WV Mountain Health Trust (Comprehensive MCO)	Coventry Cares	Statewide	76,595	0	76,595
WV	WV Mountain Health Trust (Comprehensive MCO)	The Health Plan	51 of 55 counties (excludes Cabell, Wayne, McDowell and Berkeley counties).	33,930	0	33,930
WV	WV Mountain Health Trust (Comprehensive MCO)	Unicare	53 of 55 counties (excludes Wayne and Cabell)	92,763	0	92,763
WV	Physician Assured Access System (Primary Care Case Management (PCCM))	Multiple primary care providers	Cabell, Wayne Counties	3,200	0	3,200
WI	SSI Managed Care (Comprehensive MCO)	Care Wisconsin	Columbia, Dane, Dodge, Jefferson, Ozaukee, Rock, Waukesha	1,245	40	1,285
WI	SSI Managed Care (Comprehensive MCO)	Compcare	Ashland, Chippewa, Douglas, Eau Claire, Grant, Green, Iowa, Juneau, Lafayette, Lincoln, Marathon, Price, Richland, Vernon, Washburn	233	67	300
WI	SSI Managed Care (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	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	1,366	464	1,830
WI	SSI Managed Care (Comprehensive MCO)	Independent Care	Brown, Dane, Dodge, Door, Fond Du Lac, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Milwaukee, Ocanto, Outagamie, Ozaukee, Portage, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Wahshara, Winnebago, Wood	5,634	3,336	8,970

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	SSI Managed Care (Comprehensive MCO)	Managed Health Services	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	3,942	1,459	5,401
WI	SSI Managed Care (Comprehensive MCO)	Molina Health Plan	Brown, Clark, Dodge, Door, Florence, 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	1,371	479	1,850
WI	SSI Managed Care (Comprehensive MCO)	Network Health Plan	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	1,913	711	2,624
WI	SSI Managed Care (Comprehensive MCO)	Trilogy Health Insurance	Milwaukee, Ozaukee, Racine, Waukesha	49	2	51
WI	SSI Managed Care (Comprehensive MCO)	UnitedHealthcare of WI	Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Columbia, Crawford, Dodge, Door, Douglas, Florence, Fond du Lac, Forest, 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, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	9,673	4,434	14,107

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	Anthem Blue Cross Blue Shield	Brown, Calumet, Dodge, Door, Fond du Lac, Jefferson, Kenosha, Kewaunee, Manitowoc, Marathon, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago	48,925	20	48,945
WI	BadgerCare Plus (Comprehensive MCO)	Children's Community Health Plan	Brown, Calumet, Kenosha, Marathon, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	130,987	48	131,035
WI	BadgerCare Plus (Comprehensive MCO)	Compcare	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	19,028	7	19,035
WI	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, Sauk	39,639	14	39,653
WI	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of Eau Claire	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	28,744	15	28,759
WI	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative Of South Central WI	Dane	4,006	2	4,008
WI	BadgerCare Plus (Comprehensive MCO)	Gundersen Health Plan	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon	15,772	2	15,774
WI	BadgerCare Plus (Comprehensive MCO)	Health Tradition Health Plan	Buffalo, Crawford, Grant, La Crosse, Monroe, Trempealeau, Vernon	8,342	4	8,346
WI	BadgerCare Plus (Comprehensive MCO)	Independent Care	Brown, Door, Fond Du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Outagamie, Ozaukee, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	1,570	4	1,574

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	Managed Health Services	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Crawford, Dane, 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	30,359	8	30,367
WI	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	Dane, Green, Jefferson, Rock, Walworth	13,400	3	13,403
WI	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Brown, Clark, Dodge, Door, Florence, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	78,200	11	78,211
WI	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	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	29,117	17	29,134
WI	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	Dane	7,764	5	7,769
WI	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	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	47,366	15	47,381
WI	BadgerCare Plus (Comprehensive MCO)	Trilogy Health Insurance	Milwaukee, Ozaukee, Racine, Waukesha	1,593	0	1,593

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare of WI	Ashland, Barron, Bayfield, Brown, Calumet, Chippewa, Crawford, Dodge, Door, Douglas, Florence, Fond du Lac, Forest, 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, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	102,320	58	102,378
WI	BadgerCare Plus (Comprehensive MCO)	Unity Health Plan	Columbia, Dane, Dodge, Fond du Lac, Green, Iron, Jackson, Jefferson, Juneau, Rock, Sauk	13,838	14	13,852
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Independent Care Health Plan	Dane County, Kenosha County, Milwaukee County, Racine County	310	473	783
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Care Wisconsin Health Plan, Inc.	Columbia County, Dane County, Dodge County, Jefferson County, Sauk County	214	1,252	1,466
WI	Wisconsin Partnership Program (Comprehensive MCO + MLTSS)	Community Care Health Plan, Inc.	Calumet County, Outagamie County, Waupaca County, Kenosha County, Racine County, Milwaukee County, Ozaukee County, Washington County, Waukesha County	113	445	558
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care, Inc. (FC)	Calumet County, Fond du Lac County, Kenosha County, Milwaukee County, Manitowoc County, Outagamie County, Ozaukee County, Racine County, Sheboygan County, Walworth County, Washington County, Waukesha county, Waupaca County, Winnebago County	574	2,921	3,495
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Community Care Connections of Wisconsin (FC)	Ashland County, Barron County, Bayfield County, Burnett County, Douglass County, Iron County, Lincoln County, Langlade County, Marathon County, Polk County, Portage County, Price County, Rusk County, Sawyer County, Washburn County, Wood County	358	1,780	2,138
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Care Wisconsin (FC)	Buffalo County, Clark County, Jackson County, La Crosse County, Monroe County, Pepin County, Trempealeau County, Vernon County, Ozaukee County, Sheboygan County, Walworth County, Columbia County, Dodge County, Green Lake County, Jefferson County, Marquette County, Washington County, Waukesha County, Waushara County d. Lakeland Care District – Calumet County, Fond du Lac County, Manitowoc County, Outagamie County, Waupaca County, Winnebago County	712	3,320	4,032
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Lakeland Care District	Calumet County, Fond du Lac County, Manitowoc County, Outagamie County, Waupaca County, Winnebago County	445	2,230	2,675

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	Family Care (MLTSS only (PIHP and/or PAHP))	My Choice Family Care	Kenosha County, Milwaukee County, Ozaukee County, Racine County, Sheboygan County, Walworth County, Washington County, Waukesha County	1,228	7,007	8,235
WI	Family Care (MLTSS only (PIHP and/or PAHP))	ContinuUs	Chippewa County, Dunn County, Eau Claire County, Pierce County, St. Croix County, Columbia County, Dodge County, Green Lake County, Jefferson County, Marquette County, Washington County, Waukesha County, Waushara County, Crawford County, Grant County, Green County, Iowa County, Juneau County, Lafayette County, Richland County, Sauk County	781	4,099	4,880
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Western Wisconsin Cares	Buffalo County, Clark County, Jackson County, La Crosse County, Monroe County, Pepin County, Trempealeau County, Vernon County	642	3,218	3,860
WI	Family Care (MLTSS only (PIHP and/or PAHP))	Northern Bridges	Ashland County, Barron County, Bayfield County, Burnett County, Douglas County, Iron County, Polk County, Price County, Rusk County, Sawyer County, Washburn County	1,807	6,856	8,663
WI	WrapAround Milwaukee (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	WrapAround Milwaukee	Cities in Milwaukee County: Bayside (partly in Ozaukee County), Brown Deer, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee (partly in Washington County and Waukesha County), Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, Whitefish Bay Zip Codes: 53201–53209; 53210–53220; 53221–53227; 54868; 5323; 53228; 53233; 54452; 53288; 53293; 54904; 53406; 53093; 54904; 53406; 53092; 54923; 53110; 53126; 53130; 53129; 53536; 53132; 53140; 70002; 53154; 53172; 54601; 53186	971	2	973
WI	Children Come First (CCF) (Behavioral Health Organization (BHO) only (PIHP and/or PAHP))	Children Come First	Cities in Dane County: Edgerton (mostly in Rock County), Fitchburg, Madison, Middleton, Monona, Stoughton, Sun Prairie, Verona Zip Codes: 53589, 53590, 53594, 54017, 53593, 53596, 53598, 53597, 53703, 39110, 53705, 53704, 53706, 53711, 53714, 53713, 53716, 53715, 53718, 53717, 53719, 53726, 47250, 53794, 53508, 53707, 53515, 53517, 53516, 53521, 53523, 53911, 53527, 53916, 53529, 53528, 53531, 53530, 53532, 53925, 53534, 53544, 53545, 53551, 53555, 53559, 53558, 97045, 53560, 53562, 53566, 53960, 48906, 53572, 53571, 53574, 53575, 53578, 53190, 53583, 54613	111	0	111

Table 5. Enrollment by Program and Plan, as of 2014¹

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
WI	Care4Kids (Other Prepaid Health Plan (PHP) (limited benefits))	Children's Hospital of Wisconsin is contracted	The Geographic Area Served for Care4Kids is the following 6 counties: Kenosha; Milwaukee; Ozaukee; Racine; Washington; Waukesha	942	0	942
WI	Program of All - Inclusive Care for the Elderly (PACE) (Program of All-inclusive Care for the Elderly (PACE))	Community Care, Inc.	Waukesha and Milwaukee Counties	78	766	844
WY	Wyoming PACE (Program of All-inclusive Care for the Elderly (PACE))	Cheyenne Regional Medical Center PACE	Laramie County	2	55	57

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. Florida reports enrollment as of August 1, 2014.

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

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2014^{1, 2}

State or Territory	Total Enrollment In Any Type of Managed Care	Comprehensive Managed Care Including LTSS ³		Managed LTSS (MLTSS) Only	
		Number of Enrollees Using LTSS ²	Percent of Total	Number of Enrollees Using LTSS ⁴	Percent of Total
TOTALS	55,208,432	1,189,372 (including CA, NY, TX, and WI enrollees) 256,604 (excluding enrollees in CA, NY, TX, and WI, which cannot report users)	2.2% (including CA, NY, TX, and WI) 0.5% (excluding CA, NY, TX, and WI)	244,157	0.4%
Alabama	641,217	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%
American Samoa ⁵	n/a	n/a	n/a	n/a	n/a
Arizona	1,317,463	52,936	4.0%	0	0.0%
Arkansas	515,111	0	0.0%	0	0.0%
California ⁶	7,840,879	510,938	6.5%	0	0.0%
Colorado	1,029,950	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%
Delaware	196,065	6,114	3.1%	0	0.0%
District of Columbia	185,937	0	0.0%	0	0.0%
Florida ⁷	2,684,181	0	0.0%	83,289	3.1%
Georgia	1,352,544	0	0.0%	0	0.0%
Guam ⁵	n/a	n/a	n/a	n/a	n/a
Hawaii	318,200	8,607	2.7%	0	0.0%
Idaho	266,172	0	0.0%	0	0.0%
Illinois	2,163,351	23,884	1.1%	0	0.0%
Indiana	773,757	0	0.0%	0	0.0%
Iowa	533,403	0	0.0%	0	0.0%
Kansas	356,630	30,484	8.5%	0	0.0%
Kentucky	1,081,673	0	0.0%	0	0.0%
Louisiana	1,044,899	0	0.0%	0	0.0%
Maine	161,367	0	0.0%	0	0.0%
Maryland	1,084,437	0	0.0%	0	0.0%
Massachusetts	1,110,277	22,827	2.1%	0	0.0%
Michigan	3,774,727	0	0.0%	0	0.0%
Minnesota	791,004	32,005	4.0%	0	0.0%
Mississippi	155,124	0	0.0%	0	0.0%
Missouri	797,512	0	0.0%	0	0.0%
Montana	91,071	0	0.0%	0	0.0%
Nebraska	229,661	0	0.0%	0	0.0%
Nevada	464,054	0	0.0%	0	0.0%
New Hampshire	121,161	0	0.0%	0	0.0%
New Jersey	1,418,074	11,345	0.8%	0	0.0%

Table 6. Medicaid Managed Long Term Services and Supports (MLTSS) Program Users or Enrollees, as of July 1, 2014^{1, 2}

State or Territory	Total Enrollment In Any Type of Managed Care	Comprehensive Managed Care Including LTSS ³		Managed LTSS (MLTSS) Only	
		Number of Enrollees Using LTSS ²	Percent of Total	Number of Enrollees Using LTSS ⁴	Percent of Total
New Mexico	580,224	25,749	4.4%	0	0.0%
New York ⁶	4,412,837	5,609	0.1%	121,864	2.8%
North Carolina	1,717,658	0	0.0%	1,017	0.1%
North Dakota	46,154	0	0.0%	0	0.0%
Northern Mariana Islands ⁵	0	0	0.0%	0	0.0%
Ohio	2,028,249	0	0.0%	0	0.0%
Oklahoma	736,785	0	0.0%	0	0.0%
Oregon	971,104	0	0.0%	0	0.0%
Pennsylvania ⁸	1,978,894	0	0.0%	9	<0.1%
Puerto Rico	1,459,263	0	0.0%	0	0.0%
Rhode Island	223,749	11,500	5.1%	0	0.0%
South Carolina	720,925	0	0.0%	0	0.0%
South Dakota	91,289	0	0.0%	0	0.0%
Tennessee	1,288,631	31,153	2.4%	0	0.0%
Texas ⁶	3,232,307	413,414	12.8%	0	0.0%
Utah	282,844	0	0.0%	0	0.0%
Vermont	79,735	0	0.0%	0	0.0%
Virgin Islands ⁵	n/a	n/a	n/a	n/a	n/a
Virginia	707,926	0	0.0%	0	0.0%
Washington	1,245,322	0	0.0%	0	0.0%
West Virginia	203,288	0	0.0%	0	0.0%
Wisconsin ⁶	701,290	2,807	0.4%	37,978	5.4%
Wyoming	57	0	0.0%	0	0.0%

1. Enrollment includes 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. Some comprehensive managed care programs enroll beneficiaries who may be at risk of needing LTSS but do not receive any LTSS. These counts only include individuals that receive LTSS. Moreover, 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.

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

4. MLTSS Only programs cover LTSS under capitation; acute, primary, and specialty care services for these enrollees may be covered by another Medicaid MCO, Medicaid FFS, or by Medicare for dual enrollees. These data include states that provide MLTSS plus other benefits in a package that does not include inpatient medical care.

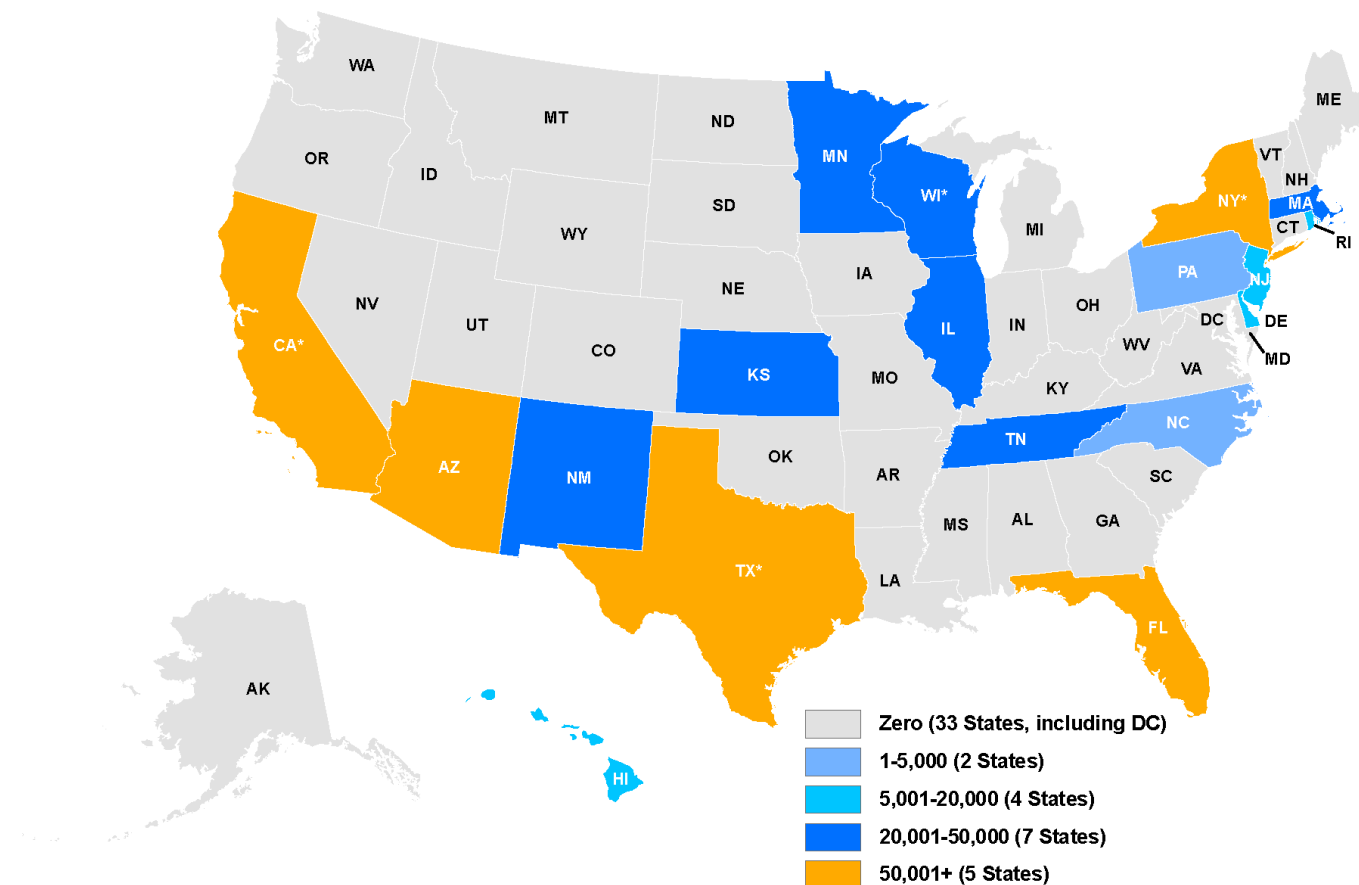
5. The indicated territory was not able to supply data for this report. The Northern Mariana Islands reported that they have no Medicaid managed care enrollment, but they did not report total Medicaid enrollees.

6. California, New York, Texas, and Wisconsin report the number of enrollees in each MLTSS program (some of whom may not be using LTSS).

7. Florida reports enrollment as of August 1, 2014.

8. Pennsylvania reports that its Adult Community Autism Program is a Behavioral Health Organization (BHO). However, the program provides HCBS and institutional LTSS, so it is considered MLTSS for the purposes of this table.

State Counts of Users* of Managed Long-Term Services and Supports (MLTSS), as of July 1, 2014



U.S. Total (including all CA, NY, TX and WI data*): 1,677,686
U.S. Total (excluding some CA, NY, TX, and WI data*): 500,761

Note: This map presents number of MLTSS users, not enrollees (which could include non-users of LTSS, most of whom are dual eligibles). Four states (California, New York, Texas, and Wisconsin) were not able to report data on MLTSS users and instead report enrollment counts. In California and Texas, the number of MLTSS enrollees minus the number of dual eligibles enrolled in comprehensive managed care is greater than 50,000, so we have estimated that the number of MLTSS users in these states is also greater than 50,000. In New York and Wisconsin, we only expect non-users to enroll in the smaller, comprehensive MLTSS programs; enrollment in limited benefit MLTSS programs (which only enroll LTSS users) determines each state's category.

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2014.

Table 7. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2014

Features (N = total number of programs)	Comprehensive MCO with or without MLTSS (81)		PCCM (28)		MLTSS (4)		BHO (PIHP and/or PAHP) (18)		Dental (9)		Transportation (12)		Other PHP (7)		PACE (30)	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Low-income adults newly eligible	49	8	18	7	1	0	14	0	4	1	9	2	2	3	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	29	1	7	1	0	0	4	1	1	1	5	1	0	2	0	0
Aged, Blind or Disabled Children or Adults	42	17	14	11	1	1	14	0	7	1	11	2	2	2	2	21
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	43	7	19	4	1	0	12	1	8	1	10	2	1	3	0	0
Individuals receiving Limited Benefits	12	3	2	2	1	0	5	0	0	0	3	2	1	3	0	0
Full Duals	17	26	0	10	2	2	11	2	5	1	10	2	0	1	2	25
Partial Duals	7	5	1	4	0	0	6	1	2	0	6	2	0	0	0	20
Children with Special Health Care Needs	27	16	4	11	1	0	12	3	5	0	10	2	1	2	0	0
Native American/Alaskan Natives	17	49	6	18	1	2	9	7	6	3	7	3	0	5	0	22
Foster Care and Adoption Assistance Children	21	29	2	12	1	0	11	5	4	3	9	1	1	5	0	0
Exempt populations (NA/AN=Native American/Alaskan Native, FC/AA=Foster Care and Adoption Assistance Children)	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA	NA/AN	FC/AA
	15	29	4	14	1	3	2	1	0	2	2	1	2	1	8	28

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. The reason for this is that a state may enroll a population such as aged, blind, or disabled adults both mandatorily and voluntarily. For example, a state may enroll aged adults mandatorily but blind and disabled adults voluntarily.

2. Certain federal statutory authorities do not allow mandatory or voluntary 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 2014

Features (total number of programs)	Comprehensive MCO with or without MLTSS (81)	PCCM (28)	MLTSS (4)	BHO (PIHP and/or PAHP) (18)	Dental (9)	Transportation (12)	Other PHP (7)	PACE (30)
Quality Assurance and Data Collection								
HEDIS data required	71	10	1	10	6	0	4	3
CAHPS data required	67	9	0	3	6	0	3	1
Accreditation required	39	4	1	7	0	0	1	0
EQRO contractor used	74	0	4	14	0	1	3	4
Performance incentives								
Payment bonuses/differentials to reward MCOs	30	6	2	4	3	1	1	1
Preferential auto-enrollment to reward MCOs	22	0	2	0	1	0	0	0
Public reports comparing MCO performance on key metrics	33	5	2	1	3	0	0	0
Withholds tied to performance metrics	26	1	0	5	4	0	0	0
MCOs/PHPs required or encouraged to pay providers for value/quality outcomes using shared-risk or shared- savings methods	22	0	0	0	1	0	0	0
Provider Value-Based Purchasing								
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	9	7	0	0	0	0	0	0

Alabama Managed Care Program Features, as of 2014

Features	Patient 1st	Maternity	PACE	Patient Care Networks of Alabama (PCNA)
Program type	Primary Care Case Management (PCCM)	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Mobile and Baldwin Counties	4 networks covering 21 of 67 counties including: Limestone, Madison, Morgan, Cullman, Lamar, Fayette, Pickens, Tuscaloosa, Bibb, Hale, Greene, Sumter, Coosa, Tallapoosa, Chambers, Lee, Macon, Russell, Bullock, Washington, and Mobile
Federal operating authority	1932(a)	1915(b)	PACE	1945 Health Homes
Program start date	2/1/2005	9/1/1988	10/1/2011	7/1/2012
Waiver expiration date (if applicable)		8/31/2015	12/31/2299	
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory		Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory		Mandatory
Individuals receiving Limited Benefits		Mandatory		
Low-income adults eligible under ACA Section VIII				
Full Duals			Voluntary	Voluntary
Partial Duals			Voluntary	Voluntary
Children with Special Health Care Needs	Voluntary	Mandatory	.	Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt	Exempt
Enrollment choice period	N/A	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)				

Alabama Managed Care Program Features, as of 2014

Features	Patient 1st	Maternity	PACE	Patient Care Networks of Alabama (PCNA)
Notes on enrollment choice period			Enrollees are approved a month prior to the enrollment date. Enrollees may disenroll at any point.	
Benefits covered				
Inpatient hospital physical health	X		X	X
Inpatient hospital behavioral health (MH and/or SUD)	X		X	X
Outpatient hospital physical health	X		X	X
Outpatient hospital behavioral health (MH and/or SUD)	X		X	X
Partial hospitalization			X	
Physician	X	X	X	X
Nurse practitioner	X	X	X	X
Rural health clinics and FQHCs	X	X		X
Clinic services	X	X	X	X
Lab and x-ray	X	X	X	X
Prescription drugs and prosthetic devices	X		X	X
EPSDT	X			X
Case management	X	X	X	X
Health home (SSA 1945)	X			X
Family planning	X	X		X
Dental services (medical/surgical)	X		X	X
Dental (preventative or corrective)	X			X
Home health agency services	X		X	X
Personal care (state plan option)	X		X	X
HCBS waiver services	X			X
Private duty nursing	X			X
ICF-IDD				
Nursing facility services			X	
Hospice care	X		X	X
Non-Emergency Medical Transportation	X		X	X

Alabama Managed Care Program Features, as of 2014

Features	Patient 1st	Maternity	PACE	Patient Care Networks of Alabama (PCNA)
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry for children	nurse midwives, freestanding birth centers	Any services deemed medically necessary by the IDT Team.	Podiatry for children
Quality assurance and improvement				
HEDIS data required?	No	No	No	No
CAHPS data required?	No	No	No	No
Accreditation required?	No	No	No	No
Accrediting organization				
EQRO contractor name (if applicable)				
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				X
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Multiple primary care providers	Maternity Program	Mercy Life of Alabama (MLOA)	Multiple primary care providers
Notes				

Alabama Managed Care Program Features, as of 2014

Features	Patient 1st	Maternity	PACE	Patient Care Networks of Alabama (PCNA)
Program notes	Beneficiaries enrolled in Patient Care Networks of Alabama (PCNA) are also enrolled in Patient 1st but receive their enhanced services through the PCNA health home. For this reason, PCNA beneficiaries are not included in the Patient 1st enrollment reported here. Note that all dental services are only provided for people under age 21.	The maternity program is a PAHP program providing maternity-related care.		PCNA beneficiaries are also enrolled in the Patient 1st program but receive their enhanced services through PCNA. For this reason, PCNA enrollment is only reported here, not under Patient 1st. Note that all dental services are only provided for people under age 21.

Arizona Managed Care Program Features, as of 2014

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

Arizona Managed Care Program Features, as of 2014

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

Arkansas Managed Care Program Features, as of 2014

Features	PACE	Safety Net	NET Transportation
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	PACE	1932(a)	1915(b)
Program start date	7/1/2014	1/1/2014	8/26/1998
Waiver expiration date (if applicable)			9/30/2015
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Individuals receiving Limited Benefits			Mandatory
Low-income adults eligible under ACA Section VIII		Mandatory	Mandatory
Full Duals			Mandatory
Partial Duals			Mandatory
Children with Special Health Care Needs			Mandatory
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory
Enrollment choice period	N/A	N/A	Other
Enrollment broker name (if applicable)			
Notes on enrollment choice period	N/A	N/A	N/A
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X		
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X		
Partial hospitalization			
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X		
Clinic services	X		
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT			
Case management	X	X	

Arkansas Managed Care Program Features, as of 2014

Features	PACE	Safety Net	NET Transportation
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)	X		
Dental (preventative or corrective)			
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services	X		
Hospice care			
Non-Emergency Medical Transportation	X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization		Consumer Satisfaction Survey	NCQA
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X	
Participating plans and regions served			
Plans in Program	PACE	Multiple primary care providers	Arkansas Medicaid Non-Emergency Transportation
Notes			
Program notes	State certifies PACE sites.		

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO
Statewide or region-specific?	Fresno , Kings, Madera, Alameda, Contra Costa, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Tulare, Stanislaus	Orange, Monterey, Santa Cruz, Merced, San Mateo, Solano, Napa, Yolo, Marin, Lake, Mendocino, Sonoma, Humboldt, Lassen, Modoc, Shasta, Siskiyou, Trinity, Del Norte, Santa Barbara, San Luis Obispo, Ventura	Sacramento, San Diego	Statewide	Los Angeles, Riverside, San Bernardino	San Mateo County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	1/1/1996	1/1/1983	1/1/1994	3/12/1993	1/1/1996	1/6/2012
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020		12/31/2020	10/31/2015
If the program ended in 2014, indicate the end date						
Populations enrolled						
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory			
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory		.	
Individuals receiving Limited Benefits		Mandatory			.	
Low-income adults eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory		.	
Full Duals	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	
Partial Duals		Mandatory		Voluntary	.	
Children with Special Health Care Needs		Mandatory			.	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Exempt

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Exempt	Exempt	Voluntary
Enrollment choice period	Other	Pre-assigned	Other	N/A	Other	Pre-assigned
Enrollment broker name (if applicable)	Health Care Operations (Maximus)		Health Care Options (maximus)		.	
Notes on enrollment choice period	Approximately 45 days		Approximately 45 days	do not apply	do not apply	
Benefits covered						
Inpatient hospital physical health	X	X	X	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)				X	X	
Outpatient hospital physical health	X	X	X	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)				X	X	
Partial hospitalization				X	X	
Physician	X	X	X	X	X	X
Nurse practitioner	X	X	X	X	X	X
Rural health clinics and FQHCs	X	X	X		X	X
Clinic services	X	X	X	X	X	X
Lab and x-ray	X	X	X	X	X	X
Prescription drugs and prosthetic devices	X	X	X	X	X	X
EPSDT	X	X	X	X	.	X
Case management	X	X	X	X	X	X
Health home (SSA 1945)					.	
Family planning	X	X	X		.	X
Dental services (medical/surgical)				X	X	
Dental (preventative or corrective)				X	X	
Home health agency services		X		X	X	X
Personal care (state plan option)	X	X	X	X	X	
HCBS waiver services	X	X	X		.	
Private duty nursing	X	X	X		.	

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
ICF-IDD	X	X	X		.	
Nursing facility services	X	X	X	X	X	
Hospice care	X	X	X	X	X	X
Non-Emergency Medical Transportation	X	X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)						Pediatric specialties and subspecialties, pediatric surgical specialties
Quality assurance and improvement						
HEDIS data required?	Yes	Yes	Yes	No	No	Yes
CAHPS data required?	Yes	Yes	Yes	No	No	No
Accreditation required?	No	No	No	No	No	No
Accrediting organization	URAC				.	
EQRO contractor name (if applicable)	Health Service Advisor Group	Health Service Advisory Group	Health Service Advisory Group		.	
Performance incentives?						
Payment bonuses/differentials to reward plans					.	
Preferential auto-enrollment to reward plans	X		X		.	
Public reports comparing MCO performance on key metrics	X	X	X		.	
Withholds tied to performance metrics					.	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					.	
Provider Value-Based Purchasing						

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X				
Participating plans and regions served						

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Plans in Program	Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Santa Clara Family Health Plan; Anthem Blue Cross/Tulare; Health Plan of San Joaquin/Stanslaus; CalViva Health Fresno; CalViva Health Kings; CalViva Health Madera; Anthem Blue Cross/Alameda; Anthem Blue Cross/San Francisco; Anthem Blue Cross/Contra Costa; Anthem Blue Cross/Santa Clara; Health Net / LA; Health Net/Tulare; Health Net/San Joaquin; Molina Healthcare/Riverside; Molina Healthcare/San Bernardino; Health Net/Kern; Health Net/Stanslaus; Anthem Blue Cross/Fresno; Anthem Blue Cross/Kings; Anthem Blue Cross/Madera	CenCal/San Luis Obispo; CenCal/Santa Barbara; Health Plan of San Mateo; Partnership Health Plan of CA/Solano; Central California Alliance for Health/Santa Cruz; CalOPTIMA/Orange; Partnership Health Plan of CA/Napa; Central California Alliance for Health/Monterey; Partnership Health Plan of CA/Yolo; Partnership Health Plan of CA/Marin; Partnership Health Plan of CA/Lake; Partnership Health Plan of CA/Mendocino; Partnership Health Plan of CA/Sonoma; Central California Alliance for Health/Merced; Gold Coast Health Plan/Ventura; Partnership Health Plan of CA/Humboldt; Partnership Health Plan of CA/Lassen; Partnership Health Plan of CA/Modoc; Partnership Health Plan of CA/Shasta; Partnership Health Plan of CA/Siskiyou; Partnership Health Plan of CA/Trinity; Partnership Health Plan of CA/Del Norte	Community Health Group/San Diego; Health Net/San Diego; Molina Health Care/San Diego; Care 1st Healthplan/San Diego; Kaiser/San Diego; Molina Health Care/Sacramento; Health Net/Sacramento; Kaiser/Sacramento; Anthem Blue Cross/Sacramento	Sutter SeniorCare/Sacramento; Center for Elders Independence/Alameda; Alta Med Health Senior Buenacare/Los Angeles; Center for Elders Independence/Contra Costa; Innovage/Riverside; Innovage/San Bernardino; ONLOK LifeWays/San Francisco; ONLOK LifeWays/Alameda; St. Paul's PACE/San Diego; ONLOK Lifeways/Santa Clara; CalOPTIMA PACE/Orange; Brandman Centers for Senior Care/Los Angeles	SCAN Health Plan/Los Angeles (plan code 200); SCAN Health Plan/Los Angeles (plan code 201); SCAN Health Plan/Riverside (plan code 204); SCAN Health Plan/Riverside (plan code 205); SCAN Health Plan/San Bernardino (plan code 206); SCAN Health Plan/San Bernardino (plan code 207)	Health Plan of San Mateo CCS Demo/San Mateo
Notes						

California Managed Care Program Features, as of 2014 (1 of 2)

Features	Two-Plan Model	County Organized Health Systems (COHS) Model	Geographic Managed Care (GMC) Model	Program of All-Inclusive Care for the Elderly (PACE)	Senior care Action Network (SCAN)	Health Plan of San Mateo CCS Demo/San Mateo
Program notes	<p>MLTSS benefits are available in the counties where California's Financial Alignment Initiative program, Cal-MediConnect operates, to Medicaid-only beneficiaries and to Medicare-Medicaid beneficiaries who opt out or who are not eligible for Cal-MediConnect and meet MLTSS eligibility requirements.</p>	<p>MLTSS benefits are available in the counties where California's Financial Alignment Initiative program, Cal-MediConnect operates, to Medicaid-only beneficiaries and to Medicare-Medicaid beneficiaries who opt out or who are not eligible for Cal-MediConnect and meet MLTSS eligibility requirements.</p>	<p>MLTSS benefits are available in the counties where California's Financial Alignment Initiative program, Cal-MediConnect operates, to Medicaid-only beneficiaries and to Medicare-Medicaid beneficiaries who opt out or who are not eligible for Cal-MediConnect and meet MLTSS eligibility requirements.</p>			

California Managed Care Program Features, as of 2014 (2 of 2)

Features	Dental managed Care-Sacramento	Dental managed Care-LA	Regional Model	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Program type	Dental only (PAHP)	Dental only (PAHP)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Sacramento	Los Angeles	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba	San Francisco	Los Angeles
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1932(a)/1915(c)	1915(a)/1915(c), 1937 Alt Benefit Plan
Program start date	12/1/1998	4/1/1998	10/1/2013	1/12/1992	1/4/2002
Waiver expiration date (if applicable)	12/31/2020	12/31/2020	12/31/2020	12/31/2020	12/31/2020
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Voluntary	Mandatory		Voluntary
Aged, Blind or Disabled Children or Adults		Voluntary	Mandatory		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory		Voluntary
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII	Mandatory	Voluntary	Mandatory		Voluntary
Full Duals	Mandatory	Voluntary	Voluntary		
Partial Duals					
Children with Special Health Care Needs				Voluntary	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Enrollment choice period	60 days	60 days	Other	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)	Health Care Operation/Maximus	Health Care Operation/Maximus			

California Managed Care Program Features, as of 2014 (2 of 2)

Features	Dental managed Care-Sacramento	Dental managed Care-LA	Regional Model	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Notes on enrollment choice period			Approximately 45 Days		
Benefits covered					
Inpatient hospital physical health			X		
Inpatient hospital behavioral health (MH and/or SUD)					
Outpatient hospital physical health			X		X
Outpatient hospital behavioral health (MH and/or SUD)				X	
Partial hospitalization					
Physician			X	X	X
Nurse practitioner			X	X	X
Rural health clinics and FQHCs	X	X	X		X
Clinic services			X	X	X
Lab and x-ray			X	X	X
Prescription drugs and prosthetic devices			X	X	X
EPSDT	X	X	X	X	X
Case management	X	X	X	X	X
Health home (SSA 1945)					
Family planning			X		X
Dental services (medical/surgical)	X	X			
Dental (preventative or corrective)	X	X			
Home health agency services					
Personal care (state plan option)					
HCBS waiver services					
Private duty nursing					
ICF-IDD					
Nursing facility services					
Hospice care			X		X
Non-Emergency Medical Transportation	X	X	X	X	X

California Managed Care Program Features, as of 2014 (2 of 2)

Features	Dental managed Care-Sacramento	Dental managed Care-LA	Regional Model	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)					
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	No	Yes
Accreditation required?	No	No	No	No	No
Accrediting organization			URAC		
EQRO contractor name (if applicable)					
Performance incentives?					
Payment bonuses/differentials to reward plans	X	X			
Preferential auto-enrollment to reward plans			X		
Public reports comparing MCO performance on key metrics	X	X	X		
Withholds tied to performance metrics	X	X			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			X		
Participating plans and regions served					

California Managed Care Program Features, as of 2014 (2 of 2)

Features	Dental managed Care-Sacramento	Dental managed Care-LA	Regional Model	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Plans in Program	Access Dental Plan-Sacramento (Plan 421); Liberty Dental Plan of CA/Sacramento (Plan 425); Health Net of CA-Dental-Sacramento (Plan 427)	Health Net of CA-Dental-LA (Plan 405); Access Dental Plan-LA (Plan 409); Liberty Dental Plan of CA-LA (Plan 416)	Anthem Blue Cross/Alpine; Anthem Blue Cross/Amador; Anthem Blue Cross/Butte; Anthem Blue Cross/Calaveras; Anthem Blue Cross/Colusa; Anthem Blue Cross/El Dorado; Anthem Blue Cross/Glenn; Anthem Blue Cross/Inyo; Anthem Blue Cross/Mariposa; Anthem Blue Cross/Mono; Anthem Blue Cross/Nevada; Anthem Blue Cross/Placer; Anthem Blue Cross/Plumas; Anthem Blue Cross/Sierra; Anthem Blue Cross/Sutter; Anthem Blue Cross/Tehama; Anthem Blue Cross/Tuolumne; Anthem Blue Cross/Yuba; California Health & Wellness/Alpine; California Health & Wellness/Amador; California Health & Wellness/Butte; California Health & Wellness/Calaveras; California Health & Wellness/Colusa; California Health & Wellness/El Dorado; California Health & Wellness/Glenn; California Health & Wellness/Inyo; California Health & Wellness/Mariposa; California Health & Wellness/Mono; California Health & Wellness/Nevada; California Health & Wellness/Placer; California Health & Wellness/Plumas; California Health & Wellness/Sierra; California Health & Wellness/Sutter; California Health & Wellness/Tehama; California Health & Wellness/Tuolumne; California Health & Wellness/Yuba; Kaiser/Amador; Kaiser/El Dorado; Kaiser/Placer; Anthem Blue Cross/San Benito; California Health & Wellness/Imperial; Molina Health Care/Imperial	Family Mosaic Project/San Francisco	Positive Healthcare/Los Angeles
Notes					
Program notes					

Colorado Managed Care Program Features, as of 2014

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative	Accountable Care Collaborative: Medicare-Medicaid Program	Managed Care Program	Primary Care Physician Program	Rocky Mountain Health Plan PIHP
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Comprehensive MCO	Primary Care Case Management (PCCM)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Adams, Arapahoe, Denver, Garfield, Gunnison, Jefferson, Mesa, Montrose, Pitkin and Rio Blanco Counties	Statewide	Delta, Mesa, Moffat, Montrose, Ouray, Rio Blanco and San Miguel Counties
Federal operating authority	PACE	1915(b)	1932(a)	1932(a)	1915(a)	1932(a)	1915(a)
Program start date	10/1/1991	7/1/1995	5/1/2011	9/1/2014	5/1/1983	6/30/2003	7/1/2003
Waiver expiration date (if applicable)		9/30/2015					
If the program ended in 2014, indicate the end date						8/1/2014	12/31/2014
Populations enrolled							
Low-income Adults not eligible under ACA Section VIII		Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Individuals receiving Limited Benefits		Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Low-income adults eligible under ACA Section VIII			Voluntary				
Full Duals	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Partial Duals	Voluntary					Voluntary	
Children with Special Health Care Needs		Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary

Colorado Managed Care Program Features, as of 2014

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative	Accountable Care Collaborative: Medicare-Medicaid Program	Managed Care Program	Primary Care Physician Program	Rocky Mountain Health Plan PIHP
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary	Exempt	Voluntary	Voluntary	Voluntary
Enrollment choice period	N/A	Pre-assigned	N/A	N/A	60 days	N/A	60 days
Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS		HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	
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 have 90 days to opt out of the plan after the initial enrollment. The open enrollment period is 60 days prior to the clients' birth month.	
Benefits covered							
Inpatient hospital physical health	X		X	X	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X	
Outpatient hospital physical health	X		X	X	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X	
Partial hospitalization	X	X	X	X	X	X	X
Physician	X		X	X	X	X	X
Nurse practitioner	X		X	X	X	X	X
Rural health clinics and FQHCs			X	X	X		X
Clinic services		X	X	X	X	X	X
Lab and x-ray	X		X	X	X	X	X
Prescription drugs and prosthetic devices	X		X	X	X	X	X
EPSDT		X	X	X	X	X	X
Case management	X	X	X	X	X	X	

Colorado Managed Care Program Features, as of 2014

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative	Accountable Care Collaborative: Medicare-Medicaid Program	Managed Care Program	Primary Care Physician Program	Rocky Mountain Health Plan PIHP
Health home (SSA 1945)							
Family planning			X	X	X	X	X
Dental services (medical/surgical)	X		X	X	X		X
Dental (preventative or corrective)	X		X	X			
Home health agency services			X	X	X		X
Personal care (state plan option)	X		X	X	X		
HCBS waiver services			X	X	X		
Private duty nursing	X		X	X	X		
ICF-IDD			X	X	X		
Nursing facility services	X		X	X		X	X
Hospice care	X		X	X	X		X
Non-Emergency Medical Transportation	X		X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, transportation to/from PACE center and medical appointments, respite care and care giver education, meals and nutritional services in PACE center, social activities at PACE center, home care services and DME and supplies.		Durable medical equipment (DME)	Durable medical equipment	Durable medical equipment	Durable medical equipment	
Quality assurance and improvement							

Colorado Managed Care Program Features, as of 2014

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative	Accountable Care Collaborative: Medicare-Medicaid Program	Managed Care Program	Primary Care Physician Program	Rocky Mountain Health Plan PIHP
HEDIS data required?	No	Yes	Yes	Yes	Yes	No	Yes
CAHPS data required?	No	No	Yes	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No	No	No	No
Accrediting organization							
EQRO contractor name (if applicable)		Health Services Advisory Group, Inc.			Health Services Advisory Group, Inc.		Health Services Advisory Group, Inc.
Performance incentives?							
Payment bonuses/differentials to reward plans			X	X			X
Preferential auto-enrollment to reward plans							
Public reports comparing MCO performance on key metrics			X	X			
Withholds tied to performance metrics							
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods							
Provider Value-Based Purchasing							
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods							
Participating plans and regions served							

Colorado Managed Care Program Features, as of 2014

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative	Accountable Care Collaborative: Medicare-Medicaid Program	Managed Care Program	Primary Care Physician Program	Rocky Mountain Health Plan PIHP
Plans in Program	Rocky Mountain Health Care Services PACE; Volunteers of America (VOANS) PACE DBA Senior CommUnity Care; Total Longterm Care - Pueblo DBA InnovAge Greater Colorado PACE; Total Longterm Care DBA InnovAge Greater Colorado PACE	Colorado Health Partnerships; Behavioral Healthcare Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Northeast; Access Behavioral Care - Denver	RCCO 1: Rocky Mountain Health Plans; RCCO 2: Colorado Access; RCCO 3: Colorado Access; RCCO 4: Integrated Community Health Partners; RCCO 5: Colorado Access; RCCO 6: Colorado Community Health Alliance; RCCO 7: Community Care	RCCO 1: Rocky Mountain Health Plans; RCCO 2: Colorado Access; RCCO 3: Colorado Access; RCCO 4: Integrated Community Health Partners; RCCO 5: Colorado Access; RCCO 6: Colorado Community Health Alliance; RCCO 7: Community Care of Central Colorado	Denver Health Medicaid Choice; Accountable Care Collaborative: Rocky Mountain Health Plan Prime (ACC: RMHP Prime)	Multiple primary care providers	Rocky Mountain Health Plan
Notes							
Program notes		The State is divided into 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. BHOs arrange for, or provide, medically necessary mental health services to clients in their service area.	The program consists of seven regional ACO-like organizations. These organizations are 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.	The program consists of seven regional ACO-like organizations. These organizations are 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 2014

Features	Saint Francis Life	Diamond State Health Plan (DSHP)
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)
Program start date	2/1/2013	1/1/1996
Waiver expiration date (if applicable)		12/31/2018
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits		Mandatory
Low-income adults eligible under ACA Section VIII		Mandatory
Full Duals		Mandatory
Partial Duals		
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)	HP Enterprise Services LLC (HP)	HP Enterprise Services L.L.C. (HP)
Notes on enrollment choice period	n/a	
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X

Delaware Managed Care Program Features, as of 2014

Features	Saint Francis Life	Diamond State Health Plan (DSHP)
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD	X	X
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
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
CAHPS data required?	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Mercer Government Human Services Consulting	Mercer Government Human Services Consulting
Performance incentives?		
Payment bonuses/differentials to reward plans		X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Saint Francis Life	Diamond State Partners (DSP); Delaware Physicians Care; UnitedHealthcare Community Plan
Notes		
Program notes		Delaware does not have Native American / Alaskan Native populations.

District of Columbia Managed Care Program Features, as of 2014

Features	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs	Medicaid Managed Care Program	Childless Adult 1115 Demonstration Waiver
Program type	Non-Emergency Medical Transportation	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70) NEMT	1915(a)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	10/1/2007	1/1/1996	4/1/1994	11/1/2010
Waiver expiration date (if applicable)				12/31/2015
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII			Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory			
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Mandatory	
Individuals receiving Limited Benefits	Mandatory			
Low-income adults eligible under ACA Section VIII			Mandatory	
Full Duals	Mandatory			
Partial Duals				
Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary	
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary	Exempt
Enrollment choice period	Pre-assigned	Other	30 days	30 days
Enrollment broker name (if applicable)				
Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.		
Benefits covered				
Inpatient hospital physical health		X	X	X
Inpatient hospital behavioral health (MH and/or SUD)		X	X	X
Outpatient hospital physical health		X	X	X

District of Columbia Managed Care Program Features, as of 2014

Features	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs	Medicaid Managed Care Program	Childless Adult 1115 Demonstration Waiver
Outpatient hospital behavioral health (MH and/or SUD)		X	X	X
Partial hospitalization		X	X	X
Physician		X	X	X
Nurse practitioner		X	X	X
Rural health clinics and FQHCs		X	X	X
Clinic services		X	X	X
Lab and x-ray		X	X	X
Prescription drugs and prosthetic devices		X	X	X
EPSDT		X	X	X
Case management		X	X	X
Health home (SSA 1945)			.	
Family planning		X	X	X
Dental services (medical/surgical)		X	X	X
Dental (preventative or corrective)		X	X	X
Home health agency services		X	X	X
Personal care (state plan option)		X	X	X
HCBS waiver services		X	.	
Private duty nursing		X	.	
ICF-IDD		X	.	
Nursing facility services		X	.	
Hospice care		X	X	X
Non-Emergency Medical Transportation	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers	Freestanding birth centers	Freestanding birth centers
Quality assurance and improvement				
HEDIS data required?	No	Yes	Yes	Yes
CAHPS data required?	No	Yes	Yes	Yes
Accreditation required?	No	No	Yes	Yes
Accrediting organization			NCQA	NCQA

District of Columbia Managed Care Program Features, as of 2014

Features	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs	Medicaid Managed Care Program	Childless Adult 1115 Demonstration Waiver
EQRO contractor name (if applicable)		Delmarva	Delmarva	Delmarva
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Medical Transportation Management Inc.	Health Services for Children with Special Needs	AmeriHealth District of Columbia; Medstar Family Choice; Trusted Health Plan	AmeriHealth District of Columbia; Medstar Family Choice; Trusted Health Plan
Notes				
Program notes				

Florida Managed Care Program Features, as of 2014 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly	1915 (b) Medicaid Managed Care	Disease Management
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE	1915(b)	1915(b)
Program start date	8/1/2014	8/1/2013	1/1/2003	10/1/1992	10/1/1992
Waiver expiration date (if applicable)	6/30/2017	6/30/2016			
If the program ended in 2014, indicate the end date				1/31/2014	8/31/2014
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory		Mandatory	
Individuals receiving Limited Benefits		Mandatory			
Low-income adults eligible under ACA Section VIII					
Full Duals	Mandatory	Mandatory	Voluntary	Voluntary	
Partial Duals					
Children with Special Health Care Needs	Mandatory	Mandatory			
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt	Voluntary	Voluntary
Enrollment choice period	30 days	30 days	N/A	30 days	30 days
Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems	Automated Health Systems, Inc.	
Notes on enrollment choice period			Continuous while slots are available		
Benefits covered					
Inpatient hospital physical health	X		X	X	

Florida Managed Care Program Features, as of 2014 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly	1915 (b) Medicaid Managed Care	Disease Management
Inpatient hospital behavioral health (MH and/or SUD)	X		X	X	
Outpatient hospital physical health	X		X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X		X	X	
Partial hospitalization	X		X		
Physician	X		X	X	
Nurse practitioner	X		X	X	
Rural health clinics and FQHCs	X		X	X	
Clinic services	X		X		
Lab and x-ray	X		X	X	
Prescription drugs and prosthetic devices	X		X	X	
EPSDT	X			X	
Case management	X	X	X		
Health home (SSA 1945)					
Family planning	X		X	X	
Dental services (medical/surgical)	X		X	X	
Dental (preventative or corrective)	X		X	X	
Home health agency services	X		X	X	
Personal care (state plan option)	X	X			
HCBS waiver services		X	X		
Private duty nursing	X				
ICF-IDD					
Nursing facility services		X	X		
Hospice care	X	X	X		
Non-Emergency Medical Transportation	X	X	X	X	

Florida Managed Care Program Features, as of 2014 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly	1915 (b) Medicaid Managed Care	Disease Management
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry. The Agency 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. The Agency 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 .	All other FL Medicaid covered services and other services as determined by the multidisciplinary team	Chiropractic, Community Mental Health, Disease Management, Durable Medical Equipment, Hearing, Immunization, Mental Health Targeted Case Management, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Vision	Disease Management
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	No	Yes	No
CAHPS data required?	Yes	No	No	Yes	No
Accreditation required?	Yes	Yes	No	Yes	Yes
Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations		NCQA, JCAHO, AAAHC, URAC	NCQA
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	X			
Preferential auto-enrollment to reward plans	X	X			
Public reports comparing MCO performance on key metrics	X	X			
Withholds tied to performance metrics					
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X				

Florida Managed Care Program Features, as of 2014 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly	1915 (b) Medicaid Managed Care	Disease Management
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					
Plans in Program	Amerigroup Florida, Inc.; Better Health; Coventry Health Care; First Coast Advantage, LLC; Humana Medical Plan; Integral Quality Care; Molina Healthcare of Florida; Preferred Medical Plan; Prestige Health Choice; South Florida Community Care Network (SFCCN); Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine State Health Plan, Inc.; United Healthcare of Florida; AHF / Positive Healthcare; Magellan Complete Care, LLC; Simply DBA Clear Health Alliance; Sunshine Health Plan Child Welfare; Children's Medical Services Network (CMSN)	American Eldercare, Inc.; Amerigroup Florida, Inc.; Coventry Healthcare of Florida, Inc.; Humana Medical Plan, Inc.; Molina Healthcare of Florida, Inc.; Sunshine Health Plan, Inc.; United Healthcare of Florida, Inc.	Suncoast Neighborly Care, Inc.; Palm Beach PACE; Florida PACE Center; Hope Select Care	Amerigroup; Buena Vista; CareFlorida; Clear Health Alliance; Florida Healthcare Plus; Florida True Health; Freedom; Healthease; Healthy Palm Beaches; Humana; Medica; Molina Healthcare; Positive; Preferred Medical Plan; Simply Healthcare Plan; Staywell; Sunshine; United Healthcare Plan; Vista Healthplan of South Florida; Prestige; First Coast Advantage, LLC.; South Florida Community Care Network	AIDS Healthcare Foundation
Notes					

Florida Managed Care Program Features, as of 2014 (1 of 2)

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly	1915 (b) Medicaid Managed Care	Disease Management
Program notes	Pregnant women are mandatorily enrolled. Low-income adults who are non-disabled are not covered. Presumptively eligible pregnant women are excluded. Full dual recipients are mandatorily enrolled 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.	In order to enroll in the Long-term Care program, a beneficiary must meet Nursing Facility level of care.		Because this program ended in 2014, all Medicaid beneficiaries were transitioned to the SMMC program.	As of August 1, 2014, there were zero enrollees in this program as Medicaid recipients were transitioned to the SMMC program.

Florida Managed Care Program Features, as of 2014 (2 of 2)

Features	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	MLTSS only (PIHP and/or PAHP)	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Duval, Baker, Clay, Nassau and Broward County	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(a)/1915(c)	1915(b)	1915(b)
Program start date	7/1/2006	10/1/1992	1/1/1998	7/1/2004	6/30/2000
Waiver expiration date (if applicable)					
If the program ended in 2014, indicate the end date	6/30/2014	1/31/2014	3/1/2014	1/31/2014	9/30/2014
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory			Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Varies		Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory		Mandatory	Mandatory
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII					
Full Duals	Voluntary		Voluntary	Mandatory	
Partial Duals				Mandatory	
Children with Special Health Care Needs	Mandatory	Voluntary		Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Exempt	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt	Voluntary	Mandatory
Enrollment choice period	30 days	N/A	Other	30 days	Pre-assigned
Enrollment broker name (if applicable)	Automated Health Systems, Inc.	Automated Health Systems, Inc.		Automated Health Systems, Inc.	
Notes on enrollment choice period			Continuous		
Benefits covered					
Inpatient hospital physical health	X				

Florida Managed Care Program Features, as of 2014 (2 of 2)

Features	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans
Inpatient hospital behavioral health (MH and/or SUD)	X				X
Outpatient hospital physical health	X				
Outpatient hospital behavioral health (MH and/or SUD)	X				X
Partial hospitalization					
Physician	X				
Nurse practitioner	X				
Rural health clinics and FQHCs	X				
Clinic services					
Lab and x-ray	X				
Prescription drugs and prosthetic devices	X				
EPSDT	X				
Case management		X	X		X
Health home (SSA 1945)					
Family planning	X				
Dental services (medical/surgical)	X			X	
Dental (preventative or corrective)	X			X	
Home health agency services	X				
Personal care (state plan option)					
HCBS waiver services			X		
Private duty nursing					
ICF-IDD					
Nursing facility services			X		
Hospice care			X		
Non-Emergency Medical Transportation	X				

Florida Managed Care Program Features, as of 2014 (2 of 2)

Features	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Chiropractic, Community Mental Health, Durable Medical Equipment, Hearing, Immunization, Mental Health Targeted Case Management, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Vision		Copayments and coinsurance for all Medicare services up to the amount Medicaid would have paid under fee for service		Community Mental Health Services
Quality assurance and improvement					
HEDIS data required?	Yes	No	No	Yes	Yes
CAHPS data required?	Yes	No	No	No	Yes
Accreditation required?	Yes	No	No	No	No
Accrediting organization	NCQA, AAAHC, URAC				
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					
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics					
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					

Florida Managed Care Program Features, as of 2014 (2 of 2)

Features	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans
Plans in Program	Positive; Florida MHS, Inc. DBA MAGELLAN; Freedom; Humana; Medica; Molina Healthcare; CareFlorida; Clear Health Alliance; Staywell; Sunshine; Better Health, LLC; South Florida Community Care Network; Children's Medical Services	Multiple primary care providers	American Eldercare; Amerigroup; Yourcare Brevard/Brevard Alzheimer's Foundation Inc.; Buena Vista; Project Independence at Home; Hope Choices; Humana; Little Havana Activities and Nutrition Centers of Miami; Neighborly Care Network; Simply Healthcare Plan; Sunshine; United Healthcare Plan; United Home Care Service; Universal Healthcare Plan; Urban Jacksonville; Worldnet Services; Community Living; Chapters Health Nursing Home Diversion Plan; Molina Healthcare; Healthease	DentaQuest; Managed Care of North America	Lakeview Center, Inc.; Magellan Behavioral Health of Florida; Public Health Trust of Dade County; N FL Behavioral Health Par; Community Based Care Partnership; Florida Health Partners, Inc.
Notes					
Program notes	Because this program ended in 2014, all Medicaid beneficiaries were transitioned to the SMMC program.	Aged, blind, or disabled adults were mandatorily enrolled. Aged, blind, or disabled children were voluntarily enrolled. Because this program ended in 2014, all Medicaid beneficiaries were transitioned to the SMMC program.	This program was open to individuals age 65 and older who are full duals and meet nursing facility level of care plus additional frailty criteria. Because this program ended in 2014, all Medicaid beneficiaries were transitioned to the SMMC program.	Because this program ended in 2014, all Medicaid beneficiaries were transitioned to the SMMC program.	As of August 1, 2014, there were zero enrollees in this program as Medicaid beneficiaries were transitioned to the SMMC program.

Georgia Managed Care Program Features, as of 2014

Features	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)/1915(c)	1932(a)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	6/1/2006	3/3/2014	1/1/2011
Waiver expiration date (if applicable)	6/30/2016	6/30/2016	12/31/2020
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory		
Aged, Blind or Disabled Children or Adults			
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		
Individuals receiving Limited Benefits	Voluntary		Voluntary
Low-income adults eligible under ACA Section VIII			
Full Duals			
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Enrollment choice period	30 days	30 days	Other
Enrollment broker name (if applicable)	Maximus	Maximus	.
Notes on enrollment choice period			Women who are enrolled in the P4HB program are granted a 30 day period to select a CMO of their choice. Furthermore, effective January 1, 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 auto-assigned to a CMO, in order to receive P4HB services, based on DCH's auto-assignment algorithm.
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization			
Physician	X	X	

Georgia Managed Care Program Features, as of 2014

Features	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	X
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD	X	X	
Nursing facility services	X	X	
Hospice care			
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Nurse Practitioner, Nurse Midwife	Podiatry, Nurse Practitioner, Nurse Mid-wife	
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, JCAHO, URAC	NCQA, JCAHO, URAC	
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		
Provider Value-Based Purchasing			

Georgia Managed Care Program Features, as of 2014

Features	Georgia Families	Georgia Families 360°	Planning for Healthy Babies (P4HB)
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Amerigroup Community Care; Peach State Health Plan; WellCare	Amerigroup Community Care	Amerigroup Community Care; Peach State Health Plan; WellCare
Notes			
Program notes		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.	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 will be enrolled in all services. Women who currently receive Medicaid benefits and give 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 on or after January 1, 2011, will receive care management services through a CMO through of their choice.

Hawaii Managed Care Program Features, as of 2014

Features	Hawaii QUEST	Hawaii QUEST Expanded Access (QExA)
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	8/1/1994	2/1/2009
Waiver expiration date (if applicable)	6/30/2018	6/30/2018
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits	Mandatory	
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals		Mandatory
Partial Duals		
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Enrollment choice period	15 days	15 days
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X

Hawaii Managed Care Program Features, as of 2014

Features	Hawaii QUEST	Hawaii QUEST Expanded Access (QExA)
Personal care (state plan option)		X
HCBS waiver services		X
Private duty nursing		X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Service Advisory Group (HSAG)
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans	X	
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	AlohaCare QUEST; Hawaii Medical Service Association (HMSA) QUEST; Kaiser Permanente QUEST; Ohana Health Plan QUEST; UnitedHealthcare Community Plan QUEST	Ohana Health Plan QExA; UnitedHealthcare Community Plan QExA
Notes		
Program notes	The majority of members are enrolled in managed care (QUEST) plans. Aged, Blind and Disabled members are enrolled in QUEST Extended (QExA) plans.	

Idaho Managed Care Program Features, as of 2014

Features	Idaho NEMT	Health Homes	Healthy Connections	Idaho Smiles	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan
Program type	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	all counties except Clark	Statewide	Statewide	Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, COUNTIES OF: Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, NezPerce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington
Federal operating authority	1902(a)(70) NEMT	1945 Health Homes	1932(a)	1915(b)	1915(b)	1915(a)/1915(c)
Program start date	9/1/2010	1/1/2013	10/1/2006	8/1/2010	9/1/2013	7/1/2014
Waiver expiration date (if applicable)				1/1/2016	8/31/2015	10/1/2017
If the program ended in 2014, indicate the end date						
Populations enrolled						
Low-income Adults not eligible under ACA Section VIII	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	
Individuals receiving Limited Benefits						
Low-income adults eligible under ACA Section VIII						
Full Duals	Mandatory	Voluntary	Voluntary	Mandatory	Mandatory	Voluntary
Partial Duals		Voluntary	Mandatory		Mandatory	
Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary	Mandatory	Mandatory	

Idaho Managed Care Program Features, as of 2014

Features	Idaho NEMT	Health Homes	Healthy Connections	Idaho Smiles	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory	Exempt
Enrollment choice period	Pre-assigned	N/A	N/A	Pre-assigned	Pre-assigned	Other
Enrollment broker name (if applicable)						
Notes on enrollment choice period		20	20 days			varies
Benefits covered						
Inpatient hospital physical health						X
Inpatient hospital behavioral health (MH and/or SUD)						X
Outpatient hospital physical health						X
Outpatient hospital behavioral health (MH and/or SUD)					X	
Partial hospitalization						
Physician						X
Nurse practitioner						X
Rural health clinics and FQHCs						X
Clinic services						X
Lab and x-ray						X
Prescription drugs and prosthetic devices						X
EPSDT					X	
Case management		X	X			X
Health home (SSA 1945)		X				
Family planning						
Dental services (medical/surgical)						
Dental (preventative or corrective)				X		
Home health agency services						X

Idaho Managed Care Program Features, as of 2014

Features	Idaho NEMT	Health Homes	Healthy Connections	Idaho Smiles	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan
Personal care (state plan option)						X
HCBS waiver services						X
Private duty nursing						X
ICF-IDD						X
Nursing facility services						X
Hospice care						X
Non-Emergency Medical Transportation	X					X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)						
Quality assurance and improvement						
HEDIS data required?	No	Yes	No	No	Yes	No
CAHPS data required?	No	No	No	No	No	No
Accreditation required?	No, but accreditation considered in plan selection criteria	Yes	No	No	No	Yes
Accrediting organization	URAC	NCQA				NCQA
EQRO contractor name (if applicable)						QUALIS HEALTH
Performance incentives?						
Payment bonuses/differentials to reward plans					X	
Preferential auto-enrollment to reward plans						
Public reports comparing MCO performance on key metrics					X	
Withholds tied to performance metrics					X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods						X
Provider Value-Based Purchasing						

Idaho Managed Care Program Features, as of 2014

Features	Idaho NEMT	Health Homes	Healthy Connections	Idaho Smiles	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods						
Participating plans and regions served						
Plans in Program	Idaho Non-Emergency Medical Transportation-American Medical Response	Multiple Primary Care Providers	Multiple Primary Care Providers	Idaho Smiles	Idaho Behavioral Health Plan	Medicare-Medicaid Coordinated Plan
Notes						
Program notes					Excluded populations include: QMB only, SLMB, QI/SLMB2, QDWI, MMCP, and inpatient hospital patients. Undocumented aliens including non-qualified, undocumented and qualified aliens who have not met the five (5) year bar are eligible for Federal Medicaid for care and services related to the treatment of an approved emergency medical condition.	

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)
Statewide or region-specific?	Cook, DuPage, Kane, Lake, McLean, McHenry, Will, Woodford, Knox, Stark, Peoria, Tazewell, Ford, Logan, DeWitt, Piatt, Champaign, Vermilion, Menard, Sangamon, Macon, Christian, Iroquois, Kankakee, Winnebago, Boone, McHenry, Rock Island, Mercer, Henry, Adams, Brown, Cass, Clark, Coles, Crawford, Cumberland, DeKalb, Douglas, Edgar, Effingham, Fulton, Grundy, Hancock, Henderson, Jasper, Kendall, LaSalle, Lee, Livingston, Macoupin, Marshall, Mason, McDonough, Montgomery, Morgan, Moultrie, Ogle, Pike, Putnam, Richland, Schuyler, Scott, Shelby, Stephenson, Warren and Whiteside counties	Adams, Brown, Cook, DeKalb, Henderson, Henry, Jackson, Jefferson, Kane, Knox, Lee, Livingston, Madison, McHenry, McLean, Mercer, Peoria, Perry, Pike, Randolph, Rock Island, Scott, St. Clair, Tazewell, Warren, Washington, Williamson, Winnebago and Woodford counties	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Madison, St. Clair, Clinton, Jackson, Perry, Randolph, Washington, Williamson, Vermilion, Ford, Champaign, McLean, Piatt, DeWitt, Macon, Logan, Christian, Sangamon, Menard, Tazewell, Peoria, Stark, Knox, Henry, Mercer, Rock Island, Adams, Brown, DeKalb, Henderson, Lee, Livingston, McLean, Pike, Scott, Warren and Woodford counties	Jo Daviess, Stephenson, Carroll, Ogle, DeKalb, Lee, Whiteside, Bureau, Putnam, LaSalle, Kendall, Grundy, Livingston, Marshall, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Mason, Schuyler, Adams, Brown, Cass, Morgan, Scott, Pike, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Effingham, Jasper, Cumberland Coles, Douglas, Moultrie, Edgar, Clark, Crawford, Lawrence, Richland, Clay, Marion, Washington, Jefferson, Wayne, Edwards, Wabash, White, Hamilton, Franklin, Perry, Randolph, Monroe, Jackson, Williamson, Saline, Gallatin, Hardin, Pope, Johnson, Union, Alexander, Pulaski and Massac counties	Boone, Champaign, Christian, Clinton, DeWitt, DuPage, Ford, Kane, Kankakee, Knox, Lake, Logan, Macon, Madison, McHenry, McLean, Menard, Mercer, Peoria, Piatt, Rock Island, Sangamon, St. Clair, Stark, Suburban Cook, Tazewell, Vermilion, Will and Winnebago counties	Bureau, Carroll, Cook, DeWitt, LaSalle, Lee, Logan, Macon, Mercer, Moultrie, Ogle, Piatt, Putnam, Rock Island, Shelby, Whiteside, Iroquois, McHenry, Lake, Kane, DuPage, Will, Kendall, Vermilion, Champaign and Ford counties
Federal operating authority	1932(a)	1932(a)	1932(a)/1915(c)	1932(a)	1932(a)/1915(c)	1932(a)
Program start date	7/1/2014	11/1/1974	7/1/2014	7/1/2006	5/1/2011	12/13/2012
Waiver expiration date (if applicable)			3/23/2016		3/23/2016	
If the program ended in 2014, indicate the end date		6/30/2014				
Populations enrolled						
Low-income Adults not eligible under ACA Section VIII	Mandatory	Voluntary	Mandatory	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults				Mandatory	Mandatory	Mandatory

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Mandatory	Mandatory		Mandatory
Individuals receiving Limited Benefits						
Low-income adults eligible under ACA Section VIII	Mandatory		Mandatory	Mandatory		Mandatory
Full Duals						
Partial Duals						
Children with Special Health Care Needs			Mandatory			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
Enrollment choice period	N/A	Other	60 days	N/A	60 days	N/A
Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS	MAXIMUS	MAXIMUS	MAXIMUS
Notes on enrollment choice period		Beneficiaries can enroll or disenroll at any time.				
Benefits covered						
Inpatient hospital physical health	X	X	X	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X
Outpatient hospital physical health	X	X	X	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X
Partial hospitalization			X		X	
Physician	X	X	X	X	X	X
Nurse practitioner		X	X		X	
Rural health clinics and FQHCs	X	X	X	X	X	X

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Clinic services	X	X	X	X	X	X
Lab and x-ray	X	X	X	X	X	X
Prescription drugs and prosthetic devices	X	X	X	X	X	X
EPSDT	X	X	X	X	X	X
Case management	X		X	X	X	X
Health home (SSA 1945)						
Family planning	X	X	X	X	X	X
Dental services (medical/surgical)	X	X	X	X	X	X
Dental (preventative or corrective)			X		X	
Home health agency services	X	X	X	X	X	X
Personal care (state plan option)						
HCBS waiver services			X		X	
Private duty nursing			X		X	
ICF-IDD						
Nursing facility services	X	X	X	X	X	X
Hospice care	X	X	X	X	X	X
Non-Emergency Medical Transportation	X	X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis, and treatment of medical conditions of the eye, disease management, durable and non-durable medical equipment and supplies, immunization	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	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry	Ambulatory surgical treatment center, chiropractic, durable medical equipment, hearing, immunization, physical therapy, renal dialysis services, speech therapy, vision	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Quality assurance and improvement						
HEDIS data required?	No	Yes	Yes	Yes	Yes	No
CAHPS data required?	No	Yes	Yes	Yes	Yes	No
Accreditation required?	No	No	Yes	No	Yes	No
Accrediting organization			NCQA		NCQA	
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		
Preferential auto-enrollment to reward plans						
Public reports comparing MCO performance on key metrics		X			X	
Withholds tied to performance metrics		X	X		X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X	X		X	
Provider Value-Based Purchasing						
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X			X		X
Participating plans and regions served						

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Plans in Program	Advocate Accountable Care; Better Health Network, LLC; Community Care Partners, LLC; HealthCura, Inc.; Illinois Partnership for Health, Inc.; Loyola Physician Partners, LLC (Loyola Family Care); MyCare Chicago; SmartPlan Choice; UI Health Plus	Harmony Health Plan; Meridian Health Plan; Family Health Network	Aetna Better Health; Blue Cross Blue Shield of Illinois; CountyCare; Family Health Network; Harmony Health Plan; Health Alliance Connect; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois	Illinois Health Connect	Blue Cross Blue Shield of Illinois; HealthSpring of Tennessee; Humana Health Plan; CountyCare; Aetna Better Health; IlliniCare Health Plan; Community Care Alliance of Illinois; Health Alliance Connect; Meridian Health Plan; Molina Healthcare of Illinois	La Rabida Children's Hospital; Lurie Children's Hospital of Chicago; My Health Care Coordination (Macon County); Together4Health CCE; Precedence CCE; Be Well Partners in Health; Healthcare Consortium of Illinois DBA EntireCare Coordination; NextLevel Health Partners
Notes						

Illinois Managed Care Program Features, as of 2014

Features	Accountable Care Entities (ACEs)	Voluntary Managed Care (VMC)	Family Health Plan/Affordable Care Act (FHP/ACA)	Illinois Health Connect Primary Care Case Management (PCCM)	Integrated Care Program (ICP)	Care Coordination Entities (CCEs)
Program notes	Member enrollment into the ACEs did not begin until late July 2014 in the Central Illinois region and August 2014 in the Quad Cities, Rockford and Greater Chicago regions. This program covers children with complex medical needs.	Aligned with the goal of the Illinois Medicaid reform law (Public Acts 096-1501 and 97-689) to serve at least 50% of Medicaid recipients in a care coordination program by January 1, 2015, the Voluntary Managed Care program ended on June 30, 2014 and the participants were covered under the mandatory Family Health Plan (FHP)/Affordable Care Act (ACA) program effective July 1, 2014.	Three health plans participated in the Voluntary Managed Care program which ended on June 30, 2014. These plans transitioned to this program pursuant to the Department's mandatory managed care expansion efforts; therefore, they had enrollment numbers as of July 1, 2014. Enrollment of the Family Health Plan (FHP) population, Affordable Care Act (ACA) Adults, and Children with Special Needs (CSN) began in the Metro East region in June 2014. The earliest enrollment effective date was July 1, 2014. In July 2014, enrollment expanded to the Greater Chicago region (Cook and collar counties). Although enrollment was completed in the collar counties and the Metro East, Central Illinois, Quad Cities and Rockford regions, expansion enrollment efforts continued in Cook County through April 2015.	This program covers children with complex medical needs.	Preventive and restorative dental is covered for 19- and 20-year-olds in ICP. ICF-IDD clients are enrolled in ICP but their HCBS waiver services are excluded.	On the Enrollment tab, 'Low-income adults eligible under ACA' is selected under the 'Enrolled Mandatorily' section because 1 CCE (NextLevel) serves that population. This program covers children with complex medical needs.

Indiana Managed Care Program Features, as of 2014

Features	Care Select	Hoosier Healthwise	Healthy Indiana Plan (1.0)
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1115(a) (Medicaid demonstration waivers),1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	11/1/2007	1/1/2000	1/1/2008
Waiver expiration date (if applicable)			12/31/2015
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII			
Full Duals			
Partial Duals			
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Enrollment choice period	N/A	Other	Other
Enrollment broker name (if applicable)		Maximus	Maximus
Notes on enrollment choice period		Members have 14 days before they are auto-assigned; and 90 days to change after auto-assignment.	Members have 14 days before they are auto-assigned; and 90 days to change after auto-assignment.
Benefits covered			
Inpatient hospital physical health		X	X
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization			
Physician		X	X
Nurse practitioner		X	X
Rural health clinics and FQHCs		X	X
Clinic services		X	X
Lab and x-ray		X	X
Prescription drugs and prosthetic devices			
EPSDT		X	X

Indiana Managed Care Program Features, as of 2014

Features	Care Select	Hoosier Healthwise	Healthy Indiana Plan (1.0)
Case management	X	X	X
Health home (SSA 1945)			
Family planning		X	X
Dental services (medical/surgical)			
Dental (preventative or corrective)			
Home health agency services		X	
Personal care (state plan option)		X	X
HCBS waiver services			
Private duty nursing		X	X
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	No	Yes	Yes
CAHPS data required?	No	Yes	Yes
Accreditation required?	Yes	Yes	Yes
Accrediting organization	NCQA	NCQA	NCQA
EQRO contractor name (if applicable)		Burns and Associates	Burns and Associates
Performance incentives?			
Payment bonuses/differentials to reward plans	X	X	X
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			X
Withholds tied to performance metrics	X	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	MDWise; Advantage Health Solutions	Managed Health Services; MDWise; Anthem	MDWise; Managed Health Services; Anthem
Notes			
Program notes			

Iowa Managed Care Program Features, as of 2014

Features	MediPASS	Health Maintenance Organization	Iowa Plan	PACE	NEMT
Program type	Primary Care Case Management (PCCM)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	All counties EXCEPT: Dubuque, Poweshiek, Ringgold, Washington, Louisa, and Des Moines	35/99 counties	Statewide	Cherokee, Monona, Plymouth, Woodbury, Harrison, Mills and Pottawattamie counties	Statewide
Federal operating authority	1932(a)	1932(a)	1915(b)	PACE	1902(a)(70) NEMT
Program start date	1/1/1990	4/1/2012	7/1/2008	9/1/2009	1/1/2009
Waiver expiration date (if applicable)			6/30/2016		
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults			Mandatory	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory		Mandatory
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII			Mandatory		Mandatory
Full Duals	Voluntary	Voluntary	Mandatory	Mandatory	Mandatory
Partial Duals					
Children with Special Health Care Needs			Mandatory		Mandatory
Native American/Alaskan Natives	Exempt	Exempt	Voluntary	Exempt	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory	Exempt	Mandatory
Enrollment choice period	N/A	Other	Pre-assigned	N/A	Pre-assigned
Enrollment broker name (if applicable)	Iowa Medicaid Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS contractor)	Medicaid Member Services (MAXIMUS contractor)
Notes on enrollment choice period	Members are tentatively assigned for 10- 45 days at which point they are default enrolled unless they opt for another form of managed care under the 1932a.	Members are tentatively assigned for 10-45 days at which point they are default enrolled unless they opt for another form of managed care under the 1932a.		members opt-in	

Iowa Managed Care Program Features, as of 2014

Features	MediPASS	Health Maintenance Organization	Iowa Plan	PACE	NEMT
Benefits covered					
Inpatient hospital physical health		X		X	
Inpatient hospital behavioral health (MH and/or SUD)			X	X	
Outpatient hospital physical health		X		X	
Outpatient hospital behavioral health (MH and/or SUD)			X	X	
Partial hospitalization		X	X	X	
Physician	X	X	X	X	
Nurse practitioner	X	X	X	X	
Rural health clinics and FQHCs	X	X	X	X	
Clinic services	X	X	X	X	
Lab and x-ray	X	X	X	X	
Prescription drugs and prosthetic devices		X		X	
EPSDT		X			
Case management	X		X	X	
Health home (SSA 1945)					
Family planning	X	X			
Dental services (medical/surgical)				X	
Dental (preventative or corrective)				X	
Home health agency services		X		X	
Personal care (state plan option)					
HCBS waiver services					
Private duty nursing		X		X	
ICF-IDD					
Nursing facility services				X	
Hospice care		X		X	
Non-Emergency Medical Transportation					X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)					
Quality assurance and improvement					

Iowa Managed Care Program Features, as of 2014

Features	MediPASS	Health Maintenance Organization	Iowa Plan	PACE	NEMT
HEDIS data required?	No	Yes	No	No	No
CAHPS data required?	No	Yes	No	No	No
Accreditation required?	No	Yes	Yes	No	No
Accrediting organization		NCQA	NCQA		
EQRO contractor name (if applicable)		McCurry Swartz Consulting	McCurry Swartz Consulting		
Performance incentives?					
Payment bonuses/differentials to reward plans			X		
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics			X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					
Plans in Program	Multiple primary care providers	Meridian Health Plan of Iowa	Magellan Behavioral Health of Iowa	PACE	TMS
Notes					
Program notes					

Kansas Managed Care Program Features, as of 2014

Features	KanCare	PACE
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Sedgwick, Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	1/1/2013	8/1/2002
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals	Mandatory	Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt
Enrollment choice period	60 days	N/A
Enrollment broker name (if applicable)	HP Enterprise Services	HP Enterprise Services
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X

Kansas Managed Care Program Features, as of 2014

Features	KanCare	PACE
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services	X	
Private duty nursing		
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
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
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Kansas Foundation for Medical Care	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup Kansas, Inc.; Sunflower State Health Plan; United HealthCare Community Plan of Kansas	PACE-Via Christi; PACE-Midland
Notes		
Program notes		

Kentucky Managed Care Program Features, as of 2014

Features	Kentucky Medicaid Managed Care
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	11/1/2011
Waiver expiration date (if applicable)	10/31/2017
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	Mandatory
Low-income adults eligible under ACA Section VIII	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Exempt
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X
ICF-IDD	X

Kentucky Managed Care Program Features, as of 2014

Features	Kentucky Medicaid Managed Care
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA
EQRO contractor name (if applicable)	Island Peer Review
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Coventry Cares; Well Care of Kentucky; Pass Port Health Plan; Anthem Medicaid of Kentucky; Humana Care Source
Notes	
Program notes	

Louisiana Managed Care Program Features, as of 2014

Features	Bayou Health Prepaid	Bayou Health Shared Savings	Louisiana Behavioral Health Partnership	PACE	Dental Benefit Plan
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	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, 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	Statewide
Federal operating authority	1932(a)	1932(a)	1915(b)/1915(c), 1915(b)/1915(i)	PACE	1915(b)
Program start date	2/1/2012	2/1/2012	3/1/2012	9/1/2007	7/14/2014
Waiver expiration date (if applicable)			2/28/2017		3/31/2016
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults	Varies	Varies	Mandatory		Mandatory

Louisiana Managed Care Program Features, as of 2014

Features	Bayou Health Prepaid	Bayou Health Shared Savings	Louisiana Behavioral Health Partnership	PACE	Dental Benefit Plan
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory		Mandatory
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII					
Full Duals			Mandatory	Voluntary	Mandatory
Partial Duals				Voluntary	
Children with Special Health Care Needs	Voluntary	Voluntary	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Mandatory	Exempt	Mandatory
Enrollment choice period	Other	N/A	Pre-assigned	N/A	Pre-assigned
Enrollment broker name (if applicable)	Maximus Health Services	Maximus Health Services			
Notes on enrollment choice period	30 days for all except pregnant women, who are pre-assigned	30 days - Enrollment is open for thirty days for all except pregnant women, who are pre-assigned			
Benefits covered					
Inpatient hospital physical health	X	X		X	
Inpatient hospital behavioral health (MH and/or SUD)			X	X	
Outpatient hospital physical health	X	X		X	
Outpatient hospital behavioral health (MH and/or SUD)			X	X	
Partial hospitalization			X		
Physician	X	X	X	X	
Nurse practitioner	X	X	X	X	
Rural health clinics and FQHCs	X	X	X	X	X
Clinic services	X	X	X	X	X
Lab and x-ray	X	X	X	X	X

Louisiana Managed Care Program Features, as of 2014

Features	Bayou Health Prepaid	Bayou Health Shared Savings	Louisiana Behavioral Health Partnership	PACE	Dental Benefit Plan
Prescription drugs and prosthetic devices	X			X	
EPSDT	X	X	X		X
Case management	X	X	X	X	
Health home (SSA 1945)					
Family planning	X	X			
Dental services (medical/surgical)	X	X		X	X
Dental (preventative or corrective)				X	X
Home health agency services	X	X		X	
Personal care (state plan option)				X	
HCBS waiver services			X	X	
Private duty nursing				X	
ICF-IDD					
Nursing facility services				X	
Hospice care				X	
Non-Emergency Medical Transportation	X			X	
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	Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under age 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		All specialized services authorized by IDT including podiatry	
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	No	Yes
CAHPS data required?	Yes	Yes	No	No	Yes
Accreditation required?	Yes	No	Yes	No	No
Accrediting organization	NCQA, URAC		NCQA, URAC		
EQRO contractor name (if applicable)	IPRO		IPRO		

Louisiana Managed Care Program Features, as of 2014

Features	Bayou Health Prepaid	Bayou Health Shared Savings	Louisiana Behavioral Health Partnership	PACE	Dental Benefit Plan
Performance incentives?					
Payment bonuses/differentials to reward plans		X			
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics	X	X			
Withholds tied to performance metrics	X		X		X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					
Plans in Program	Amerigroup Louisiana; AmeriHealth Caritas Louisiana (formerly LaCare); Louisiana Healthcare Connections	Community Health Solutions; UnitedHealthcare Community Plan	LBHP	PACE - Greater New Orleans; PACE - Lafayette; PACE - Baton Rouge	MCNA
Notes					
Program notes	Home and Community Based Waiver Recipients became eligible to voluntarily enroll effective July 1, 2014. Adults who are aged, blind, or disabled are mandatorily enrolled. Children who are blind or disabled are voluntarily enrolled. Accreditation by either NCQA or URAC is required, not both. The plan may choose.	Home and Community Based Waiver Recipients became eligible to voluntarily enroll effective July 1, 2014. Adults who are aged, blind, or disabled are mandatorily enrolled. Children who are blind or disabled are voluntarily enrolled.			Limited medical and surgical services are covered.

Maine Managed Care Program Features, as of 2014

Features	MaineCare
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	5/1/1999
Waiver expiration date (if applicable)	
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	N/A
Enrollment broker name (if applicable)	
Notes on enrollment choice period	28 days
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X
ICF-IDD	

Maine Managed Care Program Features, as of 2014

Features	MaineCare
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	X
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X
Participating plans and regions served	
Plans in Program	Multiple primary care providers
Notes	
Program notes	Eligibility changes: As of 8/1/2013 members under the eligibility category of Parents with Minor Children were no longer Medicaid-eligible. As of 1/1/2014, Non-categorical members were no longer Medicaid-eligible.

Maryland Managed Care Program Features, as of 2014

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237
Federal operating authority	1115(a) (Medicaid demonstration waivers), PACE	PACE
Program start date	6/2/1997	11/1/2002
Waiver expiration date (if applicable)	12/31/2016	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Mandatory	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	21 days, 60 days for foster children	
Benefits covered		
Inpatient hospital physical health	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	
Partial hospitalization	X	
Physician	X	
Nurse practitioner	X	
Rural health clinics and FQHCs	X	
Clinic services	X	
Lab and x-ray	X	
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management	X	
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)		

Maryland Managed Care Program Features, as of 2014

Features	HealthChoice	Program of All-Inclusive Care for the Elderly (PACE)
Dental (preventative or corrective)		
Home health agency services	X	
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	
ICF-IDD		
Nursing facility services		
Hospice care	X	
Non-Emergency Medical Transportation	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	nurse midwife, freestanding birthing centers, podiatry (under 21 and diabetics).	All benefits listed under 42 CFR 460.90 - 460.106
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Delmarva Foundation for Medical Care, Inc.	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup Community Plan; Jai Medical Systems; Kaiser Permanente; Maryland Physicians Care; MedStar Family Choice; Priority Partners; Riverside Health of Maryland; UnitedHealthCare	Hopkins Elder Plus
Notes		
Program notes	Kaiser Permanente joined the program in June 2014	

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Counties of: Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk and Worcester	Counties of: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1915(a)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	1/1/1995	7/1/1990	7/1/2004	7/7/1998	7/1/1997
Waiver expiration date (if applicable)	6/30/2019		6/30/2019	6/30/2019	6/30/2019
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory			Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory			Mandatory	Mandatory
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII	Mandatory				Mandatory
Full Duals		Voluntary	Voluntary		
Partial Duals		Voluntary	Voluntary		
Children with Special Health Care Needs	Mandatory			Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary			Voluntary	Voluntary
Enrollment choice period	N/A	N/A	Other	Other	Other
Enrollment broker name (if applicable)	Maximus			Maximus	Maximus
Notes on enrollment choice period	14 Days	Open all year, effective the first day of the month	Enrollment open all year, effective the first day of the month.	within 14 days	Daily

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
Benefits covered					
Inpatient hospital physical health	X	X	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Outpatient hospital physical health	X	X	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Partial hospitalization	X	X	X	X	X
Physician	X	X	X	X	
Nurse practitioner	X	X	X	X	
Rural health clinics and FQHCs	X	X	X	X	
Clinic services	X	X	X	X	
Lab and x-ray	X	X	X	X	
Prescription drugs and prosthetic devices	X	X	X	X	
EPSDT	X			X	
Case management	X	X	X	X	
Health home (SSA 1945)					
Family planning	X	X	X	X	
Dental services (medical/surgical)	X	X	X	X	
Dental (preventative or corrective)	X	X	X	X	
Home health agency services	X	X	X	X	
Personal care (state plan option)	X	X	X	X	
HCBS waiver services	X	X	X	X	
Private duty nursing	X	X	X	X	
ICF-IDD					
Nursing facility services	X	X	X	X	
Hospice care	X	X	X	X	
Non-Emergency Medical Transportation	X	X	X	X	

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatrist services, Nurse Midwife, Hearing Aid, Speech and Hearing, Renal Dialysis, Therapy Services, Ambulatory Surgery	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicaid and Medicare services.	All LTSS and waiver services	acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency, fluoride varnish, hearing aids, infertility diagnosis, denturesmedical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, wigs SNF, chronic or rehab	Childrens' Behavioral Health Initiative (CBHI) services, crisis, detoxification, IMD, inpatient substance use disorders, intermediate or day/night and substance day/night, opioid treatment programs, outpatient substance use disorders, substance use disorders support
Quality assurance and improvement					
HEDIS data required?	No	Yes	Yes	Yes	Yes
CAHPS data required?	No	No	No	Yes	No
Accreditation required?	No	No	No	Yes	Yes
Accrediting organization	Voluntary participate in EQRO of Performance Measures			NCQA	NCQA
EQRO contractor name (if applicable)			APS Healthcare, Inc	APS Healthcare	APS Healthcare
Performance incentives?					
Payment bonuses/differentials to reward plans					X
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics			X		
Withholds tied to performance metrics					
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X			X	
Participating plans and regions served					
Plans in Program	Primary Care Clinician (PCC) Plan	Elder Service Plan East Boston Neighborhood Health Plan; UPHAMS's Elder Service Plan; Harbor Community Health Center; Elder Service Plan at Fallon; Elder Service Plan of the Cambridge Hospital; Element Care, Inc.; Serenity Care PACE Program; Mercy Life, Inc.	United HealthCare; Senior Whole Health; Commonwealth Care Alliance; Fallon Community Health Plan; Tufts Health Plan	Boston Medial Center Healthnet Plan; Health New England; Neighborhood Health Plan; Fallon Community Health Plan; Network Health; Celticare	Massachusetts Behavioral Health Partnership
Notes					

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
Program notes		The PACE program is jointly managed by CMS and the state, and is governed under Medicare regulations 42 part 460.0	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. In CY 2013, the SCO program was available in most of Massachusetts, excluding the far west and the island counties. In CY 2013 a new Senior Care Organization began enrollment, Tufts Health Plan, and with its service area in the previously uncovered Barnstable county. The SCO program covers all medically necessary Medicaid and Medicare covered services (there are no wrap services) through a robust provider network. Each Enrollee must select a PCP upon enrollment, receives care coordination service 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.		

Michigan Managed Care Program Features, as of 2014

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental	PACE	Specialty Prepaid Inpatient Health Plan
Program type	Comprehensive MCO	Comprehensive MCO	Dental only (PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1115(a) (Medicaid demonstration waivers)	1915(b)	PACE	1915(b)/1915(c)
Program start date	7/1/1997	4/1/2014	4/1/2009	11/1/2003	10/1/1998
Waiver expiration date (if applicable)	10/31/2015	12/31/2018	10/31/2015		9/30/2015
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory	Voluntary			Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	.	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	.	Mandatory		Mandatory
Individuals receiving Limited Benefits	Mandatory	.			Mandatory
Low-income adults eligible under ACA Section VIII	Mandatory	.			Mandatory
Full Duals	Voluntary	.		Voluntary	Voluntary
Partial Duals	Voluntary	.		Voluntary	Voluntary
Children with Special Health Care Needs	Voluntary	.			
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Exempt	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory	Exempt	Mandatory
Enrollment choice period	Other	Other	Other	N/A	Other
Enrollment broker name (if applicable)	Michigan Enrolls	Michigan Enrolls			
Notes on enrollment choice period	New enrollees have upto 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number	Does not apply because State only contracts with one managed care entity.	N/A	No lock in period.
Benefits covered					

Michigan Managed Care Program Features, as of 2014

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental	PACE	Specialty Prepaid Inpatient Health Plan
Inpatient hospital physical health	X	X		X	
Inpatient hospital behavioral health (MH and/or SUD)		.		X	X
Outpatient hospital physical health	X	X		X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X		X	X
Partial hospitalization		.			
Physician	X	X		X	
Nurse practitioner	X	X			
Rural health clinics and FQHCs	X	X			
Clinic services	X	X			
Lab and x-ray	X	X		X	
Prescription drugs and prosthetic devices	X	X		X	
EPSDT	X	X			
Case management	X	X		X	
Health home (SSA 1945)		.			
Family planning	X	X			
Dental services (medical/surgical)		X		X	
Dental (preventative or corrective)		X	X	X	
Home health agency services	X	X		X	
Personal care (state plan option)		.		X	
HCBS waiver services		.		X	
Private duty nursing		.			
ICF-IDD		.			
Nursing facility services	X	X		X	
Hospice care	X	X			
Non-Emergency Medical Transportation	X	X		X	

Michigan Managed Care Program Features, as of 2014

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental	PACE	Specialty Prepaid Inpatient Health Plan
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulance, Blood Lead Testing, Certified midwife Services, Chiropractic, Disease Management, DME and Supplies, Emergency, End Stage Renal Disease Services, Health Education, Hearing. Additional Other Services from the "Benefits Covered" tab include: Hearing Aid for enrollees under 21 years of age, Physical Therapy, Occupational Therapy, Medically Necessary Weight Reduction Services, Outreach, Parenting and Birthing Classes, Speech/Language Therapy, Tobacco Cessation Treatment, Transplant, Treatment for STDs, and Vision Services.	Ambulance, Blood Lead Testing, Certified midwife Services, Chiropractic, Disease Management, DME and Supplies, Emergency, End Stage Renal Disease Services, Health Education, Hearing. Additional Other Services from the "Benefits Covered" tab include: Hearing Aid for enrollees under 21 years of age, Physical Therapy, Occupational Therapy, Medically Necessary Weight Reduction Services, Outreach, Parenting and Birthing Classes, Speech/Language Therapy, Tobacco Cessation Treatment, Transplant, Treatment for STDs, and Vision Services.		Transportation	Assertive Community Treatment, Assessments, *Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, *Community Living Supports, Crisis Interventions, Crisis Residential, *Enhanced Pharmacy, *Environmental Modifications,
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	No	No	No
CAHPS data required?	Yes	Yes	No	No	No
Accreditation required?	Yes	Yes	No	No	No
Accrediting organization	NCQA, URAC	NCQA, URAC			
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)			
Performance incentives?					
Payment bonuses/differentials to reward plans	X	X			
Preferential auto-enrollment to reward plans	X	X			
Public reports comparing MCO performance on key metrics	X	X			
Withholds tied to performance metrics		.			

Michigan Managed Care Program Features, as of 2014

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental	PACE	Specialty Prepaid Inpatient Health Plan
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X			
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					
Plans in Program	Blue Cross Complete of Michigan; CoventryCares of Michigan; HAP Midwest Health Plan; HealthPlus Partners, Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Molina Healthcare of Michigan; PHP of Mid-Michigan FamilyCare; Priority Health Choice, Inc.; Total Health Care; Harbor Health Plan; UnitedHealthcare Community Plan, Inc.; Upper Peninsula Health Plan	Blue Cross Complete; CoventryCares of Michigan; HAP Midwest Health Plan; Harbor Health Plan; HealthPlus Partners Inc.; McLaren Health Plan; Meridian Health Plan; Molina Healthcare of Michigan; PHP of Mid-Michigan FamilyCare; Priority Health Choice, Inc.; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Healthy Kids Dental	Care Resources; CentraCare; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI	CMH Partnership of Southeast MI; 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
Notes					

Michigan Managed Care Program Features, as of 2014

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental	PACE	Specialty Prepaid Inpatient Health Plan
Program notes	<p>Outpatient Mental Health Services are limited to twenty (20) visits per contract year. The Comprehensive Health Plans are administered by the Managed Care Plan Division. The mission of the Division is to ensure that Michigan's most vulnerable citizens enrolled in the managed care programs receive high quality, comprehensive health care coverage in an efficient and cost effective manner.</p>	<p>Outpatient Mental Health Services are limited to twenty (20) visits per contract year. The Comprehensive Health Plans are administered by the Managed Care Plan Division. The mission of the Division is to ensure that Michigan's most vulnerable citizens enrolled in the managed care programs receive high quality, comprehensive health care coverage in an efficient and cost effective manner.</p>	<p>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.</p>		

Minnesota Managed Care Program Features, as of 2014

Features	Prepaid Medical Assistance Plan (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Comprehensive MCO + MLTSS	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Dakota County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1932(a), 1915(b)/1915(c), 1932(a)/1915(i)	1915(a)/1915(c)	1915(a)	1915(a)
Program start date	12/1/1985	6/1/2005	3/1/1997	1/1/2008	9/1/2009
Waiver expiration date (if applicable)	12/31/2015	6/30/2016	6/30/2018		
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory				
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory		Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory				
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII	Mandatory				
Full Duals	Voluntary	Mandatory	Voluntary	Voluntary	
Partial Duals					
Children with Special Health Care Needs	Voluntary				Voluntary
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary	Voluntary	Voluntary
Enrollment choice period	30 days	30 days	30 days	30 days	30 days
Enrollment broker name (if applicable)					
Notes on enrollment choice period					
Benefits covered					
Inpatient hospital physical health	X	X	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X

Minnesota Managed Care Program Features, as of 2014

Features	Prepaid Medical Assistance Plan (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
Outpatient hospital physical health	X	X	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Partial hospitalization	X	X	X	X	X
Physician	X	X	X	X	X
Nurse practitioner	X	X	X	X	X
Rural health clinics and FQHCs	X	X	X	X	X
Clinic services	X	X	X	X	X
Lab and x-ray	X	X	X	X	X
Prescription drugs and prosthetic devices	X	X	X	X	X
EPSDT	X				X
Case management		X	X	X	X
Health home (SSA 1945)					
Family planning	X	X	X	X	X
Dental services (medical/surgical)	X	X	X	X	X
Dental (preventative or corrective)	X	X	X	X	X
Home health agency services	X	X	X	X	X
Personal care (state plan option)	X	X	X		X
HCBS waiver services		X	X		
Private duty nursing	X	X		X	X
ICF-IDD					
Nursing facility services		X	X	X	
Hospice care	X				
Non-Emergency Medical Transportation	X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Rehabilitation, therapeutic services, chemical dependency, mental health	Mental Health services	Mental Health services	Mental Health services	Mental Health services
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	Yes	Yes

Minnesota Managed Care Program Features, as of 2014

Features	Prepaid Medical Assistance Plan (PMAP+)	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option (MSHO)	Special Needs Basic Care (SNBC)	Preferred Integrated Network (PIN)
CAHPS data required?	Yes	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No	No
Accrediting organization					
EQRO contractor name (if applicable)	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization	Michigan Peer Review Organization
Performance incentives?					
Payment bonuses/differentials to reward plans					
Preferential auto-enrollment to reward plans	X	X	X	X	X
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics	X	X	X	X	X
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X	X	X	X
Participating plans and regions served					
Plans in Program	Blue Plus; Health Partners; Hennepin Health; Itasca Medical Care; Medica; Prime West Health; South Country Health; U Care	Blue Plus; Health Partners; Itasca Medical Care; Metropolitan Health; Prime West Health; South Country Health; U Care	Blue Plus; Health Partners; Itasca Medical Care; Medica; Metropolitan Health; Prime West Health; South Country Health; U Care	Medica; Metropolitan Health; Prime West Health; South Country Health; U Care	Medica
Notes					
Program notes					

Mississippi Managed Care Program Features, as of 2014

Features	MississippiCAN
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	1/1/2011
Waiver expiration date (if applicable)	
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	Other
Enrollment broker name (if applicable)	Xerox Enrollment Services
Notes on enrollment choice period	30 day prior to enrollment effective date, and 90 days to switch following effective date.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X

Mississippi Managed Care Program Features, as of 2014

Features	MississippiCAN
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA, JCAHO, AAAHC, URAC, Both CCOs presently have NCQA certification.
EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence (CCME)
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Magnolia Health; UnitedHealthcare Community Plan of Mississippi
Notes	
Program notes	Effective July 1, 2014, non-emergency transportation services were provided by the care coordination organizations.

Missouri Managed Care Program Features, as of 2014

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Audrain, Bates, Benton, Boone, Callaway, Camden, Cass, Cedar, Chariton, Clay, Cole, Cooper, Franklin, Gasconade, Henry, Howard, Jackson, Jefferson, Johnson, Laclede, Lafayette, Lincoln, Linn, Macon, Madison, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Ralls, Randolph, Ray, St Charles, St Clair, St Francois, St Genevieve, St Louis Co, Saline, Shelby, Vernon, Warren, Washington, and St Louis City	Statewide	St. Louis City, St. Louis County
Federal operating authority	1915(b)	1902(a)(70) NEMT	PACE
Program start date	9/1/1995	10/1/2006	11/1/2001
Waiver expiration date (if applicable)	6/30/2016		
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII			
Full Duals		Mandatory	Voluntary
Partial Duals		Mandatory	Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Enrollment choice period	Other	Other	N/A
Enrollment broker name (if applicable)	WIPRO INFOCROSSING	Medicaid State Plan	
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.	N/A	N/A
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X

Missouri Managed Care Program Features, as of 2014

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		X
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		X
Case management	X		X
Health home (SSA 1945)			
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		X
Personal care (state plan option)	X		X
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			X
Nursing facility services			X
Hospice care	X		X
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision		Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)	Behavioral Health Concepts, Inc.		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics	X		

Missouri Managed Care Program Features, as of 2014

Features	Mo Healthnet Managed Care/1915b	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Withholds tied to performance metrics	X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	HealthCare USA Eastern; HealthCare USA Central; HealthCare USA Western; Missouri Care Eastern; Missouri Care Central; Missouri Care Western; Home State Eastern; Home State Central; Home State Western	Logisticare Solutions	Alexian Brothers Community Services
Notes			
Program notes			

Montana Managed Care Program Features, as of 2014

Features	Passport to Health
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1915(b)
Program start date	1/1/1994
Waiver expiration date (if applicable)	3/31/2016
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	Xerox State Healthcare, LLC
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	
Partial hospitalization	
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	

Montana Managed Care Program Features, as of 2014

Features	Passport to Health
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	podiatry, urgent care services, birth centers, and respiratory therapy
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Passport to Health-Multiple Primary Care Providers
Notes	
Program notes	

Nebraska Managed Care Program Features, as of 2014

Features	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Nebraska Zip Codes: 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),1932(a)	1915(b)	PACE
Program start date	7/1/1995	9/1/2013	5/1/2013
Waiver expiration date (if applicable)	6/30/2017	6/30/2017	
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits	Mandatory	Mandatory	
Low-income adults eligible under ACA Section VIII			
Full Duals	Mandatory	Mandatory	
Partial Duals	Mandatory	Mandatory	
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Enrollment choice period	15 days	Pre-assigned	N/A
Enrollment broker name (if applicable)	Access Nebraska	Magellan	Medicaid Enrollment Center
Notes on enrollment choice period			
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Partial hospitalization	X		
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X

Nebraska Managed Care Program Features, as of 2014

Features	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-inclusive Care for the Elderly (PACE)
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices			X
EPSDT	X		X
Case management	X		X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)			X
Dental (preventative or corrective)	.		X
Home health agency services			
Personal care (state plan option)			X
HCBS waiver services			
Private duty nursing	X		
ICF-IDD			
Nursing facility services			X
Hospice care			
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Hearing, Immunization, Speech Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy		
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	Yes	Yes	No
Accrediting organization	NCQA, URAC	URAC	
EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)	
Performance incentives?			
Payment bonuses/differentials to reward plans		X	
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics		X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			

Nebraska Managed Care Program Features, as of 2014

Features	Nebraska Physical Health Managed Care	Nebraska Behavioral Health Managed Care	Program of All-inclusive Care for the Elderly (PACE)
Participating plans and regions served			
Plans in Program	Amerihealth Caritas (D.B.A. Arbor Health Plan); Coventry Health Care of Nebraska (D.B.A. Aetna); United Health Care of Nebraska	Magellan Health	Immanuel Pathways
Notes			
Program notes			

Nevada Managed Care Program Features, as of 2014

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 centers of Clark and Washoe 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	6/1/2014
Waiver expiration date (if applicable)			6/30/2018
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory
Full Duals			
Partial Duals			
Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Enrollment choice period	Other	Other	N/A
Enrollment broker name (if applicable)	Hewlett Packard Enterprise Services		
Notes on enrollment choice period	Members choose at application and have 90 days to switch plans	Members do not have choice; State employs a single vendor statewide	Single statewide vendor, no choice. Enrollment is determined by the vendor through analysis and stratification of diagnoses and medical claims
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X		
Partial hospitalization	X		
Physician	X		
Nurse practitioner	X		
Rural health clinics and FQHCs	X		
Clinic services	X		
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT	X		

Nevada Managed Care Program Features, as of 2014

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Case management	X		X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services	X		
Private duty nursing	X		
ICF-IDD	X		
Nursing facility services			
Hospice care	X		
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nursing facility services under 45 days		
Quality assurance and improvement			
HEDIS data required?	Yes	No	Yes
CAHPS data required?	Yes	No	Yes
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
Accrediting organization	NCQA		Vendor is contractually required to adhere to NCQA standards
EQRO contractor name (if applicable)	Health Services Advisory Group		
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Health Plan of Nevada; Amerigroup Community Care	Logisticare	Axis Point Health
Notes			

Nevada Managed Care Program Features, as of 2014

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Program notes			This program is directed at co-morbid, high-risk beneficiaries of fee-for-service plans.

New Hampshire Managed Care Program Features, as of 2014

Features	New Hampshire Health Protection Program Medicaid Care Management ABP	New Hampshire Medicaid Care Management
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a),1937 Alt Benefit Plan	1932(a)
Program start date	9/1/2014	12/1/2013
Waiver expiration date (if applicable)		
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII		Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII	Mandatory	Mandatory
Full Duals		Voluntary
Partial Duals		
Children with Special Health Care Needs		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary
Enrollment choice period	60 days	60 days
Enrollment broker name (if applicable)		Maximus
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	X

New Hampshire Managed Care Program Features, as of 2014

Features	New Hampshire Health Protection Program Medicaid Care Management ABP	New Hampshire Medicaid Care Management
Personal care (state plan option)		X
HCBS waiver services		
Private duty nursing		X
ICF-IDD		
Nursing facility services		
Hospice care	X	X
Non-Emergency Medical Transportation		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, chiropractic, full substance use disorder service benefit.	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, ST/OT/PT, ambulance, adult medical day care, DME, eyeglasses, methadone.
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	HSAG	HSAG
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	New Hampshire Healthy Families; Well Sense	New Hampshire Healthy Families; Well Sense; Meridian
Notes		
Program notes	New Hampshire adopted an Alternative Benefit Plan for the Medicaid expansion population on September 1, 2014.	New Hampshire's Medicaid expansion was implemented in managed care on September 1, 2014. Because New Hampshire has an Alternative Benefit Plan (ABP) for the Medicaid expansion population, individuals who are medically frail can elect to opt out of ABP and enroll in the standard Medicaid managed care program.

New Jersey Managed Care Program Features, as of 2014

Features	NJ FamilyCare	PACE	LogistiCare
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311, 08501, 08505, 08512, 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, 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, 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	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1902(a)(70) NEMT
Program start date	9/1/1995	4/9/2009	7/1/2009
Waiver expiration date (if applicable)	6/30/2017		
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII	Mandatory		Mandatory
Full Duals	Mandatory	Voluntary	Mandatory
Partial Duals		Voluntary	Mandatory
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Enrollment choice period	10 days	N/A	Other
Enrollment broker name (if applicable)	Xerox		
Notes on enrollment choice period		monthly on the first day of the month	enrolled simultaneously with MCO
Benefits covered			

New Jersey Managed Care Program Features, as of 2014

Features	NJ FamilyCare	PACE	LogistiCare
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X		
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X		
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)	X	X	
HCBS waiver services	X	X	
Private duty nursing	X		
ICF-IDD	X		
Nursing facility services	X	X	
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive tech, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Med supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, podiatrist, post-acute care, preventive health, spec hosp, vision		
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)	Island Peer Review Organization		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			

New Jersey Managed Care Program Features, as of 2014

Features	NJ FamilyCare	PACE	LogistiCare
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Horizon NJ Health; Amerigroup; UnitedHealthcare Community Plan; Amerivantage Specialty + RX; Healthfirst NJ Maximum Plan; Horizon Medicare Blue Totalcare; WellCare Health Plans of NJ, Inc.	Lutheran Senior LIFE Jersey City; LIFE (Living Independently for Elders) St. Francis; Inspira LIFE (formerly Sout hJersey Healthcare LIFE); LIFE at Lourdes	LogistiCare
Notes			
Program notes	<p>Rehabilitative nursing facility services (short stay) are covered under managed care. LTSS (custodial) nursing facility services are covered by managed care (NJFC A and medically frail NJFC ABP only) if the member was admitted to the nursing facility on or after 7/1/14. Enrollees admitted before 7/1/14 are managed care for the first 30 days, then FFS for the remainder of their stay or until a change in living arrangements occur. Special care nursing facility stays (prior to 7/1/14) are FFS until 7/1/16, and managed care thereafter. New special care nursing facility admissions (beginning on or after 7/1/14) are managed care. Behavioral health clinics are FFS, except substance abuse/detox under NJFC ABP, which is managed care. Acute care clinics are managed care. Private duty nursing is covered as a State Plan service under EPSDT based on medical necessity. Home and community-based services and private duty nursing are waiver services under the 1115(a), available to NJFC A members only. The two previous 1915(b) waivers were folded into the 1115 Demonstration making full duals and children with special healthcare needs mandatorily enrolled in the program. The 1932(a) managed State Plan services subsumed by 1115 on 4/1/2014.</p>		Managed Care is responsible only for emergency transport and hospital to hospital transport. The state utilizes a contracted vendor for NEMT.

New Mexico Managed Care Program Features, as of 2014

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	1/1/2014	7/1/2004
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits	Mandatory	
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals	Mandatory	Voluntary
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period	Members have 90 days to switch to MCO's when initially enrolled and during recertification.	Disenrollments permitted every 30 days.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X

New Mexico Managed Care Program Features, as of 2014

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	
Non-Emergency Medical Transportation	X	X
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)
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Healthsight	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans	X	
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Blue Cross Blue Shield of NM; Presbyterian Health Plan; UnitedHealthcare Community Plan; Molina Healthcare of New Mexico Inc	Innovage Greater New Mexico PACE dba Total Community Care

New Mexico Managed Care Program Features, as of 2014

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Notes		
Program notes	Native American/Alaskan Native Enrollment would be manditorily enrolled if receiving LTSS or dually eligible.	To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service of a PACE organization. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid covered services, as specified in the State's approved Medicaid plan, all Medicare covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely throught the PACE organization.

New York Managed Care Program Features, as of 2014

Features	Partnership Plan Medicaid Managed Care	FSHRP Medicaid Managed Care	Partnership Plan Family Health Plus	Managed Long Term Care	PACE Program	Medicaid Advantage Program	Medicaid Advantage Plus Program
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	10/1/1997	9/29/2006	9/4/2001	1/1/1998	1/1/2001	10/1/2006	1/1/2007
Waiver expiration date (if applicable)							
If the program ended in 2014, indicate the end date		3/31/2014	12/31/2014				
Populations enrolled							
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Voluntary				
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory					
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory					
Individuals receiving Limited Benefits							
Low-income adults eligible under ACA Section VIII	Mandatory	Mandatory					
Full Duals				Mandatory	Voluntary	Voluntary	Voluntary
Partial Duals							
Children with Special Health Care Needs							
Native American/Alaskan Natives	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt	Exempt	Exempt	Exempt	Exempt
Enrollment choice period	30 days	30 days	30 days	60 days	N/A	60 days	60 days
Enrollment broker name (if applicable)	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus		NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus	NY Medicaid Choice/Maximus

New York Managed Care Program Features, as of 2014

Features	Partnership Plan Medicaid Managed Care	FSHRP Medicaid Managed Care	Partnership Plan Family Health Plus	Managed Long Term Care	PACE Program	Medicaid Advantage Program	Medicaid Advantage Plus Program
Notes on enrollment choice period							
Benefits covered							
Inpatient hospital physical health	X	X	X			X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X			X	X
Outpatient hospital physical health	X	X	X			X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X			X	X
Partial hospitalization							
Physician	X	X	X		X	X	X
Nurse practitioner	X	X	X		X		X
Rural health clinics and FQHCs	X	X	X		X		
Clinic services	X	X	X		X	X	X
Lab and x-ray	X	X	X		X	X	X
Prescription drugs and prosthetic devices	X	X	X		X	X	X
EPSDT							
Case management	X	X	X	X	X		X
Health home (SSA 1945)							
Family planning	X	X	X				
Dental services (medical/surgical)							X
Dental (preventative or corrective)	X	X	X	X	X	X	X
Home health agency services			X	X	X	X	X
Personal care (state plan option)	X	X	X	X	X		X
HCBS waiver services				X	X		X
Private duty nursing							X
ICF-IDD							

New York Managed Care Program Features, as of 2014

Features	Partnership Plan Medicaid Managed Care	FSHRP Medicaid Managed Care	Partnership Plan Family Health Plus	Managed Long Term Care	PACE Program	Medicaid Advantage Program	Medicaid Advantage Plus Program
Nursing facility services	X	X	X		X	X	X
Hospice care	X	X	X				
Non-Emergency Medical Transportation	X	X	X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)							Podiatry
Quality assurance and improvement							
HEDIS data required?	Yes	Yes	Yes	No	No	No	No
CAHPS data required?	Yes	Yes	Yes	No	No	No	No
Accreditation required?	No	No	No	No	No	No	No
Accrediting organization							
EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization	Island Peer Review Organization
Performance incentives?							
Payment bonuses/differentials to reward plans	X	X	X	X			
Preferential auto-enrollment to reward plans	X	X	X	X			
Public reports comparing MCO performance on key metrics	X	X	X	X			
Withholds tied to performance metrics							
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods							
Provider Value-Based Purchasing							

New York Managed Care Program Features, as of 2014

Features	Partnership Plan Medicaid Managed Care	FSHRP Medicaid Managed Care	Partnership Plan Family Health Plus	Managed Long Term Care	PACE Program	Medicaid Advantage Program	Medicaid Advantage Plus Program
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods							
Participating plans and regions served							
Plans in Program	Affinity Health Plan; AmeriGroup; AmidaCare Special Needs; Capital District Physician's Health Plan; Excellus; HealthFirst; HealthNow; HIP Combined; HIP UFT; Hudson Health Plan; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MVP Health Plan; NYS Catholic Health Plan; MetroPlus Health Plan Special Needs; MVP Health Plan; NYS Catholic Health Plan/Fidelis; SCHC Total Care; Today's Options; United HealthCare; Univera Community Health; VNS Choice Special Needs; WellCare	Affinity Health Plan; AmeriGroup; Capital District Physician's Health Plan; Excellus; HealthFirst; HealthNow; HIP Combined; HIP UFT; Hudson Health Plan; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MVP Health Plan; NYS Catholic Health Plan/Fidelis; SCHC Total Care; Today's Options; United HealthCare; Univera Community Health; WellCare; AmidaCare Special Needs; MetroPlus Health Plan Special Needs; VNS Choice Special Needs	Affinity Health Plan; AmeriGroup; Capital District Physician's Health Plan; Excellus; HealthFirst; HealthNow; HIP Combined; Hudson Health Plan; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MVP Health Plan; NYS Catholic Health Plan/Fidelis; SCHC Total Care; Today's Option; United HealthCare; Univera Community Health; WellCare	VNA HomeCare Options; VNS Choice; WellCare Advocate; Aetna Better Health; AgeWell New York; AlphaCare; AmeriGroup Community Connections; ArchCare Community Life; CenterLight Select; Centers Plan for Healthy Living; ElderPlan; Elderserve; ErieNiagara; Extended MLTC; Fidelis Care at Home; GuildNet; Hamaspik Choice; Health Advantage/Elant Choice; HHH Choices; HIP; Independent Care Systems; Integra; MetroPlus; Montefiore HMO; North Shore - LIJ Health Plan; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; Total Aging in Place; United HealthCare; Village Care	ArchCare Senior Life; Catholic Health - Life; CenterLight (CCM); Complete Senior Care; Eddy Senior Care; Independent Living for Seniors; PACE CNY; Total Senior Care	Affinity; ElderPlan; HIP of Greater NY; Liberty Health Advantage; Managed Health Inc.; MetroPlus; NYS Catholic Health Plan; Touchstone/Prestige; United HealthCare; VNS Choice; WellCare	AmeriGroup Advantage Plus; ElderPlan; GuildNet; HealthFirst; HHH Choices; HIP of Greater NY; NYS Catholic Health Plan; Senior Whole Health; VNS Choice Plus; WellCare
Notes							
Program notes							

North Carolina Managed Care Program Features, as of 2014

Features	Carolina ACCESS/ 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 (PCCM)	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	4/1/1991	2/1/2008	1/1/2012
Waiver expiration date (if applicable)			7/1/2018
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Voluntary		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII			
Full Duals	Voluntary	Voluntary	Mandatory
Partial Duals		Voluntary	
Children with Special Health Care Needs	Voluntary		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Enrollment choice period	N/A	N/A	Pre-assigned
Enrollment broker name (if applicable)			
Notes on enrollment choice period	month to month open enrollment	N/A	
Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	
Physician		X	
Nurse practitioner		X	
Rural health clinics and FQHCs		X	
Clinic services		X	

North Carolina Managed Care Program Features, as of 2014

Features	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Lab and x-ray		X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management	X	X	
Health home (SSA 1945)			
Family planning			
Dental services (medical/surgical)		X	
Dental (preventative or corrective)		X	
Home health agency services		X	
Personal care (state plan option)		X	
HCBS waiver services		X	X
Private duty nursing		X	
ICF-IDD			X
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		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
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	Yes
Accrediting organization			NCQA, URAC
EQRO contractor name (if applicable)			Carolinas Center for Medical Excellence (CCME)
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			

North Carolina Managed Care Program Features, as of 2014

Features	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	CCNC/CA Carolina ACCESS	Elderhaus; Piedmont Health Senior Care; Life St. Joseph of the Pine; PACE of the TRIAD; PACE @ HOME; Carolina Senior CARE; PACE of the Southern Piedmont; VOANX Senior Community Care of North Carolina; Senior Total Life Care	Alliance Behavioral Healthcare; Center Point Human Services; Cardinal Innovations Healthcare Solutions; Eastpointe; Partners Behavioral Health Management; Sandhills Center; Smoky Mountain Center; Trillium Health Resources
Notes			
Program notes			All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of eight plans is based on the enrollee's county of residence.

North Dakota Managed Care Program Features, as of 2014

Features	North Dakota Medicaid Expansion	Health Management Program	PACE	PCCM
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Zip codes: 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
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1937 Alt Benefit Plan	1932(a)	PACE	1932(a)
Program start date	1/1/2014	8/1/2007	8/1/2008	11/1/1994
Waiver expiration date (if applicable)	12/31/2015			
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII		Voluntary		Mandatory
Aged, Blind or Disabled Children or Adults		Voluntary	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Voluntary		Mandatory
Individuals receiving Limited Benefits		Voluntary		Mandatory
Low-income adults eligible under ACA Section VIII	Mandatory	Voluntary		Mandatory
Full Duals			Voluntary	
Partial Duals			Voluntary	
Children with Special Health Care Needs				
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt	Exempt
Enrollment choice period	Pre-assigned	Other	N/A	N/A
Enrollment broker name (if applicable)				
Notes on enrollment choice period		Open enrollment at all times with no timeframe indicated	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 annual open enrollment period.

North Dakota Managed Care Program Features, as of 2014

Features	North Dakota Medicaid Expansion	Health Management Program	PACE	PCCM
Benefits covered				
Inpatient hospital physical health	X		X	
Inpatient hospital behavioral health (MH and/or SUD)	X		X	
Outpatient hospital physical health	X		X	X
Outpatient hospital behavioral health (MH and/or SUD)	X		X	
Partial hospitalization	X			
Physician	X		X	X
Nurse practitioner	X		X	X
Rural health clinics and FQHCs	X		X	X
Clinic services	X		X	X
Lab and x-ray	X		X	
Prescription drugs and prosthetic devices	X		X	
EPSDT	X			
Case management	X	X	X	X
Health home (SSA 1945)				
Family planning	X			
Dental services (medical/surgical)	X		X	
Dental (preventative or corrective)	X		X	
Home health agency services	X		X	
Personal care (state plan option)			X	
HCBS waiver services				
Private duty nursing				
ICF-IDD				
Nursing facility services	X		X	
Hospice care	X		X	
Non-Emergency Medical Transportation	X		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)				
Quality assurance and improvement				

North Dakota Managed Care Program Features, as of 2014

Features	North Dakota Medicaid Expansion	Health Management Program	PACE	PCCM
HEDIS data required?	Yes	No	No	No
CAHPS data required?	Yes	No	No	No
Accreditation required?	Yes	No, but accreditation considered in plan selection criteria	No	No
Accrediting organization	NCQA	URAC		North Dakota
EQRO contractor name (if applicable)	Delmarva	North Dakota State	CMS and North Dakota State	
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	ND Medicaid Expansion - Sanford Health Plan	Health Management	PACE	Multiple Primary Care Providers
Notes				

North Dakota Managed Care Program Features, as of 2014

Features	North Dakota Medicaid Expansion	Health Management Program	PACE	PCCM
Program notes	<p>In order for the State to provide Medicaid Expansion through private carriers, an initial 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. As Federal Medicaid Regulations require enrollees to have a choice of plans in the Metropolitan Statistical Areas (MSA's) and the State was only able to award one statewide Managed Care Organization (MCO) contract, a 1115 waiver was submitted to ensure compliance as related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the State with CMS granting authority.</p>			

Ohio Managed Care Program Features, as of 2014

Features	Medicaid Managed Care	Ohio PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Counties in the Central/Southeast Region: Athens Belmont Coshocton Crawford Delaware Fairfield Fayette Franklin Gallia Guernsey Harrison Hocking Jackson Jefferson Knox Lawrence Licking Logan Madison Marion Morrow Meigs Monroe Morgan Muskingum Noble Perry Pickaway Pike Ross Scioto Union Vinton Washington Counties in the Northeast Region Ashland Ashtabula Carroll Columbiana Cuyahoga Erie Holmes Geauga Huron Lake Lorain Portage Medina Mahoning Richland Stark Summit Trumbull Tuscarawas Wayne Counties in the West Region Adams Allen Auglaize Brown Butler Champaign Clark Clermont Clinton Darke Defiance Fulton Greene Hamilton Hancock Hardin Henry Highland Lucas Mercer Miami Montgomery Ottawa Paulding Preble Putnam Sandusky Seneca Shelby Van Wert Williams Wood Wyandot Warren	Cuyahoga, Butler, Clermont, Hamilton, and Warren counties
Federal operating authority	1915(b),1932(a)	PACE
Program start date	7/1/2005	11/1/2002
Waiver expiration date (if applicable)	6/30/2017	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Varies	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Automated Health Systems, Inc.	
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.	Ohio PACE operates under an open enrollment model.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X

Ohio Managed Care Program Features, as of 2014

Features	Medicaid Managed Care	Ohio PACE
Outpatient hospital physical health	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	
EPSDT	X	
Case management		
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services		X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife services; freestanding birth centers; podiatry; Care management; DME and medical supplies; vision, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, telemedicine, preventive services, including USPSTF preventive services, screening and counseling for obesity) Respite services for eligible children receiving Supplemental Security Income (SSI)	
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		

Ohio Managed Care Program Features, as of 2014

Features	Medicaid Managed Care	Ohio PACE
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Buckeye Health Plan; CareSource; Molina Healthcare of Ohio; Paramount Advantage; United Healthcare Community Plan of Ohio	TriHealth Senior Link; McGregor PACE
Notes		
Program notes		

Oklahoma Managed Care Program Features, as of 2014

Features	PACE	SoonerCare Choice	SoonerRide
Health home (SSA 1945)			
Family planning		X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)	X	X	
HCBS waiver services			
Private duty nursing	X	X	
ICF-IDD			
Nursing facility services	X		
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X
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	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
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization		States specific PCMH	None
EQRO contractor name (if applicable)			
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			
Plans in Program	Cherokee Elder Care	SoonerCare Choice	SoonerRide
Notes			
Program notes			

Oregon Managed Care Program Features, as of 2014

Features	OHP - Oregon Health Plan	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Multnomah, Washington and Clackamas Counties
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	2/1/1994	1/1/1986
Waiver expiration date (if applicable)	6/30/2017	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary	
Individuals receiving Limited Benefits	Mandatory	
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals	Voluntary	Voluntary
Partial Duals	Voluntary	Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
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
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		X
Physician	X	X
Nurse practitioner		X
Rural health clinics and FQHCs		
Clinic services		X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X

Oregon Managed Care Program Features, as of 2014

Features	OHP - Oregon Health Plan	PACE
Personal care (state plan option)		X
HCBS waiver services		X
Private duty nursing		
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Hearing, Immunization, Vision	Medications (OTC & RX), Mental Health Care, DME, Speech, Occupational and Physical Therapy
Quality assurance and improvement		
HEDIS data required?	No	No
CAHPS data required?	Yes	No
Accreditation required?	No	No
Accrediting organization	NCQA, URAC	NCQA
EQRO contractor name (if applicable)	Acumentra	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	X
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Access Dental Plan, LLC; Advantage Dental Services; AllCare Health Plan; Capitol Dental Care Inc.; CareOregon; CareOregon Dental; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; Family Dental Care; FamilyCare; Greater Oregon Behavioral Health Inc.; Health Share of Oregon; InterCommunity Health Network; Jackson Care Connect; Kaiser Permanente Oregon Plus; Managed Dental Care of Oregon; ODS Community Health Inc.; 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 Dental Group; Willamette Valley Community Health; Yamhill Community Care	Providence Elder Place
Notes		
Program notes		

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide	Cumberland, Dauphin, Chester and Lancaster counties	Philadelphia
Federal operating authority	PACE	1915(b)	1915(b)	1915(a)	1902(a)(70) NEMT
Program start date	7/24/1998	2/1/1997	1/1/1999	6/1/2009	11/1/2005
Waiver expiration date (if applicable)		12/31/2016	12/31/2016		
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII		Mandatory	Mandatory		Voluntary
Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory		Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory		Voluntary
Individuals receiving Limited Benefits		Mandatory	Mandatory		Voluntary
Low-income adults eligible under ACA Section VIII		Mandatory	Mandatory	Voluntary	Voluntary
Full Duals	Voluntary	Mandatory	Mandatory	Voluntary	Voluntary
Partial Duals	Voluntary	Mandatory	Mandatory		Voluntary
Children with Special Health Care Needs		Mandatory	Mandatory		Voluntary
Native American/Alaskan Natives	Voluntary	Mandatory	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt		Mandatory		
Enrollment choice period	N/A	Other	Pre-assigned	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)		Maximus Health Services			

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Notes on enrollment choice period	Open enrollment all year	the consumer has the right to initiate a change in MCO at any time			
Benefits covered					
Inpatient hospital physical health	X	X			
Inpatient hospital behavioral health (MH and/or SUD)	X		X		
Outpatient hospital physical health	X	X			
Outpatient hospital behavioral health (MH and/or SUD)	X		X	X	
Partial hospitalization	X		X		
Physician	X	X	X	X	
Nurse practitioner	X	X		X	
Rural health clinics and FQHCs		X	X		
Clinic services	X	X	X		
Lab and x-ray	X	X			
Prescription drugs and prosthetic devices	X	X			
EPSDT		X	X		
Case management	X	X	X	X	
Health home (SSA 1945)					
Family planning		X			
Dental services (medical/surgical)	X	X		X	
Dental (preventative or corrective)	X	X		X	
Home health agency services	X	X		X	
Personal care (state plan option)	X	X		X	
HCBS waiver services	X			X	
Private duty nursing	X	X			
ICF-IDD		X		X	

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Nursing facility services	X	X		X	
Hospice care	X	X		X	
Non-Emergency Medical Transportation	X	X		X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	See Notes: Podiatry falls under Specialist Services	nurse midwife services, CNRP services, freestanding birth centers, podiatry, medical supplies and equipment, home health(visiting nurse), chiropractic services, optometry, renal dialysis center, ambulatory surgical center.	Psychiatric Rehabilitation, Peer Specialist Services	physical, occupational, vision and mobility and speech therapies (group & individual). Pre-vocational, health promotion and disease prevention services. Prosthetic eyes and other eye appliances.	
Quality assurance and improvement					
HEDIS data required?	No	Yes	Yes	No	No
CAHPS data required?	No	Yes	No	No	No
Accreditation required?	No	Yes	No	No	No
Accrediting organization	Quality Assessment and Performance Improvement (QAPI) program	NCQA, other nationally recognized accreditation organization			
EQRO contractor name (if applicable)		Island Peer Review Organization (IPRO)		IPRO	
Performance incentives?					
Payment bonuses/differentials to reward plans		X			
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics		X			
Withholds tied to performance metrics					

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		X			
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Plans in Program	Albright LIFE H-9068; Community LIFE H-3917; LIFE-Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; Senior LIFE Washington; 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; LIFE U-Penn H-3908; LIFE St. Mary H-6551; New Courtland LIFE H-9830	UPMC for You, Inc.; AETNA Better Health; Coventry Cares Health Plan; Gateway Health Plan; United Healthcare Community Plan of Pennsylvania; Health Partners of Philadelphia, Inc.; Geisinger Health Plan; Keystone First; AmeriHealth Northeast; AmeriHealth Caritas	Allegheny County HealthChoices - Community Care Behavioral Health Organization; Beaver County HealthChoices-Value Behavioral Health of Pennsylvania; Armstrong-Indiana Counties HealthChoices-Value Behavioral Health of Pennsylvania; Behavioral Health Services of Somerset-Bedford-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Adams County HealthChoices-Community Care Behavioral Health Organization; Berks County HealthChoices-Community Care Behavioral Health Organization; Blair County HealthChoices-Community Care Behavioral Health Organization; North Central State Option (CCBHO)-Community Care Behavioral Health Organization; Bucks County HealthChoices-Magellan Behavioral Health of Pennsylvania; Butler County HealthChoices-Value Behavioral Health of Pennsylvania; Cambria County HealthChoices-Value Behavioral Health of Pennsylvania; Carbon-Monroe-Pike Joinder Board-Community Care Behavioral Health Organization; Chester County HealthChoices-Community Care Behavioral Health Organization; Lycoming-Clinton Joinder Board-Community Care Behavioral Health Organization; Montgomery County HealthChoices-Magellan Behavioral Health of Pennsylvania; Erie County HealthChoices-Community Care Behavioral Health Organization; Fayette County HealthChoices-Value Behavioral Health of Pennsylvania; Tuscarora Managed Care Alliance-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Greene County (Commonwealth)-Psychiatric Rehabilitation, Peer Specialist Services; Northeast Behavioral Health Care Consortium-Community Care Behavioral Health Organization; Lancaster County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Lawrence County HealthChoices-Value Behavioral Health of Pennsylvania; Lebanon County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Northwest Behavioral Health Partnership-Value Behavioral Health of Pennsylvania; Cumberland County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Dauphin County HealthChoices- PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Delaware County HealthChoices-Magellan Behavioral Health of Pennsylvania; Northampton County HealthChoices-Magellan Behavioral Health of Pennsylvania; Perry County HealthChoices-PerformCare (Community Behavioral HealthCare Network of Pennsylvania); Philadelphia County HealthChoices-Community Behavioral Health; Washington County HealthChoices-Value Behavioral Health of Pennsylvania; Westmoreland County HealthChoices-Value Behavioral Health of Pennsylvania; York County HealthChoices-Community Care Behavioral Health Organization; Lehigh County HealthChoices-Magellan Behavioral Health of Pennsylvania	Adult Community Autism Program	LogistiCare, Inc.
Notes					

Pennsylvania Managed Care Program Features, as of 2014

Features	PA Living Independence For the Elderly (LIFE)	HealthChoices / Physical Health	HealthChoices/Behavioral Health	Adult Community Autism Program	MATP (Medical Assistance Transportation Program)
Program notes	<p>Mercy and U Penn began enrollment 10/1/1998 after responding to Notice in PA Bulletin 28 Pa.8.3549 doc 98-1192 of 7/24/1998.</p>	<p>1. Under Benefits Covered -Private Duty Nursing is only covered for children under 21 years old. 2. Under Enrollment - only children under 21 years old, Full Dual and Partial Dual are enrolled mandatorily in HealthChoices.</p>	<p>Pennsylvania HealthChoices/Behavioral Health program operates statewide with some minor variation in benefits covered by county.</p>		

Puerto Rico Managed Care Program Features, as of 2014

Features	Mi Salud	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b),1915(a)	1915(b),1915(a)	1915(b),1915(a)
Program start date	2/1/1994	2/1/1994	1/1/2006
Waiver expiration date (if applicable)			
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary	Voluntary	
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII	Mandatory		
Full Duals	Mandatory	Mandatory	Voluntary
Partial Duals			
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Enrollment choice period	Pre-assigned	Pre-assigned	Other
Enrollment broker name (if applicable)			
Notes on enrollment choice period			No specific time
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)		X	X
Partial hospitalization		X	X
Physician	X	X	X
Nurse practitioner			
Rural health clinics and FQHCs	X		X
Clinic services	X	X	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices	X	X	X
EPSDT	X		
Case management	X	X	X
Health home (SSA 1945)			

Puerto Rico Managed Care Program Features, as of 2014

Features	Mi Salud	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino
Family planning			
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services			
Personal care (state plan option)			
HCBS waiver services			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care			
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	No
Accrediting organization		.	
EQRO contractor name (if applicable)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)	Island Peer Review Organization (IPRO)
Performance incentives?			
Payment bonuses/differentials to reward plans		.	
Preferential auto-enrollment to reward plans		.	
Public reports comparing MCO performance on key metrics		.	
Withholds tied to performance metrics	X	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	.	X
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served			

Puerto Rico Managed Care Program Features, as of 2014

Features	Mi Salud	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino
Plans in Program	Triple S	APS	Medicare Platino American Health Medicare; Medicare Platino First Medical/First Plus; Medicare Platino Humana Puerto Rico; Medicare Platino MCS Advantage; Medicare Platino MMM Healthcare Inc.; Medicare Platino PMC Medicare Choice; Medicare Platino Constellation; Medicare Platino Triple S
Notes			
Program notes			

Rhode Island Managed Care Program Features, as of 2014

Features	PACE	Rhody Health Partners	Rite Care	Rite Smiles	Rhody Health Options	Connect Care Choice Community Partners	Rhody Health Partners-Expansion	Connect Care Choice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Comprehensive MCO	Dental only (PAHP)	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	1/1/2006	4/1/2008	8/1/1994	5/1/2006	11/1/2013	11/1/2013	12/23/2013	6/1/2007
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018	12/31/2018	12/31/2018	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2014, indicate the end date								
Populations enrolled								
Low-income Adults not eligible under ACA Section VIII		Mandatory	Mandatory					Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary		Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Mandatory	Mandatory				
Individuals receiving Limited Benefits			Mandatory					
Low-income adults eligible under ACA Section VIII		Mandatory					Mandatory	
Full Duals	Voluntary				Voluntary	Voluntary		
Partial Duals	Voluntary					Voluntary		
Children with Special Health Care Needs			Mandatory	Mandatory				

Rhode Island Managed Care Program Features, as of 2014

Features	PACE	Rhody Health Partners	Rite Care	Rite Smiles	Rhody Health Options	Connect Care Choice Community Partners	Rhody Health Partners-Expansion	Connect Care Choice
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory	Mandatory	Exempt	Exempt	Exempt	Exempt
Enrollment choice period	N/A	30 days	30 days	Pre-assigned	Pre-assigned	N/A	Pre-assigned	N/A
Enrollment broker name (if applicable)								
Notes on enrollment choice period	N/A					enrollment is on a monthly basis and is prospective		enrollment is on a monthly basis and it is prospective
Benefits covered								
Inpatient hospital physical health	X	X	X		X		X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X		X		X	
Outpatient hospital physical health	X	X	X		X		X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X		X		X	
Partial hospitalization	X	X	X		X		X	
Physician	X	X	X		X		X	
Nurse practitioner	X	X	X		X		X	
Rural health clinics and FQHCs	X	X	X		X		X	
Clinic services	X	X	X		X		X	
Lab and x-ray	X	X	X		X		X	
Prescription drugs and prosthetic	X	X	X		X		X	
EPSDT			X					
Case management	X	X	X		X	X	X	X

Rhode Island Managed Care Program Features, as of 2014

Features	PACE	Rhody Health Partners	Rite Care	Rite Smiles	Rhody Health Options	Connect Care Choice Community Partners	Rhody Health Partners-Expansion	Connect Care Choice
Health home (SSA 1945)								
Family planning	X	X	X		X		X	
Dental services (medical/surgical)	X	X	X		X		X	
Dental (preventative or corrective)	X			X				
Home health agency services	X	X	X		X		X	
Personal care (state plan option)	X	X	X		X		X	
HCBS waiver services	X				X			
Private duty nursing		X	X		X		X	
ICF-IDD								
Nursing facility services	X				X			
Hospice care	X	X	X		X			
Non-Emergency Medical Transportation	X							
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, vision, interpreter			podiatry, vision, interpreter			
Quality assurance and improvement								
HEDIS data required?	No	Yes	Yes	No	Yes	No	Yes	No
CAHPS data required?	No	Yes	Yes	Yes	Yes	No	Yes	No
Accreditation required?	No	Yes	Yes	No	Yes	No	Yes	No
Accrediting organization	RI EOHHS and CMS Team	NCQA	NCQA		NCQA		NCQA	
EQRO contractor name (if applicable)		IPRO	IPRO		IPRO			
Performance incentives?								

Rhode Island Managed Care Program Features, as of 2014

Features	PACE	Rhody Health Partners	Rite Care	Rite Smiles	Rhody Health Options	Connect Care Choice Community Partners	Rhody Health Partners-Expansion	Connect Care Choice
Payment bonuses/differentials to reward plans		X	X		X		X	
Preferential auto-enrollment to reward plans								
Public reports comparing MCO performance on key metrics		X	X					
Withholds tied to performance metrics								
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods								
Provider Value-Based Purchasing								
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods								
Participating plans and regions served								
Plans in Program	PACE	Neighborhood Health Plan of RI; UnitedHealthcare	Neighborhood Health Plan of RI; UnitedHealthcare	UnitedHealthcare Dental	Neighborhood Health Plan of Rhode Island	CareLink	UnitedHealthcare; Neighborhood Health Plan of RI	Multiple primary care providers
Notes								

Rhode Island Managed Care Program Features, as of 2014

Features	PACE	Rhody Health Partners	Rite Care	Rite Smiles	Rhody Health Options	Connect Care Choice Community Partners	Rhody Health Partners-Expansion	Connect Care Choice
Program notes	PACE is subsumed under the Rhode Island section 1115 demonstration program and will remain an option for qualifying demonstration eligibles, that is, those that meet the High and Highest level of care determinations.			This program covers children born on or after May 1, 2000.				

South Carolina Managed Care Program Features, as of 2014

Features	South Carolina Managed Care Organizations	Medical Homes Networks	Program for All-inclusive Care of the Elderly (PACE)
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/Orangeburg Counties
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	9/1/1996	8/1/2007	1/1/1990
Waiver expiration date (if applicable)			
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Voluntary	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Voluntary	
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII			
Full Duals		Voluntary	Voluntary
Partial Duals			
Children with Special Health Care Needs	Voluntary	Voluntary	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Enrollment choice period	Other	N/A	N/A
Enrollment broker name (if applicable)	Maximus	Maximus	
Notes on enrollment choice period	90 Days	90 days	
Benefits covered			
Inpatient hospital physical health	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X		X
Partial hospitalization	X		X
Physician	X		X
Nurse practitioner	X		X
Rural health clinics and FQHCs	X		X
Clinic services	X		X
Lab and x-ray	X		X
Prescription drugs and prosthetic devices	X		X
EPSDT	X		X
Case management			X
Health home (SSA 1945)			
Family planning	X		

South Carolina Managed Care Program Features, as of 2014

Features	South Carolina Managed Care Organizations	Medical Homes Networks	Program for All-inclusive Care of the Elderly (PACE)
Dental services (medical/surgical)			X
Dental (preventative or corrective)			X
Home health agency services	X		X
Personal care (state plan option)			
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			
Nursing facility services	X		X
Hospice care			
Non-Emergency Medical Transportation			
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
CAHPS data required?	Yes	No	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA		
EQRO contractor name (if applicable)	The Carolina Center for Medical Excellence		
Performance incentives?			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans	X		
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		
Provider Value-Based Purchasing			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X	
Participating plans and regions served			
Plans in Program	Absolute Total Care; Advicare; BlueChoice Healthplan Medicaid; Molina HealthCare of South Carolina; Select Health of South Carolina; WellCare of South Carolina	South Carolina Solutions	Palmetto Senior Care; The Oaks
Notes			
Program notes			

South Dakota Managed Care Program Features, as of 2014

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/2/2002
Waiver expiration date (if applicable)	
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	Mandatory
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	

South Dakota Managed Care Program Features, as of 2014

Features	PRIME
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Multiple Primary Care Providers
Notes	
Program notes	Individuals who are using waiver services or in a long-term care facility are not required to be enrolled in the managed care program. Therefore, those services are not covered under this program. Adults who are aged, blind, or disabled are mandatorily enrolled. Beneficiaries under the age of 19 who are blind or disabled are voluntarily enrolled.

Tennessee Managed Care Program Features, as of 2014

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Hamilton County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	7/1/2002	4/7/1999
Waiver expiration date (if applicable)	6/30/2016	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII		
Full Duals	Mandatory	Mandatory
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X

Tennessee Managed Care Program Features, as of 2014

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Dental (preventative or corrective)		X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	TennCare covers nurse midwife services, freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified).	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.
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Qsource	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup; DentaQuest USA Insurance Company; Magellan Health Services; UnitedHealthcare Community Plan - East TN; UnitedHealthcare Community Plan - Middle TN; UnitedHealthcare Community Plan - West TN; Volunteer State Health Plan (BlueCare) - East TN; Volunteer State Health Plan (BlueCare) - West TN; Volunteer State Health Plan (TennCare Select)	Alexian Brothers Community Services
Notes		

Tennessee Managed Care Program Features, as of 2014

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program notes	<p>ADDITIONAL INFORMATION FOR "BENEFITS COVERED" TAB: 1. TennCare covers services only when they are determined to be medically necessary. 2. TennCare MCOs are encouraged--but not required--to include rural health clinics and FQHCs in their provider networks. If these providers are not used, a TennCare MCO must demonstrate that network capacity and appropriate services are available to vulnerable populations in relevant coverage areas. 3. Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21. Enrollees age 21 and older are not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. 4. HCBS waiver services and nursing facility services are available to members of TennCare CHOICES, which is TennCare's program of long-term services and supports for qualified individuals. 5. The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare II Demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits). ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: 1. TennCare does not cover any populations that could be characterized as "individuals receiving limited benefits," since all enrollees are provided a comprehensive package of health care benefits. Individuals eligible for coverage solely by virtue of the TennCare II Demonstration are not entitled to certain State Plan services but still receive a wide range of physical health services, behavioral health services, and long-term services and supports. 2. Partial duals do not qualify for TennCare and, therefore, are not counted as part of Tennessee's Medicaid population and are not enrolled in a TennCare MCO. ADDITIONAL INFORMATION FOR "ENROLLMENT - SP. POPS & OTHER OPTIONS" TAB: Regarding "Native American / Alaskan Native" enrollment, Tennessee does not have any federally recognized Indian tribes and, therefore, does not have a separate enrollment process for Native Americans or Alaskan Natives. ADDITIONAL INFORMATION FOR "PERFORMANCE INCENTIVES" TAB: With regard to "Provider Value-Based Purchasing," TennCare does not pay provider-based entities directly, as provider reimbursement occurs primarily through TennCare's managed care contractors. Nonetheless, TennCare's MCOs have various value-based payment programs (e.g., patient-centered medical homes). ADDITIONAL INFORMATION FOR "PLANS" TAB: Throughout 2014, TennCare MCOs Amerigroup, UnitedHealthcare Community Plan, and Volunteer State Health Plan operated on a regional basis: Amerigroup served Middle Tennessee, BlueCare served East and West Tennessee, and UnitedHealthcare Community Plan served East, Middle, and West Tennessee. Beginning on January 1, 2015, however, all three MCOs shifted to a statewide model of service delivery.</p>	<p>ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: The category of "Aged, Blind, or Disabled Children and Adults" category has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted, however, that children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. ADDITIONAL INFORMATION FOR "QUALITY ASSURANCE" TAB: Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR 460 Subpart H). The information presented for Tennessee's PACE program in the 2012 MMDCS submission remains accurate. That information is available at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/tennessee-mcp.pdf.</p>

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, Nueces, Tarrant, Travis	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)
Program start date	12/12/2011	12/12/2011	12/12/2011	4/1/2008
Waiver expiration date (if applicable)	9/30/2016	9/30/2016	9/30/2016	
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII		Mandatory		
Aged, Blind or Disabled Children or Adults	Varies	Mandatory	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory	
Individuals receiving Limited Benefits				
Low-income adults eligible under ACA Section VIII				
Full Duals	Mandatory			
Partial Duals				
Children with Special Health Care Needs				
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt	Voluntary
Enrollment choice period	Other	15 days	15 days	Other
Enrollment broker name (if applicable)		Maximus	Maximus	
Notes on enrollment choice period	15 days for SSI members 30 days for Special Population(interest list release, age-out and MFPS)			Members are auto-enrolled by the MCO
Benefits covered				
Inpatient hospital physical health	X	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X	X		X

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
Outpatient hospital physical health	X	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X	X		X
Partial hospitalization		X		X
Physician	X	X		X
Nurse practitioner	X	X		X
Rural health clinics and FQHCs	X	X		X
Clinic services	X	X		X
Lab and x-ray	X	X		X
Prescription drugs and prosthetic devices	X	X		X
EPSDT	X	X	X	X
Case management	X	X		X
Health home (SSA 1945)				
Family planning	X	X		X
Dental services (medical/surgical)	X	X		X
Dental (preventative or corrective)		X	X	X
Home health agency services	X			X
Personal care (state plan option)	X			X
HCBS waiver services	X			
Private duty nursing	X			X
ICF-IDD				
Nursing facility services				
Hospice care	X			
Non-Emergency Medical Transportation				X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, day activity & health services, nurse midwife services, and pediatric or family nurse practitioner services	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, day activity & health 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				

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
HEDIS data required?	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA, URAC	NCQA, URAC		NCQA, URAC
EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute of Child Health Policy		Institute of Child Health Policy
Performance incentives?				
Payment bonuses/differentials to reward plans	X	X	X	X
Preferential auto-enrollment to reward plans			X	
Public reports comparing MCO performance on key metrics	X	X	X	
Withholds tied to performance metrics			X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	X	X
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare	Aetna; Amerigroup Texas; Blue Cross Blue Shield; Christus; Community First; Community Health Choice; Cook Children's; Driscoll Children's; EL Paso First; First Care; Molina Healthcare; Parkland Health First; Scott and White; Sendero; Seton; Superior HealthPlan; Texas Children Health Plan; United Healthcare	MCNA; DentaQuest	Superior HealthPlan
Notes				

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
Program notes	For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory.	Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations. As of January 1, 2014, former foster care children age 21 through the month of their 26th birthday can receive Medicaid benefits through STAR.	This program covers the category "Aged, Blind, or Disabled Children and Adults" only for children and excludes adults. All Medicaid clients, regardless of age, residing in Medicaid-paid facilities such as nursing homes, state supported living centers, or Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICFs/IID) are not eligible to participate in the Dental program and will continue to receive dental services through their existing service delivery models.	Adoption Assistance Children are not enrolled in this program. Enrollment in the STAR Health Program is voluntary for the following population categories: Children and young adults in DFPS conservatorship, Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement, 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, and 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. Beginning January 1, 2014, Texas will provide Medicaid benefits to adults under age 26 who were in foster care and receiving Medicaid when they aged out. Members who are 18-20 years old will continue to get their benefits in the STAR Health program, unless they want to change to a STAR plan.

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Amarillo/Canyon, El Paso, Lubbock	Statewide	Statewide	Dallas
Federal operating authority	PACE	1915(b)	1902(a)(70) NEMT	1915(b)
Program start date	6/1/2001	3/1/2011	3/15/2012	11/1/1999
Waiver expiration date (if applicable)		5/31/2015		9/30/2015
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII		Voluntary	Varies	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Varies	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Varies	
Individuals receiving Limited Benefits			Varies	
Low-income adults eligible under ACA Section VIII				
Full Duals	Voluntary		Varies	Mandatory
Partial Duals	Voluntary		Varies	Mandatory
Children with Special Health Care Needs			Varies	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary	Exempt
Enrollment choice period	N/A	N/A	Other	Pre-assigned
Enrollment broker name (if applicable)				Maximus
Notes on enrollment choice period	Open enrollment subject to facility availability	There is no enrollment period since the program is on a voluntary basis. A member can elect to enroll in the Wellness Program at any time as long as they are eligible for the program.	Enrollees are pre-assigned to a plan	
Benefits covered				
Inpatient hospital physical health	X			
Inpatient hospital behavioral health (MH and/or SUD)	X			X

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Outpatient hospital physical health	X			
Outpatient hospital behavioral health (MH and/or SUD)	X			X
Partial hospitalization	X			X
Physician	X			X
Nurse practitioner	X			
Rural health clinics and FQHCs	X			
Clinic services	X			
Lab and x-ray	X			X
Prescription drugs and prosthetic devices	X			
EPSDT				
Case management	X	X		X
Health home (SSA 1945)				
Family planning				
Dental services (medical/surgical)	X			
Dental (preventative or corrective)	X			
Home health agency services	X			
Personal care (state plan option)	X			
HCBS waiver services	X			
Private duty nursing	X			
ICF-IDD				
Nursing facility services	X			
Hospice care	X			
Non-Emergency Medical Transportation	X		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)				
Quality assurance and improvement				
HEDIS data required?	No	Yes	No	No
CAHPS data required?	No	Yes	No	No
Accreditation required?	No	Yes	No	Yes

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Accrediting organization		NCQA, URAC		URAC
EQRO contractor name (if applicable)				Institute for Child Health Policy
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Bienvivir Senior Health Services; Silver Star Health Network; The Basics at Jan Werner	Multiple Primary Care Providers	MTM; Logisticare	ValueOptions
Notes				

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Program notes		<p>Enrollment in the Wellness Program is voluntary for all eligible Medicaid members. The following population categories may enroll voluntarily under a Fee-for-Service arrangement: blind/disabled children and related populations, blind/disabled adults and related populations, Section 1931 children and related populations, Section 1931 adults and related populations, and dual eligible members under the age of 21.</p>	<p>Enrollment is mandatory for benefit recipients residing within the service areas covered by the full-risk brokers (MTM for the Houston/Beaumont area and LogistiCare for the Dallas area). Non-emergency medical transportation is provided voluntarily to eligible recipients residing outside the service areas covered by the full-risk brokers. Service delivery started on March 15, 2012. Effective September 1, 2014, services are provided by the Full Risk Broker and through Managed Transportation Organizations (MTO). The MTO operates in seven (7) regions under the Federal Operating Authority 1902(a)(70) NEMT Broker and in four (4) regions under the Federal Operating Authority 1915(b) waiver for Selective Contracting.</p>	<p>The program is mostly fee-for-service but on occasions there are some risk based arrangement. NorthSTAR covers labs, but not X-Rays. Individuals on SSI and QMB plus are the only Medicare dual eligibles that are eligible to enroll. Pregnant women in Medicaid Medically Needy Population are excluded from NorthSTAR.</p>

Utah Managed Care Program Features, as of 2014

Features	Choice of Health Care Delivery	Transportation	Prepaid Mental Health	Dental	UNI Home
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Salt Lake, Weber, Davis, Utah, Morgan, Box Elder, Cache, Garfield, Grand, Kane, Washington, Rich, Tooele, Iron, Juab, Sevier, San Juan, Beaver, Summit, Millard, Dagget, Duchesne, Uintah, Carbon, Emery, Piute, Sanpete, Wayne	Davis, Weber, Salt Lake, Utah	Statewide
Federal operating authority	1915(b)	1902(a)(70) NEMT	1915(b)	1915(b)	1915(a)
Program start date	3/23/1982	7/1/2001	7/1/1991	9/1/2013	7/1/2011
Waiver expiration date (if applicable)	12/31/2017		12/31/2016	8/31/2018	
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory		Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory	Mandatory	
Individuals receiving Limited Benefits	Mandatory		Mandatory		
Low-income adults eligible under ACA Section VIII					
Full Duals	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary
Partial Duals	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory	Exempt	Voluntary
Enrollment choice period	30 days	Pre-assigned	Pre-assigned	15 days	Other
Enrollment broker name (if applicable)					
Notes on enrollment choice period					No enrollment period. Waiting list for the program. Enrollees apply and if there's room, they are enrolled.

Utah Managed Care Program Features, as of 2014

Features	Choice of Health Care Delivery	Transportation	Prepaid Mental Health	Dental	UNI Home
Benefits covered					
Inpatient hospital physical health	X				X
Inpatient hospital behavioral health (MH and/or SUD)			X		X
Outpatient hospital physical health	X				X
Outpatient hospital behavioral health (MH and/or SUD)			X		X
Partial hospitalization					X
Physician	X				X
Nurse practitioner	X				X
Rural health clinics and FQHCs	X				X
Clinic services					X
Lab and x-ray	X				X
Prescription drugs and prosthetic devices	X				X
EPSDT	X				X
Case management	X				X
Health home (SSA 1945)					X
Family planning	X				X
Dental services (medical/surgical)	X				X
Dental (preventative or corrective)				X	
Home health agency services	X				X
Personal care (state plan option)	X				X
HCBS waiver services					
Private duty nursing	X				X
ICF-IDD					
Nursing facility services					
Hospice care	X				X
Non-Emergency Medical Transportation		X			
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 center				Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, freestanding birth centers, ambulatory cervical center

Utah Managed Care Program Features, as of 2014

Features	Choice of Health Care Delivery	Transportation	Prepaid Mental Health	Dental	UNI Home
Quality assurance and improvement					
HEDIS data required?	Yes	No	Yes	Yes	No
CAHPS data required?	Yes	No	Yes	Yes	No
Accreditation required?	No	No	No	No	No
Accrediting organization					
EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group		HSAG
Performance incentives?					
Payment bonuses/differentials to reward plans					
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics					
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods					
Participating plans and regions served					
Plans in Program	Healthy U; Health Choice Utah; Molina Plus; Molina; SelectHealth	Logisticare Solutions	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling Center; Optum Health; Salt Lake Valley Mental Health; Southwest Center; Wasatch Mental Health; Weber Mental Health	Premier Access; Delta Dental	UNI Home
Notes					

Utah Managed Care Program Features, as of 2014

Features	Choice of Health Care Delivery	Transportation	Prepaid Mental Health	Dental	UNI Home
Program notes		Specific Native American populations are exempted by race, and zip code and/or county code. Prior to February 2014 our federal operating authority was through a 1915(b)(4) NEMT Waiver. From February 2014 our federal operating authority was through our CMS approved State Plan Amendment.	Foster care are only included for inpatient. They are exempted for outpatient services.	Program only enrolls pregnant women and children and disabled individuals under the age of 21.	Program previously existed as a non-risk program. Substance use disorder was added on July 1, 2012. Qualifications for program enrollment are 1) mental or behavioral health condition and 2) development disability.

Vermont Managed Care Program Features, as of 2014

Features	Global Commitment to Health Demonstration
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes
Program start date	10/1/2005
Waiver expiration date (if applicable)	12/31/2016
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	Mandatory
Low-income adults eligible under ACA Section VIII	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	Pre-assigned
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	X
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X
HCBS waiver services	X
Private duty nursing	X

Vermont Managed Care Program Features, as of 2014

Features	Global Commitment to Health Demonstration
ICF-IDD	X
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	nurse midwives, chiro, podiatry, pt/ot/slp, tobacco cessation counseling, optometrist services, high tech nursing services, optician services, naturopathic physician services, behavioral health services.
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Department of Vermont Health Access
Notes	
Program notes	

Virginia Managed Care Program Features, as of 2014

Features	PACE	Medallion 3.0
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	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, 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, 24501, 24502, 24503, 24504, 24521, 24522, 24528, 24536, 24538, 24550, 24551, 24553, 24554, 24556, 24572, 24574, 24588, 24593, 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, 24523, 24570, 24092, 24151, 24176, 22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23112, 23113, 23114, 23116, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23150, 23162, 23181, 23192, 23218, 23219, 23220, 23221, 23222, 23223, 23224, 23225, 23226, 23227, 23228, 23229, 23230, 23231, 23232, 23233, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23242, 23249, 23250, 23255, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23288, 23289, 23290, 23291, 23293, 23295, 23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885, 23601, 23602, 23603, 23604, 23605, 23606, 23607, 23608, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669, 23692, 23693, 23696, 23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433, 23434, 23435, 23436, 23437, 23438, 23701, 23702, 23703, 23704, 23707, 23709, 23451, 23452, 23453, 23454, 23455, 23456, 23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23507, 23508, 23509, 23510, 23511, 23513, 23517, 23518, 23521, 23523, 23529, 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, 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, 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, 22125, 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	Statewide
Federal operating authority	PACE	1915(b)
Program start date	11/1/2007	1/1/1996
Waiver expiration date (if applicable)		7/1/2017
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits		

Virginia Managed Care Program Features, as of 2014

Features	PACE	Medallion 3.0
Low-income adults eligible under ACA Section VIII		
Full Duals	Voluntary	
Partial Duals	Voluntary	
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory
Enrollment choice period	N/A	Other
Enrollment broker name (if applicable)		Maximus
Notes on enrollment choice period	Enrollment begins on the first day of the month, each month.	At the time a member is enrolled, a new VAMMIS generated letter will be sent to individuals stating that the individual will likely be managed care eligible, and that the individual may pre-select an MCO. At the time a member is assigned, an assignment letter will be generated by VAMMIS, either confirming the pre-selected MCO from above, or assigning the member to an MCO for enrollment. At that time, the member may call the enrollment broker to change or select a different MCO. After this period, a member can disenroll from the assigned MCO and select another MCO within the first ninety (90) days of enrollment without cause.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT		X
Case management		X
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)	X	
Dental (preventative or corrective)	X	

Virginia Managed Care Program Features, as of 2014

Features	PACE	Medallion 3.0
Home health agency services	X	
Personal care (state plan option)	X	
HCBS waiver services		
Private duty nursing		
ICF-IDD		
Nursing facility services	X	
Hospice care		
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult day care respite services, health homes but not under SSA 1945 (state-specified)	Certified nurse midwife, emergency dental services, health homes but not under SSA 1945 (state-specified)
Quality assurance and improvement		
HEDIS data required?	No	Yes
CAHPS data required?	No	Yes
Accreditation required?	No	Yes
Accrediting organization		NCQA
EQRO contractor name (if applicable)		DelMarva Foundation for Medical Care/Health Services Advisory Group
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	AllCare for Seniors; Mountain Empire for Older Citizens PACE; Sentara PACE - Virginia Beach; Sentara PACE - Churchland; INOVA Cares for Seniors PACE; Kissito PACE; Blue Ridge PACE; Riverside PACE - Hampton; Centra PACE - Farmville; Centra PACE - Lynchburg; Riverside PACE - Manchester; Riverside PACE - McTavish; Riverside PACE - Petersburg; Riverside PACE - Newport News	Healthkeepers, Inc. (Anthem Healthkeepers Plus); Coventry Cares of Virginia; INTotal Health; Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA); Optima Family Care; Carilion Clinic Medicare Resources, LLC (d/b/a MajestaCare); Virginia Premier Health Plan
Notes		

Virginia Managed Care Program Features, as of 2014

Features	PACE	Medallion 3.0
Program notes	Inova Cares for Seniors was approved for a zip code expansion on January 30, 2015 to expand to 22201, 22125, 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. Kissito PACE began operating November 1, 2013. Blue Ridge PACE began operating March 1, 2014.	.

Washington Managed Care Program Features, as of 2014

Features	Healthy Options/Apple Health	NEMT Program	Healthy Options - Blind/Disabled	PCCM	Apple Health/Healthy Options Health Home Program	WMIP	PACE	Washington State Integrated Community Mental Health Program (ICMH)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	Clallam, Skamania, Kllickitat		Snohomish County	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1915(b)	1932(a)	1945 Health Homes		PACE	1915(b)
Program start date	7/1/1994	10/1/2008	7/1/2012	7/1/1995	7/1/2013			10/1/2014
Waiver expiration date (if applicable)			3/31/2017					9/30/2016
If the program ended in 2014, indicate the end date						6/30/2014		
Populations enrolled								
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory		Voluntary	Voluntary	Voluntary		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory		Voluntary			Voluntary	Mandatory
Individuals receiving Limited Benefits								
Low-income adults eligible under ACA Section VIII		Mandatory						
Full Duals		Mandatory			Voluntary		Voluntary	Mandatory
Partial Duals		Mandatory						Mandatory
Children with Special Health Care Needs	Mandatory	Mandatory		Voluntary	Voluntary			Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Exempt	Mandatory

Washington Managed Care Program Features, as of 2014

Features	Healthy Options/Apple Health	NEMT Program	Healthy Options - Blind/Disabled	PCCM	Apple Health/Healthy Options Health Home Program	WMIP	PACE	Washington State Integrated Community Mental Health Program (ICMH)
Enrollment choice period	Pre-assigned		Other	Other	Pre-assigned	Pre-assigned	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)		Regional brokers based on county of residence.			N/A			Regional Support Networks
Notes on enrollment choice period			Enrollment open continuously.	Enrollment open continuously.				
Benefits covered								
Inpatient hospital physical health	X		X	X		X	X	
Inpatient hospital behavioral health (MH and/or SUD)								
Outpatient hospital physical health	X		X	X		X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X		X	X		X	X	X
Partial hospitalization	X		X	X		X	X	X
Physician	X		X	X		X	X	
Nurse practitioner	X		X	X		X	X	
Rural health clinics and FQHCs	X		X	X		X	X	X
Clinic services	X		X	X		X	X	X
Lab and x-ray	X		X	X		X	X	
Prescription drugs and prosthetic devices	X		X	X		X	X	
EPSDT	X		X	X		X		X
Case management	X		X	X		X	X	X
Health home (SSA 1945)					X			
Family planning	X		X	X		X		
Dental services (medical/surgical)	X		X	X		X	X	
Dental (preventative or corrective)							X	

Washington Managed Care Program Features, as of 2014

Features	Healthy Options/Apple Health	NEMT Program	Healthy Options - Blind/Disabled	PCCM	Apple Health/Healthy Options Health Home Program	WMIP	PACE	Washington State Integrated Community Mental Health Program (ICMH)
Home health agency services	X		X	X		X		
Personal care (state plan option)							X	
HCBS waiver services								
Private duty nursing	X			X		X		
ICF-IDD								
Nursing facility services	X		X	X		X	X	
Hospice care	X		X	X		X		
Non-Emergency Medical Transportation		X						X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)								
Quality assurance and improvement								
HEDIS data required?	Yes	No	Yes	No	No	Yes	Yes	No
CAHPS data required?	Yes	No	Yes	No	No	Yes	Yes	No
Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria	No	No	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	Yes
Accrediting organization	NCQA		NCQA			NCQA	NCQA	RSN's contract with accredited community mental health agencies
EQRO contractor name (if applicable)	Accumentra Health		Accumentra Health		Accumentra (end date of 12/31/214)	Accumentra Health	Accumentra Health	Accumentra Health (end date of 12/31/2014)
Performance incentives?								
Payment bonuses/differentials to reward plans		X						
Preferential auto-enrollment to reward plans	X		X					

Washington Managed Care Program Features, as of 2014

Features	Healthy Options/Apple Health	NEMT Program	Healthy Options - Blind/Disabled	PCCM	Apple Health/Healthy Options Health Home Program	WMIP	PACE	Washington State Integrated Community Mental Health Program (ICMH)
Public reports comparing MCO performance on key metrics	X		X					
Withholds tied to performance metrics	X		X		X			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		X					
Provider Value-Based Purchasing								
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods								
Participating plans and regions served								
Plans in Program	Community Health Plan of WA; Amerigroup Washington Inc; Coordinated Care; United Health Care; Molina Health Care	Multiple Transportation Brokers	Community Health Plan of WA; Amerigroup; Coordinated Care; United Health Care; Molina Health Care	Multiple Primary Care Providers	Community Health Plan of Washington; Northwest Regional Council; Optumhealth; SE WA Aging and Long Term Care; United Health Care Community Plan; Community Choice	Molina Health Care	Providence Elder Place	Multiple regional support networks
Notes								
Program notes		N/A - Please note that all individuals are automatically eligible for this benefit. There is no separate count.					Services provided in King County only by Providence facilities.	N/A - Please note that all individuals are mandatorily enrolled into this waiver upon approval for medicaid. There is no separate count.

West Virginia Managed Care Program Features, as of 2014

Features	WV Mountain Health Trust	Physician Assured Access System
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Cabell, Wayne Counties
Federal operating authority	1915(b)	1915(b)
Program start date	9/1/1996	12/1/1996
Waiver expiration date (if applicable)	7/1/2016	7/1/2016
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII		
Full Duals		
Partial Duals		
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)	Automated Health Systems (no longer serving as broker in 2015)	
Notes on enrollment choice period	Enrollment choice period is between 30-45 days depending on date packets are mailed, but 30 day minimum.	
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)		
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)		
Partial hospitalization	X	
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	X
Case management	X	X
Health home (SSA 1945)		
Family planning	X	X
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X
Home health agency services	X	X

West Virginia Managed Care Program Features, as of 2014

Features	WV Mountain Health Trust	Physician Assured Access System
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services		
Hospice care		X
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Delmarva	
Performance incentives?		
Payment bonuses/differentials to reward plans		
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Coventry Cares; The Health Plan; Unicare	Multiple primary care providers
Notes		
Program notes		

Wisconsin Managed Care Program Features, as of 2014 (1 of 2)

Features	Children Come First (CCF)	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Dane County Cities in Dane County: Edgerton (mostly in Rock County), Fitchburg, Madison, Middleton, Monona, Stoughton, Sun Prairie, Verona Zip Codes: 53589, 53590, 53594, 54017, 53593, 53596, 53598, 53597, 53703, 39110, 53705, 53704, 53706, 53711, 53714, 53713, 53716, 53715, 53718, 53717, 53719, 53726, 47250, 53794, 53508, 53707, 53515, 53517, 53516, 53521, 53523, 53911, 53527, 53916, 53529, 53528, 53531, 53530, 53532, 53925, 53534, 53544, 53545, 53551, 53555, 53559, 53558, 97045, 53560, 53562, 53566, 53960, 48906, 53572, 53571, 53574, 53575, 53578, 53190, 53583, 54613	Ashland County, Barron County, Bayfield County, Burnett County, Buffalo County, Calumet, County, Chippewa County, Clark County, Columbia County, Crawford County, Dodge County, Douglas County, Dunn County, Eau Claire County, Fond du Lac County, Grant County, Green County, Green Lake County, Iowa County, Iron County, Jackson County, Juneau County, Jefferson County, Kenosha County, La Crosse County, Lafayette County, Langlade County, Lincoln County, Manitowoc County, Marathon County, Marquette County, Milwaukee County, Monroe County, Outagamie County, Ozaukee County, Pepin County, Pierce County, Polk County, Portage County, Price County, Racine County, Richland County, Rusk County, Sauk County, Sawyer County, Sheboygan County, St. Croix County, Trempealeau County, Vernon County, Walworth County, Washington County, Washburn County, Waukesha County, Waupaca County, Waushara County, Winnebago County, Wood County	Milwaukee County & Waukesha County	Columbia County, Dane County, Dodge County, Jefferson County, Sauk County, Kenosha County, Milwaukee County, Racine County, Calumet County, Outagamie County, Waupaca County, Ozaukee County, Washington County, Waukesha County
Federal operating authority	1915(a)	1915(b)/1915(c)	PACE	1932(a)/1915(c)
Program start date	4/1/1993	1/1/2001	11/1/2003	1/1/1999
Waiver expiration date (if applicable)		12/31/2019		12/31/2019
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII				
Aged, Blind or Disabled Children or Adults		Voluntary	Voluntary	Voluntary

Wisconsin Managed Care Program Features, as of 2014 (1 of 2)

Features	Children Come First (CCF)	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)				
Individuals receiving Limited Benefits				
Low-income adults eligible under ACA Section VIII				
Full Duals		Voluntary	Voluntary	Voluntary
Partial Duals				
Children with Special Health Care Needs				
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt	Exempt
Enrollment choice period	Other	Other	N/A	Other
Enrollment broker name (if applicable)				
Notes on enrollment choice period	enrollment may occur at any time	Open Enrollment	open enrollment	Open enrollment
Benefits covered				
Inpatient hospital physical health			X	X
Inpatient hospital behavioral health (MH and/or SUD)	X		X	X
Outpatient hospital physical health			X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Partial hospitalization		X	X	X
Physician			X	X
Nurse practitioner		X	X	X
Rural health clinics and FQHCs			X	X
Clinic services			X	X
Lab and x-ray			X	X
Prescription drugs and prosthetic devices			X	X
EPSDT				
Case management	X	X	X	X
Health home (SSA 1945)				

Wisconsin Managed Care Program Features, as of 2014 (1 of 2)

Features	Children Come First (CCF)	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Family planning			X	X
Dental services (medical/surgical)			X	X
Dental (preventative or corrective)			X	X
Home health agency services		X	X	X
Personal care (state plan option)		X	X	
HCBS waiver services		X	X	X
Private duty nursing		X	X	X
ICF-IDD		X	X	X
Nursing facility services		X	X	X
Hospice care			X	X
Non-Emergency Medical Transportation		X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Outpatient behavioral health (MH and/or SUD)	Adaptive Aids Adult Day Care Services Assistive Technology/Communication Aids Consumer Education and Training Services Consultative and Therapeutic Services for Caregivers Counseling and Therapeutic Services Financial Management Services Habilitation Services Home Delivered Meals Home Modifications Housing Counseling Personal Emergency Response System Prevocational Services Relocation Services Residential Care Respite Care Services Self-Directed Personal Care Skilled Nursing Specialized Medical Equipment and Supplies Specialized Transportation Support Broker Supported Employment Supportive Home Care Training for Unpaid Caregivers Vocational Futures Planning and Support	Adaptive Aids Adult Day Care Services Assistive Technology/Communication Aids Consumer Education and Training Services Consultative and Therapeutic Services for Caregivers Counseling and Therapeutic Services Financial Management Services Habilitation Services Home Delivered Meals Home Modifications Housing Counseling Personal Emergency Response System Prevocational Services Relocation Services Residential Care Respite Care Services Self-Directed Personal Care Skilled Nursing Specialized Medical Equipment and Supplies Specialized Transportation Support Broker Supported Employment Supportive Home Care Training for Unpaid Caregivers Vocational Futures Planning and Support	Adaptive Aids Adult Day Care Services Assistive Technology/Communication Aids Consumer Education and Training Services Consultative and Therapeutic Services for Caregivers Counseling and Therapeutic Services Financial Management Services Habilitation Services Home Delivered Meals Home Modifications Housing Counseling Personal Emergency Response System Prevocational Services Relocation Services Residential Care Respite Care Services Self-Directed Personal Care Skilled Nursing Specialized Medical Equipment and Supplies Specialized Transportation Support Broker Supported Employment Supportive Home Care Training for Unpaid Caregivers Vocational Futures Planning and Support
Quality assurance and improvement				
HEDIS data required?	No	No	No	No
CAHPS data required?	No	No	No	No

Wisconsin Managed Care Program Features, as of 2014 (1 of 2)

Features	Children Come First (CCF)	Family Care	Program of All - Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program
Accreditation required?	No	No	No	No
Accrediting organization				
EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc	MetaStar Inc	MetaStar Inc
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Children Come First	Community Care, Inc. (FC); Community Care Connections of Wisconsin (FC); Care Wisconsin (FC); Lakeland Care District; My Choice Family Care; ContinuUs; Western Wisconsin Cares; Northern Bridges	Community Care, Inc.	Independent Care Health Plan; Care Wisconsin Health Plan, Inc.; Community Care Health Plan, Inc.
Notes				
Program notes				

Wisconsin Managed Care Program Features, as of 2014 (2 of 2)

Features	WrapAround Milwaukee	SSI Managed Care	BadgerCare Plus	Care4Kids
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Milwaukee County Cities in Milwaukee County: Bayside (partly in Ozaukee County), Brown Deer, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee (partly in Washington County and Waukesha County), Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, Whitefish Bay Zip Codes: 53201 – 53209; 53210 – 53220; 53221 – 53227; 54868; 5323; 53228; 53233; 54452; 53288; 53293; 54904; 53406; 53093; 54904; 53406; 53092; 54923; 53110; 53126; 53130; 53129; 53536; 53132; 53140; 70002; 53154; 53172; 54601; 53186	Statewide	Statewide	Milwaukee, Racine, Kenosha, Waukesha, Ozaukee, and Washington Counties
Federal operating authority	1915(a)	1932(a)	1932(a)	1937 Alt Benefit Plan
Program start date	3/1/1997	4/1/2005	2/1/2008	1/1/2014
Waiver expiration date (if applicable)				
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII			Mandatory	
Aged, Blind or Disabled Children or Adults		Mandatory		
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Mandatory	
Individuals receiving Limited Benefits				
Low-income adults eligible under ACA Section VIII				
Full Duals		Voluntary		
Partial Duals				
Children with Special Health Care Needs	Voluntary			Voluntary

Wisconsin Managed Care Program Features, as of 2014 (2 of 2)

Features	WrapAround Milwaukee	SSI Managed Care	BadgerCare Plus	Care4Kids
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt	Voluntary
Enrollment choice period	Other	Other	Other	Other
Enrollment broker name (if applicable)		Automated Health Systems Incorporated (AHSI)	Automated Health Systems Incorporated (AHSI)	Automated Health Systems Incorporated (AHSI)
Notes on enrollment choice period	Voluntary enrollment can occur at any time.	90 days open enrollment 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
Benefits covered				
Inpatient hospital physical health		X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Outpatient hospital physical health		X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Partial hospitalization		X	X	X
Physician		X	X	X
Nurse practitioner		X	X	X
Rural health clinics and FQHCs		X	X	X
Clinic services		X	X	X
Lab and x-ray		X	X	X
Prescription drugs and prosthetic devices				
EPSDT		X	X	X
Case management	X	X	X	X
Health home (SSA 1945)				
Family planning		X	X	X
Dental services (medical/surgical)		X	X	X
Dental (preventative or corrective)		X	X	X
Home health agency services		X	X	X
Personal care (state plan option)		X	X	X
HCBS waiver services				
Private duty nursing		X	X	X

Wisconsin Managed Care Program Features, as of 2014 (2 of 2)

Features	WrapAround Milwaukee	SSI Managed Care	BadgerCare Plus	Care4Kids
ICF-IDD				
Nursing facility services		X	X	X
Hospice care		X	X	X
Non-Emergency Medical Transportation				
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		nurse midwife services, podiatry and chiropractic (varies by region). Dental varies by geographic region.	nurse midwife services, podiatry and chiropractic varies by region. Dental varies by geographic region	Prosthetic devices, nurse midwife services, podiatry
Quality assurance and improvement				
HEDIS data required?	No	Yes	Yes	Yes
CAHPS data required?	No	No	No	No
Accreditation required?	No	No	No	No
Accrediting organization				
EQRO contractor name (if applicable)	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.	MetaStar, Inc.
Performance incentives?				
Payment bonuses/differentials to reward plans		X	X	
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics		X	X	
Withholds tied to performance metrics		X	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				

Wisconsin Managed Care Program Features, as of 2014 (2 of 2)

Features	WrapAround Milwaukee	SSI Managed Care	BadgerCare Plus	Care4Kids
Plans in Program	WrapAround Milwaukee	Care Wisconsin; CompCare; Group Health Cooperative Of Eau Claire; Independent Care; Managed Health Services; Molina Health Plan; Network Health Plan; Trilogy Health Insurance; UnitedHealthcare of WI	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; Managed Health Services; MercyCare Insurance Company; Molina Health Plan; Network Health Plan; Physicians Plus Health Plan; Security Health Plan; Trilogy Health Insurance; UnitedHealthcare of WI; Unity Health Plan	Children's Hospital of Wisconsin is contracted
Notes				
Program notes	Peer support services were implemented in 2014.			

Wyoming Managed Care Program Features, as of 2014

Features	Wyoming PACE
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Cheyenne/Laramie County
Federal operating authority	PACE
Program start date	2/1/2013
Waiver expiration date (if applicable)	
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	
Aged, Blind or Disabled Children or Adults	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
Full Duals	Voluntary
Partial Duals	Voluntary
Children with Special Health Care Needs	
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	NA.
Notes on enrollment choice period	N/A. Always open.
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	X

Wyoming Managed Care Program Features, as of 2014

Features	Wyoming PACE
HCBS waiver services	
Private duty nursing	
ICF-IDD	
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	X
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
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Cheyenne Regional Medical Center PACE
Notes	
Program notes	